



On the Radar

Issue 331
24 July 2017

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On the Radar

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Reports

CARAlert First Annual Report

Australian Commission on Safety and Quality in Health Care
March 2016–March 2017. Sydney: ACSQHC; 2017.

URL	https://www.safetyandquality.gov.au/wp-content/uploads/2017/07/CARAlert-Report-March-2016-to-March-2017.pdf
Notes	<p>The Australian Commission on Safety and Quality in Health Care has published the <i>First Annual CARAlert Report March 2016–March 2017</i>.</p> <p>The Commission established the National Alert System for Critical Antimicrobial Resistances (CARAlert) in March 2016 as part of the Antimicrobial Use and Resistance in Australia (AURA) Surveillance System.</p> <p>CARAlert collects information about highly resistant bacteria as they are identified, giving states and territories information to help containment efforts. During the first 12 months of the operation of the CARAlert system from 17 March 2016 to 31 March 2017 a total of 1,064 results from 73 originating laboratories across Australia were entered into the database.</p> <p>Carbapenemase-resistant Enterobacteriaceae (CPE), either alone or in combination with ribosomal methyltransferases (RMT), were the most frequently recorded critical antimicrobial resistance (CAR) of all CARs reported to November 2016. From December 2016, azithromycin non-susceptible <i>Neisseria gonorrhoeae</i> were most frequently reported, and in March 2017 contributed to 62% of all CARs</p>

	<p>reported.</p> <p>Seventy per cent of all CARs were from the three most populous states – New South Wales (34%), Victoria (21%) and Queensland (15%). Only two reports were received from the Northern Territory and five from Tasmania.</p> <p>CPE, as a proportion of all reported CARs, was lowest in South Australia (29%) and Western Australia (29%) and highest in Queensland (71%) and the Australian Capital Territory (68%).</p> <p>The IMP-type carbapenemase (mainly IMP-4) is now endemic on the eastern seaboard of Australia in several species of Enterobacteriaceae, particularly <i>E. cloacae</i>. This means that it is difficult to eliminate, and rigorous control measures are essential. There is no evidence that other carbapenemases have become established in Australia to date.</p> <p>The number of CPE reported, and the endemicity of IMP-type carbapenemase, highlights the importance of implementing actions outlined within the Commission’s 2017 <i>Recommendations for the control of carbapenemase-producing Enterobacteriaceae: A guide for acute health facilities</i>.</p> <p>Azithromycin non-susceptible <i>N. gonorrhoeae</i> are common in Australia, and there were variations in numbers and time of reporting between and within states and territories during the reporting period.</p> <p>The Commission will continue to monitor records from CARAlert, and prepare summary reports on a regular basis. The Commission will also provide ad hoc reports to state and territory health departments as required.</p>
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Burnout Among Health Care Professionals. A Call to Explore and Address This Underrecognized Threat to Safe, High-Quality Care

Dyrbye LN, Shanafelt TD, Sinsky CA, Cipriano PF, Bhatt J, Ommaya A, et al
 Washington D.C. : National Academy of Medicine; 2017. p. 11.

URL	https://nam.edu/burnout-among-health-care-professionals-a-call-to-explore-and-address-this-underrecognized-threat-to-safe-high-quality-care/
Notes	Burnout is a topic that has appeared in <i>On the Radar</i> on various occasions. This discussion paper published by the US National Academy of Medicine looks at the extend of the issue, the implication is can have (including for quality and safety) the factors that can contribute and where research is needed to better the understanding of burnout. As the authors state, “ The high prevalence of burnout among [healthcare professionals] is cause for concern because it appears to be affecting quality, safety, and health care system performance ”.

Quality improvement in mental health

Ross S, Naylor C.

London: The King's Fund; 2017. 58 p.

URL	https://www.kingsfund.org.uk/publications/quality-improvement-mental-health
Notes	The UK charity The King’s Fund has published this report examining how a systematic approach to quality improvement can enhance the quality of care in mental health. Recognising that quality improvement is not a quick fix, the report’s website suggests that “if it is done systematically across the organisation by engaged frontline teams, and if efforts are sustained over time and supported at board level, it can improve organisational culture and deliver better care for people using services.” The report’s findings show that where providers have introduced a quality improvement approach reduced lengths of stay in inpatient care, improved staff morale and reduced absence, reductions in violent incidents involving staff, and shorter waiting times have been achieved. The authors also provide guidance for mental health leaders wanting to embed quality improvement in their organisations, and seek to engage and empower frontline teams, service users and carers to develop solutions collaboratively.

Advancing Care: Research with care homes. Themed review
 National Institute for Health Research
 London: NHS NIHR; 2017. p. 44.

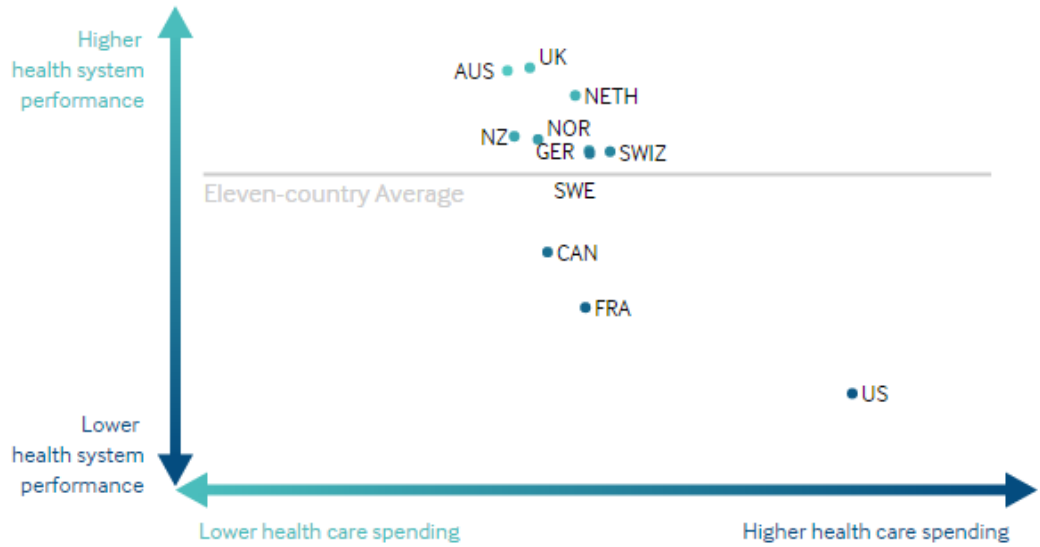
URL	http://www.dc.nihr.ac.uk/themed-reviews/advancing-care.htm
Notes	<p>The UK's National Institute for Health Research (NIHR) have produced this themed review focusing on three themes relating to the care of older people in care homes</p> <ul style="list-style-type: none"> • Living well – maintaining good health and quality of life • Ageing well – managing long term conditions associated with ageing (Noting that 70% of people in care homes have dementia or severe memory problems) • Dying well – ensuring a good quality end of life (Noting that 18% of the people who die in England each year die in a care home).

Mirror, Mirror 2017: International Comparison Reflects Flaws and Opportunities for Better U.S. Health Care
 Schneider EC, Sarnak DO, Squires D, Shah A, Doty MM
 New York: The Commonwealth Fund; 2017. p. 30.

URL	http://www.commonwealthfund.org/interactives/2017/july/mirror-mirror/assets/Schneider_mirror_mirror_2017.pdf																																																																																				
Notes	<p>Each year the (US) Commonwealth Fund produces a report looking at aspects of the health care system in a number of wealthier nations (usually 11 nations, including Australia and the USA, along with Canada, France, Germany, the Netherlands, New Zealand, Norway, Sweden, Switzerland, and the United Kingdom). This year's report has had a fair amount of mainstream media attention as Australia was rated second overall on 72 measures of health care system performance, just behind the UK. The UK rates well on costs, outcomes and equity as Australia is slightly more expensive (but still well short of the costs of the USA), has good outcomes and is rated lower than the UK for equity. Australia rated highest for efficiency and health outcomes, but below the mean for equity. The USA ranked last overall, as well as in the domains of access, equity, and health care outcomes.</p> <p>Exhibit 3. Health System Performance Scores</p> <p>The chart displays performance scores for 11 countries across six categories. The y-axis indicates performance level, from 'Lower Performing' at the bottom to 'Higher Performing' at the top. A horizontal line represents the 'Eleven-country Average'. The countries are plotted as follows:</p> <table border="1"> <thead> <tr> <th>Country</th> <th>Overall</th> <th>Care Process</th> <th>Access</th> <th>Administrative Efficiency</th> <th>Equity</th> <th>Health Outcomes</th> </tr> </thead> <tbody> <tr> <td>UK</td> <td>High</td> <td>High</td> <td>High</td> <td>High</td> <td>High</td> <td>High</td> </tr> <tr> <td>AUS</td> <td>Very High</td> <td>High</td> <td>High</td> <td>High</td> <td>High</td> <td>High</td> </tr> <tr> <td>NETH</td> <td>High</td> <td>High</td> <td>High</td> <td>High</td> <td>High</td> <td>High</td> </tr> <tr> <td>NZ</td> <td>High</td> <td>High</td> <td>High</td> <td>High</td> <td>High</td> <td>High</td> </tr> <tr> <td>NOR</td> <td>High</td> <td>High</td> <td>High</td> <td>High</td> <td>High</td> <td>High</td> </tr> <tr> <td>SWIZ</td> <td>High</td> <td>High</td> <td>High</td> <td>High</td> <td>High</td> <td>High</td> </tr> <tr> <td>SWE</td> <td>High</td> <td>High</td> <td>High</td> <td>High</td> <td>High</td> <td>High</td> </tr> <tr> <td>GER</td> <td>High</td> <td>High</td> <td>High</td> <td>High</td> <td>High</td> <td>High</td> </tr> <tr> <td>CAN</td> <td>Low</td> <td>Low</td> <td>Low</td> <td>Low</td> <td>Low</td> <td>Low</td> </tr> <tr> <td>FRA</td> <td>Low</td> <td>Low</td> <td>Low</td> <td>Low</td> <td>Low</td> <td>Low</td> </tr> <tr> <td>US</td> <td>Very Low</td> <td>Very Low</td> <td>Very Low</td> <td>Very Low</td> <td>Very Low</td> <td>Very Low</td> </tr> </tbody> </table>	Country	Overall	Care Process	Access	Administrative Efficiency	Equity	Health Outcomes	UK	High	High	High	High	High	High	AUS	Very High	High	High	High	High	High	NETH	High	High	High	High	High	High	NZ	High	High	High	High	High	High	NOR	High	High	High	High	High	High	SWIZ	High	High	High	High	High	High	SWE	High	High	High	High	High	High	GER	High	High	High	High	High	High	CAN	Low	Low	Low	Low	Low	Low	FRA	Low	Low	Low	Low	Low	Low	US	Very Low	Very Low	Very Low	Very Low	Very Low	Very Low
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The report, appendices and links to pages about each country are available from the interactive website available at <http://www.commonwealthfund.org/interactives/2017/july/mirror-mirror/>

Exhibit 5. Health Care System Performance Compared to Spending



Note: Health care spending as a percent of GDP.

Journal articles

Partnering to Lead a Culture of Safety

Kaplan GS, Gandhi TK, Bowen DJ, Stokes CD

Journal of Healthcare Management. 2017;62(4):234-7.

DOI	http://dx.doi.org/10.1097/JHM-D-17-00084
Notes	<p>This short piece briefly notes that the “importance of organizational culture in the success of patient and workforce safety initiatives in healthcare” and that “A culture of safety can be defined as one in which people are held accountable for their behaviour but not punished for human error; errors are identified and reported to serve as opportunities for learning and improvement, and known or suspected risks are mitigated before harm occurs.” This is prelude to promoting the recently published <i>Leading a Culture of Safety: A Blueprint for Success</i>, which focused on six domains for creating a culture of safety and also included various tools. The six domains for creating a culture of safety were identified as:</p> <ol style="list-style-type: none"> 1. Establish a compelling vision for safety 2. Build trust, respect, and inclusion 3. Select, develop, and engage the board 4. Prioritize safety in selection and development of leaders 5. Lead and reward a Just Culture 6. Establish organizational behavior expectations <p>(<i>Leading a Culture of Safety: A Blueprint for Success</i> report was discussed in <i>On the Radar</i> previously and is available at https://www.nspf.org/page/cultureofsafety)</p>

Antibiotics for acute respiratory infections in general practice: comparison of prescribing rates with guideline recommendations

McCullough AR, Pollack AA, Hansen MP, Glasziou PP, Looke DFM, Britt HC, et al
 Medical Journal of Australia. 2017;207(2):65-9.

Can antibiotic prescribing for respiratory infections be reduced?

Gulliford M, Ashworth M
 Medical Journal of Australia. 2017;207(2):62-3.

Educating general practitioners: are we preparing them for cost-conscious care?

Beilby JJ
 Medical Journal of Australia. 2017;207(2):63-4.

Changes in pathology test ordering by early career general practitioners: a longitudinal study

Magin PJ, Tapley A, Morgan S, Henderson K, Holliday EG, Davey AR, et al
 Medical Journal of Australia 2017; 207 (2): 70-74.

DOI	McCullough et al http://dx.doi.org/10.5694/mja16.01042 Gulliford and Ashworth http://dx.doi.org/10.5694/mja17.00382 Beilby http://dx.doi.org/10.5694/mja17.00432 Magin et al http://dx.doi.org/10.5694/mja16.01421
Notes	<p>The volume of GP encounters mean that their prescribing and test ordering behaviours have a considerable impact, not only on healthcare utilisation, but also on broader health impacts such as antimicrobial resistance.</p> <p>GP prescribing of antibiotics for acute respiratory infections has been the subject of numerous studies and educational interventions to reduce prescribing. This study by McCullough et al provides a compelling argument that overprescribing for acute respiratory infections continues to be a major problem, and at rates 4–9 times higher than recommended by <i>Therapeutic Guidelines</i>, an excess of more than 4 million cases per year.</p> <p>Common criticisms of studies into GP prescribing rates include that the individual patient may have features warranting antibiotics that are not captured in overall rates, or that the patient is not improving despite symptomatic treatment. The design of this study has accounted for these potential issues by including only new, and not return visits for the same condition, and by factoring in the likely incidence of individual factors such as the presence of systemic features (e.g. fever) in children with otitis media, for whom antibiotics are indicated. The accompanying editorial (Gulliford and Ashworth) makes the case that stronger action is needed, with absolute targets for prescribing suggested.</p> <p>A second article (Magin et al) notes that new GPs gradually order pathology tests at an increasing rate early in their careers – by 11% in two years – rather than declining, as might be expected with greater confidence and expertise. A thoughtful editorial by Justin Beilby discusses the complexities of training junior GPs to understand and analysis cost issues in making clinical treatment decisions that are in the best interests of the patient as well as society, noting that ““effective use of resources” and acting in a “cost-conscious” manner are among the core competencies required of GPs” according to the RACGP.</p>

Effectiveness of pharmacist intervention to reduce medication errors and health-care resources utilization after transitions of care: a meta-analysis of randomized controlled trials

De Oliveira GSJ, Castro-Alves LJ, Kendall MC, McCarthy R

Journal of Patient Safety. 2017 [epub].

DOI	http://dx.doi.org/10.1097/PTS.0000000000000283
Notes	Paper reporting on a meta-analysis that concluded that pharmacist involvement in care transitions can reduce medication errors and post-discharge emergency department visits. The analysis focused on thirteen randomised trials covering 3503 patients. The conclusions led the authors to suggest that “Hospitals should consider implementing this intervention to improve patient safety and quality during transitions of care.”

For information the Commission’s work on medication safety, see

<https://www.safetyandquality.gov.au/our-work/medication-safety/>

Pictograms, units and dosing tools, and parent medication errors: a randomized study

Yin HS, Parker RM, Sanders LM, Mendelsohn A, Dreyer BP, Bailey SC, et al

Pediatrics. 2017;140(1): e20163237.

DOI	http://dx.doi.org/10.1542/peds.2016-3237
Notes	Research that extends some previous work into how parents can be supported to ensure that their children receive correct medication doses. This study found that illustrating (pictograms) the information for parents helped them accurately measure doses, particularly for liquid medications. The study sought to examine the degree to which errors could be reduced with pictographic diagrams, millilitre-only units, and provision of tools (cups and syringes) more closely matched to prescribed volumes. Unsurprisingly, the provision of tools that matched the required dose led to least errors.

BMJ Quality and Safety

August 2017; Vol. 26, No. 8

URL	http://qualitysafety.bmj.com/content/26/8
Notes	<p>A new issue of <i>BMJ Quality and Safety</i> has been published. Many of the papers in this issue have been referred to in previous editions of <i>On the Radar</i> (when they were released online). Articles in this issue of <i>BMJ Quality and Safety</i> include:</p> <ul style="list-style-type: none"> • Editorial: What have we learnt after 15 years of research into the ‘weekend effect’? (Benjamin D Bray, Adam Steventon) • Editorial: Getting to grips with the beast: the potential of multi-method operational research approaches (Jenni Burt) • Arrival by ambulance explains variation in mortality by time of admission: retrospective study of admissions to hospital following emergency department attendance in England (Laura Anselmi, Rachel Meacock, Søren Rud Kristensen, Tim Doran, Matt Sutton) • Can patient involvement improve patient safety? A cluster randomised control trial of the Patient Reporting and Action for a Safe Environment (PRASE) intervention (Rebecca Lawton, Jane Kathryn O’Hara, Laura Sheard, Gerry Armitage, Kim Cocks, Hannah Buckley, Belen Corbacho, Caroline Reynolds, Claire Marsh, Sally Moore, Ian Watt, John Wright) • The associations between work–life balance behaviours, teamwork climate and safety climate: cross-sectional survey introducing the work–life climate scale, psychometric properties, benchmarking data and future directions (J Bryan Sexton, Stephanie P Schwartz, Whitney A Chadwick, Kyle J Rehder, Jonathan Bae, Joanna Bokovoy, Keith Doran, W Sotile, K C Adair, J Profit)

	<ul style="list-style-type: none"> • Combining qualitative and quantitative operational research methods to inform quality improvement in pathways that span multiple settings (Sonya Crowe, Katherine Brown, Jenifer Tregay, Jo Wray, Rachel Knowles, Deborah A Ridout, Catherine Bull, Martin Utley) • Modifying head nurse messages during daily conversations as leverage for safety climate improvement: a randomised field experiment (Dov Zohar, Yaron T Werber, Ronen Marom, Bruria Curlau, Orna Blondheim) • Towards high-reliability organising in healthcare: a strategy for building organisational capacity (Hanan J Aboumatar, Sallie J Weaver, Dianne Rees, Michael A Rosen, Melinda D Sawyer, Peter J Pronovost) • The problem with '5 whys' (Alan J Card) • Remembering to learn: the overlooked role of remembrance in safety improvement (Carl Macrae) • Recognising the value of infection prevention and its role in addressing the antimicrobial resistance crisis (Anthony Harris, Lisa Pineles, E Perencevich) • Engaging patients and the public in Choosing Wisely (Karen B Born, Angela Coulter, Angela Han, Moriah Ellen, Wilco Peul, Paul Myres, Robyn Lindner, Daniel Wolfson, R. Sacha Bhatia, Wendy Levinson)
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Health Expectations

Volume 20, Issue 4, August 2017

URL	http://onlinelibrary.wiley.com/doi/10.1111/hex.2017.20.issue-4/issuetoc
Notes	<p>A new issue of <i>Health Expectations</i> has been published. Articles in this issue of <i>Health Expectations</i> include:</p> <ul style="list-style-type: none"> • Editorial: Approaches towards optimizing individualized, high-quality, evidence-informed care (Mary Chambers) • How best to use and evaluate Patient Information Leaflets given during a consultation: a systematic review of literature reviews (Mélanie Sustersic, Aurélie Gauchet, Alison Foote and Jean-Luc Bosson) • How and why should we engage parents as co-researchers in health research? A scoping review of current practices (Shuoqi Shen, K A R Doyle-Thomas, L Beesley, A Karmali, L Williams, N Tanel and A C McPherson) • Parents' concerns about future pregnancy after stillbirth: a qualitative study (Sarah Meaney, Claire M. Everard, Stephen Gallagher and K O'Donoghue) • Attitudes towards lung cancer screening in socioeconomically deprived and heavy smoking communities: informing screening communication (Samantha L Quaipe, Laura A V Marlow, A McEwen, S M Janes and J Wardle) • Multiple sclerosis patients need and want information on exercise promotion from healthcare providers: a qualitative study (Yvonne C Learmonth, Brynn C Adamson, Julia M Balto, Chung-yi Chiu, Isabel Molina-Guzman, Marcia Finlayson, Barry J Riskin and Robert W Motl) • Understanding of a negative bowel screening result and potential impact on future symptom appraisal and help-seeking behaviour: a focus group study (Karen N. Barnett, David Weller, Steve Smith, Sheina Orbell, Peter Vedsted, Robert J. C. Steele, Jane W. Melia, Sue M. Moss, Julietta Patnick and Christine Campbell) • Associations between hospital characteristics and patient satisfaction in Germany (Rike Antje Kraska, Marcel Weigand and Max Geraedts) • The Partners in Health scale for older adults: design and examination of its psychometric properties in a Dutch population of older adults (Karin

	<p>Veldman, Sijmen A Reijneveld, M M H Lahr, R J Uittenbroek and K Wynia)</p> <ul style="list-style-type: none"> • Factors influencing participation in colorectal cancer screening—a qualitative study in an ethnic and socio-economically diverse inner city population (Nimarta Dharni, D Armstrong, G Chung-Faye and A J Wright) • A digital advocate? Reactions of rural people who experience homelessness to the idea of recording clinical encounters (Stuart W. Grande, Mary Ganger Castaldo, Elizabeth Carpenter-Song, Ida Griesemer and Glyn Elwyn) • CJCheck Stage 1: development and testing of a checklist for reporting community juries – Delphi process and analysis of studies published in 1996–2015 (Rae Thomas, Rebecca Sims, Chris Degeling, Jackie M Street, Stacy M Carter, Lucie Rychetnik, J A Whitty, A Wilson, P Ward and P Glasziou) • Awareness of and reactions to mammography controversy among immigrant women (Rebekah H. Nagler, Jennifer A. Lueck and Lauren S. Gray) • “What matters to someone who matters to me”: using media campaigns with young people to prevent interpersonal violence and abuse (Nicky Stanley, Jane Ellis, Nicola Farrelly, Sandra Hollinghurst, Sue Bailey and Soo Downe) • Examining chronic care patient preferences for involvement in health-care decision making: the case of Parkinson's disease patients in a patient-centred clinic (Natalie Zizzo, Emily Bell, Anne-Louise Lafontaine and Eric Racine) • Health information sources for different types of information used by Chinese patients with cancer and their family caregivers (Bo Xie, Zhaohui Su, Yihao Liu, Mo Wang and Ming Zhang) • Keeping all options open: Parents' approaches to advance care planning (Emma Beecham, Linda Oostendorp, Joanna Crocker, Paula Kelly, Andrew Dinsdale, June Hemsley, Jessica Russell, L Jones and M Bluebond-Langner) • Decision making about Pap test use among Korean immigrant women: A qualitative study (Kyounghae Kim, Soohyun Kim, Joseph J. Gallo, Marie T. Nolan and Hae-Ra Han) • What factors influence successful recruitment of siblings of individuals with first episode psychosis to e-health interventions? A qualitative study (Jacqueline Sin, Claire Henderson, Debbie Spain, C Gamble and I Norman) • Content analysis of public opinion on sexual expression and dementia: Implications for nursing home policy development (Maggie L. Syme, Erin Yelland, Laci Cornelison, Judith L. Poey, Ryan Krajicek and Gayle Doll) • Right choice, right time: Evaluation of an online decision aid for youth depression (Magenta B Simmons, Aurora Elmes, Joanne E McKenzie, Lyndal Trevena and Sarah E Hetrick) • Successful participation of patients in interprofessional team meetings: A qualitative study (Jerôme Jean Jacques van Dongen, Iris Gerarda Josephine Habets, Anna Beurskens and Marloes Amantia van Bokhoven) • Development and feasibility testing of the Pediatric Emergency Discharge Interaction Coding Scheme (Janet A Curran, Alexandra Taylor, Jill Chorney, Stephen Porter, Andrea Murphy, S MacPhee, A Bishop and R Haworth) • Patient and nurse preferences for implementation of bedside handover: Do they agree? Findings from a discrete choice experiment (Jennifer A. Whitty, Jean Spinks, Tracey Bucknall, Georgia Tobiano and Wendy Chaboyer) • “Giving us hope”: Parent and neonatal staff views and expectations of a planned family-centred discharge process (Train-to-Home) (Jenny Ingram, Maggie Redshaw, Sarah Manns, Lucy Beasant, Debbie Johnson, Peter Fleming and David Pontin)
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	<ul style="list-style-type: none"> • Communication and patient participation influencing patient recall of treatment discussions (Claude Richard, Emma Glaser and M-T Lussier) • PReSaFe: A model of barriers and facilitators to patients providing feedback on experiences of safety (Aoife De Brún, Emily Heavey, Justin Waring, Pamela Dawson and Jason Scott) • Similar perspectives on prostate cancer screening value and new guidelines across patient demographic and PSA level subgroups: A qualitative study (Melissa R Partin, Sarah E Lillie, Katie M White, Timothy J Wilt, Kristin L Chrouser, Brent C Taylor and Diana J Burgess) • French women's representations and experiences of the post-treatment management of breast cancer and their perception of the general practitioner's role in follow-up care: A qualitative study (Catherine Laporte, Julie Vaure, Anne Bottet, B Eschalier, C Raineau, D Pezet and P Vorilhon) • A new graphical format to communicate treatment effects to patients—A web-based randomized controlled trial (Jürgen Kasper, Adrian van de Roemer, Jana Pöttgen, Anne Rahn, Imke Backhus, Y Bay, S Köpke and C Heesen)
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International Journal for Quality in Health Care online first articles

URL	https://academic.oup.com/intqhc/advance-access?papetoc
Notes	<p><i>International Journal for Quality in Health Care</i> has published a number of ‘online first’ articles, including:</p> <ul style="list-style-type: none"> • Conceptualizing and assessing improvement capability: a review (Joy Furnival; Ruth Boaden; Kieran Walshe) • Using an online quiz-based reinforcement system to teach healthcare quality and patient safety and care transitions at the University of California (Ulfat Shaikh; Nasim Afsar-manesh; Alpesh N Amin; Brian Clay; Sumant R. Ranji) • Inappropriate hospital days of a tertiary hospital in Shanghai, China (Wenwei Liu; Suwei Yuan; Fengqing Wei; Jing Yang; Changbin Zhu; Ye Yu; Jin Ma) • The degree of severity and trends in hospital standardized mortality ratios in Japan between 2008 and 2012: a retrospective observational study (Daisuke Shinjo; Kiyohide Fushimi) • Burnout syndrome among non-consultant hospital doctors in Ireland: relationship with self-reported patient care (Che Fatehah Che Sulaiman; Patrick Henn; Simon Smith; Colm MP O'Tuathaigh) • Hospital survey on patient safety culture (HSOPS): variability of scoring strategies (Joris Giau; Bastien Boussat; Pauline Occelli; Gerald Gandon; Arnaud Seigneurin; Philippe Michel; Patrice François) • A qualitative study of sign-out processes between primary and on-call residents: relationships in information exchange, responsibility and accountability (Soo-Hoon Lee; Dale A Fisher; Heidi Mah; Wei-Ping Goh; Phillip H Phan) • Researching safety culture: deliberative dialogue with a restorative lens (Elisiane Lorenzini; Nelly D. Oelke; Patricia Beryl Marck; Clarice Maria Dall’agnol)

Online resources

Potentially preventable hospitalisations in 2015–16

<http://myhealthycommunities.gov.au/our-reports/potentially-preventable-hospitalisations-update/july-2017>

The Australian Institute of Health and Welfare (AIHW) has produced this web update on potentially preventable hospitalisations (PPHs) using data for the 2015–16. The update reports on 22 conditions for which hospitalisation is considered to be potentially preventable. The report uses data for the 31 Primary Health Network (PHN) areas and for more than 300 smaller local areas, known as Statistical Areas Level 3 (SA3s), as well as discussing national trends and patterns. In 2015–16, there were nearly 680,000 hospitalisations for the 22 conditions, accounting for nearly 2.7 million bed days nationally. A number of the key topics were also analysed in the *Second Australian Atlas of Healthcare Variation* (www.safetyandquality.gov.au/atlas). This report found, as did the atlas, that there was marked variation across Australia, particularly when the smaller SA3s were examined. The report links to an interactive tool at <http://myhealthycommunities.gov.au/interactive/potentially-preventable-hospitalisations>.

Future Leaders Communiqué

Victorian Institute of Forensic Medicine

Volume 2 Issue 3

July 2017

http://www.vifmcommuniqués.org/?page_id=4296

This issue of the *Future Leaders Communiqué* examines some of the clinical challenges of **end-of-life care** in situations where patients are unable to give consent. The issue includes an expert commentary from Dr Paul Eleftheriou (Deputy Chief Medical Officer for Victoria and Medical Director for Quality Improvement and Innovation at Austin Health). In his commentary, he provides insights relevant to junior doctors including their role in end-of-life care management, their limitations as a junior staff member, and tips for junior doctors when confronted with challenging situations in a palliative care setting.

BMJ Open Quality

<http://bmjopenquality.bmj.com/>

The BMJ has rebranded and expanded *BMJ Quality Improvement Reports* as *BMJ Open Quality*. According to the BMJ, the new site will “will be a hub of quality improvement work with great benefits:

- Easy discoverability and wide dissemination of work through our Open Access model
- New opportunities to publish including research, projects, initiatives, and educational work
- A broad range of resources such as videos, blogs, podcasts and templates
- The complete archive of *BMJ Quality Improvement Reports*.”

[UK] NICE Guidelines and Quality Standards

<https://www.nice.org.uk>

The UK’s National Institute for Health and Care Excellence (NICE) has published new (or updated) guidelines and quality standards. The latest reviews or updates are:

- NICE Guideline NG71 **Parkinson’s disease in adults** <https://www.nice.org.uk/guidance/ng71>

[USA] Effective Health Care Program reports

<https://effectivehealthcare.ahrq.gov/>

The US Agency for Healthcare Research and Quality (AHRQ) has an Effective Health Care (EHC) Program. The EHC has released the following final reports and updates:

- *Management of Renal Masses and Localized **Renal Cell Carcinoma**: Current State of the Evidence (Clinician Summary)* <http://www.effectivehealthcare.ahrq.gov/index.cfm/search-for-guides-reviews-and-reports/?pageaction=displayproduct&productid=2483>

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