



On the Radar

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On the Radar

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Reports

'What works' in partnering to deliver effective Aboriginal health services: The Western New South Wales Primary Health Network experience

Deeble Institute Issues Brief No 15

Harding N, Woolcock K, Harvey A, Tim S, Newman J, Davis B, et al

Canberra: Australian Healthcare and Hospitals Association; 2017. p. 32.

URL	https://ahha.asn.au/publication/evidence-briefs/evidence-brief-15-what-works-partnering-deliver-effective-aboriginal
Notes	The Australian Healthcare and Hospitals Association has just published the final version of this issues brief from the Deeble Institute examining the partnership between the Western New South Wales (NSW) Primary Health Network (PHN) and Aboriginal primary healthcare services in the Western NSW PHN region. The structure and governance of services in this PHN region are unique in Australia, and could provide lessons for other PHNs and Aboriginal health programs. The paper outlines and discusses the Western NSW PHN arrangements and how they are supporting and building a stronger platform for the delivery of Aboriginal primary healthcare services in this region. The Issue Brief has three major parts:

	<ol style="list-style-type: none"> 1. Australian experience to date on what works generally—the main characteristics of successful Aboriginal health policies and programs aimed at overcoming Indigenous disadvantage. 2. Western NSW PHN and its approach—a profile of the PHN region and how the PHN has embedded Aboriginal Health as its top healthcare priority, structurally and practically. 3. Elements of success in Western NSW—a brief summary of the main elements and features associated with the early success of the partnership with Aboriginal primary healthcare services in the Western New South Wales PHN region.
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Journal articles

Using patient-reported outcome measurement to improve patient care

Øvretveit J, Zubkoff L, Nelson EC, Frampton S, Knudsen JL, Zimlichman E

International Journal for Quality in Health Care. 2017 [epub].

DOI	https://doi.org/10.1093/intqhc/mzx108
Notes	<p>The authors suggest that their paper is an overview and “an introduction to the use and value of patient-reported outcome measures [PROMs] in quality improvement” and that they seek to offer give practical guidance and resources on the use of PROMs for quality improvement.</p> <p style="text-align: center;">Considerations in selecting and using a PROM</p> <p style="text-align: center;">Research base and higher level context</p> <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="width: 20%;"> <p>1) Patient involvement in the relevant published research study</p> </div> <div style="width: 20%;"> <p>2) Research testing evidence</p> </div> <div style="width: 20%;"> <p>3) Evidence of use in different services</p> </div> <div style="width: 20%;"> <p>4) National policy, regulations, financing</p> </div> </div> <div style="display: flex; justify-content: space-between; align-items: center; margin-top: 20px;"> <div style="width: 20%;"> <p>1) Suitability for our patients:</p> </div> <div style="width: 20%;"> <p>2) IT support for the PROM</p> </div> <div style="width: 20%;"> <p>3) Other local context supports or constraints: culture, leadership, resources</p> </div> <div style="width: 20%;"> <p>4) Clinician acceptability and integration into routines:</p> </div> </div> <p style="text-align: center;">Local context considerations</p> <p style="text-align: right; margin-right: 20px;">PROM used for improvement and in routine service operations</p>

For information on the Commission’s work on patient-reported outcome measures, see <https://www.safetyandquality.gov.au/our-work/information-strategy/indicators/patient-reported-outcome-measures/>

Factors associated with shared decision making among primary care physicians: Findings from a multicentre cross-sectional study

Menear M, Garvelink MM, Adekpedjou R, Perez MMB, Robitaille H, Turcotte S, et al
Health Expectations. 2017 [epub].

Involved, inputting or informing: “Shared” decision making in adult mental health care

Bradley E, Green D

Health Expectations. 2017 [epub].

DOI	Menear et al https://doi.org/10.1111/hex.12603 Bradley and Green https://dx.doi.org/10.1111/hex.12601
Notes	<p>The idea of including patients and families in the decision making process is now generally accepted, but how to achieve this is not always clear and some settings of conditions may appear to make it more difficult to achieve. These two papers add to the literature.</p> <p>Menear and colleagues deepen our understanding on how shared decision making (SDM) can take place in that most common of health settings, primary care. This paper examined “114 unique patient-physician dyads recruited from 17 primary care clinics in Quebec and Ontario” in order to study the characteristics of physicians, patients and consultations associated with the primary care physicians’ shared decision making behaviour. The authors report that “Physicians’ social participation, patients’ employment status and decisional conflict and the duration of consultations” as important factors and these should “be considered when designing strategies to implement SDM and promote more patient-centred care in primary care.”</p> <p>Bradley and Green look at what may be considered one of the more difficult domains for shared decision making, that of mental health. Here issues of capacity and what exactly ‘shared’ means can become vital, and thus the involvement of the family and/or carers can be an issue. This study sought to understand how the family caregivers of those diagnosed with serious mental illness are currently involved in decision making. From survey responses from clinicians and family members, themes around the definition of involvement and ‘rules of engagement’ emerged. The authors noted that “Staff members are gatekeepers for family involvement, and the process is not democratic. Family and staff ascribe practical, rather than recovery-oriented roles to family, with pre-occupation around notions of adherence.” They go on to suggest that “Staff members need support, training and education to apply SDM. Time to exchange information is vital but practically difficult. Negotiated teams, comprising of staff, service users, family, peers as applicable, with ascribed roles and responsibilities could support SDM.”</p>

For information on the Commission’s work on shared decision making, see <https://www.safetyandquality.gov.au/our-work/shared-decision-making/>

Improving adherence to multiple medications in older people in primary care: Selecting intervention components to address patient-reported barriers and facilitators

Patton DE, Cadogan CA, Ryan C, Francis JJ, Gormley GJ, Passmore P, et al
Health Expectations. 2017 [epub].

DOI	https://dx.doi.org/10.1111/hex.12595
Notes	<p>Many of us are prescribed medications for our ailments and perhaps most of us take them as directed. However, a substantial proportion of people do not always ‘comply’ or ‘adhere’. This can be particularly the case for patients who have multiple medications, especially for chronic conditions, and for older patients. This study used focus groups with 50 participants to examine determinants (barriers, facilitators) of</p>

	adherence to multiple medications from older people's perspectives and to identify key domains to target for behaviour change. From these, “A wide range of determinants were identified as barriers (eg forgetfulness, prioritization of medications) and facilitators (eg social support, personalized routines) of adherence to multiple medications”. Eight domains were identified as key targets for behaviour change: Knowledge, Beliefs about consequences, Motivation and goals, Environmental context and resources, Social influences, Memory, attention and decision processes, Behavioural regulation and Nature of the behaviours.
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Prevalence and determinants of antibiotic exposure in infants: A population-derived Australian birth cohort study
 Anderson H, Vuillermin P, Jachno K, Allen KJ, Tang MLK, Collier F, et al
 Journal of Paediatrics and Child Health. 2017.

DOI	https://dx.doi.org/10.1111/jpc.13616
Notes	<p>The rates of use of many antibiotics are a recognised issue for concern raising questions about appropriateness and antimicrobial resistance. This Australian study looked at antibiotic prescribing in the first year of life for infants in the Barwon Infant Study (a birth cohort study with an $n = 1074$). 660 infants with complete serial data were comprehensively examined. The results include:</p> <ul style="list-style-type: none"> • Mean antibiotic prescription rate was 0.92 prescriptions per person-year, with the highest rates in those aged <1 month • A total of 50.0% of infants were exposed to at least one antibiotic in their first year of life • Increasing number of siblings was associated with increased antibiotic exposure • Penicillin with extended spectrum (365 of 661 antibiotic prescriptions, 52.6%) and cephalosporins (12.0%) were the most frequently prescribed. • 20% of antibiotics were prescribed for respiratory tract infections and bronchiolitis. <p>The authors note that this cohort were “exposed to considerably more antibiotics than the majority of their international counterparts” and suggest that interventions addressing avoidable prescribing and modifiable risk factors associated with antibiotic exposure may led to a reduction in these rates.</p>

For information on the Commission’s work on antimicrobial use and resistance in Australia, see <https://www.safetyandquality.gov.au/antimicrobial-use-and-resistance-in-australia/>

Hospital Surgical Volumes and Mortality after Coronary Artery Bypass Grafting: Using International Comparisons to Determine a Safe Threshold

Gutacker N, Bloor K, Cookson R, Gale CP, Maynard A, Pagano D, et al
 Health Services Research. 2017;52(2):863-78.

DOI	https://dx.doi.org/10.1111/1475-6773.12508
Notes	<p>This is a paper adding to the literature/debate of the volume quality relationship by attempting to determine the safe minimum hospital volume for hospitals performing coronary artery bypass graft (CABG) surgery. The study used hospital data on all publicly funded CABG in five European countries in the period 2007–2009 (106,149 patients). The results showed that 30-day in-hospital mortality rate was 3.0 percent overall, 5.2 percent in low-volume hospitals, and 2.1 in high-volume hospitals with “a significant curvilinear relationship between volume and mortality, flatter above 415 cases per hospital per year.” This led the authors to conclude that “There is a clear relationship between hospital CABG volume and mortality in Europe, implying a “safe” threshold volume of 415 cases per year.”</p>

Quantifying low-value care: a patient-centric versus service-centric lens

Chalmers K, Pearson S-A, Elshaug AG

BMJ Quality & Safety. 2017 [epub].

DOI	https://dx.doi.org/10.1136/bmjqs-2017-006678
Notes	Low value care – and what constitutes low value (and to whom) – is seen as a target for helping make care more efficient and more (cost)effective. Low value care can be defined as “care that is inappropriate for a specific clinical indication, inappropriate for a clinical indication in a specific population or an excessive frequency of services relative to expected benefit.” This paper seeks to clarify the approaches used for measuring and reporting the level of low-value care in a given population. Of particular focus is the various measures of low value care – patient-indication, patient-population and service – and how they reveal different dimensions. The authors recommend using “all three measures...to describe the full picture of low-value care practice, and to allow pre-evaluation and post-evaluation of interventions as well as cross-jurisdictional and time comparisons”.

Compliance with accreditation and recommended hospital care—a Danish nationwide population-based study

Falstie-Jensen AM, Bogh SB, Hollnagel E, Johnsen SP

International Journal for Quality in Health Care. 2017 [epub].

DOI	https://doi.org/10.1093/intqhc/mzx104
Notes	The association between accreditation and quality of care has been somewhat contentious. This Danish paper used data from national, clinical quality registries in an effort to assess the association between compliance with accreditation and recommended hospital care. The data used covered patients with acute stroke, chronic obstructive pulmonary disease, diabetes, heart failure, hip fracture and bleeding/perforated ulcers in the period November 2009 to December 2012. The study compared compliance with accreditation by the level of accreditation awarded (fully or partially accredited) with 48 process performance measures reflecting recommendations from clinical guidelines with recommended hospital care assessed as fulfilment of the measures individually and as an all-or-none composite score. The authors report that “Patients at fully accredited hospitals had a significantly higher probability of receiving care according to clinical guideline recommendations than patients at partially accredited hospitals across conditions.” One critique that may be expected to this is that this looked at processes of care rather than outcomes.

BMJ Quality & Safety

September 2017 - Volume 26 - 9

URL	http://qualitysafety.bmj.com/content/26/9
Notes	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: <ul style="list-style-type: none">• Editorial: From polyformacy to formacology (Davina Allen)• Editorial: A single-centre hospital-wide handoff standardisation report: what is so special about that? (Maitreya Coffey, Lennox Huang)• Editorial: Interruptions in medication administration: are we asking the right questions? (Anne Marie Rafferty, Bryony Dean Franklin)• Use of standard risk screening and assessment forms to prevent harm to older people in Australian hospitals: a mixed methods study (Bernice Redley, Michelle Raggatt)

	<ul style="list-style-type: none"> • A qualitative study of emergency physicians' perspectives on PROMS in the emergency department (Katie N Dainty, Bianca Seaton, Andreas Laupacis, Michael Schull, Samuel Vaillancourt) • Exploring the roots of unintended safety threats associated with the introduction of hospital ePrescribing systems and candidate avoidance and/or mitigation strategies: a qualitative study (Hajar Mozaffar, Kathrin M Cresswell, Robin Williams, David W Bates, Aziz Sheikh) • Effectiveness of a 'Do not interrupt' bundled intervention to reduce interruptions during medication administration: a cluster randomised controlled feasibility study (Johanna I Westbrook, Ling Li, Tamara D Hooper, Magda Z Raban, Sandy Middleton, Elin C Lehnbohm) • Patients' reports of adverse events: a data linkage study of Australian adults aged 45 years and over (Merrilyn Margaret Walton, Reema Harrison, Patrick Kelly, Jennifer Smith-Merry, Elizabeth Manias, Christine Jorm, Rick Iedema) • Assessing the safety culture of care homes: a multimethod evaluation of the adaptation, face validity and feasibility of the Manchester Patient Safety Framework (Martin Marshall, Lesley Cruickshank, Jenny Shand, Sarah Perry, James Anderson, Li Wei, Dianne Parker, Debra de Silva) • Large-scale implementation of the I-PASS handover system at an academic medical centre (David M Shahian, Kayla McEachern, Laura Rossi, Roger Gino Chisari, Elizabeth Mort) • A growth mindset approach to preparing trainees for medical error (Jill Klein, Clare Delany, Michael D Fischer, David Smallwood, Stephen Trumble)
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Australian Journal of Primary Health
Volume 23(4) 2017

URL	http://www.publish.csiro.au/py/issue/8584
Notes	<p>A new issue of the <i>Australian Journal of Primary Health</i> has been published. Articles in this issue of <i>Australian Journal of Primary Health</i> include:</p> <ul style="list-style-type: none"> • Challenges in China's health system reform: lessons from other countries (Chaojie Liu and David Legge) • New strategies to improve the health of Chinese people by 2030 (Xiaodong Tan, Shibo Kong and Haiyan Shao) • Health and wellbeing outcomes of programs for Indigenous Australians that include strategies to enable the expression of cultural identities: a systematic review (Sarah MacLean, Rebecca Ritte, A Thorpe, S Ewen and K Arabena) • Are nurses meeting the needs of men in primary care? (Del Lovett, Bodil Rasmussen, Carol Holden and Patricia M Livingston) • An integrated healthcare service for asylum seekers and refugees in the South-Eastern Region of Melbourne: Monash Health Refugee Health and Wellbeing (Jacquie McBride, Andrew Block and Alana Russo) • Stayin' on Track: the feasibility of developing Internet and mobile phone-based resources to support young Aboriginal fathers (Richard Fletcher, Craig Hammond, D Faulkner, N Turner, L Shipley, D Read and J Gwynn) • Understanding health talk in an urban Aboriginal and Torres Strait Islander primary healthcare service: a cross-sectional study (Prabha Lakhan, Deborah Askew, Mark F. Harris, Corey Kirk and Noel Hayman) • Cultural competence in the community health context: 'we don't have to reinvent the wheel' (Mandy Truong, Lisa Gibbs, Yin Paradies, Naomi Priest and Maryanne Tadic)

	<ul style="list-style-type: none"> • Is the Counterweight Program a feasible and acceptable option for structured weight management delivered by practice nurses in Australia? A mixed-methods study (Jodi Gray, Elizabeth A Hoon, Hossein Haji Ali Afzali, Catherine Spooner, Mark F Harris and Jonathan Karnon) • Group-based education for patients with type 2 diabetes: a survey of Australian dietitians (Kate Odgers-Jewell, Elisabeth A Isenring, Rae Thomas and Dianne P. Reidlinger) • Improving community access to terminal phase medicines in Australia: identification of the key considerations for the implementation of a ‘core medicines list’ (Paul A. Tait, Weng Hou Cheung, Michael Wiese and K Staff) • Variations in out-of-pocket costs for primary care services across Australia: a regional analysis (Emily Callander, Sarah Larkins and Lisa Corscadden) • The health and health preparation of long-term Australian travellers (Elizabeth Halcomb, Moira Stephens, E Smyth, S Meedya and S Tillott) • Beyond diagnosis and survivorship: findings from a mixed-methods study of a community-based cancer support service (Ilse Blignault, Louise McDonnell, Diana Aspinall, Robyn Yates and Jennifer Reath) • Integrated care among healthcare providers in shared maternity care: what is the role of paper and electronic health records? (Glenda Hawley, Julie Hepworth, Claire Jackson and Shelley A Wilkinson)
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BMJ Quality and Safety online first articles

URL	https://qualitysafety.bmj.com/content/early/recent
Notes	<p><i>BMJ Quality and Safety</i> has published a number of ‘online first’ articles, including:</p> <ul style="list-style-type: none"> • A randomised controlled trial assessing the efficacy of an electronic discharge communication tool for preventing death or hospital readmission (Maria J Santana, Jayna Holroyd-Leduc, Danielle A Southern, Ward W Flemons, Maeve O'Beirne, Michael D Hill, Alan J Forster, Deborah E White, William A. Ghali) • Quantifying low-value care: a patient-centric versus service-centric lens (Kelsey Chalmers, Sallie-Anne Pearson, Adam G Elshaug) • Getting back on track: a systematic review of the outcomes of remediation and rehabilitation programmes for healthcare professionals with performance concerns (Jan-Willem Weenink, Rudolf B Kool, Ronald H Bartels, Gert P Westert)

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"> • Using patient-reported outcome measurement to improve patient care (John Øvretveit; Lisa Zubkoff; Eugene C Nelson; Susan Frampton; Janne Lehmann Knudsen; Eyal Zimlichman) • Cost-effectiveness of the pharmacist-assisted warfarin monitoring program at a Medical Center in Taiwan (Jen-Yu Chang; Chi-Chuan Wang; Hao-Cheng Kang; Li-Jiuan Shen; Chih-Fen Huang) • The impact of centralization of services on treatment delay in ovarian cancer: A study on process quality (F A Eggink; M C Vermue; C Van der Spek; H J Arts; M J Apperloo; H W Nijman; G C Niemeijer)

	<ul style="list-style-type: none"> • Compliance with accreditation and recommended hospital care—a Danish nationwide population-based study (Anne Mette Falstie-Jensen; Søren Bie Bogh; Erik Hollnagel; Søren Paaske Johnsen) • Supply and demand: application of Lean Six Sigma methods to improve drug round efficiency and release nursing time (Máiríosa Kieran; Mary Cleary; Aoife De Brún; Aileen Igoe) • Physical activity: A primary health quality determinant among community-dwelling geriatric women in Taiwan (Ching Hwa Hsu; Heng-Hsin Tung; Daniel L. Cliniciu; Liang-Kung Chen; Wei-Hsian Yin; Usman Iqbal; Tsae-Jyy Wang)
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