AUSTRALIAN COMMISSION ON SAFETY AND QUALITY IN HEALTH CARE

On the Radar

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On the Radar is a summary of some of the recent publications in the areas of safety and quality in health care. Inclusion in this document is not an endorsement or recommendation of any publication or provider. Access to particular documents may depend on whether they are Open Access or not, and/or your individual or institutional access to subscription sites/services. Material that may require subscription is included as it is considered relevant.

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On the Radar
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Books

Models and Strategies to Integrate Palliative Care Principles into Care for People with Serious Illness: Proceedings of a Workshop
National Academies of Sciences, Engineering, Medicine
Graig L, Alper J, editors.
Washington, DC: The National Academies Press; 2017. 100 p.

URL	http://nationalacademies.org/hmd/Reports/2017/models-and-strategies-to-integrate-palliative-care-proceedings.aspx
Notes	The (US) Roundtable on Quality Care for People with Serious Illness convened a workshop to explore how palliative care principles could be integrated into the care of people with serious illness. The workshop aimed to highlight innovative models of community-based care for people of all ages facing serious illness. The workshop rapporteurs prepared this document as a summary of the workshop presentations and discussions.

Reports

Information Security Guide for small healthcare businesses
Australian Digital Health Agency and Stay Smart Online
Sydney: Australian Digital Health Agency. p.24.

URL	https://www.digitalhealth.gov.au/about-the-agency/digital-health-cyber-security-centre/information-security-guide-for-small-healthcare-businesses
Notes	The Australian Digital Health Agency (with the Australian Government's Stay Smart Online service) has released this guide to assist healthcare businesses to protect and secure the digital information they hold. This information may include information from and about healthcare consumers, suppliers and employees.

Shifting the Dial: 5 Year Productivity Review. Inquiry Report No 84
Productivity Commission
Canberra: Productivity Commission; 2017. p. 255.

URL	http://www.pc.gov.au/inquiries/completed/productivity-review/report
Notes	This latest report from the Productivity Commission has been widely reported. One of its major foci (of both the report and three of the supporting papers) is health and it draws together a number of observations and recommendations from many directions into outlining how Australia's health system may be more effective and efficient. Some of the recommendations are likely to see significant resistance and pushback. Others, while potentially delivering major gains and savings, will require upfront expenditure to expand and/or create the 'infrastructure', possibly including the role of the various entities, including the Australian Commission on Safety and Quality in Health Care. The recommendations around health are: • IMPLEMENT NIMBLE FUNDING ARRANGEMENTS AT THE REGIONAL LEVEL – The Australian, State and Territory Governments should allocate (modest) funding pools to Primary Health Networks and Local Hospital Networks for improving population health, managing chronic conditions and reducing hospitalisation at the regional level. • ELIMINATE LOW-VALUE HEALTH INTERVENTIONS – Australian governments should revise their policies to more rapidly reduce the use of low-value health interventions. • MAKE THE PATIENT THE CENTRE OF CARE – All Australian governments should re-configure the health care system around the principles of patient-centred care, with this implemented within a five year timeframe. • USE INFORMATION BETTER – Australian governments should cooperate to remove the current messy, partial and duplicated presentation of information and data, and provide easy access to health care data for providers, researchers and consumers. • EMBRACE TECHNOLOGY TO CHANGE THE PHARMACY MODEL – The Australian Government should move away from community pharmacy as the vehicle for dispensing medicines to a model that anticipates automatic dispensing in a majority of locations, supervised by a suitably qualified person. In clinical settings, pharmacists should play a new remunerated collaborative role with other primary health professionals where there is evidence of the cost-effectiveness of this approach. • AMEND ALCOHOL TAXATION ARRANGEMENTS – The Australian Government should move towards an alcohol tax system that removes the current concessional treatment of high-alcohol, low-value products, primarily cheap cask and fortified wines.


What matters?
Healthier Australians
Benefits assessment: conservatively in excess of $8.5 billion over 5 years
PROBLEMS
SOLUTIONS
BENEFITS
INTEGRATED CARE
Primary and hospital care poorly integrated
Information flows do not follow the patient
Funding is too little focused on long-run health or prevention
Insufficiently devolved funding prevents locally efficient solutions
New regionally-located care model offering funding and fostering attitude changes
Regional alliances between Local Hospital Networks, Primary Health Networks and others
Move retail pharmacy into an integrated care system
Use information effectively (see below)
Direct structured support for disease prevention and management
Less duplication of services
Care takes place in the right place
Data follow patients as they move through the system
PATIENT-CENTRED CARE
Insufficient attention to patient experiences and outcomes
Weak capacity for partnerships between patients and clinicians
Poor level of patient literacy
Low levels of choice
Develop Patient Reported Experience and Outcome Measures, and publish
Use My Health Record to improve information flows to patients and increase health literacy
Identify and focus on high users of system
Improved clinical outcomes
Greater empowerment
Self-management
Fewer medication problems
Patient convenience
Lower costs
FUNDING FOR HEALTH
Funding not oriented towards innovation or outcomes. Rewards activity instead
Commonwealth/State funding split creates poor incentives to integrate
Funding pools for Local Hospital Networks and Primary Health Networks to use for preventative care and management of chronic conditions at the regional level
Provide greater autonomy to allow regional solutions
Better health and reduced hospitalisations and other costs
More experimentation and innovation, including in prevention
Capacity to tailor solutions to specific regional communities
QUALITY OF HEALTH
Too many services known to be ineffective or outdated are still funded
Too many hospital-acquired complications
Require fast-track assessment of low-value care identified by overseas agencies
Educate clinicians and measure and divulge their use of low-value procedures
Improve patient literacy
Defund demonstrably low-value procedures
Remove subsidies for ancillaries in private health insurance
Better patient outcomes
Less waste and more ability to redirect savings to new and effective procedures
Reduced outlays on rebates
USING INFORMATION EFFECTIVELY
Data and information flows are inadequate for genuinely integrated care, and frustrate research into 'what works'
Innovation lessons are disseminated too slowly, including process innovations
Follow recommendations of the Commission's 2017 inquiry into Data Availability and Use
Adoption of eHealth throughout the health system
Disseminate best practice through existing agencies
Quicker learning about best practice
Better, more and faster research into what works
More integrated care with improved clinical outcomes
Innovation in health care delivery

The impacts of eHealth upon hospital practice: synthesis of the current literature
Deeble Institute Evidence Brief No 16.
Eden R, Burton-Jones A, Scott I, Staib A, Sullivan C
Canberra: Australian Healthcare and Hospitals Association; 2017. p. 7.

URL	https://ahha.asn.au/publication/evidence-briefs/evidence-brief-16-impacts-ehealth-upon-hospital-practice-synthesis
Notes	The Deeble Institute of the Australian Healthcare and Hospitals Association has published this short evidence brief reviewing current evidence on the ways eHealth is influencing hospital practice and procedure. The brief looks particularly at Electronic Medical Records (EMR), Computer Provider Order Entry (CPOE), ePrescribing, and Computerised Decision Support Systems (CDSS). The authors note that the recent literature suggests "improved clinical judgement resulting from CDSS which enhanced clinicians' critical thinking skills; unintended consequences of both CDSS and EMR which impacted negatively on changing practice; and decreased staff retention with EMR."

For information on the Commission's work on safety in e-Health, see
https://www.safetyandquality.gov.au/our-work/safety-in-e-health/

Journal articles

Association of evidence-based care processes with mortality in staphylococcus aureus bacteremia at Veterans Health Administration hospitals, 2003-2014
Goto M, Schweizer ML, Vaughan-Sarrazin MS, Perencevich EN, Livorsi DJ, Diekema DJ, et al
JAMA Internal Medicine. 2017;177(10):1489-97.

DOI	http://dx.doi.org/10.1001/jamainternmed.2017.3958
Notes	Addressing safety and quality issues and being able to demonstrate success is not always easy. One area where there has been demonstrable success is in preventing healthcare-associated infections. This report is an addition to that and reports on how the US Veterans Health Administration (VHA) hospitals have seen the impact of *Staphylococcus aureus* bacteraemia reducing. This paper reports on a cohort study of 36 868 patients with *S aureus* bacteraemia at 124 Veterans Health Administration hospitals from 1 January 2003 to 31 December 2014 in which all-cause 30-day mortality decreased over time from 25.7% in 2003 to 16.5% in 2014, while use of appropriate antibiotic therapy, echocardiography, and infectious diseases consultation increased. The authors attributed an estimated 57.3% decrease in mortality to increased use of evidence-based care processes. This led them to conclude "Mortality associated with *S aureus* bacteremia decreased significantly in VHA hospitals, and a substantial portion of the **decreasing mortality** may have been **attributable to increased use of evidence-based care processes**. The experience in VHA hospitals demonstrates that increasing application of these care processes may improve survival among patients with *S aureus* bacteremia in routine health care settings."

For information on the Commission's work on healthcare associated infection, see
https://www.safetyandquality.gov.au/our-work/healthcare-associated-infection/

Reducing antibiotic prescribing in Australian general practice: time for a national strategy
Del Mar CB, Scott AM, Glasziou PP, Hoffmann T, van Driel ML, Beller E, et al
Medical Journal of Australia. 2017;207(9).

URL / DOI	https://www.mja.com.au/journal/2017/207/9/reducing-antibiotic-prescribing-australian-general-practice-time-national http://dx.doi.org/10.5694/mja17.00574
Notes	In this narrative review the authors call for a national strategy to reduce antibiotic prescribing in primary care. They identify a number of categories of interventions that may support general practitioners to reduce prescribing antibiotics: • regulatory (e.g., changing the default to "no repeats" in electronic prescribing, changing the packaging of antibiotics to facilitate tailored amounts of antibiotics for the right indication and restricting access to prescribing selected antibiotics to conserve them) • externally administered (e.g., academic detailing and audit and feedback on total antibiotic use for individual GPs) • interventions that GPs can individually implement (e.g., delayed prescribing, shared decision making, public declarations in the practice about conserving antibiotics, and self-administered audit) • supporting GPs' access to near-patient diagnostic testing, and public awareness campaigns.

Impact of policy support on uptake of evidence-based continuous quality improvement activities and the quality of care for Indigenous Australians: a comparative case study
Bailie R, Matthews V, Larkins S, Thompson S, Burgess P, Weeramanthri T, et al
BMJ Open. 2017;7(10).

DOI	http://dx.doi.org/10.1136/bmjopen-2017-016626
Notes	This study of the impact of state/territory policy support on) uptake of evidence-based continuous quality improvement (CQI) activities and quality of care for Indigenous Australians was a mixed-method comparative case study involving 175 Indigenous primary healthcare services in five states/territories of Australia. The study found that "Progressive uptake of evidence-based CQI activities and steady improvements or maintenance of high-quality care occurred where there was long-term policy and infrastructure support for CQI. Where support was provided but not sustained there was a rapid rise and subsequent fall in relevant CQI activities." One of the key messages according to the authors is that for wide-scale and ongoing improvement in quality of care and health outcomes, it is not sufficient to rely on the efforts of local service managers and clinicians. Rather, "Health authorities should ensure **consistent and sustained policy and infrastructure support for CQI**".

Impact of the level of sickness on higher mortality in emergency medical admissions to hospital at weekends
Mohammed M, Faisal M, Richardson D, Howes R, Beatson K, Speed K, et al
Journal of Health Services Research & Policy. 2017;22(4):236-42.

DOI	https://doi.org/10.1177/1355819617720955
Notes	A further addition to the debate about the 'weekend effect'. This study used data that has an indication of the severity of sickness of a patient on admission – a standardized vital signs physiological-based measure of sickness known as the National Early Warning Score. From their analysis of 47,117 emergency admissions, the authors report "Emergency medical admissions at the weekend with electronic National Early Warning Score recorded within 24 h are sicker, have earlier clinical assessments, and after adjusting for the severity of their sickness, **do not appear to have a higher mortality compared to weekday admissions.**"

Providing feedback following Leadership WalkRounds is associated with better patient safety culture, higher employee engagement and lower burnout
Sexton JB, Adair KC, Leonard MW, Frankel TC, Proulx J, Watson SR, et al
BMJ Quality & Safety. 2017 [epub].

DOI	http://dx.doi.org/10.1136/bmjqs-2016-006399
Notes	Leadership WalkRounds (WR?) are quite routinely conducted. This study sought to examine the influence of these on aspects such as safety culture, employee engagement, burnout and work-life balance. This was a cross-sectional survey that administered nearly 24,000 survey (with 16,797 completed) of whom 5,497 reported participating in WR, and 4074 (24.3%) reported participating in WR with feedback. Those settings reporting more WR with feedback had substantially higher safety culture domain scores and significantly higher engagement scores for four of its six domains. The authors "suggest that when **WRs are conducted**, **acted on**, and the results are **fed back** to those involved, the work setting is **a better place to deliver and receive care** as assessed across a broad range of metrics, including teamwork, safety, leadership, growth opportunities, participation in decision-making and the emotional exhaustion component of burnout."

BMJ Quality and Safety online first articles

URL	https://qualitysafety.bmj.com/content/early/recent
Notes	*BMJ Quality and Safety* has published a number of 'online first' articles, including: • Simplifying care: when is the **treatment burden** too much for patients living in **poverty**? (Joseph Nwadiuko, Laura D Sander) • Precommitting to choose wisely about **low-value services**: a stepped wedge cluster randomised trial (Jeffrey Todd Kullgren, Erin Krupka, Abigail Schachter, Ariel Linden, Jacquelyn Miller, Yubraj Acharya, James Alford, Richard Duffy, Julia Adler-Milstein) • Quality of **provider-offered Medicare Advantage plans** (Zoe M Lyon, Yevgeniy Feyman, Garret M Johnson, Austin B Frakt) • Balancing measures or a balanced accounting of **improvement impact**: a qualitative analysis of individual and focus group interviews with improvement experts in Scotland (Madalina Toma, Tobias Dreischulte, Nicola M Gray, Diane Campbell, Bruce Guthrie) • Factors influencing the reporting of **adverse medical device events**: qualitative interviews with physicians about higher risk implantable devices (Anna R Gagliardi, Ariel Ducey, Pascale Lehoux, Thomas Turgeon, Sue Ross, Patricia Trbovich, Anthony Easty, Chaim Bell, David Urbach) • Balancing the skills: the need for an **improvement pyramid** (John Gabbay, Andrée le May, Con Connell, Jonathan H Klein) • Are **quality improvement collaboratives** effective? A systematic review (Susan Wells, Orly Tamir, Jonathon Gray, Dhevaksha Naidoo, Mark Bekhit, Don Goldmann) • **Night-time communication** at Stanford University Hospital: perceptions, reality and solutions (Andrew Jordan Sun, Libo Wang, Minjoung Go, Zac Eggers, Raymond Deng, Paul Maggio, Lisa Shieh)

International Journal for Quality in Health Care online first articles

URL	https://academic.oup.com/intqhc/advance-access?papetoc
Notes	*International Journal for Quality in Health Care* has published a number of 'online first' articles, including: • Seen through the patients' eyes: **Safety of chronic illness care** (Melissa Desmedt; Mirko Petrovic; Jochen Bergs; Dominique Vandijck ; Hubertus Vrijhoef; Johan Hellings; Peter Vermeir; Lieselot Cool; Ezra Dessers) • Are data from national **quality registries** used in **quality improvement** at Swedish hospital clinics? (Mio Fredriksson ; Christina Halford; Ann Catrine Eldh; Tobias Dahlström; Sofie Vengberg; Lars Wallin; Ulrika Winblad) • Enhancing **patients' autonomy** by involving them in **research ethics committees** (Milenko Rakic; Tolga Dittrich; Bernice S Elger; David Shaw) • Barriers to effective, safe **communication** and **workflow** between **nurses** and non-consultant hospital **doctors** during **out-of-hours** (Anne-Marie Brady; Gobnait Byrne; Mary Brigid Quirke; Aine Lynch; Shauna Ennis; Jaspreet Bhangu; Meabh Prendergast) • Patient–clinician relationship seems to affect **adherence** to **analgesic** use in **cancer** patients: a cross sectional study in a Taiwanese population (Pi-Ling Chou; Kun-Ming Rau; Ta-Wei Yu; Tai-Lin Huang; Jia-Ling Sun; Shu-Yi Wang; Chia-Chin Lin)

Online resources

[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 NG77 ***Cataracts*** *in adults: management*
  https://www.nice.org.uk/guidance/ng77
- NICE Guideline NG78 ***Cystic fibrosis****: diagnosis and management*
  https://www.nice.org.uk/guidance/ng78

[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:

- *Understanding Health-Systems' Use of and Need for Evidence To Inform Decisionmaking*
  https://effectivehealthcare.ahrq.gov/topics/health-systems/research/

Global Burden of Disease Antimicrobial Resistance
https://wellcome.ac.uk/news/global-pledges-speed-action-superbugs
The UK-based charity Wellcome Trust has announced a research project to track and document the burden of disease associated with antimicrobial resistance (AMR). The project will be collecting data from all over the world to create a map of disease and deaths caused by drug-resistant infections. The project will collect data on select bacteria-antibacterial drug combinations, generating global estimates of resistance for these "bug-drug" duos from 1900 to the present in 195 countries. They will produce detailed maps to help policymakers and researchers develop tailored future studies and interventions. The data will be included in the Global Burden of Disease database, a tool that enables researchers to quantify health loss from diseases, injuries, and risk factors. Interactive data visualizations will be free and publicly accessible.

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/
