



On the Radar

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On the Radar

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Electronic medication management systems: A guide to safe implementation

3rd edition

Australian Commission on Safety and Quality in Health Care

Sydney: ACSQHC; 2017. p.168

<https://www.safetyandquality.gov.au/publications/electronic-medication-management-systems-a-guide-to-safe-implementation-3rd-edition/>

The Australian Commission on Safety and Quality in Health Care has launched the updated and expanded third edition of the *Electronic Medication Management Systems: A guide to safe implementation*.

The Commission has undertaken extensive consultation in order to produce the new edition. Digital health is moving at an increased pace – we are doing more, learning more and deploying EMM systems using increasingly complex implementation schedules than ever before. The third edition features new perspectives from five years of EMM system implementation in more than 20 Australian hospitals.

Reports

Strengthening safety statistics: How to make hospital safety data more useful

Duckett S, Jorm C, Danks L

Melbourne: Grattan Institute; 2017. p. 44.

URL	https://grattan.edu.au/report/strengthening-safety-statistics/
Notes	In this latest report Stephen Duckett (and his colleagues) returns to one of his recurring themes, the collection and use of data about safety in hospitals. In addition to his past cries for better use of (improved) routine and administrative data for safety purposes there is the recognition of the (potential) value and utility of a range of sources of safety data, including clinical quality registries, patient-report measures (both experience and outcomes – PREMS and PROMS), etc. Ultimately, “Data should be made more useful. Most importantly, the data needs to be shared – quickly, and with the right people. ”

Journal articles

Patient centred diagnosis: sharing diagnostic decisions with patients in clinical practice

Berger ZD, Brito JP, Ospina NS, Kannan S, Hinson JS, Hess EP, et al.

BMJ. 2017;359: j4218.

DOI	https://dx.doi.org/10.1136/bmj.j4218
Notes	This article considers shared decision making in the context of diagnostic decision making. While diagnostic error and the rising cost and use of diagnostic tests is well recognised as an issue for the health system, interventions and research to encourage shared decision making have largely focused on screening and treatment decisions. Centring diagnosis around the patient however, through shared decision making, has the potential to improve diagnostic safety and quality . This article notes that shared decision making for diagnostic situations differs fundamentally from that for treatment decisions. This has important implications when considering its practical application. Shared decision making should be tailored to the specific diagnostic decision; where scenarios with higher stakes or uncertainty usually requiring more detailed conversations.

For information on the Commission’s work on shared decision making, see

<https://www.safetyandquality.gov.au/our-work/shared-decision-making/>

Improving admission medication reconciliation with pharmacists or pharmacy technicians in the emergency department: a randomised controlled trial

Pevnick JM, Nguyen C, Jackevicius CA, Palmer KA, Shane R, Cook-Wiens G, et al

BMJ Quality & Safety. 2017 [epub].

DOI	http://dx.doi.org/10.1136/bmjqs-2017-006761
Notes	Medication reconciliation is considered an important process for avoiding medication errors and/or adverse events. It has been shown previously that the involvement of pharmacists in the process can materially improve the utility and value of med rec. This three-arm, non-blinded, randomized controlled trial (conducted in a large university-affiliated hospital – Cedars-Sinai Medical Center, Los Angeles) compared pharmacist or pharmacy technician–performed medication reconciliation before admission orders were placed to ‘usual care’ among a cohort patients who were taking at least 10 medications. Both pharmacist and technician-led reconciliation saw similar improvement in both minor and life-threatening medication order errors .

For information on the Commission’s work on medication safety, including medication reconciliation, see <https://www.safetyandquality.gov.au/our-work/medication-safety/>

Efficiency and safety of speech recognition for documentation in the electronic health record

Hodgson T, Magrabi F, Coiera E

Journal of the American Medical Informatics Association. 2017;24(6):1127-33.

DOI	http://dx.doi.org/10.1093/jamia/ocx073
Notes	<p>The introduction of new technologies can enhance processes and outcomes. But it can also have deleterious effects. Speech recognition technology has been touted as a means of reducing the time and effort to capture and record information. However, as this study found, this technology is perhaps still not yet ready for use in settings that require highly accurate information, such as healthcare. The study required 35 emergency department clinicians to perform randomly allocated clinical documentation tasks using a keyboard and mouse or speech recognition technology on a commercial electronic health record system.</p> <p>The authors report that speech recognition was more error prone (including errors with the potential to cause clinical harm) and more time-consuming than using a keyboard and mouse for various emergency physicians' electronic information recording tasks. As they concluded, “Current generation implementations may require significant development before they are safe and effective. Improving system integration and workflow, as well as ...accuracy and user-focused error correction strategies, may improve [speech recognition] performance.”</p>

Unreadable barcodes and multiple barcodes on packages can lead to errors

ISMP Medication Safety Alert! Acute Care Edition. October 19, 2017;22:1-3.

URL	http://www.ismp.org/newsletters/acutecare/showarticle.aspx?id=1180
Notes	<p>Another item that suggests that technological change can bring risks as well as benefits. Barcoding has been adopted in many settings as a means of trying to ensure the right medication is provided to the right patient. But, as this article highlights, should barcodes be unreadable or a package has multiple barcodes, they can undermine the benefits of barcoding.</p>

Mortality of hospitalised internal medicine patients bedspaced to non-internal medicine inpatient units: retrospective cohort study

Bai AD, Srivastava S, Tomlinson GA, Smith CA, Bell CM, Gill SS

BMJ Quality & Safety. 2017 [epub].

DOI	http://dx.doi.org/10.1136/bmjqs-2017-006925
Notes	<p>The practice of ‘bedspacing’ or outposting patients from a specific ward to another ward due to capacity issues is not uncommon. This study sought to examine whether this had an impact on the inhospital mortality of general internal medicine (GIM) patients bedspaced to off-service wards when compared with GIM inpatients admitted to GIM wards. This was a retrospective cohort study of consecutive admissions between 1 January 2015 and 1 January 2016 at a large tertiary care hospital in Canada. From the 3243 admissions, more than a third (1125, 35%) were bedspaced to off-service wards. In hospital, 176 (5%) patients died: 88/1125 (8%) bedspaced patients and 88/2118 (4%) GIM ward patients. The authors concluded that “Bedspaced patients had significantly higher inhospital mortality than patients admitted to assigned GIM wards. The risk was highest at admission and subsequently declined. The results of this single centre study may not be generalisable to other hospitals and may be influenced by residual confounding. Despite these limitations, the relationship between bedspacing and patient outcomes requires investigation at other institutions to determine if this common practice represents a modifiable patient safety indicator.</p>

Tackling antimicrobial resistance globally

Kelly R, Davies SC

Medical Journal of Australia. 2017;207(9):371-3.

The increasing importance of community-acquired methicillin-resistant Staphylococcus aureus infections

Agostino JW, Ferguson JK, Eastwood K, Kirk MD

Medical Journal of Australia. 2017;207(9):388-93.

The future of health care in Australia

Hunt G

Medical Journal of Australia. 2017;207(9):369-70.

DOI	Kelly and Davies https://dx.doi.org/10.5694/mja17.00865 Agostino JW et al https://dx.doi.org/10.5694/mja17.00089 Hunt, G. https://dx.doi.org/10.5694/mja17.00816
Notes	A number of articles in this issue of <i>MJA</i> focus on infections and antimicrobial resistance, demonstrating the growing mainstream and global recognition of its importance, and making a strong case for change within and beyond the healthcare profession. For example, Kelly and Davies note that McDonald's have committed to stop using critically important antibiotics in broiler chickens around the world by 2027, starting with Brazil, Canada, Japan, South Korea, the US and Europe. Agostino et al discuss increasing prevalence of community-acquired MRSA in a large NSW cohort, with prevalence more likely in young people, indigenous Australians and aged-care residents. This issue also contains a statement from the Minister for Health, the Honourable Greg Hunt MP, on the future of health in Australia.

Patient Experience Journal

Volume 4, Issue 3 (2017)

URL	http://pxjournal.org/journal/vol4/iss3/
Notes	A new issue of the <i>Patient Experience Journal</i> (PXJ) has been published. Articles in this issue of <i>Patient Experience Journal</i> include: <ul style="list-style-type: none">• Editorial: The patchwork perspective: A new view for patient experience (Jason A Wolf)• Accelerating patient experience performance: Collaboration and engagement as drivers for success (Sidney Klajner)• Rebalancing the patient experience: 20 years of a pendulum swing (Tiffany Christensen)• From darkness to hope: A journey through patient experience (J M Ross)• Turning a blind eye: How lack of communication with ER nurses nearly cost a patient permanent vision loss (Kenneth Royal and April Kedrowicz)• Perfect ratings with negative comments: Learning from contradictory patient survey responses (Andrew S Gallan, Marina Girju, and Roxana Girju)• Healthcare providers versus patients' understanding of health beliefs and values (Betty M Kennedy, Matloob Rehman, William D Johnson, Michelle B Magee, Robert Leonard, and Peter T Katzmarzyk)• Patient and provider experiences with relationship, information, and management continuity (Jeanette Jackson, Gail MacKean, Tim Cooke, and Markus Lahtinen)• Effects of a hospital-wide physician communication skills training workshop on self-efficacy, attitudes and behaviour (Minna Saslaw, Dana R Sirota, Deborah P Jones, Marcy Rosenbaum, and Steven Kaplan)

	<ul style="list-style-type: none"> • Patient safety: just ask. Patients as reporters of real-time safety data; a pilot project to improve patient safety in secondary care (T A Cairns, I McCallum) • Maintaining public health insurance benefits: How primary care clinics help keep low-income patients insured (Rose L Harding, Jennifer D Hall, Jennifer DeVoe, Heather Angier, Rachel Gold, Christine Nelson, Sonja Likumahuwa-Ackman, John Heintzman, Aleksandra Sumic, and Deborah J Cohen) • The impact of provider service networks in Florida Medicaid managed care on enrollees' satisfaction (Sinyoung Park, Jeffrey S Harman, and A G Hall) • Operationalizing person-centered care practices in long-term care: recommendations from a "Resident for a Day" experience (J L Johs-Artisensi) • Exploratory pilot testing of the psychometric properties of the person engagement index instrument among older, community-dwelling adults (Ellen Swartwout, Taya Irizarry, Annette DeVito Dabbs, and Scott Barnett) • I'm going to tell you a little about myself: Illness centrality, self-image and identity in cystic fibrosis (Susan Horky, Laura Sherman, Julie K Polvinen, Medhavi Saxena, and Michael Rich) • Patient experience of taking adjuvant endocrine therapy for breast cancer: a tough pill to swallow (Kuang-Yi Wen, Rita Smith, Aruna Padmanabhan, and Lori Goldstein) • Patient experiences in intensive care units: a systematic review (Serpil Topçu, Şule Ecevit Alpar, Bilgi Gülseven, and Ayda Kebapçı) • Using appreciative inquiry as a framework to enhance the patient experience (Kerry Moorer; Schawan Kunupakaphun; Elizabeth Delgado; Matthew Moody; Christina Wolf; Karen Moore; and Pracha Eamranond) • "We were learning together and it felt good that way." A case study of a participatory group music program for cancer patients (Laurie Sadowski) • Patient experience in the behavioral health setting: Key best practices throughout an organizational journey (Mark L. D'Agostino, Tena Vizner, Daniel Wald, Linda Espinosa, and Rick Evans)
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Journal for Healthcare Quality
Vol. 39, No. 6, November/December 2017

URL	http://journals.lww.com/jhqonline/toc/2017/11000
Notes	<p>A new issue of the <i>Journal for Healthcare Quality</i> has been published. Articles in this issue of <i>Journal for Healthcare Quality</i> include:</p> <ul style="list-style-type: none"> • Automated Detection of Sepsis Using Electronic Medical Record Data: A Systematic Review (Despins, Laurel A.) • Examining Emergency Department Treatment Processes in Severe Pediatric Traumatic Brain Injury (Ajdari, Ali; Boyle, Linda Ng; Kannan, Nithya; Rowhani-Rahbar, Ali; Wang, Jin; Mink, Richard; Ries, Benjamin; Wainwright, Mark; Groner, Jonathan I.; Bell, Michael J.; Giza, Chris; Zatzick, Douglas F.; Ellenbogen, Richard G.; Mitchell, Pamela H.; Rivara, Frederick P.; Vavilala, Monica S.) • Can Clinicians Predict Readmissions? A Prospective Cohort Study (Wetherell, Matthew; Sweeney, Megan; Weingart, Saul N.) • Meta-Analysis of Clinical Trials That Evaluate the Effectiveness of Hospital-Initiated Postdischarge Interventions on Hospital Readmission (Branowicki, Patricia M.; Vessey, Judith A.; Graham, Dionne A.; McCabe, Margaret A.; Clapp, Alison L.; Blaine, Kevin; O'Neill, Margaret R.; Gouthro, Julie A.; Snyderman, Colleen K.; Kline, Nancy E.; Chiang, Vincent W.; Cannon,

	<p>Courtney; Berry, Jay G.</p> <ul style="list-style-type: none"> • Hospitalist Versus Subspecialist Perspectives on Reasons, Timing, and Impact of Consultation (Pacitti, Kelly; Mathew, Anne; Royse, Amanda; Elliott, John O.; Jordan, Kim) • Increasing Colorectal Cancer Screening Using a Quality Improvement Approach in a Nurse-Managed Primary Care Clinic (Hountz, Diane; Coddington, Jennifer; Foli, Karen J.; Thorlton, Janet) • Use of Newly Covered Versus Established Preventive Care Screening: Comparison of Depression and Smoking Screening (Pfoh, Elizabeth R.; Berger, Zackary; Mojtabai, Ramin; Bailey, Jenny; Dy, Sydney M.) • Using Data Analytics as Evidentiary Support for Financial Outcome Success in Nurse-Led Population-Based Clinics (Polancich, Shea; Williamson, Jason; Selleck, Cynthia S.; Talley, Michele; Frank, Jennifer; White-Williams, Connie; Shirey, Maria R.)
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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"> • Efficiency and thoroughness trade-offs in high-volume organisational routines: an ethnographic study of prescribing safety in primary care (Suzanne Grant, Bruce Guthrie) • Interprofessional collaboration among care professionals in obstetrical care: are perceptions aligned? (Anita Romijn, Pim W Teunissen, Martine C de Bruijne, Cordula Wagner, Christianne J M de Groot) • Mortality of hospitalised internal medicine patients bedspaced to non-internal medicine inpatient units: retrospective cohort study (Anthony D Bai, Siddhartha Srivastava, George A Tomlinson, Christopher A Smith, Chaim M Bell, Sudeep S Gill) • Is quality important to our patients? The relationship between surgical outcomes and patient satisfaction (Kristel Lobo Prabhu, Michelle C Cleghorn, Ahmad Elnahas, Alvina Tse, Azusa Maeda, Fayez A Quereshey, Allan Okrainec, Timothy D Jackson) • Influencing organisational culture to improve hospital performance in care of patients with acute myocardial infarction: a mixed-methods intervention study (Leslie A Curry, Marie A Brault, Erika L Linnander, Zahirah McNatt, Amanda L Brewster, Emily Cherlin, Signe Peterson Flieger, Henry H Ting, Elizabeth H Bradley) • How guiding coalitions promote positive culture change in hospitals: a longitudinal mixed methods interventional study (Elizabeth H Bradley, Amanda L Brewster, Zahirah McNatt, Erika L Linnander, Emily Cherlin, Heather Fosburgh, Henry H Ting, Leslie A Curry)

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 Value Stream Mapping to improve quality of care in low-resource facility settings (Rohit Ramaswamy Claire Rothschild Funmi Alabi Eric Wachira Faith Muigai Nick Pearson)

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