



On the Radar

Issue 353

8 January 2018

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On the Radar

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Reports

The impact of Australian hospital medicines funding on achieving the objectives of the National Medicines Policy

Deeble Institute Issues Brief No 26

Delfante B

Canberra: Australian Healthcare and Hospitals Association; 2017.p. 27.

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| URL | https://ahha.asn.au/publication/issue-briefs/deeble-issues-brief-no-26-impact-australian-hospital-medicines-funding |
| Notes | The Deeble Institute of the Australian Healthcare and Hospitals Association has published this issues brief examining how hospital medicines are funded. Medicines funding in Australian hospitals is complex, with multiple sources of funding. Funding may vary depending on a number of factors, including what medication, what use, whether the patient is a public or private patient, and where the patient is being treated. Over time, there have been a number of partial reforms that have contributed to the fragmentation of funding. The author suggests that this fragmentation may compromise the cost-effectiveness and value of the medicines use within the health system as a whole and may also inhibits achievement of the objectives of the National Medicines Policy. The author proceeds to suggest that funding reform has the potential to improve quality of care for patients, improve effectiveness of medicines use, reduce government expenditure, and enable more timely and equitable access to cost-effective and safe medicines. |

Journal articles

Enhancing recovery from sepsis: A review

Prescott HC, Angus DC

Journal of the American Medical Association. 2018;319(1):62-75.

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| DOI | https://dx.doi.org/10.1001/jama.2017.17687 |
| Notes | <p>Sepsis is common and potentially extremely serious. It requires prompt recognition and response. This review article looks beyond the immediate crisis to the later effects and issues. The authors observe that while a growing proportion of patients survive sepsis events in hospital, their prognosis varies: “Half of patients recover, one-third die during the following year, and one-sixth have severe persistent impairments. Impairments include development of an average of 1 to 2 new functional limitations (eg, inability to bathe or dress independently), a 3-fold increase in prevalence of moderate to severe cognitive impairment (from 6.1% before hospitalization to 16.7% after hospitalization), and a high prevalence of mental health problems, including anxiety (32% of patients who survive), depression (29%), or posttraumatic stress disorder (44%). About 40% of patients are rehospitalized within 90 days of discharge...” These outcomes spur the authors to recommend that following discharge “management should focus on (1) identifying new physical, mental, and cognitive problems and referring for appropriate treatment, (2) reviewing and adjusting long-term medications, and (3) evaluating for treatable conditions that commonly result in hospitalization, such as infection, heart failure, renal failure, and aspiration. For patients with poor or declining health prior to sepsis who experience further deterioration after sepsis, it may be appropriate to focus on palliation of symptoms.”</p> <p>This review article is accompanied in the same issue of <i>JAMA</i> by a ‘Patient Page’ on Postsepsis Morbidity (http://dx.doi.org/10.1001/jama.2017.19809)</p> <div data-bbox="343 1164 1125 2027"> <p style="text-align: center;">Common symptoms after sepsis</p> <p>The infographic is titled "Common symptoms after sepsis" and features nine illustrations arranged in a 3x3 grid, each with a corresponding label below it:</p> <ul style="list-style-type: none"> Muscle weakness: An illustration of a person leaning over a suitcase, appearing to struggle with its weight. Fatigue: An illustration of a person yawning. Difficulty swallowing: An illustration of a person holding their throat with one hand. Cloudy thinking: An illustration of a person's head with a thought bubble containing a tangled mess of lines. Difficulty concentrating: An illustration of a person sitting at a desk with an open book, looking thoughtful. Poor memory: An illustration of a person holding their head with one hand, with a thought bubble containing a question mark. Difficulty sleeping: An illustration of a person lying in bed, looking awake, with a clock on the wall showing a time around 1:50. Sadness: An illustration of a person's face with a single tear falling from their eye. Anxiety: An illustration of a person's eyes with wide pupils and furrowed brows. </div> |

Antimicrobial resistance and antibiotic stewardship programs in the ICU: insistence and persistence in the fight against resistance. A position statement from ESICM/ESCMID/WAAAR round table on multi-drug resistance
 De Waele JJ, Akova M, Antonelli M, Canton R, Carlet J, De Backer D, et al
 Intensive Care Medicine. 2017 [epub].

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| DOI | https://doi.org/10.1007/s00134-017-5036-1 |
| Notes | <p>Increasing antimicrobial resistance (AMR) and the use of antibiotic stewardship to ameliorate it are generally recognised. Patients in intensive care units (ICUs) are particularly at risk of acquiring AMR infections due to the intensity of treatment, use of invasive devices, increased risk of transmission and exposure to antibiotics. This paper is a call from the intensive care and infectious disease specialists from the European Society of Intensive Care Medicine, European Society of Microbiology and Infectious Diseases and World Alliance Against Antimicrobial Resistance, united in the ANTARCTICA (Antimicrobial Resistance in Critical Care) coalition for “increased awareness and action among health care professionals to reduce AMR development in critically ill patients, to improve treatment of AMR infections and to coordinate scientific research in this high-risk patient population” in intensive care units.</p> <p>The group has produced a set of recommendations for investigating AMR in ICUs and developing guidance for treating these patients, along with priorities for improved management of multidrug-resistant (MDR) infections. The recommendations include committing to making AMR a priority in guideline development and research activities, documenting the global prevalence of gram-negative AMR infection and colonisation, developing clinical guidance on specific topics such as antibiotic dosing and duration in the ICU, collecting data on treatment and outcomes, etc.</p> |

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

Hospital culture and clinical performance: where next?
 Mannion R, Smith J
 BMJ Quality & Safety. 2017.

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| DOI | http://dx.doi.org/10.1136/bmjqs-2017-007668 |
| Notes | <p>Organisational cultures affect the way we work in every workplace, including health facilities. There has been much written about culture and health. This editorial, prompted by a paper reporting in a 2-year, mixed-methods, prospective interventionist study (Leadership Saves Lives) designed to promote positive changes in organisational culture in 10 hospitals in the USA. Mannion and Smith note that a recent systematic review found “a consistent association between positive organisational and workplace cultures and beneficial clinical outcomes, including reduced mortality rates across a variety of health settings.” They go on to observe that the new study, showed that “those hospitals with marked positive shifts in culture experienced significantly greater decreases in risk-standardised mortality rates compared with those that had not changed their culture and compared with mean changes in risk-standardised mortality rates for patients with myocardial infarction nationally. Based on these findings, the authors conclude that hospital culture may be positively influenced and that investing in strategies to foster cultures that are supportive of high performance may help hospitals in their efforts to significantly improve clinical outcomes.” Among the elements of culture identified as being important were “fostering a learning environment, offering sustained and visible senior management support to clinical teams and services, and ensuring that staff across the organisation feel ‘psychologically safe’ and able to speak up when things are felt to be going wrong.”</p> |

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| URL | https://qualitysafety.bmj.com/content/27/1 |
| 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: Inpatient bedspacing: could a common response to hospital crowding cause increased patient mortality? (Finlay A McAlister, Kaveh G Shojania) • Editorial: Unpacking quality indicators: how much do they reflect differences in the quality of care? (Jill Tinmouth) • Editorial: Putting rising emergency hospital admissions for children into perspective: how do international comparisons help? (Lucia Kossarova, Eilís Keeble) • 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) • Variation and statistical reliability of publicly reported primary care diagnostic activity indicators for cancer: a cross-sectional ecological study of routine data (Gary Abel, Catherine L Saunders, Silvia C Mendonca, Carolyn Gildea, Sean McPhail, Georgios Lyratzopoulos) • International comparison of emergency hospital use for infants: data linkage cohort study in Canada and England (Katie Harron, Ruth Gilbert, David Cromwell, Sam Oddie, Astrid Guttmann, Jan van der Meulen) • Enhancing problem list documentation in electronic health records using two methods: the example of prior splenectomy (Dustin McEvoy, Tejal K Gandhi, Alexander Turchin, Adam Wright) • 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) • Malpractice claims related to diagnostic errors in the hospital (Ashwin Gupta, Ashley Snyder, Allen Kachalia, Scott Flanders, Sanjay Saint, Vineet Chopra) • Value of small sample sizes in rapid-cycle quality improvement projects 2: assessing fidelity of implementation for improvement interventions (Edward Etchells, Thomas Woodcock) • Utilizing a transfer of care bundle to reduce unplanned readmissions to the cardiac intensive care unit (Jean Storey, Jonathan W Byrnes, Jeffrey Anderson, James Brown, Katherine Clarke-Myers, Melissa Kimball, Candice Meyer, Laurie Mustin, Gina Schoenling, Nicolas Madsen) • Effects of efforts to optimise morbidity and mortality rounds to serve contemporary quality improvement and educational goals: a systematic review (Andrew Smaggus, Marko Mrkobrada, Alanna Marson, A Appleton) • Balancing the skills: the need for an improvement pyramid (John Gabbay, Andrée le May, Con Connell, Jonathan H Klein) • Participatory approaches to evaluating integrated care: the vital role for client inclusion and participation (Nadiya Sunderji, Allyson Ion, Elizabeth Lin, Abbas Ghavam-Rassoul, Gwen Jansz) |

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| URL | https://academic.oup.com/intqhc/issue/29/7 |
| Notes | <p>A new issue of the <i>International Journal for Quality in Health Care</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 the <i>International Journal for Quality in Health Care</i> include:</p> <ul style="list-style-type: none"> • Editorial: Through the patient’s eyes: 25 years of quality and safety research and the challenges ahead (Oliver Groene) • Lean Management to support Choosing Wisely in healthcare: the first evidence from a systematic literature review (Maria Crema; Chiara Verbano) • Enhancing patients’ autonomy by involving them in research ethics committees (Milenko Rakic; Tolga Dittrich; Bernice S Elger; David Shaw) • Factors associated with malnutrition among children <5 years old in Burkina Faso: evidence from the Demographic and Health Surveys IV 2010 (Ghislain G Poda; Chien-Yeh Hsu; Jane C -J Chao) • 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) • 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) • A quality improvement project to reduce hypothermia in preterm infants on admission to the neonatal intensive care unit (Wai Yan Yip; Bin Huey Quek; Mary Choi Wan Fong; Thilagamangai; Sally Siew Gim Ong; Bee Leong Lim; Bo Chu Lo; Pratibha Agarwal) • 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) • Understanding the impact of accreditation on quality in healthcare: A grounded theory approach (L Desveaux; J I Mitchell; J Shaw; N M Ivers) • Examining influences on speaking up among critical care healthcare providers in the United Arab Emirates (Hanan H Edrees; Mohd Nasir Mohd Ismail; Bernadette Kelly; Christine A Goeschel; Sean M Berenholtz; Peter J Pronovost; Ali Abdul Kareem Al Obaidli; Sallie J Weaver) • 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) • Organizing and implementing a multidisciplinary fast track oncology clinic (Y L Basta; K M A J Tytgat; H H Greuter; J H G Klinkenbijn; P Fockens; J Strikwerda) |

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| URL | https://academic.oup.com/intqhc/issue/29/8 |
| Notes | <p>A new issue of the <i>International Journal for Quality in Health Care</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 the <i>International Journal for Quality in Health Care</i> include:</p> <ul style="list-style-type: none"> • Barriers and facilitators related to the implementation of a physiological track and trigger system: A systematic review of the qualitative evidence (Fergal Connolly; Dara Byrne; Sinéad Lydon; Chloe Walsh; Paul O'Connor) • Factors influencing the activation of the rapid response system for clinically deteriorating patients by frontline ward clinicians: a systematic review (Wei Ling Chua; Min Ting Alicia See; Helena Legio-Quigley; Daryl Jones; Augustine Tee; Sok Ying Liaw) • Psychometric analysis of the TRANSIT quality indicators for cardiovascular disease prevention in primary care (Cynthia Khanji; Céline Bareil; Eveline Hudon; Johanne Goudreau; Fabie Duhamel; Marie-Thérèse Lussier; Sylvie Perreault; Gilles Lalonde; Alain Turcotte; Djamal Berbiche; Élisabeth Martin; Lise Lévesque; Marie-Mireille Gagnon; Lyne Lalonde) • Evaluating quality indicators of tertiary care hospitals for trauma care in Japan (Shinji Nakahara; Tetsuya Sakamoto; Takashi Fujita; Yasuyuki Uchida; Yoichi Katayama; Seizan Tanabe; Yasuhiro Yamamoto) • Scaling up improvements more quickly and effectively (John Øvretveit; Lynn Garofalo; Brian Mittman) • Relationship-centered health care as a Lean intervention (Jennifer Dunsford; Laura E Reimer) |

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| URL | http://bmjleader.bmj.com/content/1/4 |
| Notes | <p>A new issue of <i>BMJ Leader</i> has been published. Articles in this issue of <i>BMJ Leader</i> include:</p> <ul style="list-style-type: none"> • Editorial: Looking to the future of clinical leadership (Stephen H Powis) • Future of clinical leadership: the critical role of front-line doctors (Amit Nigam, Minjie Gao) • Review of determinants of national medical leadership development (Wouter Keijser, Max Poorthuis, Judith Tweedie, Celeste Wilderom) • Moving to the enlightened side: a personal journey (Celia Ingham Clark) • Moving to the enlightened side: a sheep in wolf's clothing (Andrew Haynes) • Engaging, leading and improving at the Northern Ireland Faculty of Medical Leadership and Management (FMLM) conference (Judy Curran, Rachel Doherty, Gráinne Donaghy, Keith Gardiner) • Improving reliability in critical healthcare sector using FAMECA methodology (Polinapilinho Freeman Katina, Nina C Magpili-Smith) • Clinical physiotherapists' experiences of leadership in physiotherapy in Ireland (Emer McGowan, Cathal Walsh, Emma Stokes) • Integrating traditional biomedical and high reliability organisation approaches: solving puzzles and problems (Peter J Pronovost, Simon C Mathews, Jill A Marsteller, Kathleen M Sutcliffe) |

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| URL | http://patientsafety.pa.gov/ADVISORIES/Pages/201712_home.aspx |
| Notes | <p>The Pennsylvania Patient Safety Authority has published their latest <i>Pennsylvania Patient Safety Advisory</i>. Topics in this issue include:</p> <ul style="list-style-type: none"> • Near-Miss Event Analysis Enhances the Barcode Medication Administration Process • Preparing for Unplanned Admissions to the NICU • Medication Errors in Outpatient Hematology and Oncology Clinics • Warming Blankets and Patient Harm • Complications Linked to Iatrogenic Enteral Feeding Tube Misplacements • Saves, System Improvements, and Safety-II • Patient Safety: No Harm, No Foul? |

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| URL | http://journals.lww.com/pqs/toc/2017/11000 |
| Notes | <p>A new issue of <i>Pediatric Quality & Safety</i> has been published. Articles in this issue of <i>Pediatric Quality & Safety</i> include:</p> <ul style="list-style-type: none"> • Implementation of an Outcome Measure in Pediatric Behavioral Health: A Process Improvement Initiative (Catherine Butz, Jahnavi Valleru, Anthony Castillo, Eric M. Butter) • WE CARE 4 KIDS: Use of a Rounding Tool in the Pediatric Intensive Care Unit (Rani Ganesan, Priya Rajakumar, Louis Fogg, Jean Silvestri, Jason M. Kane) • SAFEST: Use of a Rubric to Teach Safety Reporting to Pediatric House Officers (Patricia Keefer, Lauren Helms, Kavita Warriar, Jennifer Vredevel, Heather Burrows, Kelly Orringer) • Reducing Antibiotic Use in Respiratory Syncytial Virus—A Quality Improvement Approach to Antimicrobial Stewardship (Maria Lyn Quintos-Alagheband, Estela Noyola, Sejal Makvana, Gladys El-Chaar, Shan Wang, Rose Calixte, Leonard R. Krilov) • Reducing Blood Testing in Pediatric Patients after Heart Surgery: Proving Sustainability (Stephanie A. Bodily, Claudia Delgado-Corcoran, Katherine Wolpert, Kathryn Lucas, Angela P. Presson, Susan L. Bratton) • Improving Human Papilloma Virus Vaccination Rates: Quality Improvement (Michelle Bowden, Jason Yaun, Bindiya Bagga) • Increasing Patient Portal Activation in a Pediatric Subspecialty Clinic (Karen Ratliff-Schaub, Jahnavi Valleru) |

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| URL | http://www.longwoods.com/publications/healthcare-policy/25319 |
| Notes | <p>A new issue of <i>Healthcare Policy</i> has been published. Articles in this issue of <i>Healthcare Policy</i> include:</p> <ul style="list-style-type: none"> • Demonstrating the Unique Value a Study Adds (Jennifer Zelmer) • A Survey of Health Equity Practices in Early Psychosis Intervention Programs: A Starting Point for Improvement (Avra Selick, Alexandra Lamoureux, Karen O'Connor and Janet Durbin) |

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| | <ul style="list-style-type: none"> • What Is Bending the Cost Curve? An Exploration of Possible Drivers and Unintended Consequences (Kimberlyn McGrail and Megan Ahuja) • Personal Support Workers in Canada: The New Precariat? (Katherine Zagrodny and Mike Saks) • What's Involved with Wanting to Be Involved? Comparing Expectations for Public Engagement in Health Policy across Research and Care Contexts (Carolyn J Barg, Fiona A Miller, Robin Z Hayeems, Yvonne Bombard, Céline Cressman and Michael Painter-Main) • A Review and Comparative Analysis of Information Targeted to the General Public on the Websites of Breast Screening Programs in Canada (Anne J Kearney, Julie Polisena and Andra Morrison) • Prior Authorization and Canadian Public Utilization of Direct-Acting Oral Anticoagulants (Lulu Gao, Mina Tadrous, Sandra Knowles, Muhammad Mamdani, J. Michael Paterson, David Juurlink and Tara Gomes) • Evaluating the Implementation of The Champlain BASE™ eConsult Service in a New Region of Ontario, Canada: A Cross-Sectional Study (Clare Liddy, Isabella Moroz, Amir Afkham and Erin Keely) |
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BMJ Quality and Safety online first articles

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| 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"> • Editorial: Hospital culture and clinical performance: where next? (Russell Mannion, Judith Smith) • Editorial: Interactions: understanding people and process in prescribing in primary care (Carol Sinnott) • Systematic review and meta-analysis of the effectiveness of pharmacist-led medication reconciliation in the community after hospital discharge (Duncan McNab, Paul Bowie, Alastair Ross, Gordon MacWalter, Martin Ryan, Jill Morrison) • Standards for UNiversal reporting of patient Decision Aid Evaluation studies: the development of SUNDAE Checklist (Karen R Sepucha, Purva Abhyankar, Aubri S Hoffman, Hilary L Bekker, Annie LeBlanc, Carrie A Levin, Mary Ropka, Victoria A Shaffer, Stacey L Sheridan, Dawn Stacey, Peep Stalmeier, Ha Vo, Celia E Wills, Richard Thomson) • The problem with using patient complaints for improvement (Marit S de Vos, Jaap F Hamming, Perla J Marang-van de Mheen) • Quick and dirty? A systematic review of the use of rapid ethnographies in healthcare organisation and delivery (Cecilia Vindrola-Padros, Bruno Vindrola-Padros) |

International Journal for Quality in Health Care online first articles

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| 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"> • Learning from high risk industries may not be straightforward: a qualitative study of the hierarchy of risk controls approach in healthcare (Elisa G Liberati ; Mohammad Farhad Peerally; Mary Dixon-Woods) • Electronic Medication Regimen Complexity Index at admission and complications during hospitalization in medical wards: a tool to improve quality of care? (Marion Lepelley; Céline Genty; André Lecoanet; Benoit |

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| | <p>Allenet; Pierrick Bedouch; Marie-Reine Mallaret; Pierre Gillois; Jean-Luc Bosson)</p> <ul style="list-style-type: none"> • Can you recommend me a good GP? Describing social differences in patient satisfaction within 31 countries (Jens Detollenaere; Lise Hanssens; Willemijn Schäfer; Sara Willems) • Evaluating quality standards' adherence in surgical care: a case study from Pakistan (Iram Fatima; Ayesha Humayun; Muhammad Imran Anwar; Muhammad Shafiq) • The impact of health sector evolution plan on hospitalization and cesarean section rates in Iran: an interrupted time series analysis (Behzad Karami Matin; Mohammad Hajizadeh; Farid Najafi; Enayatollah Homaie Rad; Bakhtiar Piroozi; Satar Rezaei) • Awareness and practice of patient rights from a patient perspective: an insight from Upper Egypt (Eman Sameh Mohammed; Amany Edward Seedhom; Eman Ramadan Ghazawy) • Healthcare services utilization following admission for hip fracture in elderly patients (Ehud Fliss; Orly Weinstein; Michael Sherf; Jacob Dreier) • A national evaluation of community-based mental health strategies in Finland (Anu Vähäniemi; Katja Warwick-Smith; Heli Hätönen; Maritta Välimäki) • Patient and hospital characteristics that influence incidence of adverse events in acute public hospitals in Portugal: a retrospective cohort study (Paulo Sousa; António Sousa Uva; Florentino Serranheira; Mafalda Sousa Uva; Carla Nunes) |
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American Journal of Medical Quality online first articles

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| URL | http://journals.sagepub.com/toc/ajmb/0/0 |
| Notes | <p><i>American Journal of Medical Quality</i> has published a number of 'online first' articles, including:</p> <ul style="list-style-type: none"> • Barriers and Benefits to the Use of Patient-Reported Outcome Measures in Routine Clinical Care: A Qualitative Study (Lindsey M Philpot, Sunni A Barnes, Rachel M Brown, J A Austin, C S James, R H Stanford, J O Ebbert) • Assessment of Risk Factors Associated With Hospital-Acquired Pressure Injuries and Impact on Health Care Utilization and Cost Outcomes in US Hospitals (Jill Dreyfus, Julie Gayle, Paul Trueman, Gary Delhougne, Aamir Siddiqui) • Clinical and Sociocultural Factors Associated With Failure to Escalate Care of Deteriorating Patients (Firas S Elmufdi, Susan L Burton, Nishant Sahni, Craig R Weinert) |

Online resources

Experience-Based Co-Design: a toolkit for Australia

<https://ahha.asn.au/experience-based-co-design-toolkit>

Australian Healthcare and Hospitals Association (AHHA) and the Consumers Health Forum (CHF) have released this toolkit that assists individual hospitals and healthcare services to provide better experiences of healthcare for both workers and patients. The toolkit guides healthcare services in using the expertise and experiences of their healthcare staff and patients in a genuine equal and reciprocal relationship to develop a better healthcare experience for all. The toolkit can be used or downloaded (as can individual tools).

Clinical Communiqué

Volume 4 Issue 4 December 2017

<http://www.vifmcommuniques.org/?p=5260>

This edition of *Clinical Communiqué* includes a selection of cases that demonstrate some of the important non-clinical aspects of coronial investigations and inquest findings. Each case provides an example of the variations seen in the ‘procedural history’ of an inquest. That is, the ‘what happened’ in the course of the coronial investigation. Factors such as the purpose, timing, people involved, and the disposition of an investigation, are all worth consideration by clinicians when reading coroners’ findings. These factors are relevant to understanding why some cases go to inquest, and others don’t, and why a coroner may choose to investigate a selected topic in a particular manner.

Also included is an expert commentary ‘Helping Clinicians Better Understand the Coronial Process’ authored by Dr Ian Freckelton, an experienced Queen’s Counsel at the Victorian Bar who has appeared in many of Australia’s most significant coronial inquests over the past 25 years. This commentary addresses some of the questions clinicians may have about their participation in a coronial matter.

Online remote primary health care manuals

<https://www.remotephcmmanuals.com.au/>

The Remote Primary Health Care Manuals (RPHCM) support and promote good clinical practice in primary health care in central, northern and remote Australia. This suite of manuals are used by health care workers including remote area nurses, Aboriginal and Torres Strait Islander health practitioners, doctors, midwives, nurse practitioners, and allied health professionals.

[USA] Toolkit To Promote Safe Surgery

<https://www.ahrq.gov/professionals/quality-patient-safety/hais/tools/surgery/index.html>

The (US) Agency for Healthcare Research and Quality (AHRQ) has produced this toolkit to assist hospitals in reducing surgical site infections (SSIs). The toolkit is designed to assist perioperative and surgical units in hospitals identify opportunities to improve care and safety practices and implement evidence-based interventions to prevent surgical site infections. The toolkit builds on AHRQ’s Comprehensive Unit-based Safety Program (CUSP) and the core CUSP toolkit by providing specific tools focused on the surgical setting to help hospitals reduce surgical site infections and other complications.

The toolkit has two complementary guides that should be used together: *Applying CUSP To Promote Safe Surgery*, and *Surgical Complication Prevention*. These two guides address respectively adaptive and technical work, which are both critical elements for improvement to occur. Supplemental tools accompany the guides.

The toolkit also includes 15 instructional modules to help clinical teams address specific areas of competency. The modules are spread across the three phases that clinical teams will undergo as part of their quality improvement efforts: onboarding, implementation, and sustainability.

[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:

- Clinical Guideline CG128 **Autism spectrum disorder in under 19s: recognition, referral and diagnosis** <https://www.nice.org.uk/guidance/cg128>

[UK] Retaining your clinical staff: a practical improvement resource

<https://improvement.nhs.uk/resources/retaining-your-clinical-staff-practical-improvement-resource/>

The UK’s NHS Improve has produced this resource outlining key steps to improving retention of clinical staff.

[UK] National Institute for Health Research

<https://discover.dc.nihr.ac.uk/portal/search/signals>

The UK's National Institute for Health Research (NIHR) Dissemination Centre has released the latest 'Signals' research summaries. This latest release includes:

- A strategy of '**delayed antibiotic prescribing**' for **respiratory infections** may reduce antibiotic use
- **Transfusing blood close to its use-by date** does not increase deaths in critically ill adults
- **Hearing aids** make communication easier for people with mild hearing loss
- **Lying on one's side in labour** with an epidural is safe and leads to more spontaneous births
- Alternative drug may prevent atrial fibrillation following **heart surgery**
- Fewer large babies are born to **pregnant woman with type 1 diabetes** if their glucose was monitored continuously
- Harm reduction approaches predicted to reduce rates of new **hepatitis C infection** for people who inject drugs
- Two nerve drugs are not suitable for treating **long-term low back pain**
- Low FODMAP diet may improve **irritable bowel symptoms** more than other diets
- Caesarean section is better for **extremely premature breech babies** but not necessarily for their mothers.

[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:

- *Effectiveness and Safety of Bronchial Thermoplasty in Management of **Asthma*** (systematic review) <https://effectivehealthcare.ahrq.gov/topics/asthma-nonpharmacologic-treatment/thermoplasty-systematic-review>
- *The Clinical Utility of Fractional Exhaled Nitric Oxide (FeNO) in **Asthma** Management* (systematic review) <https://www.effectivehealthcare.ahrq.gov/topics/asthma-nitric-oxide/research>
- *Management of **Uterine Fibroids*** <https://effectivehealthcare.ahrq.gov/topics/uterine-fibroids/research-2017>
- *Treatments for Basal Cell and Squamous Cell **Carcinoma of the Skin*** <https://effectivehealthcare.ahrq.gov/topics/skin-cancer/research>
- *A Framework for Conceptualizing **Evidence Needs of Health Systems: White Paper*** <https://www.effectivehealthcare.ahrq.gov/topics/health-systems/evidence-needs-research>
- *Methods for Evaluating Natural Experiments in **Obesity: A Systematic Evidence Review*** <https://www.effectivehealthcare.ahrq.gov/topics/obesity-research-methods/systematic-review>

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