



## On the Radar

Issue 354

15 January 2018

*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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Contributors: Niall Johnson

### Reports

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

Deeble Institute Issues Brief No 24

Delfante B

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

URL	<a href="https://ahha.asn.au/publication/issue-briefs/deeble-issues-brief-no-24-impact-australian-hospital-medicines-funding">https://ahha.asn.au/publication/issue-briefs/deeble-issues-brief-no-24-impact-australian-hospital-medicines-funding</a>
Notes	In the last issue of <i>On the Radar</i> we had an item on this report. Between their original release and now, the AHHA has renumbered the Issues Brief (from 26 to 24) and changed the URL. The correct URL is given here.

## Journal articles

*Effect of a National Standard for Deteriorating Patients on Intensive Care Admissions Due to Cardiac Arrest in Australia*

Jones D, Bhasale A, Bailey M, Pilcher D, Anstey MH

Critical Care Medicine. 2018 [epub].

DOI	<a href="https://doi.org/10.1097/CCM.0000000000002951">https://doi.org/10.1097/CCM.0000000000002951</a>
Notes	<p>This retrospective study sought to examine the impact of a national standard for improving the recognition of and response to deteriorating patients in terms of its effect on admissions to intensive care units (ICUs) following cardiac arrests from hospital wards. The study looked at adult patients admitted to ICUs in more than 110 hospitals across Australia. The standard was one of the first edition of the National Safety and Quality Health Service Standards developed by the Australian Commission on Safety and Quality in Health Care.</p> <p>The study's authors report finding that cardiac arrest-related ICU admissions from the ward decreased from 5.6% (baseline) to 4.9% (rollout) and 4.1% (intervention period). They went on to conclude that "Introducing a <b>national standard</b> to improve the care of deteriorating patients was associated with <b>reduced cardiac arrest-related ICU admissions</b> and subsequent <b>in-hospital mortality</b> of such patients."</p>

For information on the National Safety and Quality Health Service Standards. 2nd edition, see

<http://www.safetyandquality.gov.au/second-edition>

*Patient preferences for participation in patient care and safety activities in hospitals*

Ringdal M, Chaboyer W, Ulin K, Bucknall T, Oxelmark L

BMC Nursing. 2017;16(1):69.

DOI	<a href="http://dx.doi.org/10.1186/s12912-017-0266-7">http://dx.doi.org/10.1186/s12912-017-0266-7</a>
Notes	<p>Paper reporting on a small (n of 20) in-depth qualitative study using semi-structured interviews with patients were admitted to one of four medical wards at a Swedish university hospital that sought to examine patients' preferences on participation in their care and safety activities. From their thematic analysis, the authors found five key themes: endorsing participation; understanding enables participation; enacting patient safety by participation; impediments to participation; and the significance of participation. The author discuss that <b>patients wanted to be active participants</b> in their care and safety activities by having a voice and being a part of the decision-making process, sharing information and possessing knowledge about their conditions. They note that a number of <b>barriers</b> hampered participation, such as <b>power imbalances</b>, lack of <b>patient acuity</b> and <b>patient uncertainty</b>. Patients' participation in care and patient safety activities seemed to determine whether patients were feeling safe or ignored.</p> <p>These contribute to a conclusion that 'Promoting patient participation begins by understanding the patients' unique preferences and needs for care, establishing a good relationship and paying attention to each patient's ability to participate despite their illness.'</p>

For information about the Commission's work on patient and consumer centred care, see

<https://www.safetyandquality.gov.au/our-work/patient-and-consumer-centred-care/>

*Handovers during anesthesia care: Patient safety risk or opportunity for improvement?*

Bagian JP, Paull DE

Journal of the American Medical Association. 2018;319(2):125-7.

*Association between handover of anesthesia care and adverse postoperative outcomes among patients undergoing major surgery*

Jones PM, Cherry RA, Allen BN, Jenkyn KMB, Shariff SZ, Flier S, et al

Journal of the American Medical Association. 2018;319(2):143-53.

DOI	Bagian and Paull <a href="https://dx.doi.org/10.1001/jama.2017.20602">https://dx.doi.org/10.1001/jama.2017.20602</a> Jones et al <a href="https://dx.doi.org/10.1001/jama.2017.20040">https://dx.doi.org/10.1001/jama.2017.20040</a>
Notes	<p>Bagian and Paull’s editorial reflects on the study reported by Jones et al. It’s noted that many ‘serious adverse events in health care involve miscommunication during the handoff between physicians and perhaps between other health care practitioners. Contributing factors to inadequate communication during handoffs include insufficient or misleading information, absence of safety culture, ineffective communication methods, lack of time, poor timing, inadequate feedback between sender and receiver, interruptions or distractions, lack of standardized procedures, and insufficient staffing.’</p> <p>The study reported by Jones et al examined the association between “complete handovers” (defined as one in which the initial anaesthetist handed over care of a patient to another anaesthetist but then was no longer available) among anaesthetist and deleterious patient outcomes. This study reported that complete handovers were associated with an increased risk of death and major complications , but not hospital readmission within 30 days of surgery.</p> <p>Bagian and Paull seek to move the focus from eliminating or minimising <b>handovers</b> to have the ‘health care community should consider them as an <b>opportunity to improve patient safety</b>. In this model, the handover is a chance to correct errors and could almost be considered an embedded independent consult. Such communication might prevent an inadvertent oversight of a required action and resultant patient harm. The receiving anesthesiologist provides “fresh eyes” and offers a new perspective. In this model, the handover is truly a team process and the receiver of information has an active role.’</p>

For information about the Commission’s work on clinical communications, including clinical handover, see <https://www.safetyandquality.gov.au/our-work/clinical-communications/>

*Economic and organizational impact of a clinical decision support system on laboratory test ordering*

Bellodi E, Vagnoni E, Bonvento B, Lamma E

BMC Medical Informatics and Decision Making. 2017;17(1):179.

DOI	<a href="https://doi.org/10.1186/s12911-017-0574-6">https://doi.org/10.1186/s12911-017-0574-6</a>
Notes	<p>This Italian study looked at the impact of adding a clinical decision support system (CDSS) to the ordering of laboratory tests. The study sought to see the impact on the ordering of redundant or unnecessary tests in terms of (1) the volume of tests, (2) cost analysis, (3) end-user satisfaction before and after the installation of the CDSS. Based on usage in 3-month periods before and after installation of the CDSS, the number of <b>laboratory tests requested decreased by 16.44%</b> and <b>costs fell by 16.53%</b> in the intervention group, versus an increase in the number of tests (+3.75%) and of costs (+1.78%) was seen in a control group. Feedback from practice showed that the medical staff was generally satisfied with the CDSS and perceived its benefits, but they were less satisfied with its technical performance in terms of slow response time.</p>

2017 update on medical overuse: A systematic review

Morgan DJ, Dhruva SS, Coon ER, Wright SM, Korenstein D

JAMA Internal Medicine. 2018;178(1):110-5.

DOI	<a href="https://dx.doi.org/10.1001/jamainternmed.2017.4361">https://dx.doi.org/10.1001/jamainternmed.2017.4361</a>
Notes	Overuse is just one aspect of discussions around appropriateness and quality of care. However, some of the conclusions of this study are applicable beyond the specific issue of overuse. These include <b>engaging patients</b> in conversations aimed at shared <b>decision making</b> and <b>giving practitioners feedback</b> about their performance relative to peers can contribute to more appropriate care.

*Association of overlapping surgery with increased risk for complications following hip surgery: A population-based, matched cohort study*

Ravi B, Pincus D, Wasserstein D, Govindarajan A, Huang A, Austin PC, et al

JAMA Internal Medicine. 2018;178(1):75-83.

DOI	<a href="http://dx.doi.org/10.1001/jamainternmed.2017.6835">http://dx.doi.org/10.1001/jamainternmed.2017.6835</a>
Notes	Overlapping or concurrent surgery has led to discussions as to whether it is even ethical or appropriate, let alone whether it has safety and quality implications (and has been covered in items in previous issues of <i>On the Radar</i> ). This population-based cohort study sought to examine the association of overlapping surgery with increased risks for complications following surgical treatment of hip fractures and end-stage arthritis. In the cohort there 960 and 1560 overlapping procedures for hip fracture and hip arthritis. The authors report finding that for patients “undergoing <b>overlapping procedures</b> , there was an <b>approximately 90% increase in the risk for surgical complications at 1 year</b> , although the association was weaker in elective hip replacements than in hip fractures.”

*Medication Synchronization Programs Improve Adherence To Cardiovascular Medications And Health Care Use*

Krumme AA, Glynn RJ, Schneeweiss S, Gagne JJ, Dougherty JS, Brill G, et al

Health Affairs. 2018;37(1):125-33.

DOI	<a href="https://doi.org/10.1377/hlthaff.2017.0881">https://doi.org/10.1377/hlthaff.2017.0881</a>
Notes	According to the authors, “medication synchronization programs based in pharmacies simplify the refill process by enabling patients to pick up all of their medications on a single visit. This can be especially important for improving medication adherence in patients with complex chronic diseases.” The reported study evaluated the impact of two synchronisation programs on adherence, cardiovascular events, and resource use among patient with two or more chronic conditions—at least one of which was hypertension, hyperlipidemia, or diabetes. The synchronisation programs displayed greater mean proportion of days covered than a control group, greater improvement in adherence versus control patients was three times greater in patients with low baseline adherence, compared to those with higher baseline adherence. Rates of hospitalisation and emergency department visits and rates of outpatient visits were 9 percent and 3 percent lower in the synchronised group compared to the control group, respectively, while cardiovascular event rates were similar. Synchronization programs were associated with improved adherence for patients with cardiovascular disease, especially those with low baseline adherence.

URL	<a href="http://journals.lww.com/jhqonline/toc/2018/01000">http://journals.lww.com/jhqonline/toc/2018/01000</a>
Notes	<p>A new issue of the <i>Journal for Healthcare Quality</i> has been published. Articles in this issue of the <i>Journal for Healthcare Quality</i> include:</p> <ul style="list-style-type: none"> <li>• Applying Lean Techniques to <b>Reduce Intravenous Waste</b> Through Premixed Solutions and Increasing Production Frequency (Alex C Lin, Jonathan Penm, Marianne F Ivey, Yihong Deng, Monica Commins)</li> <li>• Negative Association of Hospital Efficiency Under Increasing Geographic Elevation on <b>Acute Myocardial Infarction In-Patient Mortality</b> (Srikant Devaraj, Pankaj C Patel)</li> <li>• Process Mapping and Time Study to Improve Efficiency of <b>New Procedure Implementation for High-Dose Rate Prostate Brachytherapy</b> (Laura A Doyle, Menachem Yondorf, Cheng Peng, Amy S Harrison, Robert B Den)</li> <li>• Improving the Implementation of <b>Lung Cancer Screening Guidelines</b> at an Academic Primary Care Practice (Alison T Brenner, Laura Cubillos, Katherine Birchard, Caleb Doyle-Burr, John Eick, Louise Henderson, Laura Jones, Michael Massaro, Bailey Minish, Paul Molina, Michael Pignone, Shana Ratner, Maria Patricia Rivera, Daniel S Reuland)</li> <li>• Lean Six Sigma to Reduce <b>Intensive Care Unit Length of Stay</b> and Costs in Prolonged Mechanical Ventilation (Stephen Trzeciak, Michael Mercincavage, Cory Angelini, William Cogliano, Emily Damuth, Brian W. Roberts, Sergio Zanotti, Anthony J Mazzairelli)</li> <li>• <b>Hospital Readmission</b> From the Perspective of Medicaid and Uninsured Patients (Gregory J Misky, Robert E Burke, Teresa Johnson, Amira del Pino Jones, Janice L. Hanson, Mark B Reid)</li> <li>• Quality Improvement Foley Project to Reduce <b>Catheter-Related Trauma</b> in a Large Community Hospital (Chirag Dave, Kassem Faraj, Paras Vakharia, Judy Boura, Jay Hollander)</li> <li>• <b>Optimizing Surgical Capacity</b> for a Rural Hospital Through Monte Carlo Simulation (Rachel Ozer, Gregory Richards)</li> <li>• A Multidisciplinary Self-Directed Learning Module Improves Knowledge of a <b>Quality Improvement Instrument: The HEART Pathway</b> (Nicholas D Hartman, Erin N. Harper, Lauren M. Leppert, Brittany M. Browning, Kim Askew, David E. Manthey, Simon A. Mahler)</li> <li>• Analysis of a Patient Intervention to <b>Reduce Patients Who Leave Without Being Seen</b> in an Ophthalmology-Dedicated Emergency Room (Alice C. Lorch, Maureen Martinez, Matthew Gardiner)</li> <li>• Proactive Risk Mitigation: Using Failure Modes and Effects Analysis for Evaluating Vascular Access (Shea Polancich, Loring Rue, Terri Poe, Rebecca Miltner)</li> </ul>

Health Affairs

Volume: 37, Number: 1 (January 2018)

DOI	<a href="https://www.healthaffairs.org/toc/hlthaff/37/1">https://www.healthaffairs.org/toc/hlthaff/37/1</a>
Notes	<p>A new issue of <i>Health Affairs</i> has been published, with the focus ‘Culture Of Health, Medicare &amp; More’. Articles in this issue of <i>Health Affairs</i> include:</p> <ul style="list-style-type: none"> <li>• <b>Cross-Sectoral Partnerships</b> By Area Agencies On Aging: Associations With Health Care Use And Spending (Amanda L Brewster, Suzanne Kunkel, Jane Straker, and Leslie A Curry)</li> </ul>

- **Evaluating Community-Based Health Improvement** Programs (Carrie E Fry, Sayeh S Nikpay, Erika Leslie, and Melinda B Buntin)
- Multisector Partnerships Need Further Development To Fulfill Aspirations For **Transforming Regional Health** And Well-Being (Beth Siegel, Jane Erickson, Bobby Milstein, and Katy Evans Pritchard)
- Health Departments With A Commitment To **Health Equity**: A More Skilled Workforce And Higher-Quality Collaborations (Karishma S Furtado, Carol Brownson, Z Fershteyn, M Macchi, A Eyler, C Valko, and R C Brownson)
- The War On **Poverty's Health Legacy**: What It Was And Why It Matters (Merlin Chowkwanyun)
- The **San Francisco Cancer Initiative**: A Community Effort To Reduce The Population Burden Of Cancer (Robert A Hiatt, Amanda Sibley, Laura Fejerman, Stanton Glantz, Tung Nguyen, Rena Pasick, Nynikka Palmer, Arnold Perkins, Michael B Potter, Ma Somsouk, Roberto A Vargas, Laura J van 't Veer, and Alan Ashworth)
- Cross-Sector Service Use Among **High Health Care Utilizers** In Minnesota After Medicaid Expansion (Katherine Diaz Vickery, Peter Bodurtha, T N A Winkelman, C Hougham, R Owen, M S Legler, E Erickson, and M M Davis)
- **Medicare Advantage Ratings And Voluntary Disenrollment** Among Patients With End-Stage Renal Disease (Qijuan Li, Amal N. Trivedi, Omar Galarraga, Michael E. Chernew, Daniel E. Weiner, and Vincent Mor)
- Medicare Advantage Enrollees More Likely To Enter **Lower-Quality Nursing Homes** Compared To Fee-For-Service Enrollees (David J. Meyers, Vincent Mor, and Momotazur Rahman)
- Dually Enrolled Beneficiaries Have Higher Episode Costs On The **Medicare Spending Per Beneficiary Measure** (Lok Wong Samson, Lena M. Chen, Arnold M. Epstein, and Karen E. Joynt Maddox)
- **Quality Of End-Of-Life Care** Is Higher In The VA Compared To Care Paid For By Traditional Medicare (Risha Gidwani-Marszowski, Jack Needleman, Vincent Mor, K Faricy-Anderson, D B Boothroyd, G Hsin, T H Wagner, K A Lorenz, M I Patel, V R Joyce, S S Murrell, K Ramchandran, and S M Asch)
- **Geographical Health Priority Areas** For Older Americans (Harlan M Krumholz, Sharon-Lise T Normand, and Yun Wang)
- Understanding The Relationship Between **Medicaid Expansions And Hospital Closures** (Richard C Lindrooth, Marcelo C Perrignon, Rose Y Hardy, and Gregory J Tung)
- **Medication Synchronization Programs** Improve Adherence To Cardiovascular Medications And Health Care Use (Alexis A Krumme, Robert J Glynn, Sebastian Schneeweiss, Joshua J Gagne, J Samantha Dougherty, Gregory Brill, and Niteesh K Choudhry)
- **Opioid Prescription Rates And Child Removals**: Evidence From Florida (Troy Quast, Eric A Storch, and Svetlana Yampolskaya)
- **Child Mortality** In The US And 19 OECD Comparator Nations: A 50-Year Time-Trend Analysis (Ashish P Thakrar, Alexandra D Forrest, Mitchell G Maltenfort, and Christopher B Forrest)
- **National Health Care Spending** In 2016: Spending And Enrollment Growth Slow After Initial Coverage Expansions (Micah Hartman, A B Martin, N Espinosa, A Catlin, and The National Health Expenditure Accounts Team)
- In Rural Towns, **Immigrant Doctors Fill A Critical Need** (Yasmin Sokkar Harker)

URL	<a href="http://onlinelibrary.wiley.com/doi/10.1111/hex.2018.21.issue-1/issuetoc">http://onlinelibrary.wiley.com/doi/10.1111/hex.2018.21.issue-1/issuetoc</a>
Notes	<p>A new issue of <i>Health Expectations</i> has been published. Articles in this issue of <i>Health Expectations</i> include:</p> <ul style="list-style-type: none"> <li>• Challenges to measuring and achieving <b>shared decision-making in practice</b> (Sarah T. Hawley)</li> <li>• Black and <b>minority ethnic group involvement</b> in health and social care research: A systematic review (Shoba Dawson, Stephen M Campbell, Sally J Giles, Rebecca L Morris and Sudeh Cheraghi-Sohi)</li> <li>• “This illness diminishes me. What it does is like theft”: A qualitative meta-synthesis of people's <b>experiences of living with asthma</b> (Kristen Pickles, Daniela Eassey, Helen K Reddel, Louise Locock, S Kirkpatrick and L Smith)</li> <li>• Impact and experiences of <b>delayed discharge</b>: A mixed-studies systematic review (Antonio Rojas-García, Simon Turner, Elena Pizzo, Emma Hudson, James Thomas and Rosalind Raine)</li> <li>• <b>Patient value</b>: Perspectives from the advocacy community (Bonnie J Addario, Ana Fadich, Jesme Fox, Linda Krebs, Deborah Maskens, Kathy Oliver, Erin Schwartz, Gilliosa Spurrier-Bernard and Timothy Turnham)</li> <li>• Views of general practice staff about the use of a patient-oriented treatment decision aid in <b>shared decision making for patients with type 2 diabetes</b>: A mixed-methods study (Anita Wildeboer, Esther du Pon, Jan Schuling, Flora M. Haaijer-Ruskamp and Petra Denig)</li> <li>• Extent, quality and impact of <b>patient and public involvement in antimicrobial drug development</b> research: A systematic review (David Evans, Emma Bird, Andy Gibson, Sally Grier, Teh Li Chin, Margaret Stoddart, A MacGowan and the North Bristol Microbiology Patient Panel)</li> <li>• Using <b>CollaboRATE, a brief patient-reported measure of shared decision making</b>: Results from three clinical settings in the United States (Rachel C Forcino, Paul J Barr, A James O'Malley, Roger Arend, Molly G Castaldo, E M Ozanne, S Percac-Lima, C D Stults, M Tai-Seale, R Thompson and G Elwyn)</li> <li>• Assessing the public acceptability of proposed policy interventions to reduce the <b>misuse of antibiotics in Australia</b>: A report on two community juries (Chris Degeling, Jane Johnson, Jon Iredell, Ky-Anh Nguyen, Jacqueline M. Norris, John D Turnidge, Angus Dawson, Stacy M Carter and G L Gilbert)</li> <li>• Improving the quality of prison research: A qualitative study of ex-offender service user involvement in <b>prison suicide prevention</b> research (Yvonne F. Awenat, Currie Moore, Patricia A. Gooding, Fiona Ulph, A Mirza and D Pratt)</li> <li>• Getting on the same page: <b>Communication, patient involvement and shared understanding of “decisions”</b> in oncology (Aaron L Leppin, Marleen Kunneman, J Hathaway, C Fernandez, V M Montori and J C Tilburt)</li> <li>• A qualitative study exploring the difficulties influencing <b>decision making at the end of life for people with dementia</b> (Kethakie Lamahewa, Rammya Mathew, Steve Iliffe, Jane Wilcock, J Manthorpe, E L Sampson and N Davies)</li> <li>• Decision making in NICE single technological appraisals: How does <b>NICE incorporate patient perspectives?</b> (F Hashem, M W Calnan and P R Brown)</li> <li>• Improving <b>adherence to multiple medications</b> in older people in primary care: Selecting intervention components to address patient-reported barriers and facilitators (Deborah E Patton, Cathal A Cadogan, Cristín Ryan, Jill J Francis, Gerard J Gormley, Peter Passmore, Ngairé Kerse and C M Hughes)</li> </ul>

- **Citizen's Charter in a primary health-care setting** of Nepal: An accountability tool or a “mere wall poster”? (Gagan Gurung, Robin Gauld, Philip C Hill and Sarah Derrett)
- **Material practices for meaningful engagement:** An analysis of participatory learning and action research techniques for data generation and analysis in a health research partnership (Mary O'Reilly-de Brún, Tomas de Brún, Catherine A O'Donnell, Maria Papadakaki, Aristoula Saridaki, Christos Lionis, Nicola Burns, Chris Dowrick, Katja Gravenhorst, W Spiegel, CVan Weel, E Van Weel-Baumgarten, M Van den Muijsenbergh and A MacFarlane)
- Comparison of preferences of healthcare professionals and MS patients for **attributes of disease-modifying drugs:** A best-worst scaling (Ingrid E H Kremer, Silvia M A A Evers, Peter J Jongen and Mickaël Hiligsmann)
- Understanding **leisure-time physical activity:** Voices of people with MS who have moderate-to-severe disability and their family caregivers (A Fakolade, J Lamarre, A Latimer-Cheung, T Parsons, S A Morrow and M Finlayson)
- Involved, inputting or informing: **“Shared” decision making in adult mental health care** (Eleanor Bradley and Debra Green)
- The role of experiential knowledge within attitudes towards **genetic carrier screening:** A comparison of people with and without experience of spinal muscular atrophy (F K Boardman, P J Young, O Warren and F E Griffiths)
- Factors associated with **shared decision making among primary care physicians:** Findings from a multicentre cross-sectional study (Matthew Menear, Mirjam Marjolein Garvelink, Rhéda Adekpedjou, Maria Margarita Becerra Perez, Hubert Robitaille, Stéphane Turcotte and France Légaré)
- Involving citizens in **priority setting for public health research:** Implementation in infection research (Timothy M. Rawson, Enrique Castro-Sánchez, E Charani, F Husson, L S P Moore, A H Holmes and R Ahmad)
- A coproduced patient and public event: An approach to developing and prioritizing **ambulance performance measures** (Andy Irving, Janette Turner, Maggie Marsh, A Broadway-Parkinson, D Fall, J Coster and A N Siriwardena)
- Multiple influences on participating in **physical activity in older age:** Developing a social ecological approach (E R Boulton, M Horne and C Todd)
- Prioritizing novel and existing **ambulance performance measures** through expert and lay consensus: A three-stage multimethod consensus study (Joanne E Coster, Andy D Irving, Janette K Turner, V-H Phung and A N Siriwardena)
- Tensions in perspectives on **suicide prevention** between men who have attempted suicide and their support networks: Secondary analysis of qualitative data (Andrea S Fogarty, Michael Spurrier, Michael J Player, Kay Wilhelm, Erin L Whittle, Fiona Shand, Helen Christensen and Judith Proudfoot)
- **Decision aid use during post-biopsy consultations** for localized prostate cancer (Margaret Holmes-Rovner, Akshay Srikanth, Stephen G Henry, Aisha Langford, David R. Rovner and Angela Fagerlin)
- Measuring **recall of medical information** in non-English-speaking people with cancer: A methodology (Ruby Lipson-Smith, Amelia Hyatt, Alexandra Murray, Phyllis Butow, Thomas F Hack, Michael Jefford, Uldis Ozolins, Sandra Hale and Penelope Schofield)
- Patient-centred care is a way of doing things: **How healthcare employees conceptualize patient-centred care** (Gemmae M Fix, Carol VanDeusen Lukas, Rendelle E Bolton, J N Hill, N Mueller, S L LaVela and B G Bokhour)
- Carers' involvement in **decision making about antipsychotic medication:**

	<p>A qualitative study (Norman J. Stomski and Paul Morrison)</p> <ul style="list-style-type: none"> <li>• Quantity over quality—Findings from a systematic review and environmental scan of <b>patient decision aids on early abortion methods</b> (Kyla Z Donnelly, Glyn Elwyn and Rachel Thompson)</li> <li>• <b>Optimizing patient and public involvement (PPI)</b>: Identifying its “essential” and “desirable” principles using a systematic review and modified Delphi methodology (Rebecca L Baines and Sam Regan de Bere)</li> <li>• How do <b>people with long-term mental health problems</b> negotiate relationships with network members at times of crisis? (Sandra Walker, Anne Kennedy, Ivaylo Vassilev and Anne Rogers)</li> <li>• The <b>midwife–woman relationship</b> in a South Wales community: Experiences of midwives and migrant Pakistani women in early pregnancy (Laura Goodwin, Billie Hunter and Aled Jones)</li> <li>• “Telling” and assent: Parents’ attitudes towards <b>children's participation in a birth cohort study</b> (Izen Ri, Eiko Suda, Z Yamagata, H Nitta and K Muto)</li> <li>• <b>Regenerative medicine</b>: Stroke survivor and carer views and motivations towards a proposed stem cell clinical trial using <b>placebo neurosurgery</b> (Nicola A Cunningham, P Abhyankar, J Cowie, J Galinsky and K Methven)</li> <li>• <b>Patient family advisors’ perspectives</b> on engagement in health-care quality improvement initiatives: Power and partnership (Donna Goodridge, Tanner Isinger and Thomas Rotter)</li> <li>• Talking to the people that really matter about their <b>participation in pandemic clinical research</b>: A qualitative study in four European countries (Nina H Gobat, Micaela Gal, Christopher C Butler, Steve A R Webb, Nicholas A Francis, Helen Stanton, Sibyl Anthierens, Hilde Bastiaens, Maciek Godycki-ćwirko, Anna Kowalczyk, Mariona Pons-Vigués, Enriqueta Pujol-Ribera, Anna Berenguera, Angela Watkins, P Sukumar, R G Moore, K Hood and A Nichol)</li> <li>• An empirically based conceptual framework for fostering <b>meaningful patient engagement in research</b> (Clayton B Hamilton, Alison M Hoens, Catherine L Backman, Annette M McKinnon, Shanon McQuitty, Kelly English and L C Li)</li> </ul>
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*International Journal for Quality in Health Care* online first articles

URL	<a href="https://academic.oup.com/intqhc/advance-access?papetoc">https://academic.oup.com/intqhc/advance-access?papetoc</a>
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"> <li>• A better understanding of ambulance personnel’s attitude towards <b>real-time resuscitation feedback</b> (Peter Brinkrolf; Roman Lukas; Ulf Harding; Sebastian Thies; Joachim Gerss; Hugo Van Aken; Hans Lemke; Udo Schniedermeier; Andreas Bohn)</li> <li>• Seen through the patients’ eyes: <b>surgical safety and checklists</b> (Jochen Bergs; Frank Lambrechts; Melissa Desmedt; Johan Hellings; Ward Schrooten; Annemie Vlayen; Dominique Vandijck)</li> <li>• Developing a set of <b>indicators</b> to monitor quality in <b>ambulatory diabetes care</b> using a modified Delphi panel process (Geetha Mukerji; Ilana Halperin; Katie Hunter; Phillip Segal; Maria Wolfs; Lindsay Bevan; Lianne Jeffs; Jeannette Goguen)</li> <li>• Patient perspectives on how physicians <b>communicate diagnostic uncertainty</b>: An experimental vignette study (Viraj Bhise; Ashley N D Meyer; Shailaja Menon; Geeta Singhal; Richard L Street; Traber D Giardina; Hardeep Singh)</li> </ul>

URL	<a href="https://qualitysafety.bmj.com/content/early/recent">https://qualitysafety.bmj.com/content/early/recent</a>
Notes	<p>BMJ <i>Quality and Safety</i> has published a number of ‘online first’ articles, including:</p> <ul style="list-style-type: none"> <li>• Editorial: Using <b>report cards and dashboards to drive quality improvement</b>: lessons learnt and lessons still to learn (Noah M Ivers, Jon Barrett)</li> <li>• <b>Task errors by emergency physicians</b> are associated with interruptions, multitasking, fatigue and working memory capacity: a prospective, direct observation study (Johanna I Westbrook, Magda Raban, Scott R Walter, Heather Douglas)</li> <li>• Effect of a <b>population-level performance dashboard intervention</b> on maternal-newborn outcomes: an interrupted time series study (Deborah Weiss, Sandra I Dunn, Ann E Sprague, Deshayne B Fell, Jeremy M Grimshaw, Elizabeth Darling, Ian D Graham, JoAnn Harrold, Graeme N Smith, Wendy E Peterson, Jessica Reszel, A Lanes, M C Walker, M Taljaard)</li> <li>• Implementation of <b>diagnostic pauses</b> in the ambulatory setting (Grace C Huang, Gila Kriegel, Carolyn Wheaton, Scot Sternberg, Kenneth Sands, Jeremy Richards, Katherine Johnston, Mark Aronson)</li> <li>• The association between <b>patient experience</b> factors and likelihood of <b>30-day readmission</b>: a prospective cohort study (Jocelyn Carter, Charlotte Ward, Deborah Wexler, Karen Donelan)</li> </ul>

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