



## On the Radar

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### On the Radar

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### Reports

*All complications should count: Using our data to make hospitals safer*

Duckett S, Jorm C, Danks L, Moran G

Melbourne: Grattan Institute; 2018. p. 51.

URL	<a href="https://grattan.edu.au/report/all-complications-should-count-using-our-data-to-make-hospitals-safer/">https://grattan.edu.au/report/all-complications-should-count-using-our-data-to-make-hospitals-safer/</a>
Notes	The Grattan Institute has released this report co-authored by Stephen Duckett (whose past roles included being Secretary of the Australian Department of Health) and Christine Jorm (former clinical director at the Australian Commission on Safety and Quality in Health Care) along with their colleagues at the Grattan Institute. The report looks at the level of complications in Australian hospitals, how they are measured (and may be measured) and some possible approaches to measuring, reporting (widely) and feeding back to clinicians and system operators so as to reduce the rates of complication and improve the safety and quality of care. The importance of <b>measuring and feeding back meaningful information to clinicians and facilities</b> is well understood. The report poses questions about transparency and variation in hospital performance and care delivery.

## Journal articles

*Multidisciplinary analysis of invasive meningococcal disease as a framework for continuous quality and safety improvement in regional Australia*

Taylor KA, Durrheim DN, Merritt T, Massey P, Ferguson J, Ryan N, et al  
BMJ Open Quality. 2018;7(1).

DOI	<a href="https://dx.doi.org/10.1136/bmjocq-2017-000077">https://dx.doi.org/10.1136/bmjocq-2017-000077</a>
Notes	<p>This paper reports on a response to invasive meningococcal disease (IMD) in non-metropolitan Australia. The response saw the establishment of multi-disciplinary Meningococcal Reference Group (MRG) to routinely review management of all IMD cases. The MRG comprised representatives from primary care, acute care, public health, laboratory medicine and clinical governance.</p> <p>The project has three major phases:</p> <ol style="list-style-type: none"> <li>I. multidisciplinary process mapping and development of a standardised audit tool</li> <li>II. formalisation of group processes and advocacy for operational change</li> <li>III. dissemination of findings to clinicians and managers.</li> </ol> <p>The interventions saw median antibiotic delay decreased from 72 to 42 minutes and the proportion of cases triaged appropriately improved from 38% to 75% between 2013 and 2015.</p> <p>However, the authors see this approach having implications beyond the issue of IMD. The multi-disciplinary reference group ‘was a <b>key mechanism for identifying system gaps, advocating for change and enhancing communication and coordination across services.</b>’</p>

*The expanding role of antimicrobial stewardship programs in hospitals in the United States: lessons learned from a multisite qualitative study*

Kapadia SN, Abramson EL, Carter EJ, Loo AS, Kaushal R, Calfee DP, et al. The Joint Commission Journal on Quality and Patient Safety. 2018;44(2):68-74.

DOI	<a href="http://dx.doi.org/10.1016/j.jcjq.2017.07.007">http://dx.doi.org/10.1016/j.jcjq.2017.07.007</a>
Notes	<p>In the face of antimicrobial resistance and overuse or misuse of antimicrobials, antimicrobial stewardship is seen as vital and is being implemented across many health care systems and facilities. This paper describes the experience of various US antimicrobial stewardship programs (ASPs). The study interviewed antimicrobial stewardship program leaders about implementation, program structure, strengths, weaknesses, lessons learned so as to identify the characteristics of successful programs and to gain insight into future directions for the area. The authors found three major themes:</p> <p>Three major themes were identified:</p> <ol style="list-style-type: none"> <li>1. evolution of ASPs from a top-down structure to a more diffuse approach <b>involving unit-based pharmacists, multidisciplinary staff, and shared responsibility</b></li> <li>2. <b>integration of information technology (IT)</b> systems, which enabled real-time interventions to optimise antimicrobial therapy and patient management.</li> <li>3. <b>barriers to technology integration</b>, including limited resources for data analysis and poor interoperability between software systems.</li> </ol>

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/>

*Effect of an in-hospital multifaceted clinical pharmacist intervention on the risk of readmission: a randomized clinical trial*  
 Ravn-Nielsen LV, Duckert M-L, Lund ML, Henriksen JP, Nielsen ML, Eriksen CS, et al.  
 JAMA Internal Medicine. 2018 [epub].

DOI	<a href="http://dx.doi.org/10.1001/jamainternmed.2017.8274">http://dx.doi.org/10.1001/jamainternmed.2017.8274</a>
Notes	Medication reconciliation has been seen to have benefits for patients. The effects have tended to be more pronounced when pharmacists have been integral to the process. This study sought to compare usual care (no intervention), inpatient medication reconciliation (a basic intervention) and multi-faceted pharmacy-led medication reconciliation program (including pharmacist-delivered medication reviews, motivational interviews, and post-discharge follow-up with nursing homes, primary care providers, and pharmacies). The enhanced intervention, the <b>multi-faceted pharmacy-led medication reconciliation</b> , saw <b>fewer hospital readmissions and emergency department visits</b> , whereas neither the basic pharmacy-led medication reconciliation or control group saw improvements.

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

*Do bed and chair sensors really stop falls in hospital?*

Oliver D

BMJ. 2018;360:k433.

DOI	<a href="https://doi.org/10.1136/bmj.k433">https://doi.org/10.1136/bmj.k433</a>
Notes	Perspective piece in the BMJ reflecting on the use of bed and chair sensors and alarms in light of a UK case in which an 80-year old patient admitted to York Hospital with pneumonia fell his hospital bed and sustained a hip fracture, which the coroner said was likely to have contributed to his death. Media coverage noted that the devices are inexpensive and that the patient’s care plan had recommended their use. The piece notes the weak evidence supporting their use and that routine use of sensors isn’t recommended in good practice guidance. The author also notes that “For many patients who have dementia or incident delirium, having an alarm sound every time they try to leave their bed or chair could worsen their distress and disorientation and could be considered a form of restraint. Alarms are also unsettling for patients in other beds—adding to noise pollution, poor sleep, and their own risk of delirium. If we’re trying to improve patients’ independence after acute illness or injury, sensors could actually worsen the cycle of immobility and deconditioning.”

*Practical application of high-reliability principles in healthcare to optimize quality and safety outcomes*

Oster CA, Deakins S

Journal of Nursing Administration. 2018;48(1):50-5.

DOI	<a href="http://dx.doi.org/10.1097/NNA.0000000000000570">http://dx.doi.org/10.1097/NNA.0000000000000570</a>
Notes	Various approaches have been suggested to enhance the quality and safety of care, including developing learning health systems or enhancing the resilience and reliability of health systems and organisations. Many of these can work in parallel or synergistically. This commentary piece summarises the claims for high reliability and its influence on safety and quality.

*Enhancing the quality and safety of the perioperative patient*  
 Staender S, Smith A  
 Current Opinion in Anesthesiology. 2017;30(6):730-5.

*Evaluation of patient safety culture in community pharmacies*  
 Aboneh EA, Stone JA, Lester CA, Chui MA  
 Journal of Patient Safety. 2018 [epub].

DOI	Staender and Smith <a href="http://dx.doi.org/10.1097/ACO.0000000000000517">http://dx.doi.org/10.1097/ACO.0000000000000517</a> Aboneh et al <a href="http://dx.doi.org/10.1097/PTS.0000000000000245">http://dx.doi.org/10.1097/PTS.0000000000000245</a>
Notes	<p>Different settings and different parts of a patient’s journey can pose different safety (and quality) challenges and risks. These two papers review those risks and approaches pertinent to surgery and the community pharmacy.</p> <p>Staender and Smith review the factors that can contribute to surgical complications and recovery issues in the <b>perioperative setting</b>. They highlight the importance of <b>checklists</b> and the recognition of and response to <b>clinical deterioration</b>, along with careful <b>risk stratification</b> and the use of <b>prophylactic measures</b> to avoid post-operative complications.</p> <p>Aboneh et al applied the (US) Agency for Healthcare Research and Quality's Community Pharmacy Survey on Patient Safety Culture to 445 pharmacists in the state of Wisconsin. Pharmacists who were more familiar with their patients' care also reported stronger patient safety culture. This suggests that pharmacists who exhibit a <b>stronger safety culture</b> are likely to be <b>more engaged</b> with their patients. The authors also report finding that <b>independent</b> and <b>clinic-based pharmacists</b> tended to report <b>more robust safety cultures</b> when compared with national chain pharmacists.</p>

*Nursing Leadership*  
 Vol. 30, No. 3, 2017

URL	<a href="http://www.longwoods.com/publications/nursing-leadership/25380">http://www.longwoods.com/publications/nursing-leadership/25380</a>
Notes	<p>A new issue of <i>Nursing Leadership</i> has been published. Articles in this issue of <i>Nursing Leadership</i> include:</p> <ul style="list-style-type: none"> <li>• Nursing Leadership: Making a Difference in <b>Mental Health</b> (Barbara Mildon, Kristin Cleverley, Gillian Strudwick, Rani Srivastava and Karima Velji)</li> <li>• Addressing Gaps in <b>Mental Health and Addictions Nursing Leadership: An Innovative Professional Development Initiative</b> (Margaret Gehrs, Gillian Strudwick, Sara Ling, Emilene Reisdorfer and Kristin Cleverley)</li> <li>• Starting at the Beginning: The Role of Public Health Nursing in Promoting <b>Infant and Early Childhood Mental Health</b> (L Marcellus and S Z Shahram)</li> <li>• Mending the Cracks: A Case Study in Using Technology to assist with <b>Transitional Care for Persons with Dementia</b> (Kim Ritchie, Andra Duff-Woskosky and Sarah Kipping)</li> <li>• <b>Digital Mental Health</b> – Innovations in Consumer Driven Care (Mary Lou Ackerman, Tazim Virani and Barry Billings)</li> <li>• Lessons Learned After Losing my Brother to an <b>Overdose: A Call to Action for Nurse Leaders</b> (Leigh Chapman)</li> <li>• Nurses Taking the Lead: A <b>Community Engagement</b> and Knowledge Exchange Forum on <b>Substance Abuse and Addiction</b> in Prince Albert, Saskatchewan (Geoffrey Maina, Brenda Mishak, Anthony de Padua, Gillian Strudwick, Angelica Docabo and Hira Tahir)</li> <li>• <b>Patient Partnership: One Organization’s Journey</b> (Karima Velji, Callum Tyrrell, Mark Rice, Andrea Marshall and Sanaz Riahi)</li> </ul>

DOI	<a href="https://www.healthaffairs.org/toc/hlthaff/37/2">https://www.healthaffairs.org/toc/hlthaff/37/2</a>
Notes	<p>A new issue of <i>Health Affairs</i> has been published, with the focus ‘Diffusion Of Innovation’. Articles in this issue of <i>Health Affairs</i> include:</p> <ul style="list-style-type: none"> <li>• <b>HIV Prevention</b> Drug’s Slow Uptake Undercuts Its Early Promise (David Tuller)</li> <li>• <b>Diffusion Of Innovations</b> Theory, Principles, And Practice (James W Dearing, and Jeffrey G Cox)</li> <li>• Overcoming Challenges In Codifying And <b>Replicating Complex Health Care Interventions</b> (Tim J Horton, John H Illingworth, and Will H P Warburton)</li> <li>• Road Map For <b>Diffusion Of Innovation In Health Care</b> (E Andrew Balas, and Wendy W Chapman)</li> <li>• <b>Learning Collaboratives:</b> Insights And A New Taxonomy From AHRQ’s Two Decades Of Experience (Mary Nix, Peggy McNamara, Janice Genevro, Natalia Vargas, Kamila Mistry, Alaina Fournier, Margie Shofer, Edwin Lomotan, Therese Miller, Richard Ricciardi, and Arlene S. Bierman)</li> <li>• <b>Government As Innovation Catalyst:</b> Lessons From The Early Center For Medicare And Medicaid Innovation Models (Rocco J Perla, Hoangmai Pham, Richard Gilfillan, Donald M Berwick, Richard J Baron, Peter Lee, C Joseph McCannon, Kevin Progar, and William H Shrank)</li> <li>• Taking Innovation To <b>Scale In Primary Care</b> Practices: The Functions Of Health Care Extension (Sarah S Ono, Benjamin F Crabtree, Jennifer R Hemler, Bijal A Balasubramanian, S T Edwards, L A Green, A Kaufman, L I Solberg, W L Miller, T T Woodson, S M Sweeney, and D J Cohen)</li> <li>• Palliative Care Leadership Centers Are Key To The Diffusion Of <b>Palliative Care Innovation</b> (J Brian Cassel, Brynn Bowman, Maggie Rogers, Lynn H Spragens, Diane E Meier, and The Palliative Care Leadership Centers)</li> <li>• <b>Integrating Social Needs Into Health Care:</b> A Twenty-Year Case Study Of Adaptation And Diffusion (Rebecca D Onie, Risa Lavizzo-Mourey, Thomas H Lee, James S Marks, and Rocco J Perla)</li> <li>• A Payer-Guided Approach To Widespread Diffusion Of <b>Behavioral Health Homes</b> In Real-World Settings (James Schuster, Cara Nikolajski, Jane Kogan, Chaeryon Kang, Patricia Schake, T Carney, S C Morton, and C F Reynolds III)</li> <li>• <b>Data-Driven Diffusion Of Innovations:</b> Successes And Challenges In 3 Large-Scale Innovative Delivery Models (David A Dorr, Deborah J Cohen, and Julia Adler-Milstein)</li> <li>• Association Of A <b>Regional Health Improvement Collaborative</b> With Ambulatory Care–Sensitive Hospitalizations (Joseph Tanenbaum, Randall D Cebul, Mark Votruba, and Douglas Einstadter)</li> <li>• Innovative Use Of <b>Electronic Consultations</b> In Preoperative Anesthesiology Evaluation At VA Medical Centers In New England (Melissa K Afable, Gouri Gupte, Steven R Simon, Jessica Shanahan, Varsha Vimalananda, Eun Ji Kim, Judith Strymish, and Jay D Orlander)</li> <li>• The Hidden Roles That Management Partners Play In <b>Accountable Care Organizations</b> (Valerie A Lewis, Thomas D’Aunno, Genevra F Murray, Stephen M Shortell, and Carrie H Colla)</li> <li>• New <b>Risk-Adjustment</b> Policies Reduce But Do Not Eliminate Special Enrollment Period Underpayment (Stan Dorn, B Garrett, and M Epstein)</li> </ul>



	<ul style="list-style-type: none"> <li>• The <b>Equity Impact Vaccines</b> May Have On Averting Deaths And Medical Impoverishment In Developing Countries (Angela Y Chang, Carlos Riumallo-Herl, Nicole A Perales, Samantha Clark, Andrew Clark, Dagna Constenla, Tini Garske, Michael L Jackson, Kévin Jean, Mark Jit, Edward O Jones, Xi Li, Chutima Suraratdecha, Olivia Bullock, H Johnson, L Brenzel, and S Verguet)</li> <li>• Rethinking The Traditional <b>Doctor's Visit</b> (Maureen A Mavrinac)</li> </ul>
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*BMJ Quality and Safety* online first articles

URL	<a href="https://qualitysafety.bmj.com/content/early/recent">https://qualitysafety.bmj.com/content/early/recent</a>
Notes	<p><i>BMJ Quality and Safety</i> has published a number of 'online first' articles, including:</p> <ul style="list-style-type: none"> <li>• Successfully reducing <b>newborn asphyxia</b> in the labour unit in a large academic medical centre: a quality improvement project using statistical process control (Rikke von Benzon Hollesen, Rie Laurine Rosenthal Johansen, Christina Rørbye, Louise Munk, P Barker, A Kjaerbye-Thygesen)</li> <li>• Using a network organisational architecture to support the development of <b>Learning Healthcare Systems</b> (Maria T Britto, Sandra C Fuller, Heather C Kaplan, Uma Kotagal, Carole Lannon, Peter A Margolis, Stephen E Muething, Pamela J Schoettker, Michael Seid)</li> </ul>

*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>• Assessing <b>quality of health services</b> with the SERVQUAL model in Iran. A systematic review and meta-analysis (Saeed Hosseini Teshnizi; Teamur Aghamolaei; Kobra Kahnouji; Seyyed Mehrdad Hosseini Teshnizi; Jalil Ghani)</li> <li>• Quality of care and clinical outcomes of <b>chronic obstructive pulmonary disease</b> in patients with <b>schizophrenia</b>. A Danish nationwide study (Mette Jørgensen; Jan Mainz; Peter Lange; Søren Paaske Johnsen)</li> <li>• Loss of <b>job-related right to healthcare</b> is associated with reduced quality and clinical outcomes of diabetic patients in Mexico (Svetlana V Doubova; Víctor Hugo Borja-Aburto; Germán Guerra-y-Guerra; V Nelly Salgado-de-Snyder; Miguel Ángel González-Block)</li> <li>• Measuring <b>care transitions</b> in Sweden: validation of the care transitions measure (Maria Flink; Mesfin Tessa; Milada Cvancarova Småstuen; Marlène Lindblad; Eric A Coleman; Mirjam Ekstedt)</li> </ul>

**Online resources**

[UK] *Understanding, identifying and managing sepsis.*

<https://sepsistrust.org/education/educational-tools/>

The UK Sepsis Trust has produced *The Sepsis Manual* and educational videos on screening, diagnostics, and care of patients with suspected or confirmed sepsis, highlighting the role of antimicrobial stewardship and appropriate empirical antimicrobial use.

[USA] *CIDRAP-ASP Diagnostics*

<http://www.cidrap.umn.edu/asp/diagnostics>

The Center for Infectious Disease Research and Policy at the University of Minnesota has added a new page to its Antimicrobial Stewardship Project. This new page, the ASP Diagnostics page, aggregates news, policy, tools, and research related to diagnostic and susceptibility testing for antimicrobial stewardship.

[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 NG85 **Pancreatic cancer** in adults: diagnosis and management <https://www.nice.org.uk/guidance/ng85>
- Quality Standard QS93 **Atrial fibrillation** <https://www.nice.org.uk/guidance/qs93>

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