



On the Radar

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On the Radar

Editor: Dr Niall Johnson niall.johnson@safetyandquality.gov.au

Contributors: Niall Johnson, Alice Bhasale

Administrative encounters in general practice: low value or hidden value care?

Trevena LJ, Harrison C, Britt HC.

Med J Aust 2018;208:114-8.

DOI	https://dx.doi.org/10.5694/mja17.00225
Notes	The authors of this article call for a clear definition of low value care in primary care, following media suggestions that GP visits for ‘administrative’ needs were responsible for increased costs. Using data on GP consultations from the BEACH project, they demonstrate that even when patients present to the GP requesting a repeat prescription, referral or a form, GPs provide other health care at 69.6% of these administrative request visits. During 2015–16, 35.4% of GP encounters for which an administrative request was among the reasons for the visit were for care planning and coordination, 33.5% were for certification, and 31.2% for other reasons (e.g., legal, welfare and insurance reports). Of the administrative request only encounters, 29.3% were for care planning and coordination –an important part of the health care stewardship role that the authors argue should not be labelled as ‘low value’.

Exploring Attributes of High-Value Primary Care

Simon M, Choudhry NK, Frankfort J, Margolius D, Murphy J, Paita L, et al
 The Annals of Family Medicine. 2017;15(6):529-34.

DOI	https://dx.doi.org/10.1370/afm.2153
Notes	US study using health insurance claim data to identify providers that rated favourable on quality and low total amount per capita spending. These providers were then examined to identify the characteristics of high-value primary care providers. Of 13 attributes identified, six showed statistical significance, including: “ decision support for evidence-based medicine, risk-stratified care management , careful selection of specialists, coordination of care, standing orders and protocols , and balanced physician compensation .”

Postmarket medical device safety: moving beyond voluntary reporting

Resnic FS, Majithia A
 BMJ Quality & Safety. 2018;27(3):174-5.

Hospital culture and clinical performance: where next?

Mannion R, Smith J
 BMJ Quality & Safety. 2018;27(3):179-81.

Interactions: understanding people and process in prescribing in primary care

Sinnott C
 BMJ Quality & Safety. 2018;27(3):176-8.

Addressing the multisectoral impact of pressure injuries in the USA, UK and abroad

Padula WV, Pronovost PJ
 BMJ Quality & Safety. 2018;27(3):171-3.

DOI	Resnic and Majithia http://dx.doi.org/10.1136/bmjqs-2017-007426 Mannion and Smith http://dx.doi.org/10.1136/bmjqs-2017-007668 Sinnott http://dx.doi.org/10.1136/bmjqs-2017-007667 Padula and Pronovost http://dx.doi.org/10.1136/bmjqs-2017-007021
Notes	Editorials can be rather variable. The best offer insight and reflections upon a topic or topics, often prompted by a study or article in the same journal, that take the discussion beyond the specifics and offer broader perspectives. The latest issue of the <i>BMJ Quality & Safety</i> contains a number of editorials reflecting on studies reported in that issue. Resnic and Majithia reflect on the topic of medical devices. This has become somewhat more apparent ‘from an increasing recognition that medical device failure, although infrequent, may lead to injury’ as well as concerns about the efficacy of some regulations and regulatory bodies in the light of some well-publicised device issues. While the focus of the editorial, and related article, is the USA and the US regulator, the FDA, the issue is global as the device industry spans the globe. The authors suggest that the FDA (and, by extension, other regulators) need to consider ‘other strategies for safety evaluation, including the development of national device registries and the routine use of prospective, active surveillance of these data sources. Such an approach should be designed to incorporate the best available statistical tools to study medical devices in as near real time as feasible, in order to identify potential safety concerns early in their widespread use as well as potentially identify opportunities to use these innovative therapies in patients who may not have previously been studied. In fact, this approach of active safety surveillance has already been shown to be feasible, and has been used to prospectively identify relative safety differences of commonly used devices in a national cardiovascular registry.’

Mannion and Smith continue the discussion about culture. Noting that a ‘recent systematic review [covered in *On the Radar* #355] found a consistent association between positive organisational and workplace cultures and beneficial clinical outcomes’ and reflecting on two studies published in the journal, they note the results of these studies, the implications for research and what policy makers, boards and clinical leaders of hospitals can take from this work. These include understanding that “the **approach taken by senior managers and leaders does appear to matter**: if ‘wrongheaded’ or dysfunctional, it can potentially add to the risk of harm...., these findings ...give clues as to what elements of ‘culture’ need attention to by hospital leaders and boards. They include, but are not limited to, 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.”

Sinnott shifts the focus from large, acute care settings to the smaller scale of primary care in looking at prescribing in (British) primary care. Reflecting on a study that reveals the complexity (and implications) of prescribing – it is a high-volume activity in which it has been shown “5% of prescription items were associated with a prescribing error, and around 1 in 550 prescription items contained a severe error” – Sinnott discusses how the new work offers “one of the first detailed accounts of the role of non-clinical practice staff in the processing of prescriptions, and of how the ‘work’ of prescribing happens across a practice” and “how prescribing processes in primary care rely on interdisciplinary work, interpersonal relationships and non-clinical expertise that may be gained over years”. Thus, the “broader achievement of this study then is to encourage a move away from the traditional view of organisational culture in **primary care** as hierarchical and physician-centred to one that is **interdisciplinary** and reliant on **team dynamics**.” Shifting the focus to teams “better identify how the team can work to maintain and promote safety, and identify points where improvement is possible.”

Padula and Pronovost note that pressure injuries/ulcers are common and expensive, significantly harming over 7 million patients per annum and noting that in the USA there are “more than 2.5 million pressure injury cases per year which cause over 60 000 deaths—that is more than car accident fatalities in the USA—and cost the health system at least \$9–\$11 billion.” They note that between and within countries there harms can be recorded and dealt with in varying ways, including noting that billing, payment and incentive mechanisms can have unintended consequences. They observe that “A health system that knows where pressure injuries are coming from is more prepared to create a targeted infrastructure for improvement” and that health systems “need more robust systems to **accurately measure** the incidence rates of pressure injuries across the continuum of care, **transparently report** their rates to clinicians and managers, and create **shared accountability** systems for improvement”.

Population attributable fractions of perinatal outcomes for nulliparous women associated with overweight and obesity, 1990-2014.

Cheney K, Farber R, Barratt AL, McGeechan K, de Vries B, Ogle R, et al.
 Med J Aust 2018;208:119-25.

DOI	https://dx.doi.org/10.5694/mja17.00344
Notes	Over 25 years, the prevalence of overweight pregnant women having their first child at the Royal Prince Alfred Hospital in Sydney increased from 12.7% to 16.4%. The researchers estimated the impact of this increase on maternal and neonatal outcomes and calculated that is likely to have contributed to increases in pre-eclampsia, foetal macrosomia and gestational diabetes of up to 25%. By reducing obesity in first-time pregnant women even by one BMI category, they found that 6.8% of postpartum haemorrhage, 6.5% of admissions to special care nursery, 5.8% of prematurity, and 3.8% of foetal abnormality could have been averted.

Choosing Wisely Australia: changing behaviour in health care.

Lindner RA.
 Med J Aust 2018;208:105-6.

DOI	https://dx.doi.org/10.5694/mja17.00723
Notes	The Choosing Wisely initiative is a clinician-led movement that identifies tests, treatments and procedures that are of little to no benefit and may be harmful. Lindner reports on the first two years of the program in Australia and its impact. They describe some interesting work on the drivers of low value care, including a disconnect between clinicians' views on what patient expect and what patients report. In regard to tests, the report states that "62% of general practitioners and 42% of specialists cite patient expectations as a driver of unnecessary tests, treatments and procedures, whereas 84% of consumers said they had tests at their health care provider's recommendation."

Impact of frailty on outcomes after discharge in older surgical patients: a prospective cohort study

Li Y, Pederson JL, Churchill TA, Wagg AS, Holroyd-Leduc JM, Alagiakrishnan K, et al
 Canadian Medical Association Journal. 2018;190(7):E184-E90.

DOI	https://doi.org/10.1503/cmaj.161403
Notes	<p>Frailty may indicate a patient for whom surgery may not be appropriate. This Canadian study found that frailty can also be a flag for readmission risk. The study prospectively followed older patients who underwent emergency abdominal surgery and were assessed as frail and then assessed 30-day and 6-month all-cause readmission or death. Of the 308 patients, 168 (54.5%) were classified as vulnerable and 68 (22.1%) as frail.</p> <p>The authors report that:</p> <ul style="list-style-type: none"> • At 30 days after discharge, the proportions of patients who were readmitted or had died were greater among vulnerable patients (n = 27 [16.1%]; adjusted odds ratio [OR] 4.60, 95% confidence interval [CI] 1.29–16.45) and frail patients (n = 12 [17.6%]; adjusted OR 4.51, 95% CI 1.13–17.94) than among patients who were well (n = 3 [4.2%]). • By 6 months, the degree of frailty independently and dose-dependently predicted readmission or death: 56 (33.3%) of the vulnerable patients (adjusted OR 2.15, 95% CI 1.01–4.55) and 37 (54.4%) of the frail patients (adjusted OR 3.27, 95% CI 1.32–8.12) were readmitted or had died, compared with 11 (15.3%) of the patients who were well. <p>The authors thus conclude that "the degree of frailty has important prognostic value for readmission".</p>

Reducing Annual Hospital and Registered Nurse Staff Turnover—A 10-Element Onboarding Program Intervention
 Kurnat-Thoma E, Ganger M, Peterson K, Channell L
 SAGE Open Nursing. 2017;3 [epub].

DOI	https://doi.org/10.1177/2377960817697712
Notes	Paper drawing on the experiences of a US hospital that developed an intervention that reduced the hospital's "severe turnover of hospital and nursing staff". Turnover and lack of continuity can have safety and quality implications. From exit surveys it was found that the majority of departing staff the orientation/induction process was inadequate. In response, "a 10-element program intervention was designed to strengthen and standardize the new employee onboarding process. Program elements focused heavily on retooled onboarding communications, including frequent new-hire interactions with managers and regular support from assigned high-performing colleagues." This program saw overall annual hospital turnover decrease from 18.2% to 11.9% and new-hire turnover losses decreased from 39.1% to 18.4%.

BMJ Quality & Safety
 March 2018 – Volume 27 – 3

URL	https://qualitysafety.bmj.com/content/27/3
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: Addressing the multisectoral impact of pressure injuries in the USA, UK and abroad (William V Padula, Peter J Pronovost) • Editorial: Postmarket medical device safety: moving beyond voluntary reporting (Frederic S Resnic, Arjun Majithia) • Editorial: Interactions: understanding people and process in prescribing in primary care (Carol Sinnott) • Editorial: Hospital culture and clinical performance: where next? (Russell Mannion, Judith Smith) • Consistency of pressure injury documentation across interfacility transfers (Lee Squitieri, David A Ganz, Carol M Mangione, Jack Needleman, Patrick S Romano, Debra Saliba, Clifford Y Ko, Daniel A Waxman) • Factors influencing the reporting of adverse medical device events: qualitative interviews with physicians about higher risk implantable devices (Anna R Gagliardi, Ariel Ducey, Pascale Lehoux, Thomas Turgeon, Sue Ross, Patricia Trbovich, Anthony Easty, Chaim Bell, David Urbach) • Efficiency and thoroughness trade-offs in high-volume organisational routines: an ethnographic study of prescribing safety in primary care (Suzanne Grant, Bruce Guthrie) • 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 Fliieger, 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) • Are quality improvement collaboratives effective? A systematic review (Susan Wells, Orly Tamir, Jonathon Gray, D Naidoo, M Bekhit, D Goldmann)

	<ul style="list-style-type: none"> • An electronic trigger based on care escalation to identify preventable adverse events in hospitalised patients (Viraj Bhise, Dean F Sittig, Viralkumar Vaghani, Li Wei, Jessica Baldwin, Hardeep Singh) • Quality of provider-offered Medicare Advantage plans (Zoe M Lyon, Yevgeniy Feyman, Garret M Johnson, Austin B Frakt)
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International Journal for Quality in Health Care
Volume 30 Issue 1, February 2018

URL	https://academic.oup.com/intqhc/issue/30/1
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: Healthcare improvement measures in risk management and patient satisfaction (Chih-Wei Huang; Usman Iqbal; Yu-Chuan (Jack) Li) • Patient perspectives on how physicians communicate diagnostic uncertainty: An experimental vignette study (Viraj Bhise; Ashley N D Meyer; Shailaja Menon ; Geeta Singhal; Richard L Street; Traber D Giardina; Hardeep Singh) • Can you recommend me a good GP? Describing social differences in patient satisfaction within 31 countries (Jens Detollenaere; Lise Hanssens; Willemijn Schäfer; Sara Willems) • Healthcare providers' perceptions of a situational awareness display for emergency department resuscitation: a simulation qualitative study (Lisa A Calder ; Abhi Bhandari; George Mastoras; Kathleen Day; Kathryn Momtahan; Matthew Falconer; Brian Weitzman; Benjamin Sohmer; A Adam Cwinn; Stanley J Hamstra; Avi Parush) • Impact of bundled payments on hip fracture outcomes: a nationwide population-based study (Yu-Chi Tung; Hsien-Yen Chang; Guann-Ming Chang) • 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 Allenet; Pierrick Bedouch; Marie-Reine Mallaret; Pierre Gillois; Jean-Luc Bosson) • 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) • Factors to consider in the introduction of huddles on clinical wards: perceptions of staff on the SAFE programme (Emily Stapley; Evelyn Sharples; Peter Lachman; Monica Lakhanpaul; Miranda Wolpert; Jessica Deighton) • Potentially inappropriate medication and hospitalization/emergency department visits among the elderly in Korea (Ha-Lim Jeon; Juhee Park ; Euna Han; Dong-Sook Kim) • A national evaluation of community-based mental health strategies in Finland (Anu Vähäniemi; Katja Warwick-Smith; Heli Hätönen; Maritta Välimäki) • Developing a set of indicators to monitor quality in ambulatory diabetes care using a modified Delphi panel process (Geetha Mukerji; Ilana Halperin; Katie Hunter; Phillip Segal ; Maria Wolfs; Lindsay Bevan; Lianne Jeffs; Jeannette Goguen)

	<ul style="list-style-type: none"> 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)
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Pediatric Quality & Safety

Vol. 3, No. 1, January/February 2018

URL	https://journals.lww.com/pqs/toc/2018/01000
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"> Using Length of Stay to Understand Patient Flow for Pediatric Inpatients (Stockwell, David C.; Thomas, Cherie; Fieldston, Evan S.; Hall, Matt; Czaja, Angela S.; Stalets, Erika L.; Biehler, Jeffrey; Sheehan, Maeve; Foglia, Dorothy; Byrd, Susan; McClead, Richard E.) A Quality Improvement Collaborative for Pediatric Sepsis: Lessons Learned (Paul, Raina; Melendez, Elliot; Wathen, Beth; Larsen, Gitte; Chapman, Laura; Wheeler, Derek S.; Wakefield, Toni; Macias, Charles G.) A Quality Improvement Initiative to Increase and Sustain Influenza Vaccination Rates in Pediatric Oncology and Stem Cell Transplant Patients (Wong, Chris I.; Billett, Amy L.; Weng, Shicheng; Eng, Kelly; Thakrar, Usha; Davies, Kimberly J.) Reducing Interdisciplinary Communication Failures Through Secure Text Messaging: A Quality Improvement Project (Hansen, Jesse E.; Lazow, Margot; Hagedorn, Philip A.)

Australian Journal of Primary Health

Volume 24(1) 2018

URL	http://www.publish.csiro.au/py/issue/9191
Notes	<p>A new issue of the <i>Australian Journal of Primary Health</i> has been published. Articles in this issue of <i>Australian Journal of Primary Health</i> include:</p> <ul style="list-style-type: none"> Rigorous follow-up systems for abnormal results are essential to improve health outcomes for Aboriginal and Torres Strait Islander people (Jodie Bailie, Veronica Matthews, Alison Laycock, Christine Connors and R Bailie) Maternal gestational weight gain during pregnancy: prioritising the conversation (Ruth Walker, Danielle Mazza, Michelle Blumfield, Christie Bennett and Helen Truby) Transition to adult care for Aboriginal children with rheumatic fever: a review informed by a focussed ethnography in northern Australia (Alice G Mitchell, Suzanne Belton, Vanessa Johnston and Anna P Ralph) Influence of the social determinants of health on access to healthcare services among refugees in Australia (Jessica Taylor and G Lamaro Haintz) Systems levers for commissioning primary mental healthcare: a rapid review (Carla Meurk, Meredith Harris, Eryn Wright, Nicola Reavley, Roman Scheurer, Bridget Bassilios, Caroline Salom and Jane Pirkis) General practice utilisation of Medicare Benefits Schedule items to support the care of older patients: findings from the REDIRECT study (Lyle R Turner, Christopher Pearce, Bianca Brijnath, Colette Browning, Judy Lowthian, Marianne Shearer and Danielle Mazza) From micro to macro: assessing implementation of integrated care in Australia (Lisa Angus and Pim P Valentijn)

	<ul style="list-style-type: none"> • ‘Falls not a priority’: insights on discharging older people, admitted to hospital for a fall, back to the community (Claudia Meyer, Emma Renehan, Frances Batchelor, Catherine Said, Terry Haines, R Elliott and D Goeman) • Hospital admissions and emergency department presentations for dental conditions indicate access to hospital, rather than poor access to dental health care in the community (Matthew Yap, Mei-Ruu Kok, Soniya Nanda, Alistair Vickery and David Whyatt) • Multiple health conditions and barriers to healthcare among older Australians: prevalence, reasons and types of barriers (Jeromey B Temple and Ruth Williams) • Health seeking narratives of unwell Sri Lankan Tamil refugees in Melbourne Australia (Sophia Samuel, Jenny Advocat and Grant Russell)
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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"> • Paediatric hospital admission processes and outcomes: a qualitative study of parents’ experiences and priorities (JoAnna K Leyenaar, Paul A Rizzo, Emily R O’Brien, Peter K Lindenauer) • Making soft intelligence hard: a multi-site qualitative study of challenges relating to voice about safety concerns (Graham P Martin, Emma-Louise Aveling, Anne Campbell, Carolyn Tarrant, Peter J Pronovost, Imogen Mitchell, Christian Dankers, David Bates, Mary Dixon-Woods) • Pilot randomised controlled trial to improve hand hygiene through mindful moments (Heather Gilmartin, Sanjay Saint, Mary Rogers, Suzanne Winter, Ashley Snyder, Martha Quinn, Vineet Chopra) • Ethical implications of excessive cluster sizes in cluster randomised trials (Karla Hemming, Monica Taljaard, Gordon Forbes, Sandra M Eldridge, Charles Weijer) • Using ethnography to study improving healthcare: reflections on the ‘ethnographic’ label (Caroline Cupit, Nicola Mackintosh, Natalie Armstrong) • Explanation and elaboration of the Standards for UNiversal reporting of patient Decision Aid Evaluations (SUNDAE) guidelines: examples of reporting SUNDAE items from patient decision aid evaluation literature (Aubri S Hoffman, Karen R Sepucha, Purva Abhyankar, Stacey Sheridan, Hilary Bekker, Annie LeBlanc, Carrie Levin, Mary Ropka, Victoria Shaffer, Dawn Stacey, Peep Stalmeier, Ha Vo, Celia Wills, Richard Thomson)

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"> • Monitoring quality of care in acute myocardial infarction patients using retrospective registry data (Giovanni Veronesi; Antonella Zambon; John F Beltrame; Francesco Gianfagna; Giovanni Corrao; Marco M Ferrario) • A comprehensive framework identifying readmission risk factors using the CHAID algorithm: a prospective cohort study (Sidika Kaya; Gulay Sain Guven; Seda Aydan; Onur Toka)

Online resources

[UK] NICE Guidelines and Quality Standards

<https://www.nice.org.uk>

The UK's National Institute for Health and Care Excellence (NICE) has published new (or updated) guidelines and quality standards. The latest reviews or updates are:

- Clinical Guideline CG44 **Heavy menstrual bleeding: assessment and management**
<https://www.nice.org.uk/guidance/cg44>
- Clinical Guideline CG147 **Peripheral arterial disease: diagnosis and management**
<https://www.nice.org.uk/guidance/cg147>
- NICE Guideline NG86 *People's experience in **adult social care services: improving the experience of care and support for people using adult social care services*** <https://www.nice.org.uk/guidance/ng86>

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