



On the Radar

Issue 361

12 March 2018

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On the Radar

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Books

Models and Strategies to Integrate Palliative Care Principles into Care for People with Serious Illness: Proceedings of a Workshop

National Academies of Sciences, Engineering, and Medicine

Graig L, Alper J, editors

Washington, DC: The National Academies Press; 2018. 102 p.

DOI	https://doi.org/10.17226/24908
Notes	The interdisciplinary ways in which palliative care is delivered are considered to have application beyond the palliative setting. The [US] National Academies of Sciences, Engineering, and Medicine convened a workshop with its Roundtable on Quality Care for People with Serious Illness that looked at how the principles of palliative care may be integrated into the overall provision of care and services to those facing serious illness. This document summarises the presentations and discussions from the workshop.

Making Medicines Affordable: A National Imperative
 National Academies of Sciences, Engineering, and Medicine
 Augustine NR, Madhavan G, Nass SJ, editors
 Washington, DC: The National Academies Press; 2018. 234 p.

DOI	https://doi.org/10.17226/24946
Notes	While Medicare and the PBS mean Australian patients and consumers are not as exposed to the vicissitudes of the pharmaceutical pricing there is widespread interest in how medications are priced. This document examines the situation in the United States, including patient access to affordable and effective therapies, focussing on drug pricing, inflation in the cost of drugs, and insurance design. This report explores the structural and policy factors in the USA influencing drug pricing, drug access programs, the emerging role of comparative effectiveness assessments in payment policies, changing finances of medical practice with regard to drug costs and reimbursement, and measures to prevent drug shortages and foster continued innovation in drug development. It makes recommendations for policy actions that could address drug price trends, improve patient access to affordable and effective treatments, and encourage innovations that address significant needs in health care.

Reports

Tackling multiple unhealthy risk factors: Emerging lessons from practice
 Evans H, Buck D
 London: The King's Fund; 2018. p. 82.

URL	https://www.kingsfund.org.uk/publications/tackling-multiple-unhealthy-risk-factors
Notes	This report from The King's Fund is based on interviews and eight case studies in order to better understand and respond to the issue of multiple risk factors for health. For many people there is not just a single risky behaviour (such as smoking, drinking, physical inactivity and poor diet); often there are multiple risky behaviours or factors that co-exist or interact. This report seeks to add to the evidence base on tackling multiple unhealthy risk factors. The report describes how the services have responded, the care pathways offered, and reflect on the barriers faced and overcome. The report also notes the importance of local leadership, innovation and the role that evidence and theoretical models of behaviour change have played, as well as how policy and practice needs to change to complement and strengthen the role of behaviour change services. The report has recommendations for services about offering services and interventions that reflect the nature of people's experience of multiple behaviours.

Journal articles

Royal Australian and New Zealand College of Psychiatrists clinical practice guidelines for mood disorders: major depression summary
 Malhi GS, Outhred T, Hamilton A, Boyce PM, Bryant R, Fitzgerald PB, et al
 Medical Journal of Australia. 2018;208(4):175-80.

DOI	https://dx.doi.org/10.5694/mja17.00659
Notes	In December 2015, the Royal Australian and New Zealand College of Psychiatrists published a comprehensive set of mood disorder clinical practice guidelines for psychiatrists, psychologists and mental health professionals. This guideline summary, directed broadly at primary care physicians, is an abridged version that focuses on major depression. The guidelines emphasise a biopsychosocial lifestyle approach and provide the following recommendations:

	<ul style="list-style-type: none"> • Alongside or before prescribing any form of treatment, consideration should be given to the implementation of strategies to manage stress, ensure appropriate sleep hygiene and enable uptake of healthy lifestyle changes. • For mild to moderate depression, psychological management alone is an appropriate first line treatment, especially early in the course of illness. • For moderate to severe depression, pharmacological management is usually necessary and is recommended first line, ideally in conjunction with psychosocial interventions.
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Developing indicators for measuring low-value care: mapping Choosing Wisely recommendations to hospital data
Chalmers K, Badgery-Parker T, Pearson S-A, Brett J, Scott IA, Elshaug AG
BMC Research Notes. 2018;11(1):163.

DOI	https://doi.org/10.1186/s13104-018-3270-4
Notes	<p>In the discussions around the value and quality of care, the issue of how you identify and measure these attributes has not been clear. This paper describes how a team attempted to develop indicators of low-value care, based on selected Choosing Wisely recommendations that can be used with routinely collected, hospital claims data. Starting with 824 recommendations and winnowing them down based on inclusion in administrative hospital admissions datasets and met criteria including occurring in hospital, a record of service, indication of the appropriate/inappropriate use of the service, and consistent recording. This led to 17 recommendations (15 services) for which low-value care indicators could be created.</p>

Hospitalization from the patient perspective: a data linkage study of adults in Australia
Harrison R, Walton M, Kelly P, Manias E, Jorm C, Smith-Merry J, et al
International Journal for Quality in Health Care. 2018 [epub].

DOI	https://doi.org/10.1093/intqhc/mzy024
Notes	<p>This Australian study used data linkage to identify a large cohort (~20,000) of recently hospitalized patients aged 45 years and over in New South Wales for the administration of a patient experience survey. From the 7661 completed surveys the authors report that while “Respondents often reported a positive experience of being treated with dignity and respect, yet almost 40% wanted to be more involved in decisions about their care.” Problematic aspects of care identified included as receiving conflicting information from different care providers (18%) and feeling that doctors spoke in front of them as if they were not there (14%). They also report that “Having an unplanned admission or having an adverse event were both very strongly associated with a poorer patient experience”. For the authors the key issue is the patients’ desire to be included in decision making and how this might be achieved.</p> <p>An Australian patient experience question set, the Australian Hospital Patient Experience Question Set (AHPEQS), has been developed. This nationally approved set of 12 questions can be used by hospitals and day procedure services when asking patients what they observed and felt about their care. The question set will allow facilities to ask the same questions as facilities elsewhere, promoting comparability and more effective tracking of improvements over time. For information about the Australian Hospital Patient Experience Question Set, see https://www.safetyandquality.gov.au/our-work/indicators/hospital-patient-experience/</p>

For information about the Commission’s work on shared decision making see <https://www.safetyandquality.gov.au/our-work/shared-decision-making/>

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/>

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

Management of opioid use disorders: a national clinical practice guideline

Bruneau J, Ahamad K, Goyer M-È, Poulin G, Selby P, Fischer B, et al on behalf of the CIHR Canadian Research Initiative in Substance Misuse
Canadian Medical Association Journal. 2018;190(9):E247-E57.

DOI	https://doi.org/10.1503/cmaj.170958
Notes	<p>The use (and misuse) of opioids – and the consequent opioid epidemic – is one of the topics of the age. This has prompted the development of this Canadian clinical practice guideline addressing the management of patients with opioid misuse. The authors note the following key points:</p> <ul style="list-style-type: none"> • Opioid use disorder is often a chronic, relapsing condition associated with increased morbidity and death; however, with appropriate treatment and follow-up, individuals can reach sustained long-term remission. • This guideline strongly recommends opioid agonist treatment with buprenorphine–naloxone as the preferred first-line treatment when possible, because of buprenorphine’s multiple advantages, which include a superior safety profile in terms of overdose risk. • Withdrawal management alone is not recommended, because this approach has been associated with elevated risks (e.g., syringe sharing) and death from overdose in comparison to providing no treatment, and high rates of relapse when implemented without immediate transition to long-term evidence-based treatment. • This guideline supports using a stepped and integrated care approach, in which treatment intensity is continually adjusted to accommodate individual patient needs and circumstances over time, and recognizes that many individuals may benefit from the ability to move between treatments

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

Improving medication-related clinical decision support

Tolley CL, Slight SP, Husband AK, Watson N, Bates DW
American Journal of Health-System Pharmacy. 2018;75(4):239-46.

DOI	https://doi.org/10.2146/ajhp160830
Notes	<p>Clinical decision support embedded in electronic medication management (EMM) systems offers the opportunity to reduce medication errors. This paper reports on a systematic review of medication related clinical decision support (CDS) systems from 2007 to 2014. Recommendations from the review included improving sensitivity and specificity of alerts with more patient-specific details; use human factors principles to design CDS and research user experience post implementation to understand the effect of CDS on system outcomes. The Commission published the 3rd edition of the <i>Electronic Medication Management Systems: A guide to safe implementation</i> in November 2017. This guide is available at www.safetyandquality.gov.au/publications/electronic-medication-management-systems-a-guide-to-safe-implementation-3rd-edition/</p>

For information about the Commission’s work on safety in e-health see <https://www.safetyandquality.gov.au/our-work/safety-in-e-health/>

Improving adherence to Standard Precautions for the control of health care-associated infections

Moralejo D, El Dib R, Prata RA, Barretti P, Corrêa I

Cochrane Database of Systematic Reviews. 2018 (2).

DOI	https://doi.org/10.1002/14651858.CD010768.pub2
Notes	<p>This Cochrane Review sought to assess the effectiveness of interventions that target healthcare workers to improve adherence to Standard Precautions in patient care. The authors define 'Standard Precautions' as “a system of actions, such as using personal protective equipment or adhering to safe handling of needles, that healthcare workers take to reduce the spread of germs in healthcare settings such as hospitals and nursing homes.”</p> <p>The review team focused on 8 studies with a total of 673 participants. Intervention strategies consisted of education for healthcare workers, given alone or with other types of education, such as showing how respiratory droplets are spread, or with additional infection control supports. Other intervention strategies were peer evaluation and use of a checklist and coloured cues.</p> <p>Non-adherence to the different elements of Standard Precautions has been identified as a concern, justifying the need to take action. The evidence is unclear, however, as to which interventions should be recommended to promote adherence to Standard Precautions. Peer evaluation, education with visualisation or respiratory particles, and the use of checklists and coloured cues probably promote improved adherence, and education alone or provided with additional infection control support may slight improve adherence. Because of the important role that Standard Precautions can play in reducing transmission, it is logical for organisations to assess adherence and contributing factors locally, and to develop, implement and evaluate interventions relevant to their needs.</p> <p><i>The Australian Guidelines for the Prevention and Control of Infection in Healthcare</i> (available at https://www.nhmrc.gov.au/guidelines-publications/cd33), produced by the National Health and Medical Research Council and the Australian Commission on Safety and Quality in Health Care, recommends the use of Standard Precautions in the healthcare environment as the primary strategy for minimising the transmission of healthcare-associated infections.</p>

For information about the Commission’s work on healthcare associated infection, see <https://www.safetyandquality.gov.au/our-work/healthcare-associated-infection/>

Journal for Healthcare Quality

Vol. 40, No. 2, March/April 2018

URL	https://journals.lww.com/jhqonline/toc/2018/03000
Notes	<p>A new issue of the <i>Journal for Healthcare Quality</i> has been published, with a focus on paediatric care. Articles in this issue of <i>Journal for Healthcare Quality</i> include:</p> <ul style="list-style-type: none"> • Pediatric Adverse Event Rates Associated With Inexperience in Teaching Hospitals: A Multilevel Analysis (Dynan, Linda; Goudie, Anthony; Brady, Patrick W.) • Clinician Perceptions of the Importance of Hospital Discharge Components for Children (Blaine, Kevin; Rogers, Jayne; O'Neill, Margaret R.; McBride, Sarah; Faerber, Jennifer; Feudtner, Chris; Berry, Jay G.) • Proactive Safety Management in Trauma Care: Applying the Human Factors Analysis and Classification System (Cohen, Tara N.; Cabrera, Jennifer)

	<p>S.; Litzinger, Tracy L.; Captain, Kevin A.; Fabian, Michael A.; Miles, Steven G.; Reeves, Scott T.; Shappell, Scott A.; Boquet, Albert J.)</p> <ul style="list-style-type: none"> • Opioid Use in Children and Adolescents After Anterior Cruciate Ligament Repair (Taylor, Nicole; Frick, Shannon; Killilea, Samantha; Dugan-Frost, Teri; Solodiuk, Jean) • Family-Initiated Pediatric Rapid Response: Characteristics, Impetus, and Outcomes (Bavare, Aarti C.; Thomas, Jenilea K.; Elliott, Elizabeth P.; Morgan, Angela C.; Graf, Jeanine M.) • Simulation of the Emergency Department Care Process for Pediatric Traumatic Brain Injury (Ajdari, Ali; Boyle, Linda Ng; Kannan, Nithya; Wang, Jin; Rivara, Frederick P.; Vavilala, Monica S.) • Identifying Persistent Asthma in Children: A Comparison of Healthcare Effectiveness Data and Information Set Criteria and National Heart, Lung, and Blood Institute Guidelines (Hall, Ashleigh; Smolij, Carol; Moughan, Beth; Kechli, Amer; Aronoff, Stephen) • Advancing Value-Based Population Health Management Through Payer–Provider Partnerships: Improving Outcomes for Children With Complex Conditions (Peele, Pamela; Keyser, Donna; Lovelace, John; Moss, Deborah)
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Health Affairs

Volume: 37, Number: 3 (March 2018)

URL	https://www.healthaffairs.org/toc/hlthaff/37/3
Notes	<p>A new issue of <i>Health Affairs</i> has been published, with the focus ‘Advancing Health Equity’. Articles in this issue of <i>Health Affairs</i> include:</p> <ul style="list-style-type: none"> • For People With Disabilities, A Fight For Access To Housing (Marilyn Werber Serafini) • Work Requirements And Conscience Protections (Timothy Stoltzfus Jost) • The Arc Of History Bends Toward Coverage: Health Policy At A Crossroads (James A Morone and David Blumenthal) • How Community Organizing Promotes Health Equity, And How Health Equity Affects Organizing (Manuel Pastor, Veronica Terriquez, and May Lin) • Examining Whether The Health-In-All-Policies Approach Promotes Health Equity (Richard L Hall and Peter D Jacobson) • Promoting Health Equity And Eliminating Disparities Through Performance Measurement And Payment (Andrew C Anderson, Erin O’Rourke, Marshall H Chin, Ninez A Ponce, S M Bernheim, and H Burstin) • Addressing Social Determinants Of Health Through Medical-Legal Partnerships (Marsha Regenstein, Jennifer Trott, A Williamson, and J Theiss) • Oregon’s Emphasis On Equity Shows Signs Of Early Success For Black And American Indian Medicaid Enrollees (K John McConnell, Christina J Charlesworth, Thomas H A Meath, Rani M George, and Hyunjee Kim) • Household Immigration Status Had Differential Impact On Medicaid Enrollment In Expansion And Nonexpansion States (Michael S Cohen and William L Schpero) • Parent Mentoring Program Increases Coverage Rates For Uninsured Latino Children (Glenn Flores, Hua Lin, Candy Walker, Michael Lee, Janet Currie, Rick Allgeyer, Marco Fierro, Monica Henry, Alberto Portillo, and K Massey) • Identifying Gender Minority Patients’ Health And Health Care Needs In Administrative Claims Data (Ana M Progovac, B Lê Cook, B O Mullin, A McDowell, M J Sanchez R, Ye Wang, T B Creedon, and M A Schuster)

	<ul style="list-style-type: none"> • Quality Of Breast Cancer Care In The US Territories: Insights From Medicare (Tracy M Layne, Jenerius A Aminawung, Pamela R Soulos, Marcella Nunez-Smith, Maxine A Nunez, Beth A Jones, K H Wang, and C P Gross) • From Payday Loans To Pawnshops: Fringe Banking, The Unbanked, And Health (Jerzy Eisenberg-Guyot, Caislin Firth, Marieka Klawitter, and A Hajat) • Conditional Cash Transfers And Health Of Low-Income Families In The US: Evaluating The Family Rewards Experiment (Emilie Courtin, P Muennig, N Verma, J A Riccio, M Lagarde, P Vineis, I Kawachi, and M Avendano) • An Unconditional Prenatal Income Supplement Reduces Population Inequities In Birth Outcomes (Marni Brownell, Nathan C Nickel, M Chartier, J E Enns, D Chateau, J Sarkar, E Burland, D P Jutte, C Taylor, and A Katz) • Social Pension Income Associated With Small Improvements In Self-Reported Health Of Poor Older Men In Colombia (Philipp Hessel, Mauricio Avendano, Carlos Rodríguez-Castelán, and Tobias Pfutze) • Accumulation Of Chronic Conditions At The Time Of Death Increased In Ontario From 1994 To 2013 (Laura Rosella, Kathy Kornas, Anjie Huang, Catherine Bornbaum, David Henry, and Walter P Wodchis) • Nearly Half Of Small Employers Using Tobacco Surcharges Do Not Provide Tobacco Cessation Wellness Programs (Michael F Pesko, Jaskaran Bains, (Johanna) Catherine Maclean, and Benjamin Lê Cook) • National Health Expenditure Projections, 2017–26: Despite Uncertainty, Fundamentals Primarily Drive Spending Growth (Gigi A Cuckler, Andrea M Sisko, John A Poisal, Sean P Keehan, Sheila D Smith, Andrew J Madison, Christian J Wolfe, and James C Hardesty) • What Is The US Health Spending Problem? (David M Cutler) • National Health Accounts: A Framework For Understanding Health Care Financing (Daniel Waldo)
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BMJ *Quality and Safety* online first articles

URL	https://qualitysafety.bmj.com/content/early/recent
Notes	<p>BMJ <i>Quality and Safety</i> has published a number of ‘online first’ articles, including:</p> <ul style="list-style-type: none"> • Editorial: The data of diagnostic error: big, large and small (Gurpreet Dhaliwal, Kaveh G Shojania) • Next-generation audit and feedback for inpatient quality improvement using electronic health record data: a cluster randomised controlled trial (Sajan Patel, Alvin Rajkomar, James D Harrison, Priya A Prasad, Victoria Valencia, Sumant R Ranji, Michelle Mourad) • Impact of a national QI programme on reducing electronic health record notifications to clinicians (Tina Shah, Shilpa Patel-Teague, Laura Kroupa, Ashley N D Meyer, Hardeep Singh) • The ConCom Safety Management Scale: developing and testing a measurement instrument for control-based and commitment-based safety management approaches in hospitals (Carien W Alingh, Mathilde M H Strating, Jeroen D H van Wijngaarden, Jaap Paauwe, Robbert Huijsman) • Editorial: Pathology of poverty: the need for quality improvement efforts to address social determinants of health (Andrew S Boozary, Kaveh G Shojania) • Measurement and monitoring of safety: impact and challenges of putting a conceptual framework into practice (Eleanor Chatburn, Carl Macrae, Jane Carthey, Charles Vincent)

	<ul style="list-style-type: none"> • 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) • 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)
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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"> • Recommendations from the Salzburg Global Seminar on Rethinking Care Toward the End of Life (Lauren R Bangerter; Joan M Griffin; Arielle Eagan; Manish Mishra; Angela Lunde; Véronique Roger; Albert Mulley; Jon Lotherington) • I am quitting my job. Specialist nurses in perioperative context and their experiences of the process and reasons to quit their job (Ann Lögde; Gudrun Rudolfsson; Roma Runesson Broberg; Anna Rask-Andersen; Robert Wälinder; Erebouni Arakelian)

Online resources

Clinical Practice Guidelines - Pregnancy Care Guidelines

<http://www.health.gov.au/internet/main/publishing.nsf/Content/pregnancyguidelines>

The Pregnancy Care Guidelines are designed to support Australian maternity services to provide high-quality, evidence-based antenatal care to healthy pregnant women. They are intended for all health professionals who contribute to antenatal care including midwives, obstetricians, general practitioners, practice nurses, maternal and child health nurses, Aboriginal and Torres Strait Islander health workers and allied health professionals. They are implemented at national, state, territory and local levels to provide consistency of antenatal care in Australia and ensure maternity services provide high-quality, evidence-based maternity care. The Pregnancy Care Guidelines cover a wide range of topics including routine physical examinations, screening tests and social and lifestyle advice for women with an uncomplicated pregnancy.

[USA] *For Our Patients and Their Visitors: Help Prevent Infections*

https://www.shea-online.org/images/patients/healthcare_associated_infections_patient_guide.pdf

This brochure has been developed to inform hospital patients and their visitors about the risks and indications of a number of healthcare associated infections. The brochure includes recommendations about ensuring hand hygiene compliance by clinicians and visitors, taking antibiotics as prescribed, and recognizing infection symptoms.

The brochure carries the imprimatur of the Society for Healthcare Epidemiology of America, the [US] Centers for Disease Control and Prevention, the Infectious Diseases Society of America, the Association for Professionals in Infection Control and Epidemiology, the Joint Commission and the American Hospitals Association.

[UK] *Antimicrobial stewardship: prescribing antibiotics*

<https://www.nice.org.uk/advice/ktt9>

The UK's National Institute for Health and Care Excellent (NICE) has updated its key therapeutic topic (KTT) summary on Antimicrobial Stewardship: prescribing antibiotics. While the KTT summary is not NICE guidance, it is aimed at supporting medicines optimisation. It includes:

- a summary of the current evidence on antimicrobial resistance and antibiotic prescribing in the UK.
- links to NICE antibiotic prescribing guidelines, Public Health England guidance on managing common infections, strategies and programs aimed at reducing antimicrobial prescribing, as well as toolkits and resources to support appropriate antibiotic prescribing.

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