



On the Radar

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On the Radar

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Reports

Transforming health care in nursing homes: An evaluation of a dedicated primary care service in outer east London
Sherlaw-Johnson C, Crump H, Curry N, Paddison C, Meaker R
London: Nuffield Trust; 2018. p. 53.

URL	https://www.nuffieldtrust.org.uk/research/transforming-health-care-in-nursing-homes-an-evaluation-of-a-dedicated-primary-care-service-in-outer-east-london
Notes	The Nuffield Trust has published this research report evaluation of a new primary care service that was being piloted in four nursing homes in the London Borough of Havering that had previously had difficulty accessing GP services. The new service's key features were the assignment of a single GP practice to all residents; access to health care professionals with expertise in caring for older people with complex needs; extended access beyond normal GP hours; care guidance to nursing home staff; improved medicines management; and new approaches for managing people who are at the end of life. The evaluation found that the service led to a 36 per cent reduction in emergency admissions to hospital and a 53% reduction in emergency bed days , with the largest reductions happening during the last three months of a person's life.

High level guidance to support a shared view of quality in general practice
 Care Quality Commission
 London: NHS England; 2018. p. 24.

URL	http://www.cqc.org.uk/guidance-providers/gp-services/regulation-general-practice-programme-board-rgppb
Notes	<p>The UK's Care Quality Commission has published this guidance that has been developed by the eleven national organisations that together are responsible for the regulation and oversight of general practice in England. The guidance is their collective view of the principles that define quality in general practice. This national strategy will form the basis for defining quality measures and best practice.</p> <p>Summary: Shared view of quality for general practice:</p> <ol style="list-style-type: none"> 1. Positive experience (caring and responsive) <ul style="list-style-type: none"> • Care is kind and compassionate. Staff work together and decisions are shared between patients and staff • Care respects dignity and privacy • Care is continuous not fragmented • Care is shaped by people: patients, the community and staff • Care services are accessible 2. Effective <ul style="list-style-type: none"> • Care is informed by consistent high quality training, guidelines and evidence • Care is designed to protect the whole community • Caregivers manage uncertainty in health • Care is provided by a multi-disciplinary team and network of care givers • Care shows continuous improvements in quality 3. Well-led <ul style="list-style-type: none"> • Care is driven by compassionate, inclusive and effective leadership • Care is driven by vision and values in its culture • Caregivers are accountable and have effective systems of governance • Care is given in a culture of continuous improvements in quality 4. Safe <ul style="list-style-type: none"> • Care has safe systems with safe prescribing • Caregivers learn from experience 5. Sustainable use of resources <ul style="list-style-type: none"> • Care uses resources sustainably and avoids waste

My Health Record Guidelines for Pharmacists
 Pharmaceutical Society of Australia
 Canberra: Pharmaceutical Society of Australia; 2018. p. 31.

URL	http://www.psa.org.au/wp-content/uploads/My-Health-Record-Guidelines-for-Pharmacists.pdf
Notes	<p>The Pharmaceutical Society of Australia (PSA) has launched these guidelines for pharmacists in order to promote meaningful clinical use of the My Health Record system to enhance patient-centred care. The new guidelines are intended to help increase the number of pharmacists using My Health Record.</p>

Journal articles

Frequent use of emergency departments by older people: a comparative cohort study of characteristics and outcomes
Street M, Berry D, Considine J
International Journal for Quality in Health Care. 2018 [epub]

Emergency department utilisation by older people in metropolitan Melbourne, 2008–12: findings from the Reducing Older Patient’s Avoidable Presentations for Emergency Care Treatment (REDIRECT) study
Mazza D, Pearce C, Joe A, Turner LR, Brijnath B, Browning C, et al
Australian Health Review. 2018;42(2):181-8..

DOI	Street et al https://doi.org/10.1093/intqhc/mzy062 Mazza et al https://doi.org/10.1071/AH16191
Notes	<p>Two Australian studies that looked at the use of hospital emergency departments (ED) by older people.</p> <p>Mazza et al sought to examine the characteristics of ED presentations by older patients and to identify patient factors contributing to potentially avoidable general practitioner (PAGP)-type presentations. Using routinely collected data on ED presentations by patients aged ≥ 70 years at public hospitals across metropolitan Melbourne from January 2008 to December 2012, encompassing 744,519 presentations the study found that 13.9% (103,471) could be classified as PAGP-type presentations. The authors observe that the “low rate of referral back to the primary care setting implies a potential lost opportunity to redirect older patients from ED services back to their GPs for ongoing care.” They also “found that PAGP-type presentations, although declining, remain an important component of ED demand. Patients presented for a wide array of conditions and during periods that may indicate difficulty accessing a GP.”</p> <p>Street et al sought to examine and compare the characteristics of older people who frequently use EDs and compare patient outcomes with older non-frequent ED attenders. Using data from three Australian hospitals with a total of 143 327 emergency attendances in a 12 month period. In this study, five percent of older people were frequent attenders, accounting for 16.9% of all attendances by older people. The frequent ED attenders were more likely to be male, aged 75–84 years, arrive by ambulance and have a diagnosis relating to chronic illness. They were found to stay 0.4 h longer in ED, were more likely to be admitted to hospital (69.2% vs 67.2%), and had a 1 day longer hospital stay. In-hospital mortality for older frequent ED attenders was double that of non-frequent attenders (7.0% vs 3.2%). The authors suggest that “A new approach to care planning and coordination is recommended, to optimise the patient journey and improve outcomes.”</p>

The Person-Centred Care Guideline: From Principle to Practice
Moody L, Nicholls B, Shamji H, Bridge E, Dhanju S, Singh S
Journal of Patient Experience. 2018 [epub].

DOI	https://doi.org/10.1177/2374373518765792
Notes	Paper describing the development, content and dissemination of the 2015 Person-Centred Care Guideline. The PCC Guideline seeks to define core PCC principles to outline a level of service that every person accessing cancer services in Ontario, Canada should expect to receive. The dissemination approaches included an educational intervention via a PCC video, media engagement, and research/knowledge user networks.

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/>

Factors associated with multiple barriers to access to primary care: an international analysis

Corscadden L, Levesque JF, Lewis V, Strumpf E, Breton M, Russell G

International Journal for Equity in Health. 2018 February 20;17(1):28.

DOI	https://dx.doi.org/10.1186%2Fs12939-018-0740-1
Notes	This Australian study used the data from the 2016 Commonwealth Fund International Health Policy Survey of Adults to examine issues around access to primary care in 11 countries (Australia, Canada, France, Germany, Norway, the Netherlands, New Zealand, Sweden, Switzerland, the United Kingdom, and United States). Just over 20% of the respondents reported multiple barriers before reaching primary care and an average of 16% had two or more barriers upon reaching care. Vulnerable groups experiencing multiple barriers were relatively consistent across countries and people with lower income were more likely to experience multiple barriers, particularly before reaching primary care practices. Respondents with mental health problems and those born outside the country displayed substantial vulnerability in terms of barriers after reaching care. The authors hope that a better, more nuanced understanding of the access barriers would “inform planning and performance monitoring of disparities in access”.

Developing core elements and checklist items for global hospital antimicrobial stewardship programmes: a consensus approach

Pulcini C, Binda F, Lamkang AS, Trett A, Charani E, Goff DA, et al

Clinical Microbiology and Infection. 2018 [epub].

DOI	https://doi.org/10.1016/j.cmi.2018.03.033
Notes	<p>Paper setting out a list of 7 core elements and 29 checklist items to help hospitals around the world use antimicrobial drugs more appropriately. The core elements aim to define the essential and minimum standards for hospital antimicrobial stewardship programs (ASPs) in both high- and low-to-middle-income countries. The seven core elements include the following:</p> <ul style="list-style-type: none">• Senior hospital management leadership toward antimicrobial stewardship• Accountability and responsibilities• Available expertise on infection management• Education and practical training• Other actions aimed at responsible antimicrobial use• Monitoring and surveillance (on a continuous basis)• Reporting and feedback (on a continuous basis)

For information about the Commission’s work on antimicrobial stewardship, see

<https://www.safetyandquality.gov.au/our-work/healthcare-associated-infection/antimicrobial-stewardship/>

For information about the Commission’s work on antimicrobial use and resistance in Australia, see

<https://www.safetyandquality.gov.au/antimicrobial-use-and-resistance-in-australia/>

Errors and discrepancies in the administration of intravenous infusions: a mixed methods multihospital observational study

Lyons I, Furniss D, Blandford A, Chumbley G, Iacovides I, Wei L, et al
 BMJ Quality & Safety. 2018 [epub].

DOI	https://doi.org/10.1136/bmjqs-2017-007476
Notes	Intravenous medication administration has been considered as prone to errors and has potential for harm. This study sought to determine the prevalence, types and severity of errors and discrepancies in infusion administration in English hospitals, and to explore sources of variation, including the contribution of smart pumps. The study was observational point prevalence study of intravenous infusions in 16 National Health Service hospital trusts that included 1326 patients and 2008 infusions. The authors report that errors were observed in 231 infusions (11.5%), while discrepancies were observed in 1065 infusions (53.0%). Twenty-three errors (1.1% of all infusions) were considered potentially harmful ; but none were judged likely to prolong hospital stay or result in long-term harm. They found that smart pumps, as currently implemented, had little effect, with similar error rates observed in infusions delivered with and without a smart pump (10.3% vs 10.8%, p=0.8).

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

Predictive risk modelling under different data access scenarios: who is identified as high risk and for how long?

Johnson TL, Kaldor J, Falster MO, Sutherland K, Humphries J, Jorm LR, et al
 BMJ Open. 2018;8(2).

DOI	http://dx.doi.org/10.1136/bmjopen-2017-018909
Notes	Australian study seeking to assess the performance of different predictive risk models simulating three data access scenarios, comparing: (1) sociodemographic and clinical profiles; (2) consistency in high-risk designation across models; and (3) persistence of high-risk status over time. Using health survey data for the period (2006–2009) for more than 260 000 Australian adults aged 45+ years linked to longitudinal individual hospital, primary care, pharmacy and mortality data the project assessed risk models predicting acute emergency hospitalisations with all three models displaying similar statistical performance. However, the authors found that “Small differences in risk predictors or risk thresholds resulted in comparatively large differences in who was classified as high risk and for how long. Pragmatic predictive risk modelling design decisions based on data availability or projected high-risk patient numbers may therefore influence individuals identified as high-risk, overall case mix and risk persistence. Routine data linkage would enable greater flexibility in developing and optimising predictive risk models appropriate to both case-finding and performance measurement applications.”

International Journal for Quality in Health Care

Volume 30 Issue 3, April 2018

URL	https://academic.oup.com/intqhc/issue/30/3
Notes	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: <ul style="list-style-type: none"> • Editorial: Improving the capacity for learning and improvement in health care (Oliver Groene)

	<ul style="list-style-type: none"> • The spectrum of ethical issues in a Learning Health Care System: a systematic qualitative review (Stuart McLennan; Hannes Kahrass; Susanne Wieschowski; Daniel Strech; Holger Langhof) • Standardized languages and notations for graphical modelling of patient care processes: a systematic review (Pierpaolo Mincarone; Carlo Giacomo Leo; Maria del Mar Trujillo-Martín; Jan Manson; Roberto Guarino; Giuseppe Ponzini; Saverio Sabina) • Review of chronic non-cancer pain research among Aboriginal people in Canada (Nancy Julien; Anaïs Lacasse; Oscar Labra; Hugo Asselin) • Assessment of patient safety culture in private and public hospitals in Peru (Alejandro Arrieta; Gabriela Suárez; Galed Hakim) • Cross-sectional study of characteristics of clinical registries in Australia: a resource for clinicians and policy makers (Dewan Md. Emdadul Hoque; Rasa Ruseckaite; Paula Lorgelly; John J McNeil; Sue M Evans) • Are people getting quality thalassemia care in twin cities of Pakistan? A comparison with international standards (Tehreem Tanveer; Haleema Masud; Zahid Ahmed Butt) • The development of quality indicators for home care in China (Xianping Tang; Xuemei Chen; Yajuan Pang; Lanshu Zhou) • Contractual health services performance agreements for responsive health systems: from conception to implementation in the case of Qatar (Huda Al-Katheeri; Fadi El-Jardali; Nour Ataya; Noura Abdulla Salem; Nader Abbas Badr; Diana Jamal) • Evaluation of system mapping approaches in identifying patient safety risks (Mecit Can Emre Simsekler; James R Ward; P John Clarkson) • Association of strategic management with vaccination in the terms of globalization (Mihajlo Rabrenovic; Marija Cukanovic Karavidic; Ivana Stosic)
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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"> • Using Q-methodology to guide the implementation of new healthcare policies (Sarah Alderson, Robbie Foy, Louise Bryant, S Ahmed, A House)

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"> • Incidence and mortality from adverse effects of medical treatment in the UK, 1990–2013: levels, trends, patterns and comparisons (Raimundas Lunevicius; Juanita A Haagsma) • Frequent use of emergency departments by older people: a comparative cohort study of characteristics and outcomes (Maryann Street; Debra Berry; Julie Considine) • Management of patients with coronary heart disease in family medicine: correlates of quality of care (Ksenija Tušek-Bunc; Davorina Petek) • Is Lean sustainable in today's NHS hospitals? A systematic literature review using the meta-narrative and integrative methods (Samuel Woodnutt) • Factors associated with ever use of mammography in a limited resource setting. A mixed methods study (L Cruz-Jiménez; G Torres-Mejía; A Mohar-

	<p>Betancourt; L Campero; A Ángeles-Llerenas; C Ortega-Olvera; L Martínez-Matsushita; N Reynoso-Noverón; C Duggan; B O Anderson)</p> <ul style="list-style-type: none"> • In pursuit of quality and safety: an 8-year study of clinical peer review best practices in US hospitals (Marc T Edwards) • Ultrasound guidance for central venous catheterisation. A Colombian national survey (José Andrés Calvache; Camilo Daza-Perdomo; Julio Gómez-Tamayo; Edison Benavides-Hernández; Andrés Zorrilla-Vaca; Markus Klimek) • Criteria for evaluating programme theory diagrams in quality improvement initiatives: a structured method for appraisal (Laurel Issen; Thomas Woodcock; Christopher McNicholas; Laura Lennox; Julie E Reed)
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Online resources

End of Life Directions for Aged Care (ELDAC)

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

The End of Life Directions for Aged Care (ELDAC) website aims to improve the care of older Australians through advance care planning activities and palliative care connections. Health professionals and aged care workers can access information, guidance, and resources to support palliative care and advance care planning for older people and their families. The site includes a set of five online toolkits developed by palliative care, aged care, primary care and legal experts covering

- Residential Aged Care
- Home Care
- Primary Care
- Working Together, and
- Legal matters.

The Primary Care toolkit leads healthcare workers and primary care teams through the various steps involved in supporting advance care planning with patients and their families, including considerations for people of various religious and cultural backgrounds. There are links to fact sheets, guides, discussion starters, patient resources and podcasts.

[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 NG95 **Lyme disease** <https://www.nice.org.uk/guidance/ng95>
- NICE Guideline NG96 *Care and support of people growing older with **learning disabilities*** <https://www.nice.org.uk/guidance/ng96>

[UK] *New shift worker guidance*

<http://www.nhsemployers.org/news/2018/03/shift-worker-guidance-and-infographic>

NHS Employers has produced this guidance around shift work, recognising the importance of sleep. Quality sleep is crucial to ensure good physical and mental health. These resources have been developed to highlight the key health, safety and wellbeing issues associated with shift work. The shift worker guidance and infographic includes information on:

- how shift work can impact on health, safety and wellbeing
- how to manage the risk as an organisation
- how to manage the risk as an individual
- the importance of partnership working.



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