



## On the Radar

Issue 366  
23 April 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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You can also follow us on Twitter @ACSQHC.

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### On the Radar

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Contributors: Niall Johnson, Fiona Horn, Karla Lister, Abel MacDonald, Alice Bhasale

### Heavy menstrual bleeding: delivering best practice forum

The Australian Commission on Safety and Quality in Health Care, in partnership with Safer Care Victoria, is holding a forum on the *Heavy Menstrual Bleeding Clinical Care Standard*. The clinical care standard has been developed in response to significant variation in the rate of hysterectomy and endometrial ablation, surgical procedures to treat heavy menstrual bleeding, as identified in both the first and second *Australian Atlas of Healthcare Variation*.

#### *Event Details*

Date: Monday 7 May 2018

Time: 9:30am to 3pm

Free Live webcast broadcast from The Rydges Melbourne

#### *Who should attend?*

- doctors
- family planning services
- GPs
- gynaecologists/obstetricians
- nurses
- radiologists
- surgeons
- women's health services

### ***Why you should attend?***

- Understand the detail of the standard, including the range of evidence-based pharmaceutical treatments and ‘minimally invasive’ gynaecological procedures that are available.
- Hear from a consumer who experiences heavy menstrual bleeding, and learn how to engage women in shared decision making.
- Listen to case studies, and directly from practitioners who are delivering high-quality care.
- Identify areas for improvement in your own practice, and how to implement the Commission’s Case for Improvement.

### ***Register***

Please register here <http://bit.ly/HMBRSVP> for the live webcast by 23 April 2018.

If you would like to attend the Melbourne event in person, please register here <https://www.eventbrite.com.au/e/heavy-menstrual-bleeding-delivering-best-practice-care-forum-tickets-44204080595> or contact Elif Cetiner, Senior Project Officer, Safer Care Victoria at [elif.cetiner@safecare.vic.gov.au](mailto:elif.cetiner@safecare.vic.gov.au)

### ***Can’t make it?***

If you are unable to attend and would like further information about the clinical care standard, please register your interest here <http://bit.ly/InfoCCS>

For further information contact: [ccs@safetyandquality.gov.au](mailto:ccs@safetyandquality.gov.au)

The *Heavy Menstrual Bleeding Clinical Care Standard* is available at <https://www.safetyandquality.gov.au/our-work/clinical-care-standards/heavy-menstrual-bleeding/>

For further information on the first and second *Australian Atlas of Healthcare Variation*, see <https://www.safetyandquality.gov.au/atlas/>

### **Hospital-acquired complications (HACs) information kit**

<https://www.safetyandquality.gov.au/our-work/indicators/hospital-acquired-complications/hacs-information-kit/>

The Australian Commission on Safety and Quality in Health Care recently released the hospital-acquired complications (HACs) information kit. The information kit has been developed in consultation with clinical experts from across Australia, as well as from reviewing the latest evidence and clinical guidelines. The information kit includes a suite of resources for clinicians, safety and quality professionals, managers and executives, governing bodies and others, to inform strategies that reduce the occurrence of HACs. Monitoring HACs, and using strategies in the information kit to reduce the occurrence of HACs, can be used as evidence during accreditation against the National Safety and Quality Health Service standards.

In addition to background information on the HACs, their development and why they are important, the kit includes:

- Short, clinician fact sheets –quick reference guides for each HAC for frontline clinicians. They focus on the impact of the HAC on Australian health services.
- Detailed fact sheets –for clinicians, safety and quality professionals, managers and executives and governing bodies. They include an overview of the governance structures and quality improvement processes needed to minimise the occurrence of a HAC. They also outline key steps to develop and deliver a comprehensive care plan for the patient.

The HAC covered are:

- Pressure injury
- Falls resulting in fracture or intracranial injury
- Healthcare-associated infection
- Surgical complications requiring unplanned return to theatre
- Unplanned intensive care unit admission
- Respiratory complications
- Venous thromboembolism
- Renal failure
- Gastrointestinal bleeding
- Medication complications
- Delirium
- Persistent incontinence
- Malnutrition
- Cardiac complications
- Third and fourth degree perineal laceration during delivery
- Neonatal birth trauma.

## Understand the impact of hospital-acquired complications and how to avoid them.



### Reports

*Conditions for which over the counter items should not routinely be prescribed in primary care: Guidance for CCGs*  
 NHS Clinical Commissioners  
 London: NHS England; 2018. p. 36.

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| URL   | <a href="https://www.england.nhs.uk/wp-content/uploads/2018/03/otc-guidance-for-ccgs.pdf">https://www.england.nhs.uk/wp-content/uploads/2018/03/otc-guidance-for-ccgs.pdf</a>  |
| Notes | <p>NHS England has published this guidance for Clinical Commissioning Groups to consider when developing their policies. It is noted that in the year to June 2017, the NHS spent approximately <b>£569 million</b> on prescriptions for medicines, which could otherwise be purchased over the counter (OTC) from a pharmacy and/or other outlets such as supermarkets. These prescriptions include items for a condition:</p> <ul style="list-style-type: none"> <li>• That is considered to be <b>self-limiting</b> and so does not need treatment as it will heal or be cured of its own accord;</li> <li>• Which lends itself to <b>self-care</b>.</li> </ul> <p>These prescriptions also include other common items:</p> <ul style="list-style-type: none"> <li>• That can be purchased over the counter, sometimes at a lower cost than that which would be incurred by the NHS;</li> </ul> |

- For which there is **little evidence of clinical effectiveness**.

It is argued that by reducing spend on treating conditions that are self-limiting or which lend themselves to self-care, or on items for which there is little evidence of clinical effectiveness, these resources can be used for other higher priority areas that have a greater impact for patients, support improvements in services and/or deliver transformation that will ensure the long-term sustainability of the NHS.

The guidance has recommendations on 35 minor conditions and two items of limited clinical effectiveness (**probiotics** and **vitamins and minerals**).

The self-limiting conditions are:

- Acute Sore Throat
- Infrequent cold sores of the lip
- Conjunctivitis
- Coughs and colds and nasal congestion
- Cradle Cap (Seborrhoeic dermatitis – infants)
- Haemorrhoids
- Infant Colic
- Mild Cystitis

The conditions suitable for self-care are:

- Mild Irritant Dermatitis
- Dandruff
- Diarrhoea (Adults)
- Dry Eyes/Sore tired Eyes
- Earwax
- Excessive sweating (Hyperhidrosis)
- Head Lice
- Indigestion and Heartburn
- Infrequent Constipation
- Infrequent Migraine
- Insect bites and stings
- Mild Acne
- Mild Dry Skin
- Sunburn due to excessive sun exposure
- Sun Protection
- Mild to Moderate Hay fever/Seasonal Rhinitis
- Minor burns and scalds
- Minor conditions associated with pain, discomfort and/fever. (e.g. aches and sprains, headache, period pain, back pain)
- Mouth ulcers
- Nappy Rash
- Oral Thrush
- Prevention of dental caries
- Ringworm/Athletes foot
- Teething/Mild toothache
- Threadworms
- Travel Sickness
- Warts and Verrucae.

## Journal articles

*Low back pain: a major global challenge*

Clark S, Horton R

The Lancet. 2018.

*Low back pain: a call for action*

Buchbinder R, van Tulder M, Öberg B, Costa LM, Woolf A, Schoene M, et al

The Lancet. 2018.

*Prevention and treatment of low back pain: evidence, challenges, and promising directions*

Foster NE, Anema JR, Cherkin D, Chou R, Cohen SP, Gross DP, et al.

The Lancet. 2018.

*What low back pain is and why we need to pay attention*

Hartvigsen J, Hancock MJ, Kongsted A, Louw Q, Ferreira ML, Genevay S, et al

The Lancet. 2018.

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| DOI   | Clark and Horton <a href="https://doi.org/10.1016/S0140-6736(18)30725-6">https://doi.org/10.1016/S0140-6736(18)30725-6</a><br>Buchbinder et al <a href="https://doi.org/10.1016/S0140-6736(18)30488-4">https://doi.org/10.1016/S0140-6736(18)30488-4</a><br>Foster et al <a href="https://doi.org/10.1016/S0140-6736(18)30489-6">https://doi.org/10.1016/S0140-6736(18)30489-6</a><br>Hartvigsen et al <a href="https://doi.org/10.1016/S0140-6736(18)30480-X">https://doi.org/10.1016/S0140-6736(18)30480-X</a>  |
| Notes | Recently <i>The Lancet</i> published a series of papers on what is a very common, almost ubiquitous, condition – low back pain. Indeed, Buchbinder et al assert that “Low back pain is the leading worldwide cause of years lost to disability and its burden is growing alongside the increasing and ageing population.” It is argued that there is something of an over-reliance on scans, surgeries and opioids to treat conditions could be more effectively addressed through self-management and less-invasive physical and psychological therapies. Buchbinder et al observe that “The global challenge is to <b>prevent the use of practices that are harmful or wasteful</b> while ensuring <b>equitable access to effective and affordable health care</b> for those who need it. High rates of advice to rest and use of ineffective treatments are already a reality in low-income and middle-income countries. Over-medicalisation disproportionately affects the wealthy minority, but it also threatens to reduce availability of high-value health-care services for the poor majority and further widen health and social disparities.”<br>The <i>Medical Journal of Australia</i> recently published an article ‘Primary care management of non-specific low back pain: key messages from recent clinical guidelines’ ( <a href="http://doi.org/10.5694/mja17.01152">http://doi.org/10.5694/mja17.01152</a> ) |

*Invisible injuries: patient harms we hear about when we take the time to ask*

Aldrich R

Medical Journal of Australia. 2018;208(7):293-4.

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| DOI   | <a href="https://doi.org/10.5694/mja17.00822">https://doi.org/10.5694/mja17.00822</a>   |
| Notes | This Perspective piece focuses on how better understanding patients’ experiences can greatly add to the knowledge that information such as complaints and adverse event reporting provides. The stories of experiences can reveal the ‘invisible injuries’ that are not captured in those approaches and add nuance. The author emphasises the importance of communication, particularly listening and ensuring our words are understood. |

*Safer healthcare at home: Detecting, correcting and learning from incidents involving infusion devices*

Lyons I, Blandford A

Applied Ergonomics. 2018;67:104-14.

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| DOI   | <a href="https://doi.org/10.1016/j.apergo.2017.09.010">https://doi.org/10.1016/j.apergo.2017.09.010</a>   |
| Notes | In many health systems there is interest in greater self-care and care in the home. This can have benefits for patients and the systems. However, there are also risks. Medication errors are already commonly occurring in the home. This paper looks at issues that may arise with medical devices, particularly infusion devices. Using data from the UK's National Reporting and Learning Service for 2005–2015, the authors found that there can be significant delays in detecting incidents with devices at home and that healthcare workers and patients commonly have difficulty troubleshooting device faults. They go on to suggest “Devices need to be appropriately tailored to the setting in which they are employed, and within a system of care that ensures they are used optimally and safely. Suggested features to improve patient safety include devices that can provide better feedback to identify problems and support resolution, alongside greater monitoring and technical support by care providers for both patients and frontline professionals.” |

*Association of hospital performance based on 30-day risk-standardized mortality rate with long-term survival after heart failure hospitalization: An analysis of the get with the guidelines–heart failure registry*

Pandey A, Patel KV, Liang L, DeVore AD, Matsouaka R, Bhatt DL, et al.

JAMA Cardiology. 2018 [epub].

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| DOI   | <a href="https://dx.doi/10.1001/jamacardio.2018.0579">https://dx.doi/10.1001/jamacardio.2018.0579</a>   |
| Notes | This paper considers the association of hospital performance based on 30-day risk-standardized mortality rate (RSMR) with long-term survival. The risk-standardized mortality rate (RSMR) is the ratio of the number of "predicted" deaths to the number of "expected" deaths at a given hospital, multiplied by the national observed mortality rate. For each hospital, the denominator is the number of deaths expected for a particular condition (in this case, heart failure) based on the nation's performance. The authors found that <b>lower hospital-level 30-day RSMR was associated with better long-term survival</b> (at 1-year, 3-years and 5-years) for patients hospitalized with heart failure, independent of mortality differences within the first 30 days. Risk-standardized mortality rates at the hospital level are currently only publically reported in Australia by New South Wales Bureau of Health Information for NSW public hospitals. |

*Developing a sustainable health care system: the United Kingdom experience*

Pencheon D

Medical Journal of Australia. 2018;208(7):284-5.

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| DOI   | <a href="https://doi.org/10.5694/mja17.01134">https://doi.org/10.5694/mja17.01134</a>  |
| Notes | This Perspective piece reflects on the changes in the NHS in England over the past decade to draw out possible lessons for other health care systems, including Australia's. Three particular lessons are drawn out: <ol style="list-style-type: none"> <li>1. “Robust and regular engagement with health care staff elicits the best practical ideas that protect health and the most effective mandate from trusted professionals to implement them.”</li> <li>2. “Governance, regulatory and reporting mechanisms need to be understood in order to remove barriers to improvement and ensure the rapid spread of effective innovation in health and care. The NHS in England now annually reviews and reports on the harmful effect of the health system on the environment and the risk of a changing environment on health and care systems.”</li> </ol> |

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|  | 3. “Traditional medical research that identifies health threats requires complementary interdisciplinary research focused on solutions — such as models of care that balance hospital treatment with care closer to home and community prevention strategies. This helps move the debate ...to encouraging better care and prevention, and supports physicians and nurses to be more vocal and practical about protecting the environmental and social determinants of health.” |
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*Angioedema in Australia: hospital admission rates and fatalities, 2000–2013*

Mullins RJ, Wainstein BK, Barnes EH, Campbell DE

Medical Journal of Australia. 2018;208(7):308.

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| DOI   | <a href="https://doi.org/10.5694/mja17.00404">https://doi.org/10.5694/mja17.00404</a>   |
| Notes | This article reports on a study into the burden of isolated angioedema in Australia. The authors report that <b>admissions</b> to hospital for angioedema were <b>relatively common</b> (18 722 over 14 years), and the <b>annual number increased</b> across the study period by <b>1.2% per year</b> . They also note that <b>80%</b> of patients were <b>aged 30 years or more</b> and that <b>55% were women</b> . They argue the importance of recognising potential causes early and responding/treating appropriately so as to reduce the need for intubation, intensive care admission, or prolonged hospitalisation. |

*Pediatric Quality & Safety*

Vol. 3, No. 2, March/April 2018

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| DOI   | <a href="https://journals.lww.com/pqs/Pages/currenttoc.aspx">https://journals.lww.com/pqs/Pages/currenttoc.aspx</a>  |
| Notes | <p>A new issue of <i>Pediatric Quality &amp; Safety</i> has been published. Articles in this issue of <i>Pediatric Quality &amp; Safety</i> include:</p> <ul style="list-style-type: none"> <li>• Tackling the <b>Social Determinants of Health</b>: A Critical Component of Safe and Effective Healthcare (Hensley, Caroline G.; Real, Francis J.; Walsh, Kathleen E.; Klein, Melissa D.; Beck, Andrew F.)</li> <li>• A Quality Initiative for <b>Optimal Therapeutic Hypothermia during Transport for Neonates</b> with Neonatal Encephalopathy (Bourque, Stephanie L.; Meier, Stephanie A.; Palmer, Claire; Melara, Diane L.; Grover, Theresa R.; Delaney, Cassidy A.)</li> <li>• There’s an App for That; Improving <b>Communication during Pediatric Cardiothoracic Surgery</b> (Hodge, Ashley B.; Joy, Brian F.; Cox, Virginia K.; Naguib, Aymen N.; Tumin, Dmitry; Galantowicz, Mark E.)</li> <li>• The Effect of <b>Operating Room Temperature on the Performance</b> of Clinical and Cognitive Tasks (Hakim, Mumin; Walia, Hina; Dellinger, Heather L.; Balaban, Onur; Saadat, Haleh; Kirschner, Richard E.; Tobias, Joseph D.; Raman, Vidya T.)</li> <li>• 10,000 Good Catches: Increasing <b>Safety Event Reporting In A Pediatric Health Care System</b> (Crandall, Kristen M.; Almuhan, Ahmed; Cady, Rebecca; Fahey, Lisbeth; Floyd, Tara Taylor; Freiburg, Debbie; Hilliard, Mary Anne; Kalburgi, Sonal; Khan, Nafis I.; Patrick, DiAnthia; Pavuluri, Padmaja; Potter, Kelvin; Scafidi, Lisa; Sigman, Laura; Shah, Rahul K.)</li> <li>• Impact of a Hands-free Wireless Communication Device on <b>Communication and Clinical Outcomes in a Pediatric Intensive Care</b> (Cooney, Hannah J.; Banbury, Hannah E.; Plunkett, Adrian C.)</li> <li>• Proceedings of the Improved <b>Pediatric Sepsis</b> Outcomes Colloquium-Dallas TX, December 2017</li> </ul> |

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| URL   | <a href="http://www.publish.csiro.au/py/issue/9193">http://www.publish.csiro.au/py/issue/9193</a>  |
| Notes | <p>A new issue of the <i>Australian Journal of Primary Health</i> has been published. Articles in this issue of the <i>Australian Journal of Primary Health</i> include:</p> <ul style="list-style-type: none"> <li>• What are the <b>professional development needs</b> for GPs and midwives associated with the new <b>perinatal mental health guidelines</b>? (Suzanne Willey, Rebecca Fradkin, Melanie Gibson-Helm, Nicole Highet and J A Boyle)</li> <li>• Models of <b>nutrition-focused continuing education programs for nurses</b>: a systematic review of the evidence (Holly Mitchell, Catherine Lucas, Karen Charlton and Anne McMahon)</li> <li>• The power of talk and power in talk: a systematic review of <b>Indigenous narratives of culturally safe healthcare communication</b> (Warren Jennings, Chelsea Bond and Peter S Hill)</li> <li>• <b>HealthNavigator</b>: a mobile application for <b>chronic disease screening and linkage</b> to services at an urban Primary Health Network (Martin G Seneviratne, Fred Hersch and David P Peiris)</li> <li>• Enhancing general practice referrals for <b>women of refugee background to maternity care</b> (Dannielle Vanpraag, Wendy Dawson, Bianca Bell, Elisha Riggs, Jo Szwarc, Stephanie Brown, J Furler, S Casey, G Teale and J Yelland)</li> <li>• Selecting a <b>location for a primary healthcare facility</b>: combining a mathematical approach with a Geographic Information System to rank areas of relative need (Yevgeni Dudko, Dennis E Robey, E Kruger and M Tennant)</li> <li>• Process redesign of a <b>surgical pathway</b> improves access to <b>cataract surgery</b> for Aboriginal and Torres Strait Islander people in South East Queensland (Lisa Penrose, Yvette Roe, Natalie A Johnson and Erica L James)</li> <li>• Knowing and telling: how <b>African-Australians living with chronic hepatitis B</b> understand hepatocellular carcinoma risk and surveillance (Nicole Allard, Jon Emery, Benjamin Cowie and John Furler)</li> <li>• A randomised controlled trial of a brief <b>intervention for illicit drug use</b> linked to ASSIST screening in a primary healthcare setting: results from the Australian component of the World Health Organization Phase III ASSIST studies (Rachel Humeniuk, David A L Newcombe, V Dennington and R Ali)</li> <li>• Changes in <b>health services usage</b> associated with <b>insulin initiation</b> in primary care (Samuel Johnson, Sharmala Thuraisingam, John Furler and Jo-Anne Manski Nankervis)</li> <li>• Association of <b>health literacy</b> with <b>type 2 diabetes mellitus self-management</b> and clinical outcomes within the primary care setting of Iran (Marzieh Niknami, Ali Mirbalouchzei, Iraj Zareban, Elahibakhsh Kalkalinia, Gasem Rikhtgarha and Hassan Hosseinzadeh)</li> <li>• Supporting <b>primary care nurses</b> to work at an advanced level through changing practices' <b>organisational governance</b> (Kirsty Forsdike, Tracy Ann Murphy and Kelsey Hegarty)</li> <li>• <b>General health, wellbeing and oral health of patients older than 75 years</b> attending health assessments (Dominic Keuskamp, Najith Amarasena, Madhan Balasubramanian and David S Brennan)</li> <li>• An exploration of the experiences of Australian <b>Grey Nomads</b> travelling with <b>chronic conditions</b> (Kaara Ray B Calma, E Halcomb and M Stephens)</li> <li>• Factors influencing <b>integrated wellbeing in older Chinese outpatients</b> with chronic diseases (Fei Huang and Hongyu Li)</li> </ul> |



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| URL   | <a href="http://journals.sagepub.com/toc/cric/23/2">http://journals.sagepub.com/toc/cric/23/2</a>  |
| Notes | <p>A new issue of the <i>Journal of Patient Safety and Risk Management</i> has been published. Articles in this issue of the <i>Journal of Patient Safety and Risk Management</i> include:</p> <ul style="list-style-type: none"> <li>• Psychological first aid: <b>CPR for mental health crises</b> in healthcare (Fiona Gispén and Albert W Wu)</li> <li>• <b>Health, performance and conduct concerns among older doctors:</b> A retrospective cohort study of notifications received by medical regulators in Australia (Laura A Thomas, Eleanor Milligan, Holly Tibble, Lay S Too, David M Studdert, Matthew J Spittal, and Marie M Bismark)</li> <li>• <b>Medico-legal aspects of cosmetic dentistry</b> (Lucy Nichols)</li> <li>• <b>Medico-legal aspects of corneal refractive laser eye surgery</b> (D Lake)</li> <li>• <b>Failure to diagnose rare condition not negligent:</b> James Garbutt (deceased) v Doncaster and Bassetlaw Hospitals NHS Foundation Trust (High Court, 23 February 2017 – Soole J) (John Mead)</li> <li>• <b>Implementing communication and resolution programs:</b> Lessons learned from the first 200 hospitals (Timothy B McDonald, Melinda Van Niel, Heather Gocke, Deanna Tarnow, Martin Hatlie, and Thomas H Gallagher)</li> <li>• <b>Clinical–insurer engagement</b> to improve <b>maternity safety</b> in the UK, Ireland, Sweden and Australia (Christopher W H Yau, Oliver Quick, and Timothy Draycott)</li> </ul> |

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| URL   | <a href="http://www.longwoods.com/publications/nursing-leadership/25446">http://www.longwoods.com/publications/nursing-leadership/25446</a>  |
| Notes | <p>A new issue of <i>Nursing Leadership</i> has been published with the theme of a ‘Special Focus on <b>Nurse Practitioners in Long-term Care</b>’. Articles in this issue of <i>Nursing Leadership</i> include:</p> <ul style="list-style-type: none"> <li>• Perspectives of <b>Nurse Practitioner–Physician Collaboration</b> among Nurse Practitioners in Canadian Long-Term Care Homes: A National Survey (Carrie A. McAiney, Jenny Ploeg, Abigail Wickson-Griffiths, Sharon Kaasalainen, Ruth Martin-Misener, Noori Akhtar-Danesh, Faith Donald, Nancy Carter, Esther Sangster-Gormley, Kevin Brazil, Alan Taniguchi and Lori S Martin)</li> <li>• The Role of <b>Nurse Practitioners in Long-Term Care Settings</b> in Newfoundland and Labrador (Maria Mathews, Dana Ryan and Melissa Power)</li> <li>• Case Study: Realizing the Value of <b>Nurse Practitioners in Long-Term Care</b> (M Suzanne Cole)</li> <li>• Mitigating <b>Moral Distress in Dementia Care:</b> Implications for Leaders in the Residential Care Sector (Shannon Spenceley, Sienna Caspar and Em Pijl)</li> <li>• Diffusing Innovative Roles Within Ontario Hospitals: Implementing the <b>Nurse Practitioner as the Most Responsible Provider</b> (Christina Hurlock-Chorostecki and Michelle Acorn)</li> <li>• Comparison of <b>Access to Nurse Practitioners in Primary Healthcare</b> across Three Team Structures (Kristen Callaghan, Ruth Martin-Misener, Colleen O'Connell, Frederick Burge and Emily Gard Marshall)</li> </ul> |

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| URL   | <a href="http://journals.sagepub.com/toc/hsrb/23/2">http://journals.sagepub.com/toc/hsrb/23/2</a>   |
| Notes | <p>A new issue of the <i>Journal of Health Services Research &amp; Policy</i> has been published. Articles in this issue of the <i>Journal of Health Services Research &amp; Policy</i> include:</p> <ul style="list-style-type: none"> <li>• Editorial: <b>Patient engagement in health technology assessment</b>: what constitutes ‘meaningful’ and how we might get there (Julia Abelson)</li> <li>• What does meaningful look like? A qualitative study of <b>patient engagement</b> at the <b>Pan-Canadian Oncology Drug Review</b>: perspectives of reviewers and payers (Linda Rozmovits, Helen Mai, Alexandra Chambers, and Kelvin Chan)</li> <li>• The effect of the global financial crisis on <b>preventable hospitalizations</b> among the <b>homeless</b> in New York State (Brandi White, Charles Ellis, Walter Jones, William Moran, and Kit Simpson)</li> <li>• Does <b>acute myocardial infarction</b> kill more people on weekends? Analysis of <b>in-hospital mortality</b> rates for <b>weekend admissions</b> in Portugal (Francesca Fiorentino, Raquel Ascensão, and Nicoletta Rosati)</li> <li>• How embedded is <b>public involvement</b> in <b>mainstream health research</b> in England a decade after policy implementation? A realist evaluation (Patricia Wilson, Elspeth Mathie, Fiona Poland, Julia Keenan, Amanda Howe, Diane Munday, Sally Kendall, Marion Cowe, Sophie Staniszezwska, and C Goodman)</li> <li>• Falling through the gaps: exploring the role of <b>integrated commissioning</b> in improving <b>transition from children’s to adults’ services</b> for young people with long-term health conditions in England (Gregory Maniatopoulos, Ann Le Couteur, Luke Vale, and Allan Colver)</li> <li>• The political economy of the assessment of <b>value of new health technologies</b> (Jonathan Karnon, Laura Edney, and Hossein Afzali)</li> <li>• Systematic review of <b>participants’ attitudes towards data sharing</b>: a thematic synthesis (Nicola Howe, Emma Giles, Dorothy Newbury-Birch, and Elaine McColl)</li> <li>• What has <b>health technology assessment</b> ever done for us? (Olga Löblová)</li> </ul> |

*BMJ Quality and Safety* online first articles

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| 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>• Editorial: Improving <b>adherence to high-value medications</b> through prescription cost-sharing policies (Melissa M Garrido, Austin B Frakt)</li> <li>• Understanding <b>ethical climate, moral distress, and burnout</b>: a novel tool and a conceptual framework (Elizabeth Dzeng, J Randall Curtis)</li> <li>• <b>Hospital admissions associated with medication non-adherence</b>: a systematic review of prospective observational studies (Pajaree Mongkhon, Darren M Ashcroft, C Norman Scholfield, Chuenjid Kongkaew)</li> <li>• Role of <b>patient and public involvement in implementation research</b>: a consensus study (Kara Gray-Burrows, Thomas Willis, Robbie Foy, Martin Rathfelder, Pauline Bland, Allison Chin, Susan Hodgson, Gus Ibegbuna, Graham Prestwich, Kirsty Samuel, Laurence Wood, Farhat Yaqoob, Rosemary R C McEachan)</li> </ul> |

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| URL   | <a href="https://academic.oup.com/intqhc/advance-access?papetoc">https://academic.oup.com/intqhc/advance-access?papetoc</a>   |
| Notes | <p>International Journal for Quality in Health Care has published a number of ‘online first’ articles, including:</p> <ul style="list-style-type: none"> <li>• Socio-demographic determinants of women’s <b>satisfaction with prenatal and delivery care</b> services in Italy (Valentina Tocchioni; Chiara Seghieri; Gustavo De Santis; Sabina Nuti)</li> <li>• <b>Improvement capability and performance</b>: a qualitative study of <b>maternity services providers</b> in the UK (Sarah Darley; Kieran Walshe; Ruth Boaden; Nathan Proudlove; Mhorag Goff)</li> <li>• <b>Patient-reported experiences of patient safety incidents</b> need to be utilized more systematically in promoting safe care (Merja Sahlström; Pirjo Partanen; Hannele Turunen)</li> <li>• Systematic review of <b>diagnostic pathways</b> for patients presenting with <b>acute abdominal pain</b> (Kirsten J de Burlet; Andrew J Ing; Peter D Larsen; Elizabeth R Dennett)</li> <li>• Impact of the implementation of <b>electronic health records</b> on the quality of <b>discharge summaries</b> and on the <b>coding of hospitalization episodes</b> (José L Bernal; Sebastián DelBusto; María I García-Mañoso; Emilia de Castro Monteiro; Ángel Moreno; Carolina Varela-Rodríguez; Pedro M Ruiz-Lopez)</li> <li>• <b>Perceptions of patient safety culture</b> among healthcare employees in tertiary hospitals of Heilongjiang province in northern China: a cross-sectional study (Ying Li; Yanming Zhao; Yanhua Hao; Mingli Jiao; Hongkun Ma; Baijun Teng; Kai Yang; Tongbo Sun; Qunhong Wu; Hong Qiao).</li> <li>• Matt’s story: <b>learning from heartbreak</b> (Kristen Miller; Alyssa Dastoli)</li> </ul> |

## Online resources

[USA] *Making stewardship programs globally relevant: dissecting the new guidelines*

<https://youtu.be/XYP1qIoDnss>

Recording of a recent webinar discussing the “Developing core elements and checklist items for global hospital antimicrobial stewardship programmes: a consensus approach” paper (<https://doi.org/10.1016/j.cmi.2018.03.033>) covered in the previous issue of *On the Radar*. The webinar features a number of the authors of the paper.

[USA] *Effective Health Care Program reports*

<https://effectivehealthcare.ahrq.gov/>

The US Agency for Healthcare Research and Quality (AHRQ) has an Effective Health Care (EHC) Program. The EHC has released the following final reports and updates:

- *Physiologic Predictors of Severe Injury: Systematic Review*  
<https://effectivehealthcare.ahrq.gov/topics/predictors-trauma-care/research-2018>

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