# Australian COmmission on Safety and Quality in Health Care logo with Radar imageOn the Radar

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**On the Radar**

Editor: Dr Niall Johnson [niall.johnson@safetyandquality.gov.au](mailto:niall.johnson@safetyandquality.gov.au)

Contributors: Niall Johnson, Kozue Yamada

**National Safety and Quality Health Service (NSQHS) Standards (second edition) update**

Further implementation resources to support the *National Safety and Quality Health Service (NSQHS) Standards*(2nd edition) are now available on the Commission’s website.

The *NSQHS Standards user guide* for measuring and evaluating partnering with consumers (<https://www.safetyandquality.gov.au/wp-content/uploads/2018/04/User-Guide-for-Measuring-and-Evaluating-Partnering-with-Consumers.pdf>) provides an overview of the key concepts and issues that should be addressed when measuring and evaluating consumer partnerships, and to inform the development of evaluation and monitoring plans for the Partnering with Consumers Standard.

Three **fact sheets** have also been developed for consumers about the NSQHS Standards (<https://www.safetyandquality.gov.au/our-work/assessment-to-the-nsqhs-standards/nsqhs-standards-second-edition/#Information-for-consumers>). These fact sheets have been developed in consultation with consumers and the state-based health consumer organisations, to share advice on what consumers can expect in the NSQHS Standards (2nd ed.), the accreditation process and the Partnering with Consumers Standard.

The **NSQHS Standards mapping** of the second edition to the first edition (<https://www.safetyandquality.gov.au/wp-content/uploads/2018/04/NSQHS-Standards-Mapping-of-the-first-and-second-editions.pdf>) is now available on the Commission’s website.

The **NSQHS Standards Assessor Orientation Course** is now underway. To enrol in the course, please visit the link below: <https://www.safetyandquality.gov.au/our-work/assessment-to-the-nsqhs-standards/nsqhs-standards-second-edition/assessor-orientation-course-enrolment-form/>

The NSQHS Standards (2nd ed.) and supporting resources are available on the Commission’s website at [www.safetyandquality.gov.au/second-edition](http://www.safetyandquality.gov.au/second-edition).

**[](http://www.safetyandquality.gov.au/second-edition)**

**Books**

*National Quality Partners Playbook™: Shared Decision Making in Healthcare*

National Quality Forum

Washington D.C.: National Quality Forum; 2018.

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| URL | <http://www.qualityforum.org/Guidance_to_Improve_Shared_Decision_Making.aspx> |
| Notes | The National Quality Forum (NQF) in the USA has issued a call to action to make shared decision making a standard of care for all patients. This new guide gives healthcare providers guidance for this process of communication in which clinicians and patients work together to make healthcare decisions that align with what matters most to patients. |

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

**Reports**

*Connected Health Information in Canada: A Benefits Evaluation Study*

Gartner.

Toronto: Canada Health Infoway; 2018. p. 27.

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| URL | <https://www.infoway-inforoute.ca/en/resource-centre/search-by-topic/connectedhealth> |
| Notes | It is probably fair to say that there has been a fair amount of scepticism about health IT, electronic health records and the like. Some of this stems from the apparent slow delivery of the great potentials that have been described. This Canadian study argues that the growing use of connected health information in Canada is already producing significant financial and time savings benefits for patients, the health system and the economy. Connected Health Information is defined as information exchanged using interoperable electronic health records and complementary solutions for sharing information between health providers and organizations.  It is aimed at improving the experience for patients and providers by decreasing wait times and unnecessary medical appointments which then increases capacity in the health system, should allow providers to see more patients, and save patients’ time, thereby contributing to an increase in productivity for the economy. |

**Journal articles**

*Identifying quality markers of a safe surgical ward: An interview study of patients, clinical staff, and administrators*

Hassen Y, Singh P, Pucher PH, Johnston MJ, Darzi A

Surgery. 2018 [epub].

*The impact of improving teamwork on patient outcomes in surgery: A systematic review*

Sun R, Marshall DC, Sykes MC, Maruthappu M, Shalhoub J

International Journal of Surgery. 2018;53:171-7.

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| DOI | Hassen et al <https://doi.org/10.1016/j.surg.2017.12.003>  Sun et al <https://doi.org/10.1016/j.ijsu.2018.03.044> |
| Notes | A pair of articles looking at aspects of surgery and the surgical environment than can affect the safety and quality of surgery.  Hassen et al interviewed patients, clinicians and hospital administrators in identifying the factors that may contribute to safety on the surgical ward spanning multiple processes, organizational, and environmental factors.  Four main error-prone **processes** were identified: **ward rounds** (57%), **medication** prescribing and administration (49%), the presence of **outliers** (43%), and deficiencies in **communication** between clinical staff (43%).  Structural factors were categorized as organizational or environmental; **organizational** included shortage in **staffing** (39%) and use of **temporary staff** (27%). **Environmental** factors considered **layout** and patient visibility to nurses (49%) as well as **cleanliness** (29%).  **Safety indicators** identified included staff **experience** level (31%), overall **layout** of the ward, **cleanliness** and **leadership** (all 27% each). The majority of patients (87%) identified **staff attentiveness** as a safety indicator.  Sun et al focused on the value of **teamwork** training and the influence on **communication** and **safety culture**. While they found good evidence to suggest a positive correlation between teamwork training and patient outcomes they recommended further research. |

*Effect of systematic physician cross-checking on reducing adverse events in the emergency department: The CHARMED cluster randomized trial*

Freund Y, Goulet H, Leblanc J, Bokobza J, Ray P, Maignan M, et al

JAMA Internal Medicine. 2018 [epub].

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| DOI | <https://doi.org/10.1001/jamainternmed.2018.0607> |
| Notes | Some environments may be inherently more exposed to risk. One of these may be the emergency department. This paper reports on a study that examined whether the implementation of systematic physician cross-checking can reduce the rate of adverse events in this setting. This French study was a cluster randomized trial involving 1680 patients in which “the implementation of systematic cross-checking between physicians resulted in a significant relative risk reduction for adverse events. The rate of adverse events was 10.7% in the control group vs 6.4% in the cross-checking group.” |

*A Patient Safety Toolkit for Family Practices*

Campbell SM, Bell BG, Marsden K, Spencer R, Kadam U, Perryman K, et al

Journal of Patient Safety. 2018 [epub].

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| DOI | <https://doi.org/10.1097/PTS.0000000000000471> |
| Notes | Paper describing a toolkit that has been assembled (of existing tools) for measuring patient safety in family or general practice. The Patient Safety Toolkit is apparently easy to use and is hosted on a single platform with a collection of tools generating practical and actionable information The toolkit enables family practices to identify safety deficits that they can review and change procedures to improve their patient safety across a key sets of patient safety issues. The tools included are:   * National Health Service Education for Scotland Trigger Tool * National Health Service Education for Scotland Medicines Reconciliation Tool * Primary Care Safequest * Prescribing Safety Indicators * Patient Reported Experiences and Outcomes of Safety in Primary Care, and * Concise Safe Systems Checklist. |

*A target to achieve zero preventable trauma deaths through quality improvement*

Hashmi ZG, Haut ER, Efron DT, Salim A, Cornwell EE, Iii, et al.

JAMA Surgery. 2018 [epub].

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| DOI | <http://doi.org/10.1001/jamasurg.2018.0159> |
| Notes | Article reporting on an effort to quantify the number of preventable trauma deaths in the United States. Using administrative data covering more than 18 million patients across 2198 US hospitals over the period 2006–2014, the study suggests that if low-performing hospitals could provide the same quality of trauma care as high-performing peers, 100,000 lives could be saved over a 5-year period. |

*BMJ Quality and Safety* online first articles

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| URL | <https://qualitysafety.bmj.com/content/early/recent> |
| Notes | *BMJ Quality and Safety* has published a number of ‘online first’ articles, including:   * Comparing standard office-based follow-up with text-based remote monitoring in the management of **postpartum hypertension**: a randomised clinical trial (Adi Hirshberg, Katheryne Downes, Sindhu Srinivas) * Patients’ perspectives on how to decrease the burden of treatment: a qualitative study of **HIV care in sub-Saharan Africa** (Viet-Thi Tran, Eugene Messou, Mariam Mama Djima, Philippe Ravaud, Didier K Ekouevi) |

*International Journal for Quality in Health Care* online first articles

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| URL | <https://academic.oup.com/intqhc/advance-access?papetoc> |
| Notes | *International Journal for Quality in Health Care* has published a number of ‘online first’ articles, including:   * **Medical practice variation**: public reporting a first necessary step to spark change (Gert P Westert; Stef Groenewoud; John E Wennberg; Catherine Gerard; Phil DaSilva; Femke Atsma David C Goodman) * Effectiveness of a **WHO Safe Childbirth Checklist** Coaching-based intervention on the availability of Essential Birth Supplies in Uttar Pradesh, India (Jenny J Maisonneuve; Katherine E A Semrau; Pinki Maji; Vinay Pratap Singh; Kate A Miller; Ian Solsky; Neeraj Dixit; Jigyasa Sharma; Janaka Lagoo; Natalie Panariello; Brandon Neal; Tapan Kalita; Nabihah Kara; Vishwajeet Kumar; Lisa R Hirschhorn) * Feasibility and efficacy of **sepsis management guidelines** in a **pediatric intensive care unit** in Saudi Arabia: a quality improvement initiative (Gamal M Hasan; Ayman A Al-Eyadhy; Mohamed-Hani A Temsah; Ali A Al-Haboob; Mohammad A Alkhateeb; Fahad Al-Sohime) * **Decreasing triage time**: effects of implementing a step-wise ESI algorithm in an EHR (Stephen Villa; Ellen J Weber; Steven Polevoi; Christopher Fee; Andrew Maruoka; Tina Quon) |

**Online resources**

*National Healthy Skin Guideline: For the Prevention, Treatment and Public Health Control of Impetigo, Scabies, Crusted Scabies and Tinea for Indigenous Populations and Communities in Australia*

<https://infectiousdiseases.telethonkids.org.au/our-research/skin-guidelines>

The first-ever National Healthy Skin Guideline is designed to help health care providers easily recognise, diagnose, and treat skin infections using online resources such as photographs, learning tools and an interactive questionnaire. The Guideline also provides plenty of information on how to stop the spread of germs and keep skin strong and healthy.

*[USA] Guide to Improving Patient Safety in Primary Care Settings by Engaging Patients and Families*

<https://www.ahrq.gov/professionals/quality-patient-safety/patient-family-engagement/pfeprimarycare/index.html>

The US Agency for Healthcare Research and Quality (AHRQ) has updated this resource. The guide features strategies for patients and families, clinicians and primary care clinical staff to improve communication.

*[UK] National Institute for Health Research*

https://discover.dc.nihr.ac.uk/portal/search/signals

The UK’s National Institute for Health Research (NIHR) Dissemination Centre has released the latest ‘Signals’ research summaries. This latest release includes:

* Case managers improve outcomes for people with **dementia** and their carers
* Sending patient reminders improves **immunisation uptake**
* **Swimming in seawater** is linked with an increased chance of some illnesses
* Atraumatic needles reduce headaches following **lumbar puncture**
* Adding the extra antibiotic rifampicin did not improve cure rates after **sepsis**
* Lorazepam confirmed as first-line treatment for stopping **prolonged seizures in children**
* Exercise improves intermittent claudication **leg pain on walking**
* A school-based **obesity prevention** programme was ineffective
* Physiotherapy education before **major abdominal surgery** reduces lung complications
* The most **effective antidepressants** for adults revealed in major review.

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