AUSTRALIAN COMMISSION ON SAFETY AND QUALITY IN HEALTH CARE

# On the Radar

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**On the Radar**
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## Consultation on the NSQHS Standards guide for governing bodies

www.safetyandquality.gov.au/consultations

Consultation is now open for the *NSQHS Standards guide for governing bodies*. The deadline for feedback is 22 June 2018.

The Australian Commission on Safety and Quality in Health Care is seeking feedback on the draft resources to support the National Safety and Quality Health Service (NSQHS) Standards (second edition). The resources aim to assist health service organisations to implement and prepare for assessment to the NSQHS Standards (2nd ed.). Your feedback will help ensure that this resource is useful, easy to understand, and applicable to you and your organisation.

To view or download the user guide, consultation questions and instructions for submitting a response online or by email, mail or fax, see www.safetyandquality.gov.au/consultations

You are invited to circulate this email to your contacts who may be interested in reviewing this resource and providing feedback.

The NSQHS Standards (2nd ed.) and implementation resources are available on the Commission's website at www.safetyandquality.gov.au/second-edition

Questions regarding the public consultation on these resources can be addressed to the Commission on 1800 304 056 or at NSQHSstandards@safetyandquality.gov.au.

**Reports**

*Creating Safer, Better Health Care – The impact of the National Safety and Quality Health Service Standards*
Australian Commission on Safety and Quality in Health Care
Sydney: ACSQHC; 2018. 80 p.

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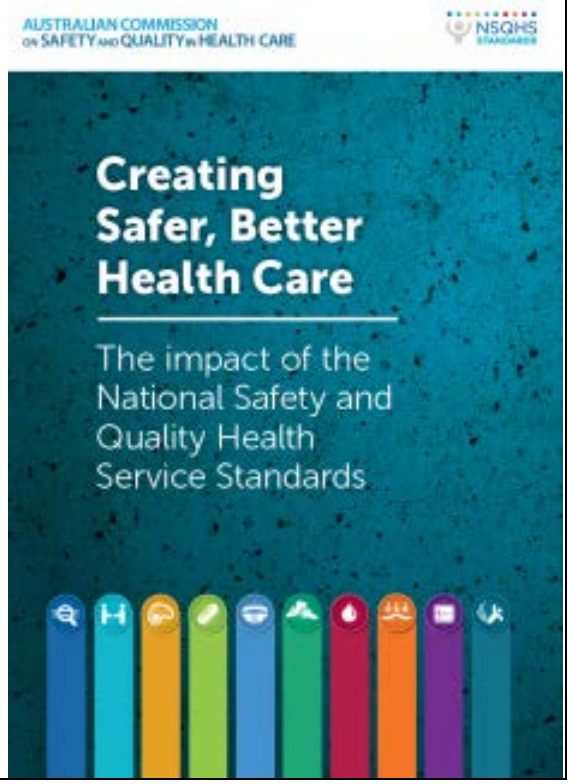
| URL | https://www.safetyandquality.gov.au/our-work/assessment-to-the-nsqhs-standards/the-impact-of-the-nsqhs-standards/ |
| Notes | The Australian Commission on Safety and Quality in Health Care has produced the *Creating Safer, Better Health Care – The impact of the National Safety and Quality Health Service Standards* report to provide an overview of the changes associated with implementation of the first edition of the NSQHS Standards. The report identifies areas where improvements have been made, as well as where further work is needed. It also documents associations between the implementation of the NSQHS Standards and improvements in healthcare processes and outcomes, and demonstrates that the scale and range of the associated improvements are significant.   |

*Briefing: Emergency hospital admissions in England: which may be avoidable and how?*
Steventon A, Deeny S, Friebel R, Gardner T, Thorlby R
London: The Health Foundation; 2018. p. 21.

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| URL | https://www.health.org.uk/publication/emergency-hospital-admissions-england-which-may-be-avoidable-and-how |
| Notes | The Health Foundation in the UK has published the briefing that describes some of the trends in emergency admissions over the past decade and reviews some of the interventions aimed at reducing them. Among the key findings are:<br>• One in three patients admitted to hospital in England as an emergency in 2015/16 had five or more health conditions, such as heart disease, stroke, type 2 diabetes, dehydration, hip fracture or dementia.<br>• The number of patients admitted urgently to hospital has increased by 42% over the past decade. Total A&E department attendances are up 13%.<br>• Patients arriving at A&E are sicker than ever before, and more likely to need admission. This has grown for patients with multiple health conditions, as well as for older patients aged 85 or over, up by 58.9%.<br>• Hospitals are treating patients more quickly, with overnight stays for those with five or more conditions lasting 10.8 nights in 2015/16 compared with 15.8 days a decade previously.<br>• The number of these patients admitted to hospital but discharged on the same day have increased by 373% over the same period. |

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| | The briefing also identifies opportunities to reduce emergency admissions including:<br>• 14% of all emergency admissions are for 'ambulatory sensitive' conditions – conditions where timely and effective primary care could reduce the likelihood of admission.<br>• If older patients saw their regular GP two more times out of every ten consultations, this would be associated with a 6% decrease in admissions for ambulatory sensitive conditions.<br>• Around 26.5% of all unplanned A&E attendances in England were preceded by the patient being unable to obtain a GP appointment that was convenient to them, however few of these A&E attendances will have resulted in an admission. |

**Journal articles**

*Creating space for quality improvement*
Allwood D, Fisher R, Warburton W, Dixon J
BMJ. 2018;361:k1924.

*Better healthcare must mean better for patients*
de Iongh A, Erdmann S
BMJ. 2018;361:k1877.

*Changing how we think about healthcare improvement*
Braithwaite J
BMJ. 2018;361:k2014.

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| DOI | Allwood et al https://doi.org/10.1136/bmj.k1924<br>de Iongh and Erdmann https://doi.org/10.1136/bmj.k1877<br>Braithwaite https://doi.org/10.1136/bmj.k2014 |
| Notes | The *BMJ* has, in conjunction with The Health Foundation, launched a joint series of paper on how to improve the quality of healthcare delivery. These are the first papers in the series. The series is available at https://www.bmj.com/quality-improvement<br>Allwood and colleagues introduce the series and its aim to 'discuss the **evidence for systematic quality improvement**, **provide knowledge and support to clinicians**, and ultimately to help **improve care for patients**.' Noting that poor care has both a human and financial cost and that some clinical teams do already manage to 'carve out the space to discover what needs to change, then design and make improvements to the services they are responsible for' they argue that this has be expanded. They call for all clinicians to be equipped 'with formal skills to make continuous improvements to the quality of the services they provide. This means new technical and relational skills and behaviours.'<br>The second editorial, from de Iongh and Erdmann, focuses on the need for this effort to be patient-centred, to involve them and to ensure that they are the focus. They note the truism that '**Quality improvement** in healthcare is a team effort' and stress that it is 'and **most effective when it includes people using services and their carers, families, and advocates**.' And that this involvement cannot be token; rather it has to be' both timely and respectful', that roles should be clear and the level of involvement may vary. This variation can be over time within a project, based on project requirements, preferences and abilities of individuals and so on. They also observe that 'Collaboration works both ways. With a deeper connection and appreciation of the rationale for decisions and the constraints that we all operate under (organisational, clinical, personal) we can learn together—and that is always better.' |

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| | Braithwaite's paper is less introductory and looks more at change may require a change in mindset, a change in how we think about healthcare delivery, organisation and how to influence (if not implement) change. Some readers may think the language of this piece a tad jargonistic or even managerialist, but the call is for a focus on behaviour, feedback, iterative change through the use of information (not just data) and reflection |

*RedUSe: reducing antipsychotic and benzodiazepine prescribing in residential aged care facilities*
Westbury JL, Gee P, Ling T, Brown DT, Franks KH, Bindoff I, et al.
Medical Journal of Australia. 2018;208(9):398-403.

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| DOI | https://doi.org/10.5694/mja17.00857 |
| Notes | Rates of antipsychotic and benzodiazepine prescribing in residential aged care facilities are considered to be unacceptably high. The authors describe a multi-pronged approach to reduce prescribing which resulted in modest, but **statistically significant decreases, in prescribing**. In designing the intervention, the researchers took note of the practical problems that lead to inappropriate psychotropic prescribing. These included staff beliefs about effectiveness, poor understanding of adverse effects, lack of medication review processes and limitations on providing non-drug treatment. The intervention included **staff education**, **multidisciplinary review**, **prescribing audits**, a **nurse champion** and the offer of academic detailing to GPs and nurse practitioners. While the reductions in prescribing are laudable, and the intervention is feasible there are clearly broader issues. An accompanying editorial notes that 'a major challenge in Australia is providing access to individually tailored, non-pharmacological interventions for RACF residents with problematic behaviour. Resources need to be redirected and the greater cost of high quality individualised care acknowledged.' |

*1,300 Days and Counting: A Risk Model Approach to Preventing Retained Foreign Objects (RFOs)*
Duggan EG, Fernandez J, Saulan MM, Mayers DL, Nikolaj M, Strah TM, et al
The Joint Commission Journal on Quality and Patient Safety. 2018;44(5):260-9.

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| DOI | https://doi.org/10.1016/j.jcjq.2017.11.006 |
| Notes | Paper describing how one US health organisation (Memorial Sloan Kettering Cancer Center) reduced the occurrence of retained foreign objects in their operating theatres. The project used deeds assessments, multidisciplinary engagement, risk classification, and modelling approaches to understand the issues and influence the design of training to improve awareness of the problem. While retained foreign objects are not common, they are widely a considered a "never event", i.e. something that should never happen. This articles notes that after the intervention the Center had gone 1,300 days without such an event and had dropped the **occurrence of retained objects from 1.69 per year to a risk model estimate of 1 in 22 years.** |

*Risk factors for adverse events in patients with breast, colorectal, and lung cancer*
Weingart SN, Atoria CL, Pfister D, Classen D, Killen A, Fortier E, et al
Journal of Patient Safety. 2018 [epub].

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| DOI | https://doi.org/10.1097/PTS.0000000000000474 |
| Notes | Not all patients are at the same risk of errors or adverse events (AEs). This paper reports on a retrospective cohort study involving 400 adult patients among whom there were 304 AEs affecting 136 patients (34%) and 97 preventable AEs affecting 53 patients (13%). The study found treatment-related adverse events for patients with breast, colorectal, or lung cancer are rather (too) common, with 34% of patients experiencing an adverse event during their treatment course. **Higher risk** appeared to be associated with **advanced disease**, **chemotherapy** and non-White race and Hispanic **ethnicity**. |

*Adding Cost-effectiveness to Define Low-Value Care*
Pandya A
Journal of the American Medical Association. 2018;319(19):1977-8.

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| DOI | https://doi.org/10.1001/jama.2018.2856 |
| Notes | This Viewpoint piece argues for greater consideration of cost-effectiveness in assessing "low-value care". The author also suggests that some of what is termed "low-value care" is actually more accurately deemed 'no-value care'. Doing **cost-effectiveness analysis** would provide 'a systematic and quantitative **basis to distinguish high- from low-value health care** for services that improve the health of patients and it could be a useful tool in the current efforts to identify and reduce low-value health care'. Arguing for the cost-effectiveness evaluation, it is also suggested that funders/payers could use such knowledge to 'negotiate lower prices or determine the levels of incentives used in value-based cost-sharing schemes'. Indeed, if prices change this can help 'convert a low-value health care service (cost-ineffective) to a high-value health care service (cost-effective)'. |

*Improving Maternal Safety at Scale with the Mentor Model of Collaborative Improvement*
Main EK, Dhurjati R, Cape V, Vasher J, Abreo A, Chang S-C, et al.
Joint Commission Journal on Quality and Patient Safety. 2018;44(5):250-9.

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| DOI | https://doi.org/10.1016/j.jcjq.2017.11.005 |
| Notes | Paper describing the implementation of a quality improvement initiative for obstetric safety in California. This program, the California Maternal Quality Care Collaborative grouped the 126 participating health systems into small clusters of six to eight hospitals, led by a paired dyad of physician and nurse leaders as mentors. This approach was tested by implementing the obstetric haemorrhage safety bundle (which consists of 17 key practices in four domains). Program participants reported that this mentored approach functioned better than the typical larger quality improvement collaborative model. The adoption rates for the recommended practices in the four action domains were (1) Readiness, 78.9%; (2) Recognition and Prevention, 76.5%; (3) Response, 63.1%; and (4) Reporting and Systems Learning, 58.7%. |

*American Journal of Medical Quality*
Volume: 33, Number: 3 (May/June 2018)

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| DOI | http://journals.sagepub.com/toc/ajmb/33/3 |
| Notes | A new issue of the *American Journal of Medical Quality* has been published. Articles in this issue of *American Journal of Medical Quality* include:<br>• United States **Registered Nurse Workforce** Report Card and Shortage Forecast: A Revisit (Xiaoming Zhang, Daniel Tai, H Pforsich, and V W Lin )<br>• Improving Performance on **Preventive Health Quality Measures** Using Clinical Decision Support to Capture Care Done Elsewhere and Patient Exceptions (Michael E Bowen, Deepa Bhat, Jason Fish, Brett Moran, Temple Howell-Stampley, Lynne Kirk, Stephen D Persell, and Ethan A. Halm)<br>• **Recruiting Practices for Change Initiatives** Is Hard: Findings From EvidenceNOW (Shannon M. Sweeney, Jennifer D Hall, Sarah S Ono, Leah Gordon, D Cameron, J Hemler, L I Solberg, B F Crabtree, and D J Cohen)<br>• Measuring Perceived Level of Integration During the Process of **Primary Care Behavioral Health Implementation** (Erin M Staab, Mara Terras, Pooja Dave, Nancy Beckman, S Shah, L M Vinci, D Yohanna, and N Laiteerapong)<br>• Assessment of Adherence to Baseline **Quality Measures for Cirrhosis** and the Impact of Performance Feedback in a Regional VA Medical Center (Jennifer A Cahill, Syed Rizvi, and Kia Saeian) |

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| | • The Promise of Equity: A Review of **Health Equity Research** in High-Impact Quality Improvement Journals (Michael Scott and Shail Rawal)<br>• UPMC Prescription for Wellness: A Quality Improvement Case Study for Supporting **Patient Engagement and Health Behavior Change** (Rebecca J Maners, Eric Bakow, Michael D Parkinson, Gary S Fischer, and G R Camp)<br>• **Physician Perceptions of Performance Feedback** in a Quality Improvement Activity (A R Eden, E Hansen, M D Hagen, and L E Peterson)<br>• Does Surveillance Bias Influence the Validity of **Measures of Inpatient Complications**? A Systematic Review (Liang Chen, Jeffrey A Chan, Elaine Alligood, Amy K Rosen, and Ann M Borzecki)<br>• Hospital-Based Clinicians' Perceptions of **Geographic Cohorting**: Identifying Opportunities for Improvement (Areeba Kara, Cynthia S Johnson, Siu L Hui, and Deanne Kashiwagi)<br>• Sustained Improvement in Administration of the **Hepatitis B Vaccine Birth Dose**: A Quality Improvement Initiative (Sheri L Nemerofsky, Bolanle Akingboye, Claudia Ferguson, and Dawn Africa)<br>• Exploring the Evidence Base Behind **Quality Measures** (Ezinne Eze-Ajoku, Melissa Lavoie, and Matthew DeCamp)<br>• Finding Balance: **Standardizing Practice** Is Corseting Physician Judgement (Peter J Pronovost, Stephen A Berry, and Kathleen M Sutcliffe)<br>• Inspiring the Future of Medicine: The **Healthcare Improvement & iNnovation in Quality** (THINQ) Collaborative at UCLA Health (Aram A Namavar, Nadia Eshraghi, Anna Dermenchyan, and Nasim Afsar-manesh)<br>• Assessing **Preventable Harms in the Intensive Care Unit**: Data From a Tertiary Care Academic Medical Institution (Nina Sung, J Matthew Aldrich, David W Shimabukuro, Michael A Matthay, and Kathleen D Liu) |

*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:<br>• **Ranking hospitals**: do we gain reliability by using composite rather than individual indicators? (Stefanie N Hofstede, Iris E Ceyisakar, Hester F Lingsma, Dionne S Kringos, Perla J Marang-van de Mheen)<br>• Immediate and long-term effects of a **team-based quality improvement training programme** (Kevin J O'Leary, Abra L Fant, Jessica Thurk, Karl Y Bilimoria, Aashish K Didwania, Kristine M Gleason, Matthew Groth, Jane L Holl, C A Knoten, G J Martin, P O'Sullivan, M Schumacher, D M Woods)<br>• Variable effectiveness of stepwise implementation of **nudge-type interventions** to improve provider compliance with **intraoperative low tidal volume ventilation** (Vikas N O'Reilly-Shah, George S Easton, Craig S Jabaley, Grant C Lynde)<br>• Role of **patient and public involvement in implementation research**: a consensus study (Kara A Gray-Burrows, Thomas A Willis, Robbie Foy, Martin Rathfelder, Pauline Bland, Allison Chin, Susan Hodgson, Gus Ibegbuna, G Prestwich, K Samuel, L Wood, F Yaqoob, R R C McEachan) |

*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:<br>• Aggregate analysis of **sentinel events** as a strategic tool in safety management can contribute to the improvement of healthcare safety (Angelo B Hooker; Anouk Etman; Matthijs Westra; Wouter J Van der kam)<br>• Implementation science in low-resource settings: using the interactive systems framework to improve **hand hygiene** in a tertiary hospital in Ghana (Brianne Kallam; Christie Pettitt-Schieber; Medge Owen; Rebecca Agyare Asante; Elizabeth Darko; Rohit Ramaswamy)<br>• Improving the timeliness and accuracy of **injury severity data in road traffic accidents** in an emerging economy setting (Carlos Lam; Chang-I Chen; Chia-Chang Chuang; Chia-Chieh Wu; Shih-Hsiang Yu; Kai-Kuo Chang; Wen-Ta Chiu)<br>• Involving **young people in health promotion, research and policy-making**: practical recommendations (Magaly Aceves-Martins; Aixa Y Aleman-Diaz; Montse Giralt; Rosa Solà)<br>• Long-term compliance with a validated **intravenous insulin therapy** protocol in cardiac surgery patients: a quality improvement project (Guillaume Besch; Andrea Perrotti; Lucie Salomon du Mont; Raphaelle Tucella; Guillaume Flicoteaux; Aline Bondy  Emmanuel Samain  Sidney Chocron Sebastien Pili-Floury) |

## 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:

- Quality Standard QS168 ***Cystic fibrosis*** https://www.nice.org.uk/guidance/qs168
- Quality Standard QS169 ***Developmental follow-up*** *of children and young people born preterm* https://www.nice.org.uk/guidance/qs169

*[USA] Be Antibiotics Aware: Smart Use, Best Care*
https://www.cdc.gov/grand-rounds/pp/2018/20180515-antibiotics-aware.html
The recording of the *Be Antibiotics Aware: Smart Use, Best Care* webinar hosted by the US Centers for Disease Control and Prevention is now available. The presenters speakers discuss efforts to measure and improve antibiotic prescribing through antibiotic stewardship so that these medications are only prescribed when needed. Antibiotic stewardship also aims to ensure that the right antibiotic, dose, and duration are selected when they are needed.