



On the Radar

Issue 373

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On the Radar

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Reports

National Safety and Quality Health Service Standards user guide for acute and community health service organisations that provide care for children

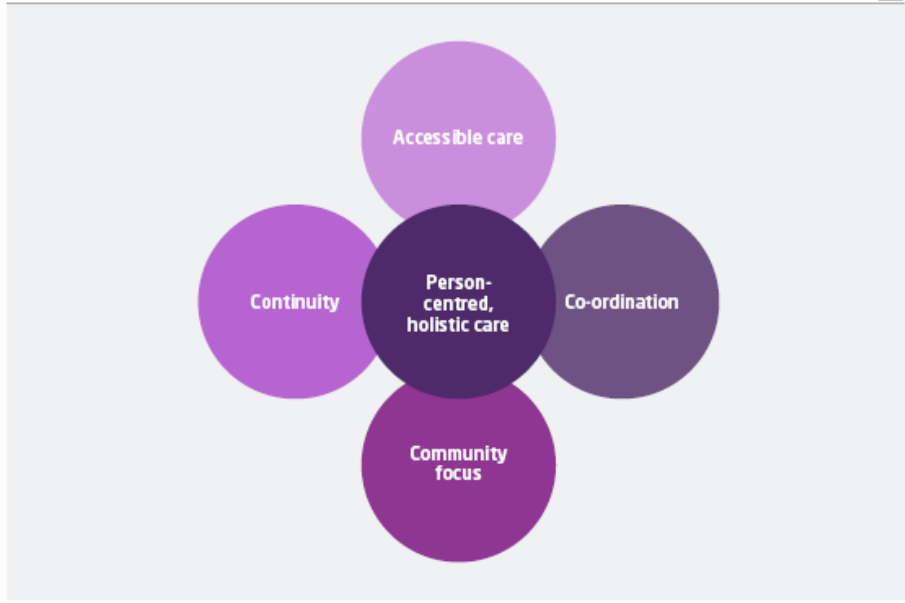
Australian Commission on Safety and Quality in Health Care

Sydney: ACSQHC; 2018. 9.74

URL	http://nationalstandards.safetyandquality.gov.au/resources
Notes	Among the resources that the Australian Commission on Safety and Quality in Health Care (the Commission) has placed on the National Safety and Quality Health Service (NSQHS) Standards microsite (http://nationalstandards.safetyandquality.gov.au/) is this user guide. The <i>User guide for acute and community health service organisations that provide care for children</i> identifies areas in the NSQHS Standards which require special consideration by health service organisations providing care for children. The Commission has collaborated with Children's Healthcare Australasia to develop the user guide so as to support health service organisations to provide safe and high-quality care for children.

Innovative models of general practice

Baird B, Reeve H, Ross S, Honeyman M, Nosa-Ehima M, Sahib B, et al
 London: The King's Fund; 2018. p. 90.

URL	https://www.kingsfund.org.uk/publications/innovative-models-general-practice
Notes	<p>This report from The King’s Fund in the UK looks at general practice and how new models of care could help address the apparent crisis in the sector that faces increasing complexity and increasing workloads. The authors suggest that new clinical delivery models are needed to meet demand, altering the way in which general practice operates and interacts with individuals, families and local communities. The report proceeds to examine innovative models of general practice from the UK and other countries and identify key design features. The report identifies five attributes that they consider underpin general practice: person-centred, holistic care; access; co-ordination; continuity and community focus.</p> <p>They suggest that successful new models of general practice often focus on building relationships –between patients and professionals, between professionals within general practice and beyond, and between general practice and wider communities.</p> <p>Figure 1 The core attributes of general practice </p>

Medical Device Safety Action Plan: Protecting Patients, Promoting Public Health

Food and Drug Administration
 Silver Spring, MD2018. p. 18.

URL	https://www.fda.gov/AboutFDA/CentersOffices/OfficeofMedicalProductsandTobacco/CDRH/CDRHReports/ucm604500.htm
Notes	<p>The US Food and Drug Administration (FDA) has released this plan that seeks to ‘encourage innovation to improve safety, detect safety risks earlier, and keep doctors and patients better informed’. The plan focuses on how the FDA will</p> <ol style="list-style-type: none"> 1. Establish a robust medical device patient safety net in the United States 2. Explore regulatory options to streamline and modernize timely implementation of postmarket mitigations 3. Spur innovation towards safer medical devices 4. Advance medical device cybersecurity 5. Integrate the Center for Devices and Radiological Health’s (CDRH’s) premarket and postmarket offices and activities to advance the use of a TPLC approach to device safety.

Journal articles

Reducing serious safety events and priority hospital-acquired conditions in a pediatric hospital with the implementation of a patient safety program

Phipps AR, Paradis M, Peterson KA, Jensen J, Nielsen K, Hall M, et al.

Joint Commission Journal on Quality and Patient Safety. 2018;44(6):334-40.

DOI	https://doi.org/10.1016/j.jcjq.2017.12.006
Notes	<p>Paper describing the implementation and impact of a patient safety program in a US children’s hospital, particularly in terms of what they term ‘serious safety events’(SSE) and hospital-acquired conditions (HACs). The hospital developed its “No Harm Patient Safety Program” using a ‘multifaceted approach that included safety moments, leadership rounding, cause analysis changes, event reporting enhancements, error prevention training, leadership training, identifying priority HACs, Eye on Safety Campaign, and safety coaches. The organization set strategic goals for improvement of SSEs and priority HACs.’</p> <p>The authors report that:</p> <ul style="list-style-type: none"> • Serious safety events decreased from 0.19 per 10,000 adjusted patient days in 2014 to 0.09 in 2015 and 0.00 in 2016. The hospital reached two years without an SSE in July 2017. • The central line–associated bloodstream infection (CLABSI) rate significantly declined from 2.8 per 1,000 line-days in 2015 to 1.6 in 2016. • Surgical site infection rates declined from a 2015 rate of 3.8 infections per 100 procedures to a 2016 rate of 2.6. • catheter-associated urinary tract infection rates declined from a 2015 rate of 2.7 per 1,000 catheter-days to a 2016 rate.

Clustered domestic residential aged care in Australia: fewer hospitalisations and better quality of life.

Dyer SM, Liu E, Gnanamanickam ES, Milte R, Easton T, Harrison SL, et al

Medical Journal of Australia. 2018;208(10):433-8.

Residential aged care: there is no single optimal model

Ibrahim JE

Medical Journal of Australia. 2018;2018(10):431-2.

Ageism at heart of aged care policy stagnation

Podcast <https://www.mja.com.au/podcast/208/10/mja-podcasts-2018-episode-42-aged-care-prof-maria-crotty-aprof-craig-whitehead-and>

DOI	Dyer et al: https://doi.org/10.5694/mja17.00861 Ibrahim: https://doi.org/10.5694/mja18.00268
Notes	<p>Models of residential aged care are discussed in the <i>MJA</i> following research comparing clustered group home style living with standard residential aged care facilities (RACFs). The study found that elderly residents in small living units with 15 or fewer residents, reported better quality of life, fewer hospitalisations and fewer emergency department presentations. There was no difference in running costs between the two different facility models. For a number of reasons, the findings are not generalizable to all similar facilities: all of the four group home RACFs were operated by a single private provider, patients resident for less than 12 months or with significant medical problems limiting participation were not included. However, it's notable that all residents included from the group home facilities had dementia. There are good reasons why it may be difficult for people with dementia to adjust to more institutional style care environments, as is described in the related podcast.</p>

	The podcast calls out ageism as the underlying reason for a lack of policy engagement with the issue of quality in aged care. “As a society, we need to think about why we have ended up with these quality of care issues in residential aged care. We have to start recognising that these older people have intrinsic significant value and that value has to be recognised and acted on.”
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Active surveillance of men with low risk prostate cancer: evidence from the Prostate Cancer Outcomes Registry-Victoria
 Evans MA, Millar JL, Earnest A, Frydenberg M, Davis ID, Murphy DG, et al.
 Medical Journal of Australia. 2018;208(10):439-43.

Beyond PSA testing for prostate cancer
 Brooks D, Olver IN, Esterman AJ
 Medical Journal of Australia. 2018;208(10):426-7

Low risk prostate cancer and an opportunity lost: more activity required in active surveillance
 Smith DP, Wittert GA
 Medical Journal of Australia. 2018;208(10):430-1.

DOI	Evans et al: https://doi.org/10.5694/mja17.00559 Brooks et al: https://doi.org/10.5694/mja18.00324 Smith and Wittert https://doi.org/10.5694/mja18.00209
Notes	Evans et al report on data from the Victorian Prostate Cancer registry which describe the follow-up provided to men with low risk prostate cancer considered suitable for active surveillance rather than immediate surgery. Approximately 60% of men with low risk prostate cancer are managed with active surveillance . Of 1635 men eligible for inclusion in the analysis, the treatment of 433 (26.5%) adhered to the recommended protocol of a biopsy and PSA testing on at least 3 occasions within 2 years of diagnosis. However 58% had a biopsy and 37% had at least three PSA tests. Data for men in the registry was matched with data from the Victorian Cancer Registry on diagnosis of a prostate malignancy or prostate biopsy pathology results. MRI is not captured in the registry. The authors conclude that recommendations for active surveillance are not reflected in the treatment documented in the registry. While the outcomes for patients are unknown it is likely that some patients may not receive treatment with curative intent when they are likely to benefit. Other articles in this issue of the <i>MJA</i> discuss the limitations of PSA testing as a screening tool (rather than for surveillance as discussed here) (Brooks et al), and the uncertainties around the benefits of current active surveillance recommendations and other opportunities of surveillance consultations to improve men’s general health (Smith and Wittert).

Australian Health Review
 Volume 42(3) 2018

URL	http://www.publish.csiro.au/ah/issue/8883
Notes	A new issue of <i>Australian Health Review</i> has been published. Articles in this issue of <i>Australian Health Review</i> include: <ul style="list-style-type: none"> • Effect of post-hospital discharge telephonic intervention on hospital readmissions in a privately insured population in Australia (G Brent Hamar, Carter Coberley, James E Pope, A Cottrill, S Verrall, S Larkin and E Y Rula) • Informing best practice for conducting morbidity and mortality reviews: a literature review (Corey W Joseph, Marie L Garrubba and Angela M Melder) • Process to establish 11 primary contact allied health pathways in a public

	<p>health service (Michelle Stute, Nicole Moretto, Maree Raymer, Merrilyn Banks, Peter Buttrum, Sonia Sam, Marita Bhagwat and Tracy Comans)</p> <ul style="list-style-type: none"> • Community knowledge of law at the end of life: availability and accessibility of web-based resources (Ben White, Lindy Willmott, Cheryl Tilse, Jill Wilson, Deborah Lawson, Angela Pearce, Jeffrey Dunn, Joanne F Aitken, Rachel Feeney and Stephanie Jowett) • Antimicrobial Use and Resistance in Australia (AURA) surveillance system: coordinating national data on antimicrobial use and resistance for Australia (John D Turnidge and Kathy T Meleady) • Expertise and infrastructure capacity impacts acute coronary syndrome outcomes (Carolyn M Astley, Isuru Ranasinghe, David Brieger, Chris J Ellis, Julie Redfern, Tom Briffa, Bernadette Aliprandi-Costa, Tegwen Howell, S G Bloomer, G Gamble, A Driscoll, K K Hyun, C J Hammett and D P Chew) • Time to wait: a systematic review of strategies that affect out-patient waiting times (Ugenthiri Naiker, Gerry FitzGerald, J M Dulhunty and M Rosemann) • Digital disruption ‘syndromes’ in a hospital: important considerations for the quality and safety of patient care during rapid digital transformation (Clair Sullivan and Andrew Staib) • Establishing a new model of integrated primary and secondary care based around general practice: a case study of lessons learned and challenges (Claire L Jackson, Maria Donald, Anthony W Russell and H David McIntyre) • Self-management of health care: multimethod study of using integrated health care and supportive housing to address systematic barriers for people experiencing homelessness (Cameron Parsell, Charlotte ten Have, Michelle Denton and Zoe Walter) • Management of patients brought in by ambulance to the emergency department: role of the Advanced Musculoskeletal Physiotherapist (Rita Kinsella, Tom Collins, Bridget Shaw, J Sayer, B Cary, A Walby and S Cowan) • Allied health leadership in New South Wales: a study of perceptions and priorities of allied health leaders (Patricia Bradd, J Travaglia and A Hayen) • Advanced musculoskeletal physiotherapists are effective and safe in managing patients with acute low back pain presenting to emergency departments (James M Sayer, Rita M Kinsella, Belinda A Cary, Angela T Burge, Lara A Kimmel and Paula Harding) • Increased allied health services to general and acute medical units decreases length of stay: comparison with a historical cohort (Ellen Mills, Vicki Hume and Kathy Stiller) • Do patients discharged from advanced practice physiotherapy-led clinics re-present to specialist medical services? (Angela T Chang, Belinda Gavaghan, Shaun O'Leary, Liza-Jane McBride and Maree Raymer) • Mapping workforce configuration and operational models in Australian emergency departments: a national survey (Glenn Gardner, Anne Gardner, Sandy Middleton, Julie Considine, Gerard Fitzgerald, Luke Christofis, Anna Doubrovsky, Margaret Adams and Jane O'Connell) • Enhancing national data to align with policy objectives: Aboriginal and Torres Strait Islander smoking prevalence at finer geographic levels (Alyson Wright, Ray Lovett, Yvette Roe and Alice Richardson) • An examination of suicide research and funding in New Zealand 2006–16: implications for new research and policies (Daniel D L Coppersmith, Shyamala Nada-Raja and Annette L Beutrais)
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URL	https://www.healthaffairs.org/toc/hlthaff/37/6
Notes	<p>A new issue of <i>Health Affairs</i> has been published, with the themes ‘Hospitals, Primary Care & More’. Articles in this issue of <i>Health Affairs</i> include:</p> <ul style="list-style-type: none"> • Europe’s Agenda For Antimicrobial Resistance And Other Challenges (Alan R Weil) • Comparison Of Hospitals Participating In Medicare’s Voluntary And Mandatory Orthopedic Bundle Programs (Amol S Navathe, Joshua M Liao, Daniel Polsky, Yash Shah, Qian Huang, Jingsan Zhu, Zoe M Lyon, Robin Wang, Josh Rolnick, Joseph R Martinez, and Ezekiel J Emanuel) • Do Academic Medical Centers Disproportionately Benefit The Sickest Patients? (Laura Burke, D Khullar, E J Orav, J Zheng, A Frakt, and A K Jha) • Hypothetical Network Adequacy Schemes For Children Fail To Ensure Patients’ Access To In-Network Children’s Hospital (Jeffrey D Colvin, Matt Hall, Cary Thurm, Jessica L Bettenhausen, Laura Gottlieb, Samir S Shah, Evan S Fieldston, Adam B Goldin, S M Melzer, P H Conway, and P J Chung) • Frequent Emergency Department Users: A Statewide Comparison Before And After Affordable Care Act Implementation (Shannon McConville, Maria C Raven, Sarah H Sabbagh, and Renee Y Hsia) • The Comprehensive Primary Care Initiative: Effects On Spending, Quality, Patients, And Physicians (Deborah Peikes, Stacy Dale, Arkadipta Ghosh, Erin Fries Taylor, Kaylyn Swankoski, Ann S O’Malley, Timothy J Day, Nancy Duda, Pragma Singh, Grace Anglin, Laura L Sessums, and Randall S Brown) • Medicaid Expansion And Community Health Centers: Care Quality And Service Use Increased For Rural Patients (Megan B Cole, Brad Wright, Ira B Wilson, Omar Galárraga, and Amal N Trivedi) • Rural And Nonrural Primary Care Physician Practices Increasingly Rely On Nurse Practitioners (Hilary Barnes, Michael R Richards, Matthew D McHugh, and Grant Martsolf) • High Spending Growth Rates For Key Diseases In 2000–14 Were Driven By Technology And Demographic Factors (Abe Dunn, Bryn Whitmire, Andrea Batch, Lasanthi Fernando, and Lindsey Rittmueller) • Few Americans Receive All High-Priority, Appropriate Clinical Preventive Services (Amanda Borsky, Chunliu Zhan, Therese Miller, Quyen Ngo-Metzger, Arlene S Bierman, and David Meyers) • Network Optimization And The Continuity Of Physicians In Medicaid Managed Care (Chima D Ndumele, B Staiger, J S Ross, and M J Schlesinger) • The Effects Of Medicaid Expansion Under The ACA: A Systematic Review (Olena Mazurenko, Casey P Balio, R Agarwal, A E Carroll, and N Menachemi) • Duration Of Uninsured Spells For Nonelderly Adults Declined After 2014 (Jessica P Vistnes, and Joel W Cohen) • Four States With Robust Prescription Drug Monitoring Programs Reduced Opioid Dosages (Rebecca L Haffajee, Michelle M Mello, Fang Zhang, Alan M Zaslavsky, Marc R Larochele, and J Frank Wharam) • Long-Term Implications Of A Short-Term Policy: Redacting Substance Abuse Data (Andrea M Austin, Julie P W Bynum, Donovan T Maust, Daniel J Gottlieb, and E Meara) • Hospice Use And End-Of-Life Spending Trajectories In Medicare Beneficiaries On Hemodialysis (Ann M O’Hare, Susan M Hailpern, Melissa

	<p>Wachterman, William Kreuter, Ronit Katz, Yoshio N Hall, Maria Montez-Rath, Manjula Kurella Tamura, and Kenn B Daratha)</p> <ul style="list-style-type: none"> • The Economic Consequences Of Mortality Amenable To High-Quality Health Care In Low- And Middle-Income Countries (Blake C Alkire, Alexander W Peters, Mark G Shrimé, and John G Meara) • HIV Treatment Substantially Decreases Hospitalization Rates: Evidence From Rural South Africa (Jan A C Hontelez, Jacob Bor, Frank C Tanser, Deenan Pillay, Mosa Moshabela, and Till Bärnighausen) • ‘These Things Sometimes Happen’: Speaking Up About Harassment (Charlotte Grinberg)
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Health Expectations

Volume 21, Issue 3, June 2018

URL	https://onlinelibrary.wiley.com/toc/13697625/21/3
Notes	<p>A new issue of <i>Health Expectations</i> has been published. Articles in this issue of <i>Health Expectations</i> include:</p> <ul style="list-style-type: none"> • Editorial: Seeking the patient perspective (Carolyn A Chew-Graham) • The importance of service-users’ perspectives: A systematic review of qualitative evidence reveals overlooked critical features of weight management programmes (Katy Sutcliffe, G J Melendez-Torres, Helen E D Burchett, Michelle Richardson, Rebecca Rees and James Thomas) • Weight management programmes: Re-analysis of a systematic review to identify pathways to effectiveness (G J Melendez-Torres, Katy Sutcliffe, Helen E D Burchett, Rebecca Rees, Michelle Richardson and James Thomas) • Written action plans for children with long-term conditions: A systematic review and synthesis of qualitative data (Andrea Waldecker, Alice Malpass, Anna King and Matthew J Ridd) • Is it time to abandon care planning in mental health services? A qualitative study exploring the views of professionals, service users and carers (Helen L Brooks, Karina Lovell, Penny Bee, Caroline Sanders and Anne Rogers) • Self-responsibility, rationing and treatment decision making – managing moral narratives alongside fiscal reality in the obesity surgery clinic (Amanda Owen-Smith, Joanna Coast and Jenny L Donovan) • Capturing and missing the patient's story through outcome measures: A thematic comparison of patient-generated items in PSYCHLOPS with CORE-OM and PHQ-9 (Célia MD Sales, Inês TD Neves, Paula G Alves and Mark Ashworth) • The impact of using peer interviewers in a study of patient empowerment amongst people in cancer follow-up (Clara R Jørgensen, Nanna B Eskildsen, Thora G Thomsen, Inger D Nielsen and Anna T Johnsen) • Older patients’ experience of primary hypothyroidism: A qualitative study (Lorna E. Ingoe, Janis Hickey, Simon Pearce, Tim Rapley, Salman Razvi, Scott Wilkes and Susan Hrisos) • Health literacy skills for informed decision making in colorectal cancer screening: Perceptions of screening invitees and experts (Anke J Woudstra, D R M Timmermans, E Uiters, E Dekker, E M A Smets and M P Fransen) • Employing the arts for knowledge production and translation: Visualizing new possibilities for women speaking up about safety concerns in maternity (Nicola Mackintosh, Jane Sandall, Claire Collison, Wendy Carter and J Harris)

	<ul style="list-style-type: none"> • A patient decision aid for risk-reducing surgery in premenopausal BRCA1/2 mutation carriers: Development process and pilot testing (Marline G Harmsen, Miranda P Steenbeek, Nicoline Hoogerbrugge, Helena C van Doorn, Katja N Gaarenstroom, M Caroline Vos, Leon F A G Massuger, Joanne A de Hullu and Rosella P M G Hermens) • Attitudes towards mental health, mental health research and digital interventions by young adults with type 1 diabetes: A qualitative analysis (Janine Clarke, Judy Proudfoot, Veronica Vatiliotis, C Verge, D J Holmes-Walker, L Campbell, K Wilhelm, C Moravac, P S Indu and M Bridgett) • Diagnosis of a severe congenital anomaly: A qualitative analysis of parental decision making and the implications for healthcare encounters (Robyn Lotto, Lucy K. Smith and Natalie Armstrong) • Patient, carer and public involvement in major system change in acute stroke services: The construction of value (Christopher McKeivitt, Angus I G Ramsay, Catherine Perry, S J Turner, R Boaden, C D A Wolfe and N J Fulop)
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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"> • Unplanned early hospital readmission among critical care survivors: a mixed methods study of patients and carers (Eddie Donaghy, Lisa Salisbury, Nazir I Lone, Robert Lee, Pamela Ramsey, Janice E Rattray, T S Walsh) • Addressing the challenges of knowledge co-production in quality improvement: learning from the implementation of the researcher-in-residence model (Cecilia Vindrola-Padros, Laura Eyre, Helen Baxter, Helen Cramer, Bethan George, Lesley Wye, Naomi J Fulop, Martin Utley, Natasha Phillips, Peter Brindle, Martin Marshall)

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:

- NICE Guideline NG36 ***Cancer of the upper aerodigestive tract: assessment and management in people aged 16 and over*** <https://www.nice.org.uk/guidance/ng36>

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