### AUSTRALIAN COMMISSION ON SAFETY AND QUALITY IN HEALTH CARE



# On the Radar

Issue 375 25 June 2018

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#### Reports

*Australia's Health 2018* Australia's health series no. 16. AUS 221 Australian Institute for Health and Welfare Canberra: AIHW; 2018. 570 p.

	11W, 2010. 570 p.
URL	https://www.aihw.gov.au/reports/australias-health/australias-health-
ORL	2018/contents/table-of-contents
TRIM	D18-22472
	D18-22473
Notes	The AIHW has published the latest version of its biennial report, <i>Australia's Health</i> . This is a 570 page compendium of information and statistics on the health sector, expenditure on health, health system performance and the health of Australians, including Indigenous Australians.
	A shorter companion report, <i>Australia's health 2018: in brief</i> , is also available ( <u>https://www.aihw.gov.au/reports/australias-health/australias-health-2018-in-brief</u> ).

### Overview of Aboriginal and Torres Strait Islander health status, 2017 Australian Indigenous HealthInfoNet

Perth: Australian Indigenous HealthInfoNet; 2018. p. 94.

URL	https://healthinfonet.ecu.edu.au/learn/health-facts/overview-aboriginal-torres-strait- islander-health-status/
Notes	Australian Indigenous HealthInfoNet has released their report seeking to give a comprehensive summary of the most recent indicators of the health and current health status of Australia's Aboriginal and Torres Strait Islander people. The initial sections of the Overview cover the context of Aboriginal and Torres Strait Islander health, population, and various measures of population health status. The remaining sections look at selected health conditions and risk and protective factors that contribute to the overall health of Aboriginal and Torres Strait Islander people. These sections comprise an introduction and evidence of the extent of the condition or risk/protective factor. The annual Overview is a resource relevant for workers, students and others who need to access up-to-date information about Aboriginal and Torres Strait Islander health.

#### Journal articles

Development of Indicators to Assess Quality of Care for Prostate Cancer Nag N, Millar J, Davis ID, Costello S, Duthie JB, Mark S, et al European Urology Focus. 2018;4(1):57-63.

In to	tps://doi.org/10.1016/j.euf.2016.01.016 dicators and measures of care quality have a somewhat mixed history. Debate of pics such as development methods and the value of process or outcome measures
toj	1 5
Notes en ca: ind ind the Ze int	e not uncommon. This paper describes the development of a set of indicators to able assessment and reporting of quality of care for men with localised prostate ncer (PCa). An international panel was assembled and assessed 97 candidate dicators that had been identified from the literature. The panel endorsed 12 dicators covering pre-, intra-, and post-treatment of PCa care, within the limits of e data captured by the Prostate Cancer Outcomes Registry–Australia and New ealand. The authors assert that "The 12 endorsed quality measures enable ternational benchmarking on the quality of care of men with localised PCa. eporting on these indicators enhances safety and efficacy of treatment, reduces
	riation in care, and can improve patient outcomes."

Out-of-pocket medical expenses for Queenslanders with a major cancer

Gordon LG, Elliott TM, Olsen CM, Pandeya N, Whiteman DC

Medical Journal of Australia. 2018;208(11):497.					
DOI	https://doi.org/10.5694/mja17.00815				
	In one year, 452 participants in the Queensland Skin Cancer Registry were diagnosed				
	with cancer of any kind. All Medicare costs and Medicare Benefits paid were				
Notes	identified. In a 2 year period, median out of pocket costs were highest for breast and				
	prostate cancer - \$4192 and \$3175 respectively. The median proportion of provider				
	fees covered by Medicare subsidies was 63%, ranging from 51% for prostate cancer to				
	89% for lung cancer. One quarter of cancer survivors paid upfront doctors' fees of				
	more than \$20,000 over 2 years.				

A nurse-led model at public academic hospitals maintains high adherence to colorectal cancer surveillance guidelines Symonds EL, Simpson K, Coats M, Chaplin A, Saxty K, Sandford J, et al Medical Journal of Australia, 2018:208(11):492-6.

ledical Journal of Australia. 2018;208(11):492-6.					
DOI	https://doi.org/10.5694/mja17.00823				
Notes	Paper reporting on a study that audited compliance with colonoscopy surveillance for colorectal cancer guidelines in nurse-led decision-making in public teaching hospitals compared with physician-led decision-making in private non-academic hospitals. In the nurse-led models 97% of colonoscopies corresponded to guideline recommendations compared with 83% of the private hospital physician models. (p<0.001). Of colonoscopies that were performed earlier than recommended, most were because of patient-related factors, including symptoms and faecal occult blood results. The ratio of the numbers of high risk adenomas to cancers increased from 6.6:1 during 2001–2005 to 16:1 during 2011–2015.				

Effects of post-discharge management on rates of early re-admission and death after hospitalisation for heart failure Huynh Q, Negishi K, De Pasquale C, Hare J, Leung D, Stanton T, et al Medical Journal of Australia. 2018;208(11):485-91.

## Outpatient heart failure programs: time for a new standard Halabi A, Chew DP

Medical Journal of Australia. 2018;208(11):482-3.

DOI	Huynh et al <u>https://doi.org/10.5694/mja17.00809</u>
DOI	Halabi and Chew https://doi.org/10.5694/mja18.00329
Notes	Huynh et al report on a prospective cohort study that compared outcomes for patients with heart failure in 5 Australian hospital cardiology departments. The impact of post- discharge care programs on readmission rates was assessed. Much of the variability between hospital readmission rates was explained by the types of post-discharge management, including nurse-led disease management programs and exercise programs. By hospital, 30-day re-admission rates ranged from 17% to 33%, and 90- day rates from 40% to 55%. In their editorial Halabi and Chew argue that "Standardisation of care and validation of efficacy across Australia is imperative to improving outcomes and reducing the costs associated with this condition. In order to promote this change, health care services must implement standardised ambulatory heart failure programs that are accessible to all patients."

How antibiotic allergy labels may be harming our most vulnerable patients Trubiano JA, Grayson ML, Thursky KA, Phillips EJ, Slavin MA Medical Journal of Australia, 2018:208(11):469-70.

featear jour						
DOI	https://doi.org/10.5694/mja17.00487					
Notes	Antibiotic allergy labels often follow patients for life, even when their provenance is uncertain or the allergy is no longer present. While this protects patients from potential allergic reactions, it also increases the use of broad-spectrum antibiotics, increases pressure on antimicrobial resistance and a range of other negative outcomes. The authors provide a compelling case for considering antibiotic allergy testing in certain patients and simpler measures to ensure the accuracy of antibiotic allergy labels in others, such as "educating clinicians about antibiotic cross-reactivity, pursuing a viral aetiology instead of antibiotic prescription for childhood exanthems, forensically evaluating purported allergy in the electronic medical record, and deleting labels that are drug side effects (eg, gastrointestinal intolerance)".					

Changes in the rate of publicly financed knee arthroscopies: an analysis of data from the Norwegian patient registry from 2012 to 2016

Holtedahl R, Brox JI, Aune AK, Nguyen D, Risberg MA, Tjomsland O
BMJ Open. 2018;8(6).

DOI	https://doi.org/10.1136/bmjopen-2017-021199
	In a recent issue of On the Radar, I discussed a paper describing a clinician-led
	evidence-based policy was implemented in one local health district in New South
	Wales in 2012 to reduce the use of knee arthroscopy for patients aged 50 years or over
	so as to encourage more appropriate and effective care
	(https://doi.org/10.1186/s12891-018-2043-5).
	Holtedahl et al also sought to examine rates of knee arthroscopies. Using anonymised
	data from the Norwegian National Patient Registry in the period 2012–2016 and with
	one regional authority (South-Eastern Norway Regional Health Authority) requiring
Notes	that 80 % of the knee arthroscopies should be done on patients younger than 50 so as
INOLES	to avoid the use of the procedure on degenerative meniscus and arthritis, while other
	regions did not implement such a change. The authors found a decrease of 48% in
	the utilization rate in the region, compared with an average decrease of 13% in the
	other three regions and a national decrease of 33%. The proportion of older patients
	(>50) in Norway fell from <b>54% in 2012 to 46% in 2016</b> .
	Both these studies show that policy changes, albeit with different mechanisms, can
	shift practice and drive more appropriate care.
	In addition to being a useful addition to the literature on knee arthroscopy, this is also
	a demonstration of the value and utility of good quality clinical registry data.

For information on the Commission's work on variation and the *Australian Atlas of Healthcare Variation*, see <a href="https://www.safetyandquality.gov.au/atlas/">https://www.safetyandquality.gov.au/atlas/</a>

For information on the Commission's work on clinical quality registries, see <u>https://www.safetyandquality.gov.au/our-work/information-strategy/clinical-quality-registries/</u>

Characteristics and outcomes of emergency interhospital transfers from subacute to acute care for clinical deterioration Considine J, Street M, Bucknall T, Rawson H, Hutchison AF, Dunning T, et al International Journal for Quality in Health Care. 2018 [epub].

DOI <a href="https://doi.org/10.1093/intqhc/mzy135">https://doi.org/10.1093/intqhc/mzy135</a> This study into emergency transfers in hospitals focused on acute and subacute healthcare facilities from five health services in Victoria. Looking at patients with an emergency interhospital transfer from subacute to acute hospital care, they also	This study into emergency transfers in hospitals focused on acute and subacute					
healthcare facilities from five health services in Victoria. Looking at patients with an		DOI	https://doi.org/10.1093/intqhc/mzy135			
randomly selected two inpatients from the same subacute care ward as controls, with final dataset covering 603 transfers in 557 patients and 1160 control patients.	emergency interhospital transfer from subacute to acute hospital care, they also	DOI	https://doi.org/10.1093/intqhc/mzy135 This study into emergency transfers in hospitals focused on acute and subacute healthcare facilities from five health services in Victoria. Looking at patients with an emergency interhospital transfer from subacute to acute hospital care, they also randomly selected two inpatients from the same subacute care ward as controls, with final dataset covering 603 transfers in 557 patients and 1160 control patients. They found that <b>patients</b> who require an <b>emergency interhospital transfer</b> from subacute to acute hospital care have significantly <b>higher inpatient mortality</b> , were more likely to have <b>unplanned intensive care unit admissions</b> and <b>rapid respons</b> <b>team calls</b> during their entire hospital admission. They were also more likely to be <b>male</b> , born in a <b>non-English speaking</b> country, have <b>lower functional</b>			
They found that patients who require an emergency interhospital transfer from subacute to acute hospital care have significantly higher inpatient mortality, were more likely to have unplanned intensive care unit admissions and rapid response team calls during their entire hospital admission. They were also more likely to be	<ul> <li>final dataset covering 603 transfers in 557 patients and 1160 control patients. They found that patients who require an emergency interhospital transfer from subacute to acute hospital care have significantly higher inpatient mortality, were more likely to have unplanned intensive care unit admissions and rapid response team calls during their entire hospital admission. They were also more likely to be male, born in a non-English speaking country, have lower functional independence, more frequent vital sign assessments and experience a serious</li> </ul>					
final dataset covering 603 transfers in 557 patients and 1160 control patients.						
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Screening and diagnosis of chronic kidney disease in people with type 2 diabetes attending Australian general practice Manski-Nankervis J-AE, Thuraisingam S, Lau P, Blackberry I, Sluggett JK, Ilomaki J, et al Australian Journal of Primary Health. 2018;24(3):280-6.

1 dottailaii Jo	umar of 1 milary 1 cardin. 2010,24(3).200-0.
DOI	https://doi.org/10.1071/PY17156
	Chronic kidney disease (CKD) is a common and potentially serious complication of diabetes. This paper reports on a study that used data on 90,550 patients with Type 2 diabetes to examine the characteristics and proportion who are screened for CKD.
Notes	The authors report that of the 90 550 patients, "44 394 ( <b>49.0%</b> ) were <b>appropriately screened or monitored</b> . 8030 (8.9%) patients had a recorded diagnosis of CKD, whereas 6597 (7.3%) patients had no recorded diagnosis of CKD despite pathology consistent with a diagnosis. Older age and diagnosis of hypertension or hyperlipidaemia were associated with increased odds of CKD diagnosis being recorded. Older patients, males, those with recorded diagnoses of hypertension or hyperlipidaemia and those who had their medical record opened more frequently were more likely to be screened appropriately." As the authors note, "Screening and monitoring of CKD appears suboptimal."

### BMJ Quality and Safety

July	201	8 - V	olume	27	- 7

URL	http://qualitysafety.bmj.com/content/27/7
Notes	<ul> <li>http://qualitysatety.bm.com/content/21/1</li> <li>A new issue of <i>BMJ Quality and Safety</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 <i>BMJ Quality and Safety</i> include:</li> <li>Editorial: The data of diagnostic error: big, large and small (Gurpreet Dhaliwal, Kaveh G Shojania)</li> <li>Development of a trigger tool to identify adverse events and no-harm incidents that affect patients admitted to home healthcare (Marléne Lindblad, Kristina Schildmeijer, Lena Nilsson, Mirjam Ekstedt, Maria Unbeck)</li> <li>Improving admission medication reconciliation with pharmacists or pharmacy technicians in the emergency department: a randomised controlled trial (Joshua M Pevnick, Caroline Nguyen, Cynthia A Jackevicius, Katherine A Palmer, Rita Shane, Galen Cook-Wiens, Andre Rogatko, Mackenzie Bear, Olga Rosen, David Scki, Brian Doyle, Anish Desai, D S Bell)</li> <li>To GP or not to GP: a natural experiment in children triaged to see a GP in a tertiary paediatric emergency department (ED) (Laurie Smith, Yajur Narang, Ana Belen Ibarz Pavon, Karl Edwardson, Simon Bowers, Katharine Jones, Steve Lane, Mary Ryan, David Taylor-Robinson, Enitan Carrol)</li> <li>Impact of an inpatient electronic prescribing system on prescribing error causation: a qualitative evaluation in an English hospital (Seetal Jheeta Puaar, Bryony Dean Franklin)</li> <li>A qualitative study of patient involvement in medicines management after hospital discharge: an under-recognised source of systems resilience (Beth Fylan, Gerry Armitage, Deirdre Naylor, Alison Blenkinsopp)</li> <li>Balancing measures or a balanced accounting of improvement impact: a qualitative analysis of individual and focus group interviews with improvement experts in Scotland (Madalina Toma, Tobias Dreischulte, Nicola M Gray, Diane Campbell, Bruce Guthrie)</li> <li>Symptom-Disease Pair Analysis of Diagnostic Error (SPADE): a conceptual framework and met</li></ul>

•	<b>Diagnostic performance dashboards</b> : tracking diagnostic errors using big data (Ketan K Mane, Kevin B Rubenstein, Najlla Nassery, Adam L Sharp, Ejaz A Shamim, Navdeep S Sangha, Ahmed Hassoon, Mehdi Fanai, Zheyu Wang, David E Newman-Toker)
•	<b>Overdiagnosis and overtreatment</b> as a quality problem: insights from healthcare improvement research (Natalie Armstrong)
•	Can first-year <b>medical students acquire quality improvement knowledge</b> prior to substantial clinical exposure? A mixed-methods evaluation of a pre- clerkship curriculum that uses education as the context for learning (Allison Brown, Aditya Nidumolu, Alexandra Stanhope, Justin Koh, Matthew Greenway, Lawrence Grierson)

# International Journal for Quality in Health Care Volume 30, Issue 5. June 2018

URL	https://academic.oup.com/intqhc/issue/30/5
	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</i> <i>Radar</i> (when they were released online). Articles in this issue of the <i>International Journal</i> <i>for Quality in Health Care</i> include:
	<ul> <li>Editorial: Providing meaning to quality assessment work (Anthony Staines)</li> <li>The relationship between healthcare workers' attachment styles and patient outcomes: a systematic review (Chizu Mimura; Ian J Norman)</li> <li>Monitoring quality of care in acute myocardial infarction patients using retrospective registry data (Giovanni Veronesi; Antonella Zambon ; John F Beltrame; Francesco Gianfagna; Giovanni Corrao; Marco M Ferrario)</li> <li>Quality of care and clinical outcomes of chronic obstructive pulmonary disease in patients with schizophrenia. A Danish nationwide study (Mette Jørgensen; Jan Mainz; Peter Lange; Søren Paaske Johnsen)</li> <li>Hospitalization from the patient perspective: a data linkage study of adults in Australia (Reema Harrison; Merrilyn Walton ; Patrick Kelly; Elizabeth Manias; Christine Jorm; Jennifer Smith-Merry; Rick Iedema; Karen Luxford; Amalia Durdo)</li> </ul>
Notes	<ul> <li>Amalie Dyda)</li> <li>A comprehensive framework identifying readmission risk factors using the CHAID algorithm: a prospective cohort study (Sidika Kaya; Gulay Sain Guven; Seda Aydan; Onur Toka)</li> <li>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)</li> <li>Consecutive cycles of hospital accreditation: Persistent low compliance associated with higher mortality and longer length of stay (Anne Mette Falstie-Jensen; Søren Bie Bogh ; Søren Paaske Johnsen)</li> <li>Nicotine addiction management following surgery: a quality improvement approach in the post anesthesia care unit (Barry A Finegan; Daniel Roblin; Fadi Hammal)</li> <li>A quality improvement project to increase self-administration of medicines in an acute hospital (S Garfield; H Bell; C Nathan; S Randall; F Husson; C Boucher; A Taylor; J Lloyd; A Backhouse; L Ritchie; B D Franklin)</li> <li>Recommendations from the Salzburg Global Seminar on Rethinking Care Toward the End of Life (Lauren R Bangerter; Joan M Griffin ; Arielle Eagan; Manish Mishra; Angela Lunde; Véronique Roger; A Mulley; J Lotherington)</li> </ul>

#### Pediatric Quality & Safety Vol. 3, No. 3, May/June 2018

Vol. 3, No. 3, May/June 2018		
URL	https://journals.lww.com/pqs/toc/2018/05000	
	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:	
	Impact of a Daily PICU Rounding Checklist on Urinary Catheter Utilization     and Infection (Benjamin I Siegel, Janet Figueroa, Jana A Stockwell)	
	Shortened Taper Duration after Implementation of a Standardized Protocol for Iatrogenic Benzodiazepine and Opioid Withdrawal in Pediatric	
	Patients: Results of a Cohort Study (Jane M Vipond, Amy L Heiberger, Paul A Thompson, Jody N Huber)	
	• Evaluating the Impact of a <b>Feeding Protocol in Neonates</b> before and after Biventricular <b>Cardiac Surgery</b> (Jamie Furlong-Dillard, Alaina Neary, Jennifer Marietta, Courtney Jones, Grace Jeffers, Lindsey Gakenheimer, Michael Puchalski, Aaron Eckauser, Claudia Delgado-Corcoran)	
Notes	• Improving <b>Wait Time</b> for Patients in a <b>Pediatric Echocardiography</b> Laboratory - a Quality Improvement Project (Anitha Parthiban, Ashley Warta, Jennifer A Marshall, Kimberly J Reid, Keith Mann, Girish Shirali, T Swanson)	
	• Assessing Barriers to Uveitis Screening in Patients with <b>Juvenile Idiopathic</b> <b>Arthritis</b> Through Semi-Structured Interviews (Laura R Ballenger, Stacy P Ardoin, Kyla D Driest)	
	• Using a Pediatric Trigger Tool to Estimate Total Harm Burden Hospital- acquired Conditions Represent (David C Stockwell, Christopher P Landrigan, Mark A Schuster, Darren Klugman, Hema Bisarya, David C Classen, Zoelle B Dizon, Matt Hall, Matthew Wood, Paul J Sharek)	
	Improvement Science Takes Advantage of Methods beyond the Randomized Controlled Trial (Thomas Bartman, Darren A DeWalt, David P Johnson, David R Mehr, Asha S Payne, Lloyd P Provost)	

### *Australian Journal of Primary Health* Volume 24 Number 3 2018

URL	http://www.publish.csiro.au/py/issue/9195
ORL	
	A new issue of the Australian Journal of Primary Health has been published. Articles in
	this issue of the Australian Journal of Primary Health include:
	• <b>Consumer engagement</b> critical to success in an Australian research project:
	reflections from those involved (Anneliese J Synnot, Catherine L Cherry,
	Michael P Summers, Rwth Stuckey, C A Milne, D B Lowe and S J Hill)
	• Critical reflection: a general practice support group experience (Sophia
	Samuel and Heather Thompson)
	• Partners in Recovery: paving the way for the National Disability
Natas	Insurance Scheme (Victoria Stewart, Maddy Slattery, H Roennfeldt and A J
Notes	Wheeler)
	• The role of <b>community mental health</b> services in supporting <b>oral health</b>
	outcomes among consumers (Rebecca Meldrum, Hillary Ho and Julie Satur)
	<ul> <li>Assessing the value of rural community health services (Jane Farmer, Hilary</li> </ul>
	Davis, Irene Blackberry and Tracy de Cotta)
	• An overview of the general practice nurse workforce in Australia, 2012–15
	(Troy Heywood and Caroline Laurence)
	• Community-identified recommendations to enhance cancer survivorship for
	Aboriginal and Torres Strait Islander people (Judith A Meiklejohn, Brian
	Aboliginal and Torres Strait Islander people (Judith A Merkejolin, Bhan

Arley, Ross Bailie, Jon Adams, Gail Garvey, Jennifer H Martin, Euan T Walpole and Patricia C Valery)
• Barriers and enablers to <b>postpartum contraception among Aboriginal</b>
Australian women: factors influencing contraceptive decisions (Sarah James,
Maree Toombs and Wendy Brodribb)
• Formative research to promote the <b>Get Healthy Information and Coaching</b>
Service (GHS) in the Australian-Chinese community (Leonie Cranney, Li
Ming Wen, Huilan Xu, Nancy Tam, Anna Whelan, Myna Hua and N Ahmed)
• Healthcare resource utilisation by patients with coronary heart disease
receiving a lifestyle-focused text message support program: an analysis
from the TEXT ME study (Jay Thakkar, Julie Redfern, Ehsan Khan, Emily
Atkins, Jeffrey Ha, Kha Vo, Aravinda Thiagalingam and Clara K. Chow)
• Stakeholder perspectives about general practice pharmacists in the
Australian Capital Territory: a qualitative pilot study (Louise S Deeks, Sam
Kosari, Mark Naunton, Gabrielle Cooper, Julie Porritt, Rachel Davey, Paresh
1 5
Dawda, John Goss and Gregory Kyle)
<ul> <li>Australian pharmacists' knowledge of the efficacy and safety of</li> </ul>
complementary medicines (Freya Waddington, Mark Naunton, Greg Kyle,
Gabrielle O'Kane, Gabrielle Cooper and Jackson Thomas)
• Screening and diagnosis of <b>chronic kidney disease</b> in people with type 2
diabetes attending Australian general practice (Jo-Anne E. Manski-
Nankervis, Sharmala Thuraisingam, Phyllis Lau, Irene Blackberry, Janet K
Sluggett, Jenni Ilomaki, J Simon Bell and John Furler)

*Journal of Patient Experience* Volume: 5, Number: 2 (June 2018)

Volume: 5, Number: 2 (June 2018)	
URL	http://journals.sagepub.com/toc/jpxa/5/2
	A new issue of <i>Journal of Patient Experience</i> has been published. Articles in this issue of <i>Journal of Patient Experience</i> include:
	Treatment Collaboration When the Stakes Are High: Ethnographically
	Studying Family-Centered Care in an Outpatient Pediatric Specialty
	<b>Clinic</b> (Georgia Michalopoulou, Sherylyn Briller, Kimberly Compton Katzer, Kaitlin C Muklewicz, Julia Wasiluk, B Crider, S Myers-Schim, and E Secord)
	• Towards a More Patient-Centered Approach to Medication Safety (Joy L
	Lee, Sydney M Dy, Ayse P Gurses, Julia M Kim, Catalina Suarez-Cuervo, Zackary D Berger, Rachel Brown, and Yan Xiao)
	Collaboration and Outside-the-Box Thinking to Overcome Training-Related
	Challenges for Including Patient Stakeholders as Data Collectors in a
Notes	Patient-Engaged Research Project (Janet Page-Reeves, Lidia Regino, Hannah
	Cole McGrew, Maria Tellez, Blanca Pedigo, Amy Overby, Abigail
	Cunningham, Susan Tigert, and Mark Burge)
	A Lifesaving View of Vascularized Composite Allotransplantation: Patient
	Experience of Social Death Before and After Face, Hand, and Larynx
	Transplant (Katrina A Bramstedt)
	• Emergency Department Patient Experience: A Systematic Review of the
	Literature (Jonathan D Sonis, Emily L Aaronson, Rebecca Y Lee, Lisa L
	Philpotts, and Benjamin A White)
	Veteran Patient Perspectives and Experiences During Implementation of a
	Patient-Centered Medical Home Model (Anaïs Tuepker, Summer Newell,
	Christina Nicolaidis, Marie-Elena Reyes, Maria Carolina González-Prats, Eleni

Skaperdas, and Devan Kansagara)
• The Influence of National Health Insurance on Medication Adherence
Among Outpatient Type 2 Diabetics in Southwest Nigeria (Saka S Ajibola
and Fajemirokun O Timothy)
Motivations and Experiences of Canadians Seeking Treatment for Lyme
Disease Outside of the Conventional Canadian Health-Care System (Corinne
R Boudreau, Vett K Lloyd, and Odette N Gould)
• Exploring Decisions to Undertake a Marathon and Adherence Challenges in
a Novice Runner With Parkinson (Bhanu Ramaswamy and Christian Johnson)
• Twin-Twin Transfusion Syndrome and Maternal Symptomatology—An
Exploratory Analysis of Patient Experiences When Reporting Complaints
(Lauren Nicholas, Rebecca Fischbein, Lynn Falletta, and Kristin Baughman)
Subjective Experience of Illness Among Adolescents and Young Adults
With Diabetes: A Qualitative Research Study (Silvia Poti, Francesca Emiliani,
and Laura Palareti)
• Patient Experiences in Selecting a Medicare Part D Prescription Drug Plan
(Cheryl D Stults, Alison S Baskin, M Kate Bundorf, and Ming Tai-Seale)
• Splenic Syndrome in a Young Man at High Altitude with Undetected Sickle
Cell Trait (CHKA Fernando, S Mendis, AP Upasena, YJ Costa, HS Williams,
and D Moratuwagama)

International Journal for Quality in Health Care online first articles

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	URL	https://academic.oup.com/intqhc/advance-access?papetoc
		International Journal for Quality in Health Care has published a number of 'online first'
		articles, including:
		• Characteristics and outcomes of emergency interhospital transfers from
		subacute to acute care for clinical deterioration (Julie Considine; Maryann
		Street; Tracey Bucknall; Helen Rawson; Anastasia F Hutchison; Trisha
		Dunning; Mari Botti; Maxine M Duke;Mohammadreza Mohebbi; Alison M
		Hutchinson)
		• The quality and safety culture in general hospitals: patients', physicians'
		and nurses' evaluation of its effect on patient satisfaction (Ilya Kagan; Nurit
		Porat; Sivia Barnoy)
		• Sepsis now a priority: a quality improvement initiative for early sepsis
		recognition and care (Christine M McDonald; Sarah West; David Dushenski;
	NTeter	Stephen E Lapinsky; Christine Soong; Kate van den Broek; Melanie Ashby; Gillian Wilde-Friel; Carrie Kan; Mark McIntyre; Andrew Morris)
	Notes	
		• Discrepancy between the European clinical guidelines and myocardial revascularization in patients with stable coronary artery disease in Russia
		(Anton R Kiselev; Alexey S Korotin; Olga M Posnenkova; Yulia V Popova;
		Mikhail D Prokhorov; Vladimir I Gridnev)
		• Life after sepsis: an international survey of survivors to understand the post-
		sepsis syndrome (Cynthia Y Huang; Ron Daniels; Angie Lembo; Christiane
		Hartog; Jim O'Brien; Thomas Heymann; Konrad Reinhart; H Bryant Nguyen;
		Sepsis Survivors Engagement Project (SSEP))
		• Adverse events in a Tunisian hospital: results of a retrospective cohort
		study (Mondher Letaief; Sana El Mhamdi; Riham El-Asady; Sameen Siddiqi;
		Ahmed Abdullatif)
		• Application of the <b>Six Sigma</b> concept for <b>quality assessment</b> of different
		strategies in <b>DBS surgery</b> (Witold H Polanski; K Daniel Martin; Swen

	Günther; Gabriele Schackert; Lisa Klingelhoefer; Mareike Fauser; Alexander Storch; Stephan B Sobottka)
•	Improving the safety climate in hospitals by a vignette-based analysis of adverse events: a cluster randomised study (Pauline Occelli; Jean-Luc Quenon; Marion Kret; Sandrine Domecq; Angélique Denis; Florence Delaperche; Olivier Claverie; Benjamin Castets-Fontaine; René Amalberti; Yves Auroy; Pierre Parneix; Philippe Michel)
•	Implementation of medication-related indicators of potentially
	preventable hospitalizations in a national chronic disease management program for older patients with multimorbidity (Gillian E Caughey; Jodie B Hillen; Stephanie Bacon; Nicholas Bullock; Virginia Bullock; Lisa K Ellett)
•	Methods to <b>measure quality of care and quality indicators</b> through health facility surveys in low- and middle-income countries (Diego Rios-Zertuche; Paola Zúñiga-Brenes; Erin Palmisano; Bernardo Hernández; Alexandra Schaefer; Casey K Johanns; Alvaro Gonzalez-Marmol; A H Mokdad; E Iriarte)
•	Effects of <b>patient safety auditing in hospital care</b> : results of a mixed- method evaluation (part 1) (Mirelle Hanskamp-Sebregts; Marieke Zegers; Gert P Westert; Wilma Boeijen; Steven Teerenstra; P J van Gurp; H Wollersheim)
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#### 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 NG97 *Dementia: assessment, management and support for people living with dementia and their carers* <u>https://www.nice.org.uk/guidance/ng97</u>
- NICE Guideline NG98 *Hearing loss in adults: assessment and management* <u>https://www.nice.org.uk/guidance/ng98</u>

#### [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:

• Sodium and Potassium Intake: Effects on Chronic Disease Outcomes and Risks https://effectivehealthcare.ahrq.gov/topics/sodium-potassium/final-report-2018

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