



On the Radar

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On the Radar

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Reports

Integrated information networks to support end-of-life care in general practice

Deeble Institute Issues Brief No. 26

Johnson C, Mitchell G, Cook A, Ding J, Deckx L

Canberra: Australian Healthcare and Hospitals Association; 2018. p. 18.

URL	https://ahha.asn.au/publication/health-policy-issue-briefs/deeble-issues-brief-no-26-integrated-information-networks
Notes	<p>The Deeble Institute of the Australian Healthcare and Hospitals Association has published this issues brief looking into how information flows can support or improve end-of-life care. The brief describes some of the limitations and barriers to the use and flow of information, particularly to and from the GP setting. The authors suggest that if a genuinely integrated information network for the primary care management of people in the final 12 months of life were implemented, this would allow:</p> <ul style="list-style-type: none"> • key benchmarks for EOL care in the primary care setting to be identified • better support for quality improvement • increased capacity of current chronic disease management; and • better support for community-based EOL care.

How Dutch Hospitals Make Value-Based Health Care Work
 Santeon Hospitals and Boston Consulting Group
 Boston Consulting Group; 2018. p. 24.

URL	https://www.bcg.com/publications/2018/how-dutch-hospitals-make-value-based-health-care-work.aspx
Notes	<p>Short report that describes the experience of one Dutch hospital network (Santeon) in implanting a “structured, value-based health care approach”. According to the report, the network of “seven leading teaching hospitals, has achieved reductions of nearly 30% in unnecessary inpatient stays and up to 74% in the rate of reoperation due to complications in breast cancer patients. Santeon achieved these results in a year and a half, not merely by meeting protocols or guidelines—its member hospitals have been doing that for a long time—but by emphasizing transparency and making value delivered to patients the core of its strategy.”</p> <p>The authors suggest that the key lessons for hospitals trying to improve health care quality while maintaining or lowering overall costs are:</p> <ul style="list-style-type: none"> • Develop a common understanding of value and ensure long-term commitment • Start small, be pragmatic, and create a snowball effect • Build a safe learning environment, and keep up the pace toward transparency • Have medical professionals take the lead, and provide them with process support • It’s about the patient—and must be implemented <i>with</i> the patient • Improve locally, and learn from others • It’s hard work and moves one step at a time, but it’s absolutely worth it.

No Place Like Home: Advancing the Safety of Care in the Home
 Report of an Expert Panel Convened by the Institute for Healthcare Improvement
 Institute for Healthcare Improvement and National Patient Safety Foundation
 Boston: Institute for Healthcare Improvement; 2018. p. 83.

URL	http://www.ihi.org/resources/Pages/Publications/No-Place-Like-Home-Advancing-Safety-of-Care-in-the-Home.aspx
Notes	<p>The US Institute for Healthcare Improvement has published this report that summarises the findings of an expert panel and considers the physical and emotional safety of the care recipient, the family caregiver, and the home care worker, while recognizing the interconnected nature of the safety of all these individuals.</p> <p>The report provides recommendations, strategies, and tools for realizing five guiding principles:</p> <ul style="list-style-type: none"> • Principle 1: Self-determination and person-centered care are fundamental to all aspects of care in the home setting. • Principle 2: Every organization providing care in the home must create and maintain a safety culture. • Principle 3: A robust learning and improvement system is necessary to achieve and sustain gains in safety. • Principle 4: Effective team-based care and care coordination are critical to safety in the home setting. • Principle 5: Policies and funding models must incentivize the provision of high-quality, coordinated care in the home and avoid perpetuating care fragmentation related to payment.

Bundling, Benchmarking, and Beyond: Paying for Value in Home- and Community-based Services
 Bennett AD, Curtis P, Harrod CS
 New York: Milbank Memorial Fund; 2018. p. 50.

URL	https://www.milbank.org/publications/bundling-benchmarking-and-beyond-paying-for-value-in-home-and-community-based-services/
Notes	This report from the US Milbank Memorial Fund examined the issue of how to determine the quality of home- and community-based services, how to pay for them, and how to encourage more cost-effective services. The report offers tools, resources, and examples for policymakers as they look for innovative ways to reimburse for and assess quality in (US) Medicaid home- and community-based services.

Every nurse an e-nurse: Insights for a consultation on the digital future of nursing
 Royal College of Nursing
 London: Royal College of Nursing; 2018. p. 27.

URL	https://www.rcn.org.uk/professional-development/publications/pdf-007013
Notes	This report outlines the results of a consultation with nurses and midwives on what is needed for nursing to play its full part in the digital transformation of health care. It argues that until the NHS takes full advantage of the expertise and views of nurses, it won't be able to realise all the benefits that digital technology can bring for patients and staff.

Journal articles

Complicated: Medical Missteps Are Not Inevitable
 Yurkiewicz IR
 Health Affairs. 2018;37(7):1178-81.

DOI	https://doi.org/10.1377/hlthaff.2017.1550
Notes	Narrative piece written by a doctor reflecting on the care her father received and how that perspective alerted her to how often care teams react to complications instead of preventing them, that is, they are reactive rather than proactive in anticipating and preventing complications. She observes that “We often accept complications in medicine as par for the course. As a doctor, I’ve seen—and been complicit in—the treatment of a patient’s presenting problem while letting what seem like details slip. When complications happen, they happen, and we deal with them.” She calls on the health/medical system – that she too is part of – to take responsibility. As she also notes “For months after I returned to work, seeing complication after complication, I thought, <i>these things happen</i> . One day I changed one word: <i>these things matter</i> .”

The association between nurse staffing and omissions in nursing care: A systematic review
 Griffiths P, Recio-Saucedo A, Dall'Ora C, Briggs J, Maruotti A, Meredith P
 Journal of Advanced Nursing. 2018;74(7):1474-87.

DOI	https://doi.org/10.1111/jan.13564
Notes	This systematic review summarises (and adds to) the literature on the issue of ‘missed’ nursing care and the role of staffing. Based on a review of 18 studies, it found that as many as 75% or more nurses reported omitting some care . Fourteen of the studies found low nurse staffing levels were significantly associated with higher reports of missed care . There found that there was little evidence that adding support workers to the team reduced missed care, thus suggesting that more nursing staff (rather than support workers) may be key.

URL	https://qualitysafety.bmj.com/content/27/8
Notes	<p>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:</p> <ul style="list-style-type: none"> • Editorial: Thoughtless design of the electronic health record drives overuse, but purposeful design can nudge improved patient care (Valerie M Vaughn, Jeffrey A Linder) • Impact of order set design on urine culturing practices at an academic medical centre emergency department (Satish Munigala, Ronald R Jackups, Jr, Robert F Poirier, Stephen Y Liang, Helen Wood, S R Jafarzadeh, D K Warren) • Implementation of a colour-coded universal protocol safety initiative in Guatemala (Brad M Taicher, Shannon Tew, Ligia Figueroa, Fausto Hernandez, Sherry S Ross, Henry E Rice) • Performance of statistical process control methods for regional surgical site infection surveillance: a 10-year multicentre pilot study (Arthur W Baker, Salah Haridy, Joseph Salem, Iulian Ilies, Awatef O Ergai, Aven Samareh, Nicholas Andrianas, James C Benneyan, Daniel J Sexton, D J Anderson) • Reorganisation of stroke care and impact on mortality in patients admitted during weekends: a national descriptive study based on administrative data (Violeta Balinskaite, Alex Bottle, Louise Johanna Shaw, A Majeed, P Aylin) • Ratings game: an analysis of Nursing Home Compare and Yelp ratings (Kayla Johari, Caitlyn Kellogg, Katalina Vazquez, Krystle Irvine, Anna Rahman, Susan Enguidanos) • Measurement of harms in community care: a qualitative study of use of the NHS Safety Thermometer (Liz Brewster, Carolyn Tarrant, Janet Willars, Natalie Armstrong) • Successfully reducing newborn asphyxia in the labour unit in a large academic medical centre: a quality improvement project using statistical process control (Rikke von Benzon Hollesen, Rie Laurine Rosenthal Johansen, Christina Rørbye, Louise Munk, Pierre Barker, Anette Kjaerbye-Thygesen) • Patient experience of general practice and use of emergency hospital services in England: regression analysis of national cross-sectional time series data (Thomas E Cowling, Azeem Majeed, Matthew J Harris) • Task errors by emergency physicians are associated with interruptions, multitasking, fatigue and working memory capacity: a prospective, direct observation study (Johanna I Westbrook, Magdalena Z Raban, Scott R Walter, Heather Douglas) • Ethical implications of excessive cluster sizes in cluster randomised trials (Karla Hemming, Monica Taljaard, Gordon Forbes, Sandra M Eldridge, Charles Weijer) • Identifying vendors in studies of electronic health records: the editor replies (Kaveh G Shojania) • Problems with discharge summaries produced by electronic health records: why are the vendors not named? (Walter Joseph O'Donnell) • Questions regarding the authors' conclusions about the lack of change in Hospital Survey on Patient Safety Culture (HSOPS) scores related to reduction of hospital-acquired infections (Joanne R Campione, Naomi D Yount, Joann Sorra)

	<ul style="list-style-type: none"> • On being human: reflections on a daily error (Eugene Chee Keen Wong) • Roadmap for improving the accuracy of respiratory rate measurements (Neil Keshvani, Kimberly Berger, Oanh Kieu Nguyen, Anil N Makam)
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American Journal of Medical Quality
Volume: 33, Number: 4 (July/August)

URL	http://journals.sagepub.com/toc/ajmb/33/4
Notes	<p>A new issue of the <i>American Journal of Medical Quality</i> has been published. Articles in this issue of <i>American Journal of Medical Quality</i> include:</p> <ul style="list-style-type: none"> • Editorial: Changing the Narrative: Refocusing the Efforts of Emergency Departments in the Opioid Epidemic (Jennifer Voelker, Vittorio Maio, and Priya Mammen) • Assessment of Risk Factors Associated With Hospital-Acquired Pressure Injuries and Impact on Health Care Utilization and Cost Outcomes in US Hospitals (Jill Dreyfus, Julie Gayle, P Trueman, G Delhougne, and A Siddiqui) • Barriers and Benefits to the Use of Patient-Reported Outcome Measures in Routine Clinical Care: A Qualitative Study (Lindsey M Philpot, Sunni A Barnes, R M Brown, J A Austin, C S James, R H Stanford, and J O Ebbert) • Does Having Open Access to Care Improve Patient Experience? A Case-Control Study (Lauren M Duhigg, Rebecca A Baranowski, and G K Arnold) • Improving Mandatory Vaccination Against Influenza: Minimizing Anxiety of Employees to Maximize Health of Patients (Andrea L Benin, Gina Lockwood, Tracy Creatore, Donna Donovan, M Predmore, and S MacArthur) • When Old Habits Train a New Generation: Findings From a National Survey of Internal Medicine Program Directors on Procedural Training (Daniel N Ricotta, C Christopher Smith, Jakob I McSparron, Saima I Chaudhry, Furman S McDonald, and Grace C Huang) • Clinical and Sociocultural Factors Associated With Failure to Escalate Care of Deteriorating Patients (Firas S Elmufdi, Susan L Burton, Nishant Sahni, and Craig R Weinert) • An Initial Assessment of the Utility of Validated Alcohol and Drug Screening Tools in Predicting 30-Day Readmission to Adult General Medicine Wards (Steven P Gerke, Jon D Agle, Cynthia Wilson, Ruth A Gassman, Philip Forsys, and David W Crabb) • US Internal Medicine Program Director Perceptions of Alignment of Graduate Medical Education and Institutional Resources for Engaging Residents in Quality and Safety (Karen M Chacko, Andrew J Halvorsen, Sara L Swenson, Sandhya Wahi-Gururaj, Alwin F Steinmann, Stephanie Call, Jennifer S Myers, Arpana Vidyarthi, and Vineet M Arora) • A Department of Medicine Infrastructure for Patient Safety and Clinical Quality Improvement (Simon C Mathews, Peter J Pronovost, E Lee Daugherty Biddison, Brent G Petty, Mark E Anderson, Terry S Nelson, Katie Outten, Ronald Langlotz, Denice Duda, Carrie A Herzke, Kimberly S Peairs, Sherita H Golden, Matthew B Lautzenheiser, Hailey J James, Sanjay V Desai, Sara C Keller, Leonard S Feldman, Amit K Pahwa, and Stephen A Berry) • IDEA4PS: The Development of a Research-Oriented Learning Healthcare System (Susan Moffatt-Bruce, T Huerta, A Gaughan, and A S McAlearney) • Maintaining Quality in Lower Volume Cardiac Surgery: A Blueprint From a Military Program (Jared L Antevil, Philip S Mullenix, Junewai L Reoma, Paul S Massimiano, Frederick C Lough, Jr, and Eric A Elster)

	<ul style="list-style-type: none"> • A Standard-Setting Body for US Health Care Quality Measurement (J Matthew Austin, Bernard Black, and Peter J Pronovost) • Developing Diverse Leaders at Academic Health Centers: A Prerequisite to Quality Health Care? (Ulfat Shaikh, David A Acosta, Julie A Freischlag, Heather M Young, and Amparo C Villablanca) • Hospice Care Needs Study (Temple D West, Marissa C Galicia-Castillo, Cynthia P Cadieux, and Agatha Parks-Savage) • A Multi-Targeted Quality Improvement Project of CT-Guided Procedure Start Times (Michael Collard, Jason Wachsmann, Sheryl Thrash, Sheila Herring, Margie Caramucci, Linda Hrebec, James Collins, and Jeannie Kwon)
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BMJ Quality and Safety online first articles

URL	https://qualitysafety.bmj.com/content/early/recent
Notes	<p><i>BMJ Quality and Safety</i> has published a number of ‘online first’ articles, including:</p> <ul style="list-style-type: none"> • Implementing electronic patient-reported outcomes measurements: challenges and success factors (Lisa Nordan, Lorrie Blanchfield, Shehzad Niazi, Juliet Sattar, Courtney Elizabeth Coakes, Ryan Uitti, Michael Vizzini, James M Naessens, Aaron Spaulding) • Editorial: Beyond barriers and facilitators: the central role of practical knowledge and informal networks in implementing infection prevention interventions (Julia E Szymczak) • Formative evaluation of the video reflexive ethnography method, as applied to the physician–nurse dyad (Milisa Manojlovich, Richard M Frankel, Molly Harrod, Alaa Heshmati, Timothy Hofer, E UMBERFIELD, S Krein) • Transforming concepts in patient safety: a progress report (Tejal K Gandhi, Gary S Kaplan, Lucian Leape, Donald M Berwick, Susan Edgman-Levitan, Amy Edmondson, Gregg S Meyer, David Michaels, Julianne M Morath, Charles Vincent, Robert Wachter) • Information management goals and process failures during home visits for middle-aged and older adults receiving skilled home healthcare services after hospital discharge: a multisite, qualitative study (Alicia I Arbaje, Ashley Hughes, Nicole Werner, Kimberly Carl, Dawn Hohl, Kate Jones, Kathryn H Bowles, Kitty Chan, Bruce Leff, Ayse P Gurses)

International Journal for Quality in Health Care online first articles

URL	https://academic.oup.com/intqhc/advance-access
Notes	<p><i>International Journal for Quality in Health Care</i> has published a number of ‘online first’ articles, including:</p> <ul style="list-style-type: none"> • Transition from a traditional to a comprehensive quality assurance system in Slovenian family medicine practices (Zalika Klemenc-Ketis; Igor Švab; Aleksander Stepanović; Antonija Poplas Susič) • Inter-hospital variations in health outcomes in childbirth care in Sweden: a register-based study (Johan Mesterton; Mats Brommels; Lars Ladfors; Peter Lindgren; Isis Amer-Wählin) • Impact of drug storage systems: a quasi-experimental study with and without an automated-drug dispensing cabinet (Sarah Berdot; Cécile Blanc; Delphine Chevalier; Yvonnick Bezie; Laetitia Minh Mai Lê; Brigitte Sabatier) • Unmet needs in Primary Care of older clients with mental health concerns (Sara Alves; Laetitia Teixeira; Maria João Azevedo; Mafalda Duarte; Oscar Ribeiro; Constança Paúl)

	<ul style="list-style-type: none"> • Quality of essential surgical care in low- and middle-income countries: a systematic review of the literature (Saurabh Saluja; Swagoto Mukhopadhyay; Julia R Amundson; Allison Silverstein; Jessica Gelman; Hillary Jenny; Yihan Lin; Anthony Moccia; Ramy Rashad; Rachita Sood; N P Raykar; M G Shrima)
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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 NG101 *Early and locally **advanced breast cancer: diagnosis and management***
<https://www.nice.org.uk/guidance/ng101>

[USA] Patient Safety Primers

<https://psnet.ahrq.gov/primers/>

The Patient Safety Primers from the (US) Agency for Healthcare Research and Quality (AHRQ) discuss key concepts in patient safety. Each primer defines a topic, offers background information on its epidemiology and context, and provides links to relevant materials.

- **The Pharmacist's Role in Medication Safety** Correct medication use occurs when the 'five rights' are followed, meaning the **right dose** of the **right medication** is administered to the **right patient**, at the **right time**, and by the **right route**. However, this simple phrase obscures the fact that the five rights must be individualised, as they may be by the patient's age, medical condition, physiologic status, and other factors such as allergies. While pharmacists' contribution to medication safety has been historically focused on dispensing, pharmacists' roles have expanded as medication therapy has increased in complexity, and many patients—even those with serious illness—can now receive care in the home and in community settings. According to the American Pharmacists Association, pharmacists in all settings have eight essential medication-related responsibilities linked to improving patient safety.
<https://psnet.ahrq.gov/primers/primer/46/the-pharmacists-role-in-medication-safety>

[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:

- *Drug Therapy for **Early Rheumatoid Arthritis: A Systematic Review Update***
<https://effectivehealthcare.ahrq.gov/topics/rheumatoid-arthritis-medicine-update/final-report-update-2018>
- ***Breastfeeding** Programs and Policies, Breastfeeding Uptake, and Maternal Health Outcomes in Developed Countries* <https://effectivehealthcare.ahrq.gov/topics/breastfeeding/research>

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