



On the Radar

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On the Radar

Editor: Dr Niall Johnson niall.johnson@safetyandquality.gov.au

Contributors: Niall Johnson

Books

Crossing the Global Quality Chasm: Improving Health Care Worldwide
National Academies of Sciences, Engineering, Medicine
Washington, DC: The National Academies Press; 2018.

DOI	https://doi.org/10.17226/25152
Notes	<p>Seventeen years after the seminal Institute of Medicine (IOM) report <i>Crossing the Quality Chasm</i> comes this work examining the global impacts of poor-quality health care and to recommend ways to improve quality while expanding universal health care, particularly in low-resource areas. The report calls attention to the gaps in health care quality that still remain globally and suggesting approaches to bridge them.</p> <p>The report contains estimates that in low- and middle-income countries between 5.7 and 8.4 million deaths occur each year from poor quality of care, suggesting that quality failings cause 10 to 15 percent of the total deaths in these countries. The resulting costs of lost productivity alone amount to between \$1.4 and \$1.6 trillion each year.</p> <p>The report's authors emphasise the organization and delivery of safe and effective care at the patient/provider interface. The report explores issues of access to services and commodities, effectiveness, safety, efficiency, and equity.</p>

Reports

Reducing emergency admissions: unlocking the potential of people to better manage their long-term conditions

Deeny S, Thorlby R, Steventon A

London: The Health Foundation; 2018. p. 24.

URL	https://www.health.org.uk/reducing-emergency-admissions-better-manage-long-term-conditions
Notes	<p>Self-care or self-management is seen as potentially getting a patient more engaged in their own care and a means to possibly reduce the impact upon and usage of health services. Clearly this can be a delicate balancing act so that patients not be exposed to greater risk of missing appropriate and necessary care while services can (ideally) focus on treating those who require those services, for example, not having patients using emergency departments for care that could be self-managed or provided elsewhere (and presumably more cost-effectively).</p> <p>This briefing from the UK's Health Foundation summarises research that explores the link between how well patients feel able to manage their long-term conditions such as asthma, diabetes and depression and their use of health care. The findings show the NHS could reduce avoidable health care use and improve people's quality of life, if they were better supported to manage their long-term conditions.</p> <p>In their study, the authors found that more than 60% of patients admitted to hospital as an emergency have one or more long-term health conditions such as asthma. Upon analysis they report finding that patients who were most able to manage their health conditions had 32% fewer attendances at Accident & Emergency and 38% fewer emergency admissions than the patients who were least able to. They also had 18% fewer general practice appointments.</p>

Guideline for the management of hip and knee osteoarthritis. 2nd edition

The Royal Australian College of General Practitioners

East Melbourne: RACGP; 2018.

When patients choose wisely: empowering patients with evidence to resist low-value care

Synnot A, Synnot D

BMJ Opinion. 2018.

URL	<p>RACGP https://www.racgp.org.au/your-practice/guidelines/musculoskeletal/hipandkneeosteoarthritis/ Synnot and Synnot https://blogs.bmj.com/bmj/2018/08/29/when-patients-choose-wisely-empowering-patients-with-evidence-to-resist-low-value-care/</p>
Notes	<p>The Royal Australian College of General Practitioners (RACGP) has provided this updated guidance on the non-surgical management of hip and knee osteoarthritis (OA) in 2009. The objective of this new guideline is to present the best available, current scientific evidence for OA interventions, covering all interventions other than joint replacement for the hip and knee. As has been quite widely reported, there are many complementary medicines and other treatments, including vitamin D and glucosamine, that have been sold to consumers as potential treatments. However, these, along with inappropriate surgery, particularly arthroscopy, have shown little benefit.</p> <p>Synnot and Synnot have written a piece for <i>BMJ Opinion</i> in which they describe the senior Synnot's experience of using evidence in a shared decision making process to decide whether to undergo knee arthroscopy for a torn knee meniscus. However, the experience is not altogether salutary as they found not all discussions were well-informed by the evidence. As they conclude "It shouldn't be serendipity that allows patients to make such [informed] decisions"</p>

For information about the Commission’s clinical care standards, including the *Osteoarthritis of the Knee Clinical Care Standard*, see <https://www.safetyandquality.gov.au/our-work/clinical-care-standards/>

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

Healthcare in Focus 2017: How does NSW compare?

Bureau of Health Information

Sydney: BHI; 2018. p. 84.

DOI	http://bhi.nsw.gov.au/BHI_reports/healthcare_in_focus/2017
Notes	The New South Wales Bureau of Health Information has released its latest review of the healthcare performance in NSW. The BHI’s website explains that this edition is structured around a conceptual framework that considers performance in terms of three important dimensions: accessibility; appropriateness and effectiveness. This year the report also looks at healthcare for Aboriginal and Torres Strait Islander people across these dimensions.

Journal articles

Anticoagulant medication errors in hospitals and primary care: a cross-sectional study

Dreijer AR, Diepstraten J, Bukkems VE, Mol PGM, Leebeek FWG, Kruip MJHA, et al

International Journal for Quality in Health Care. 2018 [epub].

DOI	https://doi.org/10.1093/intqhc/mzy177
Notes	<p>That anticoagulant medications are often associated with errors and adverse events is known. What this study sought to do was understand the prevalence of these errors by assessing the proportion of all medication error reports in hospitals and primary care that involved an anticoagulant. The study used the Dutch Central Medication incidents Registration reporting system and found that between December 2012 and May 2015, 42 962 medication errors were reported and that anticoagulant medication errors occurred in 8.3% of all medication errors. In a random sample of 1,000 anticoagulant medication error reports it was found that low-molecular weight heparins were most often involved in the error reports (56.2%).</p> <p>Other results included:</p> <ul style="list-style-type: none"> • Most reports concerned the prescribing phase of the medication process (37.1%) • Human factors were the leading cause of medication errors mentioned in the reports (53.4%) • Publication of a national guideline on integrated antithrombotic care had no effect on the proportion of anticoagulant medication error reports • Human factors were the leading cause of medication errors before and after publication of the guideline.

For information about the Commission’s work on medication safety, including high risk medicines, see <https://www.safetyandquality.gov.au/our-work/medication-safety/>

Association of Nurse Engagement and Nurse Staffing on Patient Safety

Brooks Carthon JM, Hatfield L, Plover C, Dierkes A, Davis L, Hedgeland T, et al

Journal of Nursing Care Quality. 2018.

DOI	https://doi.org/10.1097/NCQ.0000000000000334
Notes	<p>Recent addition to the literature on nursing and its contribution to patient safety. Such literature has often looked at the relationship between staff levels and quality. This study sought to examine views on the relationship between the level of engagement, staffing, and assessments of patient safety among nurses. Using survey data from 26,960 nurses across 599 hospitals in 4 US states, the authors report that:</p> <ul style="list-style-type: none"> • 32% of nurses gave their hospital a poor or failing patient safety grade • In 25% of hospitals, nurses fell in the least or only somewhat engaged categories • A one-unit increase in engagement lowered the odds of an unfavourable safety grade by 29% • Hospitals where nurses reported higher levels of engagement were 19% less likely to report that mistakes were held against them • Nurses in poorly staffed hospitals were 6% more likely to report that important information about patients “fell through the cracks” when transferring patients across units. <p>Unsurprisingly, the authors suggest that improving “nurse engagement and adequate staffing” could contribute to improved patient safety.</p>

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"> • Self-management capability in patients with long-term conditions is associated with reduced healthcare utilisation across a whole health economy: cross-sectional analysis of electronic health records (Isaac Barker, Adam Steventon, Robert Williamson, Sarah R Deeny) • Minor flow disruptions, traffic-related factors and their effect on major flow disruptions in the operating room (Anjali Joseph, Amin Khoshkenar, Kevin M Taaffe, Ken Catchpole, Herminia Machry, Sara Bayramzadeh RIPCHD.OR study group)

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"> • Lowered obesity indicator cutoff points more effectively predict 5-year incidence of hypertension in premenopausal women (Fu-Ling Chu; Chii Jeng) • Opportunities for intervention: stroke treatments, disability and mortality in urban Tanzania (Robert W Regenhardt; Maijo R Biseko; Agness F Shayo; Theoflo N Mmbando; Sara J Grundy; Ai Xu; Altaf Saadi; Leah Wibecan; G Abbas Kharal; Robert Parker; Joshua P Klein; Farrah J Mateen; K Okeng’o) • Validity of World Health Organisation prescribing indicators in Namibia’s primary healthcare: findings and implications (Q Niaz; B Godman; A Massele; S Campbell; A Kurdi; H R Kagoya; D Kibuule) • Clustered domestic model of residential care is associated with better consumer rated quality of care (Emmanuel S. Gnanamanickam; Suzanne M.

	<p>Dyer; Rachel Milte; Enwu Liu; Julie Ratcliffe; Maria Crotty)</p> <ul style="list-style-type: none"> • Cost-effectiveness of a mentorship and quality improvement intervention to enhance the quality of antenatal care at rural health centers in Rwanda (Anatole Manzi; Jean Claude Mugunga; Laetitia Nyirazinyoye; Hari S Iyer; Bethany Hedt-Gauthier; Lisa R Hirschhorn; Joseph Ntaganira) • Utilization of the Ghana National Health Insurance Scheme and its association with patient perceptions on healthcare quality (Nel Jason L Haw) • The Korean Triage and Acuity Scale: associations with admission, disposition, mortality and length of stay in the emergency department (Hyuksool Kwon; Yu Jin Kim; You Hwan Jo; Jae Hyuk Lee; Jin Hee Lee; Joonghee Kim; Ji Eun Hwang; Joo Jeong; Yoo Jin Choi) • Anticoagulant medication errors in hospitals and primary care: a cross-sectional study (Albert R Dreijer; Jeroen Diepstraten; Vera E Bukkems; Peter G M Mol; Frank W G Leebeek; Marieke J H A Kruij; P M L A van den Bemt) • Overview of quality management models for inpatient healthcare settings. A scoping review (Roxanne Maritz; Anke Scheel-Sailer; Klaus Schmitt; Birgit Prodingler) • Differences in healthcare outcomes between teaching and non teaching hospitals for patients with delirium: a retrospective cohort study (Susrutha Kotwal; Marwan S Abougergi; Scott Wright) • An international systems-theoretic comparison of hospital accreditation: developing an implementation typology (Sheuwen Chuang; Peter H Howley; Shawon S Gonzales)
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Online resources

[UK] National Institute for Health Research

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

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

- Cognitive behavioural therapy could benefit **adults** with **attention deficit hyperactivity disorder** (ADHD)
- People with **osteoarthritis** can benefit from exercise but may harbour myths about safety
- 'Virtual wards' reduce readmissions in people after hospitalisation for **heart failure**
- Daily low-dose antibiotics halve **urinary tract infections** in people who self-catheterise
- UK-wide study reveals a pattern of delay in referrals to specialist **end-of-life care**
- Adding emollients to the bath unlikely to help children with **eczema**
- Factors in men's choice of active surveillance for **low-risk prostate cancer**
- Music can reduce pain and anxiety following **surgery**
- A fifth of people, who have no improvement on **antidepressants** at four weeks, respond if given more time.

[USA] CDC's Antibiotic Stewardship Training Series

https://www.train.org/cdctrain/training_plan/3697

The [US] Centers for Disease Control and Prevention has posted the final two modules in its four-part free online antibiotic stewardship training series. The new modules address antibiotic stewardship for urinary tract infections (UTIs), skin and other soft-tissue infections, and upper and lower respiratory tract infections and conditions, along with considerations for dental offices, emergency departments, hospitals, and nursing homes.

For information about the Commission's work on antimicrobial stewardship, see

<https://www.safetyandquality.gov.au/our-work/healthcare-associated-infection/antimicrobial-stewardship/>

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