AUSTRALIAN COMMISSION ON SAFETY AND QUALITY IN HEALTH CARE

On the Radar

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On the Radar
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Reports

Implementing Optimal Team-Based Care to Reduce Clinician Burnout
NAM Perspectives. Discussion Paper.
Smith CD, Balatbat C, Corbridge S, Dopp AL, Fried J, Harter R, et al.
Washington, DC: National Academy of Medicine; 2018. p. 13.

URL / DOI	https://nam.edu/implementing-optimal-team-based-care-to-reduce-clinician-burnout/ https://doi.org/10.31478/201809c
Notes	The (US) National Academy of Science website has this discussion paper that examines how team-based care can support clinicians and reduce the incidence of burnout and its attendant issues. The paper describes key features of successful health care teams, reviews existing evidence that links high-functioning teams to increased clinician well-being, and recommends strategies to overcome key environmental and organizational barriers to optimal team-based care in order to promote clinician and patient well-being. The authors note that the principle of high-performing teams include: • Shared goals • Clear roles • Mutual trust • Effective communication • Measurable processes and outcomes.

	Others may also see factors such as resilience and flexibility (bend but don't break) as important, but it may be argued that these characteristics stem from these principles.

Reducing harms related to alcohol use in pregnancy: Policy and practice recommendations
Deeble Institute Issues Brief No. 28
Finlay-Jones A.
Canberra: Australian Healthcare and Hospitals Association; 2018. p. 47.

URL	https://ahha.asn.au/publication/health-policy-issue-briefs/deeble-issues-brief-no-28-reducing-harms-related-alcohol-use
Notes	The Deeble Institute of the Australian Healthcare and Hospitals Association has published this Issues Brief looking at policy and practice changes that could help to reduce the impact of harmful alcohol use during pregnancy. The key messages are: • **Prenatal alcohol exposure** is associated with **multiple adverse outcomes**, including fetal alcohol spectrum disorder (FASD), that are associated with significant individual, family, and societal burden • National Health and Medical Research Council (NHMRC) Alcohol **Guidelines** recommend **alcohol abstinence** as the safest option when pregnant or planning to conceive • Despite this, Australian **rates of alcohol use in pregnancy** are among the highest in OECD countries, with **approximately 49%** of Australian women consuming alcohol at some point in their pregnancy • Key issues contributing to high rates of alcohol use in pregnancy include o Lack of public awareness of the NHMRC Alcohol Guidelines and the risks associated with alcohol use in pregnancy o Limited implementation of screening for alcohol use in pregnancy o Lack of standardized collection and reporting of population-level prenatal alcohol use data.

Ways to Improve Electronic Health Record Safety
Philadelphia: Pew Charitable Trusts, American Medical Association, and Medstar Health; 2018. p. 57.

URL	https://www.pewtrusts.org/en/research-and-analysis/reports/2018/08/28/ways-to-improve-electronic-health-record-safety
Notes	The Pew Charitable Trusts, American Medical Association, and Medstar Health have published this report that examines how better testing and usability could enhance the value of electronic records. The report includes guidance, scenarios and test cases that can be used for assessing electronic health records systems.

Journal articles

Patient outcomes after the introduction of statewide ICU nurse staffing regulations
Law AC, Stevens JP, Hohmann S, Walkey AJ
Critical Care Medicine. 2018;46(10):1563-9.

DOI	https://journals.lww.com/ccmjournal/Fulltext/2018/10000/Patient_Outcomes_After_the_Introduction_of.2.aspx https://doi.org/10.1097/CCM.0000000000003286
Notes	The level of medical and nursing staffing can be a contentious topic in many settings. The ICU tends to be a setting with greater resourcing. This paper reports on how the introduction of legislated requirements then related to patient outcomes. In 2016 a law in the US state of Massachusetts mandated minimum nursing ratios in intensive care units. This study suggests that mortality and complication rates did not change after the change, nor did they differ significantly from those in states without staffing laws.

The preventable proportion of healthcare-associated infections 2005–2016: Systematic review and meta-analysis
Schreiber PW, Sax H, Wolfensberger A, Clack L, Kuster SP
Infection Control & Hospital Epidemiology. 2018:1-19.

DOI	https://doi.org/10.1017/ice.2018.183
Notes	Paper reporting a systematic review and meta-analysis of 144 studies published between 2005 and 2016 that sought to establish to the proportion of HAIs prevented through infection control interventions in different (economic) settings. All the studies included in the analysis reported on work designed to prevent at least one of the five most common HAIs with a combination of two or more interventions. The five HAIs covered were **central line-associated bloodstream infections (CLABSI), catheter-associated urinary tract infections (CAUTI), surgical site infections (SSI), ventilator-associated pneumonia (VAP)** and **healthcare-associated pneumonia** not associated with mechanical ventilation **(HAP)**. From their analyses, the authors state that "Published evidence suggests a sustained **potential** for the significant **reduction** of HAI rates in the range **of 35%–55%** associated with multifaceted interventions **irrespective of a country's income level.**"

For information about the Commission's work on healthcare associated infection, see
https://www.safetyandquality.gov.au/our-work/healthcare-associated-infection/

Engaging hospital patients in the medication reconciliation process using tablet computers
Prey JE, Polubriaginof F, Grossman LV, Masterson Creber R, Tsapepas D, Perotte R, et al
Journal of the American Medical Informatics Association. 2018 [epub].

DOI	http://doi.org/10.1093/jamia/ocy115
Notes	Engaging patients in their care is regarded as a positive. With medication issues being one of the most prevalent causes of events, involving patients and giving them tools to improve their experience and use of medications would seem an obvious step. This study was a pilot study aiming to determine whether patients' use of an electronic home medication review tool could improve medication safety during hospitalisation. The authors report "a **high willingness of patients** to engage in medication reconciliation, and show that **patients** were **able to identify important medication discrepancies** and often changes that clinicians missed". While there were gains this paper shows that in this example there were limitations. Such tools and processes need to be integrated into and interoperable with the work and information processes as in this study the tool was not integrated into the electronic medical record which meant clinicians had no simple means of incorporating what the patients reported on the tool.

For information about the Commission's work on medication safety, see
https://www.safetyandquality.gov.au/our-work/medication-safety/

The Impact of a Transition of Care Program on Acute Myocardial Infarction Readmission Rates
Marbach JA, Johnson D, Kloo J, Vira A, Keith S, Kraft WK, et al
American Journal of Medical Quality. 2018;33(5):481-6.

DOI	https://doi.org/10.1177/1062860618754702
Notes	Paper reporting on the introduction of a care coordination program for acute myocardial infarction (AMI) that aimed to reduce early hospital readmission rates for these patients. The outcomes of patients receiving care coordination were compared to patients receiving standard care (304:192 patients). Hospital readmission within 30 days of discharge occurred in 18% of standard care patients and 11.8% of care coordination patients, a 48% reduction in odds of readmission within 30 days.

Telehealth: delivering high-quality care for heart failure
Cleland JFG, Clark RA
The Lancet. 2018;392(10152):990-1.

DOI	https://doi.org/10.1016/S0140-6736(18)31995-0
Notes	This piece in *The Lancet* comments on a study published in the same issue that reported the results of a large trial of home telemonitoring for heart failure. The Telemedical Interventional Management in Heart Failure II [TIM-HF2]) trial had indicated that that **remote patient management** for 12 months **reduced** the proportion of days lost due to **unplanned cardiovascular hospital admissions** or **all-cause mortality** (the primary endpoint) compared with usual care. This finding was largely due to a reduction in cardiovascular deaths. They also found that home telemonitoring had triggered some potentially life-saving hospital admissions while a slight reduction in the overall number of days that patients were hospitalised due to heart failure was seen. Home telemonitoring can have benefits for the health system, the clinician and the patient (and their families). However, the choice of telemonitoring for any given patient **needs to be appropriate**, the choice of the patient and accord with their needs and preferences. It may also need to revisited as the patient's needs change.

A health system–wide initiative to decrease opioid-related morbidity and mortality
Weiner SG, Price CN, Atalay AJ, Harry EM, Pabo EA, Patel R, et al
Joint Commission Journal on Quality and Patient Safety. 2018 [epub].

Interventions for postsurgical opioid prescribing: a systematic review
Wetzel M, Hockenberry J, Raval MV
JAMA Surgery. 2018.

DOI	Weiner at al https://doi.org/10.1016/j.jcjq.2018.07.003 Wetzel et al http://doi.org/10.1001/jamasurg.2018.2730
Notes	Opioids and the adverse events related to their (mis)use are widespread, in some countries notoriously so. Weiner at al describes the design and implementation of an opioid stewardship program in a US health system that combined technology, clinician education, and clinical strategies with under clear guidance in order to address opioid misuse including prescribing and treatment. The authors note that "Successful implementation required strong executive sponsorship, ensuring that the program is not housed in any one clinical department in the health system, creating an **environment** that empowers **cross-disciplinary collaboration and inclusion**, as well as the development of measures to guide efforts." Wetzel et al focus slightly more narrowly in their review of opioid stewardship practices following surgery. The review focused on eight studies and the paper suggests that they "provide evidence that clinician-mediated and organizational-level interventions are powerful tools in creating change in postsurgical opioid prescribing." However, they also note the "paucity of high-quality studies that provide clear evidence on the most effective intervention at reducing postoperative opioid prescribing."

Improving Employee Voice About Transgressive or Disruptive Behavior: A Case Study
Dixon-Woods M, Campbell A, Martin G, Willars J, Tarrant C, Aveling E-L, et al.
Academic Medicine. 2018 [epub].

Health care risk managers' consensus on the management of inappropriate behaviors among hospital staff
Zadeh SE, Haussmann R, Barton CD
Journal of Healthcare Risk Management. 2018 [epub] .

Understanding the knowledge gaps in whistleblowing and speaking up in health care: narrative reviews of the research literature and formal inquiries, a legal analysis and stakeholder interviews
Mannion R, Blenkinsopp J, Powell M, McHale J, Millar R, Snowden N, et al
Health Services and Delivery Research. 2018;6(30).

DOI	Dixon-Woods et al https://doi.org/10.1097/ACM.0000000000002447 Zadeh et al http://doi.org/10.1002/jhrm.21349 Mannion et al https://doi.org/10.3310/hsdr06300
Notes	Another contentious topic is behaviour of staff in health facilities. Where are the boundaries set and what are the consequences for inappropriate behaviours? Dixon-Woods et al report on how Johns Hopkins Medicine in Baltimore sought to understand the barriers to voice and make improvements in identifying and responding to transgressive or disruptive behaviours. The approach taken had two distinct phases: diagnosis (based on 67 confidential interviews) and intervention (a **structured intervention** program including **sharing findings**, **developing mechanisms**, **training leaders** and **building capacity**). Zadeh et al describe the outcome of a modified Delphi process that sought to identify practical methods for the early detection of inappropriate behaviours among hospital staff, which may be used by hospital managers as a means of ameliorating the risk of medical mishaps. The panel reached consensus on eight factors: "**setting expectations, developing a culture of respect, holding staff accountable, enforcing a zero-tolerance policy, confidentiality of reporting, communicating expected behavior, open communication, and investigating inappropriate behaviors**". Moving from a single site, a particular setting through to a more system-wide approach Mannion et al is a detailed (220-page) investigation of speaking up and whistleblowing in the British NHS. This study had "four distinct but interlocking strands: (1) a series of narrative literature reviews, (2) an analysis of the legal issues related to whistleblowing, (3) a review of formal Inquiries related to previous failings of NHS care and (4) interviews with key informants." The authors set out a wide range of issues but resile from recommendations. They also observe that there is need to better understanding **whistleblowing** and speaking up "as **an unfolding, situated and interactional process** and **not just a one-off act** by an identifiable whistleblower."

Frequency and nature of potentially harmful preventable problems in primary care from the patient's perspective with clinician review: a population-level survey in Great Britain
Stocks SJ, Donnelly A, Esmail A, Beresford J, Luty S, Deacon R, et al
BMJ Open. 2018;8(6):e020952.

DOI	http://doi.org/10.1136/bmjopen-2017-020952
Notes	Primary care is something of a 'known unknown' from a safety and quality perspective. Much of healthcare takes place in the primary care realm; but it has not been considered in as much detail are the acute or tertiary setting. This paper reports a British study that interview 3,975 patients aged 15 or older. 300 (**7.6%**) of these patient **reported** experiencing a **potentially harmful preventable problem in primary care** during the past 12 months. 145 (48%) had discussed their concerns within primary care. **Thirty per cent** of the patient-perceived problems had **not** occurred in **general practice**, particularly the dental surgery, walk in clinic, out of hours care and pharmacy. Unsurprisingly, those who perceived a potentially harmful preventable problem were eight times more likely to have 'no confidence and trust in primary care', but those who discussed their perceived-problem appeared to maintain higher trust and confidence. Interestingly, clinicians generally ranked the patient-described scenarios as unlikely to be potentially harmful.

Evaluating the effects of data visualisation techniques on interpretation and preference in clinical quality reports: A cross-sectional study
Koh HJW, Earnest A, Davis ID, Loh E, Evans SM
bioRxiv. 2018 [epub].

DOI	https://doi.org/10.1101/415414
Notes	Paper reporting on a survey that sought to evaluate different ways of presenting data and the impact on preference and interpretation. Members of Prostate Cancer Outcome Registry-Victoria and senior hospital staff in three metropolitan hospitals received the information in four different presentations and the study examined their ability identify outliers and poor performers. Based on results from 113 participants, the authors reported better interpretation and preferences for **funnel plots** and **dashboards** compared to league charts and RASPRT charts and that colour helped. As the authors suggest "When developing reports for clinicians and hospitals, **consideration** should be given to **preference of end-users** and **ability** of groups **to interpret** the graphs." When creating any communication (including *On the Radar*), the author really needs to keep in mind the audience, the message they want to convey to that audience and how best to achieve that. From these basics there are potentially many implications. This paper is interesting in this regard as it sought to understand how different ways of presenting information related to how particular audiences comprehended the information and their preferences. How we as creators assist (or impede) our audiences can influence the message perceived.

American Journal of Medical Quality
Volume: 33, Number: 5 (September/October 2018)

URL	http://journals.sagepub.com/toc/ajmb/33/5
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: • **HCAHPS Scores and Community Factors** (Jeph Herrin, Kathleen G Mockaitis, and Stephen Hines) • Factors Associated With the **Overuse** of **Colorectal Cancer Screening**: A Systematic Review (Zachary Predmore, Jean Pannikottu, Ritu Sharma, Monica Tung, Stephanie Nothelle, and Jodi B. Segal) • The Impact of a **Transition of Care Program** on **Acute Myocardial Infarction Readmission** Rates (Jeffrey A. Marbach, Drew Johnson, Juergen Kloo, Amit Vira, Scott Keith, Walter K. Kraft, N Margules, and D Whellan) • **Readability of Online Health Information**: A Meta-Narrative Systematic Review (Lubna Daraz, Allison S Morrow, Oscar J Ponce, Wigdan Farah, Abdulrahman Katabi, Abdul Majzoub, Mohamed O Seisa, Raed Benkhadra, Mouaz Alsawas, Prokop Larry, and M. Hassan Murad) • **Area Deprivation** Index **Predicts Readmission Risk** at an Urban Teaching Hospital (Jianhui Hu, Amy J. H. Kind, and David Nerenz) • An Assessment of the Impact of **Just Culture** on Quality and Safety in US Hospitals (Marc T Edwards) • **Super-Utilization** of Health Care Resources Among **Gynecologic Oncology** Patients (Casey M Hay, Joseph L Kelley, III, Robert P Edwards, Kathleen M Pombier, and John T Comerci, Jr) • Use of a **Surgical Debriefing Checklist** to Achieve Higher Value Health Care (Michael R Rose and Katherine M Rose) • Practical Implementation of **Failure Mode and Effects Analysis** for **Extracorporeal Membrane Oxygenation** Activation (Faria Nasim, Joseph T Poterucha, Lisa M Daniels, John G Park, Troy G Seelhammer, John K Bohman, Tammy P Friedrich, Caitlin L Blau, J L Elmer, and G J Schears) • Fifteen-Year Journey to **High Reliability** in **Pathology and Laboratory Medicine** (Lavinia P Middleton, Ron Phipps, Mark Routbort, Victor Prieto, L Jeffrey Medeiros, Michael Riben, Alejandro Contreras, James Kelley, Keyur Patel, John Bingham, and Elizabeth A Wagar) • Identifying What Is Known About Improving **Operating Room to Intensive Care Handovers**: A Scoping Review (Karolina Zjadewicz, Kirsten S Deemer, Jennifer Coulthard, Christopher J Doig, and Paul J Boiteau) • Harnessing the Power of **Peer Influence** to **Improve Quality** (Christina T Yuan, Peter J Pronovost, and Jill A Marsteller) • Organizational Response to **Known Medical Errors**: Does **Peer Review Protection** Impede Improvement? (William J Wenner, Jr and Sung W Choi) • **Gratitude and Recognition** in a Hospital Setting: Addressing Provider Well-Being and Patient Outcomes (Caitlin Hamilton, Helge Osterhold, Jessica Chao, Kristin Chu, and Arup Roy-Burman) • Preceptor Perceptions of **Team Quality Improvement Projects** Conducted With the Educating Pharmacists in Quality Program (Melissa L. Nelson, Joni L. Dean, Cameron Hannum, and Terri Warholak)

Public Health Research & Practice
September 2018, Volume 28, Issue 3

URL	http://www.phrp.com.au/issues/september-2018-volume-28-issue-3/
Notes	A new issue of *Public Health Research & Practice* has been published with a focus on improving health systems with research innovation, with articles covering topical public health issues such as obesity, chronic disease prevention and sexually transmitted infection. Articles in this issue of *Public Health Research & Practice* include: • Editorial: Improving health systems through innovation in **population health and health services research** (Danielle M Campbell, Beth Stickney, Andrew J Milat, Sarah Thackway) • How to improve **success of technology projects** in health and social care (Trisha Greenhalgh) • Increasing the use of **research in population health** policies and programs: a rapid review (Danielle M Campbell, Gabriel Moore) • What do we know about **alcohol mixed with energy drink** (AmED) use in Australia? Expanding local evidence (Amy Pennay, Amy Peacock, Nicolas Droste, Peter Miller, Raimondo Bruno, Phillip Wadds, Stephen Tomsen, Daniel Lubman) • Design and delivery of an innovative **speech pathology service-learning program** for primary school children in Far West NSW, Australia (Sue Kirby, David Lyle, Debra Jones, Claire Brunero, Alison Purcell, Pascale Dettwiller) • **Translational Research Grants Scheme** (TRGS): a new approach to strengthening health system research capacity (Robin Auld, Tina Loppacher, Shiho Rose, Andrew J Milat, Antonio Penna) • Codesign of the **Population Health Information Management System** to measure reach and practice change of **childhood obesity** programs (Amanda M Green, Christine Innes-Hughes, Chris Rissel, Jo Mitchell, Andrew J Milat, Mandy Williams, Lina Persson, Sarah Thackway, Nicola Lewis, John Wiggers) • **Partnering to prevent chronic disease**: reflections and achievements from The Australian Prevention Partnership Centre (Emma Slaytor, Andrew Wilson, Samantha Rowbotham, Helen Signy, Ainsley Burgess, Sonia Wutzke) • A priority-driven, policy-relevant research program to support a response to **blood-borne viruses and sexually transmissible infections** in NSW, Australia (Tina Gordon, Cherie Power, Tim Duck, Heather-Marie A Schmidt, Joanne Holden) • The **Prevention Research Support Program**: supporting innovation in research, translation and capability building (Beth Stickney, Danielle M Campbell, Andrew J Milat, Sarah Thackway)

BMJ Quality and Safety online first articles

URL	https://qualitysafety.bmj.com/content/early/recent
Notes	*BMJ Quality and Safety* has published a number of 'online first' articles, including: • Redesigning care: adapting new **improvement methods** to achieve **person-centred care** (Onil Bhattacharyya, David Blumenthal, Roger Stoddard, Lynne Mansell, Kathryn Mossman, Eric C Schneider) • Using objective clinical data to track progress on **preventing and treating sepsis**: CDC's new 'Adult Sepsis Event' surveillance strategy (Chanu Rhee, Raymund Barretto Dantes, Lauren Epstein, Michael Klompas) • **Inter-hospital transfer and patient outcomes**: a retrospective cohort study (Stephanie Mueller, Jie Zheng, Endel John Orav, Jeffrey L Schnipper)

International Journal for Quality in Health Care online first articles

URL	https://academic.oup.com/intqhc/advance-access
Notes	*International Journal for Quality in Health Care* has published a number of 'online first' articles, including: • **Low-value clinical practices and harm caused** by non-adherence to 'do not do' recommendations in primary care in Spain: a Delphi study (José Joaquín Mira; Johanna Caro Mendivelso; Irene Carrillo; Javier González de Dios; Guadalupe Olivera; Pastora Pérez-Pérez; Cristina Nebot; Carmen Silvestre; Yolanda Agra; Ana Fernandez; José L Valencia-Martín; Ana Ariztegui; Jesús Aranaz; SOBRINA Research Team) • **Learning from experience in a National Healthcare System**: organizational dynamics that enable or inhibit change processes (Miriam Dalmas; Joseph G Azzopardi)

Online resources

Australian Cancer Atlas
https://atlas.cancer.org.au/
Researchers from Cancer Council Queensland, Queensland University of Technology (QUT) and FrontierSI have laboured to deliver this interactive digital cancer atlas. The *Australian Cancer Atlas* shows national patterns in cancer incidence and survival rates based on where people live for 20 of the most common cancers in Australia, such as lung, breast and bowel cancer. These patterns may reflect the characteristics, lifestyles and access to health services across Australia.
The Atlas combines geographical details with statistical methods and visualisations to show how much each area may be above or below the national cancer average. The atlas seeks to provide a better understanding of geographic disparities and health requirements across the country.
I have observed a on a number of occasions that the mapping software (Geographic Information Systems) are very close to becoming mainstream as more and more of the data we produce and handle is geocoded from creation. The emergence of more and more sites that map health data demonstrate this truth.

Clinical Communiqué
Volume 5 Issue 3 September 2018
http://vifmcommuniques.org/clinical-communique-volume-5-issue-3-september-2018/
This *Clinical Communiqué* focuses on the tragic and the unfortunately common occurrence of the **suicide of healthcare professionals**. This issue includes three cases (of a medical specialist, a paramedic and a registered nurse) and three expert commentaries. The three commentaries examine:

- The mental health of health professionals: Suicide and substance abuse
- Suicide prevention in healthcare workers
- Caring for the carers: Why status quo is not alright.