



On the Radar

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On the Radar

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Cognitive Impairment Resources Consultation

<https://www.safetyandquality.gov.au/our-work/assessment-to-the-nsqhs-standards/national-standards-program-updates-and-consultations-2/#Delirium>

The Australian Commission on Safety and Quality in Health Care has developed four resources to help improve the care of people with cognitive impairment.

The National Safety and Quality Health Service (NSQHS) Standards user guide for health service organisations providing care for patients with cognitive impairment or at risk of delirium (the user guide) outlines the actions in the second edition of the NSQHS Standards that support safe and high quality care for patients with cognitive impairment or at risk of delirium.

To support the user guide, clinician and consumer resources are also available. These resources build upon *A better way to care resources*, reflecting new evidence, a wider cognitive impairment scope and the second edition of the NSQHS Standards.

The Commission is seeking feedback from stakeholders on one or more of the resources. Feedback can be provided either by completing the survey or by providing a written response by email or mail.

Consultation on this resource will run until **2 November 2018**.

Further information about participation in the consultation process can be found on the Commission's website at <https://www.safetyandquality.gov.au/our-work/assessment-to-the-nsqhs-standards/national-standards-program-updates-and-consultations-2/#Delirium>

If you have any questions in relation to this consultation, please contact Anne Cumming on (02) 9126 3526 or cognitive.impairment@safetyandquality.gov.au

Reports

The spread challenge: how to support the successful uptake of innovations and improvements in health care

Horton T, Illingworth J, Warburton W

London: The Health Foundation; 2018. p. 67.

URL	https://www.health.org.uk/publication/spread-challenge
Notes	The Health Foundation in the UK has produced this report exploring the challenge of spreading innovations and improvements in health care. Drawing on learning from the Foundation’s improvement programmes and research, the report outlines several key messages for those involved in the spread or adoption of new ideas. The report looks at why, even if an innovation has been successfully piloted, it can still take time, creativity and hard work to translate it into a new setting and make it work effectively. The report also highlights insights that those adopting an innovation generate as they implement it in new contexts, and how this can be a vital source of learning for refining and improving the original idea.

Journal articles

Pathway to ending avoidable diabetes-related amputations in Australia

Lazzarini PA, van Netten JJ, Fitridge RA, Griffiths I, Kinnear EM, Malone M, et al

Medical Journal of Australia. 2018;209(7):288-90.

DOI	https://doi.org/10.5694/mja17.01198
Notes	The authors of this Perspectives piece in the <i>Medical Journal of Australia</i> open with the assertion that “Diabetes-related foot disease (DFD) is ‘common, complex, and costly’ ¹ and underappreciated in Australia. With DFD not even rating a footnote mention in recent national chronic disease strategies, it is arguably Australia’s least known major health problem.” Its significance, outcomes and variation across Australia was noted in the first <i>Australian Atlas of Healthcare Variation</i> in which diabetes-related lower limb amputation hospital admissions in adults (18 years and over) was a specific item analysed). This MJA piece focuses on the Diabetic Foot Australia’s recent launch of the <i>Australian diabetes-related foot disease strategy 2018–2022: the first step towards ending avoidable amputations within a generation</i> (available at https://www.diabeticfootaustralia.org/for-researchers/australian-diabetes-related-foot-disease-strategy-2018-2022/). The strategy has nine recommendations that relate to access to affordable and effective care, the provision of safe, quality care and ensuring that there is research and development to improve patient outcomes.

For more information about and access to the *Australian Atlas of Healthcare Variation* series, see

<https://www.safetyandquality.gov.au/atlas/>

Improving the quality of health care in Canada

Dhalla IA, Tepper J

Canadian Medical Association Journal. 2018;190(39):E1162-E7.

DOI	https://doi.org/10.1503/cmaj.171045
Notes	The Australian health care system is sometimes compared with Canada, partially due to the ostensible similarity of a federal-state/provincial split. This paper on how Canadian health care could be improved may allow for further comparisons of similarities and dichotomies. The author’s key points for Canada include: <ul style="list-style-type: none"> • There are large gaps between what we know to be high-quality health care and the care that many patients receive.

	<ul style="list-style-type: none"> • High-quality care is safe, timely, effective, efficient, equitable and patient centred. • There is opportunity for improvement in all of these dimensions. • Ways to improve the quality of care include expanding public funding for proven treatments, investing in primary care and embedding tools of improvement into practice. • Improving care is more likely to occur with the involvement of both front-line clinicians and patients.
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Patient safety in palliative care: a mixed-methods study of reports to a national database of serious incidents

Yardley I, Yardley S, Williams H, Carson-Stevens A, Donaldson LJ

Palliative Medicine. 2018;32(8):1353-62.

DOI	http://doi.org/10.1177/0269216318776846
Notes	I have observed previously that many safety and quality issues pertain to essentially all health care. However, I have also noted that for many (if not all) domains there are particular issues. This is often been when describing an item that looks at the issues in a particular domain or context. This paper drew together a range of sources and methods to elucidate the patient safety issues relevant to palliative care. From analyses of data on palliative care in England, the authors report that pressure ulcers, medication errors, falls and healthcare associated infections (HAI) were the most frequently reported types of events. The underlying causes they identified included lack of palliative care experience, under-resourcing and poor service coordination . The resultant harms included worsened symptoms, disrupted dying, serious injury and hastened death .

Health Affairs

Volume: 37, Number: 10 (October 2018)

URL	https://www.healthaffairs.org/toc/hlthaff/37/10
Notes	<p>A new issue of <i>Health Affairs</i> has been published, with the themes ‘Social Determinants, Drug & Device Prices & More’. Articles in this issue include:</p> <ul style="list-style-type: none"> • A Hot Health Policy Summer (Katie Keith) • The Maryland Health Enterprise Zone Initiative Reduced Hospital Cost And Utilization In Underserved Communities (Darrell J Gaskin, Roza Vazin, Rachael McCleary, and Roland J Thorpe) • Indianapolis Provider’s Use Of Wraparound Services Associated With Reduced Hospitalizations And Emergency Department Visits (Joshua R Vest, Lisa E Harris, Dawn P Haut, Paul K Halverson, and Nir Menachemi) • Medicare Beneficiaries Living In Housing With Supportive Services Experienced Lower Hospital Use Than Others (Michael K Gusmano, Victor G Rodwin, and Daniel Weisz) • Prices For Cardiac Implant Devices May Be Up To Six Times Higher In The US Than In Some European Countries (Martin Wenzl and E Mossialos) • Generic Drug Price Hikes And Out-Of-Pocket Spending For Medicare Beneficiaries (Geoffrey Joyce, L E Henkhaus, L Gascue, and J Zissimopoulos) • Provider Payments And The Receipt Of Human Papillomavirus Vaccine Among Privately Insured Adolescents (Yuping Tsai, Megan C Lindley, Fangjun Zhou, and Shannon Stokley) • Assessing The Impact Of State Policies For Prescription Drug Monitoring Programs On High-Risk Opioid Prescriptions (Yuhua Bao, Katherine Wen, Phyllis Johnson, Philip J Jeng, Zachary F Meisel, and Bruce R Schackman)

	<ul style="list-style-type: none"> • A Systematic Review Of The Food And Drug Administration’s ‘Exception From Informed Consent’ Pathway (William B Feldman, Spencer Phillips Hey, and Aaron S Kesselheim) • Market Power: Price Variation Among Commercial Insurers For Hospital Services (Ge Bai and Gerard F Anderson) • Health Care Spending Under Employer-Sponsored Insurance: A 10-Year Retrospective (Amanda Frost, Eric Barrette, Kevin Kennedy, and N Brennan) • The Effect Of The Hospital Readmissions Reduction Program On Readmission And Observation Stay Rates For Heart Failure (Jordan Albritton, Thomas W Belnap, and Lucy A Savitz) • Nursing Facilities Can Reduce Avoidable Hospitalizations Without Increasing Mortality Risk For Residents (Zhanlian Feng, Melvin J Ingber, Micah Segelman, Nan Tracy Zheng, Joyce M Wang, Alison Vadnais, Nicole M Coomer, and Galina Khatutsky) • State Policies And Enrollees’ Experiences In Medicaid: Evidence From A New National Survey (Michael L Barnett, K L Clark, and B D Sommers) • Medicaid Expansion Improved Health Insurance Coverage For Immigrants, But Disparities Persist (Jim P Stimpson and Fernando A Wilson) • Immigrants Pay More In Private Insurance Premiums Than They Receive In Benefits (Leah Zallman, Steffie Woolhandler, Sharon Touw, David U Himmelstein, and Karen E Finnegan) • Difference In Uninsurance Rates Between Full- And Part-Time Workers Declined In 2014 (Terceira A Berdahl and Asako S Moriya) • Despite Coverage Gains, One-Third Of People In Small-Firm Low-Income Families Were Uninsured In 2014–15 (Patricia S Keenan, Paul D Jacobs, and G Edward Miller) • Diminishing Insurance Choices In The Affordable Care Act Marketplaces: A County-Based Analysis (Kevin Griffith, David K Jones, and B D Sommers) • Racial And Ethnic Differences In The Attainment Of Behavioral Health Quality Measures In Medicare Advantage Plans (Joshua Breslau, Marc N Elliott, Amelia M Haviland, David J Klein, Jacob W Dembosky, John L Adams, Sarah J Gaillot, Marcela Horvitz-Lennon, and Eric C Schneider) • Changes In End-Of-Life Care In The Medicare Shared Savings Program (Lauren G Gilstrap, Haiden A Huskamp, David G Stevenson, Michael E Chernew, David C Grabowski, and J Michael McWilliams) • Locked Down After A School Shooting (Tony S Reed)
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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"> • We want to know: patient comfort speaking up about breakdowns in care and patient experience (Kimberly A Fisher, Kelly M Smith, Thomas H Gallagher, Jim C Huang, James C Borton, Kathleen M Mazor) • Editorial: Mobile technologies in healthcare: systematising the move from point solutions to broad strategies (Payal Agarwal, Onil Bhattacharyya) • Virtual outpatient clinic as an alternative to an actual clinic visit after surgical discharge: a randomised controlled trial (Paul Healy, Liam McCrone, Roisin Tully, Emer Flannery, Aoife Flynn, Caitriona Cahir, Mayilone Arumugasamy, Thomas Walsh)

	<ul style="list-style-type: none"> • Framing the challenges of artificial intelligence in medicine (Kun-Hsing Yu, Isaac S Kohane) • Application of electronic trigger tools to identify targets for improving diagnostic safety (Daniel R Murphy, Ashley ND Meyer, Dean F Sittig, Derek W Meeks, Eric J Thomas, Hardeep Singh)
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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"> • Solve the problems for better health—from quality indicators to system audits (Yi-Hsin Elsa Hsu; Ya-Ting Yang) • Comprehensive cost of illness of dementia in Japan: a time trend analysis based on Japanese official statistics (Shimpei Hanaoka; Kunichika Matsumoto; Takefumi Kitazawa; Shigeru Fujita; Kanako Seto; Tomonori Hasegawa) • Psychometric evaluation of the Taiwanese version of the functional assessment of cancer therapy: a questionnaire for patients with lung cancer (Wen-Pei Chang; Yen-Kuang Lin; Chia-Chin Lin) • Causes of medical errors and its under-reporting amongst pediatric nurses in Iran: a qualitative study (Razieh Sadat Mousavi-roknabadi; Marzieh Momennasab; Mehrdad Askarian; Abbas Haghshenas; Brahmputra Marjadi)

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:

- Quality Standard QS72 **Renal replacement therapy services for adults**
<https://www.nice.org.uk/guidance/qs72>
- NICE Guideline NG107 **Renal replacement therapy and conservative management**
<https://www.nice.org.uk/guidance/ng107>
- NICE Guideline NG108 **Decision-making and mental capacity**
<https://www.nice.org.uk/guidance/ng108>

[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:

- Women want a personalised **birth experience**, but safety is paramount
- Ethanol locks in catheters for **dialysis** may prevent sepsis
- Fewer wound hernias occur if mesh is used to reinforce **abdominal aortic aneurysm surgery**
- General hospital care for **children with learning disabilities** has scope for improvement
- High-flow oxygen therapy may have a role in treating infants with more **severe bronchiolitis**
- **Inducing labour** at or after 41 weeks reduces risks to infants
- People take prescribed **statins** more reliably after discussing their advantages and disadvantages
- Reminders help GPs to find and manage **inherited cholesterol disorders**
- **Adrenaline** can restart the heart but is no good for the brain
- Text messages improve **diabetes self-management** and blood sugar control.

[USA] 2019 Top 10 Health Technology Hazards

<https://www.ecri.org/Pages/Top-Ten-Tech-Hazards.aspx>

The ECRI Institute has released its annual list of the more significant hospital health technology hazards. This year's list is:

1. **Hackers** Can Exploit **Remote Access** to Systems, Disrupting Healthcare Operations
2. **“Clean” Mattresses** Can Ooze Body Fluids onto Patients
3. **Retained Sponges** Persist as a Surgical Complication Despite Manual Counts
4. Improperly Set **Ventilator Alarms** Put Patients at Risk for Hypoxic Brain Injury or Death
5. Mishandling **Flexible Endoscopes** after Disinfection Can Lead to Patient Infections
6. Confusing Dose Rate with Flow Rate Can Lead to **Infusion Pump Medication Errors**
7. Improper Customization of **Physiologic Monitor Alarm** Settings May Result in Missed Alarms
8. Injury Risk from **Overhead Patient Lift Systems**
9. **Cleaning Fluid** Seeping into Electrical Components Can Lead to Equipment Damage and Fires
10. Flawed **Battery Charging Systems and Practices** Can Affect Device Operation.

[Canada] *Say Naaah: Open Up and Think Twice About Antibiotics*

<http://antibioticwise.ca/campaign/antibiotics-and-dental-care/>

British Columbia's Centre for Disease Control has launched its “Say Naaah: Open Up and Think Twice About Antibiotics” campaign, which provides educational resources on the proper use of antibiotics in dentistry and oral surgery.

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