



On the Radar

Issue 391

15 October 2018

On the Radar is a summary of some of the recent publications in the areas of safety and quality in health care. Inclusion in this document is not an endorsement or recommendation of any publication or provider. Access to particular documents may depend on whether they are Open Access or not, and/or your individual or institutional access to subscription sites/services. Material that may require subscription is included as it is considered relevant.

On the Radar is available online, via email or as a PDF or Word document from <https://www.safetyandquality.gov.au/publications-resources/on-the-radar/>

If you would like to receive *On the Radar* via email, you can subscribe on our website <https://www.safetyandquality.gov.au/> or by emailing us at mail@safetyandquality.gov.au. You can also send feedback and comments to mail@safetyandquality.gov.au.

For information about the Commission and its programs and publications, please visit <https://www.safetyandquality.gov.au>
You can also follow us on Twitter @ACSQHC.

On the Radar

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

Contributors: Niall Johnson , Emma Mathison

Venous Thromboembolism Prevention Clinical Care Standard

Australian Commission on Safety and Quality in Health Care
Sydney: ACSQHC; 2018.

<https://www.safetyandquality.gov.au/our-work/clinical-care-standards/venous-thromboembolism-prevention-clinical-care-standard/>

<https://www.safetyandquality.gov.au/our-work/clinical-care-standards/>

The Australian Commission on Safety and Quality in Health Care, in collaboration with consumers, clinicians, researchers and health organisations, has developed the *Venous Thromboembolism Prevention Clinical Care Standard* and resources to guide and support its implementation.

The *Venous Thromboembolism Prevention Clinical Care Standard* offers guidance to patients, clinicians and health services on the delivery of high-quality care to prevent venous thromboembolism (VTE) acquired in hospital or after discharge, with the goal of reducing avoidable death or disability caused by hospital-acquired VTE.

The *Venous Thromboembolism Prevention Clinical Care Standard* was developed with the input of consumers and contains information designed to inform patients of the importance of risk assessment, appropriate VTE prevention methods and continuing care so they can share in decisions with their clinicians, both in and out of hospital, about their care and ways to prevent VTE.

Additional resources include fact sheets for clinicians and consumers and an Indicator Specification – a set of suggested indicators to assist clinicians and health services to monitor the implementation of the quality statements included in the clinical care standard, and support improvement as needed.

Venous Thromboembolism Prevention

Clinical Care Standard



Seven evidence-based quality statements to help reduce the risk of blood clots during and following a hospital stay

- 1** Timely assessment of clotting risk
- 2** Prevention planning, balancing the risk of clotting against bleeding
- 3** Education and informed decision making
- 4** Documentation and communication of the clot-prevention plan
- 5** Appropriate clot-prevention methods
- 6** Reassessment of risk and monitoring for clot-related complications
- 7** Post discharge care planning

Clinical Care Standards

support clinicians and health services to deliver high-quality care and meet the requirements of the NSQHS Standards (second edition)

Download the Clinical Care Standard and resources at:
www.safetyandquality.gov.au/ccs



AUSTRALIAN COMMISSION
ON SAFETY AND QUALITY IN HEALTH CARE



Books

Implementing Quality Measures for Accountability in Community-Based Care for People with Serious Illness: Proceedings of a Workshop

National Academies of Sciences, Engineering, Medicine

Graig L, Cruz SM, Alper J, editors

Washington, DC: The National Academies Press; 2018.

URL	https://doi.org/10.17226/25202
Notes	The [US] National Academies of Sciences, Engineering and Medicine convenes the Roundtable on Quality Care for People with Serious Illness. This Roundtable held a public workshop on 17 April 2018 to explore the challenges and opportunities related to implementing quality measures for accountability purposes in community-based care for people with serious illness. The workshop participants had a broad range of perspectives, including clinical care team members, health care payers, researchers, policy analysts, patient and family caregivers, those involved in health care accreditation and representatives of federal agencies. Presentations at the workshop examined the current state of quality measurement and explored approaches to the use of measures to enhance accountability and drive improvement in the quality of care for people with serious illness, their families and caregivers. The document summaries the workshop.

Reports

Improving people's health: applying behavioural and social sciences

Public Health England

London: Public Health England; 2018. p. 57.

URL	https://www.gov.uk/government/publications/improving-peoples-health-applying-behavioural-and-social-sciences																
Notes	Public Health England has developed this strategy to enable public health professionals to use behavioural and social sciences to improve health and wellbeing. The report identifies eight priority themes and actions to support people in developing and applying behavioural and social science.																
		<table border="1"> <thead> <tr> <th></th> <th>Priority theme</th> <th>Actions</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>Evidence and theory</td> <td>Increase the number of programmes, policies, and interventions that are (i) underpinned by evidence, principles, and methods from the behavioural and social sciences and (ii) aligned with evidence-based guidelines where available</td> </tr> <tr> <td>2</td> <td>Leadership of organisation</td> <td>Make knowledge and skills from the behavioural and social sciences mainstream in all our organisations that commission, research, design, deliver or evaluate public health services</td> </tr> <tr> <td>3</td> <td>Wider system leadership</td> <td>Embed behavioural and social science skills, tools and frameworks across sectors of the public health workforce</td> </tr> <tr> <td>4</td> <td>Access to expertise</td> <td>Assist commissioners, decision makers and practitioners to understand and apply evidence and approaches from the behavioural and</td> </tr> </tbody> </table>		Priority theme	Actions	1	Evidence and theory	Increase the number of programmes, policies, and interventions that are (i) underpinned by evidence, principles, and methods from the behavioural and social sciences and (ii) aligned with evidence-based guidelines where available	2	Leadership of organisation	Make knowledge and skills from the behavioural and social sciences mainstream in all our organisations that commission, research, design, deliver or evaluate public health services	3	Wider system leadership	Embed behavioural and social science skills, tools and frameworks across sectors of the public health workforce	4	Access to expertise	Assist commissioners, decision makers and practitioners to understand and apply evidence and approaches from the behavioural and
		Priority theme	Actions														
	1	Evidence and theory	Increase the number of programmes, policies, and interventions that are (i) underpinned by evidence, principles, and methods from the behavioural and social sciences and (ii) aligned with evidence-based guidelines where available														
	2	Leadership of organisation	Make knowledge and skills from the behavioural and social sciences mainstream in all our organisations that commission, research, design, deliver or evaluate public health services														
3	Wider system leadership	Embed behavioural and social science skills, tools and frameworks across sectors of the public health workforce															
4	Access to expertise	Assist commissioners, decision makers and practitioners to understand and apply evidence and approaches from the behavioural and															

		social sciences to public health issues
5	Tools and resources	Provide a range of tools, methods and resources to support the use of approaches from the behavioural and social sciences
6	Capacity building	Develop the skills and competencies of the public health workforce, so they can commission and deliver behaviour change interventions and programmes underpinned by behavioural and social science theory and evidence
7	Research and translation	Encourage behavioural and social science research funding streams (including streams that are integrated with other public health disciplines) and the development of collaborative and multidisciplinary research capacity (with a focus on applied approaches) and dissemination
8	Communities of practice	Strengthen or establish vibrant networks/communities of practice, improve quality of service, and promote exchanges of scientific information and professional experience

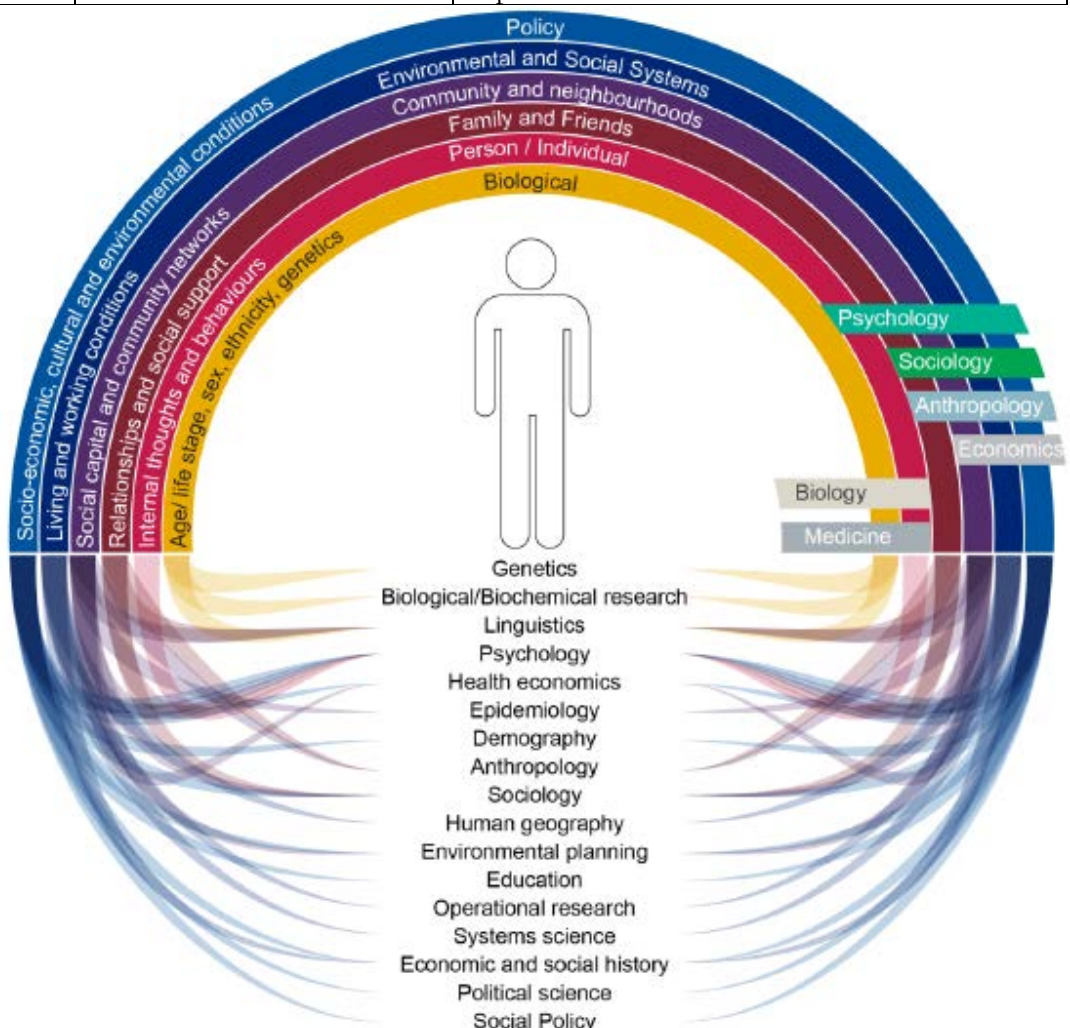


Figure 1 Conceptualising the contributions of behavioural and social science disciplines

The Core Elements of Human Antibiotic Stewardship Programs in Resource-Limited Settings: National and Hospital Levels

Centers for Disease Control and Prevention

Atlanta: US Department of Health and Human Services, CDC; 2018. p. 28.

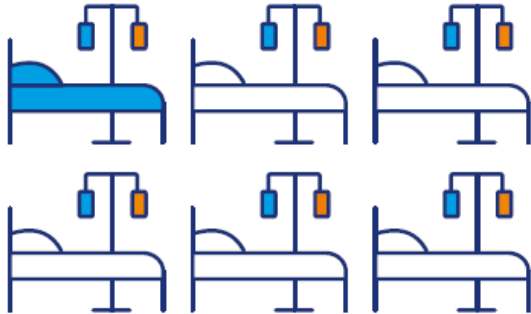
URL	https://www.cdc.gov/antibiotic-use/healthcare/implementation.html https://www.cdc.gov/antibiotic-use/healthcare/pdfs/18-295875-A-ASP-CE-Web-508.pdf
Notes	<p>The [US] US Centers for Disease Control and Prevention (CDC) has released this guide that provides a framework for implementing antibiotic stewardship programs in resource-limited settings. The guide contains practical, high-yield strategies based on expert opinion and experiences in implementing antibiotic stewardship programs at the national and facility-levels. The guide provides a range of activities that a government or individual facility can implement based on the resources available.</p>

For more information about the Commission’s work on antimicrobial stewardship, see <https://www.safetyandquality.gov.au/our-work/healthcare-associated-infection/antimicrobial-stewardship/>

Making hospitals safe for people with diabetes

Watts E, Rayman G

London: Diabetes UK; 2018. p. 24.

URL	https://www.diabetes.org.uk/professionals/resources/shared-practice/inpatient-and-hospital-care
Notes	<p>The prevalence of diabetes seems to be increasing almost inexorably. It can be a significant co-morbidity and hospitalised patients with diabetes can require additional care. According to this report from Diabetes UK, people with diabetes who are admitted to hospital must be cared for by appropriately trained staff, provided with access to a specialist diabetes team and given the choice of self-monitoring and managing their own insulin. The report has been developed through conversations with people with diabetes, diabetes inpatient teams, healthcare professionals working in hospitals and hospital managers. It highlights the challenges facing diabetes inpatient services and shows what should be in place in all hospitals. Properly resourced, proactive diabetes inpatient teams and an educated inpatient workforce lead to improved patient satisfaction and shorter lengths of stay. When proper systems are in place, healthcare professionals can manage their workload better and make sure they are prioritising those most in need. Along with the report, other resources are available, including a self-assessment checklist.</p> <div style="text-align: right;">  <p>One in six people in a hospital bed has diabetes.</p> </div>

Approaches to better value: improving quality and cost

Jabbal J, Lewis M

London: The King's Fund; 2018. p. 51.

URL	https://www.kingsfund.org.uk/publications/approaches-better-value
Notes	<p>The search for value (whether in limited terms of costs and value for money, or the broader sense of care that accords with individual's values) motivates many. The King's Fund in the UK has published this report seeking to share learning and insight from three NHS hospital trusts that have developed organisation-wide strategies for value improvement. These experiences not only reveal differences in how organisations are approaching value improvement, they also show several common conditions for success. These include:</p> <ul style="list-style-type: none">• fidelity to a clearly defined strategy that brings the various strands of value improvement work together• recognition that value improvement is a long-term commitment that will require considerable staff time and resources;• leadership approach that requires continuous engagement with frontline clinicians and managers.

Journal articles

Hospital staffing and health care-associated infections: a systematic review of the literature

Mitchell BG, Gardner A, Stone PW, Hall L, Pogorzelska-Maziarz M

Joint Commission Journal on Quality and Patient Safety. 2018;44(10):613-22.

DOI	http://doi.org/10.1016/j.jcjq.2018.02.002
Notes	<p>Paper reporting on a systematic review that sought to examine recent research on the relationship of hospital staffing and healthcare associated infection (HAI) risk. Based on the review of 54 studies, the authors report that the review “demonstrate[d] that increased staffing is related to decreased risk of acquiring HAIs”. The majority of the studies looked at “the relationship between nurse staffing and HAIs (n = 50, 92.6%) and found nurse staffing variables to be associated with an increase in HAI rates (n = 40, 74.1%).”</p>

For more information about the Commission's work on healthcare associated infection, see

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

Australian Health Review

Volume 42 Number 5 2018

URL	http://www.publish.csiro.au/ah/issue/8887
Notes	<p>A new issue of <i>Australian Health Review</i> has been published. Articles in this issue of <i>Australian Health Review</i> include:</p> <ul style="list-style-type: none">• A time for reflection...then action (Gary E Day)• Cost savings from a teledentistry model for school dental screening: an Australian health system perspective (Mohamed Estai, Stuart Bunt, Yogesan Kanagasingam and Marc Tennant)• Developing key performance indicators for a tertiary children's hospital network (Christopher Elliot, Cheryl Mcullagh, Michael Brydon and K Zwi)• Is capital investment in Australian hospitals effectively funding patient access to efficient public hospital care? (Rhonda Kerr and Delia V Hendrie)

	<ul style="list-style-type: none"> • Mental health consultations in the perinatal period: a cost-analysis of Medicare services provided to women during a period of intense mental health reform in Australia (Georgina M Chambers, Sean Randall, Cathrine Mihalopoulos, Nicole Reilly, Elizabeth A Sullivan, Nicole Highet, Vera A Morgan, Maxine L Croft, Mary Lou Chatterton and Marie-Paule Austin) • Economic modelling of telehealth substitution of face-to-face specialist outpatient consultations for Queensland correctional facilities (Monica Taylor, Liam J Caffery, Paul A Scuffham and Anthony C Smith) • Person-centred care in a digital hospital: observations and perspectives from a specialist rehabilitation setting (Letitia Burrridge, Michele Foster, Rachel Jones, Timothy Geraghty and Sridhar Atresh) • Strengthening the primary care workforce to deliver community case management for child health in rural Indonesia (Agus Setiawan and Angela Dawson) • Managing chronic conditions care across primary care and hospital systems: lessons from an Australian Hospital Avoidance Risk Program using the Flinders Chronic Condition Management Program (Sharon Lawn, Sara Zabeen, David Smith, E Wilson, C Miller, M Battersby and K Masman) • Partnering with consumers in the public reporting of quality of care: review of the Victorian quality of care reports (Charissa Zaga, Sandra Leggat and Sophie Hill) • Participation in Hospital in the Home for patients in inner metropolitan Sydney: implications for access and equity (Jude Page, Elizabeth Comino, Mandy Burgess, John Cullen and Elizabeth Harris) • Datasets collected in general practice: an international comparison using the example of obesity (Elizabeth Sturgiss and Kees van Boven) • Effects of eHealth on hospital practice: synthesis of the current literature (Rebekah Eden, Andrew Burton-Jones, Ian Scott, A Staib and C Sullivan) • Comparison of specialist and generalist care (C M Horwood, P Hakendorf and C H Thompson) • Recent trends in the use of linked data in Australia (A Young and F Flack) • Public reporting of hospital performance data: views of senior medical directors in Victoria, Australia (Rachel Canaway, Marie Bismark, David Dunt and Margaret Kelaher) • Examining the high users of hospital resources: implications of a profile developed from Australian health insurance claims data (Joanna Khoo, Helen Hasan and Kathy Eagar) • Use of medical emergency call data as a marker of quality of emergency department care in the post-National Emergency Access Target era (Lorraine Westacott, Judy Graves, Mohsina Khatun and John Burke)
--	--

Healthcare Papers

Volume 17, Number 4, 2018

URL	https://www.longwoods.com/publications/healthcarepapers/25570
Notes	<p>A new issue of <i>Healthcare Papers</i> has been published. Articles in this issue of <i>Healthcare Papers</i> include:</p> <ul style="list-style-type: none"> • Physician Compensation, Accountability and Performance in Canada: Changing the <i>Pas de Deux</i> (Terrence Sullivan) • Doctors and Canadian Medicare: Improving Accountability and Performance (Gregory P Marchildon and Michael Sherar)

	<ul style="list-style-type: none"> • Physician Service Costs: Is there Blame to Share Around? (Audrey Laporte) • Healthcare Delivery and Physician Accountability in Quebec: A System Ready for Change (Lawrence Rosenberg) • Doctors and Canadian Medicare: Improving System Performance Requires System Change (Richard H Glazier and Tara Kiran) • Improving Physician Accountability Through Primary Care Reform in Alberta (John Church, Rob Skrypnek and Neale Smith) • From Autonomous Gatekeepers to System Stewards: Can the Alberta Agreement Change the Role of Physicians in Canadian Medicare? (Tom McIntosh) • Canada's Ailing Healthcare System: It's the Doctors' Fault? (Jack M Mintz) • Building on Primary Care Reforms and Indigenous Self-Determination in the Northwest Territories: Physician Accountability and Performance in Context (Susan Chatwood) • Measuring Physicians' Incomes with a Focus on Canadian-Controlled Private Corporations (Lars Nielsen and Arthur Sweetman) • Value for Money through Effective Stewardship (Gregory P Marchildon and Michael Sherar)
--	---

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"> • Automated extraction of quality indicators for treatment of children with complex developmental disorders: A feasibility study using the example of attention-deficit/hyperactivity disorder (Peter Borusiak; Karin A Hameister; Dennis Jozwiak; Inga M Saatz; Lutz Mathea; Stephan Schilling; Johannes Buckard; Armin Wegener) • Is a modified Global Trigger Tool method using automatic trigger identification valid when measuring adverse events?: A comparison of review methods using automatic and manual trigger identification (Kjersti Mevik; Tonje E Hansen; Ellen C Deilkås; Alexander M Ringdal; Barthold Vonen) • Quality assessment indicators in antenatal care worldwide: a systematic review (Lina Sofia Morón-Duarte; Andrea Ramirez Varela; Omar Segura; Mariângela Freitas da Silveira) • Unstructured brainstorming is not enough: structured brainstorming based on four verification and validation questions yields better hazard identification in healthcare (Ayala Kobo-Greenhut; Haim Reuveni; Izhar Ben Shlomo; Racheli Megnezi)

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"> • Editorial: Research paradigm that tackles the complexity of in situ care: video reflexivity (Rick Iedema) • Editorial: Mortality alerts, actions taken and declining mortality: true effect or regression to the mean? (Perla J Marang-van de Mheen, Gary A Abel, Kaveh G Shojania) • Effectiveness of a multistate quality improvement campaign in reducing risk of surgical site infections following hip and knee arthroplasty (Michael S Calderwood, Deborah S Yokoe, Michael V Murphy, Katherine O DeBartolo, Kathy Duncan, C Chan, E C Schneider, G Parry, D Goldmann, S Huang) • National hospital mortality surveillance system: a descriptive analysis (Elizabeth Cecil, Samantha Wilkinson, Alex Bottle, Aneez Esmail, Charles Vincent, Paul P Aylin) • Editorial: EHR-related alert fatigue: minimal progress to date, but much more can be done (Thomas H Payne) • Impact of decision aids used during clinical encounters on clinician outcomes and consultation length: a systematic review (Claudia Caroline Dobler, Manuel Sanchez, Michael R Gionfriddo, Neri A Alvarez-Villalobos, Naykky Singh Ospina, Gabriela Spencer-Bonilla, Bjorg Thorsteinsdottir, Raed Benkhadra, Patricia J Erwin, C P West, J P Brito, M H Murad, V M Montori) • Sicker patients account for the weekend mortality effect among adult emergency admissions to a large hospital trust (Jianxia Sun, Alan J Girling, Cassie Aldridge, F Evison, C Beet, A Boyal, G Rudge, R J Lilford, J Bion) • Work-life balance behaviours cluster in work settings and relate to burnout and safety culture: a cross-sectional survey analysis (Stephanie P Schwartz, Kathryn C Adair, J Bae, K J Rehder, T D Shanafelt, J Profit, J B Sexton) • Measuring the teamwork performance of teams in crisis situations: a systematic review of assessment tools and their measurement properties (Sylvain Boet, Nicole Etherington, Sarah Larrigan, Li Yin, Hira Khan, Katrina Sullivan, James J Jung, Teodor P Grantcharov)

Online resources

[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:

- *EPC Pilot Project: A Dual Approach To Facilitate **Health Systems Uptake of Evidence Synthesis Reports. Anxiety in Children***
<https://effectivehealthcare.ahrq.gov/topics/anxiety-children/methods-report>

Disclaimer

On the Radar is an information resource of the Australian Commission on Safety and Quality in Health Care. The Commission is not responsible for the content of, nor does it endorse, any articles or sites listed. The Commission accepts no liability for the information or advice provided by these external links. Links are provided on the basis that users make their own decisions about the accuracy, currency and reliability of the information contained therein. Any opinions expressed are not necessarily those of the Australian Commission on Safety and Quality in Health Care.