



## On the Radar

Issue 400

17 December 2018

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### On the Radar

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### Third Australian Atlas of Healthcare Variation

Australian Commission on Safety and Quality in Health Care and Australian Institute of Health and Welfare

Sydney: ACSQHC; 2018. p.328

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

The *Third Australian Atlas of Healthcare Variation* shows marked variations in the use of some common tests, treatments and procedures across Australia according to where people live. It provides valuable new information for clinicians and policy makers that will help them ensure more patients get appropriate and effective care.

The Atlas shows variation in the use of specific types of health care across Australia, with chapters on **neonatal and paediatric health, gastrointestinal investigations and treatment, thyroid investigations and treatment, and cardiac tests.**

# The Third Australian Atlas of Healthcare Variation

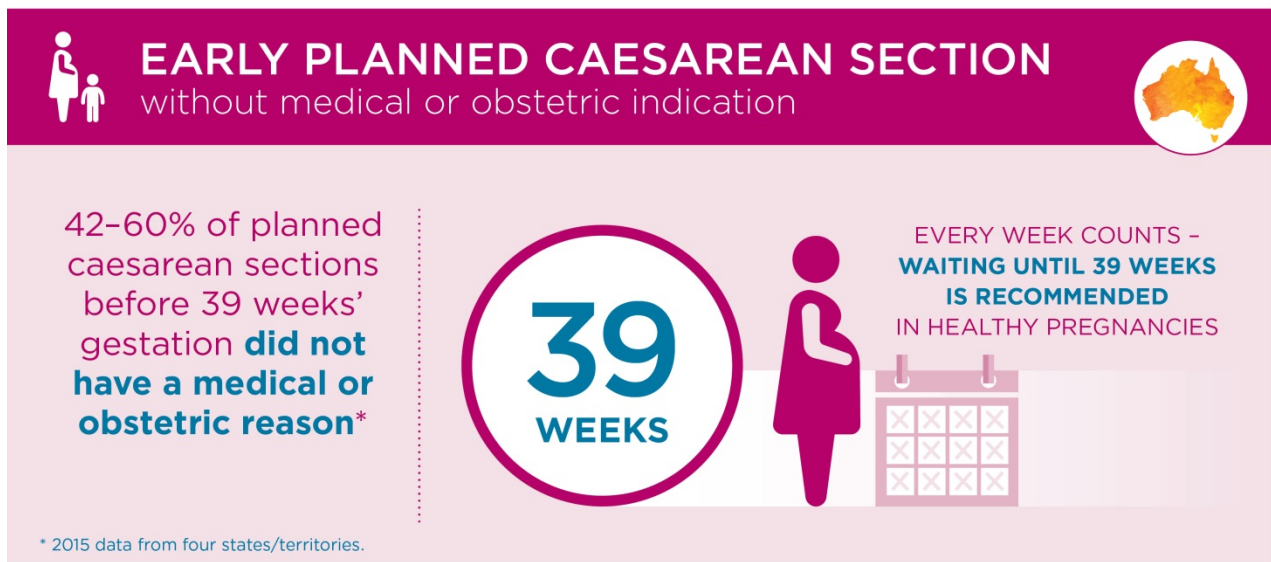
2018



**Early planned caesarean section** before 39 weeks' gestation can increase short-term risks to the baby (such as neonatal respiratory problems) and long-term developmental problems (such as poorer school performance). Waiting until 39 weeks' gestation is recommended if there are no medical or obstetric reasons for an earlier birth. The Atlas found (based on reportable 2015 data from four states/territories) that:

- between 42% and 60% of planned caesarean sections performed before 39 weeks' gestation did not have a medical or obstetric indication; and
- between 10% and 22% of caesarean sections performed before 37 weeks did not have a medical or obstetric indication.

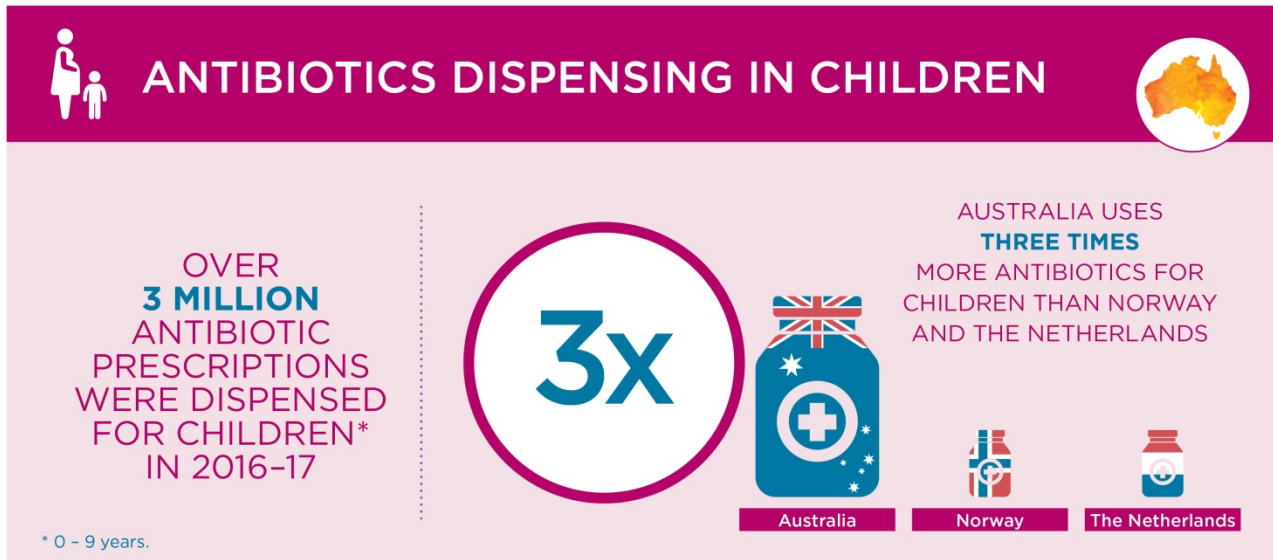
Providing prospective parents planning a caesarean section with clear information on the short-term risks and long-term problems of early birth is important for ensuring the decisions about timing of caesarean section are made in the best interests of the mother and baby.



AUSTRALIAN COMMISSION

**Antibiotic medicines** are prescribed in children at much higher rates than similar countries. The use of antibiotics in children aged 9 years and under in Australia was three times the use of Norway and the Netherlands in 2015. Early antibiotic use may increase the risk of chronic disease such as asthma, Crohn's disease and obesity, potentially caused by the effect of antibiotics on normal gut microbiome.

The Atlas found more than 3 million antibiotic prescriptions were dispensed for children aged 0-9 years in 2016-17. The rate was 16.5 times as high in the area with the highest rate compared to the area with the lowest rate. The Atlas also found that 45% of children aged 9 years and under had at least one prescription dispensed for an antibiotic in that year. More attention needs to be given to strategies that encourage clinician adherence to guidelines on appropriate prescribing.



AUSTRALIAN COMMISSION ON SAFETY AND QUALITY IN HEALTH CARE

[www.safetyandquality.gov.au/atlas](http://www.safetyandquality.gov.au/atlas)

The Atlas includes **45 recommendations** for action across the health system to **address variation where it appears to be unwarranted**. It also includes information on rates for Aboriginal and Torres Strait Islander Australians, where possible, analysis by socioeconomic status for most items, and additional analysis for specific items to help identify sources of variation.

The Commission partnered with the Australian Institute of Health and Welfare and collaborated with the Australian Government, state and territory governments, specialist medical colleges, clinicians and consumer representatives, to develop the Atlas.

The atlas has been produced in hardcopy, PDF and interactive forms. The interactive atlas incorporates all the content of the hardcopy, with additional functionality. The data used in creating the atlas series are also available from <https://safetyandquality.gov.au/atlas/>



## National Safety and Quality Health Service (NSQHS) Standards (second edition) User Guide for Health Services Providing Care for People with Mental Health Issues

Australian Commission on Safety and Quality in Health Care  
Sydney: ACSQHC; 2018. p. 120.

<https://www.safetyandquality.gov.au/publications/nsqhs-standards-user-guide-for-health-services-providing-care-for-people-with-mental-health-issues/>

The Australian Commission on Safety and Quality in Health Care (the Commission) has developed a *National Safety and Quality Health Service (NSQHS) Standards (second edition) user guide for health services providing care for people with mental health issues* (the user guide). The Commission considers that implementation of the second edition of the NSQHS Standards provides a robust framework for safety and quality in mental health services in public and private hospitals, and community services provided by local health networks. The user guide includes examples of innovative approaches to providing optimal health care for people with comorbid mental and physical health issues.

## Map of the National Safety and Quality Health Service (NSQHS) Standards (second edition) with the National Standards for Mental Health Services (NSMHS)

Australian Commission on Safety and Quality in Health Care  
Sydney: ACSQHC; 2018. p. 125.

<https://www.safetyandquality.gov.au/publications/map-of-the-second-edition-of-the-national-safety-and-quality-health-service-standards-with-the-national-standards-for-mental-health-services/>

The Australian Commission on Safety and Quality in Health Care has released the *Map of the National Safety and Quality Health Service (NSQHS) Standards (second edition) with the National Standards for Mental Health Services (NSMHS)*. This document maps the second edition of the NSQHS Standards with the NSMHS to demonstrate to mental health stakeholders the extent of alignment between the two sets of national standards.

## Reports

*Framework for Effective Board Governance of Health System Quality. IHI White Paper*

Daley Ullem E, Gandhi TK, Mate K, Whittington J, Renton M, Huebner J

Boston: Institute for Healthcare Improvement; 2018. p. 36.

URL	<a href="https://www.ihl.org/resources/Pages/IHIWhitePapers/Framework-Effective-Board-Governance-Health-System-Quality.aspx">https://www.ihl.org/resources/Pages/IHIWhitePapers/Framework-Effective-Board-Governance-Health-System-Quality.aspx</a>
Notes	<p>The US-based Institute for Healthcare Innovation (IHI) has developed this white paper to aid health system leaders and boards use their governance time effectively. The white paper has three components:</p> <ul style="list-style-type: none"><li>• <b>Framework for Governance of Health System Quality</b></li><li>• <b>Governance of Quality Assessment</b></li><li>• Three <b>Support Guides</b>: <i>Core Quality Knowledge</i>, <i>Core Improvement System Knowledge</i>, and <i>Board Culture and Commitment to Quality</i>.</li></ul> <p>The framework, assessment tool, and support guides aim to reduce variation in and clarify trustee responsibilities for quality oversight, and also serve as practical tools for trustees and the health system leaders who support them to govern quality in a way that will deliver better care to patients and communities. Safety and quality need to core responsibilities for the governing bodies and boards of health systems, not an add-on or ‘nice to have’.</p>

## Journal articles

*The curious case of Patient K*

Ron Elisha

Medical Journal of Australia. 2018;209(11):501-2.

*The emergence and characteristics of the Australian Mamil*

Bauman AE, Blazek K, Reece L, Bellew W

Medical Journal of Australia. 2018;209(11):490-4.

*Licence to swill: James Bond's drinking over six decades*

Wilson N, Tucker A, Heath D, Scarborough P

Medical Journal of Australia. 2018;209(11):495-500.

*The Observational Physician and surGEon Automobile Response (TOP GEAR) survey*

Ellis M, Sun M, Wood M, Chan W

Medical Journal of Australia. 2018;209(11):503-5.

*Parachute use to prevent death and major trauma when jumping from aircraft: randomized controlled trial*

Yeh RW, Valsdottir LR, Yeh MW, Shen C, Kramer DB, Strom JB, et al

BMJ. 2018;363:k5094.

DOI	<p>Elisha <a href="https://doi.org/10.5694/mja18.00962">https://doi.org/10.5694/mja18.00962</a></p> <p>Bauman et al <a href="https://doi.org/10.5694/mja18.00841">https://doi.org/10.5694/mja18.00841</a></p> <p>Wilson et al <a href="https://doi.org/10.5694/mja18.00947">https://doi.org/10.5694/mja18.00947</a></p> <p>Ellis et al <a href="https://doi.org/10.5694/mja18.00890">https://doi.org/10.5694/mja18.00890</a></p> <p>Yeh et al <a href="https://doi.org/10.1136/bmj.k5094">https://doi.org/10.1136/bmj.k5094</a></p>
Notes	<p>Each year many journals run a number of ‘seasonal’ stories. The latest issues of the <i>Medical Journal of Australia</i> (MJA) and the <i>BMJ</i> continue this tradition, including:</p> <ul style="list-style-type: none"> <li>• <i>The curious case of Patient K</i> – a man in his late 60s, moderately though not morbidly obese, with a ruddy complexion and a rather odd manner of dress. (He seemed over-fond of the colour red) with a number of comorbidities</li> <li>• <i>The emergence and characteristics of the Australian Mamil</i> – a study into this species that has been proliferating in recent years (accompanied by, but far more prevalent, other species, including the MAWIL and the OSAC)</li> <li>• <i>Licence to swill: James Bond's drinking over six decades</i> – analysis of the patterns of alcohol use by a certain ‘James Bond’ in which the authors conclude that subject “has a severe chronic alcohol problem. He should consider seeking professional help and find other strategies for managing on-the-job stress.” Such findings may apply to other potential patients.</li> <li>• <i>The Observational Physician and surGEon Automobile Response (TOP GEAR) survey</i> – revealing survey that confirmed the previously widespread but untested belief that “Surgeons more frequently purchase their cars new and replace their cars earlier than non-surgeons, and the median value of their vehicles is higher. These findings were consistent across all levels of seniority.”</li> <li>• <i>Parachute use to prevent death and major trauma when jumping from aircraft: randomized controlled trial</i> – report on a randomised control trial (RCT) that found “Parachute use did not reduce death or major traumatic injury when jumping from aircraft in the first randomized evaluation of this intervention.” However, the details of the trial reveal some important factors and highlight the need to do more than a cursory reading of the abstract to appreciate the true value of an RCT.</li> </ul>

*Using a 10-step framework to support the implementation of an evidence-based clinical pathways programme*  
 Flores EJ, Mull NK, Lavenberg JG, Mitchell MD, Leas BF, Williams A, et al.  
 BMJ Quality & Safety. 2018 [epub].

DOI	<a href="https://doi.org/10.1136/bmjqs-2018-008454">https://doi.org/10.1136/bmjqs-2018-008454</a>
Notes	Translating or implementing evidence into clinical practice is recognised to often be a challenge and possibly harder than it perhaps should be. The development and introduction of clinical pathways have emerged as one means of bringing about such changes. This paper describes a framework for developing and implementing clinical pathways. The paper describes a 10-step framework that included facilitating <b>clinical owner and stakeholder engagement</b> , developing pathway <b>prototypes</b> based on rapid reviews of the existing literature, developing <b>tools for dissemination and impact assessment</b> , including internet-based tools, and measuring programme adoption. The authors argue that they have demonstrated that “A healthcare system can successfully use a framework and technology platform to support the development and dissemination of pathways across a multisite institution.”

*The Generation of Integration: The Early Experience of Implementing Bundled Care in Ontario, Canada*  
 Embuldeniya G, Kirst M, Walker K, Wodchis WP  
 The Milbank Quarterly. 2018;96(4):782-813.

DOI	<a href="https://doi.org/10.1111/1468-0009.12349">https://doi.org/10.1111/1468-0009.12349</a>
Notes	Integration and the hoped for continuity of care are seen as ways of improving the experience and outcomes of health care, especially for patients with multiple (chronic) conditions. This paper describes the experience of six programs seeking to implement bundled care using multiple hospital and community partners. The authors conducted 48 interviews with “program stakeholders, from organization leaders and managers to physicians and integrated care coordinators, across the hospital-community spectrum” to inform their analyses. The authors report that “Integration was mediated by chosen program structures and <b>generated</b> by establishing <b>partnerships</b> , building <b>trust</b> , developing <b>thoughtful models</b> , <b>engaging clinicians</b> in strategies, and <b>sharing data</b> across systems.”

*The fate of medicine in the time of AI*  
 Coiera E  
 The Lancet. 2018;392(10162):2331-2.

*Clinical decision support in the era of artificial intelligence*  
 Shortliffe EH, Sepúlveda MJ  
 Journal of the American Medical Association. 2018;320(21):2199-200.

DOI	Coiera <a href="https://doi.org/10.1016/S0140-6736(18)31925-1">https://doi.org/10.1016/S0140-6736(18)31925-1</a> Shortliffe and Sepúlveda <a href="https://doi.org/10.1001/jama.2018.17163">https://doi.org/10.1001/jama.2018.17163</a>
Notes	In a range of fields AI (artificial intelligence) is being regarded as the ‘next big thing’. Health and medicine are also seeing this. These two commentary pieces highlight some of the issues, possibilities and complexities, in broad terms (Coiera) and in more specific terms, in Shortliffe and Sepúlveda’s piece, clinical decision support.

*Nurse staffing, nursing assistants and hospital mortality: retrospective longitudinal cohort study*

Griffiths P, Maruotti A, Recio Saucedo A, Redfern OC, Ball JE, Briggs J, et al On behalf of Missed Care Study Group  
 BMJ Quality & Safety. 2018 [epub].

*Effect of changes in hospital nursing resources on improvements in patient safety and quality of care: a panel study*

Sloane DM, Smith HL, McHugh MD, Aiken LH  
 Medical Care. 2018;56(12):1001-8.

DOI	Griffiths et al <a href="https://doi.org/10.1136/bmjqs-2018-008043">https://doi.org/10.1136/bmjqs-2018-008043</a> Sloane et al <a href="https://doi.org/10.1097/MLR.0000000000001002">https://doi.org/10.1097/MLR.0000000000001002</a>
Notes	<p>The relationship between levels of nursing (and medical) staffing and the likes of missed care, quality of care, morbidity and mortality is something of a perennial debate. Griffiths et al report on a retrospective longitudinal observational study used data covering 138,133 adult patients who spent more than 1 day on any of 32 general wards in a large acute care general hospital in England between 1 April 2012 and 31 March 2015 in order to examination the association between daily levels of registered nurse (RN) and nursing assistant staffing and hospital mortality. The authors report that:</p> <ul style="list-style-type: none"> <li>• Hospital mortality was 4.1%</li> <li>• Hazard of death was increased by 3% for every day a patient experienced RN staffing below ward mean</li> <li>• Each additional hour of RN care available over the first 5 days of a patient’s stay was associated with 3% reduction in the hazard of death</li> <li>• Days where admissions per RN exceeded 125% of the ward mean were associated with an increased hazard of death</li> <li>• Nursing assistant staffing was associated with increased mortality.</li> </ul> <p>These led the authors to conclude that “<b>Lower RN staffing and higher levels of admissions per RN</b> are associated with <b>increased risk of death</b> during an admission to hospital.” Perhaps more controversially, they go on to suggest that “These findings highlight the possible consequences of reduced nurse staffing and do not give support to policies that encourage the use of nursing assistants to compensate for shortages of RNs.”</p> <p>Sloane et al used data from 737 hospitals in multilevel logistic response models, to estimate longitudinal and cross-sectional associations between nursing resources, quality of care, and patient safety. Their analyses led them to conclude that “<b>Improvements</b> within hospitals in <b>work environments, nurse staffing, and educational composition of nurses</b> coincide with <b>improvements in quality of care and patient safety.</b>”</p>

*Journal of Patient Safety and Risk Management*

Volume: 23, Number: 6 (December 2018)

URL	<a href="https://journals.sagepub.com/toc/cric/23/6">https://journals.sagepub.com/toc/cric/23/6</a>
Notes	<p>A new issue of the <i>Journal of Patient Safety and Risk Management</i> has been published. Articles in this issue of the <i>Journal of Patient Safety and Risk Management</i> include:</p> <ul style="list-style-type: none"> <li>• Editorial: What good is <b>access to unsafe care?</b> A developing dilemma (Albert W Wu)</li> <li>• Implementation of a <b>second victim program in the neonatal intensive care unit:</b> An interim analysis of employee satisfaction (Jenna Merandi, Adrien M Winning, Nancy Liao, Erin Rogers, Dorcas Lewe, and Cynthia A Gerhardt)</li> <li>• When can I drive? <b>Advising patients when to drive after general surgical procedures</b> (Steven Dixon and Sean Woodcock)</li> </ul>

	<ul style="list-style-type: none"> <li>• <b>Malignant melanoma:</b> Claims and controversies (Christopher A Stone)</li> <li>• <b>Case Report:</b> EH v Dorset Healthcare University NHS Foundation Trust (Court of Appeal, 3 August 2018)</li> <li>• <b>Case Report:</b> CB v Staffordshire and Stoke-on-Trent Partnership NHS Trust (High Court, 6/8/2018 – Judge McKenna)</li> <li>• <b>Patient safety situational analysis</b> in Ghana (EH Otchi, C Bannerman, S Lartey, KP Amoo, and E Odame)</li> <li>• <b>Risk management and healthcare safety:</b> Ten years of experience at the <b>Vienna General Hospital</b> (Leopold-Michael Marzi)</li> <li>• The <b>Weekend Efficiency and Safety Timetable (WEST) project:</b> Weekend handover going WEST? (Liam Piggott and Magdalena Ionescu)</li> </ul>
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*Journal of Patient Experience*

Volume: 5, Number: 4 (December 2018)

URL	<a href="https://journals.sagepub.com/toc/jpxa/5/4">https://journals.sagepub.com/toc/jpxa/5/4</a>
Notes	<p>A new issue of the <i>Journal of Patient Experience</i> has been published. Articles in this issue of the <i>Journal of Patient Experience</i> include:</p> <ul style="list-style-type: none"> <li>• Evaluating the Impact of <b>Personalized Stroke Management Tool Kits</b> on <b>Patient Experience</b> and <b>Stroke Recovery</b> (King John Pascual, Ekaterina Vlasova, Kimberly J Lockett, Judson Richardson, and Michael Yochelson)</li> <li>• <b>Patients' Satisfaction</b> With Care From <b>Nigerian</b> Federal Capital Territory's <b>Public Secondary Hospitals:</b> A Cross-Sectional Study (Bolarinde Joseph Lawal, Schadrac C Agbla, Queen Nkeiruka Bola-Lawal, Muhammed O Afolabi, and Elvis Ihaji)</li> <li>• <b>Unmet Needs for Care and Medications,</b> Cost as a Reason for Unmet Needs, and Unmet Needs as a Big Problem, due to Health-Care Provider (Dis)Continuity (Michelle L Stransky)</li> <li>• Effects of <b>Patient Safety Culture</b> on Patient Satisfaction With Radiological Services in <b>Nigerian Radiodiagnostic Practice</b> (Chioma Henrietta Okafor, Anthony C Ugwu, and Ime Edet Okon)</li> <li>• Providers' Perceptions of <b>Barriers to Optimal Communication With Patients</b> During the <b>Postcolonoscopy</b> Experience (Travis Hyams, Barbara Curbow, Juliette Christie, Nora Mueller, Evelyn King-Marshall, Shahnaz Sultan, and Thomas J George, Jr)</li> <li>• <b>Patient Experiences of Terminal Illness</b> Toward the End of Life: A Reflective Narrative Report (Mohammad Sharif Razai)</li> <li>• The <b>Person-Centred Care Guideline:</b> From Principle to Practice (Lesley Moody, Brett Nicholls, Hannah Shamji, Erica Bridge, S Dhanju, and S Singh)</li> <li>• Assessing Knowledge Regarding <b>Managing Congestive Health Failure Symptoms:</b> Differences in Patient and Professional Scores (Saskia Berrios-Thomas, Rafael Engel, Janice McCall, and Daniel Rosen)</li> <li>• <b>Medical Imaging Outpatients' Experiences</b> With Receiving Information Required for Informed Consent and Preparation: A Cross-Sectional Study (Lisa L Hyde, Lisa J Mackenzie, Allison W Boyes, Michael Symonds, Sandy Brown, and Rob Sanson-Fisher)</li> <li>• <b>Patient Experience in Health Professions Curriculum Development</b> (Scott Molley, Amy Derochie, Jessica Teicher, Vibhuti Bhatt, Shara Nauth, Lynn Cockburn, and Sylvia Langlois)</li> <li>• Are We Practicing What We Are Taught in Health Professions' Education? <b>Coproducing Health Care</b> (Rosemary M Caron and Ryan Joy O'Connor)</li> </ul>



	<ul style="list-style-type: none"> <li>• <b>Wellness Coaching to Improve Lifestyle Behaviors</b> Among Adults With Prediabetes: Patients’ Experience and Perceptions to Participation (Ramona S DeJesus, Matthew M Clark, Lila J Finney Rutten, Julie C Hathaway, Patrick M Wilson, Sara M Link, and Jennifer St Sauver)</li> <li>• <b>“If We Would Have Known”</b>: A Couple’s Regret Over a Missed Opportunity to Have a Biological Child After Lung Transplantation (Sigrid Ladores, Leigh Ann Bray, and Janet Brown)</li> </ul>
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*Healthcare Quarterly*  
Volume 21, Special Issue

URL	<a href="https://www.longwoods.com/publications/healthcare-quarterly/25633/1/vol.-21-special-issue-supporting-engagement-capable-environments">https://www.longwoods.com/publications/healthcare-quarterly/25633/1/vol.-21-special-issue-supporting-engagement-capable-environments</a>
Notes	<p>A new issue of <i>Healthcare Quarterly</i> has been published. This is a special issue with the theme ‘<b>Supporting Engagement-Capable Environments</b>’. Articles in this issue of the <i>Healthcare Quarterly</i> include:</p> <ul style="list-style-type: none"> <li>• A Canadian Take on the International <b>Patient Engagement Revolution</b> (Vincent Dumez and Antoine Boivin)</li> <li>• <b>Supporting Patient and Family Engagement for Healthcare Improvement</b>: Reflections on “Engagement-Capable Environments” Pan-Canadian Learning Collaboratives (Carol Fancott, G. Ross Baker, Maria Judd, Anya Humphrey and Angela Morin)</li> <li>• The <b>Leadership and Organizational Context</b> Required to Support <b>Patient Partnerships</b> (Patricia O’Connor, Mario Di Carlo and Jean-Lucien Rouleau)</li> <li>• Development of <b>Patient-Inclusive Teams</b>: Toward a Structured Methodology (Marie-Pascale Pomey, Paule Lebel, Nathalie Clavel, Édith Morin, Mireille Morin, Catherine Neault, B...</li> <li>• <b>Patient Roles in Engagement-Capable Environments</b>: Multiple Perspectives (Paula Rowland, Mireille Brosseau and Claudia Houle)</li> <li>• <b>Implementation of Patient Engagement</b> in the Netherlands: A Stimulating Environment within a Large Academic Medical Centre (Marjan J. Faber, Thomas W. Vijn, Marja C.M.C. Jillissen, David Grim and Jan A.M. Kremer)</li> <li>• <b>Bringing Together Research and Quality Improvement</b>: The Saskatchewan Approach (Gary F Teare, Malori Keller and Dale Hall)</li> <li>• <b>Evaluating Patient, Family and Public Engagement in Health Services Improvement and System Redesign</b> (Julia Abelson, Anya Humphrey, Ania Syrowatka, Julia Bidonde and Maria Judd)</li> <li>• The <b>Capacity for Patient Engagement</b>: What Patient Experiences Tell Us About What’s Ahead (Carolyn Canfield)</li> <li>• Growing a <b>Healthy Ecosystem for Patient and Citizen Partnerships</b> (Antoine Boivin, Vincent Dumez, Carol Fancott and Audrey L’Espérance)</li> </ul>

*Milbank Quarterly*  
December 2018 (Volume 96)

URL	<a href="https://www.milbank.org/quarterly/issues/december-2018/">https://www.milbank.org/quarterly/issues/december-2018/</a>
Notes	<p>A new issue of <i>Milbank Quarterly</i> has been published. Articles in this issue of the <i>Milbank Quarterly</i> include:</p> <ul style="list-style-type: none"> <li>• Will <b>Disruptive Innovation in Health Care</b> Improve the Health of Populations? (Sandro Galea)</li> <li>• The <b>Fires Are Burning</b> (Joshua M. Sharfstein)</li> </ul>

	<ul style="list-style-type: none"> <li>• The <b>Myths We Tell Ourselves About the Poor</b>: From the English Poor Law to the Council of Economic Advisers (Sara Rosenbaum)</li> <li>• The <b>Health Reformers' Dilemma</b> (John E. McDonough)</li> <li>• How <b>Equity-Oriented Health Care</b> Affects Health: Key Mechanisms and Implications for Primary Health Care Practice and Policy (Marilyn Ford-Gilboe, C Nadine Wathen, Colleen Varcoe, Carol Herbert, Beth E Jackson, Josée G Lavoie, Bernadette (Bernie) Pauly, Nancy A Perrin, Victoria Smye, Bruce Wallace, S T Wong, A J Browne (for the EQUIP Research Program))</li> <li>• Customer-Ownership in <b>Equity-Oriented Health Care</b> (Douglas K Eby)</li> <li>• Members of Minority and Underserved Communities Set <b>Priorities for Health Research</b> (Susan Dorr Goold, C Daniel Myers, Marion Danis, Julia Abelson, Steve Barnett, Karen Calhoun, Eric G Campbell, Lynnette LaHahn, A Hammad, R P Rosenbaum, H M Kim, C Salman, L Szymecko, Z E Rowe)</li> <li>• <b>Disparities in Breast Cancer Survival</b> by Socioeconomic Status Despite Medicare and Medicaid Insurance (Jeffrey H Silber, Paul R Rosenbaum, Richard N Ross, Joseph G Reiter, Bijan A Niknam, Alexander S Hill, Diana M Bongiorno, Shivani A Shah, Lauren L Hochman, O Even-Shoshan, K R Fox)</li> <li>• Trust, Money, and Power: Life Cycle Dynamics in <b>Alliances Between Management Partners and Accountable Care Organizations</b> (Genevra F Murray, Thomas D'Aunno, Valerie A Lewis)</li> <li>• The Generation of Integration: The Early Experience of <b>Implementing Bundled Care</b> in Ontario, Canada (Gayathri Embuldeniya, Maritt Kirst, Kevin Walker, Walter P Wodchis)</li> <li>• Long-Term Consequences of the <b>Chernobyl Radioactive Fallout</b>: An Exploration of the Aggregate Data (Francesca Marino, Luca Nunziata)</li> </ul>
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*BMJ Quality and Safety* online first articles

URL	<a href="https://qualitysafety.bmj.com/content/early/recent">https://qualitysafety.bmj.com/content/early/recent</a>
Notes	<p><i>BMJ Quality and Safety</i> has published a number of 'online first' articles, including:</p> <ul style="list-style-type: none"> <li>• Patterns of performance and improvement in <b>US Medicare's Hospital Star Ratings</b>, 2016–2017 (Paula Chatterjee, Karen Joynt Maddox)</li> </ul>

*International Journal for Quality in Health Care* online first articles

URL	<a href="https://academic.oup.com/intqhc/advance-access">https://academic.oup.com/intqhc/advance-access</a>
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"> <li>• Role of <b>electronic patient reported safety incidents</b> in improving patient safety and care (Mohy Uddin; Shabbir Syed-Abdul)</li> </ul>

*American Journal of Medical Quality* online first articles

URL	<a href="https://journals.sagepub.com/toc/ajmb/0/0">https://journals.sagepub.com/toc/ajmb/0/0</a>
Notes	<p><i>American Journal of Medical Quality</i> has published a number of 'online first' articles, including:</p> <ul style="list-style-type: none"> <li>• <b>Preoperative Evaluation Clinic Redesign</b>: An Initiative to Improve Access, Efficiency, and Staff Satisfaction (Joan M Irizarry-Alvarado, Matthew Lundy, Barbara McKinney, Frank A Ray, Virginia E Reynolds, Sher-Lu Pai)</li> <li>• The <b>Domino Effect of Medical Errors</b> (Samer Ellahham)</li> <li>• <b>Patient- and Family-Centered Care as a Dimension of Quality</b> (Ravi Dhurjati, Krista Sigurdson, Jochen Profit)</li> </ul>

## 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:

- Clinical Guideline CG62 *Antenatal care for uncomplicated pregnancies*  
<https://www.nice.org.uk/guidance/cg62>
- Quality Standard QS176 *Oesophago-gastric cancer*  
<https://www.nice.org.uk/guidance/qs176>

[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:

- *Patient Navigation Models for Lung Cancer*  
<https://effectivehealthcare.ahrq.gov/topics/nav-model-lung-cancer/rapid-product>

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## Disclaimer

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