AUSTRALIAN COMMISSION ON SAFETY AND QUALITY IN HEALTH CARE

On the Radar

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On the Radar
Editor: Dr Niall Johnson niall.johnson@safetyandquality.gov.au
Contributors: Niall Johnson, Alice Bhasale, Deb Picone

Journal articles

Evaluation and accurate diagnoses of pediatric diseases using artificial intelligence
Liang H, Tsui BY, Ni H, Valentim CCS, Baxter SL, Liu G, et al
Nature Medicine. 2019.

DOI	https://doi.org/10.1038/s41591-018-0335-9
Notes	The promise of digital tools, up to and including artificial intelligence (AI), to improve health care has been much vaunted. The concept of improved (quicker and more accurate) diagnosis and decision support has been around for some time (the author recalls demonstrations of the early version of the Isabel Differential Diagnosis Generator). This letter in *Nature Medicine* reports on the development and testing of a machine learning classifier (MLC) that the authors claim represents 'a proof of concept for implementing an **AI-based system** as a means to aid physicians in tackling large amounts of data, **augmenting diagnostic evaluations**, and to provide **clinical decision support in cases of diagnostic uncertainty or complexity'**. Having used 101.6 million data points from 1,362,559 paediatric patient visits to a major Chinese women and children's hospital they argue that the model demonstrates a high level of performance, including when compared with paediatricians. The results led the authors to suggest 'that this AI model may potentially assist junior physicians in diagnoses but may not necessarily outperform experienced physicians.' Indeed, the authors identify **triage** as one of the more immediate applications of their model.

	Another application is 'to assist physicians with the diagnosis of patients with complex or rare conditions.' This was exactly the motivation behind the Isabel system mentioned above (https://www.isabelhealthcare.com/). The eponymous Isabel was a 3-year old whose chickenpox developed, undetected, into Necrotising Fasciitis and Toxic Shock Syndrome. That near-fatal experience inspired the development of the tool designed to help prevent misdiagnosis.
	A colleague observed on reading this paper that 'The future is here.' However, as William Gibson is attributed to have remarked 'The future has arrived — it's just not evenly distributed yet'. Among the questions that come to mind are a number that have a geographical dimension. For example, to what extent does the location, diversity/homogeneity of the sample data influence the model and its wider application? Other issues include those of bias and 'black box algorithms' that are becoming more appreciated in various uses of AI and related technologies. In some of these it has been found that systemic biases have been (unwittingly) embedded and with the lack of transparency of the algorithms and the assumptions made in their creation it is not obvious that such biases can be readily addressed.
	In a (somewhat) similar vein the authors of a (US) Commonwealth Fund blog post 'A Connected Patient Is a Healthier Patient', opined that 'To realize the **full promise of digital health tools**, they must be made **useful and accessible to everyone**, regardless of race, income, or education' (https://www.commonwealthfund.org/blog/2019/connected-patient-healthier-patient)

Going digital: a checklist in preparing for hospital-wide electronic medical record implementation and digital transformation
Scott IA, Sullivan C, Staib A
Australian Health Review. 2018 [epub].

DOI	https://doi.org/10.1071/AH17153
Notes	Changes in process, procedures, technologies, software and hardware can all help resolve some issues – and introduce new ones. Depending on the scale and potential consequences, change needs considered preparation and execution. In this vein, the authors have developed this checklist to assist (Australian) hospitals prepare for electronic medical record (EMR) implementation and digital transformation. Based on literature review, workshopping with a multidisciplinary group from Queensland hospitals, development of a draft checklist and further review and feedback, the authors have produced an issues checklist of 19 questions:
	Checklist for electronic medical record implementation and digital transformation
	1. EMR implementation
	a. Organisational considerations
	Do you have strong leadership?
	_ Senior executive support
	_ Leadership team includes practicing clinicians from all professional streams
	Do you have an appropriate governance structure?
	_ Clearly defined governance structure with clinicians and IT staff working together
	_ IT staff with clinical backgrounds
	Have you identified and recruited clinical champions?
	_ Well-respected clinicians of all disciplines at unit level to provide change leadership
	Do you have an implementation plan?
	_ Clear go-live date
	_ Timetable with criteria-driven milestones
	_ Sufficient, sustainable business case for implementation and maintenance

b. Technical considerations

Do you have a reliable and responsive vendor with a mature system that is fit (or near fit) for purpose?
_ Vendor experienced in large-scale change
_ Technical and organisational ability to customise to local requirements

Do you have highly capable and responsive information technology (IT) and project management teams?
_ IT team capable of system build, test and maintenance beyond just implementation
_ Responsiveness to clinical needs
_ Project management to support IT team

Is the system aligned with clinician need and work flows?
_ Technical and clinical workflows designed in collaboration between IT staff and clinicians
_ Automated data entry by integrated devices and systems where appropriate
_ Technical contingencies for critical issues developed in conjunction with clinical needs

Is the hardware aligned with clinician needs and work flows?
_ Appropriate device availability at the point of care
_ Adequate number of devices to allow for peak clinical demand across all professional streams
_ Physical environment to accommodate increased devices

Is the new digital system capable of integrating with existing legacy systems and applications?
_ Adequate expertise and resourcing for interfacing with key legacy systems

c. Training considerations

Have you developed an appropriate user training and support program?
_ Training to cover EMR use in specific clinical work environments
_ Hands-on rehearsals in simulated work environments
_ Scheduling to ensure appropriate clinician participation
_ Central repository of learning and resource materials

Have you developed and tested contingency plans for expected and unexpected problems at go-live?
_ System for developing, communicating and monitoring clinical workarounds

How will you decide between instantaneous hospital-wide go-live and a staggered roll-out?
_ Detailed roll-out plan

Have you a plan for providing support to staff at the point of care?
_ Adequate 'at-the-elbow' support

2. Digital transformation

a. Cultural considerations

Do you have a clear and clinically focused vision statement and communication strategy?
_ Clearly articulated, patient-focused vision for the future
_ Supported by peer-reviewed evidence of benefits

Have you undertaken a readiness for change survey of the organisation?
_ Organisational culture is appropriate for wide-scale change

b. Managing digital disruption

Do you have a plan to deal with potential adverse effects of digital disruption?
_ Organisational awareness of digital disruption syndromes
_ Patient-focused plan to mitigate negative effects of digital disruption
_ System for monitoring organisational culture and patient outcomes during digital transformation

	c. Innovation and improvement of patient care
	Have you a plan after go-live for managing optimisation? _ Optimisation process is clear and adequately resourced _ Clinicians have transparency of optimisation prioritisation and progress **Do you have a strategy for evaluating quality and benefits of digital transformation?** _ Outcomes of digital transformation are monitored and reported **Do you have a plan for ongoing digital transformation and innovation to improve care?** _ Strategic and operational plans for secondary use of data to improve care at scale

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

Barriers and enablers of patient and family centred care in an Australian acute care hospital: Perspectives of health managers
Lloyd B, Elkins M, Innes L
Patient Experience Journal. 2018;5(3):55-64.

URL	https://pxjournal.org/journal/vol5/iss3/9/
Notes	Australian study reporting on how hospital management perceive shifting to a more patient-centred approach, including the organisational barriers to, and enablers of, patient and family centred care. This work is based on interviews with 15 management staff (including Medicine, Nursing, Allied Health and non-clinical services) of a 215-bed metropolitan acute care public hospital in Sydney. The authors report that the **key barriers** to patient and family centred care were: • **staffing constraints** and reduced levels of staff **experience** • **high staff workloads** and **time pressures** • **physical resource** and **environment constraints** • and **unsupportive staff attitudes**. The key enablers of patient and family centred care were: • **leadership focus** on patient and family centred care • **staff satisfaction** and **positive staff relations** • formal **structures and processes** to support patient and family centred care • **staff cultural diversity** • and **health professional values** and **role expectations**.

For information on the Commission's work on patient and consumer centred care, see
https://www.safetyandquality.gov.au/our-work/patient-and-consumer-centred-care/

Doing things for no reason in the hospital
Karan A
BMJ. 2019;364:l841.

DOI	https://doi.org/10.1136/bmj.l841
Notes	This piece reflects on how it seems that many of the things done in hospitals are done due to past practices and behaviours rather than for specific patient benefit. These include unnecessary observations, diagnostic requests and tests and so on. The author suggests that these decisions and behaviours could be reviewed by, for example, **a daily 'unnecessary checklist'**, by **questioning practices that have become reflexive** and by ensuring we **reduce the opportunities for unintentional and unnecessary harm**.

Eyes Wide Open — Examining the Data on Duty-Hour Reform
Rosenbaum L, Lamas D
New England Journal of Medicine. 2019;380(10):969-70.

DOI	https://doi.org/10.1056/NEJMe1817497
Notes	In a number of countries the debate about hours of work, especially for junior doctors, and the safety and quality of care has been heard. This editorial in the *New England Journal of Medicine* summarises both the argument and the most recent evidence from the USA, including an accompanying article in the same issue of the *NEJM* (https://doi.org/10.1056/NEJMoa1810642). The latest study found that flexibility in adjusting duty-hour schedules for trainees did not adversely affect 30-day mortality, 7-day and 30-day risk-adjusted readmissions and Medicare payments. The authors of the editorial write 'We can confidently say that working flexible hours, still within the 80-hour constraints, does not result in higher patient mortality than working standard hours. We also now know that interns do not sleep significantly more or less when following either of these schedules.' However, they also observe that this is not the end of the argument as it has not considered the patient perspective, particularly in terms of continuity of care and the clinician-patient relationship.. They 'ask how we might design a system capable of fostering the morale of its workforce, while simultaneously sustaining the relationships that remain fundamental to the well-being of both patients and their doctors.'

Deprescribing cholinesterase inhibitors and memantine in dementia: guideline summary
Reeve E, Farrell B, Thompson W, Herrmann N, Sketris I, Magin PJ, et al
Medical Journal of Australia. 2019;210(4):174-9.

DOI	https://doi.org/10.5694/mja2.50015
Notes	These new evidence-based guidelines provide practical recommendations for when to deprescribe, or withdraw patients from therapy with medicines used to alter the progression of dementia – cholinesterase inhibitors and memantine. The recommendations include when to consider deprescribing, and advice on how to taper withdrawal to avoid potentially severe adverse drug reactions related to treatment discontinuation. Tips for recognising the symptoms of withdrawal are provided. These guidelines complement the *Clinical practice guidelines and principles of care for people with dementia* which provide recommendations for the non-pharmacological management for the behavioural and psychological symptoms of dementia. The guidelines and a consumer companion guide is available at: https://sydney.edu.au/medicine/cdpc/resources/dementia-guidelines.php

Motivating and engaging frontline providers in measuring and improving team clinical performance
Hysong SJ, Francis J, Petersen LA
BMJ Quality & Safety. 2019 [epub].

DOI	http://dx.doi.org/10.1136/bmjqs-2018-008856
Notes	The question of what motivates clinicians (and it is not just money) and the interaction with performance, particularly improvement, has troubled many. This paper reports on examples of a performance measurement approach, the Productivity Measurement and Enhancement System (ProMES), in (US) Veterans Health Affairs (VHA) care. The authors assert that they 'illustrated how a systematic, motivationally based approach to ground-level participation in performance measurement can be used successfully to identify clinical performance indicators that align with healthcare's organisational goals, help prioritise where to focus, and provide motivational impetus for clinicians to improve and work as a team.' One wonders if this is how the clinician's involved view the process and its outcomes.

<table>
<tr><td></td><td>The authors also claim that 'motivationally based, bottom-up PM can be used successfully to align clinical performance indicators with healthcare's value goals, prioritise effort, and inspire clinical teams to work together and improve. We believe healthcare must tame the proliferation of independent clinical performance measures and find ways to engage clinicians using a small, meaningful and *motivating* set of indicators that make sense for the situation.'
Issues of culture (broadly defined) and context would seem to be important. Introducing such approaches will, in many settings, need to engage the clinicians and other parties and ensure that patient and clinical needs are dominant.</td></tr>
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A cluster randomised controlled feasibility study of nurse-initiated behavioural strategies to manage interruptions during medication administration
Johnson M, Langdon R, Levett-Jones T, Weidemann G, Manias E, Everett B
International Journal for Quality in Health Care. 2019 [epub].

"I am administering medication—please do not interrupt me": red tabards preventing interruptions as perceived by surgical patients
Palese A, Ferro M, Pascolo M, Dante A, Vecchiato S
Journal of Patient Safety. 2019;15(1):30-6.

DOI	Johnson et al https://doi.org/10.1093/intqhc/mzz007 Palese et al https://doi.org/10.1097/PTS.0000000000000209
Notes	A pair of papers describing interventions that sought to reduce interruptions during medication administration. Johnson et al report on a cluster trial of a 'behavioural e-learning intervention' that was designed to help nurses in managing interruptions during medication administration. The trial was conducted in 8 wards (four intervention and four control) across four metropolitan hospitals in Sydney, Australia. The trial found **no significant differences** in the number of **interruptions**, **procedural failures** or **clinical errors** per 100 medications, between the intervention and control wards. However, they did observe differences in the use of specific behavioural strategies (engagement and multitasking) in the intervention wards. Palese et al report on a study in which three versions of a red tabard to be worn during medication administration were shown to patients. However, rather than assessing whether these would have an impact on the nursing staff, the focus here was on how the patients perceived the tabards and the messages they carried. They found that all three designs made patients conscious of the message, to the extent that they made the patient feel that the message was aimed at them. This result suggests that such tabards could actually be a **hindrance** to **patient-centred care** and could **inhibit patients** from speaking up about genuine patient safety concerns.

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

Public Health Research & Practice
March 2019, Volume 29, Issue 1

URL	http://www.phrp.com.au/issues/march-2019-volume-29-issue-1/
Notes	A new issue of *Public Health Research & Practice* has been published. This issue has a focus on child obesity, along with a pair of papers on the Health Star Rating System (the voluntary front-of-pack information panels that attempt to summarise the nutritional value of packaged foods). Articles in this issue of *Public Health Research & Practice* include:

	- Editorial: **Childhood overweight and obesity**: evidence, prevention and response (Jo Mitchell, Louise Baur) - Too little, too slowly: international perspectives on **childhood obesity** (Adrian Bauman, Harry Rutter, Louise Baur) - **Obesity prevention in children and young people**: what policy actions are needed? (William Bellew, Adrian Bauman, James Kite, Bridget Foley, Lindsey Reece, Margaret Thomas, Seema Mihrshahi, Lesley King) - How can health services strengthen **support for children affected by overweight and obesity**, and their families? (Anthony Zheng, M Cretikos) - Lessons on **early childhood obesity prevention interventions** from the Victorian Infant Program (Penelope Love, Rachel Laws, Kylie D Hesketh, Karen J Campbell) - The **Health Star Rating system** – is its reductionist (nutrient) approach a benefit or risk for tackling dietary risk factors? (Mark A Lawrence, Christina M Pollard, Helen A Vidgen, Julie L Woods) - Associations between the home yard and **preschoolers' outdoor play and physical activity** (Guy P Armstrong, Clover Maitland, Leanne Lester, Stewart G Trost, Gina Trapp, Bryan Boruff, Mohamed K Al Marzooqi, H E Christian) - Factors contributing to low readiness and capacity of culturally diverse participants to use the Australian **national bowel screening kit** (Lyn Phillipson, Leissa Pitts, Julie Hall, Tameika Tubaro) - Reflections on the **NSW Healthy Children Initiative**: a comprehensive state-delivered childhood obesity prevention initiative (Christine Innes-Hughes, Chris Rissel, Margaret Thomas, Luke Wolfenden(- Consumer choice and the role of front-of-pack labelling: the **Health Star Rating system** (Damian Maganja, Kevin Buckett, Cherylyn Stevens, E Flynn)

Journal of Patient Safety and Risk Management
Volume: 24, Number: 1 (February 2019)

URL	https://journals.sagepub.com/toc/cric/24/1
Notes	A new issue of the *Journal of Patient Safety and Risk Management* has been published. Articles in this issue of the *Journal of Patient Safety and Risk Management* include: - The "sixth right" of medication use: **Medication without harm** (A W Wu) - What is a '**just culture**'? (Peter Walsh) - **High-risk medications** identified from the Danish Patient Safety Database and the challenge of dissemination (Pia Knudsen, L Graversen, and T Larsen) - 'You feel like you haven't got any control': A qualitative study of **side effects from medicines** (B O'Donovan, R M Rodgers, A R Cox, and J Krska) - The far-reaching implications of Montgomery for **risk disclosure in practice** (Sarah Devaney, C Purshouse, E Cave, R Heywood, J Miola, and N Reinach) - Engineering a foundation for partnership to improve **medication safety during care transitions** (Yan Xiao, Ephrem Abebe, and Ayse P Gurses) - **Patient safety** may be compromised if study conclusions are generalized to products that make similar claims but have no equivalent **research evidence** (Amit Gefen, Nick Santamaria, Sue Creehan, and Joyce Black)

Journal for Healthcare Quality
Vol. 41, No. 2, March/April 2019

URL	https://journals.lww.com/jhqonline/pages/currenttoc.aspx
Notes	A new issue of the *Journal for Healthcare Quality* has been published with a focus on healthcare quality initiatives for veterans. Articles in this issue of the *Journal for Healthcare Quality* include: - Editorial: Introduction to the Special Issue on **Healthcare Quality Initiatives for Veterans** (Doreen Harper, Rebecca S Miltner) - Improving the **Transition of Care Process** for Veterans Hospitalized at Non-VHA Facilities (James V Libbon, C Meg Austin, L C Gill-Scott, R E Burke) - Reducing Rejected Fecal Immunochemical Tests Received in the Laboratory for **Colorectal Cancer Screening** (Caleb Cheng, David A Ganz, Evelyn T Chang, Alexis Huynh, Shelly De Peralta) - Reducing Cancellations and Optimizing **Surgical Scheduling of Ophthalmology** Cases at a Veterans Affairs Medical Center (Valerie J Dawson, Jordan Margo, Natalia Blanco, Wuqaas M Munir) **Gerofit Prehabilitation Pilot Program**: Preparing Frail Older Veterans for Surgery (Jill Q Dworsky, Steven C Castle, C C Lee, S P Singh, M M Russell) - Veterans Health Administration Primary Care Provider Adherence to **Prescribing Guidelines for Systemic Hormone Therapy** in Menopausal Women (Kristina M Cordasco, Anita H Yuan, Marjorie J Danz, LaShawnta Jackson, Ellen F Yee, Lueng Sophia Tcheung, Donna L Washington) - Using Multisite Process Mapping to Aid Care Improvement: An Examination of **Inpatient Suicide-Screening Procedures** (Lori Holleran, Samantha Baker, Caleb Cheng, Jaime Wilson, Robin Mickelson, Izabela Kazana, Barbara Messinger-Rapport, Jacquelene Shahin, Jeffrey Cully, A D Naik, K M Godwin) **Psychiatric Nurse Practitioner Residents** Improve Quality and Mental Health Outcomes for Veterans Through Measurement-Based Care (Teena M McGuinness, Jessica W Richardson, W Chance Nicholson, Jennifer Carpenter, Cynthia Cleveland, Kanini Z Rodney, Doreen C Harper)

Nursing Leadership
Volume 31, Number 4

URL	https://www.longwoods.com/publications/nursing-leadership/25751/1/vol.-31-no.-4-2018
Notes	A new issue of *Nursing Leadership* has been published. Articles in this issue of *Nursing Leadership* include: **Leadership by Design** (Lynn M Nagle) **Building Healthcare Leadership Capacity**: Strategy, Insights and Reflections (Julia Scott, Beverley Simpson, Judith Skelton-Green and S Munro) **When You Know Better, Do Better** (Michael Villeneuve) - The Role of Education in **Developing Leadership in Nurses** (Lenora Marcellus, Susan Duncan, Karen MacKinnon, Darlaine Jantzen, Jennifer Siemens, Jodi Brennan and Shahin Kassam) **Engaging Nurses in Future Management Careers**: Perspectives on Leadership and Management Competency Development through an Internship Initiative (Alexis Siren and Margaret Gehrs) **Black Nurse Leaders** in the Canadian Healthcare System (Keisha Jefferies, Megan Aston and Gail Tomblin Murphy)

	• A **Personal Leadership Development Plan** for Black Undergraduate and Graduate Nursing Students (Keisha Jefferies) • Three Decades of **Professional Nursing Leadership**: The Impact of the **Community Health Nurses** of Canada (Morag Granger, Ruth Schofield, Joyce Fox, Katie E. Dilworth, Nora Whyte, Kate Thompson, Claire Betke, Anne Clarotto and Evelyn C Butler) • **Medical Assistance in Dying** (MAiD): Ten Things Leaders Need to Know (Rosanne Beuthin and Anne Bruce) • Developing a **Nursing Scorecard** Using the National Database of Nursing Quality Indicators®: A Canadian Hospital's Experience (Jane Merkley, Nely Amaral, Maya Sinno, Tanaz Jivraj, William Mundle and Lianne Jeffs)

Health Affairs
Vol. 38, No. 3

URL	https://www.healthaffairs.org/toc/hlthaff/38/3
Notes	A new issue of *Health Affairs* has been published, with the theme '**Patients as consumers**'. Articles in this issue of *Health Affairs* include: • Editorial: **Patients As Consumers** (Alan R Weil) • **Community-Focused Health Care** For The Seriously Ill (Jessica Bylander) • For A Big-City Health Department, A New Focus On **Health Equity** (Rebecca Gale) • Consumer-Facing Data, Information, And Tools: **Self-Management Of Health** In The Digital Age (Karandeep Singh, S R Meyer, and J M Westfall) • **Patient Engagement In Research**: Early Findings From The Patient-Centered Outcomes Research Institute (Laura P Forsythe, Kristin L Carman, Victoria Szydlowski, Lauren Fayish, Laurie Davidson, David H Hickam, Courtney Hall, Geeta Bhat, Denese Neu, Lisa Stewart, Maggie Jalowsky, Naomi Aronson, and Chinenye Ursla Anyanwu) • **Patient-Centered Care, Yes; Patients As Consumers, No** (Michael K Gusmano, Karen J Maschke, and Mildred Z Solomon) • Americans' Growing Exposure To **Clinician Quality Information**: Insights And Implications (Mark J Schlesinger, Lise Rybowski, Dale Shaller, Steven Martino, Andrew M Parler, Rachel Grob, Melissa Finucane, and J Cerully) • **Technology-Enabled Consumer Engagement**: Promising Practices At Four Health Care Delivery Organizations (Ming Tai-Seale, N Lance Downing, Veena Goel Jones, Richard V Milani, Beiqun Zhao, Brian Clay, Christopher Demuth Sharp, Albert Solomon Chan, and Christopher A Longhurst) • Barriers And Facilitators To **Community-Based Participatory Mental Health Care Research** For Racial And Ethnic Minorities (Jonathan Delman, Ana M Progovac, Tali Flomenhoft, D Delman, V Chambers, and B Lê Cook) • Understanding **What Information Is Valued By Research Participants**, And Why (Consuelo H Wilkins, Brandy M Mapes, Rebecca N Jerome, Victoria Villalta-Gil, Jill M Pulley, and Paul A Harris) • Vulnerable And Less Vulnerable Women In **High-Deductible Health Plans** Experienced **Delayed Breast Cancer Care** (J Frank Wharam, Fang Zhang, J Wallace, C Lu, C Earle, S B Soumerai, L Nekhlyudov, and D Ross-Degnan) • A Survey Of Americans With High-Deductible Health Plans Identifies Opportunities To **Enhance Consumer Behaviors** (Jeffrey T Kullgren, Betsy Q Cliff, Chris D Krenz, H Levy, B West, A M Fendrick, J So, and A Fagerlin) • Consumers' Responses To **Surprise Medical Bills In Elective Situations**

	(Benjamin Chartock, Christopher Garmon, and Sarah Schutz)
	• Engaging Beneficiaries In Medicaid Programs That Incentivize **Health-Promoting Behaviors** (Madhulika Vulimiri, William K Bleser, Robert S Saunders, Farrah Madanay, Connor Moseley, Hunter F McGuire, Peter A Ubel, Aaron McKethan, Mark McClellan, and Charlene A Wong) • **Paying Patients To Switch**: Impact Of A Rewards Program On Choice Of Providers, Prices, And Utilization (Christopher M Whaley, Lan Vu, Neeraj Sood, Michael E Chernew, Leanne Metcalfe, and Ateev Mehrotra) • Spillover Effects From A **Consumer-Based Intervention To Increase High-Value Preventive Care** (Betsy Q Cliff, R A Hirth, and A M Fendrick) • Consumers' Perceptions And Choices Related To Three **Value-Based Insurance Design** Approaches (Susan L Perez, Melissa Gosdin , Jessie Kemmick Pintor , and Patrick S Romano) • Decision-Making Experiences Of Consumers Choosing **Individual-Market Health Insurance Plans** (Joachim O Hero, Anna D Sinaiko, Jon Kingsdale, Rachel S Gruver, and Alison A Galbraith) • The Roles Of Assisters And Automated Decision Support Tools In **Consumers' Marketplace Choices**: Room For Improvement (C A Wong, E Ellsworth, F Madanay, D Chandrasekaran, M Moore, D Polsky, and P A Ubel) • Machine-Based Expert Recommendations And **Insurance Choices** Among Medicare Part D Enrollees (M Kate Bundorf, Maria Polyakova, Cheryl Stults, Amy Meehan, Roman Klimke, Ting Pun, Albert S Chan, and M Tai-Seale) • **National Health Expenditure Projections**, 2018–27: Economic And Demographic Trends Drive Spending And Enrollment Growth (Andrea M Sisko, Sean P Keehan, John A Poisal, Gigi A Cuckler, Sheila D Smith, Andrew J Madison, Kathryn E Rennie, and James C Hardesty) • **My Child Is Sick; Don't Call Her A 'Consumer'** (Hala Durrah)

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: • Motivating and engaging frontline providers in **measuring and improving team clinical performance** (Sylvia J Hysong, Joseph Francis, L A Petersen) • Editorial: Are **increases in emergency use and hospitalisation** always a bad thing? Reflections on unintended consequences and apparent backfires (Kaveh G Shojania) • Development and performance evaluation of the **Medicines Optimisation Assessment Tool** (MOAT): a prognostic model to target hospital pharmacists' input to prevent medication-related problems (Cathy Geeson, Li Wei, Bryony Dean Franklin)

International Journal for Quality in Health Care online first articles

URL	https://academic.oup.com/intqhc/advance-access https://academic.oup.com/intqhc/advance-articles
Notes	*International Journal for Quality in Health Care* has published a number of 'online first' articles, including: • A cluster randomised controlled feasibility study of nurse-initiated behavioural strategies to manage **interruptions during medication administration** (Maree Johnson, Rachel Langdon, Tracy Levett-Jones, Gabrielle Weidemann, Elizabeth Manias, Bronwyn Everett)

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:
- NICE Guideline NG121 **Intrapartum care** *for women with existing medical conditions or obstetric complications and their babies* https://www.nice.org.uk/guidance/ng121

[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:
- *Improving Access to and Usability of Systematic Review Data for* **Health Systems Guidelines Development**
  https://effectivehealthcare.ahrq.gov/topics/systematic-review-data/methods-report

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