



## On the Radar

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### New website

The Australian Commission on Safety and Quality in Health Care has a new web site. You can still find us at <http://www.safetyandquality.gov.au> but we have a new look and layout to make accessing our information much easier. One feature of the new site is that pages have more intuitive addresses. If you link to pages within our website you may need to update your links.

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## This week's content

### Books

#### *Quality Assurance and Management*

Savsar M, editor

InTech, 2012, ISBN: 978-953-51-0378-3.

Notes	<p>This book has been published with InTech, an open source publisher, and readers can download individual chapters or the entire book (or order hard copy). Initial chapters present basic ideas and historical perspectives on quality, while subsequent chapters present quality assurance applications in education, healthcare, medicine, software development, service industry, and other technical areas.</p> <p>Health related chapters include:</p> <ul style="list-style-type: none"> <li>• Five Essential Skills for 21st Century Quality Professionals in Health and Human Service Organisations (Cathy Balding)</li> <li>• Quality Assurance in the Career of Nursing (Cecilia Latrach, Naldy Febré and Ingrid Demandes)</li> <li>• Quality Assurance of Medicines in Practice (Beverley Glass and Alison Haywood)</li> <li>• Patterns of Medical Errors: A Challenge for Quality Assurance in the Greek Health System (Athanasios Vozikis and Marina Riga)</li> <li>• Critical Success Factors for Quality Assurance in Healthcare Organizations (V́ctor Reyes-Alcázar, Antonio Torres-Olivera, Diego Núñez-García and Antonio Almuedo-Paz)</li> </ul> <p>Cathy Balding's chapter is based on the belief that in the rapidly evolving environment of 21<sup>st</sup> century healthcare quality managers need to add to their skillsets and proposes 'five essential skills for quality professionals that build on, and go beyond, those associated with traditional monitoring and improvement, and are essential for taking organizations beyond compliance to transformation of the consumer experience. The five essential skills for 21st century quality managers discussed in this chapter are:</p> <ul style="list-style-type: none"> <li>• Support robust quality <b>governance</b></li> <li>• Work effectively in <b>complex systems</b></li> <li>• Develop a balance of <b>rule based and proactive approaches</b> to quality</li> <li>• Develop <b>strategic quality plans</b></li> <li>• Create impact and improve outcomes through <b>sustained systems change.</b>'</li> </ul> <p>The chapter by Reyes- Alcázar et al. nominates the following as critical success factors: <b>Patient-centred care, Leadership, Teamwork, Autonomy and responsibility, Integration, Competencies, Results-orientation</b>, and Capacity of self-<b>assessment</b> and external assessment.</p>
URL	<p><a href="http://www.intechopen.com/books/quality-assurance-and-management">http://www.intechopen.com/books/quality-assurance-and-management</a></p>

## Reports

### *International Perspectives on Patient Engagement: Results from the 2011 Commonwealth Fund Survey*

#### Commonwealth Fund

Notes	<p>Each year the Commonwealth Fund auspices an international survey of an aspect of health care. The 2011 survey sought the views of more than 18,000 adults in 11 countries with complex health care needs. The results show wide variations in the degree to which patients are engaged in their own care, from self-managing a health condition to actively participating in treatment decisions. Across countries, engaged patients reported fewer medical errors, higher care ratings, and more positive views of the health system as a whole.</p> <p>The key findings include:</p> <ul style="list-style-type: none"> <li>• To assess the level of patients' engagement with their regular doctors, the researchers analysed responses to survey items on whether the doctor spends enough time with patients, explains things in a way that is easy to understand, and encourages questions. At the top end of the range, at least two of three patients in Australia, New Zealand, Switzerland, the U.K., and the U.S. reported positive care interactions.</li> <li>• In seven of the 11 countries, including Australia, patients with below-average incomes were significantly less likely to have been engaged by their regular doctor in their care. The U.S. stood out for the widest income-based disparities.</li> <li>• In all countries, patients reporting positive communication and engagement with their regular doctor were far more likely to rate the quality of care they received in the past year as "excellent" or "very good."</li> <li>• Engaged patients were also less likely to report a medical, medication, or lab test error in the past two years, and had more positive views of the health system as a whole.</li> </ul>
URL	<a href="http://www.commonwealthfund.org/Publications/In-the-Literature/2012/Mar/International-Perspectives-on-Patient-Engagement.aspx?omnicid=20">http://www.commonwealthfund.org/Publications/In-the-Literature/2012/Mar/International-Perspectives-on-Patient-Engagement.aspx?omnicid=20</a>

## Journal articles

### *Checklists, safety, my culture and me*

Raghunathan K

BMJ Quality & Safety 2012 [epub].

Notes	<p>A 'Viewpoint' piece from US-based anaesthetist on issues of culture and safety, including the use of checklists. The question of culture is a very interesting, and at times potentially daunting, one. Culture operates at a various of levels and these can be simultaneous and potentially conflicting. There is the culture of a facility or unit, culture of where one's training was done and also one's own social culture. Gaining an understanding of culture is part of understanding the context into which one may trying to induce change or maintain quality and safety.</p>
DOI	<a href="http://dx.doi.org/10.1136/bmjqs-2011-000608">http://dx.doi.org/10.1136/bmjqs-2011-000608</a>

*Measuring chronic care delivery: patient experiences and clinical performance*

Sequist TD, Von Glahn T, Li A, Rogers WH, Safran DG

International Journal for Quality in Health Care 2012 [epub].

Notes	<p>With the emergence of the primacy of the patient and a call for patient-centred care there is an associated need to show whether enhanced experience is related to better care. This paper seeks to examine this in the setting of chronic disease.</p> <p>This was a cross-sectional survey and clinical performance data over 89 Californian medical groups caring for patients with chronic disease with more than 51,000 patients with at least one chronic disease.</p> <p>Using patient surveys, five composite measures of patient experiences of care and self-management support (scale 0–100) were developed. A Health Plan Employer Data and Information Set data was examined for asthma, diabetes and cardiovascular disease, producing one composite summarising clinical processes of care and one composite summarizing outcomes of care.</p> <p>Clinical performance was found to be higher for process measures compared with outcomes measures, ranging from 91% for appropriate asthma medication use to 59% for controlling low-density lipoprotein cholesterol in the presence of diabetes. Performance on patient experiences of care measures was the highest for the quality of clinical interactions (88.5) and the lowest for delivery of self-management support (68.8). Three of the 10 patient experience–clinical performance composite correlations were statistically significant. These three correlations involved composites summarizing integration of care and quality of clinical interactions, and ranged from a low of 0.30 to a high of 0.39.</p> <p>Somewhat unsurprisingly, the authors conclude that ‘<b>chronic care delivery is variable across diseases and domains of care. Improving care integration processes and communication between health-care providers and their patients may lead to improved clinical outcomes.</b>’</p>
DOI	<p><a href="http://dx.doi.org/10.1093/intqhc/mzs018">http://dx.doi.org/10.1093/intqhc/mzs018</a></p>

*Australia: a leader in hand hygiene*

Russo P, Pittet D, Grayson L

Healthcare Infection 2012;17(1):1-2

*Evaluating the economics of the Australian National Hand Hygiene Initiative*

Graves N, Barnett A, White K, Jimmieson N, Page K, Campbell M, et al

Healthcare Infection 2012;17(1):5-10.

*Auditing hand hygiene rates for quality and improvement*

Macbeth D, Murphy C

Healthcare Infection 2012;17(1):13-17.

Notes	<p>This issue of <i>Healthcare Infection</i> has a hand hygiene focus. Russo et al. provide a short commentary on how Australia has been to the fore in addressing hand hygiene, but also note that work continues and the issue has to be embedded into healthcare practice and delivery. Graves et al. offer a discussion on how to evaluate the economic value and impact of the national approach to hand hygiene while Macbeth and Murphy discuss the utility of auditing hand hygiene rates.</p>
URL / DOI	<p>Healthcare Infection 17(1) <a href="http://www.publish.csiro.au/nid/242/issue/6245.htm">http://www.publish.csiro.au/nid/242/issue/6245.htm</a></p> <p>Russo et al. <a href="http://dx.doi.org/10.1071/HI1201">http://dx.doi.org/10.1071/HI1201</a></p> <p>Graves et al. <a href="http://dx.doi.org/10.1071/HI12003">http://dx.doi.org/10.1071/HI12003</a></p> <p>Macbeth and Murphy <a href="http://dx.doi.org/10.1071/HI11030">http://dx.doi.org/10.1071/HI11030</a></p>

*Combining process indicators to evaluate quality of care for surgical patients with colorectal cancer: are scores consistent with short-term outcome?*

Kolfschoten NE, Gooiker GA, Bastiaannet E, van Leersum NJ, van de Velde CJH, Eddes EH, et al  
 BMJ Quality & Safety 2012 [epub]

Notes	<p>The value of collecting process measures as opposed to outcome measures is a question that can precipitate quite strong views. This paper sought to examine whether process measures are related to outcomes and whether there is merit in collecting process measures as a indicator of what the later outcomes may be. In this case the authors wanted to establish if composite measures based on process indicators are consistent with short-term outcome indicators in surgical colorectal cancer care. Using data from the Dutch Surgical Colorectal Audit database on 4,732 elective patients with colon carcinoma and 2,239 with rectum carcinoma treated in 85 Dutch hospitals the researchers aggregated the available process indicators into five different composite measures. The association of the different composite measures with risk-adjusted postoperative mortality and morbidity was analysed at the patient and hospital level.</p> <p>At the patient level, only one of the composite measures was negatively associated with morbidity for rectum carcinoma. At the hospital level, a strong negative association was found between composite measures and hospital mortality and morbidity rates for rectum carcinoma (<math>p &lt; 0.05</math>), and hospital morbidity rates for colon carcinoma.</p>
DOI	<p><a href="http://dx.doi.org/10.1136/bmjqs-2011-000439">http://dx.doi.org/10.1136/bmjqs-2011-000439</a></p>

*Evaluation of physicians' professional performance: An iterative development and validation study of multisource feedback instruments*

Overeem K, Wollersheim H, Arah O, Cruijsberg J, Grol R, Lombarts K  
 BMC Health Services Research 2012;12(1):80 [epub].

Notes	<p>Performance, accountability and transparency are terms that are common in most workplaces and professions, including healthcare. This paper reports on a study of three instruments used for the assessment of physicians' professional performance. This study sought to examine 'the reliability and validity, the influences of some socio-demographic biasing factors, associations between self and other evaluations, and the number of evaluations needed for reliable assessment of a physician based on the three instruments used for the multisource assessment of physicians' professional performance in the Netherlands.'</p> <p>An observational validation study of three instruments underlying multisource feedback it was set in 26 non-academic hospitals in the Netherlands with 146 hospital-based physicians in the study. Each physician's professional performance was assessed by peers (physician colleagues), co-workers (including nurses, secretary assistants and other healthcare professionals) and patients. Physicians also completed a self-evaluation.</p> <p>The authors argue that the three MSF instruments produced reliable and valid data for evaluating physicians' professional performance</p> <p>Interestingly, self-ratings were not correlated with peer, co-worker or patient ratings. However, ratings of peers, co-workers and patients were correlated.</p> <p>Self-awareness can be elusive!</p>
DOI	<p><a href="http://dx.doi.org/10.1186/1472-6963-12-80">http://dx.doi.org/10.1186/1472-6963-12-80</a></p>

*Guidelines International Network: Toward International Standards for Clinical Practice Guidelines*  
 Qaseem A, Forland F, Macbeth F, Ollenschläger G, Phillips S, van der Wees P  
 Annals of Internal Medicine 2012;156(7):525-531.

Notes	<p>From the Abstract:          ‘Founded in 2002, the Guidelines International Network (G-I-N) is a network of guideline developers that includes 93 organizations and 89 individual members representing 46 countries. The G-I-N board of trustees recognized the importance of guideline development processes that are both rigorous and feasible even for modestly funded groups to implement and initiated an effort toward consensus about minimum standards for high-quality guidelines. ...          This article presents G-I-N’s proposed set of key components for guideline development. These key components address panel composition, decision-making process, conflicts of interest, guideline objective, development methods, evidence review, basis of recommendations, ratings of evidence and recommendations, guideline review, updating processes, and funding. It is hoped that this article promotes discussion and eventual agreement on a set of international standards for guideline development.’</p>
URL	<a href="http://www.annals.org/content/156/7/525.abstract">http://www.annals.org/content/156/7/525.abstract</a>

*Decision making and coping in healthcare: The Coping in Deliberation (CODE) framework*  
 Witt J, Elwyn G, Wood F, Brain K  
 Patient Education and Counselling 2012 [epub].

Notes	<p>Paper on a study to create a framework of decision making and coping in healthcare that captures the processes of appraisal and coping patients making ‘preference-sensitive’ healthcare decisions encounter.          Deliberation is regarded as a process of presentation of a health threat presentation, choice, options, preference construction, decision and consolidation post-decision. Coping is considered to have three stages of threat, appraisal and a coping effort. The authors hope that their proposed framework ‘offers an insight into the complexity of decision making in preference-sensitive healthcare contexts from a patient perspective and may act as theoretical basis for decision support.’</p>
URL	<a href="http://dx.doi.org/10.1016/j.pec.2012.03.002">http://dx.doi.org/10.1016/j.pec.2012.03.002</a>

*BMJ Quality and Safety* online first articles

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>• Findings from a national improvement collaborative: are improvements sustained? (Justin M Glasgow, Michael L Davies, Peter J Kaboli)</li> <li>• Combining process indicators to evaluate quality of care for surgical patients with colorectal cancer: are scores consistent with short-term outcome? (N E Kolfshoten, G A Gooiker, E Bastiaannet, N J van Leersum, C J H van de Velde, E H Eddes, P J Marang-van de Mheen, J Kievit, E van der Harst, T Wiggers, M W J M Wouters, R A E M Tollenaar On behalf of the Dutch Surgical Colorectal Audit group)</li> <li>• On surgical disruption: rating, expected operative time or actual wasted time—some comments on Gillepsie et al (2012) (Latif Al-Hakim, Nick Sevdalis, Sonal Arora)</li> <li>• Checklists, safety, my culture and me (Karthik Raghunathan)</li> </ul>
URL	<a href="http://qualitysafety.bmj.com/onlinefirst.dtl">http://qualitysafety.bmj.com/onlinefirst.dtl</a>



Notes	<p>The <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>• New paradigms for measuring clinical performance using electronic health records (Jonathan P. Weiner, Jinnat B. Fowles, and Kitty S. Chan) <a href="http://intqhc.oxfordjournals.org/cgi/content/abstract/mzs011v1?papetoc">http://intqhc.oxfordjournals.org/cgi/content/abstract/mzs011v1?papetoc</a></li><li>• Measuring chronic care delivery: patient experiences and clinical performance (Thomas D Sequist, Ted Von Glahn, Angela Li, William H. Rogers, and Dana Gelb Safran) <a href="http://intqhc.oxfordjournals.org/cgi/content/abstract/mzs018v1?papetoc">http://intqhc.oxfordjournals.org/cgi/content/abstract/mzs018v1?papetoc</a></li><li>• Using client experiences for quality improvement in long-term care organizations (Marloes Zuidgeest, Mathilde Strating, Katrien Luijkx, Gert Westert, and En Diana Delnoij) <a href="http://intqhc.oxfordjournals.org/cgi/content/abstract/mzs013v1?papetoc">http://intqhc.oxfordjournals.org/cgi/content/abstract/mzs013v1?papetoc</a></li><li>• Patient safety and medical errors: knowledge, attitudes and behavior among Italian hospital physicians (Domenico Flotta, Paolo Rizza, Aida Bianco, Claudia Pileggi, and Maria Pavia) <a href="http://intqhc.oxfordjournals.org/cgi/content/abstract/mzs014v1?papetoc">http://intqhc.oxfordjournals.org/cgi/content/abstract/mzs014v1?papetoc</a></li><li>• What constitutes patient safety culture in Chinese hospitals? (Junya Zhu, Liping Li, Yuxia Li, Meiyu Shi, H Lu, D W Garnick, and S N Weingart) <a href="http://intqhc.oxfordjournals.org/cgi/content/abstract/mzs010v1?papetoc">http://intqhc.oxfordjournals.org/cgi/content/abstract/mzs010v1?papetoc</a></li><li>• Public perceptions of key performance indicators of healthcare in Alberta, Canada (Herbert C. Northcott and Michael D. Harvey) <a href="http://intqhc.oxfordjournals.org/cgi/content/abstract/mzs012v1?papetoc">http://intqhc.oxfordjournals.org/cgi/content/abstract/mzs012v1?papetoc</a></li></ul>
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## Online resources

[UK] *Improving safety in maternity services: A toolkit for teams*

The Kings Fund

[http://www.kingsfund.org.uk/publications/maternity\\_safety.html](http://www.kingsfund.org.uk/publications/maternity_safety.html)

Improving Safety in Maternity Services: a toolkit for teams is organised around five key areas for improvement in maternity care:

- \* teamworking
- \* communication
- \* training
- \* information and guidance
- \* staffing and leadership.

Each section begins with a brief explanation on how focusing on improvements in each area can contribute to improved safety. It then highlights some of the experiences of the maternity teams who focused on this issue and their key learning points. There are also short summaries of tools that can be used to improve safety

[US] *Patient-centred care*

Agency for Healthcare Research and Quality (AHRQ) Health Care Innovations Exchange.

<http://www.innovations.ahrq.gov/issue.aspx>

This issue of the Health Care Innovations Exchange focuses on patient-centred care..

The featured Innovations describe two programs that delivered patient-centred care to vulnerable populations, thereby improving the patient experience and enhancing access to appropriate care. The featured QualityTools provide clinicians and other stakeholders with resource guides that support a patient-centred approach to medication management.

More innovations related to patient-centred care are available on the Innovations Exchange Web Site, which contains more than 700 searchable innovations and 1,550 searchable QualityTools.

*[Canada] A Guide to Developing and Assessing a Quality Plan*

Community for Excellence in Health Governance

<http://myhealthboard.ca/uncategorized/a-guide-to-developing-and-assessing-a-quality-plan/>

The Canadian Community for Excellence in Health Governance has released the *Guide to Developing and Assessing a Quality Plan*. The Guide was developed through a consultative process that incorporated valuable insights from a range of Canadian organisations. It is targeted primarily at Boards, Senior Management Teams and Quality and Patient Safety Departments of regional health authorities, health regions and hospitals, however, the guidance it provides can be applied to other types of health provider organizations that are developing Quality Plans. The Guide also strives to be adaptable and relevant to organizations of different size, complexity and which may be at different stages of evolution in their quality planning.

*[US] Improving Patients' Experience of Health Care*

Robert Wood Johnson Foundation

<http://www.rwjf.org/qualityequality/product.jsp?id=74176>

Hospitals across the USA are asking patients to assess their experience during their inpatient stay using a survey called the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS). A new Robert Wood Johnson Foundation-funded case study examines how three U.S. hospitals used the survey to improve patient experience. Improvements included:

- Cleveland Clinic's utilizing patient experience data to improve nurse communication and responsiveness;
- Magee-Womens Hospital (Pittsburgh) using the survey to improve the discharge experience for patients of its Women's Cancer Program; and
- United Hospital (St. Paul) using the survey results to change its pain management culture

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