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On the Radar

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This week's content

Reports

Consultation Paper on a Health Professionals Prescribing Pathway (HPPP) in Australia
Health Workforce Australia

Notes	Health Workforce Australia (HWA) has just released a Consultation Paper on a Health Professionals Prescribing Pathway (HPPP) in Australia. The purpose of the paper is to consult with stakeholders on matters that may impact on a nationally consistent health professionals prescribing pathway. The Health Professionals Prescribing Pathway (HPPP) project aims to develop a nationally consistent approach to prescribing by health professionals, other than medical practitioners, that supports safe practice, quality use of medicines and effectiveness of healthcare services. HWA invite contributions to assist in developing the prescribing pathway for future discussion and testing. HWA will collate and analyse the feedback to inform the development of such a pathway. The consultation paper is available on the HWA website. Respondents have six weeks to compile and return their feedback with the closing date of 30 May 2012.
URL	https://www.hwa.gov.au/work-programs/workforce-innovation-and-reform/health-professionals-prescribing-pathway-project https://www.hwa.gov.au/sites/uploads/20120417_Final_Phase_1_Consultation_Paper_HPPP_v12.doc

Explaining High Health Care Spending in the United States: An International Comparison of Supply, Utilization, Prices, and Quality
Squires D
New York. The Commonwealth Fund, 2012.

Notes	A report using OECD and other data that demonstrates that there is no clear link between health spending and quality. The author compares health care spending, supply, utilization, prices, and quality in 13 industrialized countries (Australia, Canada, Denmark, France, Germany, Japan, the Netherlands, New Zealand, Norway, Sweden, Switzerland, the United Kingdom, and the United States) but largely focuses on the USA. As is well-known, the USA spends far more on health care than any other country. The author argues that this 'high spending cannot be attributed to higher income, an older population, or greater supply or utilization of hospitals and doctors. Instead, the findings suggest the higher spending is more likely due to higher prices and perhaps more readily accessible technology and greater obesity. Health care quality in the U.S. varies and is not notably superior to the far less expensive systems in the other study countries. Of the countries studied, Japan has the lowest health spending, which it achieves primarily through aggressive price regulation.' Of the 13 countries, Australia's proportion of GDP spent on health was the second lowest
URL	http://www.commonwealthfund.org/Publications/Issue-Briefs/2012/May/High-Health-Care-Spending.aspx
TRIM	62458

Journal articles

A call for national e-health clinical safety governance
Coiera EW, Kidd MR, Haikerwal MC
Medical Journal of Australia 2012; 196 (7): 430-431

Notes	This editorial in the MJA calls for a renewed focus and emphasis on clinical safety governance in e-health. The authors write: "Well designed and implemented information technology (IT) can lead to safer and more effective clinical care. This rationale has triggered a rapid and unprecedented expansion in e-health investment globally, most recently in national-scale systems. However, e-health can sometimes lead to patient harm or death through problems in design or operation. Chances of harm increase with known risk factors such as poorly designed software or its implementation, including rapid deployment, and poor training and support. … There is currently a gap, stretching from local to national, in safety governance for clinical information systems. …. Preventive action to avoid an e-health "air crash" now is a far better option than picking up the pieces after the event." The authors suggest some principles for national e-health clinical safety governance, including: • Safety is an emergent property of a whole system. Certification of individual components does not guarantee that the whole system is safe. • E-health clinical safety governance should integrate with mainstream patient-safety processes. Harms arise from sequences of events involving both technical and non-technical elements. • Any governance body must have a capability to investigate, analyse and act upon significant risks in the system.
DOI	http://dx.doi.org/10.5694/mja12.10475

Cognitive interventions to reduce diagnostic error: a narrative review
Graber ML, Kissam S, Payne VL, Meyer AND, Sorensen A, Lenfestey N, et al
BMJ Quality & Safety 2012 [epub].

Notes	This review sought to understand the cognitive errors that contribute to diagnosis issues (diagnosis is missed, delayed or wrong.) so as to possibly identify interventions that might reduce the likelihood of those errors. Undertaking a narrative review, the authors identified 141 articles. Articles were classified into three categories: (1) Interventions to improve knowledge and experience, such as simulation-based training, improved feedback and education focused on a single disease; (2) Interventions to improve clinical reasoning and decision-making skills, such as reflective practice and active metacognitive review; and (3) Interventions that provide cognitive 'help' that included use of electronic records and integrated decision support, informaticians and facilitating access to information, second opinions and specialists. The authors found identified a range of possible approaches to reduce cognitive errors in diagnosis. However, few had been tested in real settings and that progress 'will require methodological refinements in outcome evaluation and rigorously evaluating interventions already suggested, many of which are well-conceptualised and widely endorsed.'
DOI	http://dx.doi.org/10.1136/bmjqs-2011-000149

Comparative economic analyses of patient safety improvement strategies in acute care: a systematic review
Etchells E, Koo M, Daneman N, McDonald A, Baker M, Matlow A, et al
BMJ Quality & Safety 2012 [epub].

Notes	Paper reporting on a systematic review of comparative economic analyses of patient safety improvements (15 patient safety target conditions and six improvement strategies) in acute care appearing in the literature in 2000–November 2011. After screening 2151 abstracts, 212 studies were reviewed and 5 comparative economic analyses that reported a total of seven comparisons based on at least one clinical effectiveness study of adequate methodological quality were found: • Pharmacist-led medication reconciliation to prevent potential adverse drug events dominated (lower costs, better safety) a strategy of no reconciliation. • Chlorhexidine for vascular catheter site care to prevent catheter-related bloodstream infections dominated a strategy of povidone-iodine for catheter site care. • The Keystone ICU initiative to prevent central line-associated bloodstream infections was economically dominant over usual care. • Detecting surgical foreign bodies using standard counting compared with a strategy of no counting had an incremental cost of US$1500 (CAN$1676) for each surgical foreign body detected. • Several safety improvement strategies were less economically attractive, such as bar-coded sponges for reducing retained surgical sponges compared with standard surgical counting, and giving erythropoietin to reduce transfusion requirements in critically ill patients to avoid one transfusion-related adverse event. These were all economically attractive strategies for improving patient safety.
DOI	http://dx.doi.org/10.1136/bmjqs-2011-000585

Effect of Clinical Decision-Support Systems: A Systematic Review
Bright TJ, Wong A, Dhurjati R, Bristow E, Bastian L, Coeytaux RR, et al
Annals of Internal Medicine 2012 [epub].

Notes	Another review paper, this time a systematic review of the literature on clinical decision-support systems (CDSS). The project team independently screened reports to identify randomised trials (published in English) of electronic CDSSs that were implemented in clinical settings; used by providers to aid decision making at the point of care; and reported clinical, health care process, workload, relationship-centred, economic, or provider use outcomes. The team found 148 randomised controlled trials of which 128 (86%) assessed health care process measures, 29 (20%) assessed clinical outcomes, and 22 (15%) measured costs. They report that both commercially and locally developed CDSSs showed improved health care process measures related to performing preventive services, ordering clinical studies, and prescribing therapies. However, evidence for clinical, economic, workload, and efficiency outcomes remains limited.
DOI	http://dx.doi.org/10.1059/0003-4819-157-1-201207030-00450 http://www.annals.org/cgi/pmidlookup?view=long&pmid=22529043

Ten challenges in improving quality in healthcare: lessons from the Health Foundation's programme evaluations and relevant literature
Dixon-Woods M, McNicol S, Martin G
BMJ Quality & Safety 2012 [epub].

Notes	Paper reporting on what's been learnt from the evaluation of the [UK] Health Foundation's improvement programmes. Based on analysis of evaluation reports relating to five Health Foundation improvement programmes the authors identified ten key challenges: convincing people that **there is a problem that is relevant** to them; convincing them that the **solution chosen is the right one**; getting **data collection** and **monitoring** systems right; **excess ambitions and 'projectness'**; **organisational cultures, capacities and contexts**; **tribalism and lack of staff engagement**; **leadership**; incentivising **participation** and 'hard edges'; securing **sustainability**; and risk of **unintended consequences**. The authors also suggest some of tactics that may be used to respond to these challenges.
DOI	http://dx.doi.org/10.1136/bmjqs-2011-000760

The Long-Term Effect of Premier Pay for Performance on Patient Outcomes
Jha AK, Joynt KE, Orav EJ, Epstein AM
New England Journal of Medicine 2012;366(17):1606-1615.

Making the Best of Hospital Pay for Performance
Ryan A, Blustein J
New England Journal of Medicine 2012;366(17):1557-1559.

Performance Improvement in Health Care — Seizing the Moment
Blumenthal D
New England Journal of Medicine 2012 [epub]

The Performance Improvement Imperative: Utilizing a Coordinated, Community-Based Approach to Enhance Care and Lower Costs for Chronically Ill Patients
The Commonwealth Fund Commission on a High Performance Health System
New York. The Commonwealth Fund, 2012.

Notes	A recent issue of the *New England Journal of Medicine* contained a number of items on performance, a couple on pay for performance and another on performance improvement. While understandably US-centric, some of the issues raised are applicable elsewhere. Jha et al. used a large dataset (more than 6 million patients over several years) but only examined 30-day mortality following a small number of procedures in suggesting that the US Medicare Premier Hospital Quality Incentive Demonstration had not shown an impact. Ryan and Blustein also find that program, and others, indicating little impact on hospital performance. However, in recognising that such programs are being scaled up in the USA (through such mechanisms as the Medicare Hospital Value-Based Purchasing and the Affordable Care Act) they suggest some issues to learn about. These include: • Learning how hospitals learn, including how financial incentives change the behaviour of complex organisations, the behaviours within those organisations and how improvement occurs. • Monitoring fiscal side effects. • Ensure improvements are made quickly.

	Blumenthal's piece – accompanying a Commonwealth Fund report – sees some of the same pressures (ACA Act, etc.) as providing an opportunity for performance improvement in US health care. Performance here is about both quality and cost. It is noted that **patients with chronic conditions use the vast bulk of health resources** and are also 'disproportionately affected by the quality and safety deficits in our health care system and stand to benefit greatly from performance improvements.' Better care for these patients is hoped to deliver multiple benefits. Blumenthal argues that **information is key**. For example, 'performance improvement requires that clinicians and patients be enabled to make better health care decisions by giving them the best available information when and where they need it and making it easy to do the right thing'. Consequently he suggests that the tools 'to empower providers and patients to rapidly improve the care they offer and receive… are **improved primary care, payment reform, and better information**. Nothing is more important for improving performance in caring for patients with complex conditions than coordinating care and enhancing access …— precisely the role that good primary care plays in high-performing health systems. Payment reform is essential to enabling providers, and perhaps patients, to participate in the savings that result from reductions in costs and improvements in quality …. and care coordination and cost management depend on having accurate, timely, and actionable information in real time at the point of decision making.'
DOI	Jha et al.: http://dx.doi.org/10.1056/NEJMsa1112351 Ryan and Blustein: http://dx.doi.org/10.1056/NEJMp1202563 Blumenthal: http://dx.doi.org/10.1056/NEJMp1203427 Commonwealth Fund report:http://www.commonwealthfund.org/Publications/Fund-Reports/2012/Apr/Performance-Improvement-Imperative.aspx

Hospital Strategies for Reducing Risk-Standardized Mortality Rates in Acute Myocardial Infarction
Bradley EH, Curry LA, Spatz ES, Herrin J, Cherlin EJ, Curtis JP, et al
Annals of Internal Medicine 2012;156(9):618-626.

Notes	A recent Commonwealth Fund email alert highlighted this paper. The alert noted that: 'Several strategies adopted by hospitals appear to be associated with lower mortality rates for patients admitted with a heart attack, clinically known as acute myocardial infarction (AMI). These strategies include: holding monthly meetings between hospital clinicians and emergency medical services to review AMI cases; always having cardiologists on site; fostering an organizational environment that encourages creative problem-solving; not cross-training intensive care unit nurses for the cardiac catheterization laboratory; and having both physician and nurse champions.' The alert goes on to suggest that while the effect of individual strategies may be modest, it is suggested that together they lower risk-standardised mortality rates by more than 1 percent. Thus, 'If hospitals across the country adopted a **set of low-risk, low-cost strategies for reducing mortality for heart attack**—such as establishing monthly meetings between hospital clinicians and emergency medical services to review cases and encouraging creative problem-solving—thousands of lives could be saved annually.'
DOI	http://dx.doi.org/10.1059/0003-4819-156-9-201205010-00003

GP Networks as enablers of quality of care: implementing a practice engagement framework in a General Practice Network
Pearce C, Shearer M, Gardner K, Kelly J, Xu TB
Australian Journal of Primary Health 2012;18(2):101-104.

Notes	Paper describing how Melbourne East General Practice Network supports general practice in delivering quality care. According to the abstract the paper 'describes the challenges and enablers of change, and the evidence of practice capacity building and improved quality of care …General Practice Networks support GPs to synthesise complexity and crystallise solutions that enhance general practice beyond current capacity. Through a culture of change management, GP Networks create the link between the practice and the big picture of the whole health system and reduce the isolation of general practice. They distribute information (evidence-based learning and resources) and provide individualised support, responding to practice need and capacity.'
DOI	http://dx.doi.org/10.1071/PY11121

Healthcare Quarterly
Volume 15, Special Issue, 2012

Notes	A recent issue of *Healthcare Quarterly* was a special issue – Patient Safety Papers. In this issue of Patient Safety Papers, the sixth since 2005, various authors assess the progress of patient safety and examine future possibilities, focussing on Canada. Included in this issue are: • Partners in Patient Safety (Hugh Macleod and Wendy Nicklin) • The Challenges of Making Care Safer: Leadership and System Transformation (G. Ross Baker) • Reporting, Learning and the Culture of Safety (W. Ward Flemons and Glenn McRae) • Productive Complications: Emergent Ideas in Team Communication and Patient Safety (Lorelei Lingard) • From Discovery to Design: The Evolution of Human Factors in Healthcare (Joseph A. Cafazzo and Olivier St-Cyr) • Redesigning the Workplace for 21st Century Healthcare (Patricia O'Connor, Judith Ritchie, Susan Drouin and Christine L. Covell) • Healthcare-Associated Infections: New Initiatives and Continuing Challenges (Michael Gardam, Paige Reason and Leah Gitterman) • Medication Reconciliation in the Hospital: What, Why, Where, When, Who and How? (Olavo Fernandes and Kaveh G. Shojania) • Perspectives on Diagnostic Failure and Patient Safety (Pat Croskerry) • Surgical Safety Checklist: Improved Patient Safety through Effective Teamwork (Chris Hayes) • Toward Safer Transitions: How Can We Reduce Post-Discharge Adverse Events? (Irfan A. Dhalla, Tara O'Brien, Francoise Ko and A Laupacis) • Safety in Home Care: Thinking Outside the Hospital Box (Lynn Stevenson, Ariella Lang, Marilyn Macdonald, Jana Archer and Christina Berlanda)
URL	http://www.longwoods.com/publications/healthcare-quarterly/22827
TRIM	61933

BMJ Quality and Safety online first articles

Notes	*BMJ Quality and Safety* has published a number of 'online first' articles, including: • Introducing analysis of means to medical statistics (Mohammed A Mohammed, Roger Holder) • Associations between internet-based patient ratings and conventional surveys of patient experience in the English NHS: an observational study (Felix Greaves, Utz J Pape, Dominic King, Ara Darzi, Azeem Majeed, Robert M Wachter, Christopher Millett) • Comparative economic analyses of patient safety improvement strategies in acute care: a systematic review (E Etchells, M Koo, N Daneman, A McDonald, M Baker, A Matlow, M Krahn, N Mittmann) • Cognitive interventions to reduce diagnostic error: a narrative review (M L Graber, S Kissam, V L Payne, A N D Meyer, A Sorensen, N Lenfestey, Elizabeth Tant, Kerm Henriksen, Kenneth LaBresh, Hardeep Singh) • Ten challenges in improving quality in healthcare: lessons from the Health Foundation's programme evaluations and relevant literature (Mary Dixon-Woods, Sarah McNicol, Graham Martin)
URL	http://qualitysafety.bmj.com/onlinefirst.dtl

BMJ Quality and Safety
May 2012, Vol 21, Issue 5

Notes	A new issue of *BMJ Quality and Safety* has been published. Many of the papers in this issue have been referred to in previous editions of *On the Radar* (when they were released online). Articles in this issue of *BMJ Quality and Safety* include: • Editorial: The science of interruption (Enrico Coiera) • Identifying, understanding and overcoming barriers to medication error reporting in hospitals: a focus group study (Nicole Hartnell, Neil MacKinnon, Ingrid Sketris, Mark Fleming) • Development of an evidence-based framework of factors contributing to patient safety incidents in hospital settings: a systematic review (Rebecca Lawton, R R C McEachan, S J Giles, R Sirriyeh, I S Watt, J Wright) • Do some trusts deliver a consistently better experience for patients? An analysis of patient experience across acute care surveys in English NHS trusts (Veena S Raleigh, Francesca Frosini, Steve Sizmur, Chris Graham) • Defining impact of a rapid response team: qualitative study with nurses, physicians and hospital administrators (Andrea L Benin, Christopher P Borgstrom, Grace Y Jenq, Sarah A Roumanis, Leora I Horwitz) • The association of workflow interruptions and hospital doctors' workload: a prospective observational study (M Weigl, A Müller, C Vincent, P Angerer, N Sevdalis) • Self-reported violations during medication administration in two paediatric hospitals (Samuel J Alper, Richard J Holden, Matthew C Scanlon, Neal Patel, Rainu Kaushal, Kathleen Skibinski, R L Brown, Ben-Tzion Karsh) • Development and evaluation of a 3-day patient safety curriculum to advance knowledge, self-efficacy and system thinking among medical students (Hanan J Aboumatar, David Thompson, Albert Wu, Patty Dawson, Jorie Colbert, Jill Marsteller, Paula Kent, L H Lubomski, L Paine, P Pronovost) • What gets published: the characteristics of quality improvement research articles from low- and middle-income countries (Zoë K Sifrim, Pierre M

	Barker, Kedar S Mate) • Surveillance of unplanned return to the operating theatre in neurosurgery combined with a mortality–morbidity conference: results of a pilot survey (Hélène Marini, Véronique Merle, Stéphane Derrey, Christine Lebaron, V Josset, O Langlois, M G Baray, N Frébourg, F Proust, P Czernichow) • Knowledge implementation in healthcare practice: a view from The Netherlands (Michel Wensing, Roland Bal, Roland Friele)
URL	http://qualitysafety.bmj.com/content/vol21/issue5/

International Journal for Quality in Health Care online first articles

Notes	The *International Journal for Quality in Health Care* has published a number of 'online first' articles, including: • Mandating health care by creeps and jerks (Jeffrey Braithwaite and Robyn Clay-Williams) http://intqhc.oxfordjournals.org/cgi/content/extract/mzs016v1?papetoc • An adverse event screening tool based on routinely collected hospital-acquired diagnoses (Caroline Brand, Joanne Tropea, Alexandra Gorelik, Damien Jolley, Ian Scott, and Vijaya Sundararajan) http://intqhc.oxfordjournals.org/cgi/content/abstract/mzs007v1?papetoc • Assessing adherence-based quality measures in epilepsy (Michael J. Goodman, Michael Durkin, J Forlenza, Xiangyang Ye, and D I Brixner) http://intqhc.oxfordjournals.org/cgi/content/abstract/mzs017v1?papetoc • Prevalence of preventable medication-related hospitalizations in Australia: an opportunity to reduce harm (Lisa M. Kalisch, Gillian E. Caughey, John D. Barratt, Emmae N. Ramsay, Graeme Killer, Andrew L. Gilbert, and Elizabeth E. Roughead) http://intqhc.oxfordjournals.org/cgi/content/abstract/mzs015v1?papetoc

American Journal of Medical Quality
1 May 2012; Vol. 27, No. 3

Notes	A new issue of *American Journal of Medical Quality* has been published. Articles in this issue include: • Editorial: When Is a "Never Should Occur" a "Never Event": Or Do We Really Need a Burning Platform? (Stephen T Lawless) • An Ethical Framework for the Responsible Leadership of Accountable Care Organizations (Laurence B McCullough) • Evaluating Metrics for Quality: Death on the Same Day of Elective Pediatric Surgery (David C Chang, Daniel S Rhee, Yiyi Zhang, Jose H Salazar, Kristin Chrouser, Shelly Choo, P M Colombani, and F Abdullah) • Toward Improving Patient Safety Through Voluntary Peer-to-Peer Assessment (Daniel W Hudson, Christine G Holzmueller, PJ Pronovost, S J Gianci, Z T Pate, J Wahr, E S Heitmiller, DA Thompson, E A Martinez, J A Marsteller, A P Gurses, L H Lubomski, C A Goeschel, and J Cuong) • Can a Patient-Centered Medical Home Lead to Better Patient Outcomes? The Quality Implications of Geisinger's ProvenHealth Navigator (Daniel D Maeng, Thomas R Graf, Duane E Davis, J Tomcavage, and F J Bloom, Jr) • A Comprehensive Evaluation of a Diabetes Quality Improvement Project in Privately Owned Primary Care Practices That Serve Minority Patients (Thomas J Van Hoof, Thomas P Meehan, Jr, Michele Kelvey-Albert, Deron

	Galusha, Maureen Curry, Judith K Barr, and Thomas P Meehan) • VHA Blueprints: Redefining the Way Clinical Knowledge Is Transferred (Keith C. Kosel, Teresa Clark, Trent T. Haywood, and Margaret Lonappan) • Improving Outpatient Diabetes Care (Susan Kirsh, Michael Hein, Leonard Pogach, Gordon Schectman, Lauren Stevenson, Sharon Watts, Archana Radhakrishnan, John Chardos, and David Aron) • Medical Necessity in Emergency Medical Services Transports (Matthew D Weaver, Charity G Moore, P Daniel Patterson, and Donald M Yealy) • Commentary: Disruptive Physicians (Constantine A Manthous and M Ivy)
URL	http://ajm.sagepub.com/content/vol27/issue3/?etoc

Online resources

YourHealthNet
(http://navigatingeffectivetreatments.org.au).
The Centre for Health Communication and Participation has just launched a consumer website, YourHealthNet – navigating effective treatments with systematic reviews
YourHealthNet explains evidence-based health research and systematic reviews in a visually appealing and user-friendly way. The site includes diagrams explaining the concept, contents and process of publishing a Cochrane systematic review. The site also provides audio recordings of real world consumer stories, where individuals describe how they used Cochrane reviews to inform their health decision making. On the "Resources" page is a series of links to other consumer-oriented health research websites.

[US] Symposium on Patient-Centred Outcomes Research Methods
http://www.effectivehealthcare.ahrq.gov/index.cfm/fourth-symposium-on-comparative-effectiveness-research-methods-from-efficacy-to-effectiveness/
An invitational symposium on research methods, "Efficacy to Effectiveness," will be held 12–13 June at the US Agency for Healthcare Research and Quality (ARHQ). AHRQ will provide a live, online broadcast of scientists' slides and audio presentations, which will highlight factors that result in differences between results from randomized clinical trials of treatments (efficacy) and observational studies of treatments outside of controlled research environments (effectiveness).
