On the Radar

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On the Radar
Editor: Dr Niall Johnson niall.johnson@safetyandquality.gov.au
Contributors: Niall Johnson

Reports

Consumer co-creation in health: innovating in Primary Health Networks
Deeble Institute Evidence Brief No 14
Randall R
Canberra: Australian Healthcare and Hospitals Association; 2016. p. 11.

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<td>Notes</td>
<td>This evidence brief from the Deeble Institute examines how to include consumers in “value creation in health care planning and delivery”. The report refers to the growing literature on health value co-creation and its benefits in the health sector and how it suggests that value can be co-created for the individual consumer, clinical practices, health care organisations, and governments. The author offers some recommendations on how to increase the role of consumers in (co)designing healthcare services. The report includes examples of emerging models of community engagement in Primary Health Networks such as NSW’s WentWest, the Western Australia Primary Health Alliance, Capital Health Network in the ACT and North Brisbane PHN.</td>
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The UK Department of Health and NHS England asked the National Advisory Group on Health Information Technology to advise on its efforts to digitise the secondary care system. The Group’s recommendations fall into 2 broad categories: 10 overall findings and principles, followed by 10 implementation recommendations.

The overall findings and principles were:
1. Digitise for the correct reasons
2. It is better to get digitisation right than to do it quickly
3. ‘Return on investment’ from digitisation is not just financial
4. When it comes to centralisation, the NHS should learn, but not over-learn, the lessons of the National Programme for Information Technology (NPfIT)
5. Interoperability should be built in from the start
6. While privacy is very important, so too is data sharing
7. Health IT Systems must embrace user-centered design
8. Going live with a health IT system is the beginning, not the end
9. A successful digital strategy must be multifaceted, and requires workforce development
10. Health IT entails both technical and adaptive change

The 10 implementation recommendations were:
1. Carry out a thoughtful long-term national engagement strategy
2. Appoint and give appropriate authority to a national chief clinical information officer
3. Develop a workforce of trained clinician-informaticists at the trusts, and give them appropriate resources and authority
4. Strengthen and grow the CCIO field, others trained in clinical care and informatics, and health IT professionals more generally
5. Allocate the new national funding to help trusts go digital and achieve maximum benefit from digitisation
6. While some trusts may need time to prepare to go digital, all trusts should be largely digitised by 2023
7. Link national funding to a viable local implementation/improvement plan
8. Organise local/regional learning networks to support implementation and improvement
9. Ensure interoperability as a core characteristic of the NHS digital ecosystem – to promote clinical care, innovation, and research
10. A robust independent evaluation of the programme should be supported and acted upon.

The King’s fund have released a briefing that follows on the Wachter review of health and assesses the progress made and what needs to happen next. The report’s key messages include:
• Need for a definitive plan which clarifies priorities and sets credible timescales, generates commitment and momentum, and is achievable.
• Much more focus on engaging and upskilling the people (at all levels) who are expected to use it. The importance of engaging clinicians, in particular, and conveying the benefits associated with digitisation should not be underestimated.

• Data sharing is essential for conducting research and improving patient care.


**Drug-Resistant Infections: A Threat to Our Economic Future (Discussion Draft)**
World Bank

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This report from the World Bank highlights how antimicrobial resistance (AMR) is not only a potential threat to health but may also have significant economic consequences. The scale of this impact could be as great as that of the 2008 financial crisis. However, as the World Bank notes “unlike the financial crisis of 2008, there would be no prospects for a cyclical recovery in the medium term, as the costly impact of AMR would persist.” The consequences could also include low-income countries to losing more than 5% of their GDP and up to 28 million people, mostly in developing countries, being pushed into poverty by 2050. Just in health costs alone the report suggests that global increases may range from $300 billion to more than $1 trillion per year by 2050.

For information on the Commission’s work on antimicrobial use and resistance in Australia, see https://www.safetyandquality.gov.au/antimicrobial-use-and-resistance-in-australia/

**Journal articles**

**Psychological impact and recovery after involvement in a patient safety incident: a repeated measures analysis**
Van Gerven E, Bruyneel I, Panella M, Euwema M, Sermeus W, Vanhaeckt K

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<th>DOI</th>
<th><a href="http://dx.doi.org/10.1136/bmjopen-2016-011403">http://dx.doi.org/10.1136/bmjopen-2016-011403</a></th>
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A recent issue of the *Medical Journal of Australia* included a report on a study that showed suicide rates for female health professionals were higher than for women in other occupations (http://dx.doi.org/10.5694/mja15.01044). This Belgian study found that female clinicians reported higher levels of psychological distress following patient safety incidents. The study covered 33 Belgian hospitals and 913 clinicians (doctors, nurses and midwives) of whom 83.5% reported being involved in a patient safety incident at some point in their career, 38.1% within the last year. The study also reported that incidents that resulted in patients suffering severe harm appeared to have a more substantial impact on the clinician than those involving a patient death. The ‘second victim’ effect has been described previously, but this study explores some of the complexities. The authors suggest that “Healthcare organisations should anticipate on providing their staff appropriate and timely support structures that are tailored to the healthcare professional involved in the incident and to the specific situation of the incident.”
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: *Advancing patient safety* through the use of **cognitive aids** (Alan F Merry, Simon J Mitchell)
- Editorial: *Adherence*: the Holy Grail? (Christine M Bond)
- An embedded checklist in the *Anesthesia Information Management System* improves pre-anæsthetic induction setup: a randomised controlled trial in a simulation setting (Douglas Wetmore, Andrew Goldberg, Nishant Gandhi, John Spivack, Patrick McCormick, Samuel DeMaria, Jr)
- Supporting adherence for people starting a new medication for a long-term condition through community pharmacies: a pragmatic randomised controlled trial of the New Medicine Service (Rachel Ann Elliott, Matthew J Boyd, Nde-Eshimuni Salema, James Davies, Nicholas Barber, Rajnikant Laxmishanker Mehta, Lukasz Tanajewski, Justin Waring, Asam Latif, Georgios Gkountouras, A J Avery, Antony Chuter, Christopher Craig)
- The Medicines Advice Service Evaluation (MASE): a randomised controlled trial of a pharmacist-led telephone based intervention designed to improve medication adherence (Imogen Lyons, Nicholas Barber, David K Raynor, Li Wei)
- Qualitative complaints and their relation to overall hospital rating using an H-CAHPS-derived instrument (Kyle Kemp, Sarah Warren, Nancy Chan, Brandi McCormack, Maria Santana, Hude Quan)
- A behaviourally anchored rating scale for evaluating the use of the WHO surgical safety checklist: development and initial evaluation of the WHOBARS (Daniel A Devcich, Jennifer Weller, Simon J Mitchell, Scott McLaughlin, Lauren Barker, Jenny W Rudolph, Daniel B Raemer, Martin Zammert, Sara J Singer, Jane Torrie, Chris MA Frampton, Alan F Merry)
- Primary care physicians’ willingness to disclose oncology errors involving multiple providers to patients (Kathleen Mazor, Douglas W Roblin, Sarah M Greene, Hassan Fouayzi, Thomas H Gallagher)
- Implementing an institution-wide quality improvement policy to ensure appropriate use of continuous cardiac monitoring: a mixed-methods retrospective data analysis and direct observation study (Michael F Rayo, Jerry Mansfield, Daniel Eiferman, Traci Mignery, Susan White, S D Moffatt-Bruce)
- Balancing stakeholder needs in the evaluation of healthcare quality improvement (Laura C Leviton, Lori Melichar)
- Dual-process cognitive interventions to enhance diagnostic reasoning: a systematic review (Kathryn Ann Lambe, Gary O'Reilly, Brendan D Kelly, Sarah Curristant)
A new issue of the *International Journal for Quality in Health Care* 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 the *International Journal for Quality in Health Care* include:

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<td>Editorial: Impact of <strong>continuity of care</strong> on <strong>preventable hospitalization</strong> and evaluating <strong>patient safety indicators</strong> between Italy and the USA You have access (Shabbir Syed-Abdul, Usman Iqbal, Yu-Chuan (Jack) Li)</td>
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<td>Strategies facilitating <strong>practice change</strong> in <strong>pediatric cancer</strong>: a systematic review (Paula D Robinson, Lee I Dupuis, George Tomlinson, Bob Phillips, Mark Greenberg, and Lillian Sung)</td>
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<td>The <strong>effectiveness and variation of acute medical units</strong>: a systematic review (Lindsay E M Reid, Lotte C Dinesen, Michael C Jones, Zoe J Morrison, Christopher J Weir, and Nazir I Lone)</td>
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<td>Does <strong>clinical supervision</strong> of health professionals improve <strong>patient safety</strong>? A systematic review and meta-analysis (David A Snowdon, Raphael Hau, Sandra G Leggat, and Nicholas F Taylor)</td>
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<td><strong>Non-beneficial treatments</strong> in hospital at the <strong>end of life</strong>: a systematic review on extent of the problem (M Cardona-Morrell, JCH Kim, RM Turner, M Anstey, IA Mitchell, and K Hillman)</td>
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<td>Getting right to the point: identifying Australian outpatients’ priorities and preferences for <strong>patient-centred quality improvement in chronic disease care</strong> (Elizabeth A Fradgley, Christine L Paul, J Bryant, and C Oldmeadow)</td>
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<td>Impact of <strong>continuity of care</strong> on <strong>preventable hospitalization</strong> of patients with type 2 <strong>diabetes</strong>: a nationwide Korean cohort study, 2002–10 (Kyoung Hee Cho, Chung Mo Nam, Young Choi, Jae-Woo Choi, Seon-Heui Lee, and Eun-Cheol Park)</td>
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<td>Evaluating <strong>patient safety indicators</strong> in <strong>orthopedic surgery</strong> between Italy and the USA (Dario Tedesco, Tina Hernandez-Boussard, Elisa Carretta, Paola Rucci, Maurizia Rolli, P D Denia, K McDonald, and M P Fantini)</td>
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<td><strong>Co-creating value</strong> through demand and supply integration in senior industry—observations on 33 senior enterprises in Taiwan (Ya-Ting Yang, Usman Iqbal, Ya-Mei Chen, Shyi Su, Yao-Mao Chang, Yujiro Handa, Neng-Pai Lin, and Yi-Hsin Elsa Hsu)</td>
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<td>Impact of <strong>antibiotic stewardship</strong> on <strong>perioperative antimicrobial prophylaxis</strong> (Rita Murri, Antonio Giulio de Belvis, Massimo Fantoni, Maria Tanzariello, Paolo Parente, Stefano Marventano, Sabina Bucci, Francesca Giovannenze, Walter Ricciardi, Roberto Cauda, and Gabriele Sganga)</td>
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<td><strong>Safety climate</strong> and attitude toward <strong>medication error reporting</strong> after hospital accreditation in South Korea (Eunjoo Lee)</td>
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<td><strong>Vital signs monitoring</strong> on general wards: clinical staff perceptions of current practices and the planned introduction of continuous monitoring technology (Mirela Prgomet, Magnolia Cardona-Morrell, Margaret Nicholson, Rebecca Lake, Janet Long, Johanna Westbrook, Jeffrey Braithwaite, and Ken Hillman)</td>
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Patient perspectives of care and process and outcome quality measures for heart failure admissions in US hospitals: how are they related in the era of public reporting? (Sydney Morss Dy, Kitty S Chan, Hsien-Yen Chang, Allen Zhang, Junya Zhu, and Deirdre Mylod)

Interface transition checklists in spinal surgery (Pamela Kantelhardt, Alf Giese, and Sven R Kantelhardt)

Editorial: Collaboration, capacity building and co-creation as a new mantra in global health (Jacqueline DePasse and Leo Anthony Celi)

BMJ Quality and Safety online first articles
URL: http://qualitysafety.bmj.com/content/early/recent

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BMJ Quality and Safety has published a number of ‘online first’ articles, including:
- Editorial: The evolution of morbidity and mortality conferences (Darlene Tad-y, Heidi L Wald)

International Journal for Quality in Health Care online first articles
URL: http://intqhc.oxfordjournals.org/content/early/recent?papetoc

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International Journal for Quality in Health Care has published a number of ‘online first’ articles, including:
- Content validity of a health science evidence-based practice questionnaire (HS-EBP) with a web-based modified Delphi approach (Juan Carlos Fernández-Domínguez, Albert Sesé-Abad, Jose Miguel Morales-Arencio, Pedro Sastre-Fullana, Sandra Pol-Castañeda, Joan Ernest de Pedro-Gómez)
- Drug-dispensing problems community pharmacists face when patients are discharged from hospitals: a study about 537 prescriptions in Alsace (Bruno Michel, Marie Hemery, Marie-Christine Rybarczyk-Vigoureux, Pascal Wehrlé, Morgane Beck)
- How to do better health reform: a snapshot of change and improvement initiatives in the health systems of 30 countries (Jeffrey Braithwaite, Yukihiro Matsuyama, Russell Mannion, Julie Johnson, David W. Bates, Cliff Hughes)
- Effect of the medical insurance on the quality of care for Chinese patients with chronic heart failure (Rong Fu, Han Bao, Shaofei Su, Xinyu Wang, Meiqi Zhang, Meina Liu)
- Patient satisfaction with ambulatory care in Germany: effects of patient- and medical practice-related factors (Silke Auras, Thomas Ostermann, Werner de Cruppé, Eva-Maria Bitzer, Franziska Diel, Max Geraedts)
- Cost-effectiveness of implementing the chronic care model for HIV care in Uganda (Edward I. Broughton, Martin Muhire, Esther Karamagi, Herbert Kisamba)
- Intra-hospital correlations among 30-day mortality rates in 18 different clinical and surgical settings (Pietro Guida, Massimo Iacoviello, Andrea Passantino, Domenico Scrutinio)
- The impact of Value Incentive Program (VIP) on the quality of hospital care for acute stroke in Korea (Ju Hyun Yang, Sun Min Kim, Seung Jin Han, Meredith Knaak, Gi Hwa Yang, Kyoo Duck Lee, Young Hee Yoo, Guja Ha, Eun Jung Kim, Myung Sook Yoo)
Online resources

[UK] NICE Guidelines and Quality Standards
http://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 updates are:

- NICE Guideline NG56 Multimorbidity: clinical assessment and management
  https://www.nice.org.uk/guidance/ng56
- NICE Guideline NG55 Harmful sexual behaviour among children and young people
  https://www.nice.org.uk/guidance/ng55
- NICE Quality Standard QS130 Skin cancer
  https://www.nice.org.uk/guidance/qs130
- NICE Quality Standard QS131 Intravenous fluid therapy in children and young people in hospital
  https://www.nice.org.uk/guidance/qs131
- NICE Quality Standard QS132 Social care for older people with multiple long-term conditions
  https://www.nice.org.uk/guidance/qs132

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