



## On the Radar

Issue 442  
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### On the Radar

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### Reports

*Caring for doctors, Caring for patients*

*How to transform UK healthcare environments to support doctors and medical students to care for patients.*

London: General Medical Council; 2019. p. 151.

West M, Coia D

London: General Medical Council; 2019. p. 151.

URL	<a href="https://www.gmc-uk.org/about/how-we-work/corporate-strategy-plans-and-impact/supporting-a-profession-under-pressure/uk-wide-review-of-doctors-and-medical-students-wellbeing">https://www.gmc-uk.org/about/how-we-work/corporate-strategy-plans-and-impact/supporting-a-profession-under-pressure/uk-wide-review-of-doctors-and-medical-students-wellbeing</a>
Notes	<p>This report from the General Medical Council in the UK argues that a working environment that supports clinicians is conducive their well-being and that of their patients. The report argues that people need:</p> <ul style="list-style-type: none"> <li>• <b>Autonomy and control</b> – the need to have control over our work lives, and to act consistently with our work and life values. Recommendations cover voice, influence and fairness, working conditions, schedules and rotas.</li> </ul>

	<ul style="list-style-type: none"> <li>• <b>Belonging</b> – the need to be connected to, cared for, and caring of others around us in the workplace and to feel valued, respected and supported. Recommendations cover teamwork, culture and leadership.</li> <li>• <b>Competence</b> – the need to experience effectiveness and deliver valued outcomes, such as high-quality care. Recommendations cover workload, training, learning and development, and management and supervision.</li> </ul>
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*Deep Dive: Safe Ambulatory Care, Strategies for Patient Safety & Risk Reduction*

ECRI Institute

ECRI Institute: Plymouth Meeting, PA: 2019

URL	<a href="https://www.ecri.org/press/ecri-institute-diagnostic-tests-medication-pose-biggest-risks-to-patients">https://www.ecri.org/press/ecri-institute-diagnostic-tests-medication-pose-biggest-risks-to-patients</a>
Notes	This report from the ECRI Institute in the USA provides the results of an analysis of 4,355 adverse events reported by physician practices, ambulatory care centres, and community health centres. The report notes that ‘nearly half of the events involved <b>diagnostic testing errors</b> ; a quarter involved <b>medication safety</b> ; the rest involved <b>falls</b> ; <b>security</b> and <b>safety</b> ; and <b>privacy-related risks</b> .’ The report also includes some suggestions about means of addressing or ameliorating some of these risks.

## Journal articles

*Identifying quality improvement opportunities using patient complaints: Feasibility of using a complaints taxonomy in a metropolitan maternity service*

Nowotny BM, Loh E, Davies-Tuck M, Hodges R, Wallace EM

Journal of Patient Safety and Risk Management. 2019;24(5):184-195.

DOI	<a href="https://doi.org/10.1177/2516043519869447">https://doi.org/10.1177/2516043519869447</a>
Notes	Paper describing how an Australian health service tested the efficacy of the Healthcare Complaints Analysis Tool (HCAT) to interrogate patient complaints for quality and safety improvement lessons. The HCAT has been previously in whole-of-system and whole-of-service settings and this study sought to assess whether the taxonomy is functional at the level of a single hospital department. A sample of 200 de-identified complaints was found to cover 567 issues. The authors report that ‘The <b>most common issues</b> were <b>rude behaviour</b> (n = 46), <b>poor communication</b> (n = 38), complaints relating to the <b>quality of medical care</b> (n = 36), <b>nursing care</b> (n = 35), surgical/medical <b>complications</b> (n = 28) and complaints relating to the <b>attitude</b> of staff members (n = 23). Complaints in the clinical domain made up the greatest proportion of both severe (ISR 1 – 66.7%) and moderate (ISR 2 – 64.5%) incidents. The authors concluded that ‘Using a reliable taxonomy, we were able to successfully interrogate patient complaints, identifying quality improvement targets within a single maternity service. The taxonomy appears suitable for adoption and application across health jurisdictions.’

For information on the Commission’s work on partnering with consumers, see

<https://www.safetyandquality.gov.au/our-work/partnering-consumers>

*How effective is teamwork really? The relationship between teamwork and performance in healthcare teams: a systematic review and meta-analysis*

Schmutz JB, Meier LL, Manser T

BMJ Open. 2019;9(9):e028280.

DOI	<a href="https://doi.org/10.1136/bmjopen-2018-028280">https://doi.org/10.1136/bmjopen-2018-028280</a>
Notes	This systematic review and meta-analysis confirms how important good teamwork is to health care. Examining 31 studies that reported on ‘a relationship between a teamwork process (eg, coordination, non-technical skills) and a performance measure (eg, checklist based expert rating, errors) in an acute care setting’ the authors found that the literature does support that value of teamwork. The authors conclude that <b>‘Teamwork has a medium-sized effect on performance.</b> The analysis of moderators illustrated that <b>teamwork relates to performance regardless of characteristics of the team or task.</b> Therefore, <b>healthcare organisations should recognise the value of teamwork and emphasise approaches that maintain and improve teamwork for the benefit of their patients.’</b>

*Artificial Intelligence: How to get it right. Putting policy into practice for safe data-driven innovation in health and care*

Joshi I, Morley J, editors

London: NHS<sup>x</sup>; 2019.

*Artificial Intelligence: solving problems, growing the economy and improving our quality of life*

Hajkowicz S, Karimi S, Wark T, Chen C, Evans M, Rens N, et al.

Commonwealth Scientific and Industrial Research Organisation; 2019.

*The Last Mile: Where Artificial Intelligence Meets Reality*

Coiera E

Journal of Medical Internet Research. 2019;21(11):e16323.

*Risks and remedies for artificial intelligence in health care*

Price W N

Washington D.C.: The Brookings Institution; 2019

*Can skin cancer diagnosis be transformed by AI?*

Esteva A, Topol E

The Lancet. 2019;394(10211):1795.

URL	Joshi and Morley <a href="https://www.nhsx.nhs.uk/assets/NHSX_AI_report.pdf">https://www.nhsx.nhs.uk/assets/NHSX_AI_report.pdf</a> Hajkowicz et al <a href="https://www.data61.csiro.au/en/Our-Research/Our-Work/AI-Roadmap">https://www.data61.csiro.au/en/Our-Research/Our-Work/AI-Roadmap</a> Coiera <a href="https://doi.org/10.2196/16323">https://doi.org/10.2196/16323</a> Price <a href="https://www.brookings.edu/research/risks-and-remedies-for-artificial-intelligence-in-health-care">https://www.brookings.edu/research/risks-and-remedies-for-artificial-intelligence-in-health-care</a> Esteva and Topol <a href="https://doi.org/10.1016/S0140-6736(19)32726-6">https://doi.org/10.1016/S0140-6736(19)32726-6</a>
Notes	A number of items that reflect on the (potential) use of artificial intelligence (AI) in health. A number of these offer guidance on how to ensure that AI is appropriately used to enhance patient care and experience while avoiding deleterious uses of the technology and the data and insights gained. In the most substantial of these items, Joshi and Morley have edited a report for NHS <sup>x</sup> that seeks to give ‘a considered and cohesive overview of the current state of play of data-driven technologies within the health and care system’. The report attempts to outline where in the health system AI technologies can be utilised and the policy work that is, and will need to be done, to ensure this utilisation is done in a safe, effective and ethically acceptable manner. The report includes sections on the ethics and

	<p>governance of AI, the data issues around AI, particularly around the collection, collation, storage and use of patient data, the implementation, uptake and dissemination of AI technology and techniques, and workforce issues. The report also surveys the work being undertaken and proposed in the UK and elsewhere, including a number of case studies.</p> <p>Hajkowicz et al offer an Australian perspective on AI. While looking at the broader application of AI and how AI can boost the productivity of Australian industry, creating jobs and economic growth and improving the quality of life for current and future generations, the report does include a brief discussion on AI for Better Health, Aged Care and Disability Services (and how AI solutions could be monetised).</p> <p>Coiera adds to his extensive publications in the area with this brief item that highlights the importance of implementation (“the last mile”) to ensure that AI is actually focused on problems that are worth solving. He notes that ‘In this “last mile” of implementation lie many complex challenges that may make technically high-performing systems perform poorly’.</p> <p>Price offers a short rehearsal of the potential benefits, the risks and challenges and some possible solutions, for managing the risks, for AI in health care. These solutions include the generation, availability and use of data that promote trust and participation, quality oversight, and engagement and education. In an era where trust is proving a significant issue in many realms, these solutions may be easier to describe in broad terms than to devise and implement.</p> <p>Esteva and Topol identify one clinical realm where AI is already seen as having potential as ‘Dermatology is a speciality suited for artificial intelligence (AI) research and potential incorporation in clinical practice’ and briefly set out the arguments about how AI can aid dermatology clinicians and, potentially, patients.</p>
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URL	<a href="https://qualitysafety.bmj.com/content/28/12">https://qualitysafety.bmj.com/content/28/12</a>
Notes	<p>A new issue of <i>BMJ Quality &amp; Safety</i> has been published. Many of the papers in this issue have been referred to in previous editions of <i>On the Radar</i> (when they were released online). Articles in this issue of <i>BMJ Quality &amp; Safety</i> include:</p> <ul style="list-style-type: none"> <li>• Editorial: What does it take to improve nationwide <b>healthcare quality in China?</b> (Xi Li, Harlan M Krumholz)</li> <li>• Editorial: Challenges in translating <b>mortality risk to the point of care</b> (Vincent J Major, Yindalon Aphinyanaphongs)</li> <li>• <b>Quality of care in large Chinese hospitals:</b> an observational study (Weiyan Jian, Jose Figueroa, Liana Woskie, Xi Yao, Yuqi Zhou, Zhengxiang Li, Changan Li, Li Yao, Winnie C Yip)</li> <li>• mHOMR: a feasibility study of an automated system for <b>identifying inpatients having an elevated risk of 1-year mortality</b> (Pete Wegier, Ellen Koo, Shahin Ansari, Daniel Kobewka, Erin O'Connor, Peter Wu, L Steinberg, C Bell, T Walton, C van Walraven, G Embuldeniya, J Costello, J Downar)</li> <li>• Disrupting activities in quality improvement initiatives: a qualitative case study of the QuICR <b>Door-To-Needle initiative</b> (Jo-Louise Huq, Jaana Woiceshyn)</li> <li>• When <b>order sets</b> do not align with clinician workflow: assessing practice patterns in the electronic health record (Ron C Li, Jason K Wang, Christopher Sharp, Jonathan H Chen)</li> <li>• <b>Mental well-being, job satisfaction and self-rated workability in general practitioners and hospitalisations for ambulatory care sensitive conditions</b> among listed patients: a cohort study combining survey data on</li> </ul>

	<p>GPs and register data on patients (Karen Busk Nørøxe, Anette Fischer Pedersen, Anders Helles Carlsen, Flemming Bro, Peter Vedsted)</p> <ul style="list-style-type: none"> <li>• Impact of audit and feedback with action implementation toolbox on improving <b>ICU pain management</b>: cluster-randomised controlled trial (Marie-José Roos-Blom, Wouter T Gude, Evert de Jonge, Jan Jaap Spijkstra, Sabine N van der Veer, Niels Peek, Dave A Dongelmans, N F de Keizer)</li> <li>• <b>Sustaining effective quality improvement</b>: building capacity for resilience in the practice facilitator workforce (Tanya T Olmos-Ochoa, David A Ganz, Jenny M Barnard, Lauren S Penney, Neetu Chawla)</li> <li>• How do stakeholders experience the adoption of <b>electronic prescribing systems</b> in hospitals? A systematic review and thematic synthesis of qualitative studies (Albert Farre, Gemma Heath, Karen Shaw, Danai Bem, C Cummins)</li> <li>• Identifying and quantifying <b>variation between healthcare organisations and geographical regions</b>: using mixed-effects models (G Abel, M N Elliott)</li> <li>• Reducing <b>unnecessary sedative-hypnotic use</b> among hospitalised older adults (Chris Fan-Lun, Clarissa Chung, Eun Hye Grace Lee, Elisabeth Pek, Rebecca Ramsden, Cheryl Ethier, Christine Soong)</li> </ul>
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Healthcare Policy  
Vol. 15

URL	<a href="https://www.longwoods.com/publications/healthcare-policy/25977/1/vol-15-special-issue-training-for-impact-modernizing-health-services-and-policy-research-training">https://www.longwoods.com/publications/healthcare-policy/25977/1/vol-15-special-issue-training-for-impact-modernizing-health-services-and-policy-research-training</a>
Notes	<p>A new special issue of <i>Healthcare Policy</i> has been published with the theme <b>Training for Impact: Modernizing Health Services and Policy Research Training</b>. Articles in this issue of <i>Healthcare Policy</i> include:</p> <ul style="list-style-type: none"> <li>• Editorial: A Flight Simulator for <b>Careers in Health Services and Policy Research</b> (Tom Noseworthy)</li> <li>• Training for Impact: PhD Modernization as a Key Resource for <b>Learning Health Systems</b> (Meghan McMahon, S Bornstein, A Brown and R Tamblyn)</li> <li>• The <b>Career Outcomes of Health Services and Policy Research</b> Doctoral Graduates (Meghan McMahon, Bettina Habib and Robyn Tamblyn)</li> <li>• <b>Training for Health System Improvement</b>: Emerging Lessons from Canadian and US Approaches to Embedded Fellowships (Meghan McMahon, Stephen Bornstein, Adalsteinn Brown, L A Simpson, L Savitz and R Tamblyn)</li> <li>• Making Contributions and Defining Success: An eDelphi Study of the Inaugural Cohort of CIHR <b>Health System Impact</b> Fellows, Host Supervisors, and Academic Supervisors (Marc-André Blanchette, Margaret Saari, Katie Aubrecht, Chantelle Bailey, Ivy Cheng, Mark Embrett, El Kebir Ghandour, Jennie Haw, Andriy Koval, R H Liu, K P Manhas, F N Mawani, J Mcconnell-Nzunga, K Petricca, M Sim, D Singal, A Syrowatka and J Lai)</li> <li>• <b>Developing Competencies for Health System Impact</b>: Early Lessons learned from the Health System Impact Fellows (Meghan McMahon, Adalsteinn Brown, Stephen Bornstein and Robyn Tamblyn)</li> <li>• Exploring <b>Mentorship as a Strategy to Build Capacity</b> and Optimize the Embedded Scientist Workforce (Stephen Bornstein, Meghan McMahon, Verna Yiu, V Haroun, H Manson, P Holyoke, T Wasylak, R Tamblyn and A Brown)</li> </ul>



URL	<a href="https://journals.sagepub.com/toc/cric/24/5">https://journals.sagepub.com/toc/cric/24/5</a>
Notes	<p>A new issue of the <i>Journal of Patient Safety and Risk Management</i> has been published. Articles in this issue of the <i>Journal of Patient Safety and Risk Management</i> include:</p> <ul style="list-style-type: none"> <li>• Editorial: <b>The golden moment after an adverse event</b> (Albert W Wu)</li> <li>• <b>Depression and suicide: Occupational hazards of practicing medicine</b> (Elisabeth Poorman)</li> <li>• Identifying <b>quality improvement opportunities using patient complaints: Feasibility of using a complaints taxonomy in a metropolitan maternity service</b> (Benjamin M Nowotny, E Loh, M Davies-Tuck, R Hodges, and E M Wallace)</li> <li>• <b>Malpractice litigation, quality improvement</b>, and the University Hospitals Obstetric Quality Network (Nancy Cossler, James Liu, Steven Porter, Megan Albertini, Tyler Katz, and Peter Pronovost)</li> <li>• Intrapartum care: An urgent need to question historical practices and ‘non-evidence’-based, illogical <b>foetal monitoring guidelines</b> to avoid patient harm (Edwin Chandrarahan)</li> </ul>

*BMJ Quality and Safety* online first articles

URL	<a href="https://qualitysafety.bmj.com/content/early/recent">https://qualitysafety.bmj.com/content/early/recent</a>
Notes	<p><i>BMJ Quality and Safety</i> has published a number of ‘online first’ articles, including:</p> <ul style="list-style-type: none"> <li>• Editorial: A nudge towards <b>increased experimentation to more rapidly improve healthcare</b> (Allison H Oakes, Mitesh S Patel)</li> <li>• Late adopters of the <b>electronic health record</b> should move now (Juliet Rumball-Smith, Kevin Ross, David W Bates)</li> <li>• <b>‘New Medicine Service’</b>: supporting adherence in people starting a new medication for a long-term condition: 26-week follow-up of a pragmatic randomised controlled trial (Rachel Ann Elliott, Matthew J Boyd, Lukasz Tanajewski, Nick Barber, Georgios Gkountouras, Anthony J Avery, Rajnikant Mehta, James E Davies, Nde-Eshimuni Salema, Christopher Craig, Asam Latif, Justin Waring, Antony Chuter)</li> <li>• <b>Quality improvement in cardiovascular surgery</b>: results of a surgical quality improvement programme using a nationwide clinical database and database-driven site visits in Japan (Hiroyuki Yamamoto, Hiroaki Miyata, Kazuo Tanemoto, Yoshikatsu Saiki, Hitoshi Yokoyama, Eriko Fukuchi, Noboru Motomura, Yuichi Ueda, Shinichi Takamoto)</li> <li>• Making the ‘invisible’ visible: transforming the detection of <b>intimate partner violence</b> (Bharti Khurana, Steven E Seltzer, Isaac S Kohane, Giles W Boland)</li> </ul>

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

URL	<a href="https://academic.oup.com/intqhc/advance-articles">https://academic.oup.com/intqhc/advance-articles</a>
Notes	<p><i>International Journal for Quality in Health Care</i> has published a number of ‘online first’ articles, including:</p> <ul style="list-style-type: none"> <li>• A strategic tool to improve long-term health outcomes in clinical practice: <b>SHOR driver and association diagram</b> (Helena Ogink, Anna-Karin Ringqvist, Liselotte Bergqvist, Tobias Nordin, Anita Nordenson, A-C Mårdby)</li> <li>• Updates to and quality of <b>clinical practice guidelines for high-priority diseases</b> in Japan (Sho Sasaki, Haruki Imura, Kyoko Sakniceai, Yoshihito Goto, Kyoko Kitazawa, Yukiko Neff, Shuhei Fujimoto, Junji Kaneyama, Akiko Okumura, Yoshimitsu Takahashi, Takeo Nakayama)</li> </ul>

## Online resources

[UK] NICE Guidelines and Quality Standards

<https://www.nice.org.uk/guidance>

The UK's National Institute for Health and Care Excellence (NICE) has published new (or updated) guidelines and quality standards. The latest reviews or updates are:

- Clinical Guideline CG164 **Familial breast cancer**: *classification, care and managing breast cancer and related risks in people with a family history of breast cancer* <https://www.nice.org.uk/guidance/cg164>
- NICE Guideline NG145 **Thyroid disease**: *assessment and management* <https://www.nice.org.uk/guidance/ng145>
- NICE Guideline NG146 **Workplace health**: *long-term sickness absence and capability to work* <https://www.nice.org.uk/guidance/ng146>

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