



On the Radar

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On the Radar

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Journal articles

De-implementing wisely: developing the evidence base to reduce low-value care
Grimshaw JM, Patey AM, Kirkham KR, Hall A, Dowling SK, Rodondi N, et al
BMJ Quality & Safety. 2020 [epub].

DOI	http://dx.doi.org/10.1136/bmjqs-2019-010060
Notes	<p>As part of the movement to focus on value in health care has been an emphasis on low value care and how to curtail its use. Choosing Wisely (CW) has been an international effort that seeks to promote high-quality care and avoid harm. Within this there has been an effort towards ‘de-implementation’ – defined as the “abandonment of medical practices or interventions that have been found to be ineffective and harmful”. This paper describes the Choosing Wisely De-Implementation Framework (CWDIF) that offers ‘a comprehensive approach to systematically reduce low-value care in both hospital and community settings and advance the science of de-implementation’. The Framework consists of five phases:</p> <ul style="list-style-type: none"> • <i>Phase 0</i>, identification of potential areas of low-value healthcare • <i>Phase 1</i>, identification of local priorities for implementation of CW recommendations

	<ul style="list-style-type: none"> • <i>Phase 2</i>, identification of barriers to implementing CW recommendations and potential interventions to overcome these • <i>Phase 3</i>, rigorous evaluations of CW implementation programmes • <i>Phase 4</i>, spread of effective CW implementation programmes.
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Implementing value-based health care at scale: the NSW experience

Koff E, Lyons N

Medical Journal of Australia. 2020.

DOI	https://doi.org/10.5694/mja2.50470
Notes	<p>How to actually operationalise at scale the move for value-based care is not always obvious. This piece written by two senior bureaucrats in a very large health system (the NSW public system that serves a population of almost 8 million people over 800 000km² with 234 public hospitals and facilities employing over 130 000 staff) outlines how that state has approached the issue. For NSW Health, ‘the definition of value-based health care considers what value means for patients, clinicians and the health system, and aims to provide health services that deliver value across four domains:</p> <ul style="list-style-type: none"> • improved health outcomes; • improved experiences of receiving care; • improved experiences of providing care; and • better effectiveness and efficiency of care.’ <p>Their Leading Better Value care has focused on areas of ‘high impact health care’ with eight initial clinical initiatives to which another five have been added. The authors acknowledge that this is a transformational change that requires times, effort, commitment and resources.</p>

Learning from complaints in healthcare: a realist review of academic literature, policy evidence and front-line insights

van Dael J, Reader TW, Gillespie A, Neves AL, Darzi A, Mayer EK

BMJ Quality & Safety. 2020 [epub].

DOI	http://dx.doi.org/10.1136/bmjqs-2019-009704
Notes	<p>The potential uses of complaints to improve care has been much discussed. This paper reports on a review that sought to ‘understand how to effectively integrate patient-centric complaint handling with quality monitoring and improvement’. Based on 74 academic publications and 10 policy sources, the authors have identified 12 mechanisms to achieve patient-centric complaint handling and system-wide quality improvement.</p> <p>‘The complaint handling pathway includes</p> <ol style="list-style-type: none"> (1) access of information; (2) collaboration with support and advocacy services; (3) staff attitude and signposting; (4) bespoke responding; and (5) public accountability. <p>The improvement pathway includes</p> <ol style="list-style-type: none"> (6) a reliable coding taxonomy; (7) standardised training and guidelines; (8) a centralised informatics system; (9) appropriate data sampling; (10) mixed-methods spotlight analysis; (11) board priorities and leadership; and (12) just culture.’

Profile of the most common complaints for five health professions in Australia
 Walton M, Kelly PJ, Chiarella EM, Carney T, Bennett B, Nagy M, et al
 Australian Health Review. 2020;44(1):15-23.

DOI	https://doi.org/10.1071/AH18074
Notes	<p>Going from the general to the specific is this paper analysing complaints relating to five health professions (dentistry, medicine, nursing/midwifery, pharmacy and psychology) in Australia. Based on an analysis of more than 12,000 complaints the authors findings include:</p> <ul style="list-style-type: none"> • Annual rate of 1.5 complaints per 100 practitioners. • Complaints were most common for doctors and dentists and least common for nurses/midwives. Differences between professions is most likely driven by their different work tasks and work environments. • Sex, age and country of birth were all associated with risk of complaint. • The most common complaints were clinical care (44% of all complaints), medication (10%) and health impairment of the practitioner (8%). • Types of complaints varied by profession, sex and age.

For information on the Commission’s work on partnering with consumers, see <https://www.safetyandquality.gov.au/our-work/partnering-consumers>

Patient safety in inpatient mental health settings: A systematic review
 Thibaut B, Dewa LH, Ramtale SC, Lima D, Adam S, Ashrafian H, et al
 BMJ Open. 2019;9(12):e030230.

DOI	https://doi.org/10.1136/bmjopen-2019-030230
Notes	<p>The many years of efforts to address patient safety (and quality) has tended to have a focus on the acute sector. There have been some attempts to look at other domains and the care of specific populations. Mental health is an important area as patient safety in both physical and mental health needs to be considered. The study reviewed 364 papers, covering 31 countries and data on over 150,000 participants. The authors identified ten broad categories – interpersonal violence, coercive interventions, safety culture, harm to self, safety of the physical environment, medication safety, unauthorized leave, clinical decision making, falls, and infection prevention/control. The authors suggest that there are gaps in the research, including suicide.</p>

For information on the Commission’s work on mental health, see <https://www.safetyandquality.gov.au/our-work/mental-health>

URL	https://academic.oup.com/intqhc/issue/32/Supplement_1
Notes	<p>A new supplement to the <i>International Journal for Quality in Health Care</i> has been published. This supplement focuses on the Deepening our Understanding of Quality in Australia (DUQuA) study. Articles in this supplementary issue of <i>International Journal for Quality in Health Care</i> include:</p> <ul style="list-style-type: none"> • Bending the quality curve (Jeffrey Braithwaite, Robyn Clay-Williams, Natalie Taylor, Hsuen P Ting, Teresa Winata, Gaston Arnolda, Rosa Sunol, Oliver Græne, Cordula Wagner, Niek S Klazinga, Liam Donaldson, S Bruce Dowton) • Deepening our Understanding of Quality in Australia (DUQuA): An overview of a nation-wide, multi-level analysis of relationships between quality management systems and patient factors in 32 hospitals (Jeffrey Braithwaite, Robyn Clay-Williams, Natalie Taylor, Hsuen P Ting, Teresa Winata, Emily Hogden, Zhicheng Li, Amanda Selwood, M Warwick, P Hibbert, G Arnolda) • Organization quality systems and department-level strategies: refinement of the Deepening our Understanding in Quality in Australia (DUQuA) organization and department-level scales (Robyn Clay-Williams, Natalie Taylor, Teresa Winata, Hsuen P Ting; Gaston Arnolda, Jeffrey Braithwaite) • Do organization-level quality management systems influence department-level quality? A cross-sectional study across 32 large hospitals in Australia (Natalie Taylor, Robyn Clay-Williams, Hsuen P Ting, Gaston Arnolda Teresa Winata, Emily Hogden, Jeffrey Braithwaite) • The relationships between quality management systems, safety culture and leadership and patient outcomes in Australian Emergency Departments (Robyn Clay-Williams, Natalie Taylor, Hsuen P Ting, Teresa Winata, Gaston Arnolda, Elizabeth Austin, Jeffrey Braithwaite) • The clinician safety culture and leadership questionnaire: refinement and validation in Australian public hospitals (Robyn Clay-Williams, Natalie Taylor, Hsuen P Ting, Teresa Winata, Gaston Arnolda, Jeffrey Braithwaite) • Do quality management systems influence clinical safety culture and leadership? A study in 32 Australian hospitals (Robyn Clay-Williams, Natalie Taylor, Hsuen P Ting, Gaston Arnolda, Teresa Winata, Jeffrey Braithwaite) • Validation of the patient measure of safety (PMOS) questionnaire in Australian public hospitals (Natalie Taylor, Robyn Clay-Williams, Hsuen P Ting, Teresa Winata, Gaston Arnolda, E Hogden, R Lawton, J Braithwaite) • Implementation and data-related challenges in the Deepening our Understanding of Quality in Australia (DUQuA) study: implications for large-scale cross-sectional research (Gaston Arnolda, Teresa Winata, Hsuen P Ting, Robyn Clay-Williams, Natalie Taylor, Yvonne Tran, Jeffrey Braithwaite) • Can benchmarking Australian hospitals for quality identify and improve high and low performers? Disseminating research findings for hospitals (Peter Hibbert, Faisal Saeed, Natalie Taylor, Robyn Clay-Williams, Teresa Winata, Chrissy Clay, Wadaha Hussein, Jeffrey Braithwaite) • Using accreditation surveyors to conduct health services research: a qualitative, comparative study in Australia (Teresa Winata, Robyn Clay-Williams, Natalie Taylor, Emily Hogden, P Hibbert, E Austin, J Braithwaite) • Conclusion: the road ahead: where should we go now to improve healthcare quality in acute settings? (Jeffrey Braithwaite, Natalie Taylor, Robyn Clay-Williams, Hsuen P Ting, Gaston Arnolda)

URL	https://journals.lww.com/pqs/toc/2020/01000
Notes	<p>A new issue of <i>Pediatric Quality & Safety</i> has been published. Articles in this issue of <i>Pediatric Quality & Safety</i> include:</p> <ul style="list-style-type: none"> • Implementation of Targeted Point of Care HIV Testing in a Pediatric Emergency Department (Bhatt, Seema R; Eckerle, Michelle D; Reed, Jennifer L; Robinson, Venita; Brown, Angela; Lippe, Joyce; Holland, Carolyn; Iyer, S) • A Quality Initiative to Decrease Time to Antibiotics in Children with Sickle Cell Disease and Fever (McKinney, Christopher; Caruso-Brown, Amy; Montgomery, Kathleen; Gillespie, Anne; Coughlin, Rebecca; Law, Dawn; Brouwer, Anna; Tytler, Lauren; Hilden, Joanne; Nuss, Rachelle) • Use of an Electronic Feeds Calorie Calculator in the Pediatric Intensive Care Unit (Sng, Qian Wen; Ong, Chengsi; Ang, Su Ling Linda; Kirk, Angela Hui Ping; Lee, Jan Hau) • Managing Diagnostic Uncertainty in Pediatric Sepsis Quality Improvement with a Two-Tiered Approach (Scott, Halden F; Kempe, A; Deakynne Davies, S J; Krack, P; Leonard, J; Rolison, E; Mackenzie, J; Wathen, B; Bajaj, L) • Safety Checklist Implementation Did Not Reduce Central Venous Catheter Duration in Pediatric Cardiac ICU Patients (Sahulee, Raj; Ramirez, Michelle M; Al-Qaqaa, Yasir M; Chakravarti, Sujata B; McKinsty, Jaclyn) • Implementation of Febrile Infant Management Guidelines Reduces Hospitalization (Foster, Lauren Z; Beiner, Joshua; Duh-Leong, Carol; ; Mascho, K; Giordani, V; Rinke, M L; Trasande, L; Wiener, E; Rosenberg, R E) • Addition of CORES to the I-PASS Handoff: A Resident-led Quality Improvement Study (Tufts, Lauren M; Damron, Christopher L; Flesher, S L) • Strengths–Weaknesses–Opportunities–Threats Analysis for a Pediatric Anesthesia Program (Eizaga Rebollar, R; García Palacios, M V; Fernández Mangas, M d C; Arroyo Fernández, Francisco J; Márquez Rodríguez, C M; Carnota Martín, A I; Morales Guerrero, J; Torres Morera, L M) • A Quality Improvement Project Focused on Improving First Dose Antibiotic Timeliness for Pediatric Intensive Care Unit Patients with Severe Sepsis (Keul, Ryan; Rodriguez, Jordan; Coleman, Ariel; Yadav, Purna) • Use of a Pediatric Admission Booklet Significantly Improves the Comprehensiveness of Admission Documentation: A Quality Improvement Project (Beverstock, Andrew; Lewis, Carianne; B D; Barnes, J; Kelly, A) • Early Mobilization in the Pediatric Intensive Care Unit: A Quality Improvement Initiative (Herbsman, Jodi M; D’Agati, Michael; Klein, Daniella; O’Donnell, Siobhan; Corcoran, John R; Folks, Tiffany D; Al-Qaqaa, Yasir M) • Preliminary Adaptation, Development, and Testing of a Team Sports Model to Improve Briefing and Debriefing in Neonatal Resuscitation (Jordache, Rebecca; Doherty, Cora; Kenny, Celyn; Bowie, Paul)

BMJ *Quality and Safety* online first articles

URL	https://qualitysafety.bmj.com/content/early/recent
Notes	<p>BMJ <i>Quality and Safety</i> has published a number of ‘online first’ articles, including:</p> <ul style="list-style-type: none"> • Enhancing feedback on performance measures: the difference in outlier detection using a binary versus continuous outcome funnel plot and implications for quality improvement (Laurien Kuhrij, Erik van Zwet, Renske van den Berg-Vos, Paul Nederkoorn, Perla J Marang-van de Mheen) • Editorial: REMS in pregnancy: system perfectly designed to the get the results it gets (Jonathan Zipursky) • Impact of an education and multilevel social comparison–based intervention bundle on use of routine blood tests in hospitalised patients at an academic tertiary care hospital: a controlled pre-intervention post-intervention study (Anshula Ambasta, Irene Wai Yan Ma, Stephen Woo, Kevin Lonergan, Elizabeth Mackay, Tyler Williamson)

International Journal for Quality in Health Care online first articles

URL	https://academic.oup.com/intqhc/advance-articles
Notes	<p>International Journal for Quality in Health Care has published a number of ‘online first’ articles, including:</p> <ul style="list-style-type: none"> • Primary health care patient satisfaction: Explanatory factors and geographic characteristics (Pedro L Ferreira, Vitor Raposo, Aida Isabel Tavares)

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:

- NICE Guideline NG80 **Asthma**: *diagnosis, monitoring and chronic asthma management* <https://www.nice.org.uk/guidance/ng80>
- NICE Guideline NG152 **Leg ulcer infection: antimicrobial prescribing** <https://www.nice.org.uk/guidance/ng152>
- Clinical Guideline CG192 **Antenatal and postnatal mental health**: *clinical management and service guidance* <https://www.nice.org.uk/guidance/cg192>
- Clinical Guideline CG185 **Bipolar disorder**: *assessment and management* <https://www.nice.org.uk/guidance/cg185>
- Clinical Guideline CG137 **Epilepsies**: *diagnosis and management* <https://www.nice.org.uk/guidance/cg137>

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