On the Radar

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On the Radar
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Reports

Identifying risks and monitoring safety: the role of patients and citizens
O'Hara J, Isden R
London. The Health Foundation, 2013.

Notes	This 'Thought paper' from The Health Foundation discusses how **patients** (and citizens/consumers) can participate in **ensuring patient safety**. This largely revolves around **identification of risk** and **monitoring** (and even measurement) of **safety**. The authors see the patient and broader population being "part of an integrated system". They also, according to the Health Foundation website, "consider the challenges and barriers to this involvement, the fundamental paradox of considering the 'patient perspective' on safety within the current clinical risk paradigm, and the need for a shift towards valuing the non-clinical voice."
URL	http://www.health.org.uk/publications/identifying-risks-and-monitoring-safety-the-role-of-patients-and-citizens
TRIM	90225

For information about the Commission's work on patient and consumer centred care, see
http://www.safetyandquality.gov.au/our-work/patient-and-consumer-centred-care/

Now or Never: Shaping pharmacy for the future. The Report of the Commission on future models of care delivered through pharmacy
Smith J, Picton C, Dayan M
London. Royal Pharmaceutical Society, 2013:54.

Notes	This report from the UK's Royal Pharmaceutical Society (RPS) argues that pharmacists can and should be much more than the dispensers of medication and that greater use can be made of their skills and expertise. The report examines how pharmacists are providing access to medicines, advice, and care; as well as improving the self-management of long-term conditions and supporting people to make lifestyle changes. It also looks at pharmacy services which are integrated with the work of other health professionals, and recommends ways to make these services more widespread.
URL	http://www.rpharms.com/models-of-care/report.asp
TRIM	90354

Journal articles

Talking with Patients about Other Clinicians' Errors
Gallagher TH, Mello MM, Levinson W, Wynia MK, Sachdeva AK, Snyder Sulmasy L, Truog RD, Conway J, Mazor K, Lembitz A, Bell SK, Sokol-Hessner L, Shapiro J, Puopolo A, Arnold R
New England Journal of Medicine 2013;369(18):1752-1757

Notes	The article presents an interesting and challenging discussion about open disclosure, and the additional complexities involved when an error is made by another clinician. The authors rightly point out that "health care today is delivered by complex groups of clinicians across multiple care settings". Clinicians cite many barriers to participating in open disclosure, which are often compounded when disclosing harmful errors involving colleagues. One major challenge is establishing what has occurred and understanding what role other clinicians may have played in an error. It is also about determining the scale of the error. **Clinicians may be fearful of asking questions of a colleague**, and contravening powerful cultural norms of trust, seniority, or fellowship. The authors remind readers to **"explore, don't ignore"** and that **patients and their families must come first**. They also note that successful open disclosure in these circumstances requires particular institutional support. The article contains **a short video of a case study** involving a young neurologist uncovering an error made by a senior internist. The scenario covers the neurologist's investigations and asks the audience to consider what they would do next in that situation. The Australian *Open Disclosure Framework* provides some guidance for this type of situation. See Sections 2.5 and 7.4 at www.safetyandquality.gov.au/our-work/open-disclosure/the-open-disclosure-framework/
DOI	http://dx.doi.org/10.1056/NEJMsb1303119

Improving Patient Safety through Transparency
Kachalia A
New England Journal of Medicine 2013;369(18):1677-1679

Notes	A brief perspective piece about **the importance of transparency in improving safety and quality in health care**. The article particularly picks up on the adoption of **disclosure, apology, and offer (DA&O) programs**, and the need for cultural change to accelerate the promotion of transparency and openness in these situations. It concludes with the statement "Ultimately, no matter how daunting the task, shining a light on our errors shows the path to improvement."
DOI	http://dx.doi.org/10.1056/NEJMp1303960

For information about the Commission's work on open disclosure, see
http://www.safetyandquality.gov.au/our-work/open-disclosure/

Relationship Between Clinical Quality and Patient Experience: Analysis of Data From the English Quality and Outcomes Framework and the National GP Patient Survey
Llanwarne NR, Abel GA, Elliott MN, Paddison CAM, Lyratzopoulos G, Campbell JL, Roland M
The Annals of Family Medicine 2013;11(5):467-472.

Notes	The researchers used practice-level analyses (N = 7,759 practices in England) on measures of patient experience from the national General Practice Patient Survey (GPPS), and measures of clinical quality from the national pay-for-performance scheme (Quality and Outcomes Framework) to explore the relationship between clinical quality and patient experience. Results showed mostly statistically significant, positive correlations between the technical quality of care as measured by the Quality Outcomes Framework and patient-reported experience of care as measured by the GPPS, although the strength of the associations was weak. The strongest correlations were noted between clinical quality and access.
DOI	http://dx.doi.org/10.1370/afm.1514

For information about the Commission's work on patient and consumer centred care, see
http://www.safetyandquality.gov.au/our-work/patient-and-consumer-centred-care/

The relationship between avoidable hospitalization and accessibility to primary care: a systematic review
Rosano A, Loha CA, Falvo R, van der Zee J, Ricciardi W, Guasticchi G, et al
The European Journal of Public Health 2013;23(3):356-360.

Notes	This review of the literature that examined peer-reviewed studies published between 1990 and October 2010 in English, German, French, Italian or Spanish and indexed primary electronic database and then focussed on 51 studies, found that the majority "confirmed the expected relationship between indicators of [primary health care] accessibility and hospitalization for ambulatory care sensitive conditions (ACSCs), showing **lower hospitalization rates for ACSC in areas with greater access to PHC**. The findings support the use of ACSC hospitalization as an indicator of primary care quality, with the precaution of applying appropriate adjustment factors."
DOI	http://dx.doi.org/10.1093/eurpub/cks053

Drugs causing adverse events in patients aged 45 or older: a randomised survey of Australian general practice patients
Miller GC, Valenti L, Britt H, Bayram C
BMJ Open 2013;3(10).

Notes	An Australian study investigating the **prevalence of adverse drug events (ADEs)** in patients aged 45 years or older presenting to general practitioners. The study also sought to identify drug groups related to ADEs, and assess their severity and manifestation. Data was drawn from the *Bettering the Evaluation and Care of Health* continuous survey of Australian GP clinical activity, in which randomly selected GPs collect survey data from patients, using three survey samples, January–October 2007, and two samples, January–March 2010. In total, responses were received from **482 GPs regarding 7518 individual patients aged 45 years or older**. Results showed that **871 patients (11.6%) reported ADEs in the previous 6 months**, most frequently recognised side effect (75.8%, 95% CI 72.0 to 79.7), drug sensitivity (9.9%, 95% CI 7.2 to 12.7) and drug allergy (7.4%, 95% CI 4.7 to 10.1). Worryingly, **5.4% (95% CI 3.8 to 7.0) of patients had been hospitalised as a result of their most recent ADE**. Opioids were the drug group most often involved in ADEs.
DOI	http://dx.doi.org/10.1136/bmjopen-2013-003701

For information about the Commission's work on medication safety, see
http://www.safetyandquality.gov.au/our-work/medication-safety/

Toward Increased Patient Safety? Electronic Communication of Medication Information Between Nurses in Home Health Care and General Practitioners
Lyngstad M, Melby L, Grimsmo A, Hellesø R
Home Health Care Management & Practice 2013;25(5):203-211.

Notes	Communication is a fundamental component of health care, with and between healthcare workers and patients. This small Norwegian study used interviews with 34 nurses and general practitioners to establish that a electronic messaging system led to nurses in home health care and general practitioners connecting more readily, medication information being more accessible and medication information being of a higher quality.
DOI	http://dx.doi.org/10.1177/1084822313480365

An introduction to advance care planning in practice
Mullick A, Martin J, Sallnow L
BMJ 2013;347:f6064

Notes	Although it contains several UK-specific legal and policy references, this clinical review piece provides a good overview of **advance care planning principles and practical information**. It aims to provide an overview of the potential benefits of advance care planning, to summarise barriers to taking part in it, and to give practical guidance to health professionals on how to approach the process. For further information about advance care planning in the Australian context, visit the Advance Care Planning Australia web site, http://advancecareplanning.org.au/
DOI	http://dx.doi.org/10.1136/bmj.f6064

For information about advance care planning and safety and quality in end-of-life care, see the Commission's publication, *Safety and quality of end-of-life care: a background paper* http://www.safetyandquality.gov.au/publications/safety-and-quality-of-end-of-life-care-a-background-paper/

Evaluating the effectiveness of a multifaceted, multilevel continuous quality improvement program in primary health care: developing a realist theory of change
Schierhout G, Hains J, Si D, Kennedy C, Cox R, Kwedza R, et al
Implementation Science 2013;8(1):119.

Notes	This paper describes the range of experiences of a large-scale continuous quality improvement (CQI) project in indigenous primary health care with many sites (36 health centres) and over several years. One area that this paper focuses on is the impact of context and site-specific features that affect implementation of a CQI project. The particular CQI project may have been focused on indigenous health provision, but the lessons from this have resonance for improvement/implementation projects more generally. Among the context-specific factors that influenced effectiveness of the project were how the use of clinical data for improvement purpose was (collectively) valued, collective efficacy, and organisational approach to a more population-based model. Strong **local leadership**/management and engagement, where CQI goals resonated with **local priorities**, **prior positive experience** of collaborative projects, strong **local connection and engagement** were all seen to be positive contributors.
DOI	http://dx.doi.org/10.1186/1748-5908-8-119

BMJ Quality and Safety online first articles

Notes	*BMJ Quality and Safety* has published a number of 'online first' articles, including: • The effect of a clinical pharmacist-led training programme on **intravenous medication errors**: a controlled before and after study (Huong-Thao Nguyen, Hong-Tham Pham, Dang-Khoa Vo, Tuan-Dung Nguyen, Edwin R van den Heuvel, Flora M Haaijer-Ruskamp, Katja Taxis) • No man is an island: disentangling multilevel effects in **health services research** (Michelle Ko, Andrew B Bindman)
URL	http://qualitysafety.bmj.com/content/early/recent

Australian Health Review
Volume 37(5) 2013

Notes	A new issue of *Australian Health Review* has been published. Articles in this issue include: • Developing a **hospital travel plan**: process and baseline findings from a western Sydney hospital (Nick Petrunoff, Chris Rissel, Li Ming Wen, Huilan Xu, David Meikeljohn and Anthony Schembri) • Addressing chronic and complex conditions: what evidence is there regarding the role **primary healthcare nurses** can play? (Anne M Parkinson and Rhian Parker) • **Malnutrition prevalence** in a medical assessment and planning unit and its association with hospital readmission (Marte Ulltang, Angela P. Vivanti and Eryn Murray) • A critical review of **vaginal birth rates after a primary Caesarean** in Queensland hospitals (Jocelyn Toohill, Jenny Gamble and Debra K Creedy) • Cost effectiveness of pilot **self-assessment sites in community care**

	services in England (Paul Clarkson, Christian Brand, Jane Hughes, David Challis, Sue Tucker and Michele Abendstern) • The role of boards in **clinical governance**: activities and attitudes among members of public health service boards in Victoria (Marie M Bismark, Simon J Walter and David M Studdert)
URL	http://www.publish.csiro.au/nid/270.htm

Online resources

[Canada] Canada's Virtual Forum on Patient Safety and Quality Improvement
http://www.gowebcasting.com/conferences/2013/10/28/canada-s-virtual-forum-on-patient-safety-and-quality-improvement-program
The recordings and presentations from the recent Virtual Forum on Patient Safety and Quality Improvement are now available. The five days were themed:
- **Leadership**: Harsh Truth and Hope; Don't back down the from the challenges
- **Partnership**: Don't let good ideas sit on the shelf
- **Medication Safety**: Across the continuum
- Heroes on the Front Line
- **Power to the Patient**.

[UK] Care co-ordination: Key lessons and practical insights from the front line
http://www.kingsfund.org.uk/events/care-co-ordination
The presentations from the King's Fund's recent one day conference *Care co-ordination Key lessons and practical insights from the front line* are now available. The presentations include:
- Margaret MacAdam: **Achieving real care co-ordination** – lessons from Canada
- Jeremy Hughes: The value of **engaging the third sector**
- Lara Sonola and Veronika Thiel: Care co-ordination and continuity of care for people with **complex needs**: lessons from demonstrator sites
- Angela Watwood: **Multi-disciplinary working** in Pembrokeshire: achieving both horizontal and vertical integration
- Catherine Waight and Jo Stuttaford: Providing a preferred and sustainable service for the whole population: keeping the **patient front and centre** in Midhurst
- Todd Chenore: **Predictive modelling**, a whole system approach: The Devon Predictive Model
- Solveig Sansom: Implementing **community virtual wards** in South Devon and Torbay
- Lisa Hill and Ian Walton: Top tips for **engaging general practice in care co-ordination**
- Adrian Treloar: **Supporting carers**: building resilience and developing coping mechanisms for providing care at home in Greenwich
- Angela Coulter: **The house of care.**

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