AUSTRALIAN COMMISSION ON SAFETY AND QUALITY IN HEALTH CARE

On the Radar

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

Books

Patient Safety: An essential guide
Gluyas H, Morrison P
London: Palgrave McMillan, 2013.

Notes	Gluyas and Morrison (two Australian-based clinicians and educators) have written this book, as they say in their Introduction, to be a practical guide to patient safety for health practitioners. It provides a survey or distillation of the main areas of patient safety and suggests how clinicians may address such issues in their own practices and behaviours, often with a human factors approach. The book includes chapters on healthcare associated infections, medications errors, teamwork, managing risk, situational awareness and patient engagement (the absence of falls and pressure ulcers is noted in the Introduction). It uses scenarios, narratives and exercises, along with more overt guidance, to aid clinicians in thinking about patient safety. The practical aspect may have been strengthened if links to more resources, particularly Internet-based and Australian sources and sites, had been provided or identified.
URL	http://www.palgravemacmillan.com.au/palgrave/onix/isbn/9780230354968

Reports

Safety Is Personal: Partnering with Patients and Families for the Safest Care
National Patient Safety Foundation
Boston. National Patient Safety Foundation, 2014.

Notes	The US National Patient Safety Foundation's Lucian Leape Institute has published this report following the Institute's Roundtable on Consumer Engagement in Patient Safety. The report advocates that patients and families be active partners at all levels—in their own care, as well as in health care design and delivery and in policy development and research efforts. The report has various recommendations, including: "Leaders of health care systems • Establish patient and family engagement as a core value for the organization • Involve patients and families as equal partners in the design and improvement of care across the organization and/or practice • Educate and train all clinicians and staff to be effective partners with patients and families • Partner with patient advocacy groups and other community resources to increase public awareness and engagement. Health care clinicians and staff • Provide information and tools that support patients and families to engage effectively in their own care • Engage patients as equal partners in safety improvement and care design activities • Provide clear information, apologies, and support to patients and families when things go wrong. Health care policy makers • Involve patients in all policy-making committees and programs • Develop, implement, and report safety metrics that foster transparency, accountability, and improvement • Require that patients be involved in setting and implementing the research agenda. Patients, families, and the public • Ask questions about the risks and benefits of recommendations until you understand the answers. • Don't go alone to the hospital or to doctor visits. • Always know why and how you take your medications, and their names. • Be very sure you understand the plan of action for your care. • Say back to clinicians in your own words what you think they have told you. • Arrange to get any recommended lab tests done before a visit. • Determine who is in charge of your care."
URL	http://www.npsf.org/about-us/lucian-leape-institute-at-npsf/lli-reports-and-statements/safety-is-personal-partnering-with-patients-and-families-for-the-safest-care/
TRIM	D14-10980

How can rural health be improved through community participation
Deeble Institute Issues Brief No. 2.
Hyett N, Kenny A, Dickson-Swift V, Farmer J, Boxall A-m
Canberra. Deeble Institute, Australian Healthcare and Hospitals Association, 2014:22.

Notes	This Issues Brief from the Deeble Institute argues that for the health disparities between rural and urban Australians to be addressed then rural communities must be involved in the design of their health services. The report includes recommendations on improving the overall health of rural Australians, through community participation initiatives, which are tailored to the local context and are aimed at improving existing practice without increased health expenditure. Recommendations include working with the local community to develop new ways to contract and pay for health services and focussing on proposals that best display community participation approaches. The authors argue that community-based health services including Medicare Locals and Local Health Networks have an important role to play, including developing partnerships between existing services and leveraging existing participation strategies, and creation of community leadership positions across existing community-based health services, to avoid duplication and overcome barriers of over-consultation and volunteer fatigue.
URL	http://ahha.asn.au/publication/health-policy-issue-briefs/how-can-rural-health-be-improved-through-community

Adverse Events in Skilled Nursing Facilities: National Incidence Among Medicare Beneficiaries
Levinson DR
Washington, DC: US Department of Health and Human Services, Office of Inspector General; February 2014. Report No. OEI-06-11-00370.

Notes	This report from the US Office of the Inspector General reports on the incidence of adverse events in 'skilled nursing facilities' (SNF) among the US Medicare population, using a sample of 653 beneficiaries. According to the report, "an estimated **22 percent** of Medicare beneficiaries **experienced adverse events** during their SNF stays. An additional **11 percent** of Medicare beneficiaries **experienced temporary harm events** during their SNF stays. Physician reviewers determined that **59 percent of these adverse events and temporary harm events were clearly or likely preventable**. They attributed much of the preventable harm to **substandard treatment**, **inadequate resident monitoring**, and **failure or delay of necessary care**. Over half of the residents who experienced harm returned to a hospital for treatment".
URL	http://oig.hhs.gov/oei/reports/oei-06-11-00370.asp

Journal articles

Rethinking 'quality' in health care
Swinglehurst D, Emmerich N, Maybin J, Park S, Quilligan S
Journal of Health Services Research & Policy 2014;19(2):65-66.

Notes	This editorial— stemming from a colloquium 'The Many Meanings of "Quality in Healthcare: Interdisciplinary Perspectives—problematizes the definition of quality. Many of the tensions that the piece discusses reflect differing perspectives, including clinical and managerialist ones, qualitative and quantitative. The paper discusses four themes that emerged from the colloquium. These include:

	"the delivery of high quality health care depends on a 'care'-ful act of holding in the balance a range of (sometimes contradictory) perspectives on what constitutes quality. … Every act of health care in an opportunity for unique tailoring… and it is this response to the complexity of each individual situation that marks out high quality care" "a call for more description and less measurement in evaluating quality" " 'authenticity' of engagement with patients is demanding, challenging work, difficult to sustain in practice. Practitioners need opportunities to discuss and reflect on their experiences and concerns with their peers" "the centrality of trusting relationships … it not only involves patients trusting their doctors but also doctors trusting their patients"
DOI	http://dx.doi.org/10.1177/1355819613518522

The investigators reflect: what we have learned from the Deepening our Understanding of Quality Improvement in Europe (DUQuE) study
Groene O, Suñol R, on behalf of the DUQuE Project Consortium
International Journal for Quality in Health Care 2014 [epub].

Notes	A forthcoming supplement to the *International Journal for Quality in Health Care* focuses on the Deepening our Understanding of Quality Improvement in Europe (DUQuE) study. These papers have been released online ahead of hardcopy publication and were noted in *On the Radar* Issue 166 (the URL is given below). This editorial piece reflects on the project and the papers in the supplement. The DUQuE study was launched in 2009 to study the effectiveness of quality improvement systems of hospitals in eight European countries. Among the lessons learnt were a couple relating to feasibility of such studies due to issues such as '**quality burn-out**' and **restrictive research ethics** criteria. They also observe that there can be a tendency to **measure** what is easily measured rather than **what is important**. Questions of how to define quality and how to measure persist. The authors identify a number of key questions that emerged. These include: "**low baseline performance** and **high variations** on a wide range of quality and safety indicators" "**quality management systems are not always implemented systematically** and …the extent to which they support the clinical work may be limited" "a combination of **departmental level quality strategies** is highly associated with achievement of best practice" "if quality is accepted to embrace dimensions of clinical effectiveness, safety and patient-centredness, then further work should address how best to **improve patient's experience** with care" "Levels of **patient involvement** are low". The authors also note that variation is prevalent and that that is "a **wider variation within countries than between them**." In addition to the various papers from the project, there is also a guide, *An evidence-based guide of effective quality and safety strategies* that should be available from the project website at www.duque.eu
DOI / URL	http://dx.doi.org/10.1093/intqhc/mzu025 http://intqhc.oxfordjournals.org/content/early/recent?papetoc
TRIM	D14-10939 DUQuE study papers are at D14-10937, D14-10940, D14-10942, D14-10943, D14-10946, D14-10947

Staphylococcus aureus *bloodstream infection in Australian hospitals: findings from a Victorian surveillance system.*
Worth LJ, Spelman T, Bull AL, Richards MJ.
Med J Aust 2014;200 (5):282-284

Notes	Surveillance of infection rates is an essential element of reducing the incidence of health-care acquired infections. Reporting on 3 years of Victorian data, Worth et al describe a state-wide decline in the rate of *Staphylococcus aureus* bloodstream infections over the surveillance period, collected using a standardised module based on ACSQHC definitions. Of health-care acquired infections that occurred within 48 hours of admission, 68.9% were complications from an indwelling medical device, suggesting a worthwhile target for preventive activities.
DOI	http://dx.doi.org/10.5694/mja13.10599

Surgical ward round quality and impact on variable patient outcomes
Pucher PH, Aggarwal R, Darzi A
Ann Surg 2014;259(2):222-226.

Hospital readmission after noncardiac surgery: The role of major complications
Glance LG, Kellermann AL, Osler TM, Li Y, Mukamel DB, Lustik SJ, et al.
JAMA Surgery 2014 [epub].

Notes	A pair of items relating to surgical complications, one suggesting better ward rounds could ameliorate complications, the other suggesting that use a risk calculator could also help better identify those patients at risk of complications. Pucher et al report on an observational study—of 69 ward rounds (WRs) over 37 days for 50 patients receiving care in a high-dependency unit—noting that "Patient assessment during WRs is variable. **Less thorough WRs result in delayed diagnoses and preventable complications**, and they negatively affect outcomes. Focusing on WR quality and training may improve patient care." Glance et al used a much larger dataset, some 142 232 admissions in the American College of Surgeons National Surgical Quality Improvement Program (ACS NSQIP) registry for major noncardiac surgery, in order to examine whether it would be possible to predict risk of major complications for identifying surgical patients at risk for rehospitalisation. They found that of 143 232 patients undergoing noncardiac surgery, **6.8% had unplanned 30-day readmissions**. The rate of unplanned 30-day readmissions was 78.3% for patients with any post-discharge complication, compared with 12.3% for patients with only in-hospital complications and 4.8% for patients without any complications. They also note that "Patients at very high risk for major complications (predicted risk of ACS NSQIP complication >10%) had 10-fold higher odds of readmission compared with patients at very low risk for complications (adjusted odds ratio = 10.35; 95% CI, 9.16-11.70), whereas patients at high (adjusted odds ratio = 6.57; 95% CI, 5.89-7.34) and moderate (adjusted odds ratio = 3.96; 95% CI, 3.57-4.39) risk of complications had 7- and 4-fold higher odds of readmission, respectively." Consequently, they suggest that "**Prospective identification of high-risk patients**, using the NSQIP complication risk index, **may allow hospitals to reduce unplanned rehospitalizations**."
DOI	Pucher et al http://dx.doi.org/10.1097/SLA.0000000000000376 Glance et al http://dx.doi.org/10.1001/jamasurg.2014.4

The relationships among work stress, strain and self-reported errors in UK community pharmacy
Johnson SJ, O'Connor EM, Jacobs S, Hassell K, Ashcroft DM
Research in Social and Administrative Pharmacy [epub].

Notes	Stress can become an issue for many types of work. This study examined community pharmacist's perceptions of stress, workload and errors. 903 community pharmacists were surveyed via a postal survey that used ASSET (A Shortened Stress Evaluation Tool) and included questions relating to self-reported involvement in errors. The authors report that "pharmacists reported significantly higher levels of workplace stressors than the general working population, with concerns about work-life balance, the nature of the job, and work relationships being the most influential on health and well-being. Despite this, pharmacists were not found to report worse health than the general working population. **Self-reported error** involvement was **linked to** both **high dispensing volume** and being troubled by perceived **overload** (dispensing errors), and resources and communication (detection of prescribing errors)."
DOI	http://dx.doi.org/10.1016/j.sapharm.2013.12.003

International Journal for Quality in Health Care online first articles

Notes	*International Journal for Quality in Health Care* has published a number of 'online first' articles, including: • The use of on-site visits to assess compliance and implementation of **quality management at hospital level** (C. Wagner, O. Groene, M. Dersarkissian, C.A. Thompson, N.S. Klazinga, O.A. Arah, R. Suñol, and on behalf of the DUQuE Project Consortium) • The associations between **organizational culture, organizational structure and quality management** in European hospitals (C. Wagner, R. Mannion, A. Hammer, O. Groene, O.A. Arah, M. Dersarkissian, R. Suñol, and on behalf of the DUQuE Project Consortium)
DOI	http://intqhc.oxfordjournals.org/content/early/recent?papetoc

Online resources

[UK] Bite-size guides to support patient and public participation in the NHS
http://www.england.nhs.uk/2014/03/13/pat-pub-participation/
NHS England has developed some short 'bite-size' guides to support **patient and public participation** in the NHS. These guides are linked to the *Transforming participation in Health and Social Care* guidance (published September 2013). The guides have been developed with partners and by reviewing good practice in each area. They aim to support Clinical Commissioning Groups and others to plan and deliver good patient and public participation. The first four guides are:
1 – Principles for Participation in Commissioning
2 – Governance for Participation
3 – Planning for Participation
4 – Budgeting for Participation

[UK] Patient safety alert to improve reporting and learning of medication and medical devices incidents
http://www.england.nhs.uk/2014/03/20/med-devices/
NHS England and the UK's Medicines and Healthcare products Regulatory Agency (MHRA) have released two alerts that are designed to enhance **incident reporting** for **medication errors** and **medical devices**.
The alerts instruct providers to take specific steps that will simplify and increase reporting, improve data report quality, maximise learning and guide practice in these areas. These will contribute to the establishment of national networks to maximise learning and provide guidance on minimising harm relating to these two incident types.

[UK] Consultation skills for pharmacy practice
http://www.consultationskillsforpharmacy.com/
Health Education England and the Centre for Pharmacy Postgraduate Education have developed a practice standards document and website to support pharmacy professionals.
The practice standards help "define the knowledge, skills, behaviours and attitudes that pharmacy professionals should be able to demonstrate when communicating and consulting with patients."
The standards are divided into the following areas:

- Managing the patient-centred consultation
    - Organisational and management skills
    - Key consultation skills and behaviours, including those relating to health coaching and taking a patient-centred approach
- Context specific skills
- Delivering a comprehensive approach to patient care
- Understanding the health needs of your population
- Essential features that relate to you as a pharmacy professional

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