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On the Radar

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On the Radar
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Reports

Caring for High-Need, High-Cost Patients: What Makes for a Successful Care Management Program
C. S. Hong, A. L. Siegel, and T. G. Ferris
The Commonwealth Fund, August 2014.

URL	http://www.commonwealthfund.org/publications/issue-briefs/2014/aug/high-need-high-cost-patients
Notes	This Commonwealth Fund Issue Brief examines how 18 US complex care management programs approach the task of managing the care of "high-need, high-cost" patients. The brief shows effective programs "**customize** their approach to their **local contexts and caseloads**; use a combination of qualitative and quantitative methods to identify patients; consider **care coordination** one of their key roles; focus on building trusting **relationships** with patients as well as their primary care providers; match team composition and interventions to **patient needs**; offer specialized **training** for team members; and use **technology** to bolster their efforts."

Testing the bed-blocking hypothesis: does higher supply of nursing and care homes reduce delayed hospital discharges?
CHE Research Paper 102
Gaughan J, Gravelle H, Siciliani L
York: Centre for Health Economics, University of York; 2014. p. 26.

URL	http://www.york.ac.uk/che/news/che-research-paper-102/
Notes	In this research paper the authors examine the extent to which higher supply of nursing home beds or lower prices can reduce hospital bed blocking in the UK. Bed blocking occurs "when hospital patients are ready to be discharged to a nursing home but no place is available, so that hospital care acts as a more costly substitute for long-term care". From their analyses the authors consider "that **delayed discharges do respond to the availability of care-home beds** but the **effect is modest**: an increase in care-homes bed by 10% …would reduce delayed discharges by about 4%-7%." The authors also noted "strong evidence of spillover effects across Local Authorities: higher availability of care-homes or fewer patients aged over 65 in nearby Local Authorities are associated with fewer delayed discharges."

Journal articles

Screening and isolation to control meticillin-resistant Staphylococcus aureus*: sense, nonsense, and evidence*
Fätkenheuer G, Hirschel B, Harbarth S
The Lancet. 2014 [epub].

DOI	http://dx.doi.org/10.1016/S0140-6736(14)60660-7
Notes	This item published online by *The Lancet* argues that activities such as hand hygiene and universal decolonisation (particularly in specific settings such as ICUs) should be favoured over some of the other common activities taken when dealing with 'superbugs', such as screening and isolating infected patients. The item argues that there is evidence for hand hygiene and universal decolonisation whereas there is less evidence supporting the clinical efficacy of screening and isolation. One of the authors is quoted in the accompanying press release as saying that "The lack of effectiveness of active detection and isolation should prompt hospitals to discontinue the practice for controlling the spread of MRSA in favour of evidence-based measures adapted to local conditions and settings, which weigh up effectiveness, costs, and adverse events."

For information on the Commission's work on healthcare associated infection, see http://www.safetyandquality.gov.au/our-work/healthcare-associated-infection/

Examining the Role of Patient Experience Surveys in Measuring Health Care Quality
Anhang Price R, Elliott MN, Zaslavsky AM, Hays RD, Lehrman WG, Rybowski L, et al
Medical Care Research and Review. 2014 July 15, 2014.

DOI	http://dx.doi.org/10.1177/1077558714541480
Notes	This paper reviews much of the literature on patient experience surveying, focusing on the association between patient experiences and other measures of health care quality.

	The authors found that "Research indicates that **better patient care experiences are associated with higher levels of adherence to recommended prevention and treatment processes, better clinical outcomes, better patient safety within hospitals, and less health care utilization**." They also report that **patient experience measures** "that are collected using psychometrically sound instruments, employing recommended sample sizes and adjustment procedures, and implemented according to standard protocols are **intrinsically meaningful** and are appropriate complements for clinical process and outcome measures in public reporting and pay-for-performance programs."

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

Can Team-Based Care Improve Patient Satisfaction? A Systematic Review of Randomized Controlled Trials
Wen J, Schulman KA
PLoS ONE. 2014;9(7):e100603.

DOI	http://dx.doi.org/10.1371/journal.pone.0100603
Notes	This systematic review focused on 26 trials (with 15,526 participants) of team-based care and patient satisfaction. When pooled the results suggested that **team-based care had a positive effect on patient satisfaction** compared with usual care. However, combined continuous data demonstrated that there was no significant difference in patient satisfaction between team-based care and usual care. The distinction between **patient satisfaction** and **patient experience** and their possible relationship of each with quality of care has been debated elsewhere. This has been reflected in the move towards studying experience rather than satisfaction.

A Qualitative Evaluation of the Barriers and Facilitators Toward Implementation of the WHO Surgical Safety Checklist Across Hospitals in England: Lessons From the "Surgical Checklist Implementation Project"
Russ SJ, Sevdalis N, Moorthy K, Mayer EK, Rout S, Caris J, et al.
Annals of Surgery. 2014 [epub].

DOI	http://dx.doi.org/10.1097/sla.0000000000000793
Notes	The challenge of any intervention comes in the implementation. This paper examines the experiences of English hospitals in implementing the WHO Surgical Safety Checklist. Based on surveys of 119 operating theatre personnel in 10 English hospitals, the authors report that implementation "varied greatly between and within hospitals, ranging from preplanned/phased approaches to the checklist simply "appearing" in operating rooms, or staff feeling it had been imposed." Barriers to implementation included some specific to the checklist itself (perceived design issues) with others being related integration into existing processes. The most common barrier was **resistance from senior clinicians**. Positive steps taken to prevent/address barriers included modifying the checklist for the local **context**, providing **education/training**, **feeding-back** local data, fostering strong **leadership,** and instilling **accountability**.

BMJ Quality and Safety online first articles

URL	http://qualitysafety.bmj.com/content/early/recent
Notes	*BMJ Quality and Safety* has published a number of 'online first' articles, including:

	• Evaluation of hospital factors associated with hospital postoperative **venous thromboembolism imaging** utilisation practices (Jeanette W Chung, Mila H Ju, Christine V Kinnier, Elliott R Haut, David W Baker, K Y Bilimoria) • **Patients as teachers**: a randomised controlled trial on the use of personal stories of harm to raise awareness of patient safety for doctors in training (Vikram Jha, Hannah Buckley, Rhian Gabe, Mona Kanaan, Rebecca Lawton, C Melville, N Quinton, J Symons, Z Thompson, I Watt, J Wright) • Learning from mistakes in **clinical practice guidelines**: the case of perioperative β-blockade (Mark D Neuman, Charles L Bosk, L A Fleisher)

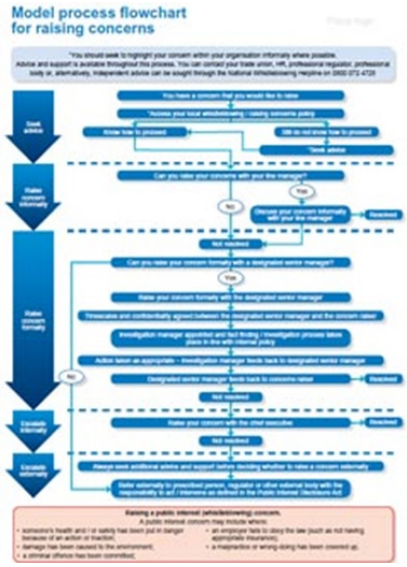
International Journal for Quality in Health Care online first articles

DOI	http://intqhc.oxfordjournals.org/content/early/recent?papetoc
Notes	*International Journal for Quality in Health Care* has published a number of 'online first' articles, including: • The use of data from national and other large-scale **user experience surveys** in local quality work: a systematic review (Mona Haugum, Kirsten Danielsen, Hilde Hestad Iversen, and Oyvind Bjertnaes) • **Integrated care programmes** for adults with **chronic conditions**: a meta-review (Nahara Anani Martínez-González, Peter Berchtold, Klara Ullman, André Busato, and Matthias Egger)

Online resources

[UK] The Engagement Cycle
http://engagementcycle.org/
This model was developed by InHealth Associates to support UK health commissioners aiming to engage with patients and the public throughout the commissioning cycle. It has been updated to align with current UK statutory guidance, new commissioning arrangements and current healthcare challenges.
The Engagement Cycle helps organisations work with patients, carers and the public to transform and improve services so that patients receive integrated services, high quality care and a better experience.

[UK] New model process flowchart for raising concerns
http://nhsemployers.org/your-workforce/retain-and-improve/raising-concerns-at-work-whistleblowing/tools-and-resources
The organisation NHS Employers has developed a number of resources, including this process flowchart, to aid in raising staff awareness about how to raise concerns and in creating an open and transparent culture.



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