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, Helen Stark, Tim O'Mahony

Get it Right! Taking a Best Possible Medication History
http://learn.nps.org.au/
The Australian Commission on Safety and Quality in Health Care and NPS MedicineWise have developed an online learning module on taking an accurate and complete medication history when patients are admitted to hospital. Obtaining an accurate and complete record of medicines taken by patients at home, known as a **best possible medication history** (BPMH), is the first step in the medication reconciliation process.

Get It Right! Taking a Best Possible Medication History is an online learning module centred around a video that guides clinicians on how to obtain and record a BPMH. The module explains what information should be recorded, why at least two sources of information are used to obtain the BPMH and the reasoning behind how medication history taking techniques can influence the accuracy of the history obtained.

The module has been designed for junior medical officers, nursing and pharmacy staff. It includes a short role-play scenario highlighting the steps in taking a BPMH and provides important tips when reviewing sources of medicines information.
Nurses and pharmacists can earn professional development points by completing the online learning module.

The *Get it Right! Taking a Best Possible Medication History* learning module is available from http://learn.nps.org.au/

Consultation: Guide for health service organisation boards implementing the National Safety and Quality Health Service Standards
http://www.safetyandquality.gov.au/our-work/accreditation-and-the-nsqhs-standards/consultation-guide-for-health-service-organisation-boards-implementing-the-national-safety-and-quality-health-service-nsqhs/
Now open

The Commission is seeking feedback on the draft *Guide for health service organisation boards implementing the National Safety and Quality Health Service (NSQHS) Standards*.

The draft Guide has been developed to assist the boards of health service organisations and local health networks implementing the NSQHS Standards, with guidance provided for the 10 NSQHS Standards.

The Commission encourages board members, senior managers and directors of clinical governance of public hospitals and local health networks and private health service organisations, to provide feedback on the draft Guide.

Feedback is sought by close of business 19 December 2014, by post or email.
Any queries regarding this consultation process can be directed to NSQHSStandards@safetyandquality.gov.au or (02) 9126 3600.

National Antimicrobial Prescribing Survey 2014
http://www.naps.vicniss.org.au/Default.aspx
Now open

Coinciding with Antibiotic Awareness Week (17–23 November), the Melbourne Health National Health and Medical Centre for Antimicrobial Stewardship is coordinating the National Antimicrobial Prescribing Survey (NAPS). The Survey went live on 10 October.

The Survey is supported by the Commission as effective antimicrobial stewardship (AMS) is a key plank of the Commission's national work to prevent and contain antimicrobial resistance (AMR). The NAPS results can also be used as evidence to support the AMS criteria of the National Safety and Quality Health Service (NSQHS) Standard 3: Preventing and Controlling Healthcare Associated Infections.

The Commission encourages acute health care services of all sizes, public and private, across the country, to participate in the Survey. For rural sites – which may not have specialist infectious diseases advice or an antimicrobial pharmacist – special assistance may be provided. For details on this assistance, refer to the *Communique on NAPS 2014 for Rural Health Service Providers*.

For more information on NAPS, please refer to the Commission's Communique:
Communique on NAPS 2014 (PDF 164 KB) (MS Word 186 KB)
Communique on NAPS 2014 for Rural Health Service Providers (PDF 165 KB) (MS Word 186 KB)

For information on the Commission's work on the antimicrobial resistance and antibiotic usage, please visit http://www.safetyandquality.gov.au/national-priorities/amr-and-au-surveillance-project/

Reports

Variation in the Care of Surgical Conditions: Spinal Stenosis. A Dartmouth Atlas of Health Care Series.
Martin BI, Tosteson ANA, Lurie JD, Mirza SK, Goodney PR, Dzebisashvili N, et al.
Hanover, NH: The Dartmouth Institute for Health Policy and Clinical Practice; 2014.

URL	http://www.dartmouthatlas.org/downloads/reports/Spinal_stenosis_report_10_29_14.pdf
TRIM	D14-38021
Notes	This is the fourth in a series of six reports into surgical variation in the USA (the first three being on obesity, cerebral aneurysms and diabetes and peripheral arterial disease, the future reports will cover surgical treatments for organ failure (transplantation) and prostate cancer). This report on the surgical treatment of back pain resulting from spinal stenosis – according to the foreword – " raises new questions regarding surgical management of both common and less frequently occurring medical conditions. This report carefully details the issues surrounding spinal stenosis, including the physical and economic burden, the difficulties of obtaining a definitive diagnosis, and patient decision-making, and… emphasizes **geographic practice variation in surgical treatment rates**. However, the report also takes a more **longitudinal view**. The **changes over time** in which procedure is favored to treat back pain and spinal stenosis are particularly fascinating, **driven** as they appear to be by a mix of **clinical evidence**—including emerging long-term results—and **physicians' opinions** and **personal experience**."

For information on the Commission's work on variation in health care, see http://www.safetyandquality.gov.au/our-work/variation-in-health-care/

A Vision for Using Digital Health Technologies to Empower Consumers and Transform the U.S. Health Care System
Klein S, Hostetter M, McCarthy D.
New York: The Commonwealth Fund; 2014.

URL	http://www.commonwealthfund.org/publications/fund-reports/2014/oct/vision-digital-health-tech
Notes	This report from the (US) Commonwealth Fund looks at how the health sector could (better) utilise technology by using tools ranging from smartphones and tablet computers to remote sensors and monitoring devices to deliver care, information, and support to patients where and when they need it. These technologies have a significant role in closing communication gaps between providers and patients and in forging new relationships among providers and their peers. The report includes examples of innovations, as well as others that have been used to help consumers make informed decisions about their treatment based on the known benefits, risks, and uncertainties of medical procedures. The Commonwealth Fund has also produced a companion report, *Taking Digital Health to the Next Level: Promoting Technologies That Empower Consumers and Drive Health System Transformation*.

Hospital-based Strategies for Creating a Culture of Health
Health Research and Educational Trust
Chicago, IL: Health Research & Educational Trust; 2014.

URL	http://www.hpoe.org/resources/hpoehretaha-guides/1687
Notes	This report includes background on the (US) Robert Wood Johnson Foundation's vision to build a Culture of Health and discusses how hospitals are contributing to community health improvement, including providing case studies. The report gives the findings of the author's review of 300 community health needs assessments, provides strategic considerations for hospital engagement in community health improvement and offers a model of the hospital's role in building a culture of health.

Journal articles

Tools for primary care patient safety: a narrative review
Spencer R, Campbell SM
BMC Family Practice. 2014 Oct 26;15(1):166.

DOI	http://dx.doi.org/10.1186/1471-2296-15-166
Notes	This article reports on a review that identified tools and indicators that are available for use in family practice to measure patient safety. The authors notes that "many of the tools have yet to be used in quality improvement strategies and cycles such as plan-do-study-act (PDSA) so there is a **dearth of evidence of their utility in improving** as opposed to measuring and highlighting safety issues." The review identified 114 tools, mostly form the USA and UK. Major themes include **medication error** (55%) followed by **safety climate** (8%) and **adverse event reporting** (8%). Minor themes included informatics (4.5%) patient role (3%) and general measures to correct error (5%). Diagnostic error and results handling appear infrequently (<1% of total literature). The remainder of literature (11%) related to referrals, Out-Of-Hours (OOH) care, telephone care, organisational issues, mortality and clerical error.

Better health outcomes at lower costs: the benefits of primary care utilisation for chronic disease management in remote Indigenous communities in Australia's Northern Territory
Zhao Y, Thomas SL, Guthridge SL, Wakerman J
BMC Health Services Research. 2014;14:463.

DOI	http://dx.doi.org/10.1186/1472-6963-14-463
Notes	For some the ultimate aim of healthcare improvement is the very title of this piece – better outcomes at lower costs. This paper examined the impact of varying levels of primary care for chronic disease outcomes in a group of 14,184 Indigenous residents in remote communities from 2002 to 2011. When the level of care was categorised as low, medium and high, the two **higher levels of primary care utilisation** were associated with **decreases** in **total and avoidable hospitalisations**, **deaths** and **years of life lost**. Some of these improvements were quite marked: Higher levels of primary care utilisation for renal disease reduced avoidable hospitalisations by 82–85%, deaths 72–75%, and years of life lost 78–81%. For patients with ischaemic heart disease, the reduction in avoidable hospitalisations was 63–78%, deaths 63–66% and years of life lost 69–73%.

	In terms of cost-effectiveness, primary care for renal disease and diabetes ranked as more cost-effective, followed by hypertension and ischaemic heart disease. Primary care for chronic obstructive pulmonary disease was the least cost-effective of the five conditions. The authors conclude that "Primary care in remote Indigenous communities was shown to be associated with cost-savings to public hospitals and health benefits to individual patients. Investing **$1 in primary care** in remote Indigenous communities **could save $3.95-$11.75 in hospital costs**, in addition to **health benefits for individual patients**."

Online resources

[USA] Transforming Clinical Practices Initiative
http://innovation.cms.gov/initiatives/Transforming-Clinical-Practices/
The US government has announced the Transforming Clinical Practice Initiative. This initiative is designed to help clinicians achieve large-scale health transformation. The initiative is designed to support 150,000 clinician practices over the next four years in sharing, adapting and further developing their comprehensive quality improvement strategies.
There is funding for two network systems under this initiative: Practice Transformation Networks and the Support and Alignment Networks. From the website:
"Practice Transformation Networks
The Practice Transformation Networks are peer-based learning networks designed to coach, mentor and assist clinicians in developing core competencies specific to practice transformation. This approach allows clinician practices to become actively engaged in the transformation and ensures collaboration among a broad community of practices that creates, promotes, and sustains learning and improvement across the health care system. …
Support and Alignment Networks
The Support and Alignment Networks will provide a system for workforce development utilizing national and regional professional associations and public-private partnerships that are currently working in practice transformation efforts. Utilizing existing and emerging tools (e.g., continuing medical education, maintenance of certification, core competency development) these networks will help ensure sustainability of these efforts. These will especially support the recruitment of clinician practices serving small, rural and medically underserved communities and play an active role in the alignment of new learning."

[UK] NICE Evidence Updates
https://www.evidence.nhs.uk/about-evidence-services/bulletins-and-alerts/evidence-updates
The UK's National Institute for Health and Care Excellence (NICE) publishes updates on their Evidence Updates site. The latest update is on '**Headaches: Diagnosis and management**'.
A new Evidence Update focuses on a summary of selected new evidence relevant to NICE guideline CG150 '**Headaches: Diagnosis and management of headaches in young people and adults**' 2012. https://www.evidence.nhs.uk/evidence-update-67

[UK] Liver Disease Profiles
http://fingertips.phe.org.uk/profile/liver-disease
Public Health England has launched the Liver Disease Profiles (the latest of a number of profiles) which reveal significant variation in mortality across the country. Liver disease is the only major cause of mortality and morbidity which is on the increase in England whilst it is decreasing in the rest of Europe.

Some populations are more affected by liver disease than others. For example, the male mortality rate is 4 times higher in some local authorities compared to others. Similarly, there are large variations in hospital admissions from liver disease. Over 90% of liver disease is due to 3 main preventable and treatable risk factors: alcohol, hepatitis B and C, and obesity.

For information on the Commission's work on variation in health care, see http://www.safetyandquality.gov.au/our-work/variation-in-health-care/
