AUSTRALIAN COMMISSION ON SAFETY AND QUALITY IN HEALTH CARE

On the Radar

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Consultation on draft Delirium and Hip Fracture Care Clinical Care Standards
In collaboration with consumers, clinicians, researchers and health service organisations, the Australian Commission on Safety and Quality in Health Care has developed two draft Clinical Care Standards: *Delirium Clinical Care Standard* and *Hip Fracture Care Clinical Care Standard.*
These draft Clinical Care Standards are now available for public consultation.
Feedback is sought via an online survey or in writing by close of business Friday, 3 July 2015.
In developing these draft Clinical Care Standards, the most up-to-date guidelines and standards have been considered.
Find out about the consultation process and access the draft Clinical Care Standards, the online survey, indicator specifications and factsheets at www.safetyandquality.gov.au/ccs/consultation

Reports

National Consensus Statement: essential elements for safe and high-quality end-of-life care
Australian Commission on Safety and Quality in Health Care
Sydney: ACSQHC, 2015.

URL	http://www.safetyandquality.gov.au/endoflifecare
Notes	The Australian Commission on Safety and Quality in Health Care has published a consensus statement describing the essential elements for providing safe and high-quality care at the end of life. The *National Consensus Statement* has been endorsed by the Australian Health Ministers as the national approach to the delivery of end-of-life care in Australian hospitals. In Australia, more than 50% of deaths occur in hospitals, despite surveys reporting the majority of people would prefer to die at home. Hospitals are designed for rapid assessment, treatment and discharge of patients. New models of care may be needed to consistently deliver safe and high-quality end-of-life care in these settings. The purpose of the consensus statement is to set out the principles and elements that shape the delivery of safe and high-quality end-of-life care in hospitals and other acute health services.

Journal articles

Aiming higher to enhance professionalism: Beyond accreditation and certification
Chassin MR, Baker DW
Journal of the American Medical Association 2015;313(18):1795-96.

The PRONE score: an algorithm for predicting doctors' risks of formal patient complaints using routinely collected administrative data
Spittal MJ, Bismark MM, Studdert DM
BMJ Quality & Safety 2015;24(6):360-68.

DOI	Chassin and Baker http://dx.doi.org/10.1001/jama.2015.3818 Spittal http://dx.doi.org/10.1136/bmjqs-2014-003834
Notes	A pair of items looking at aspects of medical professionalism. Chassin and Baker argue that we can and should expect more from health professionals. They need to move beyond codes of conduct and meeting the needs of accreditation and certification to be leaders on demanding improvements on harm, safety, excellence and improvement in themselves, their colleagues and their institutions as they seek "consistent excellence across the full continuum of care". Spittal et al look at a darker facet and describe a potential method of identifying doctors at risk of generating complaints. Their tool – the PRONE (Predicted Risk Of New Event) score – is a 22-point scoring system that indicates a doctor's future complaint risk based on four variables: a doctor's specialty, gender, the number of previous complaints and the time since the last complaint. They report that the score performed well in predicting subsequent complaints, "exhibiting strong validity and reliability and reasonable goodness of fit (c-statistic=0.70)."

Hospitals should be exemplars of healthy workplaces
Russell LM, Anstey MHR, Wells S
Medical Journal of Australia 2015;202(8):424-26.

DOI	http://dx.doi.org/10.5694/mja14.01437
Notes	In a similar vein to the item in last week's *On the Radar* looking at how the climate of worker safety could relate to patient safety was this call for hospitals to show leadership and model practices and behaviours. This goes beyond the workplace safety aspects and, according to the authors, should be "integral part of the push for quality and safety in clinical care and also contributes to the triple bottom line for health care: better patient experience of care; better population health through improved social and environmental impacts; and better financial performance."

Exploring the role of communications in quality improvement: A case study of the 1000 Lives Campaign in NHS Wales
Cooper A, Gray J, Willson A, Lines C, McCannon J, McHardy K
Journal of Communication in Healthcare 2015;8(1):76-84.

DOI	http://dx.doi.org/10.1179/1753807615Y.0000000006
Notes	Communication is fundamental to the success of almost any form of change management, in health or any other setting. This article describes the development and implementation of the communications strategy for the 1000 Lives Campaign (a large-scale national quality improvement (QI) collaborative that aimed to save an additional 1000 lives and prevent 50 000 episodes of harm) in Wales. The strategy aimed "to engage the hearts and minds of frontline National Health Service (NHS) staff in the Campaign and promote their awareness and understanding of specific QI interventions and the wider patient safety agenda".

Computerised clinical decision support systems to improve medication safety in long-term care homes: a systematic review
Marasinghe KM
BMJ Open 2015;5(5).

DOI	http://dx.doi.org/10.1136/bmjopen-2014-006539
Notes	Paper reporting on a systematic review examining the impact of computerised clinical decision support systems (CCDSS) on medication safety in long-term care homes. Notwithstanding the limited literature, the author reports that such systems improve the quality of prescribing decisions, detected adverse drug reactions, triggered warning messages and reduced injury risk among older adults.

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

Healthcare Infection
Volume 20(2) 2015

URL	http://www.publish.csiro.au/nid/241/issue/7521.htm
Notes	A new issue of *Healthcare Infection* has been published. Articles in this issue of *Healthcare Infection* include: • **Surgical site infection** in orthopaedic surgery: an audit of peri-operative practice at a tertiary centre (Peter Tao, Caroline Marshall and Andrew Bucknill) • Improving the **central venous access devices** maintenance process to reduce associated infections in paediatrics: evaluation of a practical, multi-

	faceted quality-improvement initiative (Tricia Kleidon, Abby Illing, Gerry Fogarty, Rachel Edwards, Jane Tomlinson and Amanda Ullman)
	• Success in the South Pacific: a case study of successful **diffusion of an infection prevention and control program** (Peta-Anne Zimmerman, Heather Yeatman, Michael Jones and Helen Murdoch)
	• Does our bundle stack up! Innovative nurse-led changes for preventing **catheter-associated urinary tract infection (CAUTI)** (Michelle Giles, Wendy Watts, Anthony O'Brien, Sandy Berenger, Michelle Paul, Karen McNeil and Kamana Bantawa)
	• The emergence of **community-acquired *Clostridium difficile*** in an Australian hospital (Teresa M Wozniak, George Rubin and C Raina MacIntyre)
	• **Infection prevention and control** lessons learned from the management of the first suspected **Ebola** virus disease case admitted to a New Zealand hospital (Ruth Barratt)

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: • **Teamwork, communication and safety climate**: a systematic review of interventions to improve surgical culture (Greg D Sacks, Evan M Shannon, Aaron J Dawes, Johnathon C Rollo, David K Nguyen, Marcia M Russell, Clifford Y Ko, Melinda A Maggard-Gibbons) • **Infection prevention and control in nursing homes**: a qualitative study of decision-making regarding isolation-based practices (Catherine Crawford Cohen, Monika Pogorzelska-Maziarz, Carolyn T A Herzig, Eileen J Carter, Ragnhildur Bjarnadottir, Patricia Semeraro, Jasmine L Travers, P W Stone)

Online resources

Medical Devices Safety Update
Volume 3, Number 3, May 2015
https://www.tga.gov.au/publication-issue/medical-devices-safety-update-volume-3-number-3-may-2015
The Therapeutic Goods Administration (TGA) has released the latest edition of its medical device safety bulletin. Topics covered in this issue include:
- The need to retain medical devices associated with adverse event reports
- Laparoscopic morcellator review of instructions for use now complete
- Pleural catheters practice points
- Recent safety alerts
- What to report? Report adverse events, as well as near misses

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