



On the Radar

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On the Radar

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Reports

Better Outcomes for People with Chronic and Complex Health Conditions

Primary Health Care Advisory Group

Canberra: Department of Health; 2015. p. 80.

URL	http://www.health.gov.au/internet/main/publishing.nsf/Content/primary-phcag-report
Notes	<p>This report from the Primary Health Care Advisory Group has been released. The Advisory group examined opportunities for reform in primary health care to improve the management of people with disease health conditions. The Group noted that “35% of Australians, over 7 million people, have a chronic condition, and an increasing number have multiple conditions, making care more complex and requiring input from a number of health providers or agencies.”</p> <p>Further, “Currently, primary health care services in Australia for this patient cohort can be fragmented, and often poorly linked with secondary care services, making it difficult for patients to be confidently engaged in their care... Most patients with multiple chronic conditions receive treatment from many health providers: most of them working in different locations, and often working in different parts of the health system. As a result, effective communication between the health ‘team’ can be challenging and may be inconsistent. This leads to concern regarding the quality and safety of patient care.”</p>

	<p>The Advisory Group advocate for the ‘Health Care Home’: “a setting where they can receive enhanced access to holistic coordinated care, and wrap around support for multiple health needs.” According to the Group, the key features of the Health Care Home are:</p> <ul style="list-style-type: none"> • Voluntary patient enrolment with a practice or health care provider to provide a clinical ‘home-base’ for the coordination, management and ongoing support for their care. • Patients, families and their carers as partners in their care where patients are activated to maximise their knowledge, skills and confidence to manage their health, aided by technology and with the support of a health care team. • Patients have enhanced access to care provided by their Health Care Home in-hours, which may include support by telephone, email or videoconferencing and effective access to after-hours advice or care. • Patients nominate a preferred clinician who is aware of their problems, priorities and wishes, and is responsible for their care coordination. • Flexible service delivery and team based care that supports integrated patient care across the continuum of the health system through shared information and care planning. • A commitment to care which is of high quality and is safe. Care planning and clinical decisions are guided by evidence-based patient health care pathways, appropriate to the patient’s needs. • Data collection and sharing by patients and their health care teams to measure patient health outcomes and improve performance.
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Assessing the Effects of Primary Care Transformation: Emerging Themes and Practical Strategies to Strengthen the Evidence

McCall N, Geonnotti K

New York: Milbank Memorial Fund; 2016.

URL	http://www.milbank.org/publications/milbank-reports/481-assessing-the-effects-of-primary-care-transformation-emerging-themes-and-practical-strategies-to-strengthen-the-evidence
Notes	The Milbank Memorial Fund is coordinating 18 projects involved in the Fund’s Multi-State Collaborative to align standards, payment mechanisms, and measurement and technical assistance across payers in an effort to improve the practice of primary care in the USA. This short report has examined independent evaluations of eight of the projects

Journal articles

Rapid response team and hospital mortality in hospitalized patients

Jung B, Daurat A, Jong A, Chanques G, Mahul M, Monnin M, et al
Intensive Care Medicine. 2016;42(4):494-504.

Rapid response teams improve outcomes: yes

Jones D, Rubulotta F, Welch J
Intensive Care Medicine. 2016;42(4):593-5.

Rapid response teams improve outcomes: no
 Maharaj R, Stelfox HT
 Intensive Care Medicine. 2016;42(4):596-8.

Rapid response teams improve outcomes: we are not sure
 Wendon J, Hodgson C, Bellomo R
 Intensive Care Medicine. 2016;42(4):599-601.

DOI	<p>Jung et al http://dx.doi.org/10.1007/s00134-016-4254-2 Jones et al http://dx.doi.org/10.1007/s00134-016-4219-5 Maharaj and Stelfox http://dx.doi.org/10.1007/s00134-016-4246-2 Wendon et al http://dx.doi.org/10.1007/s00134-016-4253-3</p>
Notes	<p>The April issue of <i>Intensive Care Medicine</i> (Volume 42, Issue 4, April 2016) has a number of articles on rapid response teams (RRT) and their impacts. The various authors offer a range of perspectives on whether rapid response teams improve patient outcomes and (collectively) call for research to determine ideal RRT staffing, factors that contribute to the need for an RRT, and how rapid response affects the safety of patients.</p> <p>Jung et al report on an intensivist-led RRT implementation in France that “was associated with a significant decrease in unexpected and overall mortality of inpatients.”</p> <p>Jones et al also present their case in support of RRTs improving outcomes while Maharaj and Stelfox argue otherwise and Wendon et al take the compromise position of things being inconclusive thus far.</p>

For information on the Commission’s work on recognising and responding to clinical deterioration, see <http://www.safetyandquality.gov.au/our-work/recognising-and-responding-to-clinical-deterioration/>

From stoplight reports to time series: equipping boards and leadership teams to drive better decisions
 Mountford J, Wakefield D
 BMJ Quality & Safety. 2016 [epub].

DOI	<p>http://dx.doi.org/10.1136/bmjqs-2016-005303 http://qualitysafety.bmj.com/content/early/2016/03/31/bmjqs-2016-005303.extract</p>
Notes	<p>Editorial reflecting on two papers in the journal that highlight the limitations of the widely used ‘stoplight’ form of reporting and suggesting that forms that reflect trends and processes, such as run and control charts, may be more effective for communicating important messages on organisation performance.</p> <p>The authors observe that “Stoptlights alone offer little basis for understanding and managing variation”. They also pose the question “whether the right information is being provided to the right decision-makers, in the right manner, in the right amount and at the right time. Alongside better representation of data and understanding how best to drive insight and action from data, we also need more relevant metrics to inform groups’ decision-making: we need meaningful and actionable metrics which capture what matters most to patients and populations across pathways of care, and metrics linking quality to resource use.”</p>

Supporting Patient Behavior Change: Approaches Used by Primary Care Clinicians Whose Patients Have an Increase in Activation Levels

Greene J, Hibbard JH, Alvarez C, Overton V

The Annals of Family Medicine. 2016 March 1, 2016;14(2):148-54.

DOI	http://dx.doi.org/10.1370/afm.1904
Notes	Paper reporting on a mixed methods study that sought to identify the strategies used by clinicians whose patients had displayed an increase in patient activation. The study used patient activation measure (PAM) scores for 7,144 patients and then interviewed the 10 clinicians whose patients' score increases were among the highest and 10 whose patients' score changes were among the lowest. The authors report that "Clinicians whose patients had relatively large activation increases reported using 5 key strategies to support patient behavior change (mean = 3.9 strategies): emphasizing patient ownership ; partnering with patients; identifying small steps ; scheduling frequent follow-up visits to cheer successes, problem solve, or both; and showing caring and concern for patients."

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/>

BMJ Quality and Safety online first articles

URL	http://qualitysafety.bmj.com/content/early/recent
Notes	<p><i>BMJ Quality and Safety</i> has published a number of 'online first' articles, including:</p> <ul style="list-style-type: none"> • Radiologist-initiated double reading of abdominal CT: retrospective analysis of the clinical importance of changes to radiology reports (Peter Mæhre Lauritzen, Jack Gunnar Andersen, Mali Victoria Stokke, Anne Lise Tennstrand, Rolf Aamodt, Thomas Heggelund, Fredrik A Dahl, Gunnar Sandbæk, Petter Hurlen, Pål Gulbrandsen) • Towards optimising local reviews of severe incidents in maternity care: messages from a comparison of local and external reviews (Anjali Shah, Bryn Kemp, Susan Sellers, Lisa Hinton, Melanie O'Connor, Peter Brocklehurst, Jenny Kurinczuk, Marian Knight) • Variations by state in physician disciplinary actions by US medical licensure boards (John Alexander Harris, Elena Byhoff) • Balancing stakeholder needs in the evaluation of healthcare quality improvement (Laura C Leviton, Lori Melichar) • Implementation of the trigger review method in Scottish general practices: patient safety outcomes and potential for quality improvement (Carl de Wet, Chris Black, Sarah Luty, John McKay, Kate O'Donnell, Paul Bowie) • From spotlight reports to time series: equipping boards and leadership teams to drive better decisions (James Mountford, Doug Wakefield) • Considering chance in quality and safety performance measures: an analysis of performance reports by boards in English NHS trusts (Kelly Ann Schmidtke, Alan J Poots, Juan Carpio, Ivo Vlaev, Ngianga-Bakwin Kandala, Richard J Lilford) • The problem with red, amber, green: the need to avoid distraction by random variation in organisational performance measures (Jacob Anhøj, Anne-Marie Blok Hellesøe)

International Journal for Quality in Health Care online first articles

URL	http://intqhc.oxfordjournals.org/content/early/recent?papetoc
Notes	<p><i>International Journal for Quality in Health Care</i> has published a number of ‘online first’ articles, including:</p> <ul style="list-style-type: none">• Qualitative analysis of US Department of veterans affairs mental health clinician perspectives on patient-centered care (Steven K Dobscha, Risa Cromer, Aysha Crain, and Lauren M Denneson)• Virtual obesity collaborative with and without decision-support technology (Bonnie Gance-Cleveland, Heather Aldrich, Sarah Schmiede, and Karen Tyler)• eHealth and quality in health care: implementation time (Hans C Ossebaard and Lisette Van Gemert-Pijnen)

Online resources

[UK] NICE Guidelines and Quality Standards

<http://www.nice.org.uk>

The UK’s National Institute for Health and Care Excellence (NICE) has published new (or updated) guidelines and quality standards. The latest updates are:

- Quality Standard QS118 **Food allergy** <https://www.nice.org.uk/guidance/qs118>
- Quality Standard QS119 **Anaphylaxis** <https://www.nice.org.uk/guidance/qs119>
- Quality standard QS120 **Medicines optimisation** <https://www.nice.org.uk/guidance/qs120>
- NICE Guideline NG13 **Workplace health: management practices** <https://www.nice.org.uk/guidance/ng13>

[UK] National Institute for Health Research

<https://discover.dc.nihr.ac.uk/portal/home>

The UK’s National Institute for Health Research (NIHR) Dissemination Centre has released the latest ‘Signals’ research summaries. This latest release includes:

- Early oral feeding after **stomach surgery** is safe and reduces time spent in hospital
- **Smoking bans** improve cardiovascular health and reduce smoking-related deaths
- **Personal discharge plans** may lead to shorter hospital stays and fewer readmissions
- Mesh repair rather than stitches reduces risk of recurrence of **abdominal hernias** in adults
- Antidepressants and talking therapies offer similar benefits for **new-onset major depression**
- ‘Low dose’ physiotherapy and occupational therapy found ineffective for people with mild to moderate **Parkinson’s disease**
- Two simple questions help GPs rule out **depression**
- Treating all narrowed blood vessels immediately after a **heart attack** may be better than just treating the single blocked artery
- **Diabetes** self-management education leads to better blood sugar control
- A self-completed questionnaire may help alert people with **sleep apnoea** to the need for proper diagnosis

[USA] *Effective Health Care Program reports*

<http://effectivehealthcare.ahrq.gov/>

The US Agency for Healthcare Research and Quality (AHRQ) has an Effective Health Care (EHC) Program. The EHC has released the following final reports and updates:

- *Noninvasive Testing for Coronary Artery Disease*
<http://www.effectivehealthcare.ahrq.gov/search-for-guides-reviews-and-reports/?pageaction=displayproduct&productID=2205>
- *Improving Cultural Competence to Reduce Health Disparities for Priority Populations*
<http://www.effectivehealthcare.ahrq.gov/search-for-guides-reviews-and-reports/?pageaction=displayproduct&productID=2206>
- *Early Diagnosis, Prevention, and Treatment of Clostridium difficile*
<http://www.effectivehealthcare.ahrq.gov/search-for-guides-reviews-and-reports/?pageaction=displayproduct&productID=2208>

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