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On the Radar

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

Books

The Health of the Nation: Averting the demise of universal healthcare
Stubbs E, editor
London: Civitas; 2016. ISBN: 978-1-906837-78-5.

URL	http://www.civitas.org.uk/publications/the-health-of-the-nation
Notes	The UK think tank Civitas has published this collection of essays that examine that the background to the current pressures on the UK's National Health Service and some of the ideas that have been proposed for reform. The publication features contributions from eleven authors from across the political spectrum and covers a wide range of suggestions covering public health and behaviour change; change management; technological innovations; and the future of commissioning.

Reports

Putting the consumer first: Creating a consumer-centred health system for a 21st century Australia
A health policy report, April 2016
The George Institute for Global Health, Consumers Health Forum of Australia
Sydney: The George Institute; 2016. p. 16.

URL	http://www.georgeinstitute.org.au/media-releases/towards-a-21st-century-vision-consumers-as-makers-and-shapers-in-health-care

Notes	Following a roundtable convened by The George Institute for Global Health and the Consumers Health Forum of Australia to discuss the importance of innovation in creating a consumer-centred healthcare system, this brief health policy report has been released. The report offers eight key recommendations: 1. Develop a **National Vision for Australia's Health 2025** through the Council of Australian Governments (COAG), that describes and commits to the principles of consumer-centred healthcare 2. **Involve consumers** in governance arrangements throughout all levels of healthcare and research 3. **Invest in empowering consumers** to become more involved in healthcare design and delivery, and self-management of their health 4. **Define consumer-centred professional practice** as a core healthcare professional competency across all levels of healthcare education, to grow skills in working with patients and as part of multidisciplinary teams 5. Ensure that **consumer experience drives the health system** by routinely measuring and benchmarking patient experiences and outcomes across the health system, and making this information publically available to allow informed decision-making 6. **Enable innovation** in healthcare while ensuring new approaches are evidence-based, developed collaboratively and 'fit for purpose' 7. Adjust drivers to create the **right policy, infrastructure and incentive platforms** to drive change and support consumer-centred care 8. Develop a **change management strategy** to facilitate the implementation of a consumer-centred health system.

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/

Improving the Health of Women in the United States: Workshop Summary
National Academies of Sciences, Engineering, and Medicine
Thomas JP, editor
Washington, DC: The National Academies Press; 2016.

URL	http://www.nap.edu/catalog/23441/improving-the-health-of-women-in-the-united-states-workshop http://dx.doi.org/10.17226/23441
Notes	This report summarises the presentations and discussions from a workshop that the [US] National Academies of Sciences, Engineering, and Medicine convened in late 2015 to shed light on important determinants, consequences, effects, and issues attending the relative disadvantage of women in the United States in comparison with women in other economically advanced nations. The report includes the following sections: • The Relative Health Disadvantage of U.S. Women • Institutional Factors That Influence Differences in Women's Health Outcomes • Socioeconomic and Behavioral Factors That Influence Differences in Morbidity and Mortality • Future Research Directions.

An evidence-based approach to reducing discharge against medical advice amongst Aboriginal and Torres Strait Islander patients
Deeble Institute Issues Brief No 14.
Shaw C
Canberra: Australian Healthcare and Hospitals Association; 2016. p. 26.

URL	https://ahha.asn.au/system/files/docs/publications/deeble_institute_issues_brief_caitlin_shaw_2_1.pdf
Notes	This issues brief from the Deeble Institute examines the role of Aboriginal Health Workers and Aboriginal Liaison Officers in enhancing cultural safety in hospitals and preventing instances of self-discharge in vulnerable patients in rural and remote communities. The report makes a number of recommendations are made to address rates of discharge against medical advice (DAMA) in the Aboriginal and Torres Strait Islander population: 1. Improvement of current **cultural competency training** in acute care. 2. Improvement of **cultural safety frameworks** in hospitals. 3. Development of a nationally recognised **scope of practice** for Aboriginal Health Workers (AHWs) and Aboriginal Liaison Officers (ALOs) 4. Increased **recruitment and retention of AHWs/ALOs** in acute care, especially in rural hospitals 5. Development of more **flexible community-based care models** to provide culturally appropriate care for Aboriginal and Torres Strait Islander patients. 6. Continued **research** into DAMA in the Aboriginal and Torres Strait Islander population.

Review of after-hours service models: Learnings for regional, rural and remote communities
Deeble Institute Issues Brief No 15
Armstrong K, Amoyal G, Jacups S, Verhoevan A
Canberra: Australian Healthcare and Hospitals Association; 2016. p. 38.

URL	https://ahha.asn.au/system/files/docs/publications/deeble_institute_issues_brief_no._15_review_of_after_hours_service_models_.pdf
Notes	This issues brief offers an evaluation of current delivery models of after-hours primary health care nationally and internationally. It identifies a number of innovations and program elements that could be commonly applied by Primary Health Networks throughout Australia. Recognising that local setting is important and there is a need "to tailor after-hours services appropriately, each model must be assessed in terms of suitability in the local context. As such, this Issues Brief describes individual program elements and options for innovations in after-hours service delivery which may be adaptable and transferrable across PHNs. Key principles common across the options proposed are: • Services are flexible, responsive and tailored to regional circumstance • Efficient and effective use is made of the broader health workforce • Innovative service delivery is promoted • Data is used to inform policy change • Communication with patients and providers is key to success."

Who cares? The future of general practice
Ewbank L, Hitchcock A, Sasse T
London: Reform; 2016. p. 76.

URL	http://www.reform.uk/publication/who-cares-the-future-of-general-practice/
Notes	Primary care (or general practice) is often seen as the hope for reducing the pressures on hospitals. However, primary care faces its own challenges. This report form the UK's Reform think tank reviews the current model of general practice in the UK and asserts that the model needs to change to address the future needs. The authors believe that British general practice would benefit from economies of scale and better integration. Creating such large practices will entail quite a different model of care, including much more multidisciplinary work in which "GPs could pass 50 per cent of appointments they currently conduct to other professionals. A more diverse workforce could, for instance, see pharmacists or nurses administering the estimated 57 million appointments (15 per cent of the total number of appointments) consumed by common conditions and medicines-related problems each year. This alone could deliver up to £727 million of savings per year." The approach also calls for a significant change in commissioning of services.

Journal articles

A Narrative Synthesis of the Components of and Evidence for Patient- and Family-Centered Care
Gallo KP, Hill LC, Hoagwood KE, Olin S-cS
Clinical Pediatrics. 2016 April 1, 2016;55(4):333-46.

DOI	https://dx.doi.org/10.1177/0009922815591883
Notes	Paper reporting on a synthesis study seeking to identify determine typical patient- and family-centred care (PFCC) components and their link to outcomes in paediatric populations. The study examined 68 studies whose features were synthesized based on 5 core PFCC components (i.e., education from the provider to the patient and/or family, information sharing from the family to the provider, social-emotional support, adapting care to match family background, and/or s decision-making) and 4 outcome categories (health status; the experience, knowledge, and attitudes of the patient/family; patient/family behaviour; or provider behaviour). The authors report that the most common component was education; the least common was adapting care to family background. They also found that the "presence of social-emotional support alone, as well as educational interventions augmented with shared decision-making, social-emotional support, or adaptations of care based on family background, predicted improvements in families' knowledge, attitudes, and experience. Interventions that targeted the family were associated with positive outcomes."

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/

Association Between the Centers for Medicare and Medicaid Services Hospital Star Rating and Patient Outcomes
Wang DE, Tsugawa Y, Figueroa JF, Jha AK
JAMA Internal Medicine. 2016 [epub].

DOI	http://dx.doi.org/10.1001/jamainternmed.2016.0784
Notes	The item examines the link between the star ratings of hospitals and risk-adjusted 30-day mortality and readmissions. The (US) Centers for Medicare and Medicaid Services (CMS) recently introduced a 5-star hospital rating system based on patient experience. The study investigated whether hospitals with more stars have lower risk-adjusted 30-day mortality and readmissions than hospitals with less stars. Using a sample of 3076 hospitals the authors report finding that "a **higher** CMS **star rating** was **associated** with **lower patient mortality and readmissions**. It is reassuring that patients can use the star ratings in guiding their health care seeking decisions given that hospitals with more stars not only offer a better experience of care, but also have lower mortality and readmissions."

Public Health Research & Practice
April 2016, Volume 26, Issue 2

URL	http://www.phrp.com.au/issues/april-2016-volume-26-issue-2/
Notes	A new issue of *Public Health Research & Practice* has been published with a focus on the environmental hazards that affect our health and what needs to be done to keep populations safe. Articles in this issue of *Public Health Research & Practice* include: • Editorial: **Managing the environment for health protection**: research, policy and practice (Jeremy McAnulty) • **Mesothelioma** in Australia: cresting the third wave (Bruce Armstrong, Tim Driscoll) • **Safe drinking water** in regional NSW, Australia (Paul M Byleveld, Sandy D Leask, Leslie A Jarvis, Katrina J Wall, Wendy N Henderson, J E Tickell) • Closing the Gap: the need to consider perceptions about **drinking water** in rural Aboriginal communities in NSW, Australia (Fidelis G Jaravani, Peter D Massey, Jenni Judd, Jason Allan, Natalie Allan) • A systematic review of the health risks from **passive exposure to electronic cigarette vapour** (Isabel MR Hess, K Lachireddy, A Capon) • Is the **risk from nanomaterials** perceived as different from the risk of 'chemicals' by the Australian public? (Adam Capon, Margaret Rolfe, James Gillespie, Wayne Smith) • Successes and unintended consequences of the Northern Territory's **smoke-free prisons** policy: results from a process evaluation (Marita Hefler, Robyn Hopkins, David P Thomas) • Public Health Amendment (**Vaccination of Children Attending Child Care Facilities**) Act 2013: its impact in the Northern Rivers, NSW (Alice C Fraser, Sarah E Williams, Sarah X Kong, Lucy E Wells, Louise S Goodall, Sabrina Pit, Vibeke Hansen, Marianne Trent) • Strengthening public health systems: assessing the attributes of the NSW **influenza surveillance system** (Greer Dawson, Robin Gilmour, Sean Tobin, Joanne Travaglia) • To what extent does a tobacco carve-out protect public health in the **Trans-Pacific Partnership Agreement**? (Katherine Hirono, Deborah Gleeson, Becky Freeman)

	• **My Health Record**: repository or communication tool? (Oliver Frank) • **'Vaping' bans** spread as Australia waits for evidence (Anne Messenger) • **National PFC guidelines** released (Anne Messenger) • **Soft-drink politics**: advocacy in action (Nyssa Skilton)

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: • How does **audit and feedback** influence intentions of health professionals to **improve practice**? A laboratory experiment and field study in cardiac rehabilitation (Wouter T Gude, Mariëtte M van Engen-Verheul, Sabine N van der Veer, Nicolette F de Keizer, Niels Peek) • Assessing content validity and user perspectives on the **Team Check-up Tool**: expert survey and user focus groups (Jill A Marsteller, Yea-Jen Hsu, Kitty S Chan, Lisa H Lubomski) • Explanation and elaboration of the **SQUIRE (Standards for Quality Improvement Reporting Excellence) Guidelines**, V.2.0: examples of SQUIRE elements in the healthcare improvement literature (Daisy Goodman, Greg Ogrinc, Louise Golec Davies, G Ross Baker, Jane Barnsteiner, Tina C Foster, Kari Gali, Joanne Hilden, Leora Idit Horwitz, Heather C Kaplan, Jerome Leis, John C Matulis, Susan Michie, R Miltner, J Neily, W A Nelson, M Niedner, B Oliver, L Rutman, R Thomson, J Thor)

Online resources

NSW Trauma App
http://www.aci.health.nsw.gov.au/networks/itim/projects/trauma-app
The Institute of Trauma and Injury Management (ITIM), as part of the New South Wales (NSW) Agency for Clinical Innovation (ACI), has developed and released a clinical support tool known as the ITIM NSW Trauma App to give clinicians up-to date, evidence based trauma related guidelines, geospatial information, educational material, interactive checklists and medical calculators; all accessible at the point of care.
Access to the app has extended beyond rural and metropolitan NSW, to national and international organisations, leading to collaboration to enhance the breadth of the app, and identify future opportunities for improvements. The app is available to download for free from iTunes and Google Play.

2016-2017 Targeted Medication Safety Best Practices for Hospitals
http://www.ismp.org/tools/bestpractices/TMSBP-for-Hospitals.pdf
The Institute for Safe Medicine Practice (ISMP) has released their updated advice. The purpose of the Targeted Medication Safety Best Practices for Hospitals is to "identify, inspire, and mobilize widespread, national adoption of consensus-based best practices for specific medication safety issues that continue to cause fatal and harmful errors in patients, despite repeated warnings in ISMP publications." The selected issues are:
1. Dispense vinCRIStine (and other vinca alkaloids) in a minibag of a compatible solution and not in a syringe.
2. a) Use a weekly dosage regimen default for oral methotrexate in electronic systems when medication orders are entered.

b) Require a hard stop verification of an appropriate oncologic indication for all daily oral methotrexate orders.

c) Provide specific patient and/or family education for all oral methotrexate discharge orders.

3. a) Weigh each patient as soon as possible on admission and during each appropriate outpatient or emergency department encounter. Avoid the use of a stated, estimated, or historical weight.

   b) Measure and document patient weights in metric units only.

4. Ensure that all oral liquids that are not commercially available as unit dose products are dispensed by the pharmacy in an oral syringe.

5. Purchase oral liquid dosing devices (oral syringes/cups/droppers) that only display the metric scale.

6. Eliminate glacial acetic acid from all areas of the hospital.

7. Segregate, sequester, and differentiate all neuromuscular blocking agents (NMBs) from other medications, wherever they are stored in the organization.

8. Administer high-alert intravenous (IV) medication infusions via a programmable infusion pump utilizing dose error-reduction software.

9. Ensure all appropriate antidotes, reversal agents, and rescue agents are readily available. Have standardized protocols and/or coupled order sets in place that permit the emergency administration of all appropriate antidotes, reversal agents, and rescue agents used in the facility. Have directions for use/administration readily available in all clinical areas where the antidotes, reversal agents, and rescue agents are used.

10. Eliminate all 1,000 mL bags of sterile water (labeled for "injection," "irrigation," or "inhalation") from all areas outside of the pharmacy.

11. When compounding sterile preparations, perform an independent verification to ensure that the proper ingredients (medications and diluents) are added, including confirmation of the proper amount (volume) of each ingredient prior to its addition to the final container.

[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:

- NICE Guideline NG46 **Controlled drugs**: *safe use and management*
  https://www.nice.org.uk/guidance/ng46
- NICE Quality Standard QS2 *Stroke in adults* https://www.nice.org.uk/guidance/qs2
- NICE Quality Standard QS29 *Venous thromboembolism in adults: diagnosis and management* https://www.nice.org.uk/guidance/qs29
- NICE Clinical Guideline CG90 *Depression in adults: recognition and management* https://www.nice.org.uk/guidance/cg90