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, Andrew Moors, Vannary Sar

National Consultation on the draft National Consensus Statement: Essential Elements for Recognising and Responding to Deterioration in a Person's Mental State
The Australian Commission on Safety and Quality in Health Care (the Commission) is seeking comment on a draft *National Consensus Statement: Essential Elements for Recognising and Responding to Deterioration in a Person's Mental State* (the Consensus Statement). The Consensus Statement has been developed in order to provide people with equity of access to safe and effective treatment for mental health issues as for physical health problems.
The purposes of the Consensus Statement are to:
- describe best practice for people who experience deterioration in their mental state
- guide health services in developing systems for recognising and responding to deterioration in a person's mental state that are tailored to their specific populations, and the resources and personnel available, whilst complying with relevant jurisdictional and other requirements
- support health service organisations to implement actions in draft version 2 of the National Safety and Quality Health Service Standards.

To ensure that the draft Consensus Statement accurately reflects the expected standard of care and agreed practices for responding to deterioration in a person's mental state, comments are now being sought through a national consultation process.
The draft Consensus Statement and consultation details are now available on the Commission's website from http://www.safetyandquality.gov.au/our-work/mental-health/
The Commission will be accepting submissions until **6 September 2016**.

Journal articles

The Hard Work of Health Care Transformation
Bohmer RMJ
New England Journal of Medicine. 2016;375(8):709-11.

DOI	http://dx.doi.org/10.1056/NEJMp1606458
Notes	This Perspective piece in the *New England Journal of Medicine* discusses how healthcare organisations that have achieved and sustained substantial performance improvements have undertaken "the relentless hard work of local operational redesign". The author observes that "Transformation requires sustained change in individual behavior, team interactions, and operations design" and that "in the longer term, the prolonged hard work of repetitive, incremental, and often small-scale rebuilding of local operating systems probably cannot be avoided. Individual behavior change motivated by payment reform may be insufficient to generate the quality and efficiency gains needed in coming years." There is also a related audio interview with the author on the NEJM website.

Handoffs, safety culture, and practices: evidence from the hospital survey on patient safety culture
Lee S-H, Phan PH, Dorman T, Weaver SJ, Pronovost PJ
BMC Health Services Research. 2016;16(1):1-8.

DOI	http://dx.doi.org/10.1186/s12913-016-1502-7
Notes	This study uses 2010 data from the (US) Agency for Healthcare Research and Quality Hospital Survey on Patient Safety Culture to analyse how different elements of patient safety culture are associated with clinical handovers and perceptions of patient safety. The study recognises that **handover is multidimensional** and looks at the **transfer of information**, as well as the **transfer of professional responsibility and unit accountability for patient safety** between providers during handover. The main finding was that clinical handover and teamwork influence staff perception of the hospital's level of patient safety. The authors suggest that a potential implication is that **better patient safety can be achieved by a tight focus on improving handover** through training and monitoring.

For information on the Commission's Clinical Communications program, including material on clinical handover, see http://www.safetyandquality.gov.au/our-work/clinical-communications/

Fighting MRSA Infections in Hospital Care: How Organizational Factors Matter
Salge TO, Vera A, Antons D, Cimiotti JP
Health Services Research. 2016 [epub].

DOI	http://dx.doi.org/10.1111/1475-6773.12521
Notes	Using data from all 173 acute trusts in the English National Health Service (NHS) for the 5-year period from April 2004 to March 2009, this longitudinal study sought to identify factors associated with methicillin-resistant *Staphylococcus aureus* (MRSA) bloodstream infections at the hospital level. From their analyses the authors found "**MRSA infections decrease with increases in general cleaning** (−3.52 MRSA incidents per 1 standard deviation increase; 95 percent confidence interval: −6.61 to −0.44), **infection control training** (−3.29; −5.22 to −1.36), **hand hygiene** (−2.72; −4.76 to −0.68), and **error reporting climate** (−2.06; −4.09 to −0.04)".

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

Unit-based incident reporting and root cause analysis: variation at three hospital unit types
Wagner C, Merten H, Zwaan L, Lubberding S, Timmermans D, Smits M.
BMJ Open. 2016;6(6):e011277.

DOI	http://dx.doi.org/10.1136/bmjopen-2016-011277
Notes	Dutch study that examined the types and causes of patient safety incidents in hospital units using a prospective observational study covering 10 emergency medicine units, 10 internal medicine units and 10 general surgery units in 20 hospitals in the Netherlands. 2028 incidents were reported by healthcare providers and analysed with root cause analysis (RCA). More than half of the incidents had some consequences for patients, with a small number leading to patient harm. The authors report finding **significant differences in incident types and causes were between unit types**: "**emergency units** reported more incidents related to **collaboration**, whereas **surgical and internal medicine units** reported more incidents related to **medication use**." However, the distribution of root causes of surgical and emergency medicine units showed more mutual similarities than those of internal medicine units. The authors concluded that "Comparable incidents and causes have been found in all units, but there were also differences between units and unit types. Unit-based incident reporting gives specific information and therefore makes improvements easier. We conclude that **unit-based incident reporting has an added value** besides hospital-wide or national reporting systems that already exist in various countries."

Partnered pharmacist charting on admission in the General Medical and Emergency Short-stay Unit – a cluster-randomised controlled trial in patients with complex medication regimens
Tong EY, Roman C, Mitra B, Yip G, Gibbs H, Newnham H, et al.
Journal of Clinical Pharmacy and Therapeutics. 2016;41(4):414-8.

DOI	http://dx.doi.org/10.1111/jcpt.12405
Notes	A further contribution to the literature that shows involving pharmacists in the admission process can contribute to reductions in medication errors. In this instance the authors concluded from their study that "Partnering between medical staff and pharmacists to jointly chart initial medications on admission significantly reduced inpatient medication errors (including errors of high and extreme risk) among general medical and emergency short-stay patients with complex medication regimens or polypharmacy."

Prevalence of Potentially Inappropriate Medication Use in Older Adults Living in Nursing Homes: A Systematic Review
Morin L, Laroche M-L, Texier G, Johnell K
Journal of the American Medical Directors Association [epub].

DOI	http://dx.doi.org/10.1016/j.jamda.2016.06.011
Notes	This systematic review focused on 48 studies in considering the issue of the prevalence of potentially inappropriate medication use in nursing home residents. Their review led them to conclude "almost one-**half of nursing home residents are exposed to potentially inappropriate medications** and suggests an increase [in] prevalence over time. Effective interventions to optimize drug prescribing in nursing home facilities are, therefore, needed."

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

Healthcare Staff Wellbeing, Burnout, and Patient Safety: A Systematic Review
Hall LH, Johnson J, Watt I, Tsipa A, O'Connor DB
PLoS ONE. 2016;11(7):e0159015.

DOI	http://dx.doi.org/10.1371/journal.pone.0159015
Notes	The question of how healthcare workers own well-being, including the issues of burnout and fatigue, can have safety and quality implications is not a new topic. This systematic review examined the literature to examine the association between healthcare professionals' wellbeing and burnout, with patient safety. The authors report that review found that **poor well-being and burnout in health care workers were associated with worse patient safety outcomes** and argue that improving the well-being of healthcare workers should be included in patient safety efforts.

Situational awareness – what it means for clinicians, its recognition and importance in patient safety
Green B, Parry D, Oeppen RS, Plint S, Dale T, Brennan PA
Oral Diseases. 2016 [epub].

DOI	http://dx.doi.org/10.1111/odi.12547
Notes	Situational awareness has been previously identified as a possible mechanism for assisting clinicians to maintain their performance. This review piece summarises the topic, offering an introduction, discussing the theoretical basis and approaches that can be used in day-to-day practice to safeguard both patients and clinicians in the workplace environment.

Australian Journal of Primary Health
Volume 22 Number 4. 2016.

URL	http://www.publish.csiro.au/nid/261/issue/8052.htm
Notes	A new issue of *Australian Journal of Primary Health* has been published. Articles in this issue of *Australian Journal of Primary Health* include: • Consumers vote with their feet – **Emergency Departments are popular** for a reason (Stephen D Gill and Michael Sheridan) • Furthering the **quality agenda in Aboriginal community controlled health services**: understanding the relationship between accreditation, continuous quality improvement and national key performance indicator reporting (Beverly Sibthorpe, Karen Gardner and Daniel McAullay) • Getting over the shock: taking action on **Indigenous maternal smoking** (Gillian S Gould, Yvonne Cadet-James and Alan R Clough) • Opportunities for general practitioners to enhance **disaster preparedness** among vulnerable patients (Olga Anikeeva, Victoria Cornell, Malinda Steenkamp and Paul Arbon) • Positive **cardiometabolic health for adults with intellectual disability**: an early intervention framework (Julian Trollor, Carmela Salomon, Jackie Curtis, Andrew Watkins, Simon Rosenbaum, K Samaras and P B Ward) • **Research culture in allied health**: a systematic review (Donna Borkowski, Carol McKinstry, Matthew Cotchett, Cylie Williams and Terry Haines) • Systematic review of **youth mental health service integration** research (Irina Kinchin, Komla Tsey, Marion Heyeres and Yvonne Cadet-James)

	- **Torres Strait Islanders'** understandings of **chronic hepatitis B** and attitudes to treatment (Elayne Anderson, Jeanne Ellard and Jack Wallace) - **Empowering vulnerable parents** through a family mentoring program (Darshini Ayton and Nerida Joss) - **Community-based lifestyle modification workforce**: an underutilised asset for cardiovascular disease prevention (Nerida Volker, Lauren T Williams, Rachel C Davey and Thomas Cochrane) - Revisiting the ability of Australian **primary healthcare** services to respond to **health inequity** (Toby Freeman, Fran Baum, Angela Lawless, Sara Javanparast, Gwyn Jolley, R Labonté, M Bentley, J Boffa and D Sanders) - From **maternity paper hand-held records to electronic health records**: what do women tell us about their use? (Glenda Hawley, Julie Hepworth, Shelley A Wilkinson and Claire Jackson) - **Cross-cultural training of general practitioner registrars**: how does it happen? (Kelly Watt, Penny Abbott and Jenny Reath) - **Psychological distress** among Vietnamese adults attending Vietnamese-speaking general practices in South Western Sydney: prevalence and associations (Thi Nguyen, Sarah Dennis, Huy An, Sanjyot Vagholkar and Siaw Teng Liaw) - Client perceptions of **group education** in the management of **type 2 diabetes** mellitus in South Australia (Cynthia Smith, Darlene A. McNaughton and Samantha Meyer) - Review of the **cultural safety** of a national Indigenous point-of-care testing program for diabetes management (Mark Shephard, Christopher O'Brien, Anthony Burgoyne, Jody Croft, Trevor Garlett, Kristina Barancek, Heather Halls, Bridgit McAteer, Lara Motta and Anne Shephard)

Healthcare Policy
Vol. 12 No. 1, 2016

URL	http://www.longwoods.com/publications/healthcare-policy/24636
Notes	A new issue of *Healthcare Policy* has been published. Articles in this issue of *Healthcare Policy* include: - Editorial: **Engaging Citizens and Patients** in Health Research: Learning from Experience (Jennifer Zelmer) - A Better Prescription: Advice for a **National Strategy on Pharmaceutical Policy** in Canada (Steven G Morgan, Marc-André Gagnon, Barbara Mintzes and Joel Lexchin) - Building **Rural Surgical Networks**: An Evidence-Based Approach to Service Delivery and Evaluation (Randy Friesen and Jude Kornelsen) - Identifying **Distinct Geographic Health Service Environments** in British Columbia, Canada: Cluster Analysis of Population-Based Administrative Data (M Ruth Lavergne) - Opportunities and Barriers to **Rural, Remote and First Nation Health Services Research** in Canada: Comparing Access to Administrative Claims Data in Manitoba and British Columbia (Josée G Lavoie, Sabrina Wong, Alan Katz and Stephanie Sinclair) - **Healthcare in Canada's North**: Are We Getting Value for Money? (T Kue Young, Susan Chatwood and Gregory P Marchildon) - The Independence of Ontario's Public Health Units: Does **Governing Structure** Matter? (Joseph Lyons)

	• A Qualitative Study on Incentives and Disincentives for **Care of Common Mental Disorders** in Ontario Family Health Teams (Rachelle Ashcroft, Jose Silveira and Kwame Mckenzie) • Mapping Collaborative Relations among Canada's **Chronic Disease Prevention Organizations** (Damien Contandriopoulos, Nancy Hanusaik, Katerina Maximova, Gilles Paradis and Jennifer L O'Loughlin) • Financial Incentives and Cervical **Cancer Screening Participation** in Ontario's Primary Care Practice Models (Ciara Pendrith, Amardeep Thind, Gregory S. Zaric and Sisira Sarma)

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: • Editorial: Responding to the challenge of **look-alike, sound-alike drug names** (P L Trbovich, Sylvia Hyland) • **Patient and family empowerment** as agents of **ambulatory care safety and quality** (Debra L Roter, Jennifer Wolff, Albert Wu, A F Hannawa) • **Incident reporting** must result in local action (Louise Isager Rabøl, Ove Gaardboe, Annemarie Hellebek)

Online resources

[UK] Four tools to enhance significant event analysis in primary care
http://www.health.org.uk/newsletter/four-tools-enhance-significant-event-analysis-primary-care/
Significant event analysis (SEA) is a collective learning technique used to investigate patient safety incidents (circumstances where a patient was or could have been harmed) and other quality of care issues. A framework and a series of practical tools have been developed which aim to help people working in primary care to apply the approach.

1. *E-learning module* – short 'read and click' e-learning module explains and illustrates the principles which underpin the enhanced SEA approach, including sections on: Basic error theory; Human factors principles; Taking a systems-centred approach; and the Enhanced SEA method.
2. *Enhanced SEA booklet* – a clear, readable overview of the approach, including the basics of human factors theory and an example story.
3. *Deskpad* – each sheet of this enhanced SEA deskpad (PDF) contains instructions and prompts to help guide a team in taking this approach to event analysis, and to take notes on what was agreed.
4. *Reporting template* – a new report format (PDF) for writing up SEAs. This format is recommended for GP specialty training and medical appraisal, as well as for practice manager and nurse vocational training and appraisal.

[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 Clinical Guideline CG44 ***Heavy menstrual bleeding****: assessment and management*
  https://www.nice.org.uk/guidance/cg44
• NICE Clinical Guideline CG141 ***Acute upper gastrointestinal bleeding*** *in over 16s: management* https://www.nice.org.uk/guidance/cg141

- NICE Clinical Guideline CG126 *Stable **angina**: management*
  https://www.nice.org.uk/guidance/cg126

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:
- Clinician Summary: ***Contrast-Induced Nephropathy** (CIN): Current State of the Evidence on Contrast Media and Prevention of CIN* https://www.effectivehealthcare.ahrq.gov/search-for-guides-reviews-and-reports/?pageaction=displayproduct&productID=2280

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