On the Radar

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On the Radar
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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**.

Reports

Safe working in general practice: One approach to controlling workload and dealing with the resulting overspill through a locality hub model
British Medical Association
London: British Medical Association; 2016. p. 17.

URL	https://www.bma.org.uk/collective-voice/committees/general-practitioners-committee/gpc-current-issues/safe-working-in-general-practice
Notes	This report from the British Medical Association outlines measures that may help to manage the rising workload of British GPs and help to calculate sustainable and safe working levels. The report describes proposals for GP appointments to be lengthened to 15 minutes and consultations to be limited to 25 per day. The report also describes the concept and possible impact of 'locality hubs' (central facility where demand, patient lists and safe working limits would be managed for a number of local practices) and suggests that GPs could benefit from the integration, collaboration and flexible employment patterns that may flow from such changes.

Preventing hospital-associated venous thromboembolism: a guide for effective quality improvement
2nd ed. AHRQ Publication No 16-0001-EF
Maynard G
Rockville, MD: Agency for Healthcare Research and Quality; 2016. p. 92.

URL	http://www.ahrq.gov/professionals/quality-patient-safety/patient-safety-resources/resources/vtguide/index.html
Notes	The US Agency for Healthcare Research and Quality (AHRQ) has released this updated step-by-step guidance to clinicians on how to prevent venous thromboembolism (VTE). The updated guide includes new and improved metrics for tracking the adequacy of VTE prophylaxis, increased use of electronic health records, more examples of tools, and lessons learned while detailing how to start, implement, evaluate, and sustain a VTE prevention strategy.

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

Children's views about safety in institutions
Research to Practice Series. (Issue 12).
Moore T, McArthur M, Noble-Carr D, Barry E.
Canberra: Institute of Child Protection Studies, Australian Catholic University; 2016. p. 8.

URL	http://www.acu.edu.au/about_acu/faculties,_institutes_and_centres/centres/institute_of_child_protection_studies/our_work/practice_series
Notes	This document explores children and young people's views about safety in institutions, what they believe makes an institution safe for children and young people, and what advice they would give adults about dealing with their safety needs. This study invited children and young people to consider safety within institutions, including school, sports groups, hospitals, church and youth groups, holiday camps, after-school care, and for a small number of participants, residential and out-of-home care. Children and young people felt that institutions were safe when a number of conditions were met, relating to the institution's purpose, environment, people, and the practices that were in place. These included that the institution:

	1. has a focus on helping children and young people
	2. values children and young people, their views and concerns and their participation
	3. provides a safe environment for children and young people
	4. proactively protects children and young people from unsafe people and experiences
	5. employs safe and trusted adults
	6. is open to monitoring by an external agency.

High-need, high-cost patients: who are they and how do they use health care? A population-based comparison of demographics, health care use, and expenditures
Hayes SL, Salzberg CA, McCarthy D, Radley DC, Abrams MK, Shah T, et al.
New York: Commonwealth Fund; 2016. p. 14.

Health system performance for the high-need patient: a look at access to care and patient care experiences
Salzberg CA, Hayes SL, McCarthy D, Radley DC, Abrams MK, Shah T, et al
New York: Commonwealth Fund; 2016. p. 12.

URL	http://www.commonwealthfund.org/publications/issue-briefs/2016/aug/high-need-high-cost-patients-meps1 http://www.commonwealthfund.org/publications/issue-briefs/2016/aug/high-need-high-cost-patients-meps2
Notes	A pair of Issues Briefs from the same team of authors published by (US) Commonwealth Fund that discuss the characteristics and experiences of heavy or 'high need' users of healthcare. The first provides an analysis of the health care needs of patients in the USA with long-term conditions and argues that health care improvement efforts should focus on the needs of those with multiple chronic illnesses and who have limited ability to care for themselves. The high need patients have rates of hospital more than twice those for adults with multiple chronic conditions only; they also visited the doctor more frequently and used more home health care. The second Issue Brief compared the health care experience of patients with co-morbidities and a functional limitation to those with multiple conditions but no functional limitations. The authors found that patients with higher levels of need were more likely to report having unmet medical needs and less likely to report experiences of good patient-provider communication. These findings highlight the importance of tailoring interventions to meet the needs of the highest-need, most complex patients.

Journal articles

A Meta-Analysis of the Effects of Coping Strategies on Reducing Nurse Burnout
Lee H-F, Kuo C-C, Chien T-W, Wang Y-R
Applied Nursing Research. 2016;31:100-10.

DOI	http://dx.doi.org/10.1016/j.apnr.2016.01.001
Notes	Following on from an item in the last issue of *On the Radar* is this systematic review on burnout, particularly on how coping strategies can help reduce burnout in nurses. From the seven studies the review focused upon the reviewers concluded that "Coping strategies can reduce nurse burnout and maintain effectiveness between 6 months and 1 year."

The feasibility and effect of deprescribing in older adults on mortality and health: a systematic review and meta-analysis
Page AT, Clifford RM, Potter K, Schwartz D, Etherton-Beer CD
British Journal of Clinical Pharmacology. 2016;82(3):583-623.

DOI	http://dx.doi.org/10.1111/bcp.12975
Notes	Also following on from an item in the last issue of *On the Radar* that looked at potentially inappropriate medication use in older adults, is this systematic review and meta-analysis that sought to determine whether or not deprescribing is a safe, effective and feasible intervention to modify mortality and health outcomes in older adults. From the review of 132 papers covering 34,143 participants, the authors conclude that "Although nonrandomized data suggested that deprescribing reduces mortality, deprescribing was not shown to alter mortality in randomized studies. **Mortality was significantly reduced when applying patient-specific interventions to deprescribe** in randomized studies."

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

Operating Room-to-ICU Patient Handovers: A Multidisciplinary Human-Centered Design Approach
Segall N, Bonifacio AS, Barbeito A, Schroeder RA, Perfect SR, Wright MC, et al
Joint Commission Journal on Quality and Patient Safety. 2016;42(9):400-14.

URL	http://www.ingentaconnect.com/content/jcaho/jcjqs/2016/00000042/00000009/art00003
Notes	Patient transfers from the operating room (OR) to the surgical intensive care unit (ICU) are often highly complex and can represent a high risk situation for patient safety. Clinical handovers following surgery have often been characterised by poor teamwork, unclear procedures, unstructured processes and distractions. This study applied a human-centred designed approach to redesign the post-operative handover process from the OR-to-surgical ICU. This involved 1. understanding and studying existing practices 2. redesigning the handover process based on multidisciplinary input and evidence in medical literature, and 3. studying the effects of this change on processes and communication and refining the process through iterative testing and feedback. The new handover process clearly defined roles, task sequences and structured the transfer of information; taking into consideration local work flow, infrastructure, and personnel constraints. This approach led to improvements in team behaviour, staff satisfaction and reduced clinical workload without, without increasing handover duration.

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

Disclosure of medical error
Levinson W, Yeung J, Ginsburg S
Journal of the American Medical Association. 2016;316(7):764-5.

DOI	http://dx.doi.org/10.1001/jama.2016.9136
Notes	In the first of a new section or department within *JAMA*, JAMA Professionalism, this article looks at the topic of disclosure, particularly disclosing medical error to

	patients. Each article in the JAMA Professionalism series will present a scenario, discuss options with the relative merits of each explained, have a summary of the case resolution and long-term follow-up before concluding with a 'bottom line' section with 2 or 3 brief take-home messages that summarize the main learning points of the article. This article uses the scenario of a clinician inadvertently using non-sterile instruments to perform procedures on two patients to explore some of the dimensions of disclosure. The article "Introducing JAMA Professionalism" is available at http://dx.doi.org/10.1001/jama.2016.9854

For information on the Commission's work on open disclosure, including the *Australian Open Disclosure Framework*, see http://www.safetyandquality.gov.au/our-work/open-disclosure/

Error disclosure in pathology and laboratory medicine: a review of the literature.
Perkins IU
AMA Journal of Ethics. 2016;18(8):809-16.

DOI	http://dx.doi.org/10.1001/journalofethics.2016.18.08.nlit1-1608
Notes	Whereas some errors are quite close to the patient and disclosure is a clear and necessary step, errors that are at some remove from the patient can pose somewhat different issues around detection and disclosure. This review looked at the question of errors in the pathology and laboratory space. The author reports on a survey that found 95.2 per cent of 169 anatomic pathologists and laboratory medical directors reported having been involved with an error, only 88.8 per cent reported disclosing an error and only 16.2 per cent reported disclosing a serious error directly to the patient. The review also identified a number of barriers to disclosure that particularly pertain to this area. These include: • Unclear definitions of "error" in pathology • Belief that patient may not understand the error • Pathologists worry than another clinician might not be able to adequately explain an error to a patient • Someone else's error.

Improvement in quality of hospital care during accreditation: A nationwide stepped-wedge study
Bogh SB, Falstie-Jensen AM, Hollnagel E, Holst R, Braithwaite J, Johnsen SP
International Journal for Quality in Health Care. 2016 [epub].

DOI	http://dx.doi.org/10.1093/intqhc/mzw099
Notes	The relationship between accreditation and quality of care (and improvements in the quality of care) has been somewhat disputed. This study looked at the Danish experience. This was a multi-level, longitudinal, stepped-wedge, nationwide study of process performance measures to evaluate the impact of a mandatory accreditation programme in all Danish public hospitals that used patient-level data (n = 1 624 518 processes of care) on stroke, heart failure, ulcer, diabetes, breast cancer and lung cancer care obtained from national clinical quality registries. The study looked for changes in week-by-week trends of hospital care during the study period of 269 weeks prior to, during and post-accreditation. The authors report that their findings "support the hypothesis that **hospital accreditation leads to improvements in patient care**."

For information on the Commission's work on accreditation and the National Safety and Quality Health Service (NSQHS) Standards, see http://www.safetyandquality.gov.au/our-work/accreditation-and-the-nsqhs-standards/

Accelerating Innovation in Health IT
Rudin RS, Bates DW, MacRae C
New England Journal of Medicine. 2016;375(9):815-7.

DOI	http://dx.doi.org/10.1056/NEJMp1606884
Notes	In this Perspective piece the authors bemoan the fact that "health IT success stories remain rare". Acknowledging some of the barriers that have been identified (financial incentives that reward volume rather than quality and efficiency, regulations that restrict the flow of information ostensibly to protect patient privacy, and technical integration challenges) they suggest that "sustained innovation programs" could foster innovation. They suggest that such programs need to: • Involve multidisciplinary teams • Focus on user needs • Consider re-design of care processes in parallel with IT tools • Have the freedom to experience and fail quickly.

Electronic consultation systems: worldwide prevalence and their impact on patient care— a systematic review
Liddy C, Drosinis P, Keely E
Family Practice. 2016 [epub].

State of Telehealth
Dorsey ER, Topol EJ
New England Journal of Medicine. 2016;375(2):154-61.

DOI	Liddy et al http://dx.doi.org/10.1093/fampra/cmw024 Dorsey and Topol http://dx.doi.org/10.1056/NEJMra1601705
Notes	There are many potential benefits that have been suggested for ICT in healthcare, including telehealth. Liddy et al in their systematic review sought to understand the effectiveness, population impact and costs associated with implementation of electronic consultation services, particularly in specialist services. Using a final selection of 36 studies, they report that patients and providers were quite positive, but clinical outcomes were not reported. Providers cited timely advice from specialists, good medical care, confirmation of diagnoses and educational benefits. Patient experience of care was generally positive, with quick specialist response times, avoided referrals and satisfaction ranging from 78% to 93%. In the *New England Journal of Medicine*, Dorsey and Topol provide an overview of the trends of telehealth, potentials, and limitations. They suggest that "The growth of telehealth over the next decade and beyond will have profound implications for health care delivery and medicine" as providers and patients engage in new ways. The potential for better engaged and co-ordinated care that meets patient needs more holistically exists; as does the possibility of a digital divide allowing a more uneven, less equitable health 'system'. Australia's CSIRO present an optimistic vision in their *Home monitoring of chronic diseases* at http://www.csiro.au/en/Research/BF/Areas/Digital-health/Improving-access/Home-monitoring

American Journal of Medical Quality
September/October 2016; Vol. 31, No. 5

URL	http://ajm.sagepub.com/content/31/5?etoc
Notes	A new issue of the *American Journal of Medical Quality* has been published. Articles in this issue of the *American Journal of Medical Quality* include: • Editorial: Measuring **Quality in Cancer Care**: A Critical Need for Clinician Engagement (Ted A James, Sandra L Wong, and Ned Z Carp) • Evaluating **Primary Care Physician** Performance in **Diabetes Glucose Control** (Eric C Brown, Ari Robicsek, Liana K Billings, Barry Barrios, Chad Konchak, Ameena Madan Paramasivan, and Christopher M Masi) • Decision Analysis for Metric Selection on a **Clinical Quality Scorecard** (Rebecca M Guth, Patricia E Storey, Michael Vitale, Sumita Markan-Aurora, Randolph Gordon, T Q Prevost, W C Dunagan, and K F Woeltje) • **TeamSTEPPS** Improves Operating Room Efficiency and Patient Safety (Lancaster R Weld, Matthew T Stringer, J S Ebertowski, T S Baumgartner, M C Kasprenski, J C Kelley, D S Cho, E A Tieva, and T E Novak) • **Patient Complaints** and **Adverse Surgical Outcomes** (Thomas F Catron, Oscar D Guillamondegui, Jan Karrass, William O Cooper, Barbara J Martin, Roger R Dmochowski, James W Pichert, and Gerald B Hickson) • Epidemiology of Hospital System **Patient Falls**: A Retrospective Analysis (Diana C Anderson, Thomas S Postler, and Thuy-Tien Dam) • Code R: Redesigning **Hospital-wide Peer Review** for Academic Hospitals (Daniel I Kim, Huy Au, Ramiz Fargo, Roger C Garrison, Gary Thompson, Minho Yu, and Lawrence K Loo) • Use of a Tablet-Based Risk Assessment Program to Improve **Health Counseling and Patient–Provider Relationships** in a Federally Qualified Health Center (Vanessa A Diaz, Arch G Mainous III, Jennifer K Gavin, Marty S Player, and Robert U Wright, Jr) • Psychometric Evaluation of an Instrument for Measuring **Organizational Climate for Quality**: Evidence From a National Sample of Infection Preventionists (Monika Pogorzelska-Maziarz, Ingrid M Nembhard, Rebecca Schnall, Shanelle Nelson, and Patricia W Stone) • ICD-9 Code-Based **Venous Thromboembolism Performance Targets** Fail to Measure Up (Brandyn D Lau, Elliott R Haut, Deborah B Hobson, Peggy S Kraus, Chepkorir Maritim, J Matthew Austin, Kenneth M Shermock, Bhunesh Maheshwari, P X Allen, A Almario, and M B Streiff) • Interventions to Improve the **Quality of Outpatient Specialty Referral** Requests: A Systematic Review (Chase D Hendrickson, Stacy L Lacourciere, Cole A Zanetti, Patrick C Donaldson, and Robin J Larson) • Successful Implementation of an **Automated Sedation Vacation Process** in Intensive Care Units (Jason Ackrivo, Kevin J Horbowicz, Jason Mordino, Maryam El Kherba, Jennifer Ellingwood, Karin Sloan, and Jaime Murphy) • A Model of Regulatory Alignment to Enhance the **Long-Term Care Survey** Process in a Veterans Health Care Network (James S Powers, Mark Preshong, and Pamela Smith) • **Adverse Drug Event Prevention**: 2014 Action Plan Conference (Aaron R Ducoffe, Avi Baehr, Juliet C Peña, Briana B Rider, S Yang, and D J Hu) • Using Organizational Science to Improve the **Resident Selection Process**: An Outsider's Perspective (Alan M Friedman) • Geographic Localization: The Need for **Better Reporting and Outcome**

| | **Selection** (Krysta Johnson-Martinez, Rebecca Wheeler, Carolyn Clevenger, and Anne Tomolo) |
| | • Using **Statistical Process Control** to Improve **Clinical Productivity** (Melanie E Mayberry) |

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:
	• **Learning from near misses in aviation**: so much more to it than you thought (Robert L Wears)

International Journal for Quality in Health Care online first articles

URL	http://intqhc.oxfordjournals.org/content/early/recent?papetoc
Notes	*International Journal for Quality in Health Care* has published a number of 'online first' articles, including:
	• Strengthening quality of care through **standardized reporting** based on the World Health Organization's reference classifications (Delgerjargal Dorjbal, Alarcos Cieza, Hans Peter Gmünder, Anke Scheel-Sailer, Gerold Stucki, T. Bedirhan Üstün, Birgit Prodinger)
	• Routine **quality care assessment of schizophrenic disorders** using information systems (Antonio Lora, Emiliano Monzani, Bussy Ibrahim, Davide Soranna, Giovanni Corrao)
	• **Perceptions of quality and safety** and **experience of adverse events** in 27 European Union healthcare systems, 2009–2013 (Filippos T. Filippidis, Saba S. Mian, Christopher Millett)
	• Improvement in quality **of hospital care during accreditation**: A nationwide stepped-wedge study (Søren Bie Bogh, Anne Mette Falstie-Jensen, Erik Hollnagel, René Holst, Jeffrey Braithwaite, Søren Paaske Johnsen)
	• **Patient experience** assessment in pediatric hospitals in Argentina You have access (Dackiewicz Nora, Rodriguez Susana, Irazola Vilma, Barani Mariela, Marciano Beatriz, Fedrizzi Valeria, Gonzales Claudia, Elias-Costa Christian, Almada Ariel, Viola Bettina, Tonini Silvia, Zamberlin Nina, Garcia-Elorrio Ezequie)

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:

- NICE Guideline NG53 *Transition between inpatient mental health settings and community or care home settings* https://www.nice.org.uk/guidance/ng53

[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:

- **Weight loss surgery** is value for money in selected people with severe obesity
- Existing drugs for **rheumatoid arthritis** may also improve associated fatigue
- Drugs that stimulate **bone marrow** might save lives in critically ill **trauma patients**
- A person's **preferred place to die** often goes unrecorded in their notes
- One type of drug for **depression during pregnancy** may be linked to a small increase in pre-term births
- Commonly used surface treatment is the most suitable first-line treatment for **genital warts**
- Accuracy of staff who read **mammograms** doesn't decline over time
- **Transfusing blood** at less severe levels of **anaemia** may lead to fewer heart problems
- **Annual health checks** for people with **intellectual disabilities** reduce preventable emergency admissions

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