



On the Radar

Issue 293

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On the Radar

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Reports

Who knows best? Older people's contribution to understanding and preventing avoidable hospital admissions

Glasby J, Littlechild R, Le Mesurier N, Thwaites R, Oliver D, Jones S, et al. Who knows best? Older people's contribution to understanding and preventing avoidable hospital admissions. Birmingham: Health Services Management Centre, Department of Social Policy and Social Work, University of Birmingham; 2016. p. 64.

URL	http://www.birmingham.ac.uk/Documents/college-social-sciences/social-policy/HSMC/publications/2016/who-knows-best.pdf
Notes	<p>Report of a study that interviewed or surveyed older people and their GPs or hospital doctors to examine whether the older people felt it was appropriate to be admitted to hospital and whether they thought anything could have prevented their admission. A number of themes for good practice emerged from the key findings:</p> <ul style="list-style-type: none"> • Conditions where older people don't feel a 'burden' need to be created. The study did not find large numbers of older people being inappropriately admitted to hospital; rather evidence was found of older people doing their best to stay out of hospital. • Community services which could prevent hospital admissions and/or ensure a speedy discharge should be accessible and timely. Both hospital and community services need to be clear with staff and patients about their priorities and criteria for access.

	<ul style="list-style-type: none"> • Avoiding admissions needs experienced, timely assessment – GPs, paramedics and hospital staff have a key role to play. • Issues of capacity and funding in social care services need to be addressed if they are to play an active role in preventing hospital admissions. • Increased dementia training for hospital staff and dementia-friendly environments are important considerations. <p>The key themes and other ‘top tips’ appear in a national guide to good practice (available at http://www.birmingham.ac.uk/documents/college-social-sciences/social-policy/SPSW/2016/good-practice-guide.pdf).</p> <p>The ten top tips were:</p> <ol style="list-style-type: none"> 1. Create conditions where older people don’t feel they are a ‘burden’ 2. Community alternatives need to be easier to access 3. This a two-way process, and hospitals need to play their part 4. Language matters – there’s a difference between ‘inappropriate’ and preventable admissions 5. Don’t leave it too late to explore alternatives 6. Every contact counts 7. GPs and paramedics have a key role to play 8. Don’t neglect adult social care 9. Ensure services are set up to work well with people with dementia 10. Older people are experts by experience – and we neglect this expertise at our peril.
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For information on the Commission’s work on patient and consumer centred care, see www.safetyandquality.gov.au/our-work/patient-and-consumer-centred-care/

Fairer decisions, better health for all: Health equity and cost-effectiveness analysis

Cookson RA, Mirelman A, Asaria M, Dawkins B, Griffin S

Centre for Health Economics, University of York. 2016 Sep, p. 1-43. (CHE Research Paper; 135).

URL	http://www.york.ac.uk/media/che/documents/papers/researchpapers/CHERP135_fairer_decisions_health_equity_cost-effectiveness.pdf
Notes	<p>This report from the Centre for Health Economics at the University of York in England offers an introduction to cost-effectiveness analysis to address health equity concerns. Such methods can help understand possible impacts of health policy on inequalities in health, financial risk protection and other health-related outcomes. The authors describe three ways of using cost-effectiveness analysis to address health equity concerns:</p> <ol style="list-style-type: none"> 1. equity impact analysis – which quantifies the distribution of costs and effects across a population by equity-relevant variables such as socioeconomic status, ethnicity, location, gender, age and severity of illness 2. equity constraint analysis – which counts the cost of choosing fairer but less cost-effective options 3. equity weighting analysis – which uses equity weights or parameters to explore how much concern for equity is required to choose fairer but less cost-effective options.

Journal articles

Characterising the nature of primary care patient safety incident reports in the England and Wales National Reporting and Learning System: a mixed-methods agenda-setting study for general practice

Carson-Stevens A, Hibbert P, Williams H, Evans HP, Cooper A, Rees P, et al.

Health Services and Delivery Research. 2016;4(27).

DOI	http://dx.doi.org/10.3310/hsdr04270
Notes	<p>The extent and nature of incidents and harms in primary care is something of a problem of unknown extent. In England and Wales a National Reporting and Learning System was instituted to better understand patient safety incidents. This system now contains more than 40,000 safety incident reports that have arisen from general practice. This extensive study (106 pages) examined these reports so as to identify the most frequent and most harmful patient safety incidents, and relevant contributory issues, to inform recommendations for improving the safety of primary care provision in key strategic areas.</p> <p>One of the authors' observation is that there is "considerable variation in reporting culture across England and Wales between organisations" with the majority of reports not describing explicit reasons why an incident occurred.</p> <p>The authors found that "Diagnosis- and assessment-related incidents described the highest proportion of harm to patients; over three-quarters of these reports (79%) described a harmful outcome, and half of the total reports described serious harm or death (n = 366, 50%). Nine hundred and ninety-six reports described serious harm or death of a patient. Four main contributory themes underpinned serious harm- and death-related incidents: (1) communication errors in the referral and discharge of patients; (2) physician decision-making; (3) unfamiliar symptom presentation and inadequate administration delaying cancer diagnoses; and (4) delayed management or mismanagement following failures to recognise signs of clinical (medical, surgical and mental health) deterioration."</p> <p>The authors recommendations include "maximising opportunities to learn from patient safety incidents; building information technology infrastructure to enable details of all health-care encounters to be recorded in one system; developing and testing methods to identify and manage vulnerable patients at risk of deterioration, unscheduled hospital admission or readmission following discharge from hospital; and identifying ways patients, parents and carers can help prevent safety incidents."</p>

Calibrating how doctors think and seek information to minimise errors in diagnosis

Meyer AND, Singh H

BMJ Quality & Safety. 2016 [epub].

DOI	http://dx.doi.org/10.1136/bmjqs-2016-006071
Notes	<p>In this piece the authors note that along with insufficient time, cognitive biases and failures of clinical reasoning that a 'lack of calibration' ("when physicians' confidence in the accuracy of their decisions is not properly aligned with their actual accuracy") can contribute to errors in diagnosis. This miscalibration of metacognition can manifest as either overconfidence or as underconfidence. It is suggested that learning from errors, obtaining feedback, the use of diagnostic decision support could all contribute to better calibration, better use of information and avoiding diagnostic errors and consequent poor outcomes.</p>

When patient-centred care is worth doing well: informed consent or shared decision-making

Kunneman M, Montori VM

BMJ Quality & Safety. 2016 [epub]

DOI	http://dx.doi.org/10.1136/bmjqs-2016-005969
Notes	<p>This editorial piece explores the differences between informed consent and shared decision making in the pursuit of high quality, patient-centred care.</p> <p>Informed consent is described as a process motivated by meeting a minimum legal standard. Often one relevant option is identified by the clinician for the patient to accept or reject. Limitations in the patient-centeredness of this approach are that other reasonable options may be available, the option is often presented to the patient late in the trajectory of their care and the decision to move forward may have been made without active patient involvement.</p> <p>By way of contrast, the authors argue that shared decision making represents a more evolved response to the need for patient centeredness. “In a conversational dance, clinicians and patients work together to think, talk and feel through the situation of the patient and identify sensible ways to address this situation”. This approach advocates the two-way sharing of information that is relevant to the particular patient, enabling options to be compared and the best solution for the patient being chosen.</p>

For information on the Commission’s work on shared decision making, see

<https://www.safetyandquality.gov.au/our-work/shared-decision-making/>

Performing the Wrong Procedure

Minnier T, Phrampus P, Waddell L

Journal of the American Medical Association. 2016;316(11):1207-8.

DOI	http://dx.doi.org/10.1001/jama.2016.9134
Notes	<p>In the first of a new section or department within <i>JAMA</i>, JAMA Performance Improvement, this article looks a case study of the performance of a wrong procedure. Each article in the JAMA Performance Improvement series “will be case-based and will summarize the results of investigations of clinical care gone awry. Based on these experiences and how physicians and other health care practitioners have successfully addressed the problems, recommendations will be provided about how to improve the quality of care in ways that JAMA readers can adopt in their own clinical practices.”</p> <p>The first article in this series describes an incident involving the placement of a dialysis catheter instead of a central line, before considering options, root causes ways of correcting the error and the outcomes of the case.</p> <p>The article “Introducing JAMA Performance Improvement” is available at http://dx.doi.org/10.1001/jama.2016.13808</p>

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/>

Health Expectations

October 2016. Volume 19, Issue 5

URL	http://onlinelibrary.wiley.com/doi/10.1111/hex.2016.19.issue-5/issuetoc
Notes	<p>A new issue of <i>Health Expectations</i> has been published. Articles in this issue of <i>Health Expectations</i> include:</p> <ul style="list-style-type: none">• Editorial Briefing: The patient voice in ‘shared decision making’ in clinical practice and research (pages 991–992)

- Measurement challenges in **shared decision making**: putting the ‘patient’ in **patient-reported measures** (Paul J Barr and Glyn Elwyn)
- **Shared decision making** for **psychiatric medication management**: beyond the micro-social (Nicola Morant, Emma Kaminskiy and S Ramon)
- Do consumer voices in **health-care citizens’ juries** matter? (Rachael Krinks, Elizabeth Kendall, Jennifer A Whitty and Paul A Scuffham)
- **Disclosure of research results**: a randomized study on GENEPSO-PS cohort participants (Julien Mancini, Elodie Le Cozannet, Anne-Déborah Bouhnik, Noémie Resseguier, Christine Lasset, Emmanuelle Mouret-Fourme, Catherine Noguès and Claire Julian-Reynier)
- **Patient-defined goals** for the treatment of **severe aortic stenosis**: a qualitative analysis (Megan Coylewright, Roseanne Palmer, Elizabeth S O’Neill, John F Robb and Terri R Fried)
- Evolving **‘self-management**: exploring the role of social network typologies on individual long-term condition management (Rebecca L Morris, Anne Kennedy and Caroline Sanders)
- **Rights and duties policy** implementation in Chile: health-care professionals’ perceptions (Constanza R Barrera, Camila P Negrón, R Mauricio Barria and Claudio A Méndez)
- Health e-mavens: identifying active **online health information users** (Ye Sun, Miao Liu and Melinda Krakow)
- End-user involvement in a systematic review of quantitative and qualitative research of non-pharmacological interventions for **attention deficit hyperactivity disorder** delivered in school settings: reflections on the impacts and challenges (Jo Thompson Coon, Ruth Gwernan-Jones, Darren Moore, Michelle Richardson, C Shotton, W Pritchard, C Morris, K Stein and T Ford)
- Utilization of **community pharmacy** space to enhance **privacy**: a qualitative study (H Laetitia Hattingh, Lynne Emmerton, P Ng Cheong Tin and C Green)
- Investigating client perception and attitude to decentralization of **HIV/AIDS treatment services** to primary health centres in three Nigerian states (Obinna Onwujekwe, Ifeanyi Chikezie, Chinyere Mbachu, Robert Chiegil, Kwasi Torpey and Benjamin Uzochukwu)
- ‘I should have taken that further’ – missed opportunities during **cardiovascular risk assessment** in patients with psoriasis in UK primary care settings: a mixed-methods study (Pauline A Nelson, Karen Kane, Anna Chisholm, Christina J Pearce, Christopher Keyworth, Martin K Rutter, C A Chew-Graham, C E M Griffiths, L Cordingley and On behalf of the IMPACT Team (Identification and Management of Psoriasis-Associated Co-morbidity))
- A concept mapping study evaluating the UK’s first NHS **generic fatigue clinic** (Katie L Hackett, Rebecca L Lambson, Victoria Strassheim, Zoe Gotts, Vincent Deary and Julia L Newton)
- An exploration of strategies used by older people to obtain information about **health- and social care services in the community** (Margaret Mc Grath, Kathleen Clancy and Anne Kenny)
- Can consumers learn to ask **three questions to improve shared decision making**? A feasibility study of the ASK (AskShareKnow) Patient–Clinician Communication Model® intervention in a primary health-care setting (Heather L Shepherd, Alexandra Barratt, Anna Jones, Deborah Bateson, Karen Carey, Lyndal J Trevena, Kevin McGeechan, Chris B Del Mar, Phyllis N Butow, Ronald M Epstein, Vikki Entwistle and Edith Weisberg)

URL	http://www.phrp.com.au/issues/september-2016-volume-26-issue-4/
Notes	<p>A new issue of <i>Public Health Research & Practice</i> has been published with a focus on the monitoring, regulation and impact of alcohol consumption. Articles in this issue of <i>Public Health Research & Practice</i> include:</p> <ul style="list-style-type: none"> • Editorial: Alcohol consumption: monitoring, regulation and impact on public health (Mitchell J, Dunlop A) • The drinking habits of youth in NSW, Australia: latest data and influencing factors (Moore R, Whitlam G, Harrold T, Lewis N) • Estimating prevalence of drug and alcohol presentations to hospital emergency departments in NSW, Australia: impact of hospital consultation liaison services (Butler K, Reeve R, Viney R, Burns L) • The impact of alcohol pharmacotherapies on public health in Australia is limited by low prescribing rates (Haber PS, Morley KC) • Impacts of changes to trading hours of liquor licences on alcohol-related harm: a systematic review 2005–2015 (Wilkinson C, Livingston M, Room R) • Genetic feedback to reduce alcohol consumption in hospital outpatients with risky drinking: feasibility and acceptability (Johnson N, Kypri K, Latter J, Attia J, McEvoy M, Dunlop A, Scott R) • Mesothelioma trends in the ACT and comparisons with the rest of Australia (Korda RJ, Clements MS, Armstrong BK, Trevenar SM, Chalker EB, Newman LA, Kirk MD) • Developing a new Get Healthy Service program on reducing risky alcohol consumption (Moore R, Ahmed N, Russell L, Rissel C) • Public health advocacy in action: the case of unproven breast cancer screening in Australia (Johnson RS, Croager EJ, Kameron CB, Pratt IS, Vreugdenburg TD, Slevin T) • Development of a multiple risk factor Brief Health Check for workplaces (Lloyd B, Khanal S, Macoun E, Rissel C) • Sporting clubs to tackle illegal drug use (Skilton N) • Applications due to open soon for medical homes trial (Messenger A) • No safe level: public health message targets moderate drinkers (Skilton N)

URL	http://hsr.sagepub.com/content/21/4?etoc
Notes	<p>A new issue of the <i>Journal of Health Services Research & Policy</i> has been published. Articles in this issue of the <i>Journal of Health Services Research & Policy</i> include:</p> <ul style="list-style-type: none"> • Editorial: Challenges, solutions and future directions in evaluative research (Rosalind Raine, Ray Fitzpatrick, and John de Pury) • Unpacking knowledge translation in participatory research: a micro-level study (Ida Lillehagen, Kristin Heggen, and Eivind Engebretsen) • Harmonizing routinely collected health information for strengthening quality management in health systems: requirements and practice (Birgit Prodinge, Alan Tennant, Gerold Stucki, Alarcos Cieza, and Tefvik Bedirhan Üstün) • Does the ‘diffusion of innovations’ model enrich understanding of research use? Case studies of the implementation of thrombolysis services for stroke

	<p>(Annette Boaz, Juan Baeza, and Alec Fraser)</p> <ul style="list-style-type: none"> • Attitudes towards reforming primary care in Belgium: social network analysis in a pluralist context (Vincent Lorant, Benoît Rihoux, and Pablo Nicaise) • Evaluating the inclusivity of hospital wayfinding systems for people with diverse needs and abilities (Ido Morag, Ann Heylighen, and Liliane Pintelon) • Rethinking the private–public mix in health care: analysis of health reforms in Israel during the last three decades (Dani Filc and Nadav Davidovitch) • Implementing climate change mitigation in health services: the importance of context (Sharon Desmond) • The role of cost-effectiveness analysis in the development of indicators to support incentive-based behaviour in primary care in England (Nadeem Qureshi, Stephen Weng, and Nick Hex) • Integrated care: theory to practice (Jonathan Stokes, Kath Checkland, and Søren Rud Kristensen)
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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"> • Calibrating how doctors think and seek information to minimise errors in diagnosis (Ashley N D Meyer, Hardeep Singh) • When patient-centred care is worth doing well: informed consent or shared decision-making (Marleen Kunneman, Victor M Montor)

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"> • The application of the Global Trigger Tool: a systematic review (Peter D. Hibbert, Charlotte J. Molloy, Tamara D. Hooper, Louise K. Wiles, William B. Runciman, Peter Lachman, Stephen E. Muething, Jeffrey Braithwaite) • The effect of a short educational intervention on the use of urinary catheters: a prospective cohort study (Katrin Blondal, Brynja Ingadottir, Hildur Einarsdottir, Dorothea Bergs, Ingunn Steingrimsdottir, Sigrun Steindorsdottir, Gudbjorg Gudmundsdottir, Elin Hafsteinsdottir) • Usefulness of quality indicators for antibiotic use: case study for the Netherlands (Alike W. van der Velden, Monique Roukens, Ewoudt van de Garde, Marco Lourens, Stephanie Natsch on behalf of SWAB's working group on surveillance of antimicrobial use) • Associations between job demands, work-related strain and perceived quality of care: a longitudinal study among hospital physicians (Tanya Krämer, Anna Schneider, Erika Spieß, Peter Angerer, Matthias Weigl) • The influence of emergency department crowding on the efficiency of care for acute stroke patients (Ming-Ta Tsai, Yung-Lin Yen, Chih-Min Su, Chih-Wei Hung, Chia-Te Kung, Kuan-Han Wu, Hsien-Hung Cheng)

Online resources

Clinical Communiqué

Victorian Institute of Forensic Medicine

Volume 3 Issue 3 September 2016

<http://www.vifmcommuniques.org/?p=4564>

Clinical Communiqué is a newsletter written by clinicians, using a case-study approach to report on lessons learned from deaths investigated by the Coroners' Court.

This edition focuses on three tragic cases involving **young children** who all had relatively **uncommon conditions**.

The expert commentary in this issue explores “the importance of a **framework** that every clinician should have for **safely managing the undifferentiated patient**. ...there are ways in which we should approach the situation... Being cognisant of the physiological changes that are occurring, even without a clear picture of the prevailing disease process, allows for specific measures to be put in place to manage acute complications and possibly avoid a catastrophic event. The trigger points do not need to be complex. ...**Focus on the warning signs** – pain out of keeping with appearance, repeat presentations, family concerns, abnormal vital signs – and effect a plan that is simply and safe.”

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

[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 CG181 **Cardiovascular disease: risk assessment and reduction, including lipid modification** <https://www.nice.org.uk/guidance/cg181>

[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:

- Potential alternative to painful blood tests in people with flare-ups of **COPD**
- Epidural anaesthesia helps return of bowel function after **abdominal surgery**
- Rhythm control drugs after **catheter ablation for atrial fibrillation** give short-term but not long term benefits
- A third of people with **dementia** have treatable vision problems
- Vomiting is the most common adverse effect among children and young people **sedated for emergency procedures**
- Bone-targeting drugs improve quality of life, but not survival in **prostate cancer** that has spread to bone
- Moderate exercise does not increase risk of **preterm birth** in healthy pregnant women
- Little or no benefit from progesterone to prevent **preterm birth**
- Large ten-year trial on treatment of **localised prostate cancer** will aid management decisions
- “Triptans” can relieve **migraines** in children and adolescents

[USA] *Making Dialysis Safer for Patients Coalition*

<http://www.cdc.gov/dialysis/coalition/index.html>

The US Centers for Disease Control and Prevention has teamed up with a broad coalition of American kidney and dialysis organizations to reduce the number of **bloodstream infections in dialysis patients**. It is estimated that bloodstream infections in dialysis patients could be cut in half if dialysis facilities implement CDC recommendations. For several years, facilities that have followed CDC recommendations have been successful in reducing bloodstream infections in dialysis patients. The new Making Dialysis Safer for Patients Coalition initiative aims to significantly expand the use of CDC recommendations and tools to improve dialysis patient safety. The initiative's web site includes a Resources section with posters, checklists and fact sheets for use in provider's offices, dialysis clinics, training sessions, and work areas.

[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:

- *Outcome Measures Framework: Literature Review Findings and Implications*
<https://www.effectivehealthcare.ahrq.gov/search-for-guides-reviews-and-reports/?pageaction=displayproduct&productID=2310>

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