



On the Radar

Issue 296

24 October 2016

On the Radar is a summary of some of the recent publications in the areas of safety and quality in health care. Inclusion in this document is not an endorsement or recommendation of any publication or provider. Access to particular documents may depend on whether they are Open Access or not, and/or your individual or institutional access to subscription sites/services. Material that may require subscription is included as it is considered relevant.

On the Radar is available online, via email or as a PDF document from <http://www.safetyandquality.gov.au/publications-resources/on-the-radar/>

If you would like to receive *On the Radar* via email, you can subscribe on our website <http://www.safetyandquality.gov.au/> or by emailing us at mail@safetyandquality.gov.au. You can also send feedback and comments to mail@safetyandquality.gov.au.

For information about the Commission and its programs and publications, please visit <http://www.safetyandquality.gov.au>
You can also follow us on Twitter @ACSQHC.

On the Radar

Editor: Dr Niall Johnson niall.johnson@safetyandquality.gov.au

Contributors: Niall Johnson, Alice Bhasale

Reports

Understanding patient flow in hospitals

Karakusevic S

London: Nuffield Trust; 2016. p. 38.

URL	http://www.nuffieldtrust.org.uk/publications/understanding-patient-flow-hospitals
Notes	The UK charity, the Nuffield Trust, has released this report examining what can seem to be a persistent, if not intractable, issue for hospitals. Recognising that the target that 95% of patients attending emergency departments should be admitted, discharged or transferred within four hours and how it is consistently missed across England this report “draws on theories about congestion to look at why this has become more difficult in the hospital setting, and what can be done about it. It looks at ongoing changes driving pressure on bed space, including mortality, the squeeze on bed space during years of austerity, rising numbers of patients with multiple conditions, and delayed discharges. It also looks at the solutions available short of actually building enough beds to restore free space, and suggests managers should focus in particular on the minority of long-staying patients who account for a majority of bed use. Given the variation during the day, and with an increasing number of patients leaving in a matter of hours, it urges the NHS to invest in IT and management systems that can track and deal with the need for beds and patient movement in real time.”

Preventing Patient Falls: A Systematic Approach from the Joint Commission Center for Transforming Healthcare Project

Health Research & Educational Trust

Chicago, IL: Health Research & Educational Trust; 2016. p. 20.

URL	http://www.hpoe.org/resources/hpochretaha-guides/2982
Notes	<p>This report, published under the auspices of Hospitals in Pursuit of Excellence, covers the experiences of seven US hospitals that participated in the (US) Joint Commission Center for Transforming Healthcare preventing falls with injury project. The report describes the types of risks that lead to patient falls and falls with injury, the root causes for those risks, and the solutions designed to reduce them. Examples and lessons learned from five of the participating and pilot health care organizations are also provided. The case study section highlights individual hospital and system experiences preventing falls with injury.</p> <p>The conditions identified most frequently by the participating hospitals for falls and falls with injury were grouped into six categories:</p> <ol style="list-style-type: none"> 1. fall risk assessment issues 2. handoff communication issues 3. toileting issues 4. call light issues 5. education and organizational culture issues, and 6. medication issues.

For information about the Commission’s work on falls prevention, see

<https://www.safetyandquality.gov.au/our-work/falls-prevention/>

Diagnosing Corruption in Healthcare

Petkov M, Cohen D

London: Transparency International UK; 2016.

URL	http://www.transparency.org.uk/publications/diagnosing-corruption-in-healthcare/
Notes	<p>The international NGO Transparency International’s British arm, Transparency International UK, has developed a new initiative, The Pharmaceuticals & Healthcare Programme. This programme seeks to improve global health and healthcare outcomes for the benefit of all people of all ages. It aims to achieve this by reducing corruption and promoting transparency, integrity and accountability within the pharmaceutical and healthcare sectors. This brief report identifies the main corruption types in the healthcare sector and gives contextual information on the profile for each type. The analysis identified 37 corruption types organised into eight areas of a health system.</p> <ul style="list-style-type: none"> • Health system governance • Health system regulation • Research and development • Marketing • Procurement • Product distribution and storage • Financial and workforce management • Delivery of healthcare services.

Journal articles

Arrival by ambulance explains variation in mortality by time of admission: retrospective study of admissions to hospital following emergency department attendance in England

Anselmi L, Meacock R, Kristensen SR, Doran T, Sutton M

BMJ Quality & Safety. 2016 October 18, 2016.

DOI	http://dx.doi.org/10.1136/bmjqs-2016-005680
Notes	<p>This paper is the latest addition to the literature on hospital mortality and time of admission (the ‘weekend effect’). Using data on more than 3 million admissions to 140 non-specialist hospital trusts in England, the authors argue that admission by ambulance (a proxy for severity) may account for much of the variation in mortality. Acknowledging that this an imperfect proxy for severity of illness they argue that the observed “elevated mortality at weekends and at night reflects a higher proportion of more severely ill patients arriving by ambulance at these times.”</p> <p>The final paragraph carries a useful reminder: “When assessing quality of care, there are many important aspects beyond mortality; the vast majority of patients admitted to hospital do not die. The time taken to receive necessary scans and procedures has been shown to vary throughout the week in condition-specific studies using clinical audit data. Temporal variations in quality indicators beyond mortality warrant further investigation.”</p>

Introduction to BMJ Rapid Recommendations

Siemieniuk RA, Agoritsas T, Macdonald H, Guyatt GH, Brandt L, Vandvik PO

BMJ. 2016;354:i5191.

DOI	http://dx.doi.org/10.1136/bmj.i5191
Notes	<p>Clinical practice guidelines can be useful and even important sources of guidance. However, they are not without their drawbacks. One is the apparent complexity of developing a guideline. This piece describes a collaboration between <i>The BMJ</i> and the MAGIC non-profit research and innovation programme that has the aim of promptly translating emerging research to user friendly and trustworthy recommendations, evidence summaries, and decision aids. The research and recommendations will be submitted to <i>The BMJ</i> for peer review and publication with the recommendations, evidence summaries, and consultation decision aids in multilayered digital formats available on the MagicApp for use at the point of care.</p>

Do pharmacist-led medication reviews in hospitals help reduce hospital readmissions? A systematic review and meta-analysis

Renaudin P, Boyer L, Esteve M-A, Bertault-Peres P, Auquier P, Honore S

British Journal of Clinical Pharmacology. 2016 [epub].

DOI	http://dx.doi.org/10.1111/bcp.13085
Notes	<p>This systematic review, covering 19 randomized controlled trials, looked at the impact of medication reconciliation. The authors report determined that pharmacist-performed medication reviews may reduce readmissions and emergency department visits after discharge. However, the strength of the evidence was not overly robust.</p>

For information about the Commission’s work on medication safety, including medication reconciliation, see <https://www.safetyandquality.gov.au/our-work/medication-safety/>

Maternal mortality trends in Australia.

Humphrey MD.

Medical Journal of Australia. 2016;205(8):344-6.

Improving maternity services for Indigenous women in Australia: moving from policy to practice

Kildea S, Tracy S, Sherwood J, Magick-Dennis F, Barclay L

Medical Journal of Australia. 2016;205(8):374-9.

DOI	Humphrey http://dx.doi.org/10.5694/mja16.00906 Kildea http://dx.doi.org/10.5694/mja16.00854
Notes	Maternal mortality rates in Australia have declined sixfold since the 1960s, from 41.2 to 7.1 per 100,000 women giving birth in 2008–2012. These rates compare well with the UK (9.0) and New Zealand (14.7). However, ongoing monitoring is important and provides insights into the changing patterns of maternal mortality. While infection, abortion and pre-eclampsia are no longer leading causes of maternal death, obstetric haemorrhage and thromboembolism remain so. Cardiovascular disease and psychosocial health problems are increasing as causes of maternal death, with suicide the most common amongst psychosocial-related deaths. The proportion of maternal deaths that are preventable and the contributing factors are unclear in the overall data at present, and Humphrey notes with concern that many maternal deaths are not subjected to root cause analysis or review. Groups at particular risk of maternal death include older women (over 35 years), and Aboriginal and Torres Strait Islander women - whose maternal death rates are twice as high as other Australian women. In the same issue of the <i>MJA</i> , Kildea et al call for greater action from government to improve the delivery of maternity care to indigenous women, given the huge disparity in outcomes for women and neonates. They discuss the National Maternity Services Plan and some of its outcomes, particularly those where significant improvement does not seem to have occurred, around three priority areas: the Indigenous maternity workforce, culturally competent maternity care and dedicated programs for “Birthing on Country”.

NHMRC funding of mental health research

Batterham PJ, McGrath J, McGorry PD, Kay-Lambkin FJ, Hickie IB, Christensen H

Medical Journal of Australia. 2016;205(8):350-1.

DOI	http://dx.doi.org/10.5694/mja16.00179
Notes	The authors ask whether funding for mental health research is currently disproportionate to the burden of disease, stating that between 2001 and 2010, “NHMRC funding for suicide research was lower than funding for falls, skin cancer and motor vehicle accidents, despite the fact that suicide is responsible for more deaths”. They suggest reasons for the gap such as researcher capacity, and that research methodologies used in mental health are less likely to attract funding, but nonetheless call for consideration of the burden of disease when making decisions about publicly-funded research investment.

Pediatric Quality and Safety

September 2016 - Volume 1 - Issue 1

URL	http://journals.lww.com/pqs/pages/default.aspx
Notes	<i>Pediatric Quality and Safety</i> (PQS) is a new, international, peer-reviewed, open access, online journal dedicated to “providing health care professionals a forum to disseminate the results of quality improvement and patient safety initiatives that impact the lives of children from newborn to young adulthood.” Articles in this first issue of <i>Pediatric Quality and Safety</i> include:

	<ul style="list-style-type: none"> • Editorial: Let the Journey Begin (Brilli, Richard J; McClead, Richard E) • Quality and Safety—The View from the Corner Office (Allen, Steve) • Moving the Needle in Children’s Health with National Collaborative Networks—A CEO’s Perspective (Fisher, Michael)
--	--

BMJ Quality and Safety

November 2016, Vol. 25, Issue 11

URL	http://qualitysafety.bmj.com/content/25/11
Notes	<p>A new issue of <i>BMJ Quality and Safety</i> has been published. Many of the papers in this issue have been referred to in previous editions of <i>On the Radar</i> (when they were released online). Articles in this issue of <i>BMJ Quality and Safety</i> include:</p> <ul style="list-style-type: none"> • Editorial: High-value care programmes from the bottom-up... and the top-down (Christopher Moriates, Brian M Wong) • Editorial: Balancing quality of care and resource utilisation in acute care hospitals (Andre C K B Amaral, Brian H Cuthbertson) • Editorial: The multiple aims of pay-for-performance and the risk of unintended consequences (Rocco Friebe, Adam Steventon) • Risk-adjusted survival for adults following in-hospital cardiac arrest by day of week and time of day: observational cohort study (Emily J Robinson, Gary B Smith, Geraldine S Power, David A Harrison, Jerry Nolan, Jasmeet Soar, Ken Spearpoint, Carl Gwinnutt, Kathryn M Rowan) • Establishing the validity of English GP Patient Survey items evaluating out-of-hours care (Luke T A Mounce, Heather E Barry, Raffaele Calitri, William E Henley, John Campbell, Martin Roland, Suzanne Richards) • The use of patient experience survey data by out-of-hours primary care services: a qualitative interview study (Heather E Barry, John L Campbell, Anthea Asprey, Suzanne H Richards) • Making comparative performance information more comprehensible: an experimental evaluation of the impact of formats on consumer understanding (Olga C Damman, Anco De Jong, Judith H Hibbard, D R M Timmermans) • Identifying patient safety problems associated with information technology in general practice: an analysis of incident reports (Farah Magrabi, Siaw Teng Liaw, Diana Arachi, William Runciman, Enrico Coiera, Michael R Kidd) • Differentiating between detrimental and beneficial interruptions: a mixed-methods study (Robert A Myers, Mary C McCarthy, Amelia Whitlatch, Pratik J Parikh) • From the closest observers of patient care: a thematic analysis of online narrative reviews of hospitals (Naomi S Bardach, Audrey Lyndon, Renée Asteria-Peñaloza, L Elizabeth Goldman, Grace A Lin, R Adams Dudley) • Characteristics of hospitals receiving the largest penalties by US pay-for-performance programmes (Jose F Figueroa, David E Wang, Ashish K Jha) • Developing a high value care programme from the bottom up: a programme of faculty-resident improvement projects targeting harmful or unnecessary care (Justin M Stinnett-Donnelly, Pamela G Stevens, Virginia L Hood)

URL	http://www.publish.csiro.au/py/issue/8192
Notes	<p>A new issue of <i>Australian Journal of Primary Health</i> has been published. Articles in this issue of <i>Australian Journal of Primary Health</i> include:</p> <ul style="list-style-type: none"> • Fertility-awareness practice and education in general practice (J V Turner) • ‘Yarn with me’: applying clinical yarning to improve clinician–patient communication in Aboriginal health care (Ivan Lin, Charmaine Green and Dawn Bessarab) • How often should general practitioners provide nutrition care to patients? A forecasting activity to determine the target frequency for chronic-disease management in Australia (Lauren Ball, Patricia Lee, Gina L Ambrosini, Kyra Hamilton and Haitham Tuffaha) • General practitioners’ perceptions of different practice models: a qualitative study (Catherine Joyce, Hayley McDonald and Laureen Lawlor-Smith) • General practitioners’ relationship with preventive knowledge: a qualitative study (Géraldine Bloy and Laurent Rigal) • Australian general practitioner attitudes to clinical practice guidelines and some implications for translating osteoarthritis care into practice (Martin Basedow, William B. Runciman, Wendy Lipworth and Adrian Esterman) • Building the evidence for integrated care for type 2 diabetes: a pilot study (Jessica L. Browne, Jane Speight, Carina Martin and Christopher Gilfillan) • Understanding the nutrition care needs of patients newly diagnosed with type 2 diabetes: a need for open communication and patient–focussed consultations (Lauren Ball, Ruth Davmor, Michael Leveritt, Ben Desbrow, Carolyn Ehrlich and Wendy Chaboyer) • Rural health professionals’ experiences in implementing advance care planning: a focus group study (Sophie Fletcher, Craig Sinclair, Joel Rhee, Desiree Goh and Kirsten Auret) • Implementing Anticipatory Care Plans in general practice: a practice approach to improving the health literacy of the community and reducing reliance on emergency services during after-hour periods (Eloisa J Evangelista, Jo James and Elizabeth Deveny) • Non-prescribed antibiotic use and general practitioner service utilisation among Chinese migrants in Australia (Jie Hu and Zhiqiang Wang) • General practice registrars’ intentions for future practice: implications for rural medical workforce planning (Catherine Harding, Alexa Seal, Joe McGirr and Tim Caton) • Engaging dental professionals in residential aged-care facilities: staff perspectives regarding access to oral care (Lydia Hearn and Linda Slack-Smith) • Sociodemographic correlates of smoking in pregnancy and antenatal-care attendance in Indigenous and non-Indigenous women in South Australia (C Mittiga, K Ettridge, K Martin, G Tucker, R Dubyna, B Catcheside, W Scheil and L Maksimovic) • Factors influencing workplace violence risk among correctional health workers: insights from an Australian survey (Aaron W Cashmore, Devon Indig, Stephen E Hampton, Desley G Hegney and Bin B Jalaludin) • Factors affecting the views and experiences of women living in the city centre of Manisa, Turkey, regarding domestic violence (Saliha Özpınar, Gönül Dinç Horasan, Hakan Baydur and Tülin Canbay)

BMJ *Quality and Safety* online first articles

URL	http://qualitysafety.bmj.com/content/early/recent
Notes	<p>BMJ <i>Quality and Safety</i> has published a number of ‘online first’ articles, including:</p> <ul style="list-style-type: none">• Arrival by ambulance explains variation in mortality by time of admission: retrospective study of admissions to hospital following emergency department attendance in England (Laura Anselmi, Rachel Meacock, Søren Rud Kristensen, Tim Doran, Matt Sutto)

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 Quality Standard QS134 *Coeliac disease* <https://www.nice.org.uk/guidance/qs134>
- NICE Quality Standard QS135 *Preterm labour and birth* <https://www.nice.org.uk/guidance/qs135>

[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:

- *Patient Safety in Ambulatory Settings: Technical Brief* <https://www.effectivehealthcare.ahrq.gov/search-for-guides-reviews-and-reports/?pageaction=displayproduct&productID=2322>

Disclaimer

On the Radar is an information resource of the Australian Commission on Safety and Quality in Health Care. The Commission is not responsible for the content of, nor does it endorse, any articles or sites listed. The Commission accepts no liability for the information or advice provided by these external links. Links are provided on the basis that users make their own decisions about the accuracy, currency and reliability of the information contained therein. Any opinions expressed are not necessarily those of the Australian Commission on Safety and Quality in Health Care.