



On the Radar

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On the Radar

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Books

Getting the Board on Board: What Your Board Needs to Know About Quality and Safety

Third ed.

The Joint Commission

Oak Brook: The Joint Commission; 2016.

URL	http://www.jcrinc.com/getting-the-board-on-board-what-your-board-needs-to-know-about-quality-and-patient-safety-third-edition/
Notes	<p>The Joint Commission in the USA have published this third edition of this guide for board members that introduce key concepts in patient safety and quality improvement. Key topics include:</p> <ul style="list-style-type: none"> • An overview of patient safety and quality issues and players • How accreditation supports high quality patient care and patient safety • High reliability and zero patient harm • Restructuring the board to prioritize safety • Measurement and improvement to reduce safety risks and ensure high quality care.

Patient Engagement: Catalyzing Improvement and Innovation in Healthcare
 Baker GR, Judd M, Maika C, editors
 Toronto: Longwoods; 2016.

URL	http://www.longwoods.com/publications/books/24716
Notes	<p>This recently released book includes 10 case studies of (mostly) Canadian healthcare organisations (not just hospitals) describing their experience in developing patient and family engagement in healthcare delivery. These were organisations facing various challenges – moving into new facilities, poor performance, low morale and confidence, etc. – as well as some who were already seen as leaders in patient engagement. The collection also includes introductory and ‘afterwords’ from significant authors in this area. The book includes the following:</p> <ul style="list-style-type: none"> • Foreword: Organizational and Network Initiatives on Patient and Family Engagement that Accelerate Healthcare Improvement (Glenn Robert) • Introduction : Creating “Engagement-Capable Environments” in Healthcare (G. Ross Baker, Maria Judd, Carol Fancott and Christine Maika) • Chapter 1. McGill University Health Centre (Patricia O’Connor, Alain Biron, Brenda MacGibbon and Carol Fancott) • Chapter 2. Kingston General Hospital (Maria Judd, Eleanor Rivoire and Christine Maika) • Chapter 3. Augusta University Health System (Anu MacIntosh-Murray and Carol Fancott) • Chapter 4. Cincinnati Children’s Hospital Medical Center (Maria Judd, Anu MacIntosh-Murray and G. Ross Baker) • Chapter 5. Whittington Health Respiratory Service (Jocelyn Cornwell, Louise Restrick and G. Ross Baker) • Chapter 6. Northumbria Healthcare Trust (Jocelyn Cornwell, Annie Laverty, Jean-Louis Denis and G. Ross Baker) • Chapter 7. Patients as Partners (Christine Maika, Caryl Harper and Maria Judd) • Chapter 8. Northumberland Community Partnership (Carol Fancott) • Chapter 9. Collaborative Chronic Care Network (C3N) (Elina Farmanova, Maria Judd, Peter Margolis, Justin Vandergrift and Michael Seid) • Chapter 10. Saskatchewan Health Quality Council and Saskatoon Health Region (Carol Fancott, Malori Keller and G. Ross Baker) • Afterword: Patient Partnerships: Three Levels of Change (Vincent Dumez) <p>The 10 patient engagement case studies presented in this volume underscore the critical importance of implementing change on three levels simultaneously – governance and leadership, integration of patients and families into projects as equal partners, and training to support providers as well as patients and their families.</p> <ul style="list-style-type: none"> • Afterword: Improving Care with Those We Are Privileged to Serve: Not If but When and How (Jim Conway) <p>One of the important shifts in the past decade has been the transition of patient- and family-centred care from a push to a pull initiative. Organizations with great outcomes have a high level of patient and family engagement which is recognized both internally and externally as a hallmark of success and continuous improvement.</p>

For information about the Commission’s work on patient and consumer centred care, see www.safetyandquality.gov.au/our-work/patient-and-consumer-centred-care/

Economic evaluation of clinical quality registries: Final report
 Australian Commission on Safety and Quality in Health Care
 Sydney: ACSQHC; 2016. 79 p.

URL	https://www.safetyandquality.gov.au/our-work/information-strategy/clinical-quality-registries/
Notes	<p>The Australian Commission on Safety and Quality in Health Care engaged Monash University and Health Outcomes Australia to evaluate the economic impact of five Australian clinical quality registries. The study showed that Australian clinical quality registries have delivered significant value for money, when correctly implemented and sufficiently mature. Each of the five clinical quality registries included in the study had an influence on clinical practice and improved the value of healthcare delivery at relatively low cost. Substantial benefits were measured, including greater survival for patients, improvements in quality of life after treatment and avoided costs of treatment or hospital stay.</p> <p>Benefit to cost ratios ranged from 2:1 to 7:1 – meaning that for every dollar spent, the return on that investment ranged from \$2 to as much as \$7. The study suggested that the return on investment would range from \$4 if national coverage were achieved by all five clinical quality registries. However, the study noted that not every clinical quality registry will be cost-effective. Problems such as low coverage, inadequate reporting and inadequate collection of information about patient outcomes will limit the effect of clinical quality registries, and their value to the health system.</p>

Reports

Developing People – Improving Care: A national framework for action on improvement and leadership development in NHS-funded services
 NHS National Improvement and Development Leadership Board
 2016. p. 49.

URL	http://www.nhscc.org/latest-news/5466/
Notes	<p>The NHS in the UK has developed this framework to help team leaders at every level to develop improvement and leadership capabilities among their employees and themselves. The framework focuses on helping people to develop four critical capabilities: systems leadership; quality improvement methods; inclusive and compassionate leadership; and talent management.</p>

English surveillance programme for antimicrobial utilisation and resistance (ESPAUR) Report 2016
 Public Health England
 London: Public Health England; 2016. p. 181.

URL	https://www.gov.uk/government/publications/english-surveillance-programme-antimicrobial-utilisation-and-resistance-espaur-report
Notes	<p>The notable aspect to this year’s report of the English antimicrobial surveillance programme is that it reports that in England antibiotic use has decreased across all healthcare settings for the first time, and broad-spectrum antibiotic use has fallen in primary care settings for the second consecutive year. The reduction in inappropriate prescribing of antibiotics is a key facet of antimicrobial stewardship. In England in 2015, 2.2 million fewer antibiotic prescriptions were dispensed in the community compared to 2014. This equates to 6% of all prescriptions.</p>

For information about the Antimicrobial Use and Resistance in Australia (AURA) project, see <https://www.safetyandquality.gov.au/antimicrobial-use-and-resistance-in-australia/>

For information about the Commission’s work on healthcare associated infection, including antimicrobial stewardship, see www.safetyandquality.gov.au/our-work/healthcare-associated-infection/

The challenge and potential of whole system flow: Improving the flow of people, information and resources across whole health and social care economies

Fillingham D, Jones B, Pereira P

London: Health Foundation; 2016. p. 80.

URL	http://www.health.org.uk/publication/challenge-and-potential-whole-system-flow
Notes	The UK’s Health Foundation has published this report looking at the issue of ‘whole system flow’. Whole system flow is defined as the coordination of all systems and resources, across a health and social care economy, to deliver effective, efficient, person-centred care in the right setting at the right time and by the right person. According to the authors, improving flow is seen as having a crucial role to play in driving up service quality and productivity, as well as improving the experience of care for patients and service users. This report discusses methods that local health and social care leaders can use to improve whole system flow and describes steps policymakers and regulators can take to create an environment conducive to change at this scale.

Journal articles

Economic evaluation of quality improvement interventions for bloodstream infections related to central catheters: A systematic review

Nuckols TK, Keeler E, Morton SC, Anderson L, Doyle B, Booth M, et al

JAMA Internal Medicine. 2016;176(12):1843-54.

DOI	http://dx.doi.org/10.1001/jamainternmed.2016.6610
Notes	Paper reporting on a systematic review of economic evaluations of QI interventions designed to prevent central–line-associated bloodstream infections (CLABSI) and/or catheter-related bloodstream infections (CRBSI) in acute care hospitals. Using 15 studies covering 113 hospitals the authors report finding that “, on average, bloodstream infections declined by more than half and hospitals achieved net savings of \$1.85 million over 3 years . Larger investments in the interventions were associated with greater net savings, and infections and costs declined even when checklists were already in use , and when baseline infection rates were as low as 1.7 to 3.7 per 1000 catheter-days.”

For information about the Commission’s work on healthcare associated infection, see

www.safetyandquality.gov.au/our-work/healthcare-associated-infection/

Systematic review of the prevalence of medication errors resulting in hospitalization and death of nursing home residents

Ferrah N, Lovell JJ, Ibrahim JE

Journal of the American Geriatrics Society. 2016 [epub].

DOI	http://dx.doi.org/10.1111/jgs.14683
Notes	This Australian study examined the issue of medication errors in long-term care by reviewing the literature in medication errors among nursing home residents published between 1 January 2000 and 1 October 2015, in English, French, German, or Spanish. Focussing on 11 studies, the authors report finding a high prevalence of medication errors – including handover/handoff errors and that 75% of patients received at least one potentially inappropriate medication – but “serious effects of MEs [medication errors] were surprisingly low and were reported in only a small proportion of errors (0–1% of MEs), with death being rare.”

For information about the Commission’s work on medication safety, including the National Residential Medication Chart (NRMC), see www.safetyandquality.gov.au/our-work/medication-safety/

The quest to improve quality: Measurement is necessary but not sufficient

McGlynn EA, Adams JL, Kerr EA

JAMA Internal Medicine. 2016;176(12):1790-1.

The quality of outpatient care delivered to adults in the United States, 2002 to 2013

Levine DM, Linder JA, Landon BE

JAMA Internal Medicine. 2016;176(12):1778-90.

DOI	McGlynn et al http://dx.doi.org/10.1001/jamainternmed.2016.6233 Levine et al http://dx.doi.org/10.1001/jamainternmed.2016.6217
Notes	<p>In this invited commentary piece in <i>JAMA Internal Medicine</i> three of the authors of the influential 2003 ‘The quality of care delivered to adults in the United States’ paper (http://dx.doi.org/10.1056/NEJMsa022615) reflect on the issues of quality and measurement. The commentary is a response to Levine et al’s ‘The Quality of Outpatient Care Delivered to Adults in the United States, 2002 to 2013’. This newer paper used a smaller range of indicators than the 2003 study and concluded that “Despite more than a decade of efforts, the clinical quality of outpatient care delivered to American adults has not consistently improved. Patient experience has improved. Deficits in care continue to pose serious hazards to the health of the American public.”</p> <p>McGlynn and colleagues made a number of observations about the newer study but also more broadly, including:</p> <ul style="list-style-type: none"> • “Measurement combined with public reporting can draw attention to particular areas of concern and stimulate improvement efforts, but measurement in the absence of other changes will not produce results.” • “Health care systems that have achieved substantial and sustained improvements in health care quality have devoted time, people, and resources to creating more reliable systems. High-performing systems require leadership that sets priorities and creates a culture committed to continuous improvement, engagement of all members of the health services delivery team, capacity building that enables staff to execute plans effectively and consistently, and a mechanism for ongoing learning from efforts to improve care at all levels.” • “We need to find a more effective way to transform the delivery of health care so that physicians and patients can achieve the outcome that both desire. This will be hard work and will require engagement on the ground and not simply exhortations from those paying the bills.”

Health Affairs

1 December 2016; Vol. 35, No. 12

URL	http://content.healthaffairs.org/content/35/12.toc
Notes	<p>A new issue of <i>Health Affairs</i> has been published. This issue has the theme ‘Oral Health & More’. Articles in this issue of <i>Health Affairs</i> include:</p> <ul style="list-style-type: none"> • Oral Health (Alan R Weil) • Seeking Dental Care For Older Americans (Susan Jaffe) • The Dental–Medical Divide (Elizabeth A Mertz) • Dental Care Presents The Highest Level Of Financial Barriers, Compared To Other Types Of Health Care Services (Marko Vujicic, Thomas Buchmueller, and Rachel Klein)

	<ul style="list-style-type: none"> • Projections Of Dental Care Use Through 2026: Preventive Care To Increase While Treatment Will Decline (C D Meyerhoefer, I Panovska, and R J Manski) • Underrepresented Minority Dentists: Quantifying Their Numbers And Characterizing The Communities They Serve (Elizabeth A Mertz, Cynthia D Wides, Aubri M Kottek, Jean Marie Calvo, and Paul E Gates) • Expanding Where Dental Therapists Can Practice Could Increase Americans' Access To Cost-Efficient Care (J Koppelman, K Vitzthum, and L Simon) • Expanded Scopes Of Practice For Dental Hygienists Associated With Improved Oral Health Outcomes For Adults (Margaret Langelier, Tracey Continelli, Jean Moore, Bridget Baker, and Simona Surdu) • Costs And Savings Associated With Community Water Fluoridation In The United States (Joan O'Connell, J Rockell, J Ouellet, S L Tomar, and W Maas) • School-Based Dental Sealant Programs Prevent Cavities And Are Cost-Effective (Susan Griffin, Shillpa Naavaal, Christina Scherrer, Paul M Griffin, Kate Harris, and Sajal Chattopadhyay) • Dental Care And Medicare Beneficiaries: Access Gaps, Cost Burdens, And Policy Options (Amber Willink, Cathy Schoen, and Karen Davis) • Previous Medicaid Expansion May Have Had Lasting Positive Effects On Oral Health Of Non-Hispanic Black Children (Brandy J Lipton, Laura R Wherry, Sarah Miller, Genevieve M Kenney, and Sandra Decker) • Medicaid Meets Its Equal Access Requirement For Dental Care, But Oral Health Disparities Remain (Jaffer A Shariff and Burton L Edelstein) • Many Mobile Health Apps Target High-Need, High-Cost Populations, But Gaps Remain (Karandeep Singh, Kaitlin Drouin, Lisa P Newmark, JaeHo Lee, A Faxvaag, R Rozenblum, E A Pabo, A Landman, E Klinger, and D W Bates) • In New Survey Of Eleven Countries, US Adults Still Struggle With Access To And Affordability Of Health Care (Robin Osborn, David Squires, Michelle M Doty, Dana O Sarnak, and Eric C Schneider) • Bridging The Divide Between Dental And Medical Care (Gayathri Subramanian)
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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"> • What can a participatory approach to evaluation contribute to the field of integrated care? (Laura Eyre, Michael Farrelly, Martin Marshall)

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"> • Between the flags: implementing a safety-net system at scale to recognise and manage deteriorating patients in the New South Wales Public Health System (Charles Pain, Malcolm Green, Colette Duff, Deborah Hyland, Annette Pantle, Kimberley Fitzpatrick, Cliff Hughes) • What patients' complaints and praise tell the health practitioner: implications for health care quality. A qualitative research study (Katia Mattarozzi, Fiamma Sfrisi, Filippo Caniglia, Alessandra De Palma, Monica Martoni)

	<ul style="list-style-type: none"> • Use of proton pump inhibitors among older Australians: national quality improvement programmes have led to sustained practice change (Nicole L Pratt, Lisa M Kalisch Ellett, Janet K Sluggett, Svetla V Gadzhanova, Emmae N Ramsay, Mhairi Kerr, Vanessa T LeBlanc, John D Barratt, Elizabeth E Roughead) • Evaluating the impact of continuous quality improvement methods at hospitals in Tanzania: a cluster-randomized trial (Yusuke Kamiya, Hisahiro Ishijma, Akiko Hagiwara, Shizu Takahashi, Henook A.M. Ngonyani, Eleuter Samky) • Beyond utilization: measuring effective coverage of obstetric care along the quality cascade (Elysia Larson, Daniel Vail, Godfrey M Mbaruku, Redempta Mbatia, Margaret E Kruk) • Are the registry data reliable? An audit of a regional trauma registry in the Netherlands (E E Horton, P Krijnen, H M Molenaar, I B Schipper on behalf of On behalf of the Trauma West Research Group) • Underlying influence of perception of management leadership on patient safety climate in healthcare organizations – A mediation analysis approach (Shao-Jen Weng, Seung-Hwan Kim, Chieh-Liang Wu)
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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 NG60 **HIV testing: increasing uptake among people who may have undiagnosed HIV**
<https://www.nice.org.uk/guidance/ng60>
- NICE Guideline NG61 **End of life care for infants, children and young people with life-limiting conditions: planning and management** <https://www.nice.org.uk/guidance/ng61>
- NICE Quality Standard QS137 **Mental wellbeing and independence for older people**
<https://www.nice.org.uk/guidance/qs137>

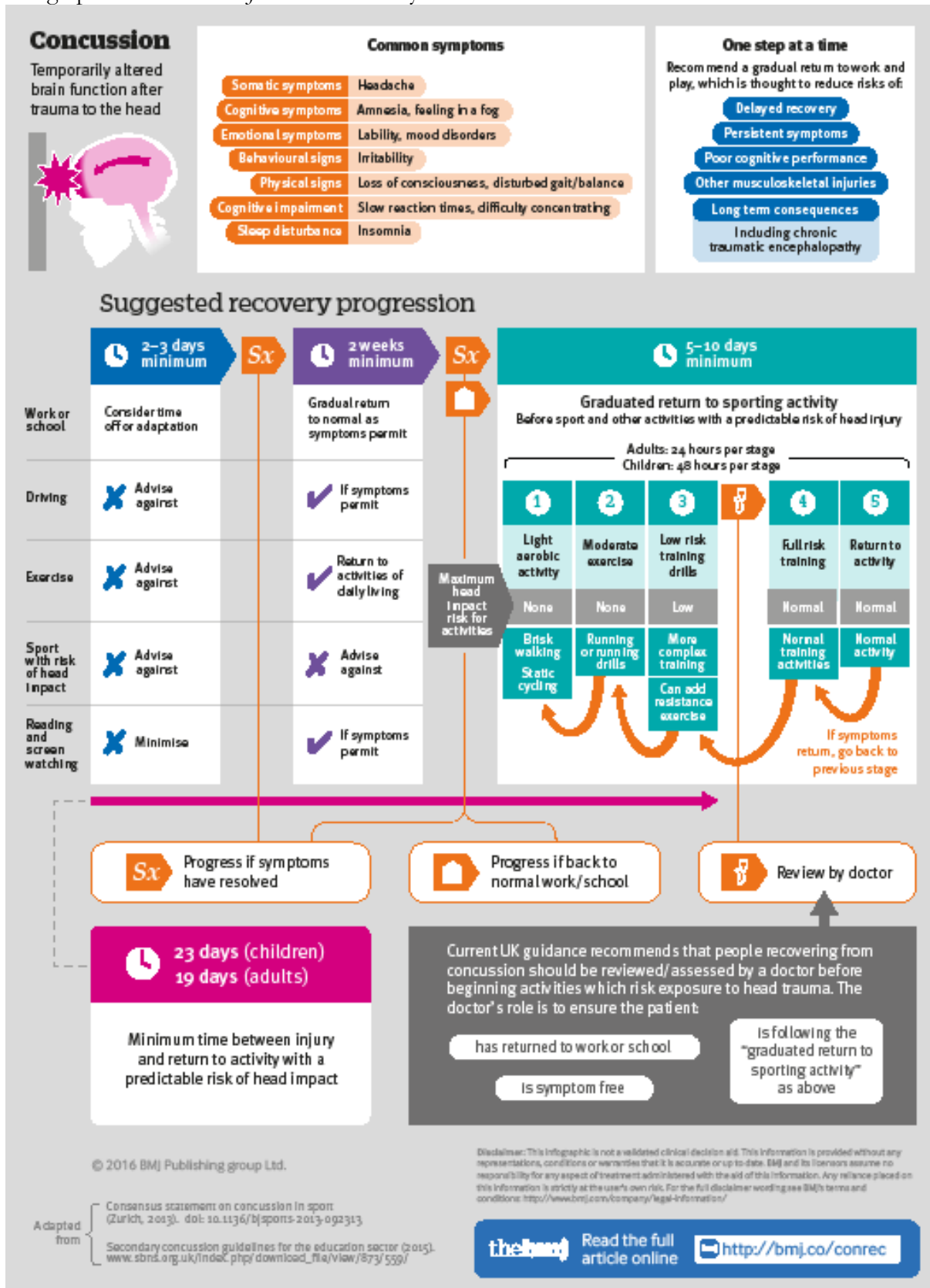
[USA] How a Digital Health Advisor Could Help High-Need, High-Cost Patients and Their Caregivers

<http://www.commonwealthfund.org/publications/blog/2016/dec/digital-health-advisor>

<http://www.sagehealthadvisor.com/>

This blog from the Commonwealth Fund describes a prototype Digital Health Advisor (DHA) that the Fund has commissioned. Starting with work to understand the needs of those who could benefit most from a DHA — people with multiple chronic conditions, the frail elderly, and their caregivers — the design group examined how digital tools might serve those needs. The team of researchers, designers, and strategists followed a human-centred design approach to elicit the possible needs and used that information to create a DHA prototype, called Sage. The blog post describes the process and the prototype and how the different patients and carers might use the tool on their smartphone. The blog describes how the Sage prototype “makes the DHA vision tangible for developers, policymakers, and users and demonstrates how a digital tool could be organized in a way that might be attractive to potential users. As envisioned, the DHA would include four types of functionality: offering advice and information, tracking health indicators, providing a care journal and other features to enable patients and caregivers to create a ‘holistic picture’ of their situation, and helping individuals communicate with their care teams and coordinate care.”

Infographic from the *BMJ* on safe recovery from concussion.



[UK] *Dental antimicrobial stewardship: toolkit*

<https://www.gov.uk/guidance/dental-antimicrobial-stewardship-toolkit>

Public Health England has released this toolkit providing guidance, educational modules, and an audit tool. The toolkit aims to influence prescribers and patients attitudes to enable optimal antibiotic prescribing.

For information about the Commission's work on healthcare associated infection, including antimicrobial stewardship, see www.safetyandquality.gov.au/our-work/healthcare-associated-infection/

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