AUSTRALIAN COMMISSION ON SAFETY AND QUALITY IN HEALTH CARE

On the Radar

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On the Radar
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Reports

Caring for Quality in Health: Lessons learnt from 15 reviews of health care quality
OECD
Paris: OECD; 2017. p. 62.

URL	https://www.oecd.org/health/health-care-quality-reviews.htm
Notes	Over the last few years the OECD has published 15 Reviews of Health Care Quality looking at the policies and institutions that underpin the measurement and improvement of health care quality in 15 different health systems. This new report synthesises those 15 in-depth reviews and discusses 12 lessons learnt. The 12 lessons include: 1. High-performing health care systems offer **primary care** as a specialist service that provides comprehensive care to patients with complex needs 2. Patient-centred care requires more effective primary and secondary **prevention** in primary care 3. High-quality **mental health** care systems require strong health information systems and mental health training in primary care 4. New models of **shared care** are required to promote co-ordination across health and social care systems 5. A **strong patient voice** is a priority to keep health care systems focussed on quality when financial pressures are acute

	6. **Measuring what matters** to people delivers the outcomes that patients expect 7. **Health literacy** helps drive high-value care 8. **Continuous professional development** and evolving practice maximise the contribution of health professionals 9. High-performing health care systems have strong **information infrastructures** that are linked to quality-improvement tools 10. **Linking patient data** is a pre-requisite for improving quality across pathways of care 11. External **evaluation** of health care organisation needs to be fed into continuous quality-improvement cycles 12. Improving patient safety requires greater effort to collect, analyse and **learn from adverse events**. The report also identifies "two key ingredients are needed to drive sustainable change. The first is a **quality culture** among both clinicians and service managers, to encourage continuously better and safer care. … The second ingredient is a **clear accountability**". The overarching conclusion is that health systems need **transparency**, as health systems and providers need to be "open about the effectiveness, safety and patient-centredness of care they provide. More measures of patient outcomes are needed (especially those reported by patients themselves), and these should underpin standards, guidelines, incentives and innovations in service delivery. Greater transparency can lead to optimisation of both quality and efficiency – twin objectives that reinforce, rather than subvert, each other. In practical terms, greater transparency and better performance can be supported by making changes in where and how care is delivered; by modifying the roles of patients and professionals, and by more effectively employing tools such as data and incentives."

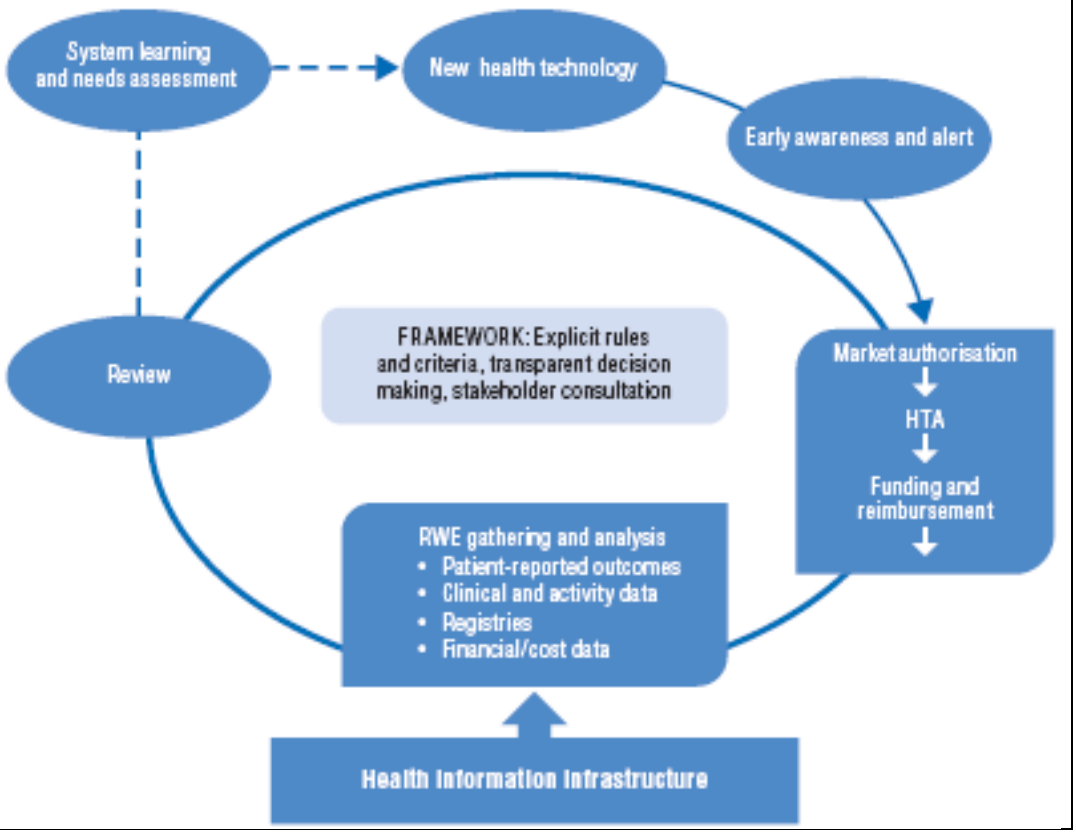
Patient-reported outcome measures: an environmental scan of the Australian healthcare sector
Thompson C, Sansoni J, Morris D, Capell J and Williams K
Sydney: ACSQHC; 2016.

Patient-reported outcome measures: Literature review
Williams K, Sansoni J, Morris D, Grootemaat P and Thompson C
Sydney: ACSQHC; 2016.

URL	https://www.safetyandquality.gov.au/our-work/information-strategy/indicators/patient-reported-outcome-measures/
Notes	The Australian Commission on Safety and Quality in Health Care has recently published two documents related to patient-reported outcome measurement: 1. An environmental scan of the Australian healthcare sector, which discusses the current situation in Australia regarding the collection and use of patient-reported outcome measures. It found that in Australia, PROMs are an emerging method of assessing the quality of health care. While exciting and innovative work is happening in many places, PROMs are not yet embedded in routine measurement at regional, jurisdictional or national level. 2. A literature review, which synthesises the international evidence for why, how, and how effectively PROMs are being used, with a particular focus on their application to improving healthcare quality. It found that the countries most advanced in implementing PROMs at a national or jurisdictional level are England, the Netherlands, Sweden and the United States, with increasing interest in a national approach in Canada. Perhaps the most striking finding from the review is the wide variety of purposes for which PROMs are now

	being used, in research, clinical practice and health services management. For example, they are used to promote shared decision making and self-management at the individual level of the clinical interaction as well as at the aggregate level as indicators of the quality of healthcare provided by an organisation. The evidence collected for these two documents will form the basis of a new Commission project to support the appropriate, consistent and routine use of PROMs in Australia. Both documents are available, along with searchable spreadsheets of reference material, on the Commission's website at https://www.safetyandquality.gov.au/our-work/information-strategy/indicators/patient-reported-outcome-measures/

New Health Technologies: Managing Access, Value and Sustainability
OECD
Paris: OECD; 2017. p. 228.

URL	http://dx.doi.org/10.1787/9789264266438-en
Notes	The OECD has published this report that examines the need for an integrated and cyclical approach to managing health technology so as to mitigate clinical and financial risks, and ensure value for money. The report considers how health systems and policy makers may adapt with regard to the development, assessment and uptake of health technologies. The opening chapter describes the adoption and impact of medical technology in the past and how health systems are moving in these areas. Subsequent chapters examine the need to balance innovation, value, and access for pharmaceuticals and medical devices, followed by a consideration of what has been termed 'precision medicine'. The final chapter examines how health systems could make better use of health data and digital technologies. Figure 1.2. **Lifecycle framework for successful integration of health technologies in health care systems** 

Journal articles

Reducing medication errors in hospital discharge summaries: a randomised controlled trial
Tong EY, Roman CP, Mitra B, Yip GS, Gibbs H, Newnham HH, et al.
Medical Journal of Australia. 2017;206(1):36-9.

The challenge of discharge: combining medication reconciliation and discharge planning
Martin JH, May JA
Medical Journal of Australia. 2017;206(1):20-1.

DOI	Tong et al http://dx.doi.org/10.5694/mja16.00628 Martin and May http://dx.doi.org/10.5694/mja16.01157
Notes	Medication-related adverse events are common during transitions of care for many reasons. Changes made in hospital may conflict with existing medicines or conditions, which in turn may not have been documented or reconciled during the admission. Changes may not be well communicated to the patient and/or GP. Tong et al's cluster-randomised trial demonstrates that a **pharmacist review and medication management plan considerably reduced** the number of **errors** in the **discharge summary** from 61.5% in the control arm to 15% in the intervention arm, and almost 50% reduction in error. Patients typically had eight to nine regular prescribed medicines. While the errors did not necessarily result in an adverse event, the potential is clear. An accompanying editorial (Martin and May) notes that systems are not universally conducive to the approach used in the trial at the Alfred Hospital, with the availability of pharmacists a particular barrier in small hospitals. The potential importance of the task is also perhaps not well reflected in its delegation to junior staff. The editorial notes that "the accuracy and quality of a multifaceted discharge summary (as judged by receiving community doctors) could become an important quality indicator for hospital teams". As such, it would reflect the effectiveness of medicines reconciliation, clinical handover and communication, and medication management systems, many of which are central to the National Safety and Quality Health Service (NSQHS) Standards.

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

For information about the National Safety and Quality Health Service (NSQHS) Standards, see https://www.safetyandquality.gov.au/our-work/assessment-to-the-nsqhs-standards/

Towards revalidation in Australia: a discussion
Flynn JM
Medical Journal of Australia. 2017;206(1):7-8.

Bringing competencies closer to day-to-day clinical work through entrustable professional activities
Cate O, Tobin S, Stokes M-L
Medical Journal of Australia. 2017;206(1):14-6.

DOI	Flynn http://dx.doi.org/10.5694/mja16.01162 Cate http://dx.doi.org/10.5694/mja16.00481
Notes	These two articles discuss different aspects of clinician competency. Flynn describes the approach to revalidation of medical practitioners being undertaken by the Medical Board of Australia, which will focus firstly on strengthening CPD activities for ongoing registration, and secondly on assessing at-risk and poorly performing practitioners, ideally in a more proactive way, with Dr Flynn stating "in

	relation to doctors at risk and those who are already performing poorly, I believe there is more to be done to protect patients." She flags issues in "how best to manage the overlap between problems between health systems and concerns about performance of individual practitioners". Cate et al, in a new series on innovation, describes new approaches to assessing competencies during medical training, using "entrustable professional activities" (EPAs). "The essential difference between competencies and EPAs is that competencies are characteristics of individuals (i.e., knowledge, skills and attitudes), while EPAs describe the work that must be done." While assessing knowledge and competence remain important, the ability to carry out core activities such as communication, health advocacy, leadership and professionalism seem to provide a way of assessing a trainee's maturity in some of the less tangible aspects of medical expertise. Intuitively this might be assessed by supervisors considering "can this trainee be trusted to carry out the activity without your direct supervision?"

Effect of a mass media campaign on ambulance use for chest pain
Nehme Z, Cameron PA, Akram M, Patsamanis H, Bray JE, Meredith IT, et al.
Medical Journal of Australia. 2017;206(1):30-5.

DOI	http://dx.doi.org/10.5694/mja16.00341
Notes	Speed is critical in the treatment of acute myocardial infarction (AMI), and delays in patient presentation are a significant barrier. This study shows the impact of a mass media campaign on patient recognition of chest pain as an acute emergency. After the campaign, monthly ambulance use had increased by between 10 and 15%. Importantly, presentations for suspected acute coronary syndromes increased by 15%, suggesting that improved patient awareness did reduce delays. The authors note an increase in overall ambulance use post-campaign, including for non-cardiac chest pain and the "difficulty in developing a public health message that is sufficiently specific for …people with AMI". They also note that the ability of the Victorian ambulance service to triage patients and determine when transport to hospital was not required was an important factor that may not apply to ambulance services across Australia.

Early assessment of chest pain is part of the *Clinical Care Standard for Acute Coronary Syndromes*. The rationale, barriers, enablers and the case for change described in the accompanying resource *ACS Case for improvement,* available at https://www.safetyandquality.gov.au/wp-content/uploads/2015/06/ACS-Case-for-Improvement.pdf

The heroism of incremental care
Gawande A
The New Yorker. 2017 January 23, 2017.

URL	http://www.newyorker.com/magazine/2017/01/23/the-heroism-of-incremental-care
Notes	Atul Gawande's latest piece for *The New Yorker* looks at 'incremental care', that he typifies as being "the kind of steady, intimate care that often helps people more'. In other terms this might be also termed as continuity and integration of care or, more generally, as patient-centred care, particularly in primary care. As ever, Gawande uses compelling stories, including those of his family, to illustrate and enliven his prose. Gawande also touches on some of the issues surrounding primary care, including costs, payments, insurance and the use of information in improving that care.

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

A View from the Edge — Creating a Culture of Caring
Awdish RLA
New England Journal of Medicine. 2017;376(1):7-9.

DOI	http://dx.doi.org/10.1056/NEJMp1614078
Notes	American clinician's brief account of how her own medical crisis and experiences of care has led to changes in her own approach and across the institution she works within. The medical crisis opens this account "an occult adenoma in my liver ruptured, and I effectively bled to death in my own hospital…I would go into multisystem organ failure, my liver and kidneys would shut down, I would be put on a ventilator, have a stroke and a complete hemodynamic collapse. The baby I was 7 months pregnant with would not survive, but I would — thanks to the incredible skill and grace of the teams of professionals who cared for me. My recovery involved five major operations including a right hepatectomy. I had to relearn to walk, speak, and do many other things I had taken for granted. But in the process, as a patient, I learned things about us — physicians and other medical professionals — that I might not have wanted to know. I learned that though we do so many difficult, technical things so perfectly right, we fail our patients in many ways." In the piece the author makes the case that care involves everyone working in an organisation and also for the power of stories, the importance of acknowledging and responding to failures or lapses in care.

BMJ Quality and Safety
February 2017, Vol. 26, Issue 2

URL	http://qualitysafety.bmj.com/content/26/2
Notes	A new issue of *BMJ Quality and Safety* has been published. Many of the papers in this issue have been referred to in previous editions of *On the Radar* (when they were released online). Articles in this issue of *BMJ Quality and Safety* include: • Editorial: **Lean** and the perfect **patient experience** (C Craig Blackmore, Gary S Kaplan) • Editorial: **Premature closure**? Not so fast (Gurpreet Dhaliwal) • Editorial: Learning how to make **routinely available data** useful in guiding **regulatory oversight** of **hospital care** (Martin Bardsley) • Editorial: **'Smart' intravenous pumps**: how smart are they? (Bryony Dean Franklin) • Does **Lean healthcare** improve **patient satisfaction**? A mixed-method investigation into primary care (Bozena Bonnie Poksinska, Malgorzata Fialkowska-Filipek, Jon Engström) • Is bias in the eye of the beholder? A vignette study to assess recognition of **cognitive biases** in clinical case workups (Laura Zwaan, Sandra Monteiro, Jonathan Sherbino, Jonathan Ilgen, Betty Howey, Geoffrey Norman) • The **Irish National Adverse Events Study** (INAES): the frequency and nature of adverse events in Irish hospitals—a retrospective record review study (Natasha Rafter, Anne Hickey, Ronan M Conroy, Sarah Condell, Paul O'Connor, David Vaughan, Gillian Walsh, David J Williams) • Intelligent Monitoring? Assessing the ability of the Care Quality Commission's **statistical surveillance tool** to **predict quality** and prioritise NHS hospital inspections (Alex Griffiths, Anne-Laure Beaussier, David Demeritt, Henry Rothstein) • The frequency of **intravenous medication administration errors** related to **smart infusion pumps**: a multihospital observational study (Kumiko O

	Schnock, Patricia C Dykes, Jennifer Albert, Deborah Ariosto, Rosemary Call, Caitlin Cameron, Diane L Carroll, Adrienne G Drucker, Linda Fang, Christine A Garcia-Palm, Marla M Husch, Ray R Maddox, Nicole McDonald, Julie McGuire, Sally Rafie, Emilee Robertson, Deb Saine, Melinda D Sawyer, Lisa P Smith, Kristy Dixon Stinger, Timothy W Vanderveen, Elizabeth Wade, Catherine S Yoon, Stuart Lipsitz, David W Bates) • **Quality gaps** identified through **mortality review** (Daniel M Kobewka, Carl van Walraven, Jeffrey Turnbull, James Worthington, Lisa Calder, Alan Forster) • International recommendations for **national patient safety incident reporting** systems: an expert Delphi consensus-building process (Ann-Marie Howell, Elaine M Burns, Louise Hull, Erik Mayer, Nick Sevdalis, Ara Darzi) • Financial incentives and mortality: taking **pay for performance** a step too far (Kiran Gupta, Robert M Wachter, Allen Kachalia) • Why do we **love to hate ourselves**? (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: • A framework of comfort for practice: An integrative review identifying the multiple influences on **patients' experience of comfort** in healthcare settings (Cynthia Wensley, Mari Botti, Ann McKillop, and Alan F. Merry) • **Consumer satisfaction** with tertiary healthcare in China: findings from the 2015 China National Patient Survey (Jing Sun, Guangyu Hu, Jing Ma, Yin Chen, Laiyang Wu, Qiannan Liu, Jia Hu, Christine Livoti, Yu Jiang, and Yuanli Liu) • De-freezing **frozen patient management** (Ayala Kobo-Greenhut, Amin Shnifi, Eran Tal-Or, Racheli Magnezi, Amos Notea, Meir Ruach, Erez Onn, Ayala Cohen, Etti Doveh, Izhar Ben Shlomo, Kupat Holim Mehuhedet) • Measuring inequality in **physician distributions** using spatially adjusted Gini coefficients (Yi-Hsin Elsa Hsu; Wender Lin; Joseph J. Tien; Larry Y. Tzeng)

Online resources

[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:

- ***Glasgow Coma Scale*** *for Field* ***Triage of Trauma****: A Systematic Review*
  http://www.effectivehealthcare.ahrq.gov/index.cfm/search-for-guides-reviews-and-reports/?pageaction=displayproduct&productid=2416
- ***Tonsillectomy*** *for* ***Obstructive Sleep-Disordered Breathing*** *or* ***Recurrent Throat Infection*** *in Children* https://www.effectivehealthcare.ahrq.gov/search-for-guides-reviews-and-reports/?pageaction=displayproduct&productID=2424

[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:

- Clinical Guideline CG62 ***Antenatal care*** *for uncomplicated pregnancies*
  https://www.nice.org.uk/guidance/cg62

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