



On the Radar

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On the Radar

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Improving reconciliation following medical injury: a qualitative study of responses to patient safety incidents in New Zealand

Moore J, Mello MM

BMJ Quality & Safety. 2017 [epub].

DOI	http://dx.doi.org/10.1136/bmjqs-2016-005804
Notes	<p>Using the information gleaned from semi-structured interviews with 62 patients injured by healthcare in New Zealand, administrators of 12 public hospitals, 5 lawyers specialising in Accident Compensation Corporation (ACC) claims and 3 ACC staff, this study sought to explore factors that facilitate and impede reconciliation following patient safety incidents. From this, five elements of the reconciliation process were found to be important:</p> <ol style="list-style-type: none"> 1. ask, rather than assume, what patients and families need from the process and recognise that, for many patients, being heard is important and should occur early in the reconciliation process 2. support timely, sincere, culturally appropriate and meaningful apologies, avoiding forced or tokenistic quasi-apologies 3. choose words that promote reconciliation 4. include the people who patients want involved in the reconciliation discussion, including practitioners involved in the harm event 5. engage the support of lawyers and patient relations staff as appropriate.

For information on the Commission’s work on open disclosure, including the national *Australian Open Disclosure Framework*, see <https://www.safetyandquality.gov.au/our-work/open-disclosure/>

Feeling unsafe in the healthcare setting: patients' perspectives

Kenward L, Whiffin C, Spalek B

British Journal of Nursing. 2017;26(3):143-9.

Families as partners in hospital error and adverse event surveillance

Khan A, Coffey M, Litterer KP, Baird JD, Furtak SL, Garcia BM, et al

JAMA Pediatrics. 2017.

DOI	Kenward et al http://dx.doi.org/10.12968/bjon.2017.26.3.143 Khan et al http://dx.doi.org/10.1001/jamapediatrics.2016.4812
Notes	<p>A pair of papers who look at how patients and families can experience care and contribute to the safety and quality of care.</p> <p>Kenward and colleagues undertook a literature review the revealed seven major themes: information and communication, loss of control, staff presence, impersonal care, patients' vulnerable emotional and physical state, not being taken seriously, and the patient perception of a lack of staff experience, knowledge, proactivity and interest. The authors observe “that, in maintaining a quality service for patients, nurses can contribute to the reduction of patients' feelings of being unsafe and vulnerable. Patients do not just feel unsafe when errors occur, but also when service quality is noticeably poor.”</p> <p>Khan and colleagues conducted a prospective cohort study including the parents or caregivers of 989 hospitalized patients 17 years and younger (total 3902 patient-days) and their clinicians from December 2014 to July 2015 in 4 US paediatric centres in order to compare error and adverse event (AE) rates</p> <ol style="list-style-type: none"> 1. gathered systematically with vs without family reporting 2. reported by families vs clinicians, and 3. reported by families vs hospital incident reports. <p>The authors report finding that “families reported similar rates of errors and AEs as clinicians, and families reported 5-fold more errors and 3-fold more AEs than hospital incident reports. Including families in prospective systematic surveillance increased overall error detection rates by 16% and AE detection rates by 10%.”</p> <p>Such results led them to conclude that “Families provide unique safety information and have the potential to be valuable partners in safety surveillance conducted by both hospitals and researchers.”</p>

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

Developing and Evaluating an Automated All-Cause Harm Trigger System

Sammer C, Miller S, Jones C, Nelson A, Garrett P, Classen D, et al

Joint Commission Journal on Quality and Patient Safety. 2017 [epub].

DOI	http://dx.doi.org/10.1016/j.jcjq.2017.01.004
Notes	<p>Trigger tools have garnered much interest over the years. This study sought to develop an automated trigger system that could work in real-time using information being input into electronic health records. Using data from two hospitals in an 11-consecutive-month period the tool indicated a total of 2,696 harms (combined hospital-acquired and outside-acquired) with almost one-third (32%) of total harms classified as outside-acquired. The most common harm identified by the tool was hypoglycaemia. This is a demonstration that the potential of electronic health records for improving safety and quality may indeed be realisable.</p>

Do Hospital Boards matter for better, safer, patient care?

Mannion R, Davies HTO, Jacobs R, Kasteridis P, Millar R, Freeman T
 Social Science & Medicine. 2017;177:278-87.

DOI	http://dx.doi.org/10.1016/j.socscimed.2017.01.045
Notes	The role and significance of governance, such as boards, for safety and quality of care in health facility has been debated for some time. This UK study validated a survey tool, the Board Self-Assessment Questionnaire, or BSAQ, and the used the tool to explore in the relationships between (a) Board competencies and staff perceptions about how well their organisation deals with quality and safety issues; and (b) Board competencies and a raft of patient safety and quality measures at organisation level. Using national survey data from 95 NHS England hospitals (334 Board members) the study found “better Board competencies were correlated in consistent ways with beneficial staff attitudes to the reporting and handling of quality and safety issues (using routinely collected data from the NHS National Staff Survey). However, relationships between Board competencies and aggregate outcomes for a variety of quality and safety measures showed largely inconsistent and non-significant relationships.”

Journal for Healthcare Quality

March/April 2017 - Volume 39 - Issue 2

URL	http://journals.lww.com/jhqonline/toc/2017/01000
Notes	<p>A new issue of the <i>Journal for Healthcare Quality</i> has been published. Articles in this issue of the <i>Journal for Healthcare Quality</i> include:</p> <ul style="list-style-type: none"> • Editorial: Interprofessional Collaboration and Care Coordination: Models, Strategies, and Instruments (Shirey, Maria R.) • Transitional Care in the Patient-Centered Medical Home: Lessons in Adaptation (Hirschman, Karen B.; Shaid, Elizabeth; Bixby, M. Brian; Badolato, David J.; Barg, Ronald; Byrnes, Mary Beth; Byrnes, Richard; Stretetz, Deborah; Stretton, Jean; Naylor, Mary D) • The Effect of an Interprofessional Heart Failure Education Program on Hospital Readmissions (Clarkson, Julia N.; Schaffer, Susan D.; Clarkson, Joshua J.) • Interprofessional Clinical Rounding: Effects on Processes and Outcomes of Care (Ashcraft, Susan; Bordelon, Curry; Fells, Sheila; George, Vera; Thombley, Karen; Shirey, Maria R.) • Perceptions of Teamwork in the Interprofessional Bedside Rounding Process (Beaird, Genevieve; Dent, John M.; Keim-Malpass, Jessica; Muller, Abigail Guo Jian; Nelson, Nicole; Brashers, Valentina) • Exploring the Validity of Developing an Interdisciplinarity Score of a Patient's Needs: Care Coordination, Patient Complexity, and Patient Safety Indicators (Hodgson, Ashley; Etkorn, Lacey; Everhart, Alexander; Nooney, Nicholas; Bestrashniy, Jessica) • An Analysis of the Daily Work-Rounding Process in a Pediatric Intensive Care Unit (Gangadharan, Sandeep; Belpanno, Brian; Silver, Peter) • Enhanced Transitions of Care: Centralizing Discharge Phone Calls Improves Ability to Reach Patients and Reduces Hospital Readmissions (Schuller, Kristin A.; Kash, Bitia A.; Gamm, Larry D.)

URL	http://content.healthaffairs.org/content/36/3.toc
Notes	<ul style="list-style-type: none"> • A new issue of the <i>Health Affairs</i> has been published with the theme ‘Delivery System Innovation’. Articles in this issue of the <i>Health Affairs</i> include: • Delivery System Innovation (Alan R Weil) • DataGraphic: Delivery Innovations • For Super-Utilizers, Integrated Care Offers A New Path (Bara Vaida) • First Steps Of Repeal, Replace, And Repair (Timothy Stoltzfus Jost) • National Health Expenditure Projections, 2016–25: Price Increases, Aging Push Sector To 20 Percent Of Economy (Sean P Keehan, Devin A Stone, John A Poisal, Gigi A Cuckler, Andrea M Sisko, Sheila D Smith, Andrew J Madison, Christian J Wolfe, and Joseph M Lizonitz) • In Mexico, Evidence Of Sustained Consumer Response Two Years After Implementing A Sugar-Sweetened Beverage Tax (M Arantxa Cochero, Juan Rivera-Dommarco, Barry M Popkin, and Shu Wen Ng) • Innovative Environments In Health Care: Where And How New Approaches To Care Are Succeeding (D W Bates, A Sheikh, and D A Asch) • Strategies For Assessing Delivery System Innovations (Elizabeth A McGlynn and Mark McClellan) • Impact Of The YMCA Of The USA Diabetes Prevention Program On Medicare Spending And Utilization (Maria L Alva, Thomas J Hoerger, Ravikumar Jeyaraman, Peter Amico, and Lucia Rojas-Smith) • Innovative Home Visit Models Associated With Reductions In Costs, Hospitalizations, And Emergency Department Use (Sarah Ruiz, Lynne Page Snyder, Christina Rotondo, C Cross-Barnet, E M Colligan, and K Giuriceo) • Innovative Oncology Care Models Improve End-Of-Life Quality, Reduce Utilization And Spending (Erin Murphy Colligan, Erin Ewald, Sarah Ruiz, Michelle Spafford, Caitlin Cross-Barnet, and Shriram Parashuram) • Initiative To Reduce Avoidable Hospitalizations Among Nursing Facility Residents Shows Promising Results (Melvin J Ingber, Zhanlian Feng, Galina Khatutsky, Joyce M Wang, Lawren E Bercaw, Nan Tracy Zheng, Alison Vadnais, Nicole M Coomer, and Micah Segelman) • Oregon’s Medicaid Reform And Transition To Global Budgets Were Associated With Reductions In Expenditures (K John McConnell, Stephanie Renfro, Richard C Lindrooth, D J Cohen, N T Wallace, and M E Chernew) • Texas Medicaid Payment Reform: Fewer Early Elective Deliveries And Increased Gestational Age And Birthweight (Heather M Dahlen, J Mac McCullough, Angela R Fertig, Bryan E Dowd, and William J Riley) • Early Impact Of CareFirst’s Patient-Centered Medical Home With Strong Financial Incentives (Christopher C Afendulis, Laura A Hatfield, Bruce E Landon, Jonathan Gruber, Mary Beth Landrum, Robert E Mechanic, Darren E Zinner, and Michael E Chernew) • Outcomes For High-Needs Patients: Practices With A Higher Proportion Of These Patients Have An Edge (Dori A Cross, Genna R Cohen, Christy Harris Lemak, and Julia Adler-Milstein) • Direct-To-Consumer Telehealth May Increase Access To Care But Does Not Decrease Spending (J Scott Ashwood, Ateev Mehrotra, David Cowling, and Lori Uscher-Pines)

	<ul style="list-style-type: none"> • Los Angeles Safety-Net Program eConsult System Was Rapidly Adopted And Decreased Wait Times To See Specialists (Michael L Barnett, Hal F Yee, Jr., Ateev Mehrotra, and Paul Giboney) • Synthesis Of Research On Patient-Centered Medical Homes Brings Systematic Differences Into Relief (Anna D Sinaiko, Mary Beth Landrum, David J Meyers, Shehnaz Alidina, Daniel D Maeng, Mark W Friedberg, Lisa M Kern, Alison M Edwards, Signe Peterson Flieger, Patricia R Houck, Pamela Peele, Robert J Reid, K McGraves-Lloyd, K Finison, and M B Rosenthal) • Impact Of Health Care Delivery System Innovations On Total Cost Of Care (Kevin W Smith, Anupa Bir, Nikki L B Freeman, Benjamin C Koethe, Julia Cohen, and Timothy J Day) • Value-Based Insurance Design Benefit Offsets Reductions In Medication Adherence Associated With Switch To Deductible Plan (Mary E Reed, E Margaret Warton, Eileen Kim, Matthew D Solomon, and Andrew J Karter) • Reference Pricing Changes The ‘Choice Architecture’ Of Health Care For Consumers (James C Robinson, Timothy T Brown, and Christopher Whaley) • Primary Health Care That Works: The Costa Rican Experience (Madeline Pesece, Hannah L. Ratcliffe, Ami Karlage, Lisa R Hirschhorn, Atul Gawande, and Asaf Bitton) • Provider-Offered Medicare Advantage Plans: Recent Growth And Care Quality (Garret Johnson, Zoe M Lyon, and Austin Frakt) • Data On Race, Ethnicity, And Language Largely Incomplete For Managed Care Plan Members (Judy H Ng, Faye Ye, Lauren M Ward, Samuel C “Chris” Haffer, and Sarah Hudson Scholle) • When Patients Mentor Doctors: The Story Of One Vital Bond (Aroonsiri Sangarlangkarn)
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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"> • Improving reconciliation following medical injury: a qualitative study of responses to patient safety incidents in New Zealand (Jennifer Moore, Michelle M Mello) • Large-scale implementation of the I-PASS handover system at an academic medical centre (David M Shahian, Kayla McEachern, Laura Rossi, Roger Gino Chisari, Elizabeth Mort)

International Journal for Quality in Health Care online first articles

URL	https://academic.oup.com/intqhc/advance-access?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"> • Association between the application of ISO 9001:2008 alone or in combination with health-specific standards and quality-related activities in Hungarian hospitals (Viktor Dombrádi; Orsolya Karola Csenter; János Sándor; Sándor Gódegy) • A cross-national comparison of incident reporting systems implemented in German and Swiss hospitals (Tanja Manser; Michael Imhof; Constanze Lessing; Matthias Briner)

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:

- Quality Standard QS13 **End of life care for adults** <https://www.nice.org.uk/guidance/qs13>
- Quality Standard QS146 **Head and neck cancer** <https://www.nice.org.uk/guidance/qs146>
- Quality Standard QS147 **Healthy workplaces: improving employee mental and physical health and wellbeing** <https://www.nice.org.uk/guidance/qs147>
- Quality Standard QS148 **Community engagement: improving health and wellbeing** <https://www.nice.org.uk/guidance/qs148>
- Clinical Guideline CG68 **Stroke and transient ischaemic attack in over 16s: diagnosis and initial management** <https://www.nice.org.uk/guidance/cg68>

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