



On the Radar

Issue 369
14 May 2018

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On the Radar

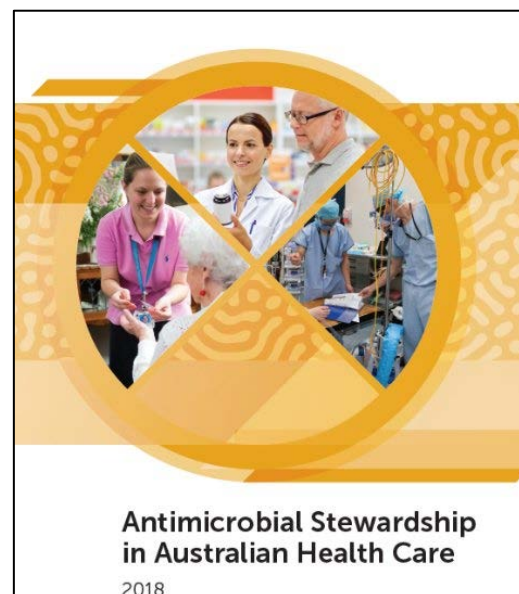
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Antimicrobial Stewardship in Australian Health Care 2018

Australian Commission on Safety and Quality in Health Care
Sydney: ACSQHC; 2018. p. 319.

<https://www.safetyandquality.gov.au/our-work/healthcare-associated-infection/antimicrobial-stewardship/book/>

The Australian Commission on Safety and Quality in Health Care has released the *Antimicrobial Stewardship in Australian Health Care 2018* (AMS Book Second Edition) on Thursday 10 May 2018. The book has been written by leading Australian medical, scientific, pharmacy, nursing and infection control experts to contain the growing problem of antimicrobial resistance (AMR). This Second Edition of the AMS Book will provide Australian hospitals with world leading guidance and support that will ensure patients receive appropriate antibiotic treatment. AMR presents a threat to public health and patient safety, leads to prolonged or serious illness, additional treatments, prolonged hospitalisation or death. With few new antimicrobials coming onto the market in the foreseeable future, the options for treating resistant infections are becoming increasingly limited. High levels of antimicrobial use and inappropriate use of antimicrobials are a major cause of AMR; resources such as the AMS Book support clinicians to continue to improve appropriate prescribing of antimicrobials.



Antimicrobial stewardship (AMS) programs improve the appropriate use of antimicrobials by ensuring that they are prescribed according to evidence-based guidelines, with choice, dose, and duration of antibiotics, ensuring the best patient outcome. Australian AMS programs have been shown to decrease unnecessary and inappropriate use, improve patient outcomes and reduce antimicrobial resistance, toxicity and unnecessary costs.

The National Safety and Quality Health Service Standard – Preventing and Controlling Healthcare Associated Infections requires all Australian hospitals to implement an AMS program. Since the introduction of these standards there has been a higher prioritisation of AMS activities by health service organisations, with both public and private hospitals now auditing antimicrobial prescribing. All principal referral hospitals in Australia now participate in national surveillance of antimicrobial use. There has been a 12.6% reduction in hospital antimicrobial usage between 2011 and 2016.

Along with infection prevention and control, hand hygiene, and surveillance, AMS is a key strategy in national and international programs to prevent the further emergence of AMR and decrease preventable healthcare-associated infection.

Heavy Menstrual Bleeding: The case for improvement

Australian Commission on Safety and Quality in Health Care
Sydney: ACSQHC; 2018. p. 36.

<https://www.safetyandquality.gov.au/our-work/clinical-care-standards/heavy-menstrual-bleeding/>

Osteoarthritis of the Knee Case for Improvement

Australian Commission on Safety and Quality in Health Care
Sydney: ACSQHC; 2018. p. 40.

<https://www.safetyandquality.gov.au/our-work/clinical-care-standards/osteoarthritis-clinical-care-standard/>

In 2017, the Commission launched clinical care standards (CCS) on osteoarthritis of the knee and heavy menstrual bleeding. New resources to support implementation of these clinical care standards are now available online:

- *Osteoarthritis of the Knee: The case for improvement*
- *Heavy Menstrual Bleeding: The case for improvement.*

These educational resources are designed to support implementation at the local level as well as highlighting opportunities for system-wide collaborative action. Each Case for Improvement document describes:

- Why implementing the clinical care standard is important.
- What needs to be considered to support implementation at a local level.
- The opportunities for broader initiatives and activities to overcome some of the barriers to providing the care recommended in the clinical care standard.

Other resources available from the Commission's website include indicator specifications, infographics, and consumer and clinician fact sheets to support implementation available at www.safetyandquality.gov.au/ccs

The Best Medical Care in the World

Reilly BM

New England Journal of Medicine. 2018;378(18):1741-3.

DOI	https://doi.org/10.1056/NEJMms1802026
Notes	This item in the <i>New England Journal of Medicine</i> reveals a shocking sequence of poor care provided to a vulnerable patient. A sequence that saw multiple institutions fail to recognise quadriplegia, among a catalogue of failures. Many of these failures were exacerbated by systems and standard processes that did not place the patient as the focus of all this activity. Ensuring ‘activated’ patients always receive the right care at the right time is a challenge that is not always met. But the risks are even greater for vulnerable patients who cannot (or will not) speak up.

Why are so many more adolescents presenting to our emergency departments with mental health problems?

Sawyer SM, Patton GC

Medical Journal of Australia 2018;208(8):339-40.

Presentations to NSW emergency departments with self-harm, suicidal ideation, or intentional poisoning, 2010-2014

Perera J, Wand T, Bein KJ, Chalkley D, Ivers R, Steinbeck KS, et al.

Medical Journal of Australia 2018;208(8):348-53.

Paediatric mental and physical health presentations to emergency departments, Victoria, 2008-15.

Hiscock H, Neely RJ, Lei S, Freed G

Medical Journal of Australia 2018;208(8):343-8.

DOI	Sawyer and Patton https://doi.org/10.5694/mja18.00213 Perera et al https://doi.org/10.5694/mja17.00589 Hiscock et al https://doi.org/10.5694/mja17.00434
Notes	Two articles investigating mental health presentations to hospital emergency departments found that these services are treating increasing numbers of children and adolescents for mental health problems including suicidal ideation and behaviour, self-poisoning, substance abuse and self-harm. In Victoria between 2008–09 and 2014–15, the number of mental health presentations increased by 6.5% per year, compared with an increase in physical health presentations of 2.1% per year. In NSW, presentations for self-harm, suicidal ideation, or intentional poisoning increased in all age groups except for children under 10, with the greatest increase in 10-19 year olds – a 27% annual increase between 2010 and 2014. An accompanying editorial suggests these data are “canaries in the mine” indicating the mental health needs of young people and the extent to which they appear to be inadequately addressed by existing community services, especially in crisis and after hours, when many presentations occurred. As national prevalence surveys have not shown an increase in youth mental health concerns, it is possible that health-seeking behaviour has increased, and/or that community services are being sub-optimally used.

Medical practice variation: public reporting a first necessary step to spark change

Westert GP, Groenewoud S, Wennberg JE, Gerard C, DaSilva P, Atsma F, et al

International Journal for Quality in Health Care. 2018 [epub].

Reporting bowel surgeons’ death rates did not lead to “gaming”

Hawkes N

BMJ 2018;361:k1931

Effect of public reporting of surgeons’ outcomes on patient selection, “gaming,” and mortality in colorectal cancer surgery in England: population based cohort study

Vallance AE, Fearnhead NS, Kuryba A, Hill J, Maxwell-Armstrong C, Braun M, et al
 BMJ. 2018;361:k1581.

A survey of interventional cardiologists' attitudes and beliefs about public reporting of percutaneous coronary intervention
 Blumenthal DM, Valsdottir LR, Zhao Y, Shen C, Kirtane AJ, Pinto DS, et al
 JAMA Cardiology. 2018 [epub].

Public reporting of percutaneous coronary intervention outcomes: Moving beyond the status quo
 Wadhwa RK, Joynt Maddox KE, Yeh RW, Bhatt DL
 JAMA Cardiology. 2018.

Optimizing transparency to empower patients
 Borden WB
 JAMA Cardiology. 2018 [epub].

DOI	Westert et al https://doi.org/10.1093/intqhc/mzy092 Hawkes https://doi.org/10.1136/bmj.k1931 Vallance et al https://doi.org/10.1136/bmj.k1581 Blumenthal et al https://doi.org/10.1001/jamacardio.2018.1095 Wadhwa et al. https://doi.org/10.1001/jamacardio.2018.0947 Borden https://doi.org/10.1001/jamacardio.2018.0955
Notes	<p>The issue of public reporting makes periodic appearances. Often when it is suggested there are fevered responses, but the experience tends to be that the sky does not fall! Westert et al discuss the significance of medical practice variation and make the argument that public reporting is a necessary step but is only the start of the journey to the delivery of appropriate care. This paper uses the case studies of investigations of variation in the Netherlands and New Zealand, but the experience is very similar with the <i>Australian Atlas of Healthcare Variation</i> series.</p> <p>The other papers here are among the most recent examples of the impact (or perhaps lack thereof) of public reporting. Hawkes reports that ‘Fears that publishing bowel surgeons’ patient death rates would lead to risk averse practices or to exaggerating how ill their patients were to justify poor performance can be set aside’ as a published study (Vallance et al) ‘found no evidence of any change in the proportion of patients in England having an elective major resection of the bowel since publication of results began, and death rates have fallen substantially’ and no evidence of risk averse clinical practice behaviour or “gaming” of data.</p> <p>In the USA, in the field of cardiology, a cluster of papers in <i>JAMA Cardiology</i> continue the debate. Blumenthal et al report that a survey of interventional cardiologists in Massachusetts and New York (to which 149 responded) found that ‘65% of participants reported avoiding percutaneous coronary intervention on at least 2 occasions, and 59% reported sometimes or often being pressured by colleagues to avoid PCIs because of concerns about public reporting’ showing that risk-averse clinical practice is occurring. Wadhwa et al are also critical of public reporting of percutaneous coronary intervention (PCI) outcomes in New York State, arguing that it has not achieved its objectives and that there should be a move to ‘reporting that might strengthen care quality, empower patients, and mitigate undesirable repercussions.’ Borden, in a commentary piece, argues that ‘Turning away from public reporting is not an option.’</p>

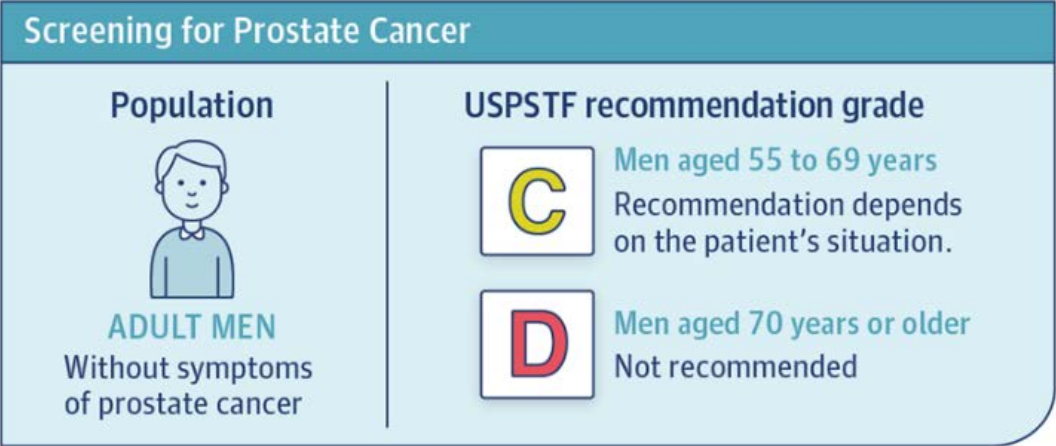
For further information on the Commission’s work on the *Australian Atlas of Healthcare Variation* series see, <https://safetyandquality.gov.au/atlas>

Screening for Prostate Cancer: US Preventive Services Task Force Recommendation Statement
 U. S. Preventive Services Task Force
 Journal of the American Medical Association. 2018;319(18):1901-13.

Screening for prostate cancer

Jin J

Journal of the American Medical Association. 2018;319(18):1946.

DOI	https://doi.org/10.1001/jama.2018.3710 https://doi.org/10.1001/jama.2018.4972
Notes	<p>The US Preventive Services Task Force has released this Recommendation Statement on screening for prostate cancer. Updating their 2012 recommendation on prostate-specific antigen (PSA)–based screening for prostate cancer. <i>JAMA</i> has also published a consumer/patient page summarising the recommendations.</p>  <p>The infographic is titled "Screening for Prostate Cancer" and is divided into two main sections. The left section, titled "Population", features a simple line drawing of a man's head and shoulders. Below the drawing, it reads "ADULT MEN" and "Without symptoms of prostate cancer". The right section, titled "USPSTF recommendation grade", contains two items. The first is a yellow box with a white letter "C", followed by the text "Men aged 55 to 69 years" and "Recommendation depends on the patient's situation." The second is a red box with a white letter "D", followed by the text "Men aged 70 years or older" and "Not recommended".</p>

International Journal for Quality in Health Care
 Volume 30 Issue 4, May 2018

URL	https://academic.oup.com/intqhc/issue/30/4
Notes	<p>A new issue of the <i>International Journal for Quality in Health Care</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 the <i>International Journal for Quality in Health Care</i> include:</p> <ul style="list-style-type: none"> • Editorial: Using routinely available data and statistical methods to monitor and evaluate quality of care (Wen Chen) • The representation of vulnerable populations in quality improvement studies (Asaph Rohnitsky ; Maksim Kirtsman; Hanna R Goldberg; Michael Dunn; Chaim M Bell) • Improvement of emergency department patient flow using lean thinking (Miquel Sánchez; Montse Suárez; María Asenjo; Ernest Bragulat) • Implementation status of morbidity and mortality conferences in Swiss hospitals: a national cross-sectional survey study (Isabelle Praplan-Rudaz; Yvonne Pfeiffer; David L B Schwappach) • Assessing functional status after intensive care unit stay: the Barthel Index and the Katz Index (Leda Tomiko Yamada da Silveira; Janete Maria da Silva; Júlia Maria Pavan Soler; Carolina Yea Ling Sun ; Clarice Tanaka; Carolina Fu) • Using statistical process control methods to trace small changes in perinatal mortality after a training program in a low-resource setting (Estomih R Mduma ; Hege Ersdal; Jan Terje Kvaloy; Erling Svensen; Paschal Mdoe; Jeffrey Perlman; Hussein Lessio Kidanto; Eldar Soreide)

	<ul style="list-style-type: none"> • Short- and long-term effects of clinical pathway on the quality of surgical non-small cell lung cancer care in China: an interrupted time series study (Xinyu Wang; Shaofei Su ; Hao Jiang; Jiaying Wang; Xi Li; Meina Liu) • Loss of job-related right to healthcare is associated with reduced quality and clinical outcomes of diabetic patients in Mexico (Svetlana V Doubova; Víctor Hugo Borja-Aburto; Germán Guerra-y-Guerra; V Nelly Salgado-de-Snyder ; Miguel Ángel González-Block) • Measuring care transitions in Sweden: validation of the care transitions measure (Maria Flink; Mesfin Tessma; Milada Cvancarova Småstuen; Marléne Lindblad; Eric A Coleman; Mirjam Ekstedt) • EQ-5D-Y for the assessment of health-related quality of life among Taiwanese youth with mild-to-moderate chronic kidney disease (Chien-Ning Hsu ; Hsiang-Wen Lin; A Simon Pickard; You-Lin Tain) • Quality of care and variability in lung cancer management across Belgian hospitals: a population-based study using routinely available data (France Vrijens; Cindy De Gendt; Leen Verleye; Jo Robays ; Viki Schillemans; Cécile Camberlin; Sabine Stordeur; Cécile Dubois; Elisabeth Van Eycken; Isabelle Wauters; Jan P Van Meerbeek) • I am quitting my job. Specialist nurses in perioperative context and their experiences of the process and reasons to quit their job (Ann Lögde; Gudrun Rudolfsson; Roma Runesson Broberg; Anna Rask-Andersen; Robert Wälinder; Ereboundi Arakelian) • Development of Saudi e-health literacy scale for chronic diseases in Saudi Arabia: using integrated health literacy dimensions (Nasriah Zakaria ; Ohoud AlFakhry; Abeer Matbuli; Asma Alzahrani; Noha Samir Sadiq Arab; Alaa Madani; Noura Alshehri; Ahmed I Albarrak) • 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; Yonatan Hasin)
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Journal for Healthcare Quality

May/June 2018 - Volume 40 - Issue 3

URL	https://journals.lww.com/jhqonline/toc/2018/05000
Notes	<p>A new issue of the <i>Journal for Healthcare Quality</i> has been published. Articles in this issue of <i>Journal for Healthcare Quality</i> include:</p> <ul style="list-style-type: none"> • Continuity of Care in Older Adults With Multiple Chronic Conditions: How Well Do Administrative Measures Correspond With Patient Experiences? (DuGoff, Eva H.) • Comparison of Machine Learning Algorithms for the Prediction of Preventable Hospital Readmissions (Garcia-Arce, Andres; Rico, Florentino; Zayas-Castro, José L.) • Measuring Consumer Engagement: A Review of Tools and Findings (Jacobs, Laurie M.; Brindis, Claire D.; Hughes, Dana; Kennedy, Caitlin E.; Schmidt, Laura A.) • Within-Hospital Variation in 30-Day Adverse Events: Implications for Measuring Quality (Burke, Robert E.; Glorioso, Thomas; Barón, Anna K.; Kaboli, Peter J.; Ho, P. Michael) • Exploring the Perceived Value of a Personalized Informatics Tool to Anticipate and Mitigate Patient Risk (Kneeland, Michael D.; Ivory, Catherine H.; Bloomingburg, Phebe; Choma, Neesha N.)

	<ul style="list-style-type: none"> • Improving Patient Compliance With Mechanical Venous Thromboembolism Prophylaxis (Nahar, Deepti; Nizam, Aaron; Farrow, Monique; Restifo, Andrea; Nimaroff, Michael) • Medication Knowledge Among Older Adults Admitted to Home Care in Ontario During 2012–2013 (Sears, Kim; Woo, Kevin Y.; Almost, Joan; Wilson, Rosemary; Frymire, Eliot; Whitehead, Marlo; VanDenKerkhof, Elizabeth) • A Six Sigma Approach to Analyze Time-to-Assembly Variance of Surgical Trays in a Sterile Services Department (Fogliatto, Flavio S.; Anzanello, Michel J.; Tortorella, Guilherme L.; Schneider, Daniela S. S.; Pereira, Cintia G. R.; Schaan, Beatriz D.) • Managing What Is Measured: A Rural Hospital's Experience in Reducing Patient Harm (Stargell, Lucretia F.; Heatherly, Stephen L.)
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Health Education in Practice: Journal of Research for Professional Learning
Volume 1, No. 1 (018)

URL	https://openjournals.library.sydney.edu.au/index.php/HEP/index
Notes	<p>The inaugural issue of <i>Health Education in Practice: Journal of Research for Professional Learning</i> has been published. This new electronic journal is an open access publication new electronic journal dedicated to research and evaluation related to health education in practice. Articles in this first issue of <i>Health Education in Practice: Journal of Research for Professional Learning</i> include:</p> <ul style="list-style-type: none"> • Design Research (Peter Goodyear) • The CASE Methodology: A guide to developing clinically authentic case-based scenarios for online learning programs targeting evidence-based practice (Tim Shaw, Anna Janssen, Stewart Barnet, James Nicholson, Jennifer Avery, Nicole Henenka, Jane Phillips) • Impact of the learning context on undergraduate healthcare students' Evidence-Based Practice confidence and attitudes (Kylie Ann Murphy, Yann Guisard, Michael Curtin, Catherine Jane Thomas, R E Crawford, J Biles) • Pain education for clinicians in geriatrics: a study into changes in clinician attitudes and beliefs (Audrey P Wang, Georgia Fisher, Jillian Hall) • The Hybrid Theatre: An interview with Professor Paul Bannon (J Eisner)

Health Affairs
Volume: 37, Number: 5 (May 2018)

URL	https://www.healthaffairs.org/toc/hlthaff/37/5
Notes	<p>A new issue of <i>Health Affairs</i> has been published, with the theme 'Precision Medicine'. Articles in this issue of <i>Health Affairs</i> include:</p> <ul style="list-style-type: none"> • Patients Armed With Their Own Genetic Data Raise Tough Questions (Carina Storrs) • Precision Medicine: From Science To Value (Geoffrey S Ginsburg, and Kathryn A Phillips) • Data Sharing For Precision Medicine: Policy Lessons And Future Directions (Alessandro Blasimme, Marta Fadda, M Schneider, and E Vayena) • Genetic Test Availability And Spending: Where Are We Now? Where Are We Going? (Kathryn A Phillips, Patricia A Deverka, Gillian W Hooker, and Michael P Douglas) • Horizon Scan Of Clinical Laboratories Offering Pharmacogenetic Testing (Susanne B Haga, and Ariel Kantor)

	<ul style="list-style-type: none"> • Precision Medicines Have Faster Approvals Based On Fewer And Smaller Trials Than Other Medicines (Lisette Pregelj, Thomas J Hwang, Damian C Hine, Evan B Siegel, Ross T Barnard, J J Darrow, and A S Kesselheim) • Evaluating The Impact Of The Orphan Drug Act's Seven-Year Market Exclusivity Period (Ameet Sarpatwari, Reed F Beall, Abdurrahman Abdurrob, Mengdong He, and Aaron S. Kesselheim) • Generic Price Competition For Specialty Drugs: Too Little, Too Late? (Ashley L Cole, and Stacie B Dusetzina) • Assessing Medicare's Approach To Covering New Drugs In Bundled Payments For Oncology (L Daniel Muldoon, Pamela M Pelizzari, Kelsey A Lang, Joe Vandigo, and Bruce S Pyenson) • Strategies For Clinical Implementation: Precision Oncology At Three Distinct Institutions (Lincoln D Nadauld, J M Ford, D Pritchard, T Brown) • Patient-Centered Precision Health In A Learning Health Care System: Geisinger's Genomic Medicine Experience (Marc S Williams, Adam H Buchanan, F Daniel Davis, W Andrew Faucett, Miranda L G Hallquist, Joseph B Leader, Christa L Martin, Cara Z McCormick, Michelle N Meyer, Michael F Murray, Alanna K Rahm, Marci L B Schwartz, Amy C Sturm, Jennifer K Wagner, Janet L Williams, Huntington F Willard, and David H Ledbetter) • Real-World Evidence In Support Of Precision Medicine: Clinico-Genomic Cancer Data As A Case Study (Vineeta Agarwala, Sean Khozin, Gaurav Singal, C O'Connell, D Kuk, , G Li, A Gossai, V Miller, and A P Abernethy) • Precision Medicine In Action: The Impact Of Ivacaftor On Cystic Fibrosis–Related Hospitalizations (Lisa B Feng, Scott D Grosse, Ridgely Fisk Green, Aliza K Fink, and Gregory S Sawicki) • Lack Of Diversity In Genomic Databases Is A Barrier To Translating Precision Medicine Research Into Practice (Latrice G Landry, Nadya Ali, David R Williams, Heidi L Rehm, and Vence L Bonham) • Characteristics Of Likely Precision Medicine Initiative Participants Drawn From A Large Blood Donor Population (Cinnamon S Bloss, Justin Stoler, Cynthia E Schairer, Sara B Rosenthal, Cynthia Cheung, Holly M Rus, Jessica L Block, Jiue-An “Jay” Yang, Doug Morton, Helen Bixenman, and David Wellis) • Views Of Primary Care Providers On Testing Patients For Genetic Risks For Common Chronic Diseases (Diane Hauser, Aniwaa Owusu Obeng, Kezhen Fei, Michelle A Ramos, and Carol R Horowitz) • Delivery Of Cascade Screening For Hereditary Conditions: A Scoping Review Of The Literature (Megan C Roberts, W David Dotson, Christopher S DeVore, Erica M Bednar, Deborah J Bowen, Theodore G Ganiats, Ridgely Fisk Green, Georgia M Hurst, Alisdair R Philp, Charité N Ricker, A C Sturm, A M Trepanier, J L Williams, HA Zierhut, K A Wilemon, and H Hampel) • Lessons Learned From A Study Of Genomics-Based Carrier Screening For Reproductive Decision Making (Benjamin S Wilfond, Tia L Kauffman, Gail P Jarvik, Jacob A Reiss, C Sue Richards, Carmit McMullen, Marian Gilmore, Patricia Himes, S A Kraft, K M Porter, J L Schneider, S Punj, M C Leo, J F Dickerson, F L Lynch, E Clarke, A F Rope, K Lutz, and K A B Goddard) • Cancer, Our Genes, And The Anxiety Of Risk-Based Medicine (Siddhartha Mukherjee)
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BMJ *Quality and Safety* online first articles

URL	https://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"> Investigating the association of alerts from a national mortality surveillance system with subsequent hospital mortality in England: an interrupted time series analysis (Elizabeth Cecil, Alex Bottle, Aneez Esmail, Samantha Wilkinson, Charles Vincent, Paul P Aylin)

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"> Wide variation and patterns of physicians’ responses to drug–drug interaction alerts (Insook Cho; Yura Lee; Jae-Ho Lee; David W Bates) Limit, lean or listen? A typology of low-value care that gives direction in de-implementation (Eva W Verkerk; Marit A C Tanke; Rudolf B Kool; Simone A van Dulmen; Gert P Westert) The impact of work-related stress on medication errors in Eastern Region Saudi Arabia (Abdul Salam; David M Segal; Munir Ahmad Abu-Helalah; Mary Lou Gutierrez; Imran Joosub; Wasim Ahmed; Rubina Bibi; Elizabeth Clarke; Ali Ahmed Al Qarni) The use of the Patient Assessment of Chronic Illness Care (PACIC) instrument in diabetes care: a systematic review and meta-analysis (Chantal Ardit; Katia Iglesias; Isabelle Peytremann-Bridevaux) Adaptation of a hospital electronic referral system for antimicrobial stewardship prospective audit and feedback rounds (Matthew D M Rawlins; Edward Raby; Frank M Sanfilippo; Rae Douglass; Jonathan Chambers; Duncan McLellan John R Dyer) Longitudinal variation in pressure injury incidence among long-term aged care facilities (Mikaela Jorgensen; Joyce Siette; Andrew Georgiou; Johanna I Westbrook)

Online resources

[UK] *The Perinatal Mental Health Care Pathways*

<https://www.england.nhs.uk/publication/the-perinatal-mental-health-care-pathways/>

NHS England has published this guidance that sets out the policy drivers and strategic context for transforming perinatal mental health care, as well as pathways to deliver transformation. It provides services with evidence on what works in perinatal mental health and case studies of positive practice.

[USA] *Effective Health Care Program reports*

<https://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:

- Mobile Health Applications for Self-Management of **Diabetes***
<https://effectivehealthcare.ahrq.gov/topics/diabetes-mobile-devices/technical-brief>

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