



On the Radar

Issue 382

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On the Radar

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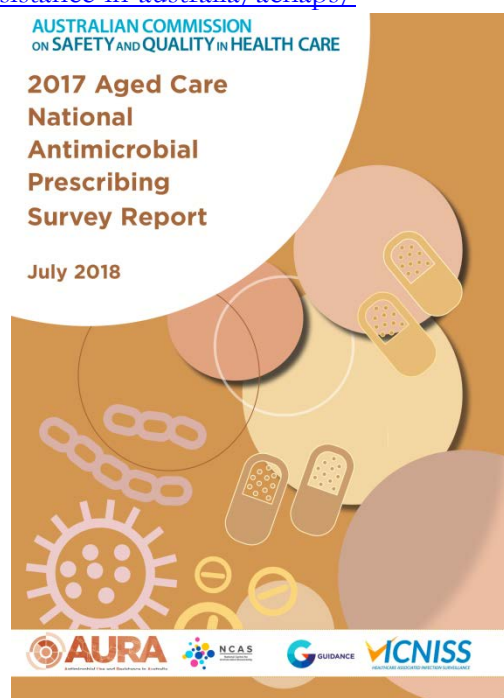
Antimicrobial Prescribing and Infections in Australian Aged Care Homes: Results of the 2017 Aged Care National Antimicrobial Prescribing Survey

National Centre for Antimicrobial Stewardship and Australian Commission on Safety and Quality in Health Care

Sydney: ACSQHC; 2018. p. 25.

<https://www.safetyandquality.gov.au/antimicrobial-use-and-resistance-in-australia/acnaps/>

This report describes the results of the 2017 Aged Care National Antimicrobial Prescribing Survey (acNAPS). It confirms the findings of the 2015 pilot and the 2016 acNAPS with regard to **high levels of inappropriate prescribing of antimicrobials in aged care homes** — particularly, **prolonged duration of prescriptions, inadequate documentation** of indication and review and start dates, use of antimicrobials for unspecified infections and very high levels of use of topical antimicrobials.



Aspects of inappropriate antimicrobial use in aged care homes in 2017 which continue to be cause for concern include:

- More than half (55.2%) of the antimicrobial prescriptions were for residents with no signs and/or symptoms of infection in the week prior to the start date, compared with 45.4% in 2016
- Of all antimicrobial prescriptions dispensed for residents with signs and/or symptoms of infection, only 18.4% met internationally recognised infection definitions, compared with 36.5% in 2016
- The start date was greater than six months prior to the survey day for 26.9% of antimicrobial prescriptions, compared with 30.1% in 2016
- The indication for commencing an antimicrobial was not documented for 23.7% of prescriptions, compared with 25.6% in 2016
- The antimicrobial review or stop date was not documented for 55.6% of prescriptions, compared with 59.2% in 2016
- One-third (33.1%) of antimicrobial prescriptions were for topical use, compared to 32.4% in 2016. Most minor skin infections are self-limiting and resolve without the use of an antibiotic with standard skin hygiene care, and if an antibiotic is required, topical antibiotics are only appropriate for patients with minor, localised areas of impetigo.

CARAlert Summary Report 1 October 2017–31 March 2018
Australian Commission on Safety and Quality in Health Care
Sydney: ACSQHC; 2018. p. 34.

<https://www.safetyandquality.gov.au/antimicrobial-use-and-resistance-in-australia/what-is-aura/national-alert-system-for-critical-antimicrobial-resistances-caralert/>

The National Alert System for Critical Antimicrobial Resistances (CARAlert) was established by the Australian Commission on Safety and Quality in Health Care in March 2016 as part of the Antimicrobial Use and Resistance in Australia (AURA) Surveillance System. Critical antimicrobial resistances (CARs) are resistance mechanisms, or profiles, known not to respond effectively to last-line antimicrobial agents. CARs are a significant threat to human health.

The CARAlert system is the first nationally coordinated system that supports communication of information on confirmed CARs and potential CAR outbreaks as close as possible to the time of confirmation. The CARAlert collects surveillance data on priority organisms with critical resistance to last-line antimicrobial agents, these reports are critical to surveillance and ensuring timely and appropriate response by hospitals, clinicians, patients, infection control practitioners and state and territory health departments.

In total, 653 CARs were reported by 58 participating laboratories between October 2017 and 31 March 2018, a number similar to the same period in the previous year (October 2016 to March 2017).

Azithromycin non-susceptible *Neisseria gonorrhoeae* were the most frequently reported CAR of all CAR types (46.6%) during the reporting period, followed by **carbapenemase-producing Enterobacterales** (CPE) either alone (36.9%) or in combination with ribosomal methyltransferases (RMT) (2.1%).

Forty-eight percent of CARs were detected from hospitalised patients or hospital outpatients. Although the total number of CARs reported was the same as for the corresponding reporting period from October 2016 to March 2017, there was a significant increase (266%) in multidrug-resistant *Shigella* species (9 to 33; $P < 0.001$) - Shigellosis is a diarrhoeal disease caused by infection with the *Shigella* bacteria.

Books

Building the Case for Health Literacy: Proceedings of a Workshop

National Academies of Sciences, Engineering, Medicine

Joe A, editor

Washington, DC: The National Academies Press; 2018.

DOI	https://doi.org/10.17226/25068
Notes	In November 2017, the (US) National Academies of Sciences, Engineering, and Medicine convened a public workshop on building the case for health literacy. This workshop report summarizes the discussions at that event around health literacy programs and provides case studies of health organizations that have adopted such programs.

Reports

The impact of the home care reforms on the older person, the aged care workforce and the wider Health System

Deeble Institute Issues Brief No. 27.

Jorgensen M, Haddock R

Canberra: Australian Healthcare and Hospitals Association; 2018. p. 45.

URL	https://ahha.asn.au/publication/health-policy-issue-briefs/deeble-issues-brief-no-27-impact-home-care-reforms-older
Notes	<p>The Deeble Institute of the Australian Healthcare and Hospitals Association has published this issues brief in which the authors have sought to use various sources to examine the impact of recent home care reforms on older people and their carers, the aged care workforce and providers, and the wider Health System. The authors make a number of recommendations, particularly about research and knowledge gaps in developing, implementing and evaluation home care reforms.</p> <p>Areas addressed include</p> <ul style="list-style-type: none"> • reforms that target access to home care for older people and their carers, including the creation of My Aged Care, the Home Care Packages Program, and the national prioritisation queue. Consumer experiences and information on provider quality to inform consumer choice and the measurement of outcomes are discussed. • the effect of the reforms on a home care workforce already under pressure, including the need for monitoring work conditions and quality of care under new emerging models. • the use of public data collections to examine the impact of the home care reforms on the wider Health System for those both receiving and waiting to receive home care. <p>The authors argue that policy reform is needed to ensure that our aged care system can meet the needs of Australia's rapidly ageing and increasingly diverse older population. These reforms need to be guided by consumer input and research evidence. They also call for rigorous evaluation and that this should be embedded so as to ensure improved monitoring of the impact of changes on older adults and the people and systems that support them</p>

Evaluation of the implementation of the Saving Babies' Lives Care Bundle in early adopter NHS trusts in England
Widdows K, Roberts SA, Camacho EM, Heazell AEP
Manchester: Maternal and Fetal Health Research Centre, University of Manchester; 2018. p. 106.

URL	https://www.england.nhs.uk/2018/07/nhs-action-plan-can-prevent-over-600-still-births-a-year-says-nhs-england/
Notes	NHS England commissioned an independent evaluation of the impact of the Saving Babies Lives care bundle. The care bundle had been implemented in 19 maternity units. The evaluation found that clinical improvements — such as better monitoring of a baby’s growth and movement in pregnancy, as well as better monitoring in labour — led to maternity staff helping to save more than 160 babies’ lives across the units. The report found “In participating Trusts, stillbirth rates have declined by 20% over the period during which the Saving Babies’ Lives Care Bundle (SBLCB) was implemented... The crude stillbirth rate was 4.14/1,000 births before SBLCB and 3.31/1,000 births after SBLCB.” They also observed that “Significant variation in the stillbirth rate persists across the early adopter Trusts beyond that explicable by care level and aggregated deprivation score. This suggests that there may be variation in practice between Trusts and therefore scope for improvement ”.

Journal articles

Low-value care in Australian public hospitals: prevalence and trends over time
Badgery-Parker T, Pearson S-A, Chalmers K, Brett J, Scott IA, Dunn S, et al
BMJ Quality & Safety. 2018 [epub].

DOI	https://doi.org/10.1136/bmjqs-2018-008338
Notes	Value has become one of the buzzwords of healthcare in recent times. It can be a polarising term as some regard it as cover for rationing while others prefer to talk more of appropriateness of care and variation in care. For some it is also a question of defining value. Is it purely a monetary figure or is it more about what you value or consider important to you? Notwithstanding these issues, this is the latest piece looking at low value care in Australia. Using admitted patient data for the period 2010/11–2016/17 this study looked at 27 procedures that have been deemed as low value. Depending on the criteria, the team identified between 5079 and 8855 episodes of these 27 low value procedures in 2016/17 in New South Wales public hospitals. The authors report finding that low value incidence of some of these procedures is quite low: “Half the procedures accounted for less than 2% of all low-value episodes identified; three of these had no low-value episodes in 2016–2017.” Furthermore, “Of the 14 procedures accounting for most low-value care, seven showed decreasing trends from 2010–2011 to 2016–2017, while three (colonoscopy for constipation, endoscopy for dyspepsia, sentinel lymph node biopsy for melanoma in situ) showed increasing trends.” Interestingly they also observed that “The proportion of low-value care varied widely between hospitals. ” It is this variation in low value care that could possibly be found to be unwarranted variation. The authors also noted that “The variation between procedures and hospitals may imply different drivers and potential remedies.”

For information about the Commission’s work on variation and to access the *Australian Atlas of Healthcare Variation* series, see <https://www.safetyandquality.gov.au/atlas/>

Why are women with ST-elevation myocardial infarction treated differently to men?

MacIsaac AI, Figtree G

Medical Journal of Australia. 2018;209(3):115-6.

Differences in management and outcomes for men and women with ST-elevation myocardial infarction

Khan E, Brieger D, Amerena J, Atherton JJ, Chew DP, Farshid A, et al

Medical Journal of Australia. 2018;209(3):118-23.

Delays in primary percutaneous coronary treatment for patients with ST-elevation myocardial infarction

Dinh DT, Wang Y, Brennan AL, Duffy SJ, Stub D, Reid CM, et al.

Medical Journal of Australia. 2018;209(3):130-1.

Public reporting of percutaneous coronary interventions

Wang DE, Wadhwa RK, Bhatt DL

Medical Journal of Australia. 2018;209(3):104-5.

DOI	MacIsaac and Figtree https://doi.org/10.5694/mja18.00476 Khan et al https://doi.org/10.5694/mja17.01109 Dinh et al https://doi.org/10.5694/mja17.01186 Wang et al https://doi.org/10.5694/mja18.00569
Notes	Monitoring and quality improvement traditionally go hand in hand. Two studies in this issue of the <i>MJA</i> demonstrate the value of cardiac registries for tracking the quality of care, while a third describes possible risks of public reporting of outcomes. Khan et al use registry data from the CONCORDANCE registry to demonstrate that Australian women are less likely to receive timely and appropriate percutaneous coronary intervention (PCI) than men (Khan et al; MacIsaac and Figtree). Dinh et al use VCOR data (Victorian Coronary Outcomes Registry) to assess compliance with new guideline-recommended door-to-balloon times and found a median time that was compliant with the old guideline of 90 minutes but not with the new (median DTB 69 minutes). Hospitals with pre-notification systems were more likely to meet the guideline. A paradoxical effect has previously been shown for the relationship between invasive management of acute myocardial infarction and invasive management, with those most likely to benefit being the least likely to receive treatment. Data from the USA, reported by Wang et al, suggest that public reporting of mortality and readmission after CABG or PCI had a negative effect, with surgery rates decreasing after the introduction of public reporting. Anecdotally, surgeons reported unwillingness to operate on high risk patients because of the possible effect on reporting. Suggestions for adjustments to the indicators are provided.

For the *Acute Coronary Syndromes Clinical Care Standard* and resources see

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

Medication-related quality of care in residential aged care: an Australian experience

Hillen JB, Vitty A, Caughey GE

International Journal for Quality in Health Care. 2018.

DOI	https://doi.org/10.1093/intqhc/mzy164
Notes	This paper reports on a retrospective cohort study involving 17 672 aged care residents. The study used 23 medication-related quality of care (MRQOC) indicators to examine the use of appropriate medications in chronic disease, exposure to high-risk medications and access to collaborative health services. The study's findings included:

	<ul style="list-style-type: none"> • underuse of recommended cardiovascular medications, such as the use of statins in cardiovascular disease (56.1%) • overuse of high-risk medications was detected for medications associated with falls (73.5%), medications with moderate to strong anticholinergic properties (46.1%), benzodiazepines (41.4%) and antipsychotics (33.2%) • under-utilisation of collaborative health services such as medication reviews (42.6%).
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For information about the Commission’s work on medication safety, see <https://www.safetyandquality.gov.au/our-work/medication-safety/>

Making surgical wards safer for patients with diabetes: reducing hypoglycaemia and insulin errors

Singh A, Adams A, Dudley B, Davison E, Jones L, Wales L

BMJ Open Quality. 2018;7(3):e000312.

DOI	http://doi.org/10.1136/bmjoc-2017-000312
Notes	Diabetes is an increasingly common chronic condition and many hospital patients have the condition. This paper describes a 3 year multidisciplinary project that sought to develop insulin error reduction strategies and improve the safety of surgical patients with diabetes. The project saw the creation of guidelines, educational initiatives, and a whiteboard system to enhance the reliability of insulin therapy in the surgical unit. The whiteboard sugar cube alert system for poor glycaemic control delivered the greatest impact in reducing hypoglycaemia rates by more than 50%, insulin management errors by 70% and patient harm events by 75%.

Mortality effects of timing alternatives for hip fracture surgery

Sobolev B, Guy P, Sheehan KJ, Kuramoto L, Sutherland JM, Levy AR, et al.

Canadian Medical Association Journal. 2018;190(31):E923-E32.

DOI	https://doi.org/10.1503/cmaj.171512
Notes	<p>It is generally recognised that hip fracture surgery should be conducted promptly. This Canadian paper sought to estimate the effect of changes in timing policy and the proportion of deaths attributable to delays in surgery. The study used discharge information for 139,119 medically stable patients aged 65 or over from the period 2004–2012. 32,120 (23.1%) underwent surgery on the day of admission; 60,505 (43.5%) on day 2, 29,236 (21.0%) on day 3, and 17,258 (12.4%) after day 3. The authors report:</p> <ul style="list-style-type: none"> • Cumulative 30-day in-hospital mortality was 4.9% among patients who were surgically treated on admission day, increasing to 6.9% for surgery done after day 3. • Projected additional 10.9 deaths per 1000 surgeries if all surgeries were done after inpatient day 3 instead of admission day. • Attributable proportion of deaths for delays beyond inpatient day 2 was 16.5%. <p>These lead to the conclusion that “Surgery on admission day or the following day was estimated to reduce postoperative mortality among medically stable patients with hip fracture. Hospitals should expedite operating room access for patients whose surgery has already been delayed for nonmedical reasons.”</p> <p>This accords with the Commission’s <i>Hip Fracture Care Clinical Care Standard</i>, that contains Quality Statement 4: “A patient presenting to hospital with a hip fracture, or sustaining a hip fracture while in hospital, receives surgery within 48 hours, if no clinical contraindication exists and the patient prefers surgery”.</p>

For the *Hip Fracture Care Clinical Care Standard* see <https://www.safetyandquality.gov.au/our-work/clinical-care-standards/hip-fracture-care-clinical-care-standard/>

Association of a Bundled Hospital-at-Home and 30-Day Postacute Transitional Care Program With Clinical Outcomes and Patient Experiences

Federman AD, Soones T, DeCherrie LV, Leff B, Siu AL

JAMA Internal Medicine. 2018;178(8):1033-40.

DOI	https://doi.org/10.1001/jamainternmed.2018.2562
Notes	<p>Hospital-at-home (HaH) or hospital-in-the-home programs have attracted interest as it is thought/hoped that they may give patients better experience (and maybe better outcomes) as well as being cost-effective. This has tended to focus on care requiring continuing treatment.</p> <p>Federman et al report on a case-control study of 507 adult participants that sought to compare the clinical outcomes and patient's experiences of traditional (in hospital) care with a HaH hospital-at-home care that included a 30-day postacute period of home-based transitional care. The study was conducted from 18 November 2014 to 31 August 2017. Despite the HaH patients tending to be older and more likely to have a preacute functional impairment, they also reported:</p> <ul style="list-style-type: none"> • shorter acute period length of stay • lower rates of readmissions, emergency department revisits, and skilled nursing facilities admissions • more likely to rate their hospital care highly.

Australian Health Review

Volume 42(4) 2018

URL	http://www.publish.csiro.au/ah/issue/8885
Notes	<p>A new issue of <i>Australian Health Review</i> has been published. Articles in this issue of <i>Australian Health Review</i> include:</p> <ul style="list-style-type: none"> • Systematic review of evidence underpinning non-pharmacological therapies in dementia (Richard Olley and Andrea Morales) • Realising the potential of health needs assessments (Matthew Anstey, Paul Burgess and Lisa Angus) • Factors leading to overutilisation of hospital pathology testing: the junior doctor's perspective (William Ericksson, Janine Bothe, Heidi Cheung, Kate Zhang and Simone Kelly) • Projecting demands for renal replacement therapy in the Northern Territory: a stochastic Markov model (Jiqiong You, Yuejen Zhao, Paul Lawton, Steven Guthridge, Stephen P. McDonald and Alan Cass) • Health professionals' perception of patient safety culture in acute hospitals: an integrative review (Julie Willmott and Jon Mould) • Decision-making under pressure: medical errors in uncertain and dynamic environments (Alicia M Zavala, G E Day, D Plummer and A Bamford-Wade) • Mapping regulatory models for medicinal cannabis: a matrix of options (Vendula Belackova, Marian Shanahan and Alison Ritter) • Comparison of policies for recognising and responding to clinical deterioration across five Victorian health services (Julie Considine, Anastasia F. Hutchison, Helen Rawson, Alison M. Hutchinson, Tracey Bucknall, Trisha Dunning, Mari Botti, Maxine M. Duke and Maryann Street) • Internet images of the speech pathology profession (Nicole Byrne)

	<ul style="list-style-type: none"> • Population estimates and characteristics of Australians potentially eligible for bariatric surgery: findings from the 2011–13 Australian Health Survey (Melanie J Sharman, Monique C Breslin, Alexandr Kuzminov, Andrew J Palmer, Leigh Blizzard, Martin Hensher and Alison J Venn) • Principles of capacity management, applied in the mental health context (Kathryn Zeitz and Darryl Watson) • Partners in Recovery program evaluation: changes in unmet needs and recovery (Nicola Hancock, Justin Newton Scanlan, James A Gillespie, Jennifer Smith-Merry and Ivy Yen) • Accuracy of national key performance indicator reporting from two Aboriginal medical services: potential to underestimate the performance of primary health care (Isaac Hill, David Johnson, David Scrimgeour and R McDermott) • Physiotherapists' perceptions of workplace competency: a mixed-methods observational study (Rodney Sturt, Angela T Burge, Paula Harding and J Sayer) • Exploration of an allied health workforce redesign model: quantifying the work of allied health assistants in a community workforce (Lisa Somerville, Annette Davis, Sarah Milne, Desiree Terrill and Kathleen Philip) • Distrusting doctors' evidence: a qualitative study of disability income support policy makers (Ashley McAllister and Stephen R Leeder)
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Health Affairs

Volume: 37, Number: 8 (August 2018)

URL	https://www.healthaffairs.org/toc/hlthaff/37/8
Notes	<p>A new issue of <i>Health Affairs</i> has been published, with the themes 'Medicaid, Markets & More'. Articles in this issue of <i>Health Affairs</i> include:</p> <ul style="list-style-type: none"> • Health Policy Was Bustin' Out All Over (Timothy Stoltzfus Jost) • Medicaid Eligibility Expansions May Address Gaps In Access To Diabetes Medications (Rebecca Myerson, Tianyi Lu, I Tonnu-Mihara, and E S Huang) • Impact Of Medicaid Expansion On Coverage And Treatment Of Low-Income Adults With Substance Use Disorders (Mark Olfson, Melanie Wall, Colleen L. Barry, Christine Mauro, and Ramin Mojtabai) • Medicaid Benefits For Addiction Treatment Expanded After Implementation Of The Affordable Care Act (Christina M Andrews, Colleen M Grogan, Bikki Tran Smith, Amanda J Abraham, Harold A Pollack, Keith Humphreys, Melissa A Westlake, and Peter D Friedmann) • Social Determinants As Public Goods: A New Approach To Financing Key Investments In Healthy Communities (Len M Nichols and Lauren A Taylor) • High-Deductible Health Plan Enrollment Increased From 2006 To 2016, Employer-Funded Accounts Grew In Largest Firms (G Edward Miller, Jessica P Vistnes, Frederick Rohde, and Patricia S Keenan) • ACA Marketplace Premiums Grew More Rapidly In Areas With Monopoly Insurers Than In Areas With More Competition (Jessica Van Parys) • Unlike Medical Spending, Medical Bills In Collections Decrease With Patients' Age (Michael Batty, Christa Gibbs, and Benedic Ippolito) • Trends In Medicare Fee-For-Service Spending Growth For Dual-Eligible Beneficiaries, 2007–15 (Laura M Keohane, David G Stevenson, Salama Freed, Sunita Thapa, Lucas Stewart, and Melinda B Buntin) • Regional Variations: The Use Of Hospitals, Home Health, And Skilled Nursing In Traditional Medicare And Medicare Advantage (Qijuan Li, Momotazur Rahman, P Gozalo, L M Keohane, M R Gold, and A N Trivedi)

	<ul style="list-style-type: none"> • Hospitals Using Bundled Payment Report Reducing Skilled Nursing Facility Use And Improving Care Integration (Jane M Zhu, Viren Patel, Judy A Shea, Mark D Neuman, and Rachel M Werner) • Prices For Common Cardiovascular Drugs In The US Are Not Consistently Aligned With Value (Jonathan D Campbell, Vasily Belozerooff, Melanie D Whittington, Robert J. Rubin, Paolo Raggi, and Andrew H. Briggs) • Lesbian, Gay, And Bisexual Adults Report Continued Problems Affording Care Despite Coverage Gains (Kevin H Nguyen, Amal N Trivedi, and Theresa I Shireman) • Encouraging Participation And Transparency In Biobank Research (Kayte Spector-Bagdady, Raymond G De Vries, Michele G Gornick, Andrew G Shuman, Sharon Kardia, and Jody Platt) • Service Readiness For Noncommunicable Diseases Was Low In Five Countries In 2013–15 (Corrina Moucheraud) • Unleashing New Data On Health System Readiness (Margaret K Saunders) • Seeking Answers, Hearing Silence (Carole Hemmelgarn)
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BMJ Quality and Safety online first articles

URL	https://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"> • Low-value care in Australian public hospitals: prevalence and trends over time (Tim Badgery-Parker, Sallie-Anne Pearson, Kelsey Chalmers, Jonathan Brett, Ian A Scott, Susan Dunn, Neville Onley, Adam G Elshaug)

International Journal for Quality in Health Care online first articles

URL	https://academic.oup.com/intqhc/advance-access
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"> • Successful Healthcare Improvements From Translating Evidence in complex systems (SHIFT-Evidence): simple rules to guide practice and research (Julie E Reed; Cathy Howe; Cathal Doyle; Derek Bell) • Medication-related quality of care in residential aged care: an Australian experience (Jodie B Hillen; Agnes Vitty; Gillian E Caughey)

Online resources

Hospital Antimicrobial Stewardship Programs: Review of Core Elements and Resource Recommendations
<https://www.leadinghealthsystemsnetwork.org/lhsn-hospital-asp-elements>

This resource highlights core components of antimicrobial stewardship programs (ASPs). This review provides an extensive compilation of 35 program elements, offering:

- Comprehensive **definitions** for each component based on the resources reviewed
- A list of **resources** (e.g. reviews and guidelines) recommending each component
- A review of current **checklists** used to assess the quality of ASP implementation.

This compilation of resources and checklists presents the first comprehensive summary of the components integrated into ASPs around the world, serving to build an evaluation framework applicable across resource-rich and resource-limited contexts.

Core element types are disaggregated as:

- **Structure measures** (15), including tangible resources that are in place in order to facilitate the implementation of the program, such as an AMS team and drug formulary.
- **Process measures** (15), such as methods and procedures, such as restrictions on the specific prescription of antibiotics.
- **Outcome measures** (5), referring to the monitoring of measurable values that indicate the success of an antimicrobial stewardship program. Outcome measures may include the quantity of antibiotic use, antibiotic resistance, or other unintended consequences.

[UK] *NICE Guidelines and Quality Standards*

<https://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 reviews or updates are:

- Quality Standard QS172 **Endometriosis** <https://www.nice.org.uk/guidance/qs172>
- Quality Standard QS173 **Intermediate care including reablement**
<https://www.nice.org.uk/guidance/qs173>

[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:

- *Treatment for **Bipolar Disorder** in Adults: A Systematic Review*
<https://effectivehealthcare.ahrq.gov/topics/bipolar-disorder-treatment/final-report-2018>
- *Nonsurgical Treatments for **Urinary Incontinence in Women**: A Systematic Review Update*
<https://effectivehealthcare.ahrq.gov/topics/urinary-incontinence-update/final-report-2018>

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