



On the Radar

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On the Radar

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Antimicrobial Prescribing Practice in Australian Hospitals: Results of the 2016 Hospital

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

National Antimicrobial Prescribing Survey

Sydney: ACSQHC; 2018. p. 48.

<https://www.safetyandquality.gov.au/antimicrobial-use-and-resistance-in-australia/naps-2/?section=4>

The Australian Commission on Safety and Quality in Health Care (the Commission) provides funding for the Hospital National Antimicrobial Prescribing Survey (NAPS) for incorporation of data in the Antimicrobial Usage and Resistance in Australia (AURA) Surveillance System. The Hospital NAPS is a collaborative project between the National Centre for Antimicrobial Stewardship (NCAS) and the Guidance Group (Royal Melbourne Hospital).

The NAPS is a standardised auditing tool designed to assist health service organisations to assess the quality of their antimicrobial prescribing. It can also provide data on the quantity of prescriptions for antimicrobials for specific indications and by specialty groups.

The Hospital NAPS supports Australian health service organisations, states and territories and private sector organisations to develop and manage antimicrobial stewardship (AMS) programs by:

- Facilitating effective audit and review of antimicrobial use, including compliance with prescribing guidelines and prescribing appropriateness

- Facilitating effective communication regarding antimicrobial use and identifying key targets for interventions
- Supporting workforce education and training
- Supporting the implementation of AMS practices across all hospitals
- Providing flexible and useful benchmarking within hospitals, across units and wards, and between hospitals and jurisdictions.

Since the launch of the web-based survey in 2013, the Hospital NAPS has grown and diversified into a program that supports the challenges of AMS across all Australian hospitals. The data available from the Hospital NAPS deliver insights into the appropriateness of antimicrobial prescribing and have contributed to local, state and territory and national antimicrobial prescribing strategies to improve the quality of care delivered to patients.

Participation in the Hospital NAPS has increased from 32 hospitals (30 public and 2 private) in the 2011 paper-based pilot survey to 320 hospitals (229 public and 91 private) in the 2016 web-based survey.

This report focuses on the results of the 2016 Hospital NAPS, and includes analyses of trends from 2013 to 2016. The key indicators of appropriateness of antimicrobial prescribing in the Hospital NAPS from 2013 to 2016, and the changes in them over the four years from 2013, are as follows:

- Improvement in documentation of indication from 70.9% to 75.6%
- Improvement in documentation of review or stop date from 35.5% to 38.1%
- Improvement in the proportion of surgical prophylaxis given for greater than 24 hours from 41.8% to 31.1%
- A decline in compliance with Therapeutic Guidelines: Antibiotic or local guidelines from 72.2% to 65.4%
- A static rate of overall appropriateness of prescribing, of approximately 76% each year.

The five most commonly prescribed antimicrobials in Australian hospitals participating in NAPS in 2016 were: cefazolin, ceftriaxone, piperacillin–tazobactam, amoxicillin–clavulanate and metronidazole. The antimicrobials with the highest rates of inappropriate prescribing in Australian hospitals participating in NAPS in 2016 were: cefalexin, amoxicillin–clavulanate and cefazolin.

The 2016 Hospital NAPS analyses have identified the following priority areas for antimicrobial prescribing quality improvement initiatives by health service organisations:

- Documentation of indication, particularly in private hospitals
- Documentation of review or stop date, particularly in public hospitals
- Compliance with guidelines, particularly in very remote, public group D hospitals and private hospitals
- Appropriateness of prescribing, particularly inappropriate broad spectrum antimicrobial use and duration of therapy
- Improved prescribing, particularly for cefalexin, amoxicillin–clavulanate and cefazolin
- Improved prescribing for indications, particularly surgical prophylaxis, infective exacerbations of COPD and pneumonia.

Reports

Three steps to better health literacy – a guide for health care professionals
 Health Quality & Safety Commission New Zealand
 Wellington: HQSC; 2018. p. 20.

URL	https://www.hqsc.govt.nz/our-programmes/partners-in-care/publications-and-resources/publication/2046/
Notes	The Health Quality & Safety Commission New Zealand has published this guide on health literacy for health care professionals. It describes a three-step model for better health literacy: <ol style="list-style-type: none"> 1. find out what people know 2. build health literacy skills and knowledge 3. check you were clear (and, if not, go back to step 2).

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

Journal articles

The STEP-up programme: Engaging all staff in patient safety
 Hamblin-Brown DJ, Ingram J
 Journal of Patient Safety and Risk Management. 2018 [epub].

DOI	https://doi.org/10.1177/2516043518792180
Notes	Paper describing how one US health system (Aspen Healthcare) improved patient safety by implementing a programme (STEP-up) that sought to make all staff aware and accountable for patient safety. The programme involved 1,500 staff at nine sites that admit 45,000 patients and have 300,000 outpatient contacts per annum. The authors report: <ul style="list-style-type: none"> • 95% reduction in never events • 77% reduction in serious incidents • 38% fewer falls with harm and 19% fewer falls overall • 24% increase in incident reporting, on a background of an 11% increase in activity • Overall, the number of incidents with harm has fallen by 5% • Staff perception of organisation as ‘extremely’ or ‘very’ safe has increased from 73% to 77%. • Financial cost has been modest and is estimated to have been recouped in reduced cost of serious incidents.

Evaluation of a patient safety programme on Surgical Safety Checklist compliance: a prospective longitudinal study
 Gillespie BM, Harbeck EL, Lavin J, Hamilton K, Gardiner T, Withers TK, et al.
 BMJ Open Quality. 2018;7(3):e000362.

DOI	http://doi.org/10.1136/bmjoc-2018-000362
Notes	Paper describing how a patient safety programme improved checklist participation and completion in an Australian teaching hospital. The paper describes how a patient safety programme to improve surgical teams’ use of the surgical safety checklist (SSC) was implemented over a 4-week period and was accompanied by structured observations to assess surgical teams’ checklist use before and after programme implementation and a retrospective audit of clinical incident data 12 months before and 12 months following implementation of the programme.

	The authors report that “There were significant improvements in the observed use of the SSC across all phases”. They assert that “The benefit in using a surgical checklist lies in the potential to enhance team communications and the promotion of a team culture in which safety is the priority.”
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Health informatics: a required skill for 21st century clinicians

Fridsma DB

BMJ. 2018;362:k3043.

DOI	https://doi.org/10.1136/bmj.k3043
Notes	Health is both a human art and an information business. This editorial points out how the volume of health information – of various forms – is inexorably increasing. This increase, allied with the greater presence of use of information technology – prompts the author to call for clinicians to focus on and develop their health informatics skills for both their benefit and the benefit of their patients and for health informatics to be part of clinical training .

BMJ Quality & Safety

September 2018 - Volume 27 - 9

URL	https://qualitysafety.bmj.com/content/27/9
Notes	<p>A new issue of <i>BMJ Quality and Safety</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 <i>BMJ Quality and Safety</i> include:</p> <ul style="list-style-type: none"> • Editorial: What can we learn from patients’ perspectives on the quality and safety of hospital care? (Bev Fitzsimons, Jocelyn Cornwell) • What can patients tell us about the quality and safety of hospital care? Findings from a UK multicentre survey study (Jane K O’Hara, Caroline Reynolds, Sally Moore, Gerry Armitage, Laura Sheard, Claire Marsh, Ian Watt, John Wright, Rebecca Lawton) • The association between patient experience factors and likelihood of 30-day readmission: a prospective cohort study (Jocelyn Carter, Charlotte Ward, Deborah Wexler, Karen Donelan) • Next-generation audit and feedback for inpatient quality improvement using electronic health record data: a cluster randomised controlled trial (Sajan Patel, Alvin Rajkomar, James D Harrison, Priya A Prasad, Victoria Valencia, Sumant R Ranji, Michelle Mourad) • Interprofessional Teamwork Innovation Model (ITIM) to promote communication and patient-centred, coordinated care (Jing Li, Preetham Talari, Andrew Kelly, Barbara Latham, Sherri Dotson, Kim Manning, Lisa Thornsberry, Colleen Swartz, Mark V Williams) • Making soft intelligence hard: a multi-site qualitative study of challenges relating to voice about safety concerns (Graham P Martin, Emma-Louise Aveling, Anne Campbell, Carolyn Tarrant, Peter J Pronovost, Imogen Mitchell, Christian Dankers, David Bates, Mary Dixon-Woods) • Prospective evaluation of medication-related clinical decision support over-rides in the intensive care unit (Adrian Wong, Mary G Amato, Diane L Seger, Christine Rehr, A Wright, S P Slight, P E Beeler, E J Orav, D W Bates) • Impact of a commercial order entry system on prescribing errors amenable to computerised decision support in the hospital setting: a prospective pre-post study (Sarah K Pontefract, James Hodson, Ann Slee, Sonal Shah, Alan J Girling, Robin Williams, Aziz Sheikh, Jamie J Coleman)

	<ul style="list-style-type: none"> • Using Q-methodology to guide the implementation of new healthcare policies (Sarah Alderson, Robbie Foy, Louise Bryant, S Ahmed, A House) • Realist synthesis of intentional rounding in hospital wards: exploring the evidence of what works, for whom, in what circumstances and why (Sarah Sims, Mary Leamy, Nigel Davies, Katy Schnitzler, Ros Levenson, Felicity Mayer, Robert Grant, Sally Brearley, Stephen Gourlay, Fiona Ross, R Harris) • The problem with using patient complaints for improvement (Marit S de Vos, Jaap F Hamming, Perla J Marang-van de Mheen)
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Australian Journal of Primary Health

Volume 24(4) 2018

URL	http://www.publish.csiro.au/py/issue/9197
Notes	<p>A new issue of the <i>Australian Journal of Primary Health</i> has been published, with the theme 'Staying True' in an Era of Primary Healthcare Reform. Articles in this issue of <i>Australian Journal of Primary Health</i> include:</p> <ul style="list-style-type: none"> • Staying true: navigating the opportunities and challenges of primary healthcare reform (Jeannie Haggerty and John Furler) • Homeless adults' access to dental services and strategies to improve their oral health: a systematic literature review (Jacqueline Goode, Ha Hoang and Leonard Crocombe) • Social equity and primary healthcare financing: lessons from New Zealand (Jonathan Foley) • Ambulatory care sensitive chronic conditions: what can we learn from patients about the role of primary health care in preventing admissions? (Jo M Longman, Elizabeth Rix, Jennifer J Johnston and Megan E Passey) • Moving regional health services planning and management to a population-based approach: implementation of the Regional Operating Model (ROM) in Victoria, Australia (Jean-Frederic Levesque, John J M O'Dowd, Éidín M Ní Shé, Jan-Willem Weenink and Jane Gunn) • A narrative review and synthesis to inform health workforce preparation for the Health Care Homes model in primary healthcare in Australia (Rachel McKittrick and Rosemary McKenzie) • Primary care redesign for person-centred care: delivering an international generalist revolution (Joanne Reeve) • 'It's not therapy, it's gardening!': community gardens as sites of comprehensive primary healthcare (Pauline Marsh, Sebrina Brennan and Miriam Vandenberg) • Screening for depression in young Indigenous people: building on a unique community initiative (Linton R. Harriss, Mary Kyle, Katrina Connolly, Edward Murgaha, Merton Bulmer, Darren Miller, Paul Munn, Paul Neal, Kingsley Pearson, Melanie Walsh, Sandra Campbell, Maximus Berger, Robyn McDermott and Malcolm McDonald) • Clinic predictors of better syphilis testing in Aboriginal primary healthcare: a promising opportunity for primary healthcare service managers (Barbara Nattabi, Seham Girgis, Veronica Matthews, Ross Bailie and Jeanette E. Ward)

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"> • Michigan Appropriate Perioperative (MAP) criteria for urinary catheter use in common general and orthopaedic surgeries: results obtained using the RAND/UCLA Appropriateness Method (Jennifer Meddings, Ted A Skolarus, Karen E Fowler, Steven J Bernstein, Justin B Dimick, Jason D Mann, Sanjay Saint) • Facilitators of interdepartmental quality improvement: a mixed-methods analysis of a collaborative to improve pediatric community-acquired pneumonia management (JoAnna K Leyenaar, Christine B Andrews, Emily R Tyksinski, Eric Biondi, Kavita Parikh, Shawn Ralston) • The problem with composite indicators (Matthew Barclay, Mary Dixon-Woods, Georgios Lyrtzopoulos) • Value of hospital resources for effective pressure injury prevention: a cost-effectiveness analysis (William V Padula, Peter J Pronovost, Mary Beth F Makic, Heidi L Wald, Dane Moran, Manish K Mishra, David O Meltzer)

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"> • Socioeconomic status and health-related quality of life among adults and older with overactive bladder (Kirill Kosilov; Sergay Loparev; Irina Kuzina; Liliya Kosilova; Alexandra Prokofyeva) • The patient safety culture: a systematic review by characteristics of Hospital Survey on Patient Safety Culture dimensions (Claudia Tartaglia Reis; Sofia Guerra Paiva; Paulo Sousa)

Online resources

Hospital sepsis clinical pathway podcast

<http://www.cidrap.umn.edu/asp/meet-the-experts/asp-podcast-aug-9-2018>

Professor Karin Thursky discusses a recently published paper on the development and implementation of hospital sepsis clinical pathway in a Melbourne cancer hospital, impacts on sepsis management, and outcomes.

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