



On the Radar

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On the Radar

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Colonoscopy Clinical Care Standard

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

www.safetyandquality.gov.au/our-work/clinical-care-standards/colonoscopy-clinical-care-standard/
www.safetyandquality.gov.au/our-work/clinical-care-standards/

The Australian Commission on Safety and Quality in Health Care, in collaboration with consumers, clinicians, researchers and health organisations, has developed the *Colonoscopy Clinical Care Standard* and resources to guide and support its implementation.

The *Colonoscopy Clinical Care Standard* offers guidance to patients, clinicians and health services at each stage of a colonoscopy, with the goal of ensuring high-quality and timely colonoscopies for patients who need them.

The *Colonoscopy Clinical Care Standard* was developed with the input of consumers and contains advice and information designed to inform colonoscopy patients and their families on shared decision-making so that they can be an active participant in their care delivery.

Additional resources includes fact sheets for clinicians and consumers and an Indicator Specification – a set of suggested indicators to assist clinicians and health services to monitor the implementation of the quality statements included in the clinical care standard, and support improvement as needed).

Colonoscopy

Clinical Care Standard



Nine evidence-based quality statements for safe and appropriate colonoscopy

- 1 Initial assessment and referral**
Ensure referral allows assessment of urgency and appropriateness
- 2 Appropriate and timely colonoscopy**
Provide colonoscopy according to guidelines
- 3 Informed decision making and consent**
Inform patients and obtain consent before bowel preparation
- 4 Bowel preparation**
Use an effective regimen and make sure patients know what to do
- 5 Sedation**
Provide safe, appropriate sedation according to current guidelines
- 6 Clinicians**
Maintain requirements for credentialing and recertification
- 7 Procedure**
Conduct a high quality examination and record quality indicators
- 8 Discharge**
Discharge the patient safely with information about outcomes and follow-up
- 9 Reporting and follow-up**
Communicate results and follow-up plan to the patient and referring clinicians

Clinical Care Standards

support clinicians and health services to deliver high-quality care and meet the requirements of the NSQHS Standards (second edition)



Download the Clinical Care Standard and resources at:
www.safetyandquality.gov.au/ccs

Journal articles

Assessing the Quality of the Management of Tonsillitis among Australian Children: A Population-Based Sample Survey
 Hibbert P, Stephens JH, de Wet C, Williams H, Hallahan A, Wheaton GR, et al
 Otolaryngology–Head and Neck Surgery. 2018.

DOI	https://doi.org/10.1177/0194599818796137
Notes	<p>The treatment of tonsillitis has been a topic that has revealed some interesting patterns for a long time. One of the early seminal papers on variation was Glover’s 1938 ‘The incidence of tonsillectomy in school children’. Here the team running the CareTrack Kids study have focused on how Australian children are having their tonsillitis managed. This project sought to</p> <ol style="list-style-type: none"> 1. design and validate a set of clinical indicators of appropriate care for tonsillitis 2. to measure the level of tonsillitis care that is in line with guideline recommendations in a sample of Australian children. <p>The project developed a set of eleven indicators and then assessed the patient records of 821 children aged 0 to 15 years for the presence of, and adherence to, the indicators for care delivered in 2012 and 2013. The team found that adherence to 6 indicators could be assessed and adherence ranged from 14.3% to 73.2% (interquartile range 31.5% to 72.2%). The authors conclude that these “findings are consistent with the international literature: the treatment of many children who present with confirmed or suspected tonsillitis is inconsistent with current guidelines.”</p>

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/>

Adverse effects of the Medicare PSI-90 hospital penalty system on revenue-neutral hospital-acquired conditions
 Padula WV, Black JM, Davidson PM, Kang SY, Pronovost PJ
 Journal of Patient Safety. 2018 [epub].

Quality of Care in the United Kingdom after Removal of Financial Incentives
 Minchin M, Roland M, Richardson J, Rowark S, Guthrie B
 New England Journal of Medicine. 2018;379(10):948-57.

DOI	Padula et al http://doi.org/10.1097/PTS.0000000000000517 Minchin et al https://doi.org/10.1056/NEJMSa1801495
Notes	<p>A pair of articles that look at how changes in funding incentives (and penalties) can influence health services.</p> <p>Padula et al looked at the impact of a (US) program that reduced hospital reimbursement to hospitals that had higher rates of a number of hospital-acquired conditions (HACs). They found that HAC rates declined over the 2 years after implementation, with the only exception being pressure ulcers. The authors make the assertion that “Patient safety in hospitals will only thoroughly improve when hospitals are fully incentivized to practice prevention of all HACs rather than work around the harms that result from failed prevention efforts.”</p> <p>From the UK, Minchin et al report on what happened when changes to the Quality and Outcomes Framework (QOF) were implemented. Using data for 2010 to 2017 they assess the impact of the 2014 changes that saw incentives for 12 quality-of-care indicators removed while incentives for 6 other measure were retained. Using complete longitudinal data for 2819 English primary care practices with more than 20 million registered patients the authors found that “There were immediate reductions in documented quality of care for all 12 indicators in the first year after the removal of financial incentives”.</p>

For information about the Commission’s work on indicators of quality and safety, including HACs, see <https://www.safetyandquality.gov.au/our-work/indicators/>

Supporting clinicians after adverse events: development of a clinician peer support program

Lane MA, Newman BM, Taylor MZ, O'Neill M, Ghetti C, Woltman RM, et al

Journal of Patient Safety. 2018;14(3):e56-e60.

DOI	http://doi.org/10.1097/PTS.0000000000000508
Notes	When errors or adverse events occur the primary victim is the patient. However, the clinician involved is also often harmed, often emotionally or psychologically. They have been dubbed ‘second victims’. This paper describes how a teaching hospital developed a clinician peer support program. After assembling a multidisciplinary team, a curriculum was developed “to train clinicians to provide support to their peers based on research of clinician response to adverse events, utilization of various support resources, and clinician resiliency and ways to enhance natural resilience.” The paper goes on to describe the operation of the program and its usage.

Quality and Quantity of Sleep and Factors Associated With Sleep Disturbance in Hospitalized Patients

Wesselius HM, van den Ende ES, Alsmas J, et al

JAMA Internal Medicine. 2018;178(9):1201-8.

DOI	https://doi.org/10.1001/jamainternmed.2018.2669
Notes	There has been some literature around the importance on sleep for hospitalised patients. This Dutch study covered 2005 patients across 39 hospitals and sought to assess the subjective quantity and quality of sleep in hospital when compared with their habitual sleep at home the month before hospitalisation. Perhaps unsurprisingly, the survey revealed that “All aspects of sleep quality measured ...were rated worse during hospitalization than at home” with the most reported sleep-disturbing factors were noise of other patients, medical devices , pain , and toilet visits . As the authors note, “duration and quality of sleep in hospitalized patients were significantly affected and revealed many potentially modifiable hospital-related factors negatively associated with sleep. Raising awareness about the importance of adequate sleep in the vulnerable hospital population and introducing interventions to target sleep-disturbing factors may improve healing.”

Impact of medication reconciliation for improving transitions of care

Redmond P, Grimes TC, McDonnell R, Boland F, Hughes CM, Fahey T

Cochrane Database of Systematic Reviews. 2018.

DOI	https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD010791.pub2/full
Notes	This systematic review sought to assess the effect of medication reconciliation on medication discrepancies, patient-related outcomes and healthcare utilisation during care transitions compared to people not receiving medication reconciliation. The review focused on 25 randomised trials involving 6995 participants. From these they found “The impact of medication reconciliation interventions, in particular pharmacist-mediated interventions, on medication discrepancies is uncertain due to the certainty of the evidence being very low. There was also no certainty of the effect of the interventions on the secondary clinical outcomes of ADEs [adverse drug events], PADEs [preventable adverse drug events] and healthcare utilisation.”

For information about the Commission’s work on medication safety, see <https://www.safetyandquality.gov.au/our-work/medication-safety/>

DOI	https://journals.lww.com/jhqonline/toc/2018/09000
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"> • Implementation of a Routine Health Literacy Assessment at an Academic Medical Center (Carrie D Warring, Jacqueline R Pinkney, Elaine D Delvo-Favre, Michelle Robinson Rener, Jennifer A Lyon, Betty Jax, Irene Alexaitis, Kari Cassel, Kacy Ealy, Melanie Gross Hagen, Erin M Wright, Myron Chang, Nila S Radhakrishnan, Robert R Leverence) • Statewide Longitudinal Progression of the Whole-Patient Measure of Safety in South Carolina (Christine B Turley, Jordan Brittingham, Aunyika Moonan, Dianne Davis, Hrishikesh Chakraborty) • Perceptions of Integration of the Clinical Pharmacist into the Patient Care Medical Home Model (M Shawn McFarland, Kristen Lamb, Jonathan Hughes, Ashley Thomas, Justin Gatwood, Jacob Hathaway) • Strategically Applying New Criteria for Use Improves Management of Peripheral Intravenous Catheters (Ryan A Loudermilk, Layne E Steffen, Jeremy S. McGarvey) • Secure Provider-to-Provider Communication With Electronic Health Record Messaging: An Educational Outreach Study (Kathleen E Walsh, Jessica L Secor, Jon S Matsumura, Margaret L Schwarze, Beth E Potter, Peter Newcomer, Michael K Kim, Christie M Bartels) • Differences in Patient Experience Between Hispanic and Non-Hispanic White Patients Across U.S. Hospitals (Jose F Figueroa, Kimberly E Reimold, Jie Zheng, Endel John Orav) • Improving Quality of Care in Federally Qualified Health Centers Through Ambulatory Care Accreditation (Suma Nair, Jie Chen) • Investigating Physicians' Views on Soft Signals in the Context of Their Peers' Performance (Myra van den Goor, Milou Silkens, Maas Jan Heineman, Kiki Lombarts) • Offering eConsult to Family Physicians With Patients on a Pain Clinic Wait List: An Outreach Exercise (Patricia A Poulin, Heather C Romanow, Jeannette Cheng, Clare Liddy, Erin J Keely, Catherine E Smyth) • Severity of Illness Measures for Pediatric Inpatients (Amanda J Hessels, Jianfang Liu, Bevin Cohen, Jingjing Shang, Elaine L Larson) • Designing Large-Scale Improvement: Using an Academic–Practice Partnership to Enhance Care Transitions (Shea Polancich, Cynthia S Selleck, Terri Poe, Rebecca Miltner, Maria R Shirey)

URL	https://www.healthaffairs.org/toc/hlthaff/37/9
Notes	<p>A new issue of <i>Health Affairs</i> has been published, with the theme ‘California: Leading The Way?’. Articles in this issue of <i>Health Affairs</i> include:</p> <ul style="list-style-type: none"> • Confronting The Effects Of Climate Change On Health In California (David Tuller) • California’s Efforts To Cover The Uninsured: Successes, Building Blocks, And Challenges (Walter A Zelman and Lucien Wulsin) • Beyond The ACA: Paths To Universal Coverage In California (Andrew B

	<p>Bindman, Marian R Mulkey, and Richard Kronick)</p> <ul style="list-style-type: none"> • Universal Health Care: Lessons From San Francisco (K Jacobs and L Lucia) • Managing Diversity To Eliminate Disparities: A Framework For Health (Michelle Ko, Cary Sanders, Sarah de Guia, Riti Shimkhada, and N A Ponce) • California And The Changing American Narrative On Diversity, Race, And Health (Paul Hsu, Mara C Bryant, Teodocia M Hayes-Bautista, Keosha R Partlow, and David E Hayes-Bautista) • Access-To-Care Differences Between Mexican-Heritage And Other Latinos In California After The Affordable Care Act (Arturo Vargas Bustamante, Ryan M McKenna, Joseph Viana, Alexander N Ortega, and Jie Chen) • Consolidation Trends In California’s Health Care System: Impacts On ACA Premiums And Outpatient Visit Prices (Richard M Scheffler, Daniel R Arnold, and Christopher M Whaley) • The California Competitive Model: How Has It Fared, And What’s Next? (Glenn A Melnick, Katya Fonkych, and Jack Zwanziger) • With Roots In California, Managed Competition Still Aims To Reform Health Care (Alain C Enthoven and Laurence C Baker) • Crunching The Numbers On Integrated Care (Jessica Bylander) • Beneficiaries Respond To California’s Program To Integrate Medicare, Medicaid, And Long-Term Services (Carrie L Graham, Pi-Ju Liu, Brooke A Hollister, H Stephen Kaye, and Charlene Harrington) • Evaluation Of The Behavioral Health Integration And Complex Care Initiative In Medi-Cal (Todd P Gilmer, Marc Avery, Elizabeth Siantz, Benjamin F Henwood, Kimberly Center, Elise Pomerance, and J Sayles) • The Impact Of Medicaid Expansion On People Living With HIV And Seeking Behavioral Health Services (Emily A Arnold, Shannon Fuller, Valerie Kirby, and Wayne T Steward) • One In Five Fewer Heart Attacks: Impact, Savings, And Sustainability In San Diego County Collaborative (Allen Fremont, Alice Y Kim, Katherine Bailey, Hattie Rees Hanley, Christine Thorne, R James Dudl, Robert M Kaplan, Stephen M Shortell, and Anthony N DeMaria) • California Nurse Practitioners Are Positioned To Fill The Primary Care Gap, But They Face Barriers To Practice (Joanne Spetz and Ulrike Muench) • Publicly Funded Family Planning: Lessons From California, Before And After The ACA’s Medicaid Expansion (Dawnte R Early, Melanie S Dove, Heike Thiel de Bocanegra, and Eleanor B Schwarz) • Addressing Maternal Mortality And Morbidity In California Through Public-Private Partnerships (Elliott K Main, Cathie Markow, and Jeff Gould) • Mandatory Health Care Provider Counseling For Parents Led To A Decline In Vaccine Exemptions In California (Malia Jones, Alison M Bittenheim, Daniel Salmon, and Saad B Omer) • California’s Drug Transparency Law: Navigating The Boundaries Of State Authority On Drug Pricing (Katherine L Gudiksen, Timothy T Brown, Christopher M Whaley, and Jaime S King) • A Health Plan’s Formulary Led To Reduced Use Of Extended-Release Opioids But Did Not Lower Overall Opioid Use (Michael L Barnett, Andrew R Olenski, N M Thygeson, D Ishisaka, S Wong, A B Jena, and A Mehrotra) • Medical Loss Ratios For California’s Dental Insurance Plans: Assessing Consumer Value And Policy Solutions (Len Finocchio and Katrina Connolly)
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URL	https://academic.oup.com/intqhc/advance-access
Notes	<p>International Journal for Quality in Health Care has published a number of ‘online first’ articles, including:</p> <ul style="list-style-type: none">• A framework to support risk assessment in hospitals (Gulsum Kubra Kaya; James R Ward; P John Clarkson)• Sustainability of clinical pathway guided care in cardiac surgery ICU patients; 9-years experience in over 7500 patients (B M van der Kolk; M van den Boogaard; J G van der Hoeven; L Noyez; P Pickkers)

Online resources

Whinge away the day: why complaining at work can be good for you

<https://www.intheblack.com/articles/2018/09/01/why-complaining-at-work-can-be-good-for-you>

This article in the CPA Australia’s magazine uses examples from health care to illustrate the value of complaining or even dissent in the workplace and how it can be a spur to improvement, as well as contributing to a shared ethos. Of course, the danger of excessive negativity exists, as does the issue of inflexible and defensive managers and organisations who may take a dim view, extending even to punitive responses, that can also lead to poor outcomes for the individuals and the organisation. Organisations that can be reflexive and accommodate and encourage positive critical thinking can find those personnel who think critically about the work of the organisation are able to offer valuable insights.

[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:

- NICE Guideline NG104 **Pancreatitis** <https://www.nice.org.uk/guidance/ng104>

[USA] Patient Safety Primers

<https://psnet.ahrq.gov/primers/>

The Patient Safety Primers from the (US) Agency for Healthcare Research and Quality (AHRQ) discuss key concepts in patient safety. Each primer defines a topic, offers background information on its epidemiology and context, and provides links to relevant materials.

- **Medication Administration Errors** This primer focuses on errors in the administration of medications, the final step in medication pathway. Errors in medication administration can occur through failures in any of the five rights (right patient, medication, time, dose, and route). Such errors may be the result of individual-level slips and lapses, but may also result from system-level failures such as understaffing, human factors problems (e.g., poor process or equipment design), and other latent conditions. <https://psnet.ahrq.gov/primers/primer/47>

[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:

- *Short- and Long-Term Outcomes after **Bariatric Surgery** in the Medicare Population* <https://www.ahrq.gov/research/findings/ta/index.html>
- **Lower Limb Prostheses: Measurement Instruments, Comparison of Component Effects by Subgroups, and Long-Term Outcomes** <https://effectivehealthcare.ahrq.gov/topics/prosthesis/research>

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