AUSTRALIAN COMMISSION ON SAFETY AND QUALITY IN HEALTH CARE

On the Radar

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This week's content

Reports

[USA] *National Healthcare Quality Report*
Agency for Healthcare Research and Quality
Rockville MD. Agency for Healthcare Research and Quality, 2012.

Notes	From the ARHQ email bulletin: 'Cardiac care has significantly improved in the United States, with minorities often receiving better quality cardiac care than whites, according to the newly released 2011 *National Healthcare Quality Report* and *National Healthcare Disparities Report* by AHRQ. However, overall health care quality continues to improve at a slow rate (2.5 percent) and quality and access to care are hindered for many Americans due to disparities based on race and ethnicity, socioeconomic status and other factors, the reports noted. Fifty percent of the measures that tracked disparities in health care access showed no improvement, while 40 percent of those measures were getting worse. Hispanics, American Indians and Alaska Natives received worse access to care than whites on more than 60 percent of the reports' access measures, while blacks received worse access on slightly more than 30 percent of the access measures. Asians had worse access to care on only 17 percent of the access measures. This year's reports include new data on the adoption of electronic health record systems in hospitals and home health and hospice agencies, adolescent health, and musculoskeletal diseases such as arthritis and osteoporosis.'
URL	www.ahrq.gov/qual/qrdr11.htm

Investigating the prevalence and causes of prescribing errors in general practice: The PRACtICe Study
Avery T, Barber N, Ghaleb M, et al
London, UK: General Medical Council; May 2, 2012.

Notes	The [UK] General Medical Council 'commissioned research to determine the prevalence and nature of prescribing (and monitoring) errors in general practice, and to explore potential defences for mitigating their future occurrence. The study adopted a mixed methods approach comprising retrospective case note review, depth interviews with prescribers, focus groups with members of the primary healthcare team and root cause analysis. The study examined 6,048 unique prescription items for 1,777 patients. The research found that **1 in 20 prescription items contained either a prescribing or monitoring error, affecting 1 in 8 patients**. Although the majority of errors were judged to be either of mild or moderate severity, 1 in 550 of all prescription items contained an error judged to be 'severe'. Factors at a number of levels were identified as contributing to these errors. These included a **lack of training** in the skill of prescribing, **distractions** and a **failure to fully utilise existing IT solutions for safer prescribing**. The study reaffirmed that problems persist with the transfer of medicines information across the interface between primary and secondary care, and that the reporting of incidents beyond the immediate practice establishment continues to be limited, therefore restricting opportunities for wider learning following adverse events. The report makes a number of recommendations for improving the safety of prescribing including: • Promoting the **effective use of clinical computer systems** for safe prescribing. • Increasing the prominence given to **therapeutic knowledge and the skills and attitudes needed for safe prescribing during GP training**. • Promoting the **reporting of adverse prescribing events** (and near misses) through national reporting systems. In addition, the research suggests that pharmacists can play a greater role in mitigating the occurrence of error, through **reviewing patients** with complex medicines regimens at a practice level, and in **identifying and informing the GP of errors** at the point of dispensing.
URL	http://www.gmc-uk.org/about/research/12996.asp http://www.gmc-uk.org/Investigating_the_prevalence_and_causes_of_prescribing_errors_in_general_practice___The_PRACtICe_study_Reoprt_May_2012_48605085.pdf

Measuring and reporting on health system performance in Canada: Opportunities for improvement
Health Council of Canada
Toronto. Health Council of Canada, 2012.

Notes	The Health Council of Canada suggest that there has been progress in developing better accountability for health care spending and performance. The paper presents examples where goal-driven strategic health planning and performance reporting are being used as part of initiatives to improve accountability in health care systems.
URL	http://healthcouncilcanada.ca/tree/HCC_Health_Indicators_WP_EN_WEB.PDF

[UK] *Involving primary care clinicians in quality improvement: An independent evaluation of the Health Foundation's Engaging with Quality in Primary Care programme. Final report*
Ling T, Soper B, Buxton M, Hanney S, Oortwijn W, Scoggins A, et al
London. The Health Foundation, 2012:224.

Notes	Another evaluation report on aspects of the [UK] Health Foundation's work. This one an independent evaluation conducted by RAND of the Health Foundation's Engaging with Quality in Primary Care programme. The programme funded nine projects that would engage primary care clinicians in making measurable and sustainable improvements in the quality of clinical care. 'Evidence from the programme highlights four elements that are crucial to the successful delivery of quality improvement [QI] projects in primary care: — **Leadership**: QI projects in the NHS involve different groups and individuals who are usually not in 'command and control' relationships. Aligning activities therefore requires skilful leadership (which might need to change during a project's life). — **Identity**: stakeholders' participation in QI projects is associated with entrenched ways of working and strongly-held identities, and these can either be barriers or facilitators to QI activities. — **Knowledge and skills**: QI projects often require knowledge and skills which are not part of the routine work of the NHS. — **Sustaining benefits**: QI projects compete for attention and resources with other approaches intended to improve the NHS. Careful planning is required to ensure that successful or promising QI projects are sustained and spread.'
URL	http://www.health.org.uk/publications/involving-primary-care-clinicians-in-quality-improvement/

Journal articles

Putting patients at the heart of quality
Jacques H
BMJ 2012;344: e3164

Notes	In this quality improvement feature the author discusses what the patient can bring to the quality improvement process. One perspective that the patient can bring is an experience of the entire care pathway for a particular condition, rather than the discrete episodes of care that clinicians experience. The article notes that involving patients in decisions about their care has been shown to improve treatment adherence and health behaviours, which are key outcomes in quality improvement programs. Patients can have a broader role in quality improvement through participation in boards, committees, and working groups of local and national health organisations. Patients can also be involved in quality improvement through participation in clinical audits. However, to enable effective patient involvement, patients and consumers must be adequately informed and empowered to participate in a meaningful way.
DOI	http://dx.doi.org/10.1136/bmj.e3164
TRIM	62766

For information on the Commission's work on patient and consumer centred care, see http://www.safetyandquality.gov.au/our-work/patient-and-consumer-centred-care/

Language barriers and understanding of hospital discharge instructions
Karliner LS, Auerbach A, Napoles A, Schillinger D, Nickleach D, Perez-Stable EJ
Med Care 2012;50(4):283-289.

Notes	Transitions of care are times of potential error, particularly around communication and continuity of care. Much work has been happening in these areas. This paper – based on a study of 308 Spanish-speaking, Chinese-speaking, and English-speaking patients admitted to 2 US urban hospitals between 2005 and 2008.– found that while language was an additional barrier, discharge communication and comprehension was poor for many patients.
DOI	http://dx.doi.org/10.1097/MLR.0b013e318249c949

What did the doctor say? Health literacy and recall of medical instructions
McCarthy DM, Waite KR, Curtis LM, Engel KG, Baker DW, Wolf MS
Med Care 2012;50(4):277-282.

Notes	Another sometimes problematic aspect of clinician-patient communication is that of the patient's comprehension of the consultation. Somewhat unsurprisingly, this paper reports that patients with low health literacy encountered problems properly understanding either written or spoken instructions.
DOI	http://dx.doi.org/10.1097/MLR.0b013e318241e8e1

Communication Skills Training to Address Disruptive Physician Behavior
Saxton R
AORN 2012;95(5):602-611.

Notes	In considerations of patient safety culture it is often suggested that hierarchical structures and fear of speaking up can be deleterious to patient safety and quality of care. This paper reports on a communication skills training program for surgical nurses that apparently improved their ability to deal with disruptive behaviour by doctors.
DOI	http://dx.doi.org/10.1016/j.aorn.2011.06.011

Emergency department crowding and risk of preventable medical errors
Epstein SK, Huckins DS, Liu SW, Pallin DJ, Sullivan AF, Lipton RI, et al
Intern Emerg Med 2012;7(2):173-180.

Notes	Paper reporting a study examining the association between emergency department (ED) crowding and preventable medical errors (PME). The study was a retrospective cohort study of 533 ED patients enrolled in the National ED Safety Study (NEDSS) in four Massachusetts Ends. Individual patients' average exposure to ED crowding during their ED visit was compared with the occurrence of a PME (yes/no) for the three diagnostic categories in NEDSS: acute myocardial infarction, asthma exacerbation, and dislocation requiring procedural sedation. The authors report finding 46 (8.6%) of the 533 patients experienced a PME. For those seen during higher levels of ED crowding the occurrence of PMEs was more than twofold higher, both on unadjusted analysis and adjusting for two potential confounders (diagnosis, site). The association appeared non-linear, with most PMEs occurring at the highest crowding level. They claim to have a **direct association between high levels of ED crowding and risk of preventable medical errors**.
DOI	http://dx.doi.org/10.1007/s11739-011-0702-8

Clinical review: The hospital of the future - building intelligent environments to facilitate safe and effective acute care delivery
Pickering BW, Litell JM, Herasevich V, Gajic O
Critical Care 2012;16(2):220.

Notes	A review paper advocating that future hospital design utilise human factors, ergonomics, informatics, and systems engineering concepts to engineer clinical settings that help ensure safer care.
DOI	http://dx.doi.org/10.1186/cc11142

BMJ Quality and Safety
June 2012, Vol 21, Issue 6

<table>
<tr><td>Notes</td><td>A new issue of BMJ Quality and Safety has been published. Many of the papers in this issue have been referred to in previous editions of On the Radar (when they were released online). Articles in this issue of BMJ Quality and Safety include:

Economic analysis in patient safety: a neglected necessity (D Meltzer)
Medical emergencies in medical imaging (J A Staples, D A Redelmeier)
Comparative economic analyses of patient safety improvement strategies in acute care: a systematic review (Edward Etchells, Marika Koo, Nick Daneman, Andrew McDonald, M Baker, A Matlow, M Krahn, N Mittmann)
Economic evaluation in patient safety: a literature review of methods (Bruna Alves de Rezende, Zeynep Or, Laure Com-Ruelle, Philippe Michel)
How reliable are clinical systems in the UK NHS? A study of seven NHS organisations (S Burnett, B D Franklin, K Moorthy, M Cooke, C Vincent)
Building information for systematic improvement of the prevention of hospital-acquired pressure ulcers with statistical process control charts and regression (W V Padula, M K Mishra, C D Weaver, T Yilmaz, M Splaine)
Combining process indicators to evaluate quality of care for surgical patients with colorectal cancer: are scores consistent with short-term outcome? (N E Kolfschoten, G A Gooiker, E Bastiaannet, N J van Leersum, C J H van de Velde, E H Eddes, P J Marang-van de Mheen, J Kievit, E van der Harst, T Wiggers, M W J M Wouters, R A E M Tollenaar, On behalf of the Dutch Surgical Colorectal Audit group)
Comparing two safety culture surveys: Safety Attitudes Questionnaire and Hospital Survey on Patient Safety (Jason M Etchegaray, Eric J Thomas)
Getting doctors to clean their hands: lead the followers (Sarah Haessler, Anju Bhagavan, Reva Kleppel, Kevin Hinchey, Paul Visintainer)
Nature and timing of incidents intercepted by the SURPASS checklist in surgical patients (Eefje N de Vries, Hubert A Prins, M Christine Bennink, Peter Neijenhuis, Ilse van Stijn, Sven H van Helden, M Agnes van Putten, Susanne M Smorenburg, Dirk J Gouma, Marja A Boermeester)
Medical emergency team calls in the radiology department: patient characteristics and outcomes (Lora K Ott, Michael R Pinsky, Leslie A Hoffman, Sean P Clarke, Sunday Clark, Dianxu Ren, Marilyn Hravnak)
Refocusing quality measurement to best support quality improvement: local ownership of quality measurement by clinicians (James Mountford, Kaveh G Shojania)
Is the new NHS outcomes framework fit for purpose? (Myura Nagendran, Mahiben Maruthappu, Veena S Raleigh)
Introducing analysis of means to medical statistics (Mohammed A
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	Mohammed, Roger Holder) • On surgical disruption: rating, expected operative time or actual wasted time—some comments on Gillepsie et al (2012) (Latif Al-Hakim, Nick Sevdalis, Sonal Arora)
URL	http://qualitysafety.bmj.com/content/vol21/issue6/

International Journal for Quality in Health Care online first articles

Notes	The *International Journal for Quality in Health Care* has published a number of 'online first' articles, including: The process of implementation of the diabetes register in Primary Health Care (Ing-Marie Hallgren Elfgren, Eva Tornvall, and Ewa Grodzinsky) http://intqhc.oxfordjournals.org/cgi/content/abstract/mzs019v1?papetoc

International Journal for Quality in Health Care
June 2012, Vol 24, Issue 3

Notes	A new issue of the *International Journal for Quality in Health Care* has been published. A number of the papers in this issue have been referred to in previous editions of *On the Radar* (when they were released online). Articles in this issue of the *International Journal for Quality in Health Care* include: • Mandating health care by creeps and jerks (Jeffrey Braithwaite and R Clay-Williams) http://intqhc.oxfordjournals.org/cgi/content/full/24/3/197?etoc • New paradigms for measuring clinical performance using electronic health records (Jonathan P. Weiner, Jinnet B. Fowles, and Kitty S. Chan) http://intqhc.oxfordjournals.org/cgi/content/abstract/24/3/200?etoc • Measuring chronic care delivery: patient experiences and clinical performance (Thomas D Sequist, T Von Glahn, A Li, W H Rogers, and D G Safran) http://intqhc.oxfordjournals.org/cgi/content/abstract/24/3/206?etoc • Public perceptions of key performance indicators of healthcare in Alberta, Canada (Herbert C. Northcott and Michael D. Harvey) http://intqhc.oxfordjournals.org/cgi/content/abstract/24/3/214?etoc • Using client experiences for quality improvement in long-term care organizations (M Zuidgeest, M Strating, K Luijkx, G Westert, and E D Delnoij) http://intqhc.oxfordjournals.org/cgi/content/abstract/24/3/224?etoc • Associations between rationing of nursing care and inpatient mortality in Swiss hospitals (Maria Schubert, S P Clarke, L H Aiken, and S de Geest) http://intqhc.oxfordjournals.org/cgi/content/abstract/24/3/230?etoc • Prevalence of preventable medication-related hospitalizations in Australia: an opportunity to reduce harm (Lisa M. Kalisch, Gillian E. Caughey, John D. Barratt, Emmae N. Ramsay, G Killer, A L Gilbert, and E E Roughead) http://intqhc.oxfordjournals.org/cgi/content/abstract/24/3/239?etoc • What constitutes patient safety culture in Chinese hospitals? (Junya Zhu, Liping Li, Yuxia Li, Meiyu Shi, H Lu, D W Garnick, and S N Weingart) http://intqhc.oxfordjournals.org/cgi/content/abstract/24/3/250?etoc • Patient safety and medical errors: knowledge, attitudes and behavior among Italian hospital physicians (D Flotta, P Rizza, A Bianco, C Pileggi, and M Pavia) http://intqhc.oxfordjournals.org/cgi/content/abstract/24/3/258?etoc • An adverse event screening tool based on routinely collected hospital-acquired diagnoses (Caroline Brand, Joanne Tropea, Alexandra Gorelik, Damien Jolley, Ian Scott, and Vijaya Sundararajan)

	http://intqhc.oxfordjournals.org/cgi/content/abstract/24/3/266?etoc • Disease-management partnership functioning, synergy and effectiveness in delivering chronic-illness care (Jane Murray Cramm and Anna P Nieboer) http://intqhc.oxfordjournals.org/cgi/content/abstract/24/3/279?etoc • Quality improvement of nurse-led aftercare to outpatients with coronary heart disease: report of a case study (Helene R. Voogdt-Pruis, Hubertus J M Vrijhoef, George H M I Beusmans, and Anton P M Gorgels) http://intqhc.oxfordjournals.org/cgi/content/abstract/24/3/286?etoc • Assessing adherence-based quality measures in epilepsy (Michael J Goodman, Michael Durkin, Jamie Forlenza, Xiangyang Ye, and D I Brixner http://intqhc.oxfordjournals.org/cgi/content/abstract/24/3/293?etoc • Finding the right indicators for assessing quality midwifery care (M de Bruin-Kooistra, M P Amelink-Verburg, S E Buitendijk, and G P Westert) http://intqhc.oxfordjournals.org/cgi/content/abstract/24/3/301?etoc
URL	http://intqhc.oxfordjournals.org/content/vol24/issue3/index.dtl?etoc

Online resources

[UK] International Health Humanities Network
http://www.healthhumanities.org/
From the website: 'The International Health Humanities Network provides a global platform for innovative humanities scholars, medical, health and social care professionals, voluntary sector workers and creative practitioners to join forces with informal and family carers, service-users and the wider self-caring public to explore, celebrate and develop new approaches in advancing health and wellbeing through the arts and humanities in hospitals, residential and community settings. Supported by the [UK] Arts and Humanities Research Council, this initiative begins a new era in developing the way that arts and humanities knowledge and practice can enhance health and wellbeing.'

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