



On the Radar

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On the Radar is a summary of some of the recent publications in the areas of safety and quality in health care. Inclusion in this document is not an endorsement or recommendation of any publication or provider.

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Changes for On the Radar

We are investigating making some changes to *On the Radar* – changes to a new format and a new delivery mechanism. This is being done as the number of people subscribing to *On the Radar* is rather overwhelming the email software. A web-based newsletter system is being investigated as a way of ensuring we can continue to effectively write and deliver *On the Radar*.

This week's content

Journal articles

Learning from large-scale quality improvement through comparisons

Øvretveit J, Klazinga N

International Journal for Quality in Health Care 2012 [epub].

Notes	<p>In this paper the authors report on that lessons they have derived/summarised from 10 national health and social care quality programmes in the Netherlands based on experiences and evaluations of the interventions.</p> <p>The “common factors which appeared to influence success in implementation included understanding of political processes, leader's influencing skills, as well as technical skills to manage projects and apply improvement and change methods.”</p> <p>The authors suggest that their method could be used by others so as to “make a fast, broad level, but systematic comparison across reports of improvements or programmes.”</p>
DOI	http://dx.doi.org/10.1093/intqhc/mzs046

Determinants of success of quality improvement collaboratives: what does the literature show?
Hulscher MEJL, Schouten LMT, Grol RPTM, Buchan H
BMJ Quality & Safety 2012 [epub].

Notes	<p>Quality improvement collaboratives have become a quite common approach, but how useful an approach it is may not always be clear. This paper reviews possible determinants of team success in quality improvement collaboratives and how they relate to effectiveness.</p> <p>From a literature search that identified 1367 studies, 23 (covering 26 collaboratives) included quantitative information on potential determinants and their relationship with effectiveness.</p> <p>Following their analyses, the authors report that “some aspects of teamwork and participation in specific collaborative activities enhanced short-term success. If teams remained intact and continued to gather data, chances of long-term success were higher.</p> <p>They also report “no empirical evidence of positive effects of leadership support, time and resources.”</p> <p>The authors conclude by proposing “more systematic exploration of potential determinants by applying theory and practice-based knowledge and by performing methodologically sound studies that clearly set out to test such determinants.”</p>
DOI	http://dx.doi.org/10.1136/bmjqs-2011-000651
TRIM	67005

A review of hospital characteristics associated with improved performance
Brand CA, Barker AL, Morello RT, Vitale MR, Evans SM, Scott IA, et al.
International Journal for Quality in Health Care 2012 [epub].

Notes	<p>The title may bring to mind other titles such as ‘Habits of successful people’, but putting that aside Brand and her colleagues have conducted a review of the literature on associations between high-level structural and operational hospital characteristics and improved performance. Their search turned up 57 studies (12 systematic reviews and 47 observational articles) from the period January 1996–May 2010. As is often the case in reviews, there is the bemoaning of the quality of the evidence.</p> <p>The studies included examined various characteristics, including environment (incentives, market characteristics), structure (network membership, ownership, teaching status, geographical setting, service size) and operational design (innovativeness, leadership, organizational culture, public reporting and patient safety practices, information technology systems and decision support, service activity and planning, workforce design, staff training and education).</p> <p>The authors report that the strongest evidence for an association with overall performance was identified for computerized physician order entry (CPOE) systems, with some evidence supporting the associations with workforce design, use of financial incentives, nursing leadership and hospital volume.</p> <p>However, simply implementing a CPOE system is most unlikely to make a facility a high-performing one in itself.</p>
DOI	http://dx.doi.org/10.1093/intqhc/mzs044

More quality measures versus measuring what matters: a call for balance and parsimony
Meyer GS, Nelson EC, Pryor DB, James B, Swensen SJ, Kaplan GS, et al.
BMJ Quality & Safety 2012 [epub].

Notes	A Viewpoint article calling for a balance on measurement. The authors argue that “that quality measurement should be: balanced to meet the need of end users to judge quality and cost performance and the need of providers to continuously improve the quality, outcomes and costs of their services; and parsimonious to measure quality, outcomes and costs with appropriate metrics that are selected based on end-user needs.” The premise is reasonable and rational, the trick is actually in finding that appropriate balance given the competing needs and perspectives of the many interested parties, including consumers, clinicians, funders, policy makers, etc.
DOI	http://dx.doi.org/10.1136/bmjqs-2012-001081

BMJ Quality and Safety online first articles

Notes	<i>BMJ Quality and Safety</i> has published a number of ‘online first’ articles, including: <ul style="list-style-type: none"> • Designing for distractions: a human factors approach to decreasing interruptions at a centralised medication station (Lacey Colligan, Stephanie Guerlain, Susan E Steck, Tracey R Hoke)
URL	http://qualitysafety.bmj.com/onlinefirst.dtl

International Journal for Quality in Health Care online first articles

Notes	<i>International Journal for Quality in Health Care</i> has published a number of ‘online first’ articles, including: <ul style="list-style-type: none"> • Venous thromboprophylaxis in general surgery ward admissions: strategies for improvement (Mariana Galante, Agustin Languasco, D Gotta, S Bell, T Lancelotti, V Knaze, C Lopez Saubidet, B Grand, and M Milberg) http://intqhc.oxfordjournals.org/cgi/content/abstract/mzs052v1?papetoc • Reliability and accuracy of the screening for adverse events in Brazilian hospitals (Ana Luiza Braz Pavao, Luiz Antonio Bastos Camacho, Monica Martins, Walter Mendes, and Claudia Travassos) http://intqhc.oxfordjournals.org/cgi/content/abstract/mzs050v1?papetoc • Development of an instrument to measure face validity, feasibility and utility of patient questionnaire use during health care: the QQ-10 (K.L. Moores, G.L. Jones, and S.C. Radley) http://intqhc.oxfordjournals.org/cgi/content/abstract/mzs051v1?papetoc • Using a knowledge translation framework to implement asthma clinical practice guidelines in primary care (Christopher Liciskai, Todd Sands, Michael Ong, Lisa Paolatto, and Ivan Nicoletti) http://intqhc.oxfordjournals.org/cgi/content/abstract/mzs043v1?papetoc
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Online resources

Improving Patient Safety in Long-Term Care Facilities

<http://www.ahrq.gov/qual/ptsafetyltc/>

The US Agency for Healthcare Research and Quality (AHRQ) has released a set of training modules to help educate nursing home staff on key patient safety concepts to improve the safety of nursing home residents. The modules, include:

- Detecting Change in a Resident's Condition
- Communicating Change in a Resident's Condition
- Falls Prevention and Management

Each module features an instructor's guide and a student workbook. Training of nursing home staff, including support for teamwork across specialties, is likely to be effective in reducing medical errors and improving patient safety and can help reduce the number of falls and fall-related injuries.

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