AUSTRALIAN COMMISSION ON SAFETY AND QUALITY IN HEALTH CARE

On the Radar

Issue 105
12 November 2012

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On the Radar
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Reports

Improving GP Services in England: exploring the association between quality of care and the experience of patients
Raleigh VS, Frosini F
London: The King's Fund, 2012

Notes	In this report from The King's Fund in the UK examines whether or not patient's perceptions about the non-clinical aspects of the quality of care delivered by their GP practices are consistent with practice performance on measures of clinical quality. The analysis is based on 2010/11 data from more than 8,000 general practices in England. Key findings: • "Both clinical effectiveness and patient experience are key domains of health care quality. By considering the relationship between them, general practices can better understand the quality of care they are providing and identify areas for improvement • Generally speaking, practices that deliver a good experience for their patients have higher Quality and Outcomes Framework outcomes scores. The reverse is also true – practices whose patients are more negative about access to the practice and using its services generally perform less well on clinical quality

	• Patients' experience of using their GP services – especially ease of access – can affect their use of and interaction with those services, which could in turn affect the quality of their care." The authors "urge staff in general practice to consider how they perform in terms of the patient experience alongside how they perform on the quality of clinical care, as it is this bigger picture that offers the greatest potential for driving further improvements in the overall quality of care".
URL	http://www.kingsfund.org.uk/publications/improving-gp-services-england
TRIM	71199

Journal articles

A meta-analysis of "hospital in the home"
Caplan GA, Sulaiman NS, Mangin DA, Ricauda NA, Wilson AD, Barclay L
Medical Journal of Australia 2012;197(9):518-519.

Notes	In past issues of *On the Radar* there have been a number of items on 'hospital in the home' (HITH) programs. This piece, in the *Medical Journal of Australia*, presents a meta-analysis of such programs that included 61 randomised controlled trials (RCTs) comparing HITH care with in-hospital treatment for patients aged > 16 years. The authors report that HITH care led to **reduced mortality**, **readmission rates** and **cost**. They also report a number needed to treat at home to prevent one death of 50. Patient satisfaction was higher in HITH in 21 of 22 studies, and carer satisfaction was higher in and six of eight studies.
DOI	http://dx.doi/org/10.5694/mja12.10480

The 'Global Outcomes Score': A Quality Measure, Based On Health Outcomes, That Compares Current Care To A Target Level Of Care
Eddy DM, Adler J, Morris M
Health Affairs 2012;31(11):2441-2450.

Notes	Measurement and indicators are frequently contentious things, and this has certainly been the cases in terms of quality measures. This paper presents a measure of quality called the Global Outcomes Score (GO Score). The authors describe the GO Score as "the proportion of adverse outcomes expected to be prevented in a population under current levels of care compared to a target level of care, such as 100 percent performance on certain clinical guidelines". As an example, the authors report use of the GO Score to measure blood pressure and cholesterol care in a longitudinal study of people at risk of atherosclerotic diseases. In this example, the baseline GO Score was 40%, suggesting that the care being delivered was 40% percent as effective in preventing myocardial infarctions and strokes as the target level of care. The authors suggest that the "GO Score can be used to assess the potential effectiveness of different interventions such as prevention activities, tests, and treatments". However, they do also recognise some of the limitations of their approach, including the information/data needs of the approach and that it is addressing a "dimension of quality: clinical effectiveness. It is not applicable to other dimensions of quality, such as timeliness, or to patient-centeredness."
DOI	http://dx.doi.org/10.1377/hlthaff.2011.1274

The Longer The Shifts For Hospital Nurses, The Higher The Levels Of Burnout And Patient Dissatisfaction
Stimpfel AW, Sloane DM, Aiken LH
Health Affairs 2012;31(11):2501-2509.

Notes	This addition to the literature on working hours reports on a survey sample of 22,275 registered nurses in 4 American states. The authors report that their survey found that as proportion of hospital nurses working shifts of more than 13 hours increased, **patients' dissatisfaction with care increased**. Also , nurses working shifts of 10 hours or longer were up to 2.5 times more likely than nurses working shorter shifts to experience burnout and job dissatisfaction and to intend to leave. They report that "extended shifts undermine nurses' well-being, may result in expensive job turnover, and can negatively affect patient care".
DOI	http://dx.doi.org/10.1377/hlthaff.2011.1377

Contemporary Evidence About Hospital Strategies for Reducing 30-Day Readmissions: A National Study
Bradley EH, Curry L, Horwitz LI, Sipsma H, Thompson JW, Elma M, et al
Journal of the American College of Cardiology 2012;60(7):607-614.

Notes	Reducing re-admissions is a fairly commonplace objective. This American study surveyed hospitals in order to determine the range and prevalence of practices being implemented by hospitals to reduce 30-day readmissions of patients with heart failure or acute myocardial infarction (AMI). 537 hospitals (of 594 contacted) responded and from those, nearly 90% reported that they had a written objective of reducing preventable readmission for patients with heart failure or AMI. However, only 49.3% reported partnering with community physicians and only 23.5% had partnered with local hospitals to manage patients at high risk for readmissions. Inpatient and outpatient prescription records were electronically linked usually or always in 28.9% of hospitals, and the discharge summary was always sent directly to the patient's primary medical doctor in only 25.5% of hospitals. As the authors not, while "most hospitals have a written objective of reducing preventable readmissions of patients with heart failure or AMI, the implementation of recommended practices varied widely."
DOI	http://dx.doi.org/10.1016/j.jacc.2012.03.067

A New Tool To Give Hospitalists Feedback To Improve Interprofessional Teamwork And Advance Patient Care
Chesluk BJ, Bernabeo E, Hess B, Lynn LA, Reddy S, Holmboe ES
Health Affairs 2012;31(11):2485-2492.

Notes	The value and importance of teamwork in health care is widely accepted. This paper describes a tool that the American Board of Internal Medicine for clinicians to evaluate how they perform as part of an inter-professional patient care team. The Teamwork Effectiveness Assessment Module (TEAM) tool. The authors say that the assessment "provides hospitalist physicians with feedback data drawn from their own work of caring for patients, in a way that is intended to support immediate, concrete change efforts to improve the quality of patient care" and that their "approach demonstrates the value of looking at teamwork in the real world of health care". The assessment process uses self-assessment, colleague feedback and assessment from an inter-professional group of raters; a combination of quantitative and qualitative feedback data; and a structured process of reflecting on that

	feedback with at least one qualified colleague or team member. The authors suggest that the assessment of individual physicians' teamwork competencies could play a role in better support and appreciation of teamwork.
DOI	http://dx.doi.org/10.1377/hlthaff.2011.0611

Reduced Mortality with Hospital Pay for Performance in England
Sutton M, Nikolova S, Boaden R, Lester H, McDonald R, Roland M
New England Journal of Medicine 2012;367(19):1821-1828.

Notes	Pay for performance, at the individual clinician or unit/facility level, is a very contentious subject. Some feel that in systems where earning is based on 'pieces' of work it can be an effective driver for improvement. Others feel that such systems drive only those behaviours that are linked to earnings and may provide inappropriate signals. There are also arguments as to whether such systems work (best or at all) systems with different funding models, ranging from universal government-funded through hybrid systems to largely user-pays. This report in the NEJM reports on a hospital-based system that was introduced in one region of England. The headline is that there is a reduction in mortality in a number of causes following the introduction of the new model. The authors examined 30-day in-hospital mortality among 134,435 patients admitted for pneumonia, heart failure, or acute myocardial infarction to 24 hospitals covered by the pay-for-performance program and compared their outcomes with those 722,139 patients admitted for the same three conditions to the 132 other hospitals in England and 241,009 patients admitted for six other conditions to both groups of hospitals. They report that risk-adjusted, absolute mortality for the conditions included in the pay-for-performance program decreased significantly, with an absolute reduction of 1.3 percentage points and a relative reduction of 6%, equivalent to 890 fewer deaths during the 18-month period. The largest reduction, for pneumonia, was significant (1.9 percentage points), with non-significant reductions for acute myocardial infarction (0.6 percentage points;) and heart failure (0.6 percentage points). The conclusion drawn was that "The **introduction of pay for performance** in all NHS hospitals in one region of England **was associated with a clinically significant reduction in mortality**. As compared with a similar U.S. program, the U.K. program had larger bonuses and a greater investment by hospitals in quality-improvement activities."
DOI	http://dx.doi.org/10.1056/NEJMsa1114951

The effects of patient handoff characteristics on subsequent care: a systematic review and areas for future research
Foster S, Manser T.
Academic Medicine 2012;87(8):1105-1124.

Notes	This systematic review of nursing and physician handovers/handoffs reported finding little high-quality research on the effectiveness of specific methods. Although use of standardised handover sheets/processes appears to improve the quality of handovers, the authors report not finding evidence linking any handover interventions to better patient outcomes.
DOI	http://dx.doi.org/10.1097/ACM.0b013e31825cfa69

For more information about the Commission's work on clinical communications, including clinical handover, see http://www.safetyandquality.gov.au/our-work/clinical-communications/

Davis RE, Sevdalis N, Vincent CA
Patient Involvement in Patient Safety: The Health-Care Professional's Perspective
Journal of Patient Safety 2012 [epub].

Notes	Report on a survey of 80 health care workers at a UK hospital that found that they were generally supportive of patient involvement in safety efforts, and if hospitalised themselves, would be more likely than lay patients to participate in safety activities. Thus suggests some of the alleged or perceived barriers may not be so firm.
DOI	http://dx.doi.org/10.1097/PTS.0b013e318267c4aa

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

BMJ Quality and Safety online first articles

Notes	*BMJ Quality and Safety* has published a number of 'online first' articles, including: • Fragmented care: a practicing surgeon's response (Peter J Fabri)
URL	http://qualitysafety.bmj.com/onlinefirst.dtl

International Journal for Quality in Health Care online first articles

Notes	*International Journal for Quality in Health Care* has published a number of 'online first' articles, including: • Editorial: Research on health-care quality improvement in low- and middle-income countries: is it a worthy investment? (Ezequiel Garcia-Elorrio and Eric C. Schneider) • Clinical audit of diabetes management can improve the quality of care in a resource-limited primary care setting (Indira Govender, Rodney Ehrlich, Unita Van Vuuren, Elma De Vries, Mosedi Namane, Angela De Sa, Katy Murie, Arina Schlemmer, Strini Govender, Abdul Isaacs, and Rob Martell) http://intqhc.oxfordjournals.org/content/early/2012/10/31/intqhc.mzs063.abstract.html?papetoc
URL	http://intqhc.oxfordjournals.org/content/early/recent?papetoc

Online resources

[Canada] Health Innovation Portal
http://innovation.healthcouncilcanada.ca/
The Health Council of Canada has established this site to publicise innovative health care practices, policies, programs and services so they can be adopted elsewhere in Canada. The site includes a searchable national database, a framework to evaluate emerging practices, and a forum for students in health fields.

[US] 6 Steps to Encourage Patient Safety Innovation at Hospitals
http://www.beckershospitalreview.com/hospital-physician-relationships/6-steps-to-encourage-patient-safety-innovation-at-hospitals.html
This posting on Becker's Hospital Review describes steps that the Henry Ford Health System recommend hospitals can take to drive innovation in patient safety. In summary, the steps are:

1. Create a robust patient safety program
2. Develop a culture of safety.
3. Hold people accountable.
4. Pilot programs.
5. Partner with researchers.
6. Participate in outside patient safety programs.
