On the Radar
Issue 40
16 May 2011

*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.

Access to particular documents may depend on whether they are Open Access or not, and/or your individual or institutional access to subscription sites/services.

If you would like to receive *On the Radar* via email, please contact us at mail@safetyandquality.gov.au

For information about the Commission and its programs and publications, please visit http://www.safetyandquality.gov.au/

**This week’s content**

**Reports**

*The health and welfare of Australia's Aboriginal and Torres Strait Islander people: an overview 2011*  
Australian Institute of Health and Welfare  
AIHW catalogue number (IHW42), 2011.

The Australian Institute of Health and Welfare has released its 2011 summary report on Indigenous health and welfare statistics prepared. Together with a series of articles (available online from the AIHW Indigenous observatory and the Australian Bureau of Statistics), it provides a statistical picture of Indigenous health and welfare. Topics covered include: demographic characteristics; determinants of health and welfare; health and functioning; mortality and life expectancy; health across the life stages; health care and other support services; and health and welfare expenditure.

Indigenous observatory papers (internet only):
- Aboriginal and Torres Strait Islander child safety
- Aboriginal and Torres Strait Islander people with disability
- Access to health services for Aboriginal and Torres Strait Islander people
- A profile of homelessness for Aboriginal and Torres Strait Islander people
- Comparing life expectancy of indigenous people in Australia, New Zealand, Canada and the United States
- Contribution of chronic disease to the gap in adult mortality between Aboriginal and Torres Strait Islander and other Australians
- Eye health in Aboriginal and Torres Strait Islander people
Life expectancy and mortality of Aboriginal and Torres Strait Islander people
Older Aboriginal and Torres Strait Islander people

E-Prescribing and Accessing Information to Improve Prescribing Decisions. Research Brief No. 20.
Grossman JM, Boukus ER, Cross D, Cohen GR. Physician Practices

Notes
From the [US] Agency for Healthcare Research and Quality (ARHQ) email:
‘E-prescribing systems can provide physicians access to important patient information, such as drugs prescribed by physicians in other practices and formulary information that can help reduce insured patients’ drug costs, but many physicians are reluctant to use these features because they are viewed as cumbersome and unreliable, according to a new AHRQ-funded report. The report, prepared by researchers at the Center for Studying Health System Change, is a qualitative study of 24 physician practices using e-prescribing systems. Study highlighted two barriers to use:

• Tools to view and use the patient health information are cumbersome to use in some systems
• Data are not always seen as useful enough to expend the extra effort to use them.

URL http://www.hschange.org/CONTENT/1202/

Journal articles
Unit-Based Care Teams and the Frequency and Quality of Physician-Nurse Communications

Notes
Teamwork and communication have been seen as issues that impinge on patient safety. The paper reports on a study where 60 paediatric residents and 154 ward-based paediatric nurses were arranged into unit-based teams to evaluate the impact on nurse–physician communication over the period 1 April 2008–30 June 2009. The paper reports that after implementation of the new model, physicians were more likely to identify the nurse for their patients and experience increased frequency of direct communication with them. These changes also led to 42% fewer pages from nurses to physicians. While the study didn’t correlate these self-reported improvements in communication to clinical outcomes, it’s one of the first studies investigating the benefits of geographic organization as a potential safety strategy.
The authors concluded that these unit-based teams apparently ‘improve the frequency and quality of multidisciplinary communication, which may create an improved climate for patient safety’.

DOI http://dx.doi.org/10.1001/archpediatrics.2011.54

Health care workers as second victims of medical errors
Edrees HH, Paine LA, Feroli ER, Wu AW
Polskie Archiwum Medycyny Wewnętrznej (Polish Archives of Internal Medicine) 2011;121(4):101-108.
This article recognises that when medical errors occur the health workers can themselves be victims. This study explores the second victim phenomenon, describes current approaches for addressing the emotional impact, and reports survey findings. Survey respondents expressed the need for emotional support and peer support. The authors suggest ways of offering support and stress the need for support second victims in building a safety culture.

Importance of work environments on hospital outcomes in nine countries
International Journal for Quality in Health Care 2011 [epub].

Building on earlier work, this paper looks at the relationship between the working environment (the hospital) and nurse burnout and dissatisfaction and measures of quality of care in 9 countries (USA, China, South Korea, Thailand, Japan, New Zealand, UK, Canada and Germany). The studies used range in size from 2,676 nurses in Germany to 39,148 in the USA. They also range in date from 1999 to 2009. Notwithstanding this, the authors suggest burnout and dissatisfaction are common, and that ‘working in a hospital with a better work environment was associated with significantly lower odds of nurse burnout and job dissatisfaction and with better quality-of-care outcomes’. This leads them to conclude that ‘Improving work environments holds promise for nurse retention and better quality of patient care.’

Widespread focused improvement: lessons from international health for spreading specific improvements to health services in high-income countries
Øvretveit JC

The latest from the prolific John Øvretveit looks at the spread of improvements in health services. In identifying three basic approaches he has also developed a checklist for planning improvement spread (OvretChecklistSDSpreadingQI20Jan11’, in folder, ‘Implementation’ at web site. http://public.me.com/johnovr) The paper notes the role of context, covering adaptation-latitude and other such terms. He also addresses the importance of evidence, suggesting that sometimes the barriers to change are inappropriately high: ‘The international health field has many examples of treatments or service models which have the potential to save many lives and where there is good knowledge of side effects, and where one year’s delay in ‘roll-out’ can be counted in thousands of lives lost. If there are low risks and costs, and the change is easy to implement compared with the potential benefit, then the evidence of effectiveness does not have to be as strong as for a high-cost change or one with risks of harm. Indeed, if benefit is likely to be high, then there is an ethical case that the burden of proof should lie with those opposing the change rather than those proposing it because of the potential lives lost before research establishes more knowledge about effectiveness.’
Hospitalized patients’ participation and its impact on quality of care and patient safety

Paper reporting on a 2003 study using a random sample telephone survey and medical record review of 2,025 recently hospitalised adults in the USA. The patients reported participation in their own care, assessments of overall quality of care and the presence of adverse events (AEs) in telephone interviews. Physician reviewers rated the severity and preventability of AEs identified by interview and chart review among 788 surveyed patients who also consented to medical record review.

99.9% of patients reported positive responses to at least one of seven measures of participation. High participation (use of >4 activities) was strongly associated with patients’ favourable ratings of the hospital quality of care. Among the 788 patients with both patient survey and chart review data, there was an inverse relationship between participation and adverse events. In multivariable logistic regression analyses, patients with high participation were half as likely to have at least one adverse event during the admission.

According to this study, most hospitalized patients participated in some aspects of their care and such participation was strongly associated with favourable judgments about hospital quality and reduced the risk of experiencing an adverse event.

DOI http://dx.doi.org/10.1093/intqhc/mzr002

Do staffing levels predict missed nursing care?
Kalisch BJ, Tschannen D, Lee KH

Paper looking at whether actual nurse staffing predicts missed nursing care by surveying 4,288 nursing staff in 10 Midwest USA hospitals. The MISSCARE Survey was utilized to capture respondents’ perceptions of missed nursing care as well as other unit characteristics (i.e. demographics, work schedules and absenteeism). Actual staffing data (hours per patient day [HPPD], registered nurse hours per patient day [RN HPPD], skill mix) and unit level case mix index were collected from the participating hospitals for the mean scores of 2 months during survey distribution. The study suggests that missed nursing care may explain, at least in part, the relationship between staffing levels and patient outcomes.

DOI http://dx.doi.org/10.1093/intqhc/mzr009

Special Issue: Adverse events: expecting too much of nurses and too little of nursing research
Journal of Nursing Management
April 2011
Volume 19, Issue 3

The April issue of the Journal of Nursing Management is a themed issue focussing on adverse events and nursing, including nurses’ perceptions and attitudes towards adverse events, the effect of fatigue on shift work, nursing and medication management/monitoring, and how to improve clinical decision-making.

Online resources

Map Your Own Data with InstantAtlas Community
http://www.publichealth.gov.au
The Public Health Information Development Unit now offers a mapping function you can use for mapping your own data. You can map data for three geographies in Australia: postcodes; Statistical Local Areas (SLAs); and Local Government Areas (LGAs).

Improving Care Search Centre
http://www.improvingcaresearchcentre.com/English/Pages/default.aspx
A website developed by the Canadian Patient Safety Institute to an easy method for searching patient safety and quality improvement information from around the world (albeit with something of a Canadian focus) for patients and healthcare providers in one place.

Community-Based Approach to Reducing Hospital Readmissions
The resources from a recent Commonwealth Fund webinar on community-based approaches to reducing hospital readmissions are now available. The moderator's and speakers' presentations can be downloaded from the Commonwealth Fund. There is also an overview report and case studies of McKay-Dee Hospital in Ogden, Utah; Memorial Hermann Memorial City Medical Center in Houston, Texas; Mercy Medical Center in Cedar Rapids, Iowa; and St. John's Regional Health Center in Springfield, Missouri. The audio recording of the webinar with synched slides is available at https://cc.realtalk.com/cc/playback/Playback.do?id=b1dq14#omnicid=20

Disclaimer
On the radar is an information resource of the Australian Commission on Safety and Quality in Health Care. The Commission is not responsible for the content of, nor does it endorse, any articles or sites listed. The Commission accepts no liability for the information or advice provided by these external links. Links are provided on the basis that users make their own decisions about the accuracy, currency and reliability of the information contained therein. Any opinions expressed are not necessarily those of the Australian Commission on Safety and Quality in Health Care.