ABORIGINAL HEALTH SERVICES

Closing the Gap: Support for Aboriginal and Torres Strait Islander peoples’ loss
Australian Nursing Journal May 12 Volume 19(10) pp 24-27
Aboriginal and Torres Strait Islander peoples experience greater mortality rates than other Australians with significant grieving compounded by multiple losses and funeral attendance. A one year South Australian research project shows how workplaces can be culturally safe and supportive.

AGED CARE SERVICES

Improving care for dementia patients in our ailing aged care system
Admin in Aged Care 24 April 2012
Steve Mcfarlan, Director of Aged Psychiatry, Caulfield Hospital (Alfred Health) & Associate Professor of Psychiatry at Monash University, talks about fixing an aged care system that is ‘broken’. Last week, Alzheimer’s Australia released a report that was highly critical of the way Australia’s aged care sector responds to the needs of dementia sufferers and their families. http://www.transformingthentation.com.au/2012/04/improving-care-for-dementia-patients-in-our-ailing-aged-care-system

Landmark changes for Australia’s aged care system
Department of Health and Aging 24 April 2012

Middle managers in elderly care under demands and expectations
Bodil Ekholm Leadership in Health Services Vol 25(3) 2012

The study shows that there were large similarities in how the managers perceived the demands and expectations, but there were differences when it came to how they handled them. Three of the managers experienced that they could handle the demands and expectations through organizing and structuring the operation and prioritizing the assignments, while five of the managers experienced difficulties to handle them and they conveyed that they suffered from stress. The managers that could handle the demands combine a professional and an organizational perspective in their leadership.

Reform package falls short
Noone, Yasmin Australian Ageing Agenda 1 May 2012
The author observes that the federal government has fallen short in providing the aged care sector with the reform package it needed and was promised, although what was announced pre-budget is good enough for now. http://www.australianageingagenda.com.au/2012/05/01/article/Reform-package-falls-short/WHOYUZBSSF.html

EDUCATION

By design: negotiating flexible learning in the built environment discipline
Morris, Gayle Tucker, Richard Journal of the Association for Learning Technology Australian Policy Online, 3 February 2012
The term ‘flexible education’ is now firmly entrenched within Australian higher education discourse, yet the term is a contested one imbued with a multiplicity of meanings. This paper describes a process designed to elucidate how the idea of flexible education can be translated into teaching models that are informed by the specific demands of disciplinary contexts. By design: negotiating flexible learning in the built environment discipline
EFFICIENCY

Care in the balance: a UNISON survey into staff/patient ratios on our wards (UK)
UNISON 24 April 2012
This survey asked nurses, midwives, healthcare assistants and other staff to chart their experiences including the pressures of a typical working day to reveal some insight into NHS working.
http://www.unison.org.uk/file/A5881.pdf

e-HEALTH SERVICES

A call for national e-health clinical safety governance
This editorial in the MJA calls for a renewed focus and emphasis on clinical safety governance in e-health.
The authors suggest some principles for national e-health clinical safety governance, including:
• Safety is an emergent property of a whole system. Certification of individual components does not guarantee that the whole system is safe.
• E-health clinical safety governance should integrate with mainstream patient-safety processes. Harms arise from sequences of events involving both technical and non-technical elements.
• Any governance body must have a capability to investigate, analyse and act upon significant risks in the system.

New paradigms for measuring clinical performance using electronic health records
Measures of provider success are the centrepiece of quality improvement and pay-for-performance programs around the globe. In most nations, these measures are derived from administrative records, paper charts and consumer surveys; increasingly, electronic patient record systems are also being used. The authors describe a methodology using the term ‘e-QMs’ to describe quality measures that are based on data found within electronic health records and other related health information technology (HIT). The authors offer a framework or typology for e-QMs and describe opportunities and impediments associated with the transition from old to new data sources. If public and private systems of care are to effectively use HIT to support and evaluate health-care system quality and safety, the quality measurement field must embrace new paradigms and strategically address a series of technical, conceptual and practical challenges.

ETHICS

The importance of failing forward
Hofman, Paul B Healthcare Executive, Vol 27(3) May/June 2012 pp 64-66
All of us will fail and make mistakes, but this author explains how they can benefit us and our organisation.

Organizational ethics: no longer the elephant in the room

Should doctors feel able to practise according to their personal views and beliefs? — Yes
Paediatrician Brian Conway believes freedom to practise in accordance with conscience enables healthy diversity and is the ultimate safeguard for patients.

HEALTH CARE

Reporting, Learning and the Culture of Safety
Flemons, W. Ward McRae, Glenn Healthcare Quarterly, 15(Special Issue) 2012: 12-17
Systems that provide healthcare workers with the opportunity to report hazards, hazardous situations, errors, close calls and adverse events make it possible for an organization that receives such reports to use these opportunities to learn and/or hold people accountable for their actions. Reporting has been inappropriately equated with patient safety activity and mistakenly used for "measuring" system safety. However, if properly designed and supported, a reporting system can be an important component of an organizational strategy to foster a safety culture.
http://www.longwoods.com/content/22847

Linda Bearinger: creating healthy pathways for adolescents
The Lancet, Volume 379(9826), 28 April 2012 p 1581
This is the profile of Linda Bearinger who began working with teenagers in the homes, schools, and sexual health clinics of Champaign, Illinois, USA, in the early 1970s. A newly graduated public health nurse, she took a job in the field of sexual and reproductive health, while volunteering at night in a family planning clinic. She found herself motivated by talking to young people about avoiding pregnancy and sexually transmitted infections, and helping those for whom the messages came too late.
http://www.thelancet.com/journals/lancet/article/PIIS0140-6736%2812%2960664-
Making Healthcare Safer (CAN)
Ross Baker, G Healthcare Quarterly, 15(Special Issue) 2012 pp 8-11
Today, virtually all Canadian healthcare organizations have goals around improving the safety and quality of care, and many have implemented reporting systems that identify patient safety incidents and track the implementation of recommendations to reduce hazards. In only a decade, patient safety has been transformed from the esoteric interest of a small number of champions to an essential component of healthcare performance across Canada. Today, patient safety is a fundamental prerequisite for the healthcare system: quality is impossible unless patients are protected from unintended harm. http://www.longwoods.com/content/22848

New report highlights dangers of private health care example shows private costs more and puts tax dollars at risk (CAN)
Parkland Institute, April 2012
A new report from the Parkland Institute says that supporting private health facilities with public health dollars costs more, damages the public system, and puts tax dollars and patient care at risk. The report, entitled Delivery Matters: The high costs of for-profit health services in Alberta, uses Calgary’s failed Health Resources Centre, a private surgery facility, as a case study. Using documents obtained through a Freedom of Information request, the report concludes that services paid for through tax dollars at HRC cost significantly more than in the public system, and had no larger impact on wait times.
download the full report

Overcoming challenges to improving quality. Lessons from the Health Foundation’s improvement programme evaluations and relevant literature (EUR)
The Health Foundation, 2012
A healthcare charity, the Health Foundation has worked with the UK National Health Service (NHS) since 2002 to deliver improvement through service development programs. This report synthesizes findings from 14 improvement program evaluations to analyze factors affecting the implementation of improvement methods and study the interventions adopted.

Patient empowerment—who empowers whom?
What is patient empowerment? Over 250 participants discussed this question at the first European Conference on Patient Empowerment, recently held in Copenhagen, Denmark, by the European Network on Patient Empowerment (ENOPE 2012).
http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(12)60699-0/fulltext

Performance Improvement in Health Care — Seizing the Moment (US)
Blumenthal, D New England Journal of Medicine, April 2012
The author argues that the guiding vision should also be based on the understanding that performance improvement requires that clinicians and patients be enabled to make better health care decisions by giving them the best available information when and where they need it and making it easy to do the right thing.

Productive Complications: Emergent Ideas in Team Communication and Patient Safety
Lingard, L Healthcare Quarterly, 15(Special Issue) 2012: 18-23
Communication is recognized as one of the central factors underpinning safe, high-quality teamwork in complex systems. The author argues that without effective communication, competent individuals form an incompetent team. Healthcare, traditionally predicated on the excellence and autonomy of the individual practitioner, has been somewhat slow to embrace this reality. It is only recently that we have recognized that both technical and communicative expertise are necessary for safe care.
http://www.longwoods.com/content/22846

Ten challenges in improving quality in healthcare: lessons from the Health Foundation’s programme evaluations and relevant literature (UK)
The paper reports on what’s been learnt from the evaluation of the [UK] Health Foundation’s improvement programmes. Based on analysis of evaluation reports relating to five Health Foundation improvement programmes the authors identified ten key challenges: convincing people that there is a problem that is relevant to them; convincing them that the solution chosen is the right one; getting data collection and monitoring systems right; excess ambitions and ‘projectness’; organisational cultures, capacities and contexts; tribalism and lack of staff engagement; leadership; incentivising participation
and ‘hard edges’; securing sustainability; and risk of unintended consequences. The authors also suggest some of tactics that may be used to respond to these challenges.

http://dx.doi.org/10.1136/bmjqs-2011-000760

HEALTH ECONOMICS

The Affordable Care Act: Lowering Medicare Costs by Improving Care (US)
Efforts Will Save Over $200 Billion for Taxpayers
Through 2016, Nearly $60 Billion for Beneficiaries in traditional Medicare (US).
http://www.modernhealthcare.com/assets/pdf/CH79

HEALTH FACILITIES PLANNING AND DESIGN

Design with Patients in Mind
Thompson, Tammy S, Healthcare Design, 19 April 2012 Guest Editorial
The Institute for Patient-Centered Design was born out of the realization that even the most beautiful facilities that satisfy all code requirements can create numerous obstacles when designed with a lack of attention to patients’ needs.
http://www.healthcaredesignmagazine.com/article/design-patients-mind

Discovering Your Innovative Spirit in Evidence-Based Healthcare Design
Cama, R, Healthcare Design, 30 April 2012
If you are about to embark on a new building project or maybe even just a small renovation project, during the development of the project guidelines, ask yourself how innovative you would like the project to be. If you are inclined to seek the excitement of discovering new solutions, then there is a systematic way to approach innovation in a relatively safe manner.
http://www.healthcaredesignmagazine.com/article/discovering-your-innovative-spirit-evidence-based-healthcare-design

Energy Centre’s immediate impact
A new CHP-based Energy Centre completed in 2010 at London’s King’s College Hospital helped the south London facility cut its overall carbon emissions by 12% in the first financial year of operation, and reduce by £254,000 its energy costs over the same period.

Healthy Interiors: If These Walls Could Talk
If you close your eyes and think of an interior where you felt relaxed and at peace, what comes to mind? Jean Hansen and Michelle Halle Stern discuss “healthy interiors” on a January 2012 conference call. They talked about view; daylight; open space; quiet, pleasant colors; artwork; a calming culture; and a positive energy. They also discussed the patient experience, perception, and the visceral reaction one may have to noise, bright light, or odor.
http://www.healthcaredesignmagazine.com/article/healthy-interiors-if-these-walls-could-talk

Part Medical Building, Part Art Gallery
Reiss, K, Healthcare Design, 11 May 2012
The $85 million University of Kansas Physicians Medical Office Building includes 300 pieces of original artwork and places as much importance on incorporating those pieces as it does on the doctors’ offices.
http://www.healthcaredesignmagazine.com/article/part-medical-building-part-art-gallery

Tackling violence and aggression in A&E
A year-long Department of Health commissioned, Design Council-run project, during which designers extensively observed patients and staff in A&E departments to identify what typically caused ‘flare-ups’ leading to aggression or violence, has concluded that the key to avoidance is ‘to give patients a better understanding of the system they are in’.

World-Class Design for a Military Healthcare Facility
Matambanadzo, S, Associate Editor Healthcare Design, April 25, 2012 With the breathtaking backdrop of Storm King Mountain, the new addition to the Keller Army Community Hospital on the campus of West Point Military Academy will provide premium, world-class outpatient healthcare services for military staff and their family members, and an improved working environment for the staff. The addition, designed by EwingCole Architects, will offer essential medical programs and services under one roof to make life a little easier for military members.
HEALTH PLANNING

Information strategy to give people more control over their care (UK)
Department of Health, 21 May 2012
The Department has today published its information strategy – The power of information – which sets a ten-year framework for transforming information for the NHS, public health and social care. The focus of the strategy is on improving access to information, including a commitment that people will be able to access their GP records online by 2015.
http://www.dh.gov.uk/health/2012/05/information-strategy/

HEALTH POLICY

Assessing the relationship between volume and outcome in hospital services: implications for service centralization
Anthony Harrison, Health Services Management Research, King’s Fund, London, UK
Proposals for centralizing services are often justified on the basis of studies linking the volume of activity to the outcomes achieved. However, the evidence of such studies is far from demonstrating a causal link between volume and outcome. This article assesses the main reasons why volume and outcome studies do not in themselves demonstrate a causal link, and therefore do not provide adequate support for proposals for centralizing hospital services. It then sets out a number of precepts to guide those responsible for proposing centralization of services.
http://hsmr.rsmjournals.com/content/25/1/1.abstract

HEALTH SERVICES MANAGEMENT

Implementing change: the greatest risk
Risk Register-two words that recently grabbed a disproportionate amount of column inches. The transition from the ‘old world’ to the new will have many risks, whether they be continuity, staff or financial risks. The author flags two significant risks, both critical and crucial palpable by their absence. In NHS speak, the first is called ‘staff engagement’.

Liberating the NHS: no decision about me, without me (UK)
Department of Health, May 2012
This consultation proposes a model of shared decision-making along the patient pathway. The model indicates where patients would be expected to have more say in decisions about their care in primary care; before a diagnosis; at referral to...
secondary care; and after a diagnosis had been made. The consultation welcomes views from patients, the wider public, organisations, health professionals and the NHS and closes on 20th July 2012.


The roadmap: England’s choices for the care crisis
The Strategic Society Centre (SSC), 2012
This report sets out the options for the government as it faces questions on the state spend on care and support in future and where the money come from to fund this spend. The report explores how rising demand for care associated with population ageing will mean the proportion of GDP spent on care by the state will have to increase to maintain the current inadequate system of entitlements and support. The report concludes that there are positive choices that can be made that would result in a better, fairer system.


Smart guides to engagement (UK)
The next set of guides in this series of 10 have been published. This set covers practices and patient engagement; listening, learning and responding; and community development and population health.

- Practices and patient engagement
- Listening, learning and responding
- Community development - improving population health
- NHS Networks - publications


HEALTH SERVICES RESEARCH

2012 User Comparative Database Report
http://www.ahrq.gov/qual/mosurvey12/

Comparing physician and patient perceptions of quality in ambulatory care
The paper reports on a survey of 168 patients and 39 clinicians in 2 US states (Hawaii and Chicago, Illinois) to examine what commonality there may be in how clinicians and patients understand quality primary care. The participants were interviewed about behaviours that resulted in consultations being considered either good or poor quality and compared the prevalence of different types of ‘quality’ behaviours.

Using a taxonomy, comprising 9 major categories and 106 subcategories of behaviours, the authors report that almost all clinicians and patients agreed that clinical skill, rapport and health-related communication behaviours were key elements. Patients were more likely to report behaviours demonstrating thoroughness in routine examinations, spending enough time with them, engaging them and being treated with courtesy and respect as drivers of a quality office visit than were physicians. The authors suggest that increased clinician awareness of the behaviours that patients believe are the drivers of a quality office visit can help clinicians improve patients’ experience of care and experience-based measures of quality.

Contexts and Models in Primary Healthcare and their Impact on Interprofessional Relationships
This report, published by the Canadian Health Services Research Foundation (CHSRF), examines Alberta’s experience in the development of Primary Care Networks (PCNs) over the period 2007 to 2011. Researchers used a comparative case study approach to describe how contextual influences act together with the different characteristics of the primary health care models in Alberta to influence outcomes, with a particular emphasis on the role of inter-professional relationships.


Embedding of research into decision-making processes
WHO, 2012
Written for the WHO, this paper concerns the uptake of research evidence in policy decisions for health. It examines both conceptual paradigms and country case studies from the perspective of six WHO building blocks: service delivery, health workforce, information, medical products, financing, and governance.

http://www.who.int/alliance-hpsr/alliancehpsr_backgroundpaperembeddingresearch.pdf

A four-year, systems-wide intervention promoting interprofessional collaboration
Braithwaite, J, Westbrook, M, Nugus, P et al. *BMC Health Services Research* 2012 Vol12(99)
A four-year action research study was conducted across the Australian Capital Territory health
system to strengthen interprofessional collaboration (IPC) though multiple intervention activities. Our longitudinal interventional study of IPC involving multiple activities supporting increased IPC achieved many project-specific goals. However, improvements in attitudes over time were not demonstrated and neutral assessments predominated, highlighting the difficulties faced by studies targeting change at the systems level and over extended periods. 

http://www.biomedcentral.com/content/pdf/1472-6963-12-99.pdf

Inpatient survey 2011 Care Quality Commission (CQC) (UK)
This survey looked at the experiences of over 70,000 people who were admitted to NHS hospitals around England. The results of the survey will be used by NHS trusts to improve their performance and to understand their patients’ experiences, and the results will be used to support the CQC's regulatory, compliance and monitoring activities. 

National summary
Historical comparisons with previous surveys

Patient safety: an educational competency
Joshua M Liao  The Lancet Volume 379(9830) 26 May 2012 pp 1933
Although patient safety is of utmost importance in health-care encounters in all countries, preventable instances of harm are common. Poor safety cultures are associated with increased error rates, yet surveys of safety attitudes among medical staff indicate that changes are often impeded by existing cultures of individual blame and attitudinal variations in specific care roles.

Realist synthesis: illustrating the method for implementation research
Realist synthesis is an increasingly popular approach to the review and synthesis of evidence, which focuses on understanding the mechanisms by which an intervention works (or not). There are few published examples of realist synthesis. This paper therefore fills a gap by describing, in detail, the process used for a realist review and synthesis to answer the question ‘what interventions and strategies are effective in enabling evidence-informed healthcare?’ The strengths and challenges of conducting realist review are also considered. 

http://www.implementationscience.com/content/7/1/33/abstract

Value for Money from Health Insurance Systems in Canada and the OECD, 2012 edition
Mark Rovere Brett J. Skinner, April 18, 2012
This paper compares the economic performance of Canada’s health insurance system against the health insurance systems of 27 other countries that are members of the Organisation for Economic Co-operation and Development (OECD). According to the most recent internationally comparable data from 2009, Canada had the sixth most expensive health care system (defined by total health spending as a percentage of GDP) among OECD countries without adjusting for differences in the population age distributions between countries. 

http://www.fraserinstitute.org/research-news/display.aspx?id=18231

HEALTH SYSTEMS

Corporate plan 2012-13 (UK)
Department of Health, 14 May 2012
The Department of Health’s Corporate plan sets out our priorities for the year ahead. The Department’s enduring purpose is to achieve better health, better care, better value: working to help people live better for longer. 

http://www.dh.gov.uk/health/2012/05/corporate-plan-2012/

Health system performance comparison: an agenda for policy, information and research – WHO on behalf of the European Observatory on Health Systems and Policies – 2012
Smith, Peter C Papanicolas, Irene 3 May 2012
• International health system performance comparisons have the potential to provide a rich source of evidence as well as policy influence.
• Country comparisons that are not conducted with properly validated measures and unbiased policy interpretations may prompt adverse policy impacts and so caution is required in the selection of indicators, the methodologies used, and the interpretations made. 


Incentives and integrated care
In recent months our myopia has fixated us on the Bill. However, across the pond the debate on
Barack Obama’s reforms have reached the US Supreme Court. The major provisions of the reforms will not take place until 2014 and with an election in November there is a very real threat it may never see the light of day. The US spends a massive 18% of GDP on healthcare, but curiously the growth in expenditure has reduced since 2007 to the lowest for almost 50 years. While some of this is undoubtedly explained by the global recession, it is probable some is related to other changes occurring.

‘What we know so far...’ briefings (UK)
British Medical Association (BMA)
Health and Social Care Act 2012 at a glance

INFORMATION AND COMMUNICATION TECHNOLOGY

Ready or Not, Here Comes the Cloud - IT White Papers
Clouds do many things well, but fixing performance problems isn't one of them. For that you need a world-class application server. Learn how application delivery problems continue to frustrate IT managers and how to move to the cloud without losing your sanity.
http://www.itwhitepapers.com/index.php?option=com_categoryreport&task=thankyou&title=18568&pathway=no&gen=0&pi=2276335&cfmurl=https%3a%2f%2fforms.madisonlogic.com%2fFormConfirmation.aspx%3fpub%3d88%26pgr%3d75%26src%3d6392%26cmp%3d5107%26ast%3d18568%26frm%3d30%26embed%3d1%26up%3d2-2276335-20-6-64-107-0

Touch the screen now to see a doctor (CAN)
The article reports on the emergence of interactive medical registration kiosks at health facilities in Canada which offers greater convenience and privacy to clients. Thom Tyson, founder of Appletree Medical Group, states that kiosks provide the patient the option to register silently, privately, and on their terms.

KNOWLEDGE MANAGEMENT

Enabling Health Care Decisionmaking Through Clinical Decision Support and Knowledge Management
AHRQ, April 2012
This evidence report is part of a three-report series focusing on the strategic goals of the Agency for Healthcare Research and Quality's (AHRQ's) health information technology (Health IT) portfolio. This report specifically explores facilitating health care decisionmaking through Health IT. As the level of sophistication of electronic health records (EHRs) increases, the need for more sophisticated clinical decision support systems (CDSSs) and electronic knowledge management systems (KMSs) is imperative, as is the need for better operational use of these systems. The goals of this report are to summarize the available evidence related to CDSSs and KMSs, highlight the limitations of the evidence, and identify areas for future research.
View or download Report

LEADERSHIP

A Rapid Matrix Mentoring Pilot: A Contribution to Creating Competent and Engaged Healthcare Leaders
Finney, S MacDougall, J O'Neill, ML Leadership in Health Services Vol 25(3) 2012
Mentees who engaged in a matrix mentoring pilot reported increased levels of managerial and leadership competencies, and employee engagement. Additionally, mentees realized greater exposure to managerial roles and responsibilities and experienced personal development and growth as a result of individual project assignments. The small sample size is the main limitation of this project. However, it was a pilot within a case study organization and one of the objectives was to learn from the experience.

Leadership and engagement for improvement in the NHS
Building on the work of The King's Fund's 2011 Leadership Commission, the 2012 review has taken evidence from a number of national and international experts. Their evidence makes a compelling case for leadership and engagement.
http://www.kingsfund.org.uk/publications/leadership_review_12.html

MANAGEMENT

The Rise of the Supertemp
Full-time, permanent jobs with large organizations are quite possibly an artifact of a particular moment in economic history--about 60 or 70 years ago. For elite executives and professionals, such jobs are now in many cases far less attractive than independent, project-based work, say the authors, who are "supertemps" themselves. Independent professionals are making inroads in law, consulting, and even management roles, sometimes earning
more than they did in their previous positions sometimes earning more than they did in their previous positions while escaping 80-hour weeks, endless internal meetings, and corporate politics. And they’re achieving a gratifying work/life balance."

To Keep Your Customers, Keep It Simple
Marketers see today's consumers as web-savvy, mobile-enabled data sifters who pounce on whichever brand or store offers the best deal. In response, they've ramped up their interactions with customers. But for many consumers, the rising volume of marketing messages isn't empowering--it's overwhelming. Rather than pulling customers into the fold, marketers are pushing them away with relentless and ill-conceived efforts to engage. What do consumers want from marketers? Simplicity.

MODELS OF CARE
Safety in the Home Healthcare Sector: Development of a New Household Safety Checklist
One of the more recent additions to the checklist movement is this – a checklist for home health paraprofessionals to identify safety hazards in patients' homes. This paper reports on the development and piloting of the 50-item, photo-illustrated, multi-hazard checklist. 57 home healthcare paraprofessionals participated in a 1-hour training program, followed by pilot testing of the checklist in 116 of their patients' households.

Performance Improvement in Health Care — Seizing the Moment (US)
Blumenthal, D New England Journal of Medicine April 2012
The author describes the unprecedented opportunity to create a high-performance health system in the United States. Recent statutes, including the Affordable Care Act, the American Recovery and Reinvestment Act, and the Health Information Technology for Economic and Clinical Health Act, provide the federal government with important powers for catalyzing improvement in service delivery. These new powers touch all the critical levers for advancing health system performance: payment policy, organization and infrastructure, public health, and essential information for health care decision making.

NURSING
Caring in crisis: the impact of the financial crisis on nurses and nursing (UK)
The Foundation of Nursing Studies, April 2012
This country-by-country report looks at the impact of the economic crisis on nurses and nursing in Europe. It illustrates the current and future challenges facing the nursing profession, and offers a view of the specific dynamics in each country, as well as a tool to take action and tackle these challenges.


Community nurses to deliver virtual consults
O Keeffe, D Nursing Review Online, 15 May 2012
People living in their own homes will have daily virtual consultations with community nurses under a new trial. The Royal District Nursing Service (RDNS) late last week unveiled the new $1.2 million Healthy, Happy and at Home project, which aims to support older people to live at home for longer, and reduce the amount of travel time for community nurses caring for them.


Intentional rounding: what is the evidence?
Policy + Issue 35 April 2012
National Nursing Research Unit, Kings College London
In January 2011 the Prime Minister called for changes in the way nurses deliver care. Following a number of critical reports, concern had been expressed about the need to ensure essential aspects of nursing care are consistently delivered. One of the recommendations is for NHS hospitals to implement hourly nursing rounds, to check on patients and ensure their fundamental care needs are met – an approach related to ‘intentional rounding’ in the US. Within the UK some organisations refer to this type of nursing activity as “care rounds” or “comfort rounds”. This briefing examines different approaches to intentional rounding and reviews available evidence.

http://www.kcl.ac.uk/nursing/research/nnru/Policy/CrisisReport.pdf

New measures to improve patients’ experiences of care.
This article outlines a new guidance and quality standard for patient experience. It focuses on the
generic patient experience and is aimed at all clinical and non-clinical staff providing services for adults in NHS settings. The guidance focuses on improving the patient experience and has been developed by the National Clinical Guideline Centre as part of a National Institute for Health and Clinical Excellence commissioned portfolio of work. To support this aim, it includes quality statements that provide benchmarks against which staff can measure the care they deliver.

RCN launches new technology guides
Royal College of Nursing (RCN), 2012
These guides are aimed at helping nursing staff utilise technology to complement their clinical practice. The guides cover: using technology to complement nursing practice, using telephone advice for patients with long-term conditions, using text messaging services, developing and using websites and using telehealth to monitor patients remotely.
• Using technology to complement nursing practice

PRIMARY HEALTH CARE

Involving primary care clinicians in quality improvement
RAND May 2012
This report provides 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 increase the capacity for clinical quality improvement in primary care and engage primary care clinicians in the effort. The independent evaluation, undertaken by a team from RAND Europe, identified a wide set of benefits. The projects secured and maintained the involvement of clinicians and were associated with changes in clinicians’ attitudes, behaviours and understanding. Patient involvement was an important and successful element of the programme. The projects also learned a lot about the challenges and opportunities of implementing improvement efforts. Measureable benefits for patients were found, but overall they were modest and patchy.

Primary care: today and tomorrow - improving general practice by working differently (UK)
Deloitte, 2012

This report finds that rising life expectancy, accompanied by increasingly complex long-term health conditions, a stretched primary care workforce and unprecedented financial and healthcare reform are amongst the greatest challenges facing primary care in the UK.

Primary care in the United States: practice-based innovations and factors that influence adoption
http://www.emeraldinsight.com/journals.htm?issn=1477-7266&volume=26&issue=1&articleid=17021530&show=abstract

PUBLIC HEALTH SERVICES

Creating and sustaining a collaborative model of care
Fryers, M; Young, L; Rowlnad, P, Healthcare Management Forum, Vol 25(1) Spring 2012 p 20

Patient management in the emergency department by Advanced Care Paramedics

Australian hospital statistics 2010-11 – Australian Institute of Health and Welfare – 30 April 2012
“Australian hospital statistics 2010-11 presents a detailed overview of Australia’s public and private hospitals. In 2010-11, there were 8.9 million separations from hospitals including: 4.9 million same-day acute separations; 3.5 million overnight acute separations; and about 367,000 sub-acute and non-acute separations. There were also 7.7 million non-admitted patient emergency services and almost 43 million outpatient services provided by public hospitals. Data on emergency department waiting times will be revised after the ACT supplies corrected data to the AIHW.”
Australian hospital statistics 2010-11 – Australian Institute of Health and Welfare

QUALITY

Implementing large-scale quality improvement: Lessons from The Productive Ward: Releasing Time to Care™

**Measuring Quality Improvement in Public Health**
The Development and Psychometric Testing of a QI Maturity Tool  
Joly, B Boot, M Mittal, PP Sage Journals *Evaluation & The Health Profession*
Following the lead of other sectors, efforts are underway to introduce systematic quality improvement (QI) tools and approaches to state and local public health agencies. Little is known, however, about how to describe and reliably measure the level of QI maturity within a public health agency. The authors describe the development of a QI Maturity Tool using research from the fields of organizational design, psychology, health care, and complexity theory. The authors conclude that there is preliminary evidence that the QI Maturity Tool is a promising instrument. Further work is underway to explore whether self-reported survey results align with an agency’s actions and the products of their QI efforts.  
[http://ehp.sagepub.com/content/35/2/119.abstract](http://ehp.sagepub.com/content/35/2/119.abstract)

**On the day of surgery: how long does preventable disruption prolong the patient journey?**  

**Overcoming challenges to improving quality: Lessons from the Health Foundation’s improvement programme evaluations and relevant literature**  
Dixon-Woods M, McNicol S, Martin G London. The Health Foundation, 2012. The researchers organised their analysis within three broad themes:  
- design and planning  
- organisational and institutional contexts, professions and leadership  
- sustainability, spread and unintended consequences.  
This report explores these challenges, and suggests ways to overcome them.  
A shorter version of this work appeared in BMJ Quality and Safety and was covered in the previous issue of On the Radar.  

**Quality from the patient’s perspective: a one-year trial**  

This article aims to shows how changing information routines might influence service quality perceptions. A secondary aim was to test instrument’s everyday feasibility for healthcare quality assessment. The study group showed an increased satisfaction with information from nurses (p=0.001) but not physicians. However, patients tended to put greater emphasis on socio-cultural issues than information and cooperation seemed to represent high quality from the patient’s perspective.  

**Significant components of service brand equity in healthcare sector**  

**READING LISTS**

Please email library@achsm.org.au if you would like a copy of a Reading List. These Lists are also available on the College website at: [http://www.achsm.org.au/Reading-Lists2.html](http://www.achsm.org.au/Reading-Lists2.html)

**WORKFORCE PLANNING**

**Consultation Paper on a Health Professionals Prescribing Pathway (HPPP) in Australia**

Health Workforce Australia Health Workforce Australia (HWA) has just released a Consultation Paper on a Health Professionals Prescribing Pathway (HPPP) in Australia. The purpose of the paper is to consult with stakeholders on matters that may impact on a nationally consistent health professionals prescribing pathway. The Health Professionals Prescribing Pathway (HPPP) project aims to develop a nationally consistent approach to prescribing by health professionals, other than medical practitioners, that supports safe practice, quality use of medicines and effectiveness of healthcare services. HWA invite contributions to assist in developing the prescribing pathway for future discussion and testing. HWA will collate and analyse the feedback to inform the development of such a pathway. The consultation paper is available on the HWA website.  

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Lost opportunities with Australia's health workforce?
Concerns have been raised about the capacity of the health workforce to meet increasing future health care demands. Strategies aimed at improving workforce supply, at least in Australia, are focused heavily on education (ie, increasing the number of training places in key health professions) and recruitment (ie, recruiting overseas-trained health care professionals).
Data from the 2006 Australian Bureau of Statistics census of population and housing indicate that while many Australians hold health professional qualifications, many are either not in the workforce or not employed within the health occupation they hold qualifications for.
Some immediate solutions for increasing the health workforce are to attract qualified health professionals who are either not in the workforce or are working outside the health occupation back into their occupational role; to increase worker retention for those still working within the occupations they trained for; and to explore strategies for better retention of new graduates.

Copies of these articles are available from the Library at a small charge. The first article is $11.00 then $5.50 each additional article. All prices are inclusive of GST.

To obtain copies of articles or to borrow the books, please contact Christine Graff, Librarian, by phone (02) 9805 0125 or fax (02) 9889 3099, by mail PO Box 341 North Ryde NSW 1670 or by email to:

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