



Better hospitals through  
better research

## **Hospital Alliance for Research Collaboration**

**Sept 2007**

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## News

- **HARC eBulletin - positive feedback from readers**

Welcome to our second HARC eBulletin!! Thank you to our colleagues who gave us positive feedback on our last edition. A professor of nursing told us "Not only does it cover areas that I am interested in, but has highlighted areas I probably would not have come across routinely". That is exactly what we want to achieve, this eBulletin isn't meant to be a comprehensive review of the literature, rather it 'cherry picks' items of interest for the HARC network about new research, reports and emerging topics related to the systems and processes that support the delivery of hospital services. Let us know what you think: contact the HARC office on 9514 5965 or [Hannah.Lee@saxinstitute.org.au](mailto:Hannah.Lee@saxinstitute.org.au). Let us know if you have any news, research or forthcoming events that would be of interest to the network. For more information about HARC go to [www.saxinstitute.org.au](http://www.saxinstitute.org.au)

- **2007 Health Policy and Research Exchange - podcast now available**

*Too Big to Tackle? Encouraging more research into major policy questions* was the issue addressed in the Sax Institute's 2nd Health Policy and Research Exchange. Held on 6 June at Sydney's Intercontinental Hotel, the one-day event attracted more than 120 policy makers and health researchers.

Two panel discussions were facilitated by the ABC's James O'Loughlin. The first was entitled 'Why isn't health spending better informed by economic evidence?'; the second looked at 'Reducing health inequities: Why isn't there more evidence about what works?'

Podcasts of these sessions are available on the Sax Institute website, along with the presentation given by NHMRC CEO Warwick Anderson on 'New directions for NHMRC: Policy & Practice'. Go to [www.saxinstitute.org.au](http://www.saxinstitute.org.au)

- **HARC-brokered research projects - preventing falls**

As we mentioned in our last eBulletin, one of the roles of the HARC office is to bring together teams of health service providers, clinicians, policymakers and researchers to conduct research into priority real-world issues facing NSW hospitals, and to assist in obtaining funding for their work. A new 'brokered' project is currently underway.

**Falls prevention a linked data research project**

The care of people with fall-related injuries involves cross-sector coordination between hospital and community services. The Clinical Excellence Commission has identified reducing the burden of falls as a priority area for research action. HARC has brokered a research project involving NSW Health, the Clinical Excellence Commission, the Department of Ageing, Disability and Home Care, the Benevolent Society, the University of Sydney and the University of New South Wales.

This project will form part of a program of work that will aim to identify opportunities for intervention to prevent falls, and manage their consequences, through the Home and Community Care (HACC) program that is administered by the Department of Ageing, Disability and Home Care.

The focus of the research will be on patients admitted to hospital for fall injuries and will involve the linkage of the HACC data set with the Admitted Patient Data collection through the Centre for Health Record Linkage . The project will answer questions such as:

1. Do HACC clients have a greater risk of being admitted to hospital for a fall injury than non-HACC clients?
2. What factors predict whether a HACC client is admitted to hospital with a fall injury? (living arrangements, services received and demography)
3. How does use of HACC services change following admission for a fall injury?

The project is in its initial phases, with a protocol and ethics committee application under development.

For more information, contact Louisa Jorm, Sax Institute, on [Louisa.Jorm@saxinstitute.org.au](mailto:Louisa.Jorm@saxinstitute.org.au)

- **Hannah Lee joins HARC**

A big welcome to Hannah Lee who is joining the HARC office at the Sax Institute as a part-time project officer. Hannah is a Physiotherapist who recently completed a Masters of International Public Health at the University of Sydney. Hannah will be responsible for the day-to-day operations of the HARC office and making sure the network is well coordinated. You can contact Hannah at the HARC office on 9514 5965 or Hannah.Lee@saxinstitute.org.au.

## Research Round-Up

- **Falls management - how to get evidence into policy**

**Issue** : Preventing falls is a priority for action because of the growing public health impact of falls, emerging evidence about effective interventions and strong commitment to prevent falls across the health and community sectors. Enhancing the rapid translation of research into policy and practice is essential for priority issues such as falls management. A challenge is to find the best ways to ensure that translation occurs.

**Study** : A report on the first initiative of a "Falls Translation Task Group" that was formed as part of an NHMRC Population Health Capacity Building grant. The initiative was a two-day national forum that brought decision makers and falls together to facilitate linkage and exchange. Data collected were: observations and questionnaires from the participants at the beginning and end of the session.

**Key Findings**: The researchers concluded that "researchers and decision makers see common value in bridging research with policy and practice; there is considerable interest in networking, collaboration and mutual understanding." Solutions identified to improve the uptake of research were a) identification of clinical champions; b) sourcing alternative funding to support implementation research; and c) partnerships between researchers, decision makers and clinicians.

**Implications**: Opportunities for ongoing networking and collaboration between researchers, practitioners and policy makers focused on a priority issue such as falls is a modest first step that can lead to the formation of research partnerships and translation of research findings into practice.

**Reference**: Poulos RG, Zwi AB, Lord SR. Towards enhancing national capacity for evidence informed policy and practice in falls management: a role for a 'translation task group'. *Australia and New Zealand Health Policy* 2007; 4 (6). DOI: 10.1186/1743-8462-4-6

- **Implementing the NHS information technology programme - lesson so far**

**Issue:** The National Health Service (NHS) information and technology (IT) programme, with a projected expenditure of over £12bn, is the largest civilian IT programme in the world. In response to vocal professional concerns about maintaining patient confidentiality, setbacks, and some hostile media coverage, ministers introduced a pilot of the programme prior to countrywide implementation. Understanding the challenges in implementing this IT modernisation programme and future information needs is crucial for its ongoing implementation.

**Study:** The researchers studied the processes and outcomes of implementing the IT programme in four acute hospital trusts using case studies and in-depth repeated measures interviews with a representative sample of senior trust managers and clinicians.

**Key Findings:** Overall the qualitative analysis demonstrated that there was unreserved support for IT modernisation, but there were concerns about lack of clarity and progress. Issues raised were: the continuing impact of financial deficits; continuing poor communication between the central agency implementing the change and local managers; continuing delays in replacing obsolete patient administration systems; growing risk to patient safety associated with the delays; and managers being distracted from implementing the IT programme by other priorities.

**Implications:** Future large scale system-wide changes need to acknowledge the difficulty in achieving an appropriate balance of responsibility between central government agencies and local healthcare organisations. The lessons learnt in the NHS have wider relevance to our Australian health care system as we begin to move towards large scale IT modernization.

**Reference:** Hendy J, Fulop N, Reeves BC, Hutchings A, Collin S. Implementing the NHS information technology programme: qualitative study of progress in acute trusts. *BMJ* 2007 Jun 30; 334: 1160-1164.

- **Disclosing harmful medical errors to patients - review of global practice**

**Issue:** Despite the best efforts of clinicians and institutions, harmful medical errors occur in health systems around the globe. Increasingly patients expect to be informed promptly when they have been injured while receiving care. Over the past 5 years, regulators, hospitals, accreditation agencies, professional peak bodies and legislators internationally are focusing on developing mechanisms to encourage transparent communication with patients after errors have been made. Disclosure practices and programmes are in their infancy, so the authors believe it is time to 'take stock'.

**Study:** This review article considers recent developments in open disclosure in a number of countries regarding: disclosure standards, legal developments, prominent disclosure programs and future developments.

**Key Findings:** Historically physicians have been conflicted about disclosure because of the threat of litigation. This attitude is changing because increasingly physicians endorse the importance of disclosing harmful errors to patients. A number of prominent disclosure programmes have been piloted that involve elements including: facts being provided about the event, expression of regret for unanticipated outcome, formal apology and no-fault compensation payment. Key uncertainties about disclosure practice include the effect of disclosure on patient satisfaction, the effect of an apology on claiming behaviour and acceptance of responsibility in disclosure.

**Implications:** The authors predict that: "within a decade, full and frank disclosure of medical errors [*sic*] to patients is likely to be the norm rather than the exception". Along with other countries, Australia has launched an ambitious patient disclosure programme. However, there is little systemic evidence available regarding the impact of policies and programmes on the practice of disclosure and the more distal outcomes of more open culture within healthcare settings and improved patient safety. Until research is conducted to address the current uncertainties by rigorously trialing changes to practice, most disclosure standards will remain advisory and general in nature.

**Reference:** Gallagher TH, Studdert D, Levinson W. Disclosing harmful medical errors to patients. *NEJM* 2007 Jun 28; 356 (26): 2713-2719.

- **Interventions to improve hand hygiene inpatient care - jury still out about how to improve compliance.**

**Issue:** Patients in hospitals are at high risk of developing infections they did not have prior to admission. Most hospital-acquired infection is spread by direct contact, especially via the hands of health workers. Hand hygiene is regarded as an effective preventive measure, but compliance with hand hygiene protocols in health workers is poor.

**Study :** A Cochrane systematic review to establish whether there are effective strategies to improve hand hygiene compliance, whether such strategies are effective over the short or long term and whether increased compliance reduces health care-associated infections.

**Key Findings :** There were two studies that met the selection criteria and assessed campaigns to improve hand hygiene compliance (one randomised controlled trial and a controlled before and after study). Both of these studies were of low quality and examined effects over a short time frame (less than 6 months).

**Implications** : There is not enough evidence to be certain about strategies to improve hand hygiene compliance. It appears that one-off, short teaching sessions might not be successful even in the short term. Robust studies to test the effectiveness of interventions are urgently required to inform how we can improve hand hygiene compliance and reduce the spread of infection.

**Reference** : Gould DJ, Chudleigh JH, Moralejo D, Drey N. Interventions to improve hand hygiene compliance in patient care. *Cochrane Database of Systematic Reviews* 2007, Issue 2. Art no.: CD005186. DOI: 10.1002/<sup>^</sup>3651858.CD005186.pub2.

## What people are talking about

- **UK NHS - restructuring imminent?**

Hawkes N. Independence Day. *British Medical Journal* 2 June 2007, News. In July 2007 British Prime Minister Gordon Brown and new health secretary Alan Johnson announced a major review of the National Health Service (NHS). The review, led by newly appointed health minister and eminent surgeon Ara Darzi will focus on finding solutions to four key challenges:

- Putting clinical decisions at the heart of NHS service delivery
- Improving patient care, particularly for those with long-term and life-threatening conditions
- Making care more accessible and convenient
- Establishing a vision for the next decade which is based "less on central direction and more on patient control"

Will Gordon Brown give independence to the NHS? Should control of the 100bn annual budget be distanced from 'the heat of political battle' and placed within a 'managerial' rather than political culture? Or will an organisation dominated by the profession lose public accountability? This news article in the BMJ, surveys the political landscape for a NHS move to independence and lists the proposed models suggested by a new report written by Brian Edwards and published by the Nuffield Trust. This report titled "An Independent NHS: a review of the options" responds to the question: if we do want an independent health service, what are the reasonable options and their costs and benefits? <http://www.nuffieldtrust.org.uk/publications/detail.asp?id=0&PRid=275> [cited 2007 July 30].

- **NHMRC new code on responsible research practices**

Integrity in research, meeting community expectations and handling allegations of misconduct are the focus of a new national code released on Sept 2007, by the National Health and Medical Research Council (NHMRC), the Australian Research Council (ARC) and Universities Australia. It has broad relevance across all research disciplines and replaces the *Joint NHMRC/AVCC Statement and Guidelines on Research Practices (1997)*. The purpose of the *Australian Code for the Responsible Conduct of Research* (the code) is to guide responsible research conduct in Australia, providing a basic reference for the development of appropriate policies and procedures. It is written specifically for universities and other public sector research institutions. The code is also a reference for people outside the research community who require information on the standards expected in the responsible conduct of research within Australia. In summary, the code promotes integrity in research and explains what is expected of researchers by the community. <http://www.nhmrc.gov.au/publications/synopses/r39syn.htm> [cited 2007 Sept 6].

- **Nine life-saving patient safety solutions - WHO Collaborating Centre for Patient Safety Solutions**

Patient safety is now recognised as a priority by health systems around the world", says Sir Liam Donaldson, who is leading the patient safety program at the World Health Organization (WHO). The WHO published this practical resource in May 2007 to provide solutions in the form of clear and succinct actions to guide the re-design of care processes to prevent inevitable human errors resulting in patient deaths and injuries. The issues covered are: look-alike, sound-a-like medication names; correct patient identification; hand-over communications; correct procedure at the correct body site; control of concentrated electrolyte solutions; medication accuracy; catheter and tubing mis-connections; needle reuse and injection device safety; and hand hygiene. The solutions were developed and tested through extensive field review process that collected feedback from health care providers, practitioners and other experts from more than 100 countries. <http://www.jointcommissioninternational.org/solutions> [cited 2007 July 27].

- **Children growing up in hospital - ways to maximise wellbeing**

Pao M., Ballard E. Rosenstein, D. Growing up in the hospital, *Journal of American Medical Association* 27 June 2007, commentary.

Major advances in medical technology (e.g chemotherapy and transplantation) have increased survival rates and changed the lives of ill children and their families. However, another consequence of these breakthroughs in treatment is that more children than ever before are experiencing multiple, intensive, long-term hospitalizations for chronic conditions. This commentary in the *Journal of American Medical Association* discusses



the impact of frequent or prolonged hospitalisation for children. Growing up hospital is a significant disruption to the trajectory of normal child development and can profoundly affect cognitive, emotional, social and sexual development of children. The discussion covers such issues as children using illness to form their identity instead of developing external goals, and parental reluctance to discipline children in pain or with shortened life expectancy. It looks at current interventions to improve hospitalisation for children with chronic illnesses and concludes that interventions at multiple levels, across all disciplines that involve the child, parents, family and hospital staff create the best hospital environment for children. Suggestions to improve the children's experience of hospital include: establishing critical pathways with clear rules and expectations of hospital behaviour; posting of the day's schedule in the child's room; encourage communication with peers through multimedia; and identifying activities to encourage nonacademic and nonathletic strengths.

- **The State of Our Public Hospitals, June 2007 report - spotlight on NSW**

This report is published annually by the Department of Health and Ageing, Australian Government in accordance with the 2003-08 Australian Health Care Agreements. This report provides a picture of the nation's public hospitals, comparing the performance of each state and territory on a range of key indicators. It looks at how many hospitals there are, what they do, how much they cost, patient admissions, types of surgery conducted, and hospital services provided for non-admitted patients. The report also provides data aggregated to the state and territory level. It reports that in 2005-06 New South Wales had 230 public hospitals, that admitted 1,420,461 patients and, of these, 82% were public patients. The average length of stay for overnight patients in NSW's public hospitals was 6.7 days, down from 7.1 days in 1998-99. NSW focused reports are also provided on elective surgery and emergency department performance measures.

<http://www.health.gov.au/internet/wcms/publishing.nsf/Content/health-ahca-sooph-index07.htm> [cited 2007 July 30].

#### **Opportunities to get involved in Research**

- **NHMRC 4th round of Health Service Research grants will be called later this year**

In 2003 NHMRC set aside \$50 million for up to five calls for health services research grants. Three rounds of grants have been awarded to date. \$18 million remains of the \$50 million originally set aside. The NHMRC have announced that they expect a fourth call for health services research to be made in the second half of 2007. You can keep informed of progress through the NHMRC website <http://www.nhmrc.gov.au/>

## Forthcoming events

- Hospitalists - an update on developments in the USA- 10th October 2007

NSW Health and UNSW Research Centre for Primary Health Care and Equity have organised a seminar on hospitalists (doctors whose primary professional focus is hospital medicine), to coincide with the visit of Dr. Jeanne Huddleston from the USA. The purpose of this seminar is to consider the experience of US hospitalists within the context of developments in NSW. For more information visit [www.cphce.unsw.edu.au](http://www.cphce.unsw.edu.au) or ring 9385 1547.

- The Menzies Centre for Health Policy - Emerging Health Policy Research Conference 12th October 2007

The conference will showcase the work in progress of current doctoral and post-doctoral researchers working in all areas of health policy. Dan Fox, President Emeritus, Milbank Memorial Fund will be delivering the keynote address. Bus transport will be provided from the University of Sydney to Canberra and return. For further information please visit <http://www.ahpi.health.usyd.edu.au/Menzies/events/ehpr.php>

- 5th Health Services & Policy Research Conference - Auckland NZ 2-5 December 2007

For more information visit the conference website at [www.healthservicesconference.com.au](http://www.healthservicesconference.com.au)

- Organisational Behaviours in Health Care Conference - 2008

Registration for this conference commences in November 2007. Information about the conference can be found at the website [www.OBHC2008.org](http://www.OBHC2008.org)

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