Hospital Alliance for Research Collaboration
June 2008

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- **3rd HARC forum with Kieran Walshe – podcast available now**

Our latest HARC forum, held on 1st April, challenged researchers, clinicians, managers and policy makers to debate the issue of how can we capitalise on recent opportunities for hospital reform? The keynote speaker was Kieran Walshe, Professor of Health Policy and Management at Manchester Business School, UK. Kieran presented examples of turn around in UK healthcare organisations, citing examples of financial failures in North Bristol NHS Trust and large scale governance and clinical failures. He added that “public service failures are important- functionally and symbolically as part of a wider political narrative”, and that analysis of these may help organisations to learn and improve performance.

The panel of local experts shared their views on the ways evidence can contribute to current reforms so that they deliver better health outcomes and provide sustainable improvements in hospital performance. The panelists were:

- Judith Healy, Regulatory Institutions Network, Australian National University
- Christine Jorm, Senior Medical Advisor, Australian Commission on Safety and Quality in Health Care
- Greg Stewart, Director of Population Health, Planning and Performance, Sydney South West Area Health Service
- Kieran Walshe, Centre for Public Policy and Management, Manchester Business School, UK.

- **45 and Up clocks up 100,000 Australians**

The 45 and Up Study is Australia’s largest longitudinal study of ageing and has now achieved the milestone of 100,000 participants. The study’s goal of 250,000 participants is expected to be achieved by early 2009. Growing rapidly, it has now become the largest health research project in the southern hemisphere. It aims to help governments and health services improve health care and public health policy. Currently nine research projects are in progress. All are led by NSW researchers who have applied to use the 45 and Up Study data and have been approved by the study’s scientific advisory committee – topics include the factors relating to health insurance, obesity and hospitalisation; ageing and hospitalisation and more. A further 16 projects have been approved and await funding.
Strong Foundations… Strong future a successful CRIAH conference

Her Excellency Professor Marie Bashir AC CVO opened the second conference convened by the Coalition for Research to Improve Aboriginal Health (CRIAH) held on 29-30 April. Delegates at this conference explored the benefits and barriers of improving the evidence base, developing stronger research partnerships and improving Indigenous research capacity. With the Australian government committing new funding to a range of Indigenous programs, the need for a relevant and useful evidence base to guide policy is gaining increasing attention.

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Research Round-Up

- Evaluation of the Australian national open disclosure pilot

**Issue:** Encouraging honest communication between doctors and patients about unexpected clinical outcomes is a pressing policy issue. Publication of the Australian open disclosure standard in 2003 and its national pilot in 2007 has been critical in identifying areas of need in reducing error, however little is known of its impact on health care staff and patients.

**Study:** The purpose of the evaluation of the pilot implementation of the national open disclosure policy was to determine which aspects of open disclosure work for patients and health care staff. A qualitative study was undertaken that involved semi-structured and open-ended interviews with clinical staff, patients and family members from 21 national hospital sites, who participated in open disclosure meetings between March and October 2007. In total, 131 health professionals and 23 consumers were interviewed across NSW, Victoria and Queensland.

**Key Findings:** Interviewees broadly supported open disclosure and at the same time expressed uncertainty about its deployment and consequences. Suggestions to improve the implementation included careful pre-planning, providing support by experienced staff with sound communication skills, and the establishment of an adequate follow-up system.

**Implications:** This evaluation indicates strong support for open disclosure. In the discussion the authors reflect that: “Open disclosure is also beginning to galvanise alternative ways of negotiating health care-related knowledge with consumers, affecting dialogues that precede treatment and negotiations during treatment”.


- Turnaround in NSW emergency departments

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**Issue:** NSW public hospital emergency departments have experienced overwhelming growth in unplanned arrivals. NSW Health has established a system-wide clinical services redesign program in over 60 NSW hospitals. Has this investment and effort resulted in improved ED performance in managing unplanned arrivals?

**Study:** A descriptive study of diagnostic and implementation phase of the Clinical Services Redesign Program (CSRP) and results of performance indicator monitoring.

**Key findings:** To attain improvements, a multi-pronged approach is needed, including: increasing access to community-based care; minimising clustering of ambulance services; and introducing alternate solutions for non-ED, short-stay and long-stay patients. Three key indicators of emergency admission performance have shown sustained improvement following the implementation of CSRP in NSW: increase in patients admitted within 8 hours, triage performance and off-stretcher time; this has been achieved in the face of rising demand for services (between 5% and 27%).

**Implications:** The authors attribute this success to the CSRP and argue that it will be sustained because. “By setting hospital bed capacity at an appropriate level, raising the awareness of benchmark and accountability for performance indicators, and redesigning the processes that underpin clinical care and the patient journey, we have found that poor performance can be turned around across an entire state and this improvement can be sustained”


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**Cluster randomised trial of an intervention to prevent falls among older people in hospital**

**Issue:** Falls among the elderly in hospital often result in injuries, increased lengths of stay and greater costs to the health system. A number of intervention studies have suggested that fall prevention programs are successful among older people who have long length of hospital stay. However, it is not well known whether the same trends exist for short-stay patients.

**Study:** The objective of this cluster randomised controlled trial was to determine the efficacy of a targeted multifactorial falls prevention program in elderly care wards with short lengths of stay. The intervention was designed to effect change across whole wards and involved a nurse and physiotherapist for three months, 25 hours per week undertaking risk assessment of falls; staff and patient education; drug review; exercise program; and modification of bedside and ward environments. The trial was conducted in 12 intervention and 12 control ward elderly care wards from 12 Sydney hospitals between 2003 and 2006 (N=3999 patients with a mean age of 79 years).

**Key findings:** Rates of falls during hospital stay did not differ between intervention and control wards. The rate of falls was 9.2/1000 bed days with over 7% of patients falling at least once. Most frequent falls (76%) occurred in the patient’s rooms, followed by those occurring in bathrooms (11%).
Implications: This targeted multifactorial falls prevention program was not effective for older people in hospital wards with short lengths of stay (median 7 days). The researchers argue that a whole of system approach is needed to make fall prevention programs applicable irrespective of length of stay, suggesting that some approaches might be more successful in reducing falls such as: assessing cognitive impairment; modifying bed height; hip protectors; easy access to high risk patients; and a whole system approach is needed to make fall prevention programs applicable irrespective of length of stay.


- Rates of medication errors among depressed and burnt out residents: prospective cohort study

Issue: Safety and quality of patient care is highly compromised by medication errors and they often result in adverse health events. Junior doctors are known to be more likely to make errors and this study explored whether the mental health status and burnout experienced of junior doctors might be a contributing factor.

Study: The objective of the study was to determine the prevalence of depression and burnout among junior paediatric doctors and to establish if a relationship exists between these states and rates of medication errors. A Prospective cohort study of 123 junior doctors in paediatric residency programs from three urban hospitals in the US.

Key findings: 20% of residents met the criteria for depression and 74% met the criteria for burnout. Residents with depression made six times more medication errors compared with those who were not classified as depressed. Burnout in junior doctors was also associated with higher rates of medication errors.

Implications: Depression and burnout levels among junior doctors are an area for concern. Mental health may be a more important contributing factor to patient safety than previously suspected.


What people are talking about

- Personally controlled online health data – the next big thing in medical care

Robert Steinbrook, writing in the New England Journal of Medicine, claims the next big thing for US $2.1 trillion health care system, is the introduction of personally controlled health data. A range of
online repositories are currently in various stages of development (Google Health, Microsoft HealthVault, Dossia); these will enable patients to store, retrieve, manage and share their health data over the internet. Dr Steinbrook cautions that before conventional paper medical records can be turned to ash, patient and provider concerns about privacy, security and commercial exploitation need to be allayed.


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- **Charting the quality of healthcare in NSW - new report from the Clinical Excellence Commission**

Professor Cliff Hughes, CEO of The NSW Clinical Excellence Commission released the *Quality of Healthcare in NSW: A Chartbook 2007* on May 6th 2008. The Chartbook presents data on important quality indicators. It is designed to stimulate both discussion and action across the system that will lead to improvements in the quality and safety of health services. The CEC will produce the Chartbook annually as a quality improvement monitoring tool to monitor and respond to changes in key areas of safety and quality. The Director General of the Health Department, recognising the importance of this information for health professionals and managers, has requested that the Chartbook be made widely available in all NSW facilities. [http://www.cec.health.nsw.gov.au/pdf/qohc/2007qohc.pdf](http://www.cec.health.nsw.gov.au/pdf/qohc/2007qohc.pdf) [cited 2008 May 7].

- **Beyond the blame game - first report from the National Health and Hospitals Reform Commission**

The first report from the National Health and Hospitals Reform Commission, titled: *Beyond the blame game: accountability and performance benchmarks for the next Australian health care agreements*, represents the Commission’s views on key issues to be addressed in the forthcoming Australian health care agreements and proposes performance indicators and benchmarks. The report highlights twelve healthcare challenges that must be addressed in the agreements to enhance health promotion and wellness and to make the health system work better. These include: ensuring timely hospital process; promoting improved safety and quality of health care; redesigning care for those with chronic and complex conditions; improving and connecting information to support high quality care; ensuring enough, well-trained health professionals; and promoting research. Chair of the commission, Dr Christine Bennett, has said "The commission is preparing to hear many views from the public, frontline health workers, professional and consumer organisations, Indigenous health providers, and other health groups through an extensive community engagement process." [http://www.nhhrc.org.au/internet/nhhrc/publishing.nsf/Content/504AD1E61C23F15ECA2574430000E2B4/$File/BeyondTheBlameGame.pdf](http://www.nhhrc.org.au/internet/nhhrc/publishing.nsf/Content/504AD1E61C23F15ECA2574430000E2B4/$File/BeyondTheBlameGame.pdf) [cited 2008 May 8].

- **Coordinating care - a perilous journey through the health care system**

Improving the way we manage and treat the growing number of people with chronic illnesses, who require ongoing support from multiple providers across acute and primacy care, is one of the major
issues facing the Australian health system. Drawing on research and experience in the United States, Thomas Boedenheimer reflects on the barriers to coordinated care and puts forwards possible solutions. Barriers to seamless coordination were identified as: overstressed primary care; lack of interoperable computerised records; dysfunctional financing; lack of integrated systems of care. Bodenheimer argues that for models to improved coordination (such as electronic referral and referral agreements, advanced practice nursing) to be most effective they need to be nested within a overall macro reorganisation of health services that places primary care at its foundation. Kaiser Permanente and Veterans Health Administration systems are cited as examples successfully integrated delivery systems.


- **New AIHW report - Australian Hospital Statistics**

The Australian Institute of Health and Welfare released *Australian hospital statistics 2006-07* on May 30th. This publication presents a detailed overview of public and private hospital activity in 2006-07, with summaries of changes over time. There were 7.6 million hospital admissions in total in 2006-07, a 4.0% increase over the previous year. While public hospitals continued to take most admissions (61%), private hospital admissions grew by an estimated 5.1%, which is consistent with a long-term trend of higher growth in private hospitals. This report presents statistics for admitted patient care, waiting times for elective surgery, emergency department activity, and information on public hospital expenditure, resources and bed numbers. This report is a useful resource for health planners, administrators and researchers with an interest in Australia's hospitals.

**Opportunities to get involved in research**

- **Capacity building grants for population health and health services research applications due**

Applications for the latest round of NHRMC capacity building grants in population health and health services research close on 13 June 2008. A total of $18 million is available under this call for applications, and up to $10 million allocated for proposed grants with a health services research focus. For more details see [http://www.nhmrc.gov.au/funding/types/granttype/strategic/capbuild.htm](http://www.nhmrc.gov.au/funding/types/granttype/strategic/capbuild.htm) [cited 2008 May 29].

- **ARC linkage grants**

The Australian Research Council (ARC) linkage projects scheme supports long-term strategic research partnerships between higher education institutions and industry to provide opportunities to obtain national economic benefits, support collaborative research, foster training opportunities geared toward industry and produce world-class researchers. In the past health services researchers have partnered with government departments, area health services and hospitals as industry partners to apply for ARC funding. The funding rules have been released for the linkage project grants to commence in July

- **Opportunity for researchers to apply to the CEC for funds for data linkage projects**

CEC in partnership with the Centre for Health Record Linkage (CheReL) is pleased to announce that they will soon ask for applications from researchers for research projects focused on safety and quality using linked population health datasets. CEC will cover the costs of the linkage services provided by the CheReL. Information about this process and the funding rounds will be posted on the website www.cec.health.nsw.gov.au or contact Andre Jenkins directly on andre.jenkins@cec.health.nsw.gov.au

- **Harkness fellowships in health care policy and practice**

The Commonwealth Fund is pleased to invite applications from Australia for the 2009-10 Harkness fellowships in health care policy and practice. The Harkness fellowships provide a unique opportunity for mid-career professionals—academic researchers, government policymakers, clinicians, managers, and journalists to spend up to 12 months in the United States conducting a policy-oriented research study, working with leading U.S. health policy experts. The deadline for receipt of applications from Australia is September 5, 2008. For application materials, eligibility criteria, and more information about the Harkness fellowships, please visit www.commonwealthfund.org/fellowships [cited 2008 May 23].

### Forthcoming Events

- **Population health congress: 6-9 July 2008 Brisbane**

This is the Congress that is set to become one of the major population health events on the Australian and New Zealand stage in the 21st Century. The national population health congress brings together Australia and New Zealand’s four leading professional population health organisations for a four yearly event. For more information please visit http://www.populationhealthcongress.org.au/ [cited 2008 May 29].

- **Sydney cancer conference: 25-26 July 2008 Sydney**

This conference will provide opportunities for dialogue and exchange of ideas between basic and clinical researchers to speed the translation of new discoveries for the benefit of cancer patients. Early bird registration are open until 1 March 2008. For more information please visit http://www.cancerresearch.med.usyd.edu.au/SCC2008/registration/index.php [cited 2008 February 22].

- **6th Australasian conference on safety and quality in health care: 1-3 September 2008 Christchurch New Zealand**

The Australasian association for quality in health care has announced this conference themed “Bold Aims-Bold Outcomes” . This conference aims to introduce, network and form partnerships with key
health care safety and quality leaders. For further information please visit the conference website http://www.conference.co.nz/index.cfm/aaqhc08/index.cfm/aaqhc08 [cited 2008 May 29].

- The national forum on safety and quality in health care: 29-31 October 2008 Adelaide

This Forum will be hosted by the Australian Council on Healthcare Standards (ACHS) in collaboration with the Australian commission on safety and quality in health care and the department of health South Australia. The theme for this forum is “Safety and Quality is Everyone’s Business”. Safety and quality in health care is about maximising good patient outcomes. For more information please visit http://www.sapmea.asn.au/conventions/forumsqhc2008/index.html [cited 2008 May 29].

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