



On the Radar

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On the Radar

Editor: Dr Niall Johnson niall.johnson@safetyandquality.gov.au
Contributors: Niall Johnson, Jan Gralton

Draft National Clinical Quality Registry Strategy Consultation

<https://consultations.health.gov.au/health-economics-and-research-division/national-cqr-strategy/>

The draft National Clinical Quality Registry (CQR) Strategy aims to drive continuous improvements in the quality and value of health care to achieve better health outcomes.

CQRs monitor the quality (appropriateness and effectiveness) of health care by routinely collecting and analysing clinical performance data. A mature CQR can provide clinicians, health service managers, patients and other stakeholders with ongoing, risk adjusted, benchmarked feedback on clinical practice and patient outcomes, to improve the standard of care.

The proposed vision of the Strategy is that: *National clinical quality registries are integrated into Australia's health care information systems and systematically drive patient-centred improvements in the quality and value of health care and patient outcomes, across the national health care system.*

The draft Strategy was developed by the Australian and state/territory governments, under the auspices of the Australian Health Ministers' Advisory Council (AHMAC), working closely with the Australian Commission on Safety and Quality in Health Care and key stakeholders. Its development has been guided by an Expert Advisory Group. AHMAC has endorsed the draft Strategy for consultation.

Consultation process – how to have your say

On behalf of AHMAC, the Australian Government Department of Health invites you to share your views on the draft National CQR Strategy. The portal will be open for submissions until **20 June 2019**.

The Consultation Hub includes a list of questions on the Strategy and space to provide answers. You can also upload a submission to the Consultation Hub, rather than proceed through the questions.

For further information, see <https://consultations.health.gov.au/health-economics-and-research-division/national-cqr-strategy/>

For information on the Commission's work on clinical quality registries, see <https://www.safetyandquality.gov.au/our-work/information-strategy/clinical-quality-registries/>

Australian Guidelines for the Prevention and Control of Infection in Healthcare (2019)

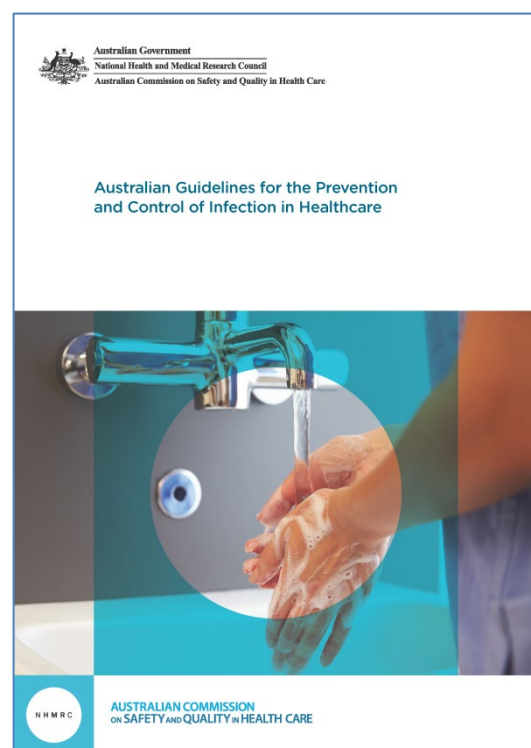
Canberra: National Health and Medical Research Council; 2019.

<https://app.magicapp.org/app#/guideline/3333>

<https://www.nhmrc.gov.au/health-advice/public-health/preventing-infection>

The National Health and Medical Research Council (NHMRC), in partnership with the Australian Commission on Safety and Quality in Health Care (the Commission), have released the *Australian Guidelines for the Prevention and Control of Infection in Healthcare (2019)*.

There are over 165,000 healthcare associated infections in Australian acute healthcare facilities every year. This makes healthcare associated infections the most common complication affecting patients in hospital. Effective infection prevention and control is central to providing high quality healthcare for patients and a safe working environment for those who work in healthcare settings. These Guidelines provide evidence-based recommendations that outline the critical aspects of infection prevention and control, focusing on core principles and priority areas for action. The Guidelines are for use by all working in healthcare, including healthcare workers, management and support staff. They provide a risk-management framework to ensure the basic principles of infection prevention and control can be applied to a wide range of healthcare settings. The level of risk may differ in different types of healthcare facilities; risk assessments are encouraged as part of the decision making and use of Guideline recommendations.



The revised Guidelines uses new national and international evidence to strengthen the risk management approach to infection and prevention control established in the 2010 guidelines. The evidence which has informed the updated Guidelines includes international infection prevention and control guidelines, national infection prevention and control guidelines on specific topics, literature reviews and systematic reviews.

Key elements addressed in the Guidelines include: the importance of a patient-centred approach, disinfection methods, antimicrobial resistance, replacement of peripheral intravenous catheters, use of chlorhexidine, immunisation for healthcare workers, Norovirus and use of hospital-grade disinfectants.

Revision of the guidelines reflects a strategic Australian government priority to translate high quality research into advice that will improve Australian clinical care, health policy and health systems.

Reports

Security of Patients' Hospital Data

Victorian Auditor-General

Melbourne: Victorian Auditor-General's Office; 2019. p. 61.

Notifiable Data Breaches Scheme 12-month Insights Report

Office of the Australian Information Commissioner

Sydney: OAIC; 2019. p. 28.

URL	Victorian Auditor-General https://www.audit.vic.gov.au/report/security-patients-hospital-data OAIC https://www.oaic.gov.au/privacy-law/privacy-act/notifiable-data-breaches-scheme/quarterly-statistics-reports/notifiable-data-breaches-scheme-12-month-insights-report
Notes	<p>This report of the Victorian Auditor-General found that patient data was not well secured in the health facilities that were audited. The audit assessed whether Victorian public health services' ICT security practices effectively protect patient data. The Auditor-General audited Barwon Health, the Royal Children's Hospital, and the Royal Victorian Eye and Ear Hospital, and examined how two different areas in the Department of Health and Human Services (DHHS) support health services to identify and manage data security risks. The report identified weaknesses and made findings and provides 14 recommendations to enhance the security and privacy of patient's data.</p> <p>These findings echo some of those of the <i>Notifiable Data Breaches 12-month Insights Report</i> issued by the Office of the Australian Information Commissioner. This report observed reported that health service providers and finance were the sectors that made highest number of data breach notifications under the Notifiable Data Breaches (NDB) scheme. The report notes that 'The consistent presence of the health and finance sectors at the top of the rankings ...likely reflects the scale of data holdings, volume of processing activities and/or sensitivity of the personal information held by those sectors, as well as those sectors' higher preparedness to report data breaches.'</p> <p>Noting that both sectors have existing information protection obligations (including duties of confidentiality and strict regulatory frameworks) the report found that 'Human error was the leading cause of data breaches in the health sector—accounting for 55 per cent of data breaches, compared with an average of 35 per cent for all other industries. This underscores the need for strong privacy governance in the health sector that includes robust and regular employee training and technological solutions to assist employees. Personal information sent to the wrong recipient was the most common human error breach in the health sector, whether by email, mail or other forms of communication.'</p>

Surgical Innovation, New Techniques and Technologies: A Guide to Good Practice

The Royal College of Surgeons of England

London: The Royal College of Surgeons of England; 2019. p. 26.

URL	https://www.rcseng.ac.uk/standards-and-research/standards-and-guidance/good-practice-guides/surgical-innovation/
Notes	The Royal College of Surgeons of England has produced this book to provide guidance on the introduction and adoption of surgical innovations in techniques and material technologies. It offers a framework to guide the design and introduction of new surgical procedures into surgical practice. The report recommendations for auditing, cost assessment, and effectiveness review.

Journal articles

The effectiveness of integrative healthcare for chronic disease: A systematic review

Leach MJ, Eaton H, Agnew T, Thakkar M, Wiese M

International Journal of Clinical Practice. 2019;73(4):e13321.

DOI	https://doi.org/10.1111/ijcp.13321
Notes	This review – focusing on eight studies – sought to find evidence on the effectiveness of integrative healthcare (IHC) for the management of any chronic health condition. As is often the case with such reviews, the variability in the studies makes unequivocal conclusions difficult. However, the authors consider that they ‘indicate some promising effects for the use of IHC to manage chronic disease ’.

Obstetrics and Gynecology Clinics of North America

Volume 46, No 2.

URL	https://www.sciencedirect.com/journal/obstetrics-and-gynecology-clinics-of-north-america/vol/46/issue/2
Notes	<p>A new issue of <i>Obstetrics and Gynecology Clinics of North America</i> has been published. This issue has the theme ‘Patient Safety in Obstetrics and Gynecology’. Articles in this issue of <i>Obstetrics and Gynecology Clinics of North America</i> include:</p> <ul style="list-style-type: none"> • Editorial: Patient Safety: Action Learning for Improving, Not Just Informing (William F Rayburn) • Editorial: Patient Safety in Obstetrics and Gynecology: Some Progress, Many Challenges (Paul A Gluck) • The Patient Experience and Safety (Stephanie K Sargent, R Waldman) • The Patient’s Role in Patient Safety (Ilene Corina, M Abram, D Halperin) • Quality Improvement Approach to Eliminate Disparities in Perinatal Morbidity and Mortality (Debra Bingham, David K Jones, E A Howell) • Patient Safety and the Just Culture (David Marx) • Transparency and Disclosure (Jonathan L Gleason, E Swisher, P M Weiss) • Role of Patient Safety Organizations in Improving Patient Safety (Jason Boulanger, Carol Keohane, Ashley Yeats) • The Certification Process Driving Patient Safety (Pooja Shivraj, Amanda Novak, Sylvia Aziz, Wilma Larsen, Susan Ramin) • Implementing Patient Safety Initiatives (Paul James Armand Ruitter) • Leadership and Teamwork: Essential Roles in Patient Safety (John P Keats) • Emerging Role of Drills and Simulations in Patient Safety (Jean-Ju Sheen, Dena Goffman) • Creating Change at Scale: Quality Improvement Strategies used by the California Maternal Quality Care Collaborative (Cathie Markow, E K Main) • Obstetric Anesthesia: Leading the Way in Patient Safety (David J Birnbach, Brian T Bateman) • Office Patient Safety (Roxane Gardner) • Applying Patient Safety to Reduce Maternal Mortality (Caitlin Baptiste, Mary E D’Alton) • Benefits and Pitfalls of Ultrasound in Obstetrics and Gynecology (Ray Abinader, Steven L Warsof) • Patient Safety in Outpatient Procedures (Mark S DeFrancesco) • Safety in Minimally Invasive Surgery (Esther S Han, Arnold P Advincula)

URL	https://academic.oup.com/intqhc/issue/31/5
Notes	<p>A new issue of the <i>International Journal for Quality in Health Care</i> has been published. Many of the papers in this issue have been referred to in previous editions of <i>On the Radar</i> (when they were released online). Articles in this issue of the <i>International Journal for Quality in Health Care</i> include:</p> <ul style="list-style-type: none"> • Risk of health morbidity for the uninsured: 10-year evidence from a large hospital center in Boston, Massachusetts (Zhaoyi Chen; Jae Min; Jiang Bian; Mo Wang; Le Zhou; Mattia Posperi) • Managers' perceptions of the effects of a national mandatory accreditation program in Danish hospitals. A cross-sectional survey (A Nicolaisen; S B Bogh; K Churruca; L A Ellis; J Braithwaite; C von Plessen) • Validity of World Health Organisation prescribing indicators in Namibia's primary healthcare: findings and implications (Q Niaz; B Godman; A Massele; S Campbell; A Kurdi; H R Kagoya; D Kibuule) • Anticoagulant medication errors in hospitals and primary care: a cross-sectional study (Albert R Dreijer; Jeroen Diepstraten; Vera E Bukkems; Peter G M Mol; Frank W G Leebeek; Marieke J H A Kruip; P M L A van den Bemt) • Patient perspectives on medication self-management in rural Kenya: a cross-sectional survey (Erika Kim; Peter K Ndege; Elizabeth Jackson; Daniel J Clauw; Vicki L Ellingrod) • Cost-effectiveness of a mentorship and quality improvement intervention to enhance the quality of antenatal care at rural health centers in Rwanda (Anatole Manzi; Jean Claude Mugunga; Laetitia Nyirazinyoye; Hari S Iyer; Bethany Hedt-Gauthier; Lisa R Hirschhorn; Joseph Ntaganira) • Lowered obesity indicator cutoff points more effectively predict 5-year incidence of hypertension in premenopausal women (Fu-Ling Chu; C Jeng) • An international systems-theoretic comparison of hospital accreditation: developing an implementation typology (Sheuwen Chuang; Peter P Howley; Shawon S Gonzales) • Differences in healthcare outcomes between teaching and non teaching hospitals for patients with delirium: a retrospective cohort study (Susrutha Kotwal; Marwan S Abougergi; Scott Wright) • Opportunities for intervention: stroke treatments, disability and mortality in urban Tanzania (Robert W Regenhardt; Maijo R Biseko; Agness F Shayo; Theoflo N Mmbando; Sara J Grundy; Ai Xu; Altaf Saadi; Leah Wibecan; G Abbas Kharal; Robert Parker; Joshua P Klein; Farrah J Mateen; K Okeng'o) • A framework to support risk assessment in hospitals (Gulsum Kubra Kaya; James R Ward; P John Clarkson)

BMJ Quality and Safety online first articles

URL	https://qualitysafety.bmj.com/content/early/recent
Notes	<p><i>BMJ Quality and Safety</i> has published a number of 'online first' articles, including:</p> <ul style="list-style-type: none"> • Editorial: Clinical considerations when applying machine learning to decision-support tasks versus automation (Trevor Jamieson, A Goldfarb) • Disrupting activities in quality improvement initiatives: a qualitative case study of the QuICR Door-To-Needle initiative (J-L Huq, J Woiceshyn) • Editorial: Strategies to reduce potentially avoidable hospitalisations among long-term care facility residents (Joseph Ouslander)

	<ul style="list-style-type: none"> • Editorial: Assessment of non-technical skills: why aren't we there yet? (Adam P Johnson, Rajesh Aggarwal) • Observer-based tools for non-technical skills assessment in simulated and real clinical environments in healthcare: a systematic review (Helen Higham, Paul R Greig, John Rutherford, Laura Vincent, Duncan Young, C Vincent) • Home care nursing after elective vascular surgery: an opportunity to reduce emergency department visits and hospital readmission (Charles de Mestral, Ahmed Kayssi, Mohammed Al-Omran, Konrad Salata, Mohamad Anas Hussain, Graham Roche-Nagle) • MRI for patients with cardiac implantable electronic devices: simplifying complexity with a 'one-stop' service model (Anish N Bhuva, Patricia Feuchter, Angela Hawkins, Lizette Cash, Redha Boubertakh, Jane Evanson, Richard Schilling, Martin Lowe, James C Moon, Charlotte H Manisty)
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International Journal for Quality in Health Care online first articles

URL	https://academic.oup.com/intqhc/advance-articles
Notes	<p><i>International Journal for Quality in Health Care</i> has published a number of 'online first' articles, including:</p> <ul style="list-style-type: none"> • Impact of window views on recovery—an example of post-cesarean section women (Chia-Hui Wang; Nai-Wen Kuo; Kathryn Anthony) • Access of patients with breast and lung cancer to chemotherapy treatment in public and private hospitals in the city of Buenos Aires (Gonzalo Recondo; César Cosacow; Hernán Javier Cutuli; Luciano Cermignani; Samanta Straminsky; Martin Naveira; Martin Pitzzu; Gabriela De Ronato; Gabriela Nacuzzi; Gonzalo Taetti; Santiago Corsico; Mabel Berrueta; Giuliana Colucci; Luz Gibbons; Laura Gutierrez; Ezequiel García-Elorrio)

Online resources

[UK] *National Institute for Health Research*

<https://discover.dc.nihr.ac.uk/portal/search/signals>

The UK's National Institute for Health Research (NIHR) Dissemination Centre has released the latest 'Signals' research summaries. This latest release includes:

- Partial **knee replacements** have some short-term advantages compared to total knee replacements
- Goal-setting can help people with **early-stage dementia** improve function
- Treating **asymptomatic MRSA** on discharge from hospital reduces risk of later infection
- Decision support tools can help GPs reduce **antibiotic prescriptions for respiratory conditions**
- Centralising **stroke services** can save lives
- A traditional implant is as effective as more expensive newer types for people over 65 having a **hip replacement**
- Smartphones may help people with **diabetes** manage their condition better.

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