# Australian COmmission on Safety and Quality in Health Care logo with Radar imageOn the Radar

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**On the Radar**

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**Reports**

*Medication Safety in Transitions of Care: Technical Report*

World Health Organization

Geneva: WHO; 2019. p. 52.

*Medication Safety in High-risk Situations: Technical Report*

World Health Organization

Geneva: WHO; 2019. p. 50.

*Medication Safety in Polypharmacy: Technical Report*

World Health Organization

Geneva: WHO; 2019. p. 63.

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| URL | <https://www.who.int/patientsafety/medication-safety/technical-reports/en/> |
| Notes | As part of the Global Patient Safety Challenge: *Medication Without Harm*, the Wolrd Health Organization (WHO) has asked countries and key stakeholders to prioritize three areas for strong commitment, early action and effective management to protect patients from harm while maximizing the benefit from medication, namely:   * medication safety in high-risk situations, * medication safety in polypharmacy, * medication safety in transitions of care.   WHO has developed a set of three technical reports to facilitate early priority actions and planning to address each of these areas. Each report includes an overview of the topic as well as practical improvement approaches for patients, clinicians, and organizations.  1. Appropriate prescribing and risk management 2. Medication review 3. Dispensing, preparation and administration 4. Communication and patient engagement 5. Medication reconciliation at care transitions |

For information on the Commission’s work on medication safety, see <https://www.safetyandquality.gov.au/our-work/medication-safety/>

*Right-touch assurance for sonographers based on risk of harm arising from practice*

Report to Health Education England

Professional Standards Authority

London: Professional Standards Authority for Health and Social Care; 2019. p. 73.

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| URL | <https://www.professionalstandards.org.uk/news-and-blog/latest-news/detail/2019/07/02/right-touch-assurance-assessment-for-sonographers> |
| Notes | Report from the UK’s Professional Standards Authority for Health and Social Care produced for Health Education England that assessed the risk of harm that could arise. The report notes that there are a number of inherent risks arising from sonographers’ practice including from misdiagnosis and misuse of ultrasound equipment and the risks associated with carrying out what may be intimate examinations. The report examined the regulatory environment around sonographers in the UK and while finding that there is currently not a clear case for immediate statutory regulation of sonographers as a separate profession, there could be enhanced clinical governance and accreditation measures. |

*Right of everyone to the enjoyment of the highest attainable standard of physical and mental health: Report of the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health*

UN Human Rights Council.

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| URL | <https://www.un.org/en/ga/search/view_doc.asp?symbol=A/HRC/41/34> |
| Notes | In this report, the UN’s special rapporteur on the right to physical and mental health, says that if governments truly want **to stem growing rates of mental illness and suicide** they need to **reduce inequality, poverty, and social isolation**. A story in the *BMJ* on the report (<https://doi.org/10.1136/bmj.l4521>) observed ‘The report recommends a focus on relationships and social connection and an end to “over-reliance on biomedical explanations of emotional distress and mental health conditions” and that the UN special rapporteur ‘called on governments to reduce inequality and social exclusion and to provide better early years and school programmes, rapid interventions to support people with adverse childhood experiences, stronger workforce unionisation, and better social welfare.’ |

**Journal articles**

*Managing risk in hazardous conditions: improvisation is not enough*

Amalberti R, Vincent C

BMJ Quality & Safety. 2019.

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| DOI | <https://doi.org/10.1136/bmjqs-2019-009443> |
| Notes | This paper from two eminent authors on safety in health care may provoke, as they anticipate, ‘some resistance to this shift…away form a vision of absolute safety’ as they consider safety and quality in an era of stressed healthcare systems. Using a framing mechanism of proactive risk management that accepts that ‘continuous changes and pressures are part of the natural life of any system’, they suggest some ‘principles of managing risk in difficult conditions’:   * give up hope of waiting for things ‘return to normal’. * must accept that we can never eliminate all risks and hazards * focus on expected problems and hazards * acknowledge that the management of risk when an entire unit or organisation is stressed necessarily requires engagement and action at all managerial levels. |

*The prevalence of healthcare associated infections among adult inpatients at nineteen large Australian acute-care public hospitals: a point prevalence survey*

Russo PL, Stewardson AJ, Cheng AC, Bucknall T, Mitchell BG

Antimicrobial Resistance & Infection Control. 2019;8(1):114.

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| DOI | <https://doi.org/10.1186/s13756-019-0570-y> |
| Notes | Paper reporting on a cross sectional point prevalence study that sought to estimate the burden of healthcare associated infection (HAI) in acute adult inpatients in Australia. The study collected data on 2767 patients from 19 large acute care hospitals. The authors report finding:   * A **multi-drug resistant organism** was documented for **10.3% of patients** * 363 HAIs present in 273 patients * **Prevalence of patients with a HAI was 9.9%** (95%CI: 8.8–11.0) * **Hospital prevalence rates** ranged from **5.7%** (95%CI:2.9–11.0) **to 17.0%** (95%CI:10.7–26.1). * The **most common HAIs** were **surgical site infection**, **pneumonia** and **urinary tract infection**, comprising 64% of all HAIs identified. |

For information on the Commission’s work on healthcare-associated infection, see <https://www.safetyandquality.gov.au/our-work/healthcare-associated-infection>

For information on the Commission’s work on antimicrobial resistance, see <https://www.safetyandquality.gov.au/our-work/antimicrobial-resistance>

*“I’m Trying to Stop Things Before They Happen”: Carers’ Contributions to Patient Safety in Hospitals*

Merner B, Hill S, Taylor M

Qualitative Health Research. 2019;29(10):1508-18.

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| DOI | <https://doi.org/10.1177/1049732319841021> |
| Notes | The role of the patient and their families and carers in identifying and raising safety and quality issues has been raised and encouraged in various ways in recent years. There has been concern about how this may be enabled and the possible barriers to such speaking out. This qualitative study reveals the concerns and experiences of a group of Australian carers. Based on in-depth interviews with 32 carers who had patient safety concerns in Australian hospitals the study found carers engaged at varying levels of intensity. These levels were categorised as ‘: low (“contributing without concern”), moderate (“being proactive about safety”), and high (“wrestling for control”).’ Those ‘**carers who engaged at high intensity provided the patient with greater protection**, but **typically experienced negative consequences for themselves**.’ The author’s urge that ‘Carers’ experiences of negative consequences from safety involvement need to be mitigated by practice approaches that value their contributions.’ |

For more information on the Commission’s work on partnering with consumers, see <https://www.safetyandquality.gov.au/our-work/partnering-consumers>

For more information on the National Safety and Quality Health Service (NSQHS) Standards, including the Partnering With Consumers standard, see <https://www.safetyandquality.gov.au/standards/nsqhs-standards>

*Polypharmacy among older Australians, 2006–2017: a population-based study*

Page AT, Falster MO, Litchfield M, Pearson S-A, Etherton-Beer C

Medical Journal of Australia. 2019;211(2):71-5.

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| DOI | <https://doi.org/10.5694/mja2.50244> |
| Notes | According to this study, older Australians are highly medicated, with 36.1% of people aged 70 or receiving 5 or more prescription medicines on a continuous basis – nearly 1 million people. Polypharmacy was highest in 85-89 year olds, at 46%. Around 6% were regularly receiving 10 or more medicines. Over the counter and private prescription medicines were not included. The authors note that reducing polypharmacy is a World Health Organization global patient safety challenge, due to the associated risk of adverse effects. |

For information on the Commission’s work on medication safety, see <https://www.safetyandquality.gov.au/our-work/medication-safety/>

*Improving the delivery of primary care for older people*

Pond CD, Regan C

Medical Journal of Australia. 2019;211(2):60-2.e1.

*Safety issues at transitions of care: consultation report on pain points relating to clinical systems*

Australian Commission on Safety and Quality in Health Care

Sydney: ACSQHC, 2017.

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| DOI | Pond and Regan <https://doi.org/10.5694/mja2.50236>  ACSQHC <https://www.safetyandquality.gov.au/our-work/e-health-safety/safety-issues-transitions-care-pain-points-relating-clinical-systems> |
| Notes | Pond and Regan outline a number of ways that primary care could be strengthened to improve the care of older people, noting that the almost a quarter of emergency departments are elderly, but this is not the ideal place for their care. A number of systemic factors are described to support better comprehensive and multidisciplinary care. The authors note that “Quality care requires that hospitals admit older people promptly if required and for as short a time as possible. It should not be derailed by concerns about bed‐blocking, and step‐down facilities for discharge should be made more available”, and refers to the Commission’s report on safety issues at transitions of care |

*Journal of Health Services Research & Policy*

Volume: 24, Number: 3 (July 2019)

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| URL | <https://journals.sagepub.com/toc/hsrb/24/3> |
| Notes | A new issue of the *Journal of Health Services Research & Policy* has been published. Articles in this issue of the *Journal of Health Services Research & Policy* include:   * Editorial: Inspecting the inspectors – does **external review of health services** provide value for money? (Trevor A Sheldon) * **How not to waste a crisis**: a qualitative study of problem definition and its consequences in three hospitals (Graham Martin, Piotr Ozieranski, Myles Leslie, and Mary Dixon-Woods) * A quasi-experimental evaluation of an intervention to increase **palliative medicine referral in the emergency department** (Eoin Tiernan, John Ryan, Mary Casey, Aine Hale, Valerie O’Reilly, Millie Devenish, Barbara Whyte, Siobhan Hollingsworth, Olga Price, Ian Callanan, Declan Walsh, Charles Normand, and Peter May) * **Unmet dental care needs** in South Korea: how do they differ by insurance system? (Xianhua Che, Minsung Sohn, and Hee-Jung Park) * **Health needs, utilization of services and access to care** among Medicaid and uninsured patients with **chronic disease** in health centres (Hailun Liang, May A. Beydoun, and Shaker M. Eid) * The **effect of external inspections on safety in acute hospitals** in the National Health Service in England: A controlled interrupted time-series analysis (Ana Castro-Avila, Karen Bloor, and Carl Thompson) * Individual and environmental determinants of **burnout among nurses** (Clare S. Rees, Robert Eley, Rebecca Osseiran-Moisson, Karen Francis, Lynette Cusack, Brody Heritage, and Desley Hegney) * The challenge of determining **appropriate care** in the era of patient-centered care and rising health care costs (Ian Coulter, Patricia Herman, Gery Ryan, Lara Hilton, and Ron D. Hays) * **Medical assistance in dying**: implications for health systems from a scoping review of the literature (Jamie K Fujioka, Raza M Mirza, Christopher A Klinger, and Lynn P McDonald) |

*Healthcare Policy*

Volume 14, Number 4, 2019

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| URL | <https://www.longwoods.com/publications/healthcare-policy/25854/1/vol.-14-no.-4-2019> |
| Notes | A new issue of *Healthcare Policy* has been published with the theme ‘**Nothing About Me Without Me**’. Articles in this issue of *Healthcare Policy* include:   * Editorial: **Nothing About Me Without Me** (Jennifer Zelmer) * Achieving the Goals of **Dementia Plans**: A Review of Evidence-Informed Implementation Strategies (Matthew Hacker Teper, Claire Godard-Sebillotte and Isabelle Vedel) * Enabling **Patient Portals to Access Primary Care Medical Records**: Maximizing Collaboration in Care Between Patients and Providers (Iris Gorfinkel and Joel Lexchin) * Deliberating as a **Public Representative or as a Potential User**? Two Complementary Perspectives that Should Inform Health Innovation Policy (Pascale Lehoux and Sébastien Proulx) * Policies for **Deprescribing**: An International Scan of Intended and Unintended Outcomes of Limiting **Sedative-Hypnotic Use** in Community-Dwelling Older Adults (James Shaw, Andrea L Murphy, Justin P Turner, David M Gardner, James L Silvius, Z Bouck, D Gordon and C Tannenbaum) * Is **Assisted Peritoneal Dialysis** a Solution for Northern Manitoba? (Josée G. Lavoie, James Zacharias, Joseph Kaufert, Nicholas Krueger, Kathi Avery Kinew, Lorraine Mcleod and Caroline Chartrand) * The Impact of the Ontario Fertility Program on **Duplicate Fertility Consultations** (Angela Assal, Claire Ann Jones, Tamas Gotz and B R Shah) |

*Journal for Healthcare Quality*

Vol. 41, No. 4, July/August 2019

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| URL | <https://journals.lww.com/jhqonline/toc/2019/07000> |
| Notes | A new issue of the *Journal for Healthcare Quality* has been published. Articles in this issue of the *Journal for Healthcare Quality* include:   * **Association of Magnet Nursing Status With Hospital Performance o**n Nationwide Quality Metrics (Matthew R Boylan, Kelly I Suchman, Helen Korolikova, James D Slover, Joseph A Bosco, III) * Understanding the **High Frequency Use of the Emergency Department for Patients With Chronic Pain**: A Mixed-Methods Study (Brittany A Glynn, Madeleine Brulé, Samantha L Kenny, Eve-Ling Khoo, Yaadwinder Shergill, Catherine E Smyth, Patricia A Poulin * Impact of a Resident-Centered Interprofessional **Quality Improvement Intervention on Acute Care Length of Stay** (Megan Walker, Lindsey Gay, Glynda Raynaldo, Hans Von Marensdorff, Jeffrey T Bates, Joan A Friedland, Jung Hyun Park, Ekaterina Kehl, Bryan Sowers, Sivasubramanium Bhavani, Charlie Lan, Biykem Bozkurt, Diana E Stewart, Molly J Horstman) * Multidisciplinary Approach to Improve **Sepsis Outcomes** (Andrew MacMillan, David Rudinsky, Gena Han, John O Elliott, Kim Jordan) * **Predictors of 30-day Postdischarge Readmission** to a Multistate National Sample of State **Psychiatric Hospitals** (Glorimar Ortiz) * **Patients' Perspectives** on Reasons for **Unplanned Readmissions** (Amy M LeClair, Megan Sweeney, G H Yoon, J C Leary, S N Weingart, K M Freund) * Improving **Colorectal Cancer Screening** Rates in Patients Referred to a Gastroenterology Clinic (Benjamin L Bick, Mustapha El-Halabi, Keaton R Jones, Charles J Kahi, Nabil F Fayad) * Consumers' **Association of Hospital Reputation With Healthcare Quality** (Justin B Ziemba, Steven Arenberg, Holly Reustle, M E Allaf, D Haldeman) * **Readmission of High-Risk Discharged Patients** at a Tertiary Hospital in Korea (Young Man Kim, Taehee Lee, Hyun Joo Lee, You Lee Yang, E G Oh) * Oregon's **Coordinated Care Organization** Experiment: Are Members' Experiences of Care Actually Changing? (Bill J Wright, Natalie Royal, Lauren Broffman, Hsin-Fang Li, Kristen Dulacki) * **Workforce Competencies for Healthcare Quality Professionals**: Leading Quality-Driven Healthcare (Karen Schrimmer, Nidia Williams, Stephanie Mercado, Jennifer Pitts, Shea Polancich) |

*International Journal for Quality in Health Care* online first articles

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| URL | <https://academic.oup.com/intqhc/advance-articles> |
| Notes | *International Journal for Quality in Health Care* has published a number of ‘online first’ articles, including:   * Determinants of **place of death for end-stage cancer patients**: evidence from China (Zhong Li; Shan Jiang; Chengzhong Xu; Fangfang Lu; Ruibo He; Zijin Pan; Pei Zhang; Liang Zhang) |

*BMJ Quality and Safety* online first articles

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| URL | <https://qualitysafety.bmj.com/content/early/recent> |
| Notes | *BMJ Quality and Safety* has published a number of ‘online first’ articles, including:   * Effect of hands-on **interprofessional simulation training for local emergencies** in Scotland: the THISTLE stepped-wedge design randomised controlled trial (Erik Lenguerrand, Cathy Winter, Dimitrios Siassakos, Graeme MacLennan, Karen Innes, Pauline Lynch, Alan Cameron, Joanna Crofts, Alison McDonald, Kirsty McCormack, Mark Forrest, John Norrie, Siladitya Bhattacharya, Tim Draycott) * The discontinuation of contact precautions for **methicillin-resistant *Staphylococcus aureus*** and **vancomycin-resistant *Enterococcus***: Impact upon patient adverse events and hospital operations (Gregory M Schrank, Graham M Snyder, Roger B Davis, Westyn Branch-Elliman, Sharon B Wright) * Assessing the **safety of electronic health records**: a national longitudinal study of medication-related decision support (A Jay Holmgren, Zoe Co, Lisa Newmark, Melissa Danforth, David Classen, David Bates) * Editorial: Connecting **simulation and quality improvement**: how can healthcare simulation really improve patient care? (Victoria Brazil, Eve Isabelle Purdy, Komal Bajaj) |

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