



## On the Radar

Issue 428  
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### On the Radar

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### Books

*Vibrant and Healthy Kids: Aligning Science, Practice, and Policy to Advance Health Equity*

National Research Council

Washington, DC: The National Academies Press; 2019.

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| DOI   | <a href="https://doi.org/10.17226/25466">https://doi.org/10.17226/25466</a>   |
| Notes | This report brings together the knowledge of prenatal and early childhood development to focus on policy, program, and systems changes and sets out the steps needed to move children who are at risk for negative outcomes toward positive health trajectories, reducing health disparities. The report summary observes that ‘Implementing programs aimed at people in crisis alone will not advance health equity—those programs are important for addressing immediate needs, but until the systemic roots of inequity are addressed, there will likely be another set of crises around the corner. <b>Reducing health disparities by addressing their systemic root causes</b> , including poverty and racism, <b>is foundational to advance health equity</b> . The science-driven recommendations provided in this report lay out practice, policy, and systems changes needed to close the health equity gap and nurture vibrant and healthy children.’ |

## Reports

*Connecting the dots: digitally empowered pharmacists  
Better medicine use by 2023, powered by digital health transformation*  
Pharmaceutical Society of Australia  
Canberra: Pharmaceutical Society of Australia; 2019. p. 42.

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| URL   | <a href="https://www.psa.org.au/advocacy/working-for-our-profession/connecting-the-dots-digitally-empowered-pharmacists/">https://www.psa.org.au/advocacy/working-for-our-profession/connecting-the-dots-digitally-empowered-pharmacists/</a>   |
| Notes | <p>The Pharmaceutical Society of Australia has produced this report (with funding from the Australian Digital Health Agency) offering a vision of the future of pharmacy where <b>digital systems provide pharmacists with more information to better inform clinical decisions that allows seamless, more customised clinical care and better medicine outcomes</b>. The report also notes the Australian Digital Health Agency’s proposed actions for safe and effective medicine use by patients. These actions include:</p> <ul style="list-style-type: none"> <li>• Electronic prescriptions</li> <li>• Best Possible Medicines List</li> <li>• National Medicines Data Service</li> <li>• Medicines information for consumers</li> <li>• Medicines decision support tools</li> <li>• medicine-safety decision support in clinical software</li> <li>• Enhance incident reporting capabilities (including with National Allergy Strategy)</li> <li>• Real-time prescription monitoring.</li> </ul> |

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

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

*Emergency admissions to hospital from care homes: How often and what for?*  
Improvement Analytics Unit briefing  
Wolters, Santos F, Lloyd T, Lilburne C, Steventon A  
London: The Health Foundation; 2019. p. 36.

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| URL   | <a href="https://www.health.org.uk/publications/reports/emergency-admissions-to-hospital-from-care-homes">https://www.health.org.uk/publications/reports/emergency-admissions-to-hospital-from-care-homes</a>   |
| Notes | <p>The UK’s Health Foundation has produced this briefing from their Improvement Analytics Unit on an analysis of a national linked dataset identifying <b>permanent care home residents aged 65 and older</b> that found that <b>on average during 2016/17 care home residents went to accident and emergency (A&amp;E) 0.98 times and were admitted as an emergency 0.70 times</b>. The analysis showed that emergency admissions were found to be particularly high in residential care homes compared with nursing care homes. The authors believe that a <b>large proportion of these emergency admissions may be avoidable</b>: 41% were for conditions that are potentially manageable, treatable or preventable outside of a hospital setting, or that could have been caused by poor care or neglect.</p> |

*Health at the centre: Responsible data sharing in the digital society*  
 Niezen MGH, Edelenbosch R, Van Bodegom L, Verhoef P  
 The Hague: Rathenau Instituut, 2019. p. 162.

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| DOI   | <a href="https://www.rathenau.nl/en/making-perfect-lives/health-centre">https://www.rathenau.nl/en/making-perfect-lives/health-centre</a>   |
| Notes | The Rathenau Instituut in the Netherlands has produced this report that examined digital services that enable patients and healthy people to share data with a view to improving their health. The report suggests that that <b>responsible and secure data sharing is best achieved by remaining small in scale and by focusing on what is truly necessary for the patient</b> . The report seeks to offer government, the healthcare sector and politicians the tools they need to ensure that digital health data services are used in a way that is compatible with a ‘socially responsible digital society’. |

*Advancing our health: Prevention in the 2020s*  
 Department of Health and Social Care  
 London: Department of Health and Social Care; 2019. p. 78.

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| URL   | <a href="https://www.gov.uk/government/consultations/advancing-our-health-prevention-in-the-2020s">https://www.gov.uk/government/consultations/advancing-our-health-prevention-in-the-2020s</a>  |
| Notes | The English Department of Health and Social Care, together with the Cabinet Office, has published this (consultation) Green Paper setting out proposals to tackle the causes of preventable ill health in England. It signals a new approach to public health that involves a personalised prevention model. The proposed actions include: <ul style="list-style-type: none"> <li>• embedding <b>genomics</b> in routine healthcare</li> <li>• efforts to further <b>reduce smoking</b> with the aim of a smoke-free 2030</li> <li>• greater <b>diabetes prevention</b></li> <li>• pursuing the <b>Childhood Obesity Strategy</b>, including bold action on infant feeding, clear labelling, food reformulation improving the nutritional content of foods, ending the sale of energy drinks to children and support for individuals to achieve and maintain a healthier weight</li> <li>• launching a <b>mental health prevention program</b></li> <li>• modernising the <b>Healthy Child Programme</b>.</li> </ul> |

*Whole systems approach to obesity: A guide to support local approaches to promoting a healthy weight*  
 Public Health England  
 London: Public Health England; 2019. p. 104.

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| URL   | <a href="https://www.gov.uk/government/publications/whole-systems-approach-to-obesity">https://www.gov.uk/government/publications/whole-systems-approach-to-obesity</a>  |
| Notes | Public Health England has developed this guide and set of resources to support local authorities with implementing a whole systems approach to address obesity and promote a healthy weight. It is intended for local authorities and partners, including the NHS, local businesses and the community and voluntary sector.<br>The guide covers: <ul style="list-style-type: none"> <li>• the role of local authorities</li> <li>• the benefits of taking a whole systems approach</li> <li>• the 6-phase process - each phase provides practical support</li> </ul> Each phase has accompanying resources. Included with the guide is a separate ‘learning report’, explaining the findings of the co-production and testing of the guide with local authorities. |

*Health, care and the 100-year life: How policymakers can ensure health and fairness for all in an era of extreme longevity*  
 Petrie K, Kirkup J  
 London: Social Market Foundation; 2019. p. 24.

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| URL   | <a href="https://www.smf.co.uk/publications/health-care-100-year-life/">https://www.smf.co.uk/publications/health-care-100-year-life/</a>   |
| Notes | <p>The Social Market Foundation has produced this report on the challenges to health, care and medicine that a longer living population may pose. A child born in the UK today has a one in three chance of living to 100. This is the first in a series of reports focusing on how the 100-year life may affect Britain’s society, economy and public services. The authors make five recommendations:</p> <ul style="list-style-type: none"> <li>• <b>Public education on longer lives;</b> public awareness on the reality of longer lives and ageing must occur if people are to prepare for later life.</li> <li>• <b>Incorporating “teachable moments” into the NHS;</b> people must be supported to make better decisions to improve their health. This is an essential component of the mission to reduce inequality in life expectancy across the UK.</li> <li>• <b>Changes to medicine procurement;</b> the NHS and NICE must look beyond the standard methods of procurement to ensure that innovative medicines are not restricted or only available to those not reliant on the state.</li> <li>• <b>Social prescribing of digital skills;</b> the government should expand the work of NHS Digital and the Good Things Foundation on social prescribing of digital skills. To ensure no member of society is left behind as health comes digitalised.</li> <li>• <b>Improvements to rehabilitation;</b> the government should invest more into rehabilitation and reablement services for the elderly.</li> </ul> |

## Journal articles

*Association between complications and death within 30 days after noncardiac surgery*

The Vascular Events in Noncardiac Surgery Patients Cohort Evaluation (VISION) Study Investigators  
 Canadian Medical Association Journal. 2019;191(30):E830.

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| DOI   | <a href="https://doi.org/10.1503/cmaj.190221">https://doi.org/10.1503/cmaj.190221</a>  |
| Notes | <p>Paper reporting on a prospective cohort study of patients aged 45 years and older who underwent inpatient non-cardiac surgery at 28 centres in 14 countries that sought to h the frequency and timing of death and its association with perioperative complications. Covering 40,004 patients the study identified that 715 patients (1.8%) died within 30 days of surgery. Five deaths (0.7%) occurred in the operating room, 500 deaths (69.9%) occurred after surgery during the index admission to hospital and 210 deaths (29.4%) occurred after discharge from the hospital. The authors concluded that ‘Among adults undergoing noncardiac surgery, 99.3% of deaths occurred after the procedure and <b>44.9% of deaths were associated with 3 complications: major bleeding, MINS [myocardial injury after noncardiac surgery] and sepsis.</b> Given these findings, focusing on the prevention, early identification and management of these 3 complications holds promise for reducing perioperative mortality. ’</p> |

*Pharmacists' role in Antimicrobial Stewardship and relationship with antibiotic consumption in hospitals: an observational multicentre study*

Ourghanlian C, Lapidus N, Antignac M, Fernandez C, Dumartin C, Hindlet P  
Journal of Global Antimicrobial Resistance. 2019 [epub].

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| DOI   | <a href="https://doi.org/10.1016/j.jgar.2019.07.009">https://doi.org/10.1016/j.jgar.2019.07.009</a>   |
| Notes | Interventions aimed at safer and better uses of medicines would seem to go better when pharmacists are involved. As with the literature on medication reconciliation, this addition to the literature on antimicrobial stewardship argues that ' <b>Antibiotic consumption was lower</b> when the <b>antibiotic advisor was a pharmacist</b> and when the <b>pharmaceutical team reviewed all prescriptions.</b> ' This a retrospective observational multicentre study used data for 2016 from 77 French hospitals accounting for more than 7 million bed days in 24,000 beds. |

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

*Burnout in healthcare: the case for organisational change*

Montgomery A, Panagopoulou E, Esmail A, Richards T, Maslach C  
BMJ. 2019;366:l4774.

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| DOI   | <a href="https://doi.org/10.1136/bmj.l4774">https://doi.org/10.1136/bmj.l4774</a>   |
| Notes | <p>Burnout has, rightly, been attracting much attention in healthcare (and in many other fields). While building resilience may contribute to improving how individuals and systems cope there is some concern that an over-emphasis on this may be focusing on (if not blaming) on the individual. This piece in the <i>BMJ</i>, observes that 'Burnout is an occupational phenomenon and we need to look beyond the individual to find effective solutions'. Burnout is an important issue in healthcare beyond its impact on healthcare workers as it can have significant safety and quality implications. The authors argue that</p> <ul style="list-style-type: none"> <li>• Healthcare organisations should assess burnout at departmental level</li> <li>• Burnout should be a metric of safety of care</li> <li>• More focus is needed on developing healthy workplaces</li> <li>• Staff and patients must be included in developing actions to reduce and prevent burnout.</li> </ul> |

*Public Health Research & Practice*

July 2019, Volume 29, Issue 2

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| URL   | <a href="http://www.phrp.com.au/issues/july-2019-volume-29-issue-2/">http://www.phrp.com.au/issues/july-2019-volume-29-issue-2/</a>   |
| Notes | <p>A new issue of <i>Public Health Research &amp; Practice</i> has been published with a special focus on <b>cancer screening in Australia</b>. Articles in this issue of <i>Public Health Research &amp; Practice</i> include:</p> <ul style="list-style-type: none"> <li>• Editorial: <b>Cancer screening in Australia</b>: successes, challenges and future directions (Sanchia Aranda, David C Currow)</li> <li>• <b>Cancer screening in Australia</b>: future directions in <b>melanoma, Lynch syndrome, and liver, lung and prostate cancers</b> (Marianne F Weber, Henry M Marshall, Nicole Rankin, Stephen Duffy, Kwun M Fong, Kate Dunlop, Lauren Humphreys, Amelia K Smit, Anne E Cust, Natalie Taylor, Gillian Mitchell, Yoon-Jung Kang, Kathy Tucker, Mark Jenkins, Finlay Macrae, Ian Lockart, Mark Danta, Bruce K Armstrong, Megan Howe)</li> <li>• Improving <b>breast cancer screening in Australia</b>: a public health perspective (Carolyn Nickson, Louiza S Velentzis, Patrick Brennan, G Bruce Mann, Nehmat Houssami)</li> </ul> |

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|  | <ul style="list-style-type: none"> <li>• The role of modelling in the <b>policy decision making process for cancer screening</b>: example of prostate specific antigen screening (Abraham M Getaneh, Eveline AM Heijnsdijk, Harry J de Koning)</li> <li>• <b>Benefits, harms and cost-effectiveness of cancer screening</b> in Australia: an overview of modelling estimates (Jie-Bin Lew, Eleonora Feletto, Stephen Wade, Michael Caruana, Yoon-Jung Kang, Carolyn Nickson, Kate T Simms, Pietro Procopio, Natalie Taylor, Joachim Worthington, D Smith, K Canfell)</li> <li>• Overview of <b>paediatric tuberculosis</b> cases treated in the Sydney Children’s Hospitals Network, Australia (Laila S Al Yazidi, Ben J Marais, Meredith Wickens, Pamela Palasanthiran, David Isaacs, Alexander Outhred, Brendan McMullan, Philip N Britton)</li> <li>• Lessons from the renewal of the <b>National Cervical Screening Program</b> in Australia (Megan Smith, Ian Hammond, Marion Saville)</li> <li>• The <b>National Bowel Cancer Screening Program</b>: time to achieve its potential to save lives (Hooi C Ee, James St John)</li> <li>• Increasing <b>bowel cancer screening participation</b>: integrating population-wide, primary care and more targeted approaches (Kerryann L Lotfi-Jam, Clare L O'Reilly, Charissa S Feng, Melanie A Wakefield, Sarah Durkin, K H Broun)</li> <li>• Using Facebook to recruit for a <b>public health campaign evaluation</b> (James Kite, Michael Collins, Becky Freeman)</li> </ul> |
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*Australian Journal of Primary Health*

Virtual Issue - Interdisciplinary Approaches to Improving Oral Health

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| URL   | <a href="https://www.publish.csiro.au/py/virtualissue/2602">https://www.publish.csiro.au/py/virtualissue/2602</a>  |
| Notes | <p>A new issue of <i>Australian Journal of Primary Health</i> has been published. This is a virtual issue that is a compilation with a focus on “<b>Interdisciplinary Approaches to Improving Oral Health</b>”. Articles in this virtual issue of <i>Australian Journal of Primary Health</i> include:</p> <ul style="list-style-type: none"> <li>• <b>Access to dental care and dental ill-health of people with serious mental illness</b>: views of nurses working in mental health settings in Australia (Brenda Happell, Chris Platania-Phung, David Scott and Christine Hanley)</li> <li>• The role of <b>community mental health services in supporting oral health</b> outcomes among consumers (Rebecca Meldrum, Hillary Ho and Julie Satur)</li> <li>• <b>Homeless adults' access to dental services</b> and strategies to improve their oral health: a systematic literature review (Jacqueline Goode, Ha Hoang and Leonard Crocombe)</li> <li>• <b>Hospital admissions and emergency department presentations for dental conditions</b> indicate access to hospital, rather than poor access to dental health care in the community (Matthew Yap, Mei-Ruu Kok, Soniya Nanda, Alistair Vickery and David Whyatt)</li> <li>• A health-promoting <b>community dental service</b> in Melbourne, Victoria, Australia: protocol for the North Richmond model of oral health care (Martin Hall and Bradley Christian)</li> <li>• Building <b>oral health capacity in a women's health service</b> (Angela Durey, Susan Kaye Lee, Bola Adebayo and Linda Slack-Smith)</li> <li>• <b>Oral health care in residential aged care services</b>: barriers to engaging health-care providers (Lydia Hearn and Linda Slack-Smith)</li> <li>• Role of information and communication technology in promoting <b>oral health at residential aged care facilities</b> (Bola Adebayo, Angela Durey and Linda M Slack-Smith)</li> </ul> |

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|  | <ul style="list-style-type: none"> <li>Engaging <b>dental professionals in residential aged-care facilities</b>: staff perspectives regarding access to oral care (Lydia Hearn and Linda Slack-Smith)</li> <li>GPs Confidence in and Barriers to <b>Implementing Smoking Cessation Activities</b>: Compared to Dentists, Dental Hygienists and Pharmacists (David Edwards, Toby Freeman, John Litt and Ann M Roche)</li> </ul> |
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BMJ *Quality and Safety* online first articles

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| URL   | <a href="https://qualitysafety.bmj.com/content/early/recent">https://qualitysafety.bmj.com/content/early/recent</a>  |
| Notes | <p>BMJ <i>Quality and Safety</i> has published a number of ‘online first’ articles, including:</p> <ul style="list-style-type: none"> <li><b>The ageing surgeon</b>: a qualitative study of expert opinions on assuring performance and supporting safe career transitions among older surgeons (Rupert Sherwood, Marie Bismark)</li> <li>Exploring the <b>sustainability of quality improvement interventions</b> in healthcare organisations: a multiple methods study of the 10-year impact of the ‘Productive Ward: Releasing Time to Care’ programme in English acute hospitals (Glenn Robert, Sophie Sarre, Jill Maben, Peter Griffiths, R Chable)</li> <li>How do stakeholders experience the <b>adoption of electronic prescribing systems in hospitals?</b> A systematic review and thematic synthesis of qualitative studies (Albert Farre, G Heath, K Shaw, D Bem, C Cummins)</li> <li>Editorial: What does it take to <b>improve nationwide healthcare quality in China?</b> (Xi Li, Harlan M Krumholz)</li> <li><b>Failure to administer recommended chemotherapy</b>: acceptable variation or cancer care quality blind spot? (Ryan J Ellis, Cary Jo R Schlick, Joe Feinglass, Mary F Mulcahy, Al B Benson, Sheetal M Kircher, Tony D Yang, David D Odell, Karl Bilimoria, Ryan P Merkow)</li> </ul> |

## Online resources

*Antibiotic prescribing in primary care: Therapeutic Guidelines summary table 2019*

[https://tgldcdp.tg.org.au/fulltext/quicklinks/GPSummary\\_v9.pdf](https://tgldcdp.tg.org.au/fulltext/quicklinks/GPSummary_v9.pdf)

Therapeutic Guidelines has made freely available a summary table on the prescribing of antibiotics in primary care. Derived the recently updated 16th edition of *Antibiotic Guidelines*, the summary covers the management of common infections seen by GPs.

*Future Leaders Communiqué*

<https://www.thecommuniques.com/post/future-leaders-communicu%C3%A9-volume-4-issue-3-july-2019>

Victorian Institute of Forensic Medicine

Volume 4 Issue 3 July 2019

This issue of the *Future Leaders Communiqué* looks at the coronial inquest into the death of a young woman who was misdiagnosed. The medical practitioner involved was a junior doctor working in a busy emergency department and this issue discusses factors that can contribute to **misdiagnosis**. This issue also includes two expert commentaries on issues that related to the case: **meningitis** and the use of **restraint**.

[UK] NICE Guidelines and Quality Standards

<https://www.nice.org.uk/guidance>

The UK's National Institute for Health and Care Excellence (NICE) has published new (or updated) guidelines and quality standards. The latest reviews or updates are:

- NICE Guideline NG61 **End of life care** for infants, children and young people with life-limiting conditions: planning and management <https://www.nice.org.uk/guidance/ng61>
- Clinical Guideline CG113 **Generalised anxiety disorder and panic disorder in adults: management** <https://www.nice.org.uk/guidance/cg113>
- Clinical Guideline CG173 **Neuropathic pain in adults: pharmacological management in non-specialist settings** <https://www.nice.org.uk/guidance/cg173>
- Clinical Guideline CG186 **Multiple sclerosis in adults: management** <https://www.nice.org.uk/guidance/cg186>
- Quality Standard QS14 **Service user experience in adult mental health services** <https://www.nice.org.uk/guidance/qs14>
- Quality Standard QS15 **Patient experience in adult NHS services** <https://www.nice.org.uk/guidance/qs15>

[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:

- Pulmonary rehabilitation may modestly improve anxiety and depression in adults with **chronic obstructive pulmonary disease**
- Mixed evidence shows some impact of mass media campaigns promoting **tobacco control, physical activity and sexual health**
- Whole-body MRI scans are as accurate as standard imaging pathways for **lung cancer staging**
- Whole-body MRI is effective for identifying metastatic disease in **colorectal cancer** patients
- Levetiracetam is a useful alternative to phenytoin in stopping prolonged **epileptic seizures** in children
- Transvaginal ultrasound and MRI achieve similar accuracy for diagnosing **lower bowel endometriosis**
- Routine use of **progesterone does not prevent miscarriage**
- Insights into the **transfer between children's and adults' services** for young people with selected long-term conditions
- Placental growth factor testing can speed up **diagnosis of pre-eclampsia**
- Meaningful increases in **physical activity levels after cancer** can be sustained for three months or more

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