



## On the Radar

Issue 430  
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### On the Radar

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Contributors: Niall Johnson

### Reports

*Ensuring the Sustainability of the Australian Health System*

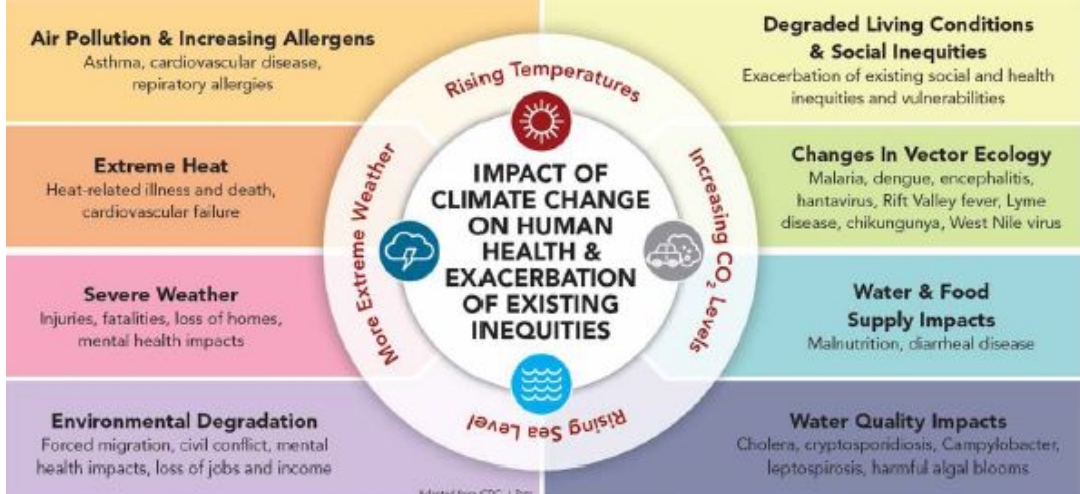
Australia's Health 2040 Taskforce

Sydney: Global Access Partners; 2019. p. 64.

URL	<a href="https://www.globalaccesspartners.org/AustraliaHealth2040_GAPTaskforceReport_Ju12019.pdf">https://www.globalaccesspartners.org/AustraliaHealth2040_GAPTaskforceReport_Ju12019.pdf</a>
Notes	Global Access Partners (who describe themselves as 'an independent non-profit institute for active policy that initiates strategic debate on the most pressing social, economic and structural issues') convened a taskforce (Australia's Health 2040 Taskforce) for a 'successful year-long collaboration of health industry stakeholders delivers a case for near-term reform to achieve the long-term sustainability of Australia's healthcare system'. This report offers a particular view of how Australia's health system may develop. The report seems to focus more on financial sustainability and health income and efficiency. It could also be said that the membership of the Taskforce appears a collection of commercial and other interests with few clinicians and even fewer consumers. Notwithstanding this, the report's 19 recommendations include :

	<ol style="list-style-type: none"> <li>1. Increase emphasis on prevention and chronic disease management services.</li> <li>2. Fund equitable access to a patient-centred delivery model in primary care.</li> <li>3. Implement all independent MBS Review recommendations as soon as possible, to remove low-value care and improve patient outcomes.</li> <li>4. Leverage the existing clinical committee infrastructure from the MBS Review to create an ongoing review process to identify low-value care opportunities.</li> <li>5. Invest in the utilisation of technology in primary care, e.g., telehealth, consumer email and out-of-hours communication, and online self-help resources.</li> <li>6. Provide effective cover for dentistry services, particularly for children, the elderly and people in lower socio-economic groups, including Indigenous Australians.</li> <li>7. Support the utilisation of mental health services, including digital services, to improve access to services and the delivery of treatment services that are consistent with best-practice care.</li> <li>8. Through a private-public partnership structure, pool funds (e.g., Primary Health Networks, Medicare, other state and federal funding, PHI) to develop more innovative models of care, including by leveraging outcome-based payments for either (a) specific patient cohorts, or (b) specific episodes of care, to strengthen the incentive for case management and hospital avoidance activities.</li> <li>9. Ensure the price paid for services is appropriately benchmarked to the value they demonstrate.</li> <li>10. Establish a National Centre for Healthcare Innovation and Improvement as a public-private partnership.</li> <li>11. Establish a standardised national approach to measuring patient-centred health outcomes for specific healthcare episodes and conditions.</li> <li>12. Require publication of average charges for consultations and common procedures, and mandate pre-service disclosure of out-of-pocket expenses and an auditable informed patient consent to these costs in non-emergency situations</li> <li>13. Require all health service providers to publicise information on complication and re-admission rates, and longitudinal health outcome data, with appropriate confidentiality protections.</li> <li>14. Develop a primary health information strategy to standardise data collection nationally, with the aim of improving patient experience and preventive health efforts.</li> <li>15. Invest in implementing national digital health initiatives to effectively maximise their value.</li> <li>16. Require healthcare professionals to maintain technology and data standards as a condition of accessing Medicare funding.</li> <li>17. Increase contestability for public health services, e.g., allowing private organisations to manage integrated health budgets or managing dental care programs.</li> <li>18. Establish joint working models between public and private sector bodies to ensure compliance and reduce fraud.</li> <li>19. Develop a long-term national health workforce reform strategy that incorporates the impact of automation and the role of precision medicine in changing workforce requirements.</li> </ol>
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*From Townsville to Tuvalu: health and climate change in Australia and the Asia Pacific region*  
 Littlejohn M, Coleman M  
 Melbourne: Global Health Alliance Australia; 2019. p. 40.

URL	<a href="http://glham.org/from-townsville-to-tuvalu/">http://glham.org/from-townsville-to-tuvalu/</a>
Notes	<p>The Global Health Alliance Australia has produced this paper providing evidence and case studies to show how climate and environmental change is and will affect human health in the Asia-Pacific region. It offers proposals for how Australian governments at various levels can act to face these issues.</p> <p>The authors observe that ‘In the Asia Pacific region, climate change is raising sea levels, exacerbating the severity of natural disasters, reducing nutrition levels in food and increasing disease produced by unclean water. All present substantial risks for the health of humans, including Australians.’ They also note that ‘The paper uses the concept of planetary health to show that environmental and human health cannot be separated. It also argues that climate and environmental change will affect the health of all citizens of the Asia Pacific region, including Australians. The health effects will be different across the region and Australians are also vulnerable to many climate related health issues, including heat stress, air pollution, and cardiorespiratory illness caused by burning fossil fuels and fires.’</p> 

*Digital Megatrends: A perspective on the coming decade of digital disruption*  
 Hajkowicz SA, Dawson D  
 Brisbane: CSIRO Data61; 2019. p. 44.

URL	<a href="https://www.data61.csiro.au/en/Our-Work/Future-Cities/Planning-sustainable-infrastructure/Digital-Megatrends-2019">https://www.data61.csiro.au/en/Our-Work/Future-Cities/Planning-sustainable-infrastructure/Digital-Megatrends-2019</a>
Notes	<p>This report from Australia’s CSIRO Data 61 is an update on their 2018 speculation on plausible scenarios of the impact of six ‘megatrends’. This year’s megatrends (many of which have clear implications for health) are:</p> <ul style="list-style-type: none"> <li>• Smarter machines</li> <li>• Data driven</li> <li>• Reinventing work</li> <li>• Burning platforms</li> <li>• Digital dilemmas</li> <li>• Invisible technology.</li> </ul>



## Journal articles

*Screening for Pancreatic Cancer. US Preventive Services Task Force Reaffirmation Recommendation Statement*  
 U. S. Preventive Services Task Force  
 Journal of the American Medical Association. 2019;322(5):438-44.

*Screening for Pancreatic Cancer: Updated Evidence Report and Systematic Review for the US Preventive Services Task Force*  
 Henrikson NB, Aiello Bowles EJ, Blasi PR, Morrison CC, Nguyen M, Pillarisetty VG, et al  
 Journal of the American Medical Association. 2019;322(5):445-54.

*Screening for Pancreatic Cancer*  
 Lucas AL, Kastrinos F  
 Journal of the American Medical Association. 2019;322(5):407-8.

*Screening for Pancreatic Cancer*  
 J Jin  
 Journal of the American Medical Association. 2019;322(5):478.

DOI	US Preventive Services Task Force <a href="https://doi.org/10.1001/jama.2019.10232">https://doi.org/10.1001/jama.2019.10232</a> Henrikson et al <a href="https://doi.org/10.1001/jama.2019.6190">https://doi.org/10.1001/jama.2019.6190</a> Lucas and Kastrinos <a href="https://doi.org/10.1001/jama.2019.9690">https://doi.org/10.1001/jama.2019.9690</a> Jin <a href="https://doi.org/10.1001/jama.2019.10776">https://doi.org/10.1001/jama.2019.10776</a>
Notes	<p>Screening for pancreatic cancer has been somewhat contentious. The US Preventive Services Task Force has reviewed the topic and their statement and a related editorial (Lucas and Kastrinos) and ‘patient page’ (Jin) have been published in the <i>Journal of the American Medical Association</i>. The US Preventive Services Task Force reported that there is <b>no evidence that screening for pancreatic cancer or treatment of screen-detected pancreatic cancer improves disease-specific morbidity or mortality, or all-cause mortality</b>. These findings, along with a number of others, led the Task Force to reaffirm its previous conclusion that the <b>potential benefits of screening for pancreatic cancer in asymptomatic adults do not outweigh the potential harms</b>, and thus recommends against screening for pancreatic cancer in asymptomatic adults. (D recommendation). The editorial (Lucas and Kastrinos) notes that ‘certain high-risk individuals with greater than 5% lifetime risk of pancreatic cancer, or a 5-fold increased relative risk, may derive benefit from surveillance.’</p> <div data-bbox="347 1451 1161 1989" style="border: 1px solid black; padding: 10px; background-color: #e0f2f1;"> <p style="text-align: center;"><b>Screening for Pancreatic Cancer</b></p> <p>Pancreatic cancer is an uncommon but highly lethal cancer, even when detected at early stages. Symptoms include jaundice, weight loss, or pain in the abdomen or back, but are often vague or absent until later stages.</p> <hr/> <p><b>Population</b></p> <div style="display: flex; align-items: center;">  <p>Adults who have no signs or symptoms of pancreatic cancer and who are not at higher risk for pancreatic cancer due to strong family history or having certain inherited genetic syndromes</p> </div> <hr/> <p><b>USPSTF recommendation</b></p> <div style="display: flex; align-items: center;">  <p>The USPSTF recommends against screening for pancreatic cancer in asymptomatic adults.</p> </div> </div>

*Predictors of In-Hospital Mortality in Aboriginal Children Admitted to a Tertiary Paediatric Hospital*

Singer R, Zwi K, Menzies R

International Journal of Environmental Research and Public Health. 2019;16(11).

DOI	<a href="https://doi.org/10.3390/ijerph16111893">https://doi.org/10.3390/ijerph16111893</a>
Notes	Paper reporting on the retrospective cross-sectional analysis of data from electronic medical records for in-patient admissions to the Sydney Children’s Hospitals Network (SCHN) over five years (2011–2015). The study sought to determine the case fatality rate (CFR) for Aboriginal and non-Aboriginal children admitted to children’s hospitals in New South Wales and to identify predictors of CFR. There were 241,823 presentations over the 5-year period and the study found that the <b>case fatality rate (CFR) for Aboriginal children was double that of non-Aboriginal children</b> (0.4% vs. 0.2%, $p = 0.002$ ). Excess deaths in Aboriginal children are most commonly from <b>outer regional and remote areas</b> and children aged <b>under 2 years with perinatal or circulatory conditions</b> .

*Optimal Combination of Compression Rate and Depth During Cardiopulmonary Resuscitation for Functionally Favorable Survival*

Duval S, Pepe PE, Aufderheide TP, Goodloe JM, Debaty G, Labarère J, et al.

JAMA Cardiology. 2019 [epub].

*Push Hard, Push Fast, Do Not Stop—Optimal Chest Compression Rate and Depth*

Cone DC

JAMA Cardiology. 2019 [epub].

DOI	Duval et al <a href="https://doi.org/10.1001/jamacardio.2019.2717">https://doi.org/10.1001/jamacardio.2019.2717</a> Cone <a href="https://doi.org/10.1001/jamacardio.2019.2838">https://doi.org/10.1001/jamacardio.2019.2838</a>
Notes	Cardiopulmonary resuscitation (CPR) may work wonders in film and television, but the real world experience is frequently less positive. As Duval and colleagues observe, while previous studies of basic CPR indicate that both chest compression rate (CCR) and chest compression depth (CCD) each are associated with survival probability after out-of-hospital cardiac arrest. They sought to identify an ideal CCR-CCD combination. From their cohort study of data from 3643 individuals in the US National Institutes of Health clinical trials network database, the <b>‘optimal combination of chest compression rate was 107 compressions per minute and chest compression depth of 4.7 cm; this finding remained relatively consistent regardless of age, sex, presenting cardiac rhythm, or cardiopulmonary resuscitation adjunct use.’</b> In an invited commentary, Cone discusses the importance of this paper and concludes by noting ‘While the findings of Duval et al are unlikely to lead to a change in international CPR guidelines on their own, <b>they do support the simplest CPR mantra: push hard, push fast, and do not stop.</b> ’

*Research in Social and Administrative Pharmacy*

Volume 15, Issue 7

URL	<a href="https://www.sciencedirect.com/journal/research-in-social-and-administrative-pharmacy/vol/15/issue/7">https://www.sciencedirect.com/journal/research-in-social-and-administrative-pharmacy/vol/15/issue/7</a>
Notes	A new issue of <i>Research in Social and Administrative Pharmacy</i> has been published. This issue is a special issue on <b>medication safety</b> . Articles in this issue of <i>Research in Social and Administrative Pharmacy</i> include: <ul style="list-style-type: none"> <li>Improving <b>medication safety in varied health systems</b> (Michelle A Chui, Marika Pohjanoksa-Mäntylä, Margie E Snyder)</li> <li>Preparing the <b>health workforce to enhance medication safety</b> (M Cordina)</li> </ul>

	<ul style="list-style-type: none"> <li>• FIP Perspectives: Realising global patient safety goals requires an <b>integrated approach with pharmacy at the core</b> (Lina Bader, Zuzana Kusynová, Catherine Duggan)</li> <li>• No more status quo: A multi-dimensional framework for <b>primary care medication use and safety</b> (Marie Smith)</li> <li>• <b>Medication errors in community pharmacies</b>: The need for commitment, transparency, and research (Kyungwan Hong, Yoon Duk Hong, C E Cooke)</li> <li>• Reducing <b>avoidable medication-related harm</b>: What will it take? (Ebenezer Kwabena Tetteh)</li> <li>• <b>Prescription opioid misuse</b> and the need to promote medication safety among adolescents (Olufunmilola Abraham, Tanvee Thakur, Randall Brown)</li> <li>• A text mining analysis of <b>medication quality related event reports from community pharmacies</b> (Corey A Lester, John M Kessler, Tara Modisett, Michelle A Chui)</li> <li>• Implementation of a clinical tool to assess and address <b>pain management requests in the pharmacy</b> (Penelope Wood, Joseph Tucci, Karen Anderson, George Mnatzaganian)</li> <li>• <b>Medication administration errors and mortality</b>: Incidents reported in England and Wales between 2007–2016 (Marja Härkänen, Katri Vehviläinen-Julkunen, Trevor Murrells, Anne Marie Rafferty, Bryony Dean Franklin)</li> <li>• Inter-rater reliability of <b>medication error classification</b> in a voluntary patient safety incident reporting system HaiPro in Finland (Anna-Riia Holmström, Riina Järvinen, Raisa Laaksonen, Timo Keistinen, P Doupi, M Airaksinen)</li> <li>• Strategies for improving <b>medication safety in hospitals</b>: Evolution of clinical pharmacy services (Schepel Lotta, Aronpuro Kirsi, Kvarnström Kirsi, Holmström Anna-Riia, Lehtonen Lasse, Lapatto-Reiniluoto Outi, Laaksonen Raisa, Carlsson Kerstin, Airaksinen Marja)</li> <li>• Evaluation of a <b>medication error monitoring system</b> to reduce the incidence of medication errors in a clinical setting (Yao Chen, Xingdong Wu, Zhiyi Huang, Wanlong Lin, Yunsong Li, Jianhui Yang, Jia Li)</li> <li>• <b>High-alert medication administration and intravenous smart pumps</b>: A descriptive analysis of clinical practice (Kathryn K. Marwitz, Karen K. Giuliano, Wan-Ting Su, Dan Degnan, Richard J Zink, Poching DeLaurentis)</li> <li>• Barriers to the use of <b>patient safety information sources by community pharmacies</b> (James R. Barker, Todd C. Boyle, Lisa Tay, Andrea Bishop, Bobbi Morrison, Andrea Murphy, Neil J MacKinnon, Emma Murray, C Ho)</li> <li>• Student observations of <b>medication error reporting practices in community pharmacy</b> settings (Patricia L Darbishire, Jessica C Zhao, Angad Sodhi, Chelsea M Anderson)</li> </ul>
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URL	<a href="https://journals.lww.com/pqs/toc/2019/07000">https://journals.lww.com/pqs/toc/2019/07000</a>
Notes	<p>A new issue of <i>Pediatric Quality &amp; Safety</i> has been published. Articles in this issue of <i>Pediatric Quality &amp; Safety</i> include:</p> <ul style="list-style-type: none"> <li>• Prediction of Nonelective <b>Central Venous Catheter Removal</b> in Medically Complex Neonates (Lauren Beard, Claire Levek, Sunah Hwang, T Grover)</li> <li>• Association Between <b>Magnetic Resonance Imaging in Anesthetized Children and Hypothermia</b> (Jessica A Cronin, Christine Shen, Sohel Rana, Stanley Thomas Fricke, Andrew Matisoff)</li> </ul>

- Keeping Time: Implementing Appointment-based **Family-centered Rounds** (Arpi Bekmezian, Darren M. Fiore, Michele Long, Bradley J. Monash, Ryan Padrez, Glenn Rosenbluth, Karen I Sun)
- Don't Have a Doubt, Get the Catheter Out: A Nurse-Driven **CAUTI Prevention** Protocol (Melissa M Schiessler, Lisa M Darwin, Amber R Phipps, Lindsay R Hegemann, Brenda S Heybrock, Andrew J Macfadyen)
- Clinical Decision Support to Improve **Dosing Weight Use in Infants** with Neonatal Abstinence Syndrome (C Briana Bertoni, Pavel Prusakov, Jenna Merandi, Thomas Bartman)
- Using **Resident and Faculty Focus Groups to Obtain Stakeholder Input** during the ACGME Self-study (Kathryn M Huggins, Angelina R Sprewell, D C Elmore, M W Shepherd, T L LeGrow, M D Frazier, S L Flesher)
- Quality Improvement Project in Congenital **Cardiothoracic Surgery** Patients: Reducing **Surgical Site Infections** (Ashley B Hodge, Brandis A Thornton, Robert Gajarski, D Hersey, M Cannon, A N Naguib, B F Joy, P I McConnell)
- Prevent **Safety Threats in New Construction** through Integration of Simulation and FMEA (Nora Colman, Kimberly Stone, Jennifer Arnold, Cara Doughty, Jennifer Reid, Sarah Younker, Kiran B Hebbar)
- Accelerating Initiation of **Adequate Antimicrobial Therapy** Using Real-Time Decision Support and Microarray Testing (Michael J Tchou, Heidi Andersen, Eric Robinette, Joel E Mortensen, Eleanor A Powell, Andrea Ankrum, M C Washam, D B Haslam, J D Courter, on behalf of the Cincinnati Children's Hospital Medical Center Antimicrobial Stewardship Committee)
- Personal Phone Calls Lead to Decreased Rates of **Missed Appointments in an Adolescent/Young Adult Practice** (Rebecca Penzias, Virginia Sanabia, Kyra M Shreeve, Urmi Bhaumik, Caitlin Lenz, E R Woods, S F Forman)
- Improving Respiratory Support Practices to Reduce **Chronic Lung Disease in Premature Infants** (Bernadette M Levesque, Laura Burnham, Natasha Cardoza, Marsha Adams, Robyn Cohen, Mark Mirochnick, Alan Fujii, Bharati Sinha, for the Boston Medical Center Chronic Lung Disease Task Force)
- A Quality Initiative Reducing Adverse Outcomes in **Pediatric Patients with DKA** During Intrafacility Transit (Michael J Stoner, K S Burkey, D M Cohen)
- Impact of Education and Peer Comparison on **Antibiotic Prescribing for Pediatric Respiratory Tract Infections** (Herbert W Clegg, Rebecca A Bean, Stephen J Ezzo, Alycia N Hoth, David J Sheedy, William E Anderson)
- System Factors Influencing the Use of a **Family-Centered Rounds Checklist** (Michelle M Kelly, Anping Xie, Yaqiong Li, Randi Cartmill, Elizabeth D Cox, Roger L Brown, Tosha Wetterneck, Pascale Carayon)
- Early Experience with a Novel Strategy for **Assessment of Sepsis Risk: The Shock Huddle** (Hannah R Stinson, Shirley Viteri, Paige Koetter, Erica Stevens, Kristin Remillard, Rebecca Parlow, Jennifer Setlik, Meg Frizzola)
- A Quality Improvement Approach to Increase **Exercise Assessment in Survivors of Childhood Leukemia** (Scott L Coven, Mindy Bibart, Randall Frost, Travis Gallagher, Terri Guinipero, Amy E Valasek, Randal Olshefski)
- **Patient-Centered Goal Setting in Developmental Therapy:** Discordance between Documented Goals and Caregiver-Perceived Goals (Jennifer M Angeli, Karen Harpster, Lobke Huijs, Michael Seid, A Sheehan, S M Schwab)
- **Disclosure of Adverse Events: A Guide for Clinicians** (Kimberly A Peterson, Mary Rutherford, Denise Drvol, Darlene Barkman, Amber R Phipps, Roberta Hales, Aaron Dawson, Laurie Stevens, Susan Teman, J Teets)

	<ul style="list-style-type: none"> <li>Projecting <b>Cost Containment in the Operating Room</b> Utilizing Incentivized Strategies to Reduce Healthcare Cost (Tanner Koppert, Dmitry Tumin, Joseph D Tobias, Vidya T Raman)</li> </ul>
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BMJ *Quality and Safety* online first articles

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>Editorial: <b>Language, culture and preventable readmissions:</b> pragmatic, intervention studies (Elaine C Khoong, Alicia Fernandez)</li> </ul>

## Online resources

*My Health Record Mental Health toolkit*

<https://www.myhealthrecord.gov.au/for-healthcare-professionals/mental-health-toolkit>

The Australian Digital Health Agency has released this toolkit with the aim of ensuring that healthcare providers are equipped to assist their patients with clear and specific information to make an informed decision about the benefits of using My Health Record. The toolkit describes how to manage patient information securely, sensitively and privately.

The toolkit was designed in collaboration with the Agency’s Mental Health Working Group. The group includes consumers, mental health advocates, mental health researchers, psychologists, psychiatrists and GPs.

The toolkit covers

- A provider’s obligations regarding privacy, security and consent when using the My Health Record system.
- How clinicians can register to the My Health Record system, including the registration process for providers, clinicians and responsible officers.
- Talking to patients about the benefits of the system and risks associated with not uploading information.
- How individuals can view, amend and upload information to their My Health Record and add privacy settings to further secure their information.

*[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 NG135 **Alcohol interventions** in secondary and further education <https://www.nice.org.uk/guidance/ng135>
- NICE Guideline NG89 **Venous thromboembolism** in over 16s: reducing the risk of hospital-acquired deep vein thrombosis or pulmonary embolism <https://www.nice.org.uk/guidance/ng89>

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