On the Radar

Issue 454
9 March 2020

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**On the Radar**
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Contributors: Niall Johnson

**Journal articles**

“Thank You for Listening”: An Exploratory Study Regarding the Lived Experience and Perception of Medical Errors Among Those Who Receive Care
Terry D, Kim J-a, Gilbert J, Jang S, Nguyen H

| DOI | https://doi.org/10.1177/0020731419893036 |
| Notes | Australian study looking at how patients/consumers perceive and experience errors in health care. Based on 304 survey responses, the authors focus on the importance of effective health professional–patient communication, enhanced capacity to deliver high quality care, and improved mechanism for error reporting and resolution where patients feel safe and confident about positive changes being made.’ |

### Patient safety in marginalised groups: a narrative scoping review

|-----|------------------------------------------|
| Notes | Safety and quality efforts are often focused on the general situation, for the entire patient population of a facility or service. However, there are certain settings and certain patient groups for whom the safety and quality issues can be quite different. This review looked the literature on marginalised groups (using a board definition of “populations outside of mainstream society” to understand
1) which marginalised groups have been studied in terms of patient safety research,
2) what the particular patient safety issues are for such groups and
3) what contributes to or is associated with these safety issues arising.
From the 67 identified studies, the authors report that ‘marginalised patient groups are vulnerable to experiencing a variety patient safety issues and points to a number of gaps’ and need for further research, particularly for ‘groups that have been under-researched, including those with mental health problems, communication and cognitive impairments’. The authors also advocate ‘working collaboratively to co-design training, services and/or interventions designed to remove or at the very least minimise these increased risks.’ |

### Systemic causes of in-hospital intravenous medication errors: a systematic review
Kuitunen S, Niittyinen I, Airaksinen M, Holmström Ä-R

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<tr>
<th>DOI</th>
<th><a href="https://doi.org/10.1097/pts.0000000000000632">https://doi.org/10.1097/pts.0000000000000632</a></th>
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<td>Notes</td>
<td>Medication errors, broadly defined, are among the most common errors. This paper looks at one particular type of medication errors – those occurring in hospitals and involving intravenous (IV) medications. This review sought to examine the literature on systemic causes these errors. Focused on 11 studies, the reviewers found ‘Administration, prescribing, and preparation were the process phases most prone to systemic errors. Insufficient actions to secure safe use of high-alert medications, lack of knowledge of the drug, calculation tasks, failure in double-checking procedures, and confusion between look-alike, sound-alike medications were the leading causes of intravenous medication errors.’</td>
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A new issue of *Health Affairs* has been published with the theme ‘The Affordable Care Act Turns 10’. Articles in this issue of *Health Affairs* include:

- **A New Approach To Mental Health Care**, Imported From Abroad (Rob Waters)
- A Ten-Year Engagement: The Media And The ACA (Julie Rovner)
- How Have **ACA Insurance Expansions Affected Health Outcomes**? Findings From The Literature (Aparna Soni, Laura R Wherry, and K I Simon)
- Did The ACA Lower Americans’ **Financial Barriers To Health Care**? (Sherry A Glied, Sara R Collins, and Saunders Lin)
- **Women’s Coverage, Utilization, Affordability, And Health** After The ACA: A Review Of The Literature (Lois K Lee, Alyna Chien, A Stewart, L Truschel, J Hoffmann, E Portillo, L E Pace, M Clapp, and A A Galbraith)
- The ACA’s Impact On **Racial And Ethnic Disparities In Health Insurance Coverage And Access** To Care (T C Buchmueller, and H G Levy)
- How The **ACA Dented The Cost Curve** (Melinda B Buntin, and J A Graves)
- The Changing Landscape Of **Primary Care**: Effects Of The ACA And Other Efforts Over The Past Decade (Deborah Pelkes, Erin Fries Taylor, Ann S O’Malley, and Eugene C Rich)
- The **ACA’s Individual Mandate** In Retrospect: What Did It Do, And Where Do We Go From Here? (Matthew Fiedler)
- The ACA’s Effect On The **Individual Insurance Market** (Sabrina Corlette, Linda J. Blumberg, and Kevin Lucia)
- How The ACA Reframed The **Prescription Drug Market** And Set The Stage For Current Reform Efforts (Rena Conti, Stacie B Dusetzina, and R Sachs)
- Specialty Substance Use Disorder Treatment Admissions Steadily Increased In The Four Years After Medicaid Expansion (Brendan Saloner, and Johanna Catherine Maclean)
- The Past, Present, And Possible Future Of **Public Opinion On The ACA** (Mollyann Brodie, Elizabeth C Hamel, Ashley Kirzinger, and Drew E Altman)
- The Ten Years’ War: **Politics, Partisanship, And The ACA** (J Oberlander)
- **The ACA And The Courts**: Litigation’s Effects On The Law’s Implementation And Beyond (Timothy Stoltzfus Jost, and Katie Keith)
- **Federalism And The ACA**: Lessons For The 2020 Health Policy Debate (Michael S. Sparer)
- State Politics And The Uneven Fate Of **Medicaid Expansion** (Philip Rocco, Ann C Keller, and Andrew S Kelly)
- **Health Insurance Coverage**: What Comes After The ACA? (B D Sommers)
- Building On The Gains Of The ACA: Federal Proposals To Improve Coverage And Affordability (C Brooks-LaSure, E Fowler, and G Mauser)
- Closing The **Medicaid Coverage Gap**: Options For Reform (Sara Rosenbaum, and Gail Wilensky)
- A Pathway To **Consumer-Driven Universal Coverage** (Avik Roy)
- **The ACA Turns 10**: Reflections Of Four Industry Leaders (Alan R. Weil)
- The **Power Of Access To Affordable Care** (Rachel J. Stern)
BMJ Quality and Safety online first articles

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<td>- Editorial: Beyond CLABSI and CAUTI: broadening our vision of patient safety (Kaveh G Shojania)</td>
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<td>- Editorial: Whiteboards: important part of the toolbox for improving patient understanding during hospitalisation (Sara Dunbar, Kathlyn E Fletcher)</td>
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<td>- Cluster randomised controlled trial evaluating the clinical and humanistic impact of a pharmacist-led minor ailment service (Sarah Dineen-Griffin, Shalom I Benrimoj, Kris Rogers, Kylie A Williams, Victoria Garcia-Cardenas)</td>
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<td>- Reduction of paediatric head CT utilisation at a rural general hospital emergency department (Jeffrey Paul Louie, Joseph Alfano, Thuy Nguyen-Tran, Hai Nguyen-Tran, Ryan Shanley, Tara Holm, Ronald A Furnival)</td>
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<td>- Does team reflexivity impact teamwork and communication in interprofessional hospital-based healthcare teams? A systematic review and narrative synthesis (Siobhan Kathleen McHugh, Rebecca Lawton, Jane Kathryn O’Hara, Laura Sheard)</td>
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International Journal for Quality in Health Care online first articles

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<td>- Beyond ‘find and fix’: improving quality and safety through resilient healthcare systems (J E Anderson, A J Ross, J Back, M Duncan, P Snell, A Hopper, P Jaye)</td>
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Online resources

ISMP Guidelines for Optimizing Safe Implementation and Use of Smart Infusion Pumps

https://www.ismp.org/guidelines/safe-implementation-and-use-smart-pumps

Institute for Safe Medication Practices (ISMP) has released this expanded guidance on smart infusion pumps. The safe practice statements are designed to support optimization of smart infusion pump technology and to assist organizations in their transition to interoperability. Specific error-reduction strategies are presented in the guidelines to address:

- Infrastructure
- Drug Libraries
- Continuous Quality Improvement (CQI) Data
- Clinical Workflow
- Interoperability with the Electronic Health Record (EHR).
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Data breach action plan for health service providers

The Office of the Australian Information Commissioner has produced this four-step action plan specifically aimed at the health sector to help them contain and manage data breaches, including those involving the My Health Record system.

DATA BREACH ACTION PLAN
FOR HEALTH SERVICE PROVIDERS

A data breach occurs when information held by an organisation is compromised or lost, or is accessed or disclosed without authorisation. For example, unauthorised access to health records, or lost client data.

1. CONTAIN
Take immediate steps to limit further access to, or distribution of, the affected information and to reduce the possible compromise of other information. Activate your organisation’s data breach response plan, and seek professional assistance if required.

For example, stop the unauthorised practice, recover the records, or disconnect the system that was breached. Additional steps may include setting or changing passwords on client databases, turning off two-factor authentication, attempting to recall unread emails, changing computer access privileges, and disconnecting internet connectivity.

2. EVALUATE
Assess any risks associated with the breach.

Consider whether the data breach involves personal information and is likely to result in serious harm to any individuals (such as physical, psychological, emotional, financial or reputational harm). Can remedial action remove the likelihood of serious harm?

If remedial actions are successful, a provider should progress to the review stage. If not, this may be an eligible data breach under the Notifiable Data Breaches scheme regulated by the Office of the Australian Information Commissioner. Assessment guidelines can be found on their website (see reverse).

3. NOTIFY
Contact all relevant parties.

When an organisation believes an eligible data breach has occurred, they must promptly notify affected individuals.

The organisation must also notify the Office of the Australian Information Commissioner as soon as practicable using the form that is available on their website (see reverse).

When a data breach relates to the My Health Record system, organisations must notify the Australian Digital Health Agency as soon as practicable (see reverse).

In most cases you will also need to ask the Agency to contact affected individuals. Organisations must also notify the Office of the Australian Information Commissioner* as soon as practicable (see reverse).

* Public hospitals and health services only required to notify the Australian Digital Health Agency.

4. REVIEW
Minimise the likelihood and effects of future data breaches.

- Thoroughly investigate the cause of the breach.
- Develop a prevention and response plan and conduct audits to ensure the plan is implemented.
- Review and strengthen security practices, consider changing organisational policies and procedures for maintaining data, and revise staff training practices.
- Refer to the Office of the Australian Information Commissioner’s Guide to health privacy and other resources to identify additional steps that may be required (see reverse).
- Advice from the Australian Cyber Security Centre is also available to assist organisations with developing a cyber incident response plan (see reverse).
The UK’s National Institute for Health Research (NIHR) Dissemination Centre has released the latest ‘Signals’ research summaries. This latest release includes:

- Melatonin shows potential for reducing delirium among older people after surgery
- Structured nurse ward rounds support accountability and risk management but not nurse-patient communication
- People leave hospital after surgery sooner if hospitals follow ‘enhanced recovery protocols’
- Surgery to fix the womb in position after prolapse is an alternative to hysterectomy
- ICU admission decision support tool showed promise but was rarely used
- Age of stored blood used for transfusions in critically ill children doesn’t affect outcomes
- NHS health check attendance improves with changes to the invitation letter
- Outcomes similar for full or partial hip replacement after hip fracture
- Text messaging support helps smokers quit, but apps not yet shown to work
- Increasing omega-3 intake does not prevent depression or anxiety.

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