



On the Radar

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On the Radar

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Reports

Can value-based care support health equity?

Deeble Institute Issues Brief No. 34

Verhoeven A, Woolcock K, Thurecht L, Haddock R, Flynn A, Steele N

Canberra: Australian Healthcare and Hospitals Association; 2020. p. 23.

DOI	https://ahha.asn.au/publication/health-policy-issue-briefs/deeble-issues-brief-no-34-can-value-based-health-care-support
Notes	<p>This Issues Brief from the Australian Healthcare and Hospitals Association's Deeble Institute continues their examination of value-based care. Equity is not a given in the provision of care on value-based approaches. The authors stress that 'Value-based health care must focus not only on delivering value at individual level, but also at a societal level, or equity gaps will be further exacerbated.' The authors make a number of recommendations, including:</p> <ol style="list-style-type: none">1. Governments and public-funded health organisations should establish cross-sector partnerships with health, community and social services as they implement value-based health care initiatives

	<ol style="list-style-type: none"> 2. Funding reforms should consider arrangements that strengthen incentives for improving health equity 3. To achieve greater public value for health investment, commissioning decisions should be informed by data that identifies health disparities 4. Data linkage across community, health and social services data sets should be prioritised 5. As new technologies and treatments are funded, consideration must be given to ensuring value both at an individual level and at a public level, including how equity will be promoted.
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Journal articles

Burnout is the canary in the coalmine; the solution is not stronger canaries

Douros G

Emergency Medicine Australasia. 2020 [epub]

DOI	https://doi.org/10.1111/1742-6723.13500
Notes	Burnout is a safety and quality issue. Previously, <i>On the Radar</i> has included items on burnout. This Perspective piece, written by an emergency department clinician, takes a critical look at what has been one response to burnout. That response has been to call on the resilience of healthcare workers and to offer them resilience training. As the author observes, striving to have ‘stronger canaries’ or ‘blaming the canary for not being tough enough?’. There is a view that this turn to resilience and resilience training is pushing the onus on to individuals rather than addressing systemic issues. Here the author suggests that there needs to be a focus on ‘addressing the underlying systems contributors to burnout’.

What do consumers with chronic conditions expect from their interactions with general practitioners? A qualitative study of Australian consumer and provider perspectives

Song HJ, Dennis S, Levesque J-F, Harris MF

Health Expectations. 2020 [epub].

DOI	https://doi.org/10.1111/hex.13050
Notes	Consumer (or patients) with chronic conditions have – by definition – prolonged exposure to and engagement with the health system and their clinicians. The nature of these relationships can have a significant bearing on their health. This qualitative study sought to identify key consumer expectations in clinical interactions in Australian general practice. The study used semi-structured interviews with 18 patients (patients with one or more chronic (persisting > 6 months) conditions), 10 General Practitioners (GPs) and 3 GP registrars. Having a ‘positive, long-term clinical relationship in which they respect one another and can communicate their expectations freely’ was a key priority for the respondents.

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

How do I tell a colleague they have made a mistake?

Rimmer A

BMJ. 2020;368:m1035.

DOI	https://doi.org/10.1136/bmj.m1035
Notes	Speaking up is a crucial skill in addressing safety issues. However, it can be a very difficult conversation to have. This piece in the <i>BMJ</i> examines some of the approaches to these difficult conversations when they are between colleagues. Key factors include establishing the facts, learning from what has happened and avoiding blame while retaining accountability.

For information on the Commission's work on communicating for safety, see

<https://www.safetyandquality.gov.au/our-work/communicating-safety>

Opioid guidelines for common dental surgical procedures: a multidisciplinary panel consensus

Farooqi OA, Bruhn WE, Lechlopp MK, Velasquez-Plata D, Maloney JG, Rizwi S, et al

International Journal of Oral and Maxillofacial Surgery. 2020;49(3):397-402.

DOI	https://doi.org/10.1016/j.ijom.2019.09.001
Notes	<p>The potential for opioid misuse after treatment is more appreciated in light of the 'opioid epidemic'. This piece provides guidelines on opioid use for common dental surgical procedures. Developed by a multidisciplinary panel using a modified Delphi method, the paper reports on their consensus recommendations for outpatient opioid prescribing for 14 common dental procedures. The recommendations (as summarised in the ARHQ PSNet) include:</p> <ol style="list-style-type: none">1. Offer alternatives to opioids after dental surgery to interested patients when clinically appropriate.2. Avoid prescribing opioids after dental surgery if pain is comfortably management with over-the-counter medication.3. Advise patients about non-pharmacological therapies (e.g., cold, heat, distraction).4. Teach patients to maximize non-narcotic (over the counter) pain medication with scheduled dosing unless contraindicated.5. Engage in shared decision-making with patients.6. Consider factors such as medical contraindications, risk for addiction, and risk aversion when prescribing opioids.

For information on the Commission's work on medication safety, see

<https://www.safetyandquality.gov.au/our-work/medication-safety>

A protocol for the safe use of hazardous drugs in the OR

Hemingway MW, Meleis L, Oliver J, Silvestri S

AORN Journal. 2020;111(3):289-300.

DOI	https://doi.org/10.1002/aorn.12960
Notes	The United States Pharmacopeial Convention developed new standards to address the safe handling and administration of hazardous drugs by health care workers. This article describes the protocols developed in one US teaching hospital to for the safe use of these hazardous drugs in the operating theatre. The protocol focuses on minimising the exposure of healthcare workers to the harmful effects of hazardous drugs (e.g., neuromuscular blockers). The protocol includes requirements for personal protective equipment (PPE) for hazardous drugs, the use of spill kits, and proper storage solutions.

URL	https://journals.sagepub.com/toc/ajmb/35/2
Notes	<p>A new issue of the <i>American Journal of Medical Quality</i> has been published. Articles in this issue of the <i>American Journal of Medical Quality</i> include:</p> <ul style="list-style-type: none"> • Primary Care Practice Redesign: Challenges in Improving Behavioral Health Care for a Vulnerable Patient Population (Deborah Swavely, David T O’Gurek, Veronica Whyte, A Schieber, D Yu, A Y Tien, and S L Freeman) • Association of Hospital Characteristics With Early SEP-1 Performance (Jeff Liao, Emily Aaronson, Jungyeon Kim, Xiu Liu, Colleen Snyderman, Ilona Goldfarb, Lauren Black, Michael Filbin, Michael T Phillips, E Mort, and J Lee) • Discordance in Clinical Recommendations Regarding the Use of Imaging (Adam C Powell, Teresa L Rogstad, David E Winchester, Jon D Shanser, James W Long, Uday U Deshmukh, and Vijay M Rao) • Development of a Tool to Assess Trainees’ Ability to Design and Conduct Quality Improvement Projects (Erika M Steele, Rebecca Butcher, Kathleen L Carluzzo, and Bradley V Watts) • It’s Complicated: Patient and Informal Caregiver Performance of Outpatient Parenteral Antimicrobial Therapy-Related Tasks (Sara C Keller, Sara E Cosgrove, A I Arbaje, R H Chang, A Krosche, D Williams, and A P Gurses) • Using Safety Barrier Analysis to Facilitate Quality Improvement in Health Care: Improving Venous Thromboembolism Prophylaxis as a Proof of Concept (Carlton Moore, G C Coleman, J Chang, M Nagle, and M-B Sten) • A Qualitative Analysis of Resident Adverse Event Reporting: What’s Holding Us Back (John Szymusiak, Thomas J Walk, Maggie Benson, Megan Hamm, Susan Zickmund, Alda Maria Gonzaga, and Gregory M Bump) • Developing and Validating a Pediatric Potentially Avoidable Transfer Quality Metric (Jennifer L Rosenthal, Oluseun Atolagbe, M Y Hamline, S-T T Li, A Toney, J Witkowski, H McKnight, D J Tancredi, and P S Romano) • Experiential Learning Through Local Implementation of a National Chief Resident in Quality and Patient Safety Curriculum (Matthew V Ronan, Aravind Menon, Lakshman Swamy, and David Thornton) • Use of EHR-Based Pediatric Quality Measures: Views of Health System Leaders and Parents (David M Hartley, Susannah Jonas, Daniel Grosseohme, Amy Kelly, Cassandra Dodds, Shannon M Alford, Elizabeth Shenkman, Jeff Simmons, L Charles Bailey, Hanieh Razzaghi, Levon H Utidjian, Jennifer McCafferty-Fernandez, F S Cole, J Smallwood, L N Werk, and K E Walsh) • Q-Tip: A Post-Discharge Transition of Care Clinic and Its Impact on Hospital Readmissions at 30 Days (Michael Baldino, Anne Marie Bonaguro, Sean Burgwardt, Andrea Lombardi, Cagney Cristancho, Chitsimran Mann, David Wright, Christopher Jackson, and Ankur Seth) • Q-Tip: Improving Care for Patients With Diabetes Using a Disease Registry (Zachary S Williams and Shivajirao P Patil)

BMJ *Quality & Safety* online first articles

URL	https://qualitysafety.bmj.com/content/early/recent
Notes	<p>BMJ <i>Quality & Safety</i> has published a number of 'online first' articles, including:</p> <ul style="list-style-type: none"> • Editorial: Social emotion and patient safety: an important and understudied intersection (Jane Heyhoe, Rebecca Lawton) • Evaluation of the impact of an augmented model of The Productive Ward: Releasing Time to Care on staff and patient outcomes: a naturalistic stepped-wedge trial (Brian Williams, Carina Hibberd, Deborah Baldie, Edward A S Duncan, Andrew Elders, Margaret Maxwell, Janice E Rattray, Julie Cowie, Heather Strachan, Martyn C Jones) • Costs and consequences of using average demand to plan baseline nurse staffing levels: a computer simulation study (Christina Saville, Thomas Monks, Peter Griffiths, Jane Elisabeth Ball)

International Journal for Quality in Health Care online first articles

URL	https://academic.oup.com/intqhc/advance-articles
Notes	<p>International Journal for Quality in Health Care has published a number of 'online first' articles, including:</p> <ul style="list-style-type: none"> • Implementing and measuring person-centredness using an APP for knowledge transfer: the iPAKT app (Tanya McCance, Brighide M Lynch, Christine Boomer, Donna Brown, Christopher Nugent, Andrew Ennis, Matias Garcia-Constantino, Ian Clelland, Denise Edgar, Emma Radbron, V Wilson) • Patient-reported outcome measures for inguinal hernia repair are insufficiently validated: a systematic review (Anders Gram-Hanssen, Anders Tolstrup, Dennis Zetner, Jacob Rosenberg)

Online resources

[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 NG158 **Venous thromboembolic diseases: diagnosis, management and thrombophilia testing** <https://www.nice.org.uk/guidance/ng158>
- NICE Guideline NG159 **COVID-19 rapid guideline: critical care** <https://www.nice.org.uk/guidance/ng159>
- NICE Guideline NG160 **COVID-19 rapid guideline: dialysis service delivery** <https://www.nice.org.uk/guidance/ng160>
- NICE Guideline NG161 **COVID-19 rapid guideline: delivery of systemic anticancer treatments** <https://www.nice.org.uk/guidance/ng161>

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