On the Radar

Issue 458
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On the Radar
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Journal articles

A qualitative content analysis of retained surgical items: learning from root cause analysis investigations
Hibbert PD, Thomas MJW, Deakin A, Runciman WB, Carson-Stevens A, Braithwaite J
International Journal for Quality in Health Care. 2020 [epub].

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<th>DOI</th>
<th><a href="https://doi.org/10.1093/intqhc/mzaa005">https://doi.org/10.1093/intqhc/mzaa005</a></th>
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<td>Notes</td>
<td>Retained surgical items are potentially serious. Indeed, the ‘Unintended retention of a foreign object in a patient after surgery or other invasive procedure resulting in serious harm or death’ is deemed a sentinel event in Australia. This article used a large cohort of root cause analyses covering many events to glean some insights, including their characteristics and the circumstances in which they occur, about the nature of retained surgical item events. Using information from 31 root cause analyses from public health services in Victoria for 2010–2015, the authors found:</td>
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**On the Radar**

**Issue 458**

- Surgical packs, drain tubes and vascular devices comprised 68% (21/31) of the retained surgical items.
- Nearly one-quarter of the retained surgical items were detected either immediately in the post-operative period or on the day of the procedure (7/31).
- About one-sixth (5/31) were only detected after 6 months, with the longest period being 18 months.
- Contributing factors included complex or multistage surgery; the use of packs not specific to the purpose of the surgery; and design features of the surgical items.

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**Rate of preventable mortality in hospitalized patients: a systematic review and meta-analysis**

Rodwin BA, Bilan VP, Merchant NB, Steffens CG, Grimshaw AA, Bastian IA, et al.

Journal of General Internal Medicine. 2020 [epub].

DOI [https://doi.org/10.1007/s11606-019-05592-5](https://doi.org/10.1007/s11606-019-05592-5)

**Notes**

The proportion of deaths in hospital that could be deemed ‘preventable’ is a rather contentious figure. This review and meta-analysis sought to estimate the proportion inpatient deaths in US hospitals that could be considered preventable. Based on eight studies covering 12,503 deaths, the authors report that ‘The pooled rate of preventable mortality was 3.1% (95% CI 2.2–4.1%). Two studies also reported rates of preventable mortality limited to patients expected to live longer than 3 months, ranging from 0.5 to 1.0%. In the USA, these estimates correspond to approximately 22,165 preventable deaths annually and 7150 deaths for patients with greater than 3-month life expectancy.’ The authors acknowledge that their ‘number of deaths due to medical error is lower than previously reported and the majority occur in patients with less than 3-month life expectancy.’

**Relative contributions of hospital versus skilled nursing facility quality on patient outcomes**

Chatterjee P, Qi M, Werner R

BMJ Quality & Safety. 2020 [epub].

DOI [https://doi.org/10.1136/bmjqs-2019-010660](https://doi.org/10.1136/bmjqs-2019-010660)

**Notes**

Attributing cause (or blame, if you wish) for quality (and safety) in health care is often difficult as there are so many factors and actors involved. This study sought to examine the relative contributions of hospital and skilled nursing facilities (SNF) quality on readmission rates. This study was a retrospective cohort study of US Medicare beneficiaries that focused on those patients with two hospitalisations followed by SNF admissions. The authors report that:

- Patients who went to the lowest-performing hospitals (highest 30-day risk-standardised readmission rates (RSRR)) had a 0.9% higher likelihood of readmission (p=0.005) compared with patients who went to the highest-performing hospitals (lowest RSRR).
- Patients who went to the lowest-performing SNFs had a 2% higher likelihood of readmission (p<0.001) compared with patients to went to the highest-performing SNFs.

These findings led to the conclusion that ‘The association between SNF quality and patient outcomes was larger than the association between hospital quality and patient outcomes among postacute care patients.’
**Health and social care-associated harm amongst vulnerable children in primary care: mixed methods analysis of national safety reports**

Archives of Disease in Childhood. 2020 [epub].

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<th>DOI</th>
<th><a href="https://doi.org/10.1136/archdischild-2019-318406">https://doi.org/10.1136/archdischild-2019-318406</a></th>
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<td>Notes</td>
<td>Much safety and quality advice and efforts are focused on the general or total population. However, there are various populations whose characteristics or vulnerabilities require specific consideration. This article reports on an analysis of harms affecting vulnerable children in the primary care setting. Based on analysis from the UK’s national patient safety reporting dataset the study identified 1183 reports, of which 48% described <strong>harm to vulnerable children</strong>, many of these being deemed to be low harm. The analysis identified a number of priority safety issues, including <strong>poor recognition of needs</strong> and subsequent <strong>provision of adequate care</strong>; insufficient provider access to accurate <strong>information</strong> about vulnerable children, and <strong>delayed referrals</strong> between providers.</td>
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**A systematic review of interventions and programs targeting appropriate prescribing of opioids**


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<td>Notes</td>
<td>The use (and misuse) of opioids is a recognised issue, with a number of nations enduring an “opioid epidemic”. This review sought identify and evaluate interventions that target opioid prescribing. From the analysis, 95 distinct interventions were identified, of which more than half consisted of prescription monitoring programs (PMPs) and mainly targeted healthcare professionals. The authors observe that <strong>Evidence of effectiveness of interventions</strong> targeting the prescription of opioids is <strong>scarce</strong> in the literature. They go on to note that <strong>‘Although PMPs have been associated with a reduction in the overall prescription rates of Schedule II opioids, their impact on the appropriateness of use taking into consideration benefits, misuse, legal and illegal use remains elusive. Our review suggests that existing interventions have not addressed all determinants of inappropriate opioid prescribing and usage.’</strong></td>
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For information on the Commission’s work on medication safety, see
A new issue of *BMJ Leader* has been published. Articles in this issue of *BMJ Leader* include:

- **Developing physician leaders**: does it work? (James K Stoller)
- **Unlocking medical leadership’s potential**: a multilevel virtuous circle? (Wouter Keijser, Graeme Martin)
- Enacting **medical leadership to address wicked problems** (Wouter Keijser, Jo-Louise Huq, Trish Reay)
- From what we know to what we do: enhancing absorptive capacity in **translational health research** (Graeme Currie, Tina Kiefer, Dimitrios Spyridonidis)
- What benefits do healthcare organisations receive from **leadership and management development programmes**? A systematic review of the evidence (Gabriel Seidman, Laurie Pascal, John McDonough)
- **Improving communication lines**: quality improvement project moving a department away from outdated paging (Neil John Jones, Sachi Shah, Shibby Robati, Michael Thilagarajah)

A new issue of *Healthcare Quarterly* has been published. Articles in this issue of *Healthcare Quarterly* include:

- **Improving Health and Healthcare Access for People who Experience Imprisonment** in Ontario (Fiona G Kouyoumdjian and Aaron M Orkin)
- **Prescribed Drug Spending in Canada**, 2019: A Focus on Public Drug Program (Kathy Lee, Trupti Jani, Roger Cheng and Jordan Hunt)
- Connecting Data to Insight: A Pan-Canadian Study on **AI in Healthcare** (Zaki Hakim, Terra Ierasts, Irfan Hakim, Andre D’Penha, Kevin P D Smith and Michael C W Caesar)
- Connecting Data to Value: An Operating Model for **Healthcare Advanced Analytics** (Michael C W Caesar, Zaki Hakim and Terra Ierasts)
- Evaluating the **Patient Family Advisor Experience** in Patient Oriented Research (Michelle Flowers, Janet Gunderson and Dale Hall)
- The Creation of a Tool to **Measure Engagement in Patient-Oriented Research** (Malori Keller, Christopher Plishka, Malcolm King, Janet Gunderson, Christine Andrews Stobart, Kate Dunn and Charlene R A Haver)
- **Adverse Drug Reactions in Canada** (2009–2018): Insights from the Canada Vigilance Database (Tuhin S Maity and Christopher J Longo)
- Analysis of **Extreme Length of Stay Hospitalizations for Children and Youth** in a Quaternary Care Hospital (Elisabeth Yorke, Lennox Huang, Julia Orkin, Tyler Chalk, Farrah Ladha and Alene Toulany)
- From **Measurement to Improvement in Ontario’s Cancer System**: Analyzing the Performance of 28 Provincial Indicators over 15 years (Victoria Hagens, Cristina Tassone, Jenna M Evans, Diane Burns, Vicky Simanovski and Garth Matheson)
### International Journal for Quality in Health Care online first articles

**URL** [https://academic.oup.com/intqhc/advance-articles](https://academic.oup.com/intqhc/advance-articles)

*International Journal for Quality in Health Care* has published a number of ‘online first’ articles, including:

- **Evaluating hospital tools and services that were co-produced with patients**: A rapid review (Siew Lim, Heather Morris, Bengianni Pizzirani, Duncan Kajewski, Wai Kit Lee, Helen Skouteris)
- Evaluation and characterization of **multimorbidity profiles, resource consumption and healthcare needs in extremely elderly people** (Laisa Socorro Briongos-Figuero, Marta Cobos-Siles, Miriam Gabella-Martín, Jesica Abadía-Otero, Rosa Lobo-Valentin, Ana Aguado-De-La-Fuente, Beatriz Vargas-Ruiz, Juan Carlos Martín-Escudero)
- A systematic review of factors that enable **psychological safety in healthcare teams** (Róisín O’donovan, Eilish McAuliffe)
- Identification of relevant **performance indicators for district healthcare systems** in Ethiopia: a systematic review and expert opinion (Elias Ali Yesuf, Mirkuzie Woldie, Damen Haile-Mariam, Daniela Koller, G Früschl, E Grill)
- **What Ibero-American hospitals do when things go wrong?** A cross-sectional international study (José Joaquín Mira, Irene Carrillo, Ezequiel García-Elorrio, Daniela Campos D E Andrade-Loureçon, Patricia Campos Pavan-Baptista, Astolfo León Franco-Herrera, Esther Mahuina Campos-Castolo, Rodrigo Poblete, Juan Limo, Hugo Siu, Paulo Sousa)
- Health system capacity for **tuberculosis care in Ethiopia**: evidence from national representative survey (Amare Deribew, Tariku Dejene, Atkure Defar, Della Berhanu, Sibhatu Biadgilign, Ephrem Tekle, K Asheber, K Deribe)
- Comparing outcome measures of persons with **severe mental illness in vocational rehabilitation programs**: a dual perspective of consumers and providers (Gilad Gal, Efrat Shadmi, Gili Hoter-Ishay, Marc Gelkopf, D Roe)
- A qualitative content analysis of **retained surgical items**: learning from root cause analysis investigations (Peter D Hibbert, Matthew J W Thomas, Anita Deakin, William B Runciman, Andrew Carson-Stevens, Jeffrey Braithwaite)

### BMJ Quality & Safety online first articles

**URL** [https://qualitysafety.bmj.com/content/early/recent](https://qualitysafety.bmj.com/content/early/recent)

*BMJ Quality & Safety* has published a number of ‘online first’ articles, including:

- Resilience and regulation, an odd couple? Consequences of Safety-II on governmental **regulation of healthcare quality** (Ian Leistikow, Roland A Bal)
- Relative contributions of **hospital versus skilled nursing facility quality on patient outcomes** (Paula Chatterjee, Mingyu Qi, Rachel Werner)
- Evaluating the influence of **data collector training** for predictive risk of death models: an observational study (Arvind Rajamani, Stephen Huang, Ashwin Subramaniam, Michele Thomson, Andrew Simpson, Anthony McLean, Anders Aneman, Thodur Vinodh Madapusi, Ramanathan Lakshmanan, Gordon Flynn, Latesh Poojara, Jonathan Gatward, Raju Pusapati, Adam Howard, D Odlum)
- Challenges of **opioid deprescribing** and factors to be considered in the development of opioid deprescribing guidelines: a qualitative analysis (Aili V Langford, Danijela Gnjidic, Chung-Wei Christine Lin, Lisa Bero, Jonathan Penn, Fiona M Blyth, Carl R Schneider)
- Editorial: Making MAGIC: how to improve the use of **peripherally inserted central catheters** (Vineet Chopra)
• **Valuing hospital investments in nursing**: multistate matched-cohort study of surgical patients (Karen B Lasater, Matthew McHugh, Paul R Rosenbaum, Linda H Aiken, Herbert Smith, Joseph G Reiter, Bijan A Niknam, Alexander S Hill, Lauren I. Hochman, Siddharth Jain, Jeffrey H Silber)

• **Physician-level variation** in clinical outcomes and resource use in inpatient general internal medicine: an observational study (Amol A Verma, Yishan Guo, Hae Young Jung, Andreas Laupacis, Muhammad Mamdani, Allan S Detsky, Adina Weinerman, Terence Tang, Shail Rawal, Lauren Lapointe-Shaw, Janice L Kwan, Fahad Razak)

### 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 NG162 **COVID-19 rapid guideline: delivery of radiotherapy**
  https://www.nice.org.uk/guidance/ng162
- NICE Guideline NG164 **COVID-19 rapid guideline: haematopoietic stem cell transplantation**
  https://www.nice.org.uk/guidance/ng164

**[UK] National Institute for Health Research**

https://discover.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:

- Eplerenone does not improve vision in people with central serous chorioretinopathy
- Functional braces are effective alternatives to plaster casts for ruptured Achilles tendons
- Plasma and blood cell injections have not shown a benefit for Achilles tendon injury
- Using wires to fix wrist fracture has good long-term outcome
- Conventional fillings may not add much to standard prevention for decay in baby teeth
- A lifestyle change programme not effective for those at risk of heart disease or stroke
- Decision aids including leaflets and computer programs help patients make treatment choices.

**[USA] Effective Health Care Program reports**

https://effectivehealthcare.ahrq.gov/

The US Agency for Healthcare Research and Quality (AHRQ) has an Effective Health Care (EHC) Program. The EHC has released the following final reports and updates:

- **Impact of Community Health Worker Certification on Workforce and Service Delivery for Asthma and Other Selected Chronic Diseases**
  https://effectivehealthcare.ahrq.gov/products/health-worker-certification/technical-brief
- **Integrating Health System Data With Systematic Reviews: A Framework for When and How Unpublished Health System Data Can Be Used With Systematic Reviews**

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