# Australian COmmission on Safety and Quality in Health Care logo with Radar imageOn the Radar

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**On the Radar**

Editor: Dr Niall Johnson niall.johnson@safetyandquality.gov.au

Contributors: Niall Johnson

**Reports**

*Patient Safety Recommendations for COVID-19 Epidemic Outbreak: Lessons from the Italian Experience*

Regina ML, Tanzini M, Venneri F, Toccafondi G, Fineschi V, Lachman P, et al

Dublin: International Society for Quality in Health Care and Italian Network for Safety in Healthcare 2020. p. 58.

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| DOI | <https://www.isqua.org/resources-blog/blog/patient-safety-recommendations-for-covid19-epidemic-outbreak.html> |
| Notes | There are currently many sources of information and guidance on coronavirus and COVID-19. The International Society for Quality in Health Care (ISQua) and the Italian Network for Safety in Healthcare have issued this white paper that includes a set of recommendations seeking to ensure patient safety in this extremely challenging situation. The recommendations focus on team communication and organisational culture; the diagnostic process; patient and family engagement to reduce spread; hospital, paediatric, and maternity processes and treatments; triage decision ethics; discharge communications; home isolation; psychological safety of staff and patients, and; outcome measures. An appendix covers drug interactions and adverse effects for medications. As of the time of writing it has been updated a number of times and the current version is 1.2. |

*The use of Delphi method for remote consultations*

Deeble Institute Perspectives Brief No. 8

Woolcock K

Canberra: Australian Healthcare and Hospitals Association; 2020. p. 8.

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| URL | <https://ahha.asn.au/health-policy-perspective-briefs> <https://ahha.asn.au/sites/default/files/docs/policy-issue/perspectives_brief_no_8._the_use_of_delphi_method_for_remote_consultations_0.pdf> |
| Notes | This Perspectives Brief from the Australian Healthcare and Hospitals Association’s Deeble Institute examines the value – and logistics – of using the Delphi method for consultations, particularly in this time of coronavirus social distancing which is making many forms of engagement, consultation and collaboration more difficult. The brief describes the key features of the Delphi method, and then discusses a number of considerations when designing engagement activities, including the strengths the Deeble Institute/AHHA leverage, risks to mitigate, and opportunities for adaptation to meet the purposes of engagement. |

**Journal articles**

*Association of Default Electronic Medical Record Settings With Health Care Professional Patterns of Opioid Prescribing in Emergency Departments: A Randomized Quality Improvement Study*

Montoy JCC, Coralic Z, Herring AA, Clattenburg EJ, Raven MC

JAMA Internal Medicine. 2020;180(4):487-493.

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| DOI | <https://doi.org/10.1001/jamainternmed.2019.6544> |
| Notes | There is an existing literature that suggests how computerised ordering or prescribing systems are designed can have an impact on clinician ordering and prescribing. This paper describes a study in which the default settings for opioid prescriptions in an emergency department setting were changed. In this quality improvement study the prepopulated dispense quantities of discharge prescriptions for commonly prescribed opioids at 2 large, urban EDs were randomly altered, during a series of five 4-week blocks,. Interestingly, the changes were made without announcement, and prescribers were not informed of the study itself. The lower default settings were associated with fewer opioids prescribed and a lower proportion of prescriptions that exceeded the opioid prescribing recommendation of the Centers for Disease Control and Prevention. As the authors concluded, ‘These findings suggest that default settings in the EMR may influence the quantity of opioids prescribed by health care professionals. This low-cost, easily implementable, EMR-based intervention could have far-reaching implications for opioid prescribing and could be used as a tool to help combat the opioid epidemic.’ |

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

*Comparison of Payment Changes and Choosing Wisely Recommendations for Use of Low-Value Laboratory Tests in the United States and Canada*

Henderson J, Bouck Z, Holleman R, Chu C, Klamerus ML, Santiago R, et al

JAMA Internal Medicine. 2020;180(4):524-531.

*A Successful but Underused Strategy for Reducing Low-Value Care: Stop Paying for It*

Dhruva SS, Redberg RF

JAMA Internal Medicine. 2020;180(4):532-532.

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| DOI | Henderson et al <https://doi.org/10.1001/jamainternmed.2019.7143>Dhruva and Redberg <https://doi.org/0.1001/jamainternmed.2019.7142> |
| Notes | Value has become a theme in health, particularly how to address what is termed ‘low value’ care. This piece (Henderson et al), and the accompanying editorial (Dhruva and Redberg), explore what is perhaps the simplest (but an underused approach): stop paying for it. As would be expected, the devil is in the detail, the obstacles to implementing, including determining what is low value, in what circumstances may be it be of value, the contractual and other mechanisms that entrench practices, etc.Henderson et al examined the impact of two different types of policy approach on what is widely regarded as low value tests: screening for r vitamin D and triiodothyronine levels. In Ontario, Canada Vitamin D had been the subject of both recommendations from the Choosing Wisely initiative and a payment policy. The authors report that the Choosing Wisely recommendations saw marginal reductions whereas a ‘greater reduction in low-value vitamin D screening was associated with a previous payment policy change’. The difference was quite marked, as the payment change was associated with a 92.7% relative reduction in screening in Ontario, while the Choosing Wisely recommendations were associated with smaller reductions in Canada (4.5%) and the United States (14.0%). The authors also found that ‘Reductions in low-value triiodothyronine level testing after relevant recommendations were not observed.’ These findings led to the observation that ‘These findings suggest that **recommendations alone may be insufficient to significantly reduce use of low-value services** and that pairing recommendations with policy changes may be more effective.’ |

*Impact of multidisciplinary team huddles on patient safety: a systematic review and proposed taxonomy*

Franklin BJ, Gandhi TK, Bates DW, Huancahuari N, Morris CA, Pearson M, et al

BMJ Quality & Safety. 2020 [epub].

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| DOI | <http://dx.doi.org/10.1136/bmjqs-2019-009911> |
| Notes | Team huddles have been widely implemented with the aim, at least in part, of ameliorating safety and quality issues in many health settings. This piece reports on a systematic review that sought to examine the literature related to the impact of hospital-based safety huddles. Based on 24 studies, the reviewers found that while ‘high-quality peer-reviewed evidence regarding the effectiveness of hospital-based safety huddles, particularly at the hospital-wide level, is in its earliest stages’, the evidence for multidisciplinary team huddles having an impact on patient safety ‘appears favourable’. In addition to reviewing the literature, the authors call for rigorous research and ‘propose a taxonomy and standardised reporting measures for future huddle-related studies to enhance comparability and evidence quality.’ |

*Hierarchy and medical error: Speaking up when witnessing an error*

Peadon R, Hurley J, Hutchinson M

Safety Science. 2020;125:104648.

*The views and experiences of patients and health-care professionals on the disclosure of adverse events: A systematic review and qualitative meta-ethnographic synthesis*

Sattar R, Johnson J, Lawton R

Health Expectations. 2020 [epub].

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| DOI | Peadon et al <https://doi.org/10.1016/j.ssci.2020.104648>Sattar et al <https://doi.org/10.1111/hex.13029> |
| Notes | Health care is a human activity fundamentally based on interaction and communication. Good communication is key to safe care. It is also essential in identifying and addressing lapses in care. These two articles present reviews of the literature that reinforce this.Peadon et al report their systematic review of literature on ‘speaking up within the medical hierarchy’. As a synopsis from ARHQ put it, ‘studies identified hierarchies as a barrier to speaking up, particularly among trainees, due to fear of retribution, being exposed, or undermining senior clinicians. The findings from this review reinforce the concept that communication is a learned skill that requires ongoing training.’ (<https://psnet.ahrq.gov/issue/hierarchy-and-medical-error-speaking-when-witnessing-error>)In their systematic review, Sattar et al focused on the literature examining the views and experiences of patients/family members and healthcare workers on the disclosure of adverse events. Based on 15 studies, the authors report that while both groups seek disclosure, there is a discontinuity between the views and expectations which can be realised as barriers to disclosure that is effective for all parties. |

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

For resources, see the Communicating for Safety resource portal at <https://c4sportal.safetyandquality.gov.au/>

For information on the Commission’s work on open disclosure, including the *Australian Open Disclosure Framework*, see <https://www.safetyandquality.gov.au/our-work/clinical-governance/open-disclosure>

*Prevalence of harmful diagnostic errors in hospitalised adults: a systematic review and meta-analysis*

Gunderson CG, Bilan VP, Holleck JL, Nickerson P, Cherry BM, Chui P, et al

BMJ Quality & Safety. 2020 [epub].

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| DOI | <https://doi.org/10.1136/bmjqs-2019-010822> |
| Notes | Diagnostic error of various forms has attracted much interest in recent years. However, the extent and impact has not easily understood. This study sought to estimate the prevalence and nature of harmful diagnostic errors in hospitalised patients by undertaking a systematic review of the literature. Based on 22 studies covering 80 026 patients and 760 harmful diagnostic errors, the authors report that ‘Based on physician review, **at least 0.7% of adult admissions involve a harmful diagnostic error**. A wide range of diseases are missed, including many common diseases. Fourteen diagnoses account for more than half of all diagnostic errors. The finding that a wide range of common diagnoses are missed implies that efforts to improve diagnosis must target the basic processes of diagnosis, including both cognitive and system-related factors.’ |

*Australian Health Review*

Volume 44 Number 2 2020

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| URL | <https://www.publish.csiro.au/ah/issue/9733>  |
| Notes | A new issue of *Australian Health Review* has been published with a special focus on **Nursing** and another on **Close the Gap**. Articles in this issue of *Australian Health Review* include:* Realising the **value of nursing and midwifery** (Alison J McMillan)
* **International Year of the Nurse and the Midwife** (Sue Matthews
* Liability and collaborative arrangements for **nurse practitioner practice in Australia** (Mary Chiarella, Jane Currie and Tim Wand)
* Governance of skilled migration and registration of **internationally qualified health practitioners**: an Australian policy perspective (Melissa Cooper, Philippa Rasmussen and Judy Magarey)
* Management and outcomes of **health practitioner complaints in Australia**: a comparison of the national and New South Wales systems (Merrilyn Walton, Patrick J Kelly, E. Mary Chiarella and Terry Carney)
* **Serious misconduct of health professionals** in disciplinary tribunals under the National Law 2010–17 (Jenni Millbank)
* Culturally safe and sustainable solution for **Closing the Gap-registered patients discharging** from a tertiary public hospital (Scott Mitchell, Hayley Michael, Stephanie Highden-Smith, Vivian Bryce, Sean Grugan, Hua Bing Yong, Sonia Renouf, Tanya Kitchener and William Y S Wang)
* **Cultural safety in hospitals**: validating an empirical measurement tool to capture the Aboriginal patient experience (Elissa Elvidge, Yin Paradies, Rosemary Aldrich and Carl Holder)
* Priorities for improved management of **acute rheumatic fever and rheumatic heart disease**: analysis of cross-sectional continuous quality improvement data in Aboriginal primary healthcare centres in Australia (Judith M Katzenellenbogen, Daniela Bond-Smith, Anna P Ralph, Mathilda Wilmot, Julie Marsh, Ross Bailie and Veronica Matthews)
* **Aboriginal and Torres Strait Islander preferences for healthcare settings**: effective use of design images in survey research (Michele Haynes, Timothy O'Rourke, Daphne Nash, Bernard Baffour, Sue York, Carys Chainey, Georgia Betros and Paul Memmott)
* **Public disclosure of hospital clinicians' performance data**: insights from medical directors (Rachel Canaway, Khic-Houy Prang, Marie Bismark, David Dunt and Margaret Kelaher)
* **Incident haemodialysis and outcomes** in the Top End of Australia (Jaquelyne T Hughes, Sandawana W. ajoni, Federica Barzi, Tegan M Harris, Selina Signal, Gwendoline Lowah, Jola Kapojos, Asanga Abeyaratne, Madhivanan Sundaram, Paul Goldrick, Sarah L Jones, Robert McFarlane, Lewis T Campbell, Dianne Stephens and Alan Cass)
* Trends in **unplanned readmissions** over 15 years: a **regional Australian** perspective (Victoria Westley-Wise, Luise Lago, Judy Mullan, Franca Facci, Rebekah Zingel and Kathy Eagar)
* **Depression, suicide risk, and workplace bullying**: a comparative study of fly-in, fly-out and residential resource workers in Australia (Peta Miller, Libby Brook, Norman J Stomski, Graeme Ditchburn and Paul Morrison)
* Local regional workforce returns on investment of a locally governed and delivered **general practice vocational training** program (Scott Kitchener)
* Analysis of sponsor hearings on **health technology assessment decision making** (Melinda Flowers, Sean Lybrand and Michael Wonder)
* Clinical indications treated with **unregistered antimicrobials**: regulatory challenges of antimicrobial resistance and access to effective treatment for patients (Nadine T Hillock, Lisa Paradiso, John Turnidge, Jonathan Karnon and Tracy L Merlin)
* **Failure to access prescribed pharmaceuticals** by older patients with chronic conditions (Ian McRae, Kees van Gool, Jane Hall, Laurann Yen and Michael Wright)
* Trends in **opioid prescribing in Australia**: a systematic review (Peter J Donovan, David Arroyo, Champika Pattullo and Anthony Bell)
* Exploring **information technology (IT) sophistication in New South Wales residential aged care facilities** (Gregory L Alexander, Andrew Georgiou, Joyce Siette, Richard Madsen, Anne Livingstone, Johanna Westbrook and Chelsea Deroche)
* Strategies to improve access to and uptake of **dental care by people experiencing homelessness** in Australia: a grey literature review (Jacqueline Goode, Ha Hoang and Leonard Crocombe)
* Retrospective analysis of utilisation of the **Australian Child Dental Benefit Scheme** (Dina Eka Putri, Estie Kruger and Marc Tennant)
* Implementation science approaches to enhance uptake of **complex interventions in surgical settings** (Angela Byrnes, Alison Mudge and David Clark)
* Defining **'specialist palliative care'**: findings from a Delphi study of clinicians (Liz Forbat, Nikki Johnston and Imogen Mitchell)
* **Guardianship in hospitals**: a collaborative pilot project (Rob Hoffman, Sally Costar, Tass Kostopoulos, Justine Little, Aaron Livingstone, Fiona McAlinden, Paul Newland, Jacinta Re, Dina Watterson and Terry P Haines)
* Adequacy of **Australia's GP workforce**: estimating supply and demand, 2005–06 to 2015–16 (Samantha Dingwall, Joan Henderson, Helena Britt and Christopher Harrison)
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*Health Affairs*

Volume 39, No. 4, April 2020

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| URL | <https://www.healthaffairs.org/toc/hlthaff/39/4> |
| Notes | A new issue of *Health Affairs* has been published with the theme of ‘**Integrating Social Services & Health**’. Articles in this issue of *Health Affairs* include:* **Interrupting Violence** From Within The Trauma Unit And Well Beyond (T R Goldman)
* **Treating Children, Coaching Their Parents** (Rob Lott)
* **Health And Human Services Integration**: Generating Sustained Health And Equity Improvements (Caroline Fichtenberg, Jorge Delva, Karen Minyard, and Laura M Gottlieb)
* The **Organizational Risks Of Cross-Sector Partnerships**: A Comparison Of Health And Human Services Perspectives (Shauna Petchel, Sherril Gelmon, and Bruce Goldberg)
* Cash **Benchmarking For Integrated Health Care And Human Services Interventions**: Finding The Value Added (Seth A Berkowitz, Samuel T Edwards, and Daniel Polsky)
* **Linking Health And Social Services** Through Area Agencies On Aging Is **Associated With Lower Health Care Use And Spending** (Amanda L Brewster, Traci L Wilson, Jennifer Frehn, Diane Berish, and S R Kunkel)
* Project Nurture Integrates Care And Services To Improve Outcomes For **Opioid-Dependent Mothers And Their Children** (K John McConnell, Menolly R Kaufman, Jenny I Grunditz, Helen Bellanca, Amanda Risser, Maria I Rodriguez, and Stephanie Renfro)
* **Embedding Social Workers** In Veterans Health Administration **Primary Care** Teams Reduces Emergency Department Visits (Portia Y Cornell, Christopher W Halladay, Joseph Ader, Jaime Halaszynski, Melinda Hogue, Cristian E McClain, Jennifer W Silva, Laura D Taylor, and James L Rudolph)
* **Housing Intervention** For Medically Complex Families Associated With Improved Family Health: Pilot Randomized Trial (Allison Bovell-Ammon, Cristina Mansilla, Ana Poblacion, Lindsey Rateau, Timothy Heeren, John T Cook, Tina Zhang, Stephanie Ettinger de Cuba, and Megan T Sandel)
* Perspectives On **Integrating Health Into The Low-Income Housing Tax** Credit: A Qualitative Study (Marc Shi, Abigail Baum, and Craig E Pollack)
* The Development Of **Health And Housing Consortia** In New York City (Amy L Freeman, Bonnie Mohan, Henie Lustgarten, Deirdre Sekulic, Laura Shepard, Megan Fogarty, Sue A Kaplan, and Kelly M Doran)
* Integrating Health And Human Services In **California’s Whole Person Care** Medicaid 1115 Waiver Demonstration (Emmeline Chuang, Nadereh Pourat, Leigh Ann Haley, Brenna O’Masta, Elaine Albertson, and Connie Lu)
* Buying Health For North Carolinians: Addressing **Nonmedical Drivers Of Health At Scale** (Zachary Wortman, Elizabeth Cuervo Tilson, and Mandy Krauthamer Cohen)
* **Integrating Data To Advance Research, Operations, And Client-Centered Services** In California (Emily Putnam-Hornstein, Mark Ghaly, and Michael Wilkening)
* Implementing **Community Resource Referral Technology**: Facilitators And Barriers Described By Early Adopters (Yuri Cartier, Caroline Fichtenberg, and Laura M. Gottlieb)
* Financing The **Infrastructure Of Accountable Communities For Health** Is Key To Long-Term Sustainability (Dora L Hughes, and Cindy Mann)
* Assessing The **Capacity Of Local Social Services Agencies** To Respond To Referrals From Health Care Providers (Matthew Kreuter, Rachel Garg, Tess Thompson, Amy McQueen, Irum Javed, B Golla, C Caburnay, and R Greer)
* **Innovative Integrated Health And Social Care Programs** In Eleven High-Income Countries (Onil Bhattacharyya, James Shaw, Samir Sinha, Dara Gordon, Simone Shahid, Walter P Wodchis, and Geoffrey Anderson)
* Innovative **Policy Supports For Integrated Health And Social Care Programs** In High-Income Countries (Walter P. Wodchis, James Shaw, Samir Sinha, Onil Bhattacharyya, Simone Shahid, and Geoffrey Anderson)
* **National Health Expenditure Projections**, 2019–28: Expected Rebound In Prices Drives Rising Spending Growth (Sean P Keehan, Gigi A Cuckler, John A Poisal, Andrea M Sisko, Sheila D Smith, Andrew J Madison, Kathryn E Rennie, Jacqueline A Fiore, and James C Hardesty)
* **The Headache** (Anjali Jain)
* **Epidemic** (Ronald O Valdiserri)
* **Admission** (Alex Sievert)
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*BMJ Quality & Safety* online first articles

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| URL | <https://qualitysafety.bmj.com/content/early/recent> |
| Notes | *BMJ Quality &Safety* has published a number of ‘online first’ articles, including:* Prevalence of **harmful diagnostic errors** in hospitalised adults: a systematic review and meta-analysis (Craig G Gunderson, Victor P Bilan, Jurgen L Holleck, Phillip Nickerson, Benjamin M Cherry, Philip Chui, Lori A Bastian, Alyssa A Grimshaw, Benjamin A Rodwin)
* **Impact of multidisciplinary team huddles on patient safety**: a systematic review and proposed taxonomy (Brian J Franklin, Tejal K Gandhi, David W Bates, Nadia Huancahuari, Charles A Morris, Madelyn Pearson, Michelle Beth Bass, Eric Goralnick)
* **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)
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*International Journal for Quality in Health Care* online first articles

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| URL | <https://academic.oup.com/intqhc/advance-articles> |
| Notes | *International Journal for Quality in Health Care* has published a number of ‘online first’ articles, including:* Rural–urban differences in **home-based care willingness among older adults**: A cross-sectional study in Shandong, China (Yu Xia, Lingzhong Xu, Long Sun, Jiajia Li, Wenzhe Qin, Jiao Zhang, Yali Wang, Xiang Jing, Lu Lu, Yaozu Li, Anan Jiao)
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**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 NG163 ***COVID****-19 rapid guideline: managing symptoms (including at the end of life) in the community* <https://www.nice.org.uk/guidance/ng163>
* NICE Guideline NG165 ***COVID****-19 rapid guideline: managing suspected or confirmed pneumonia in adults in the community* <https://www.nice.org.uk/guidance/ng165>
* NICE Guideline NG166 ***COVID****-19 rapid guideline: severe asthma* <https://www.nice.org.uk/guidance/ng166>
* NICE Guideline NG167 ***COVID****-19 rapid guideline: rheumatological autoimmune, inflammatory and metabolic bone disorders* <https://www.nice.org.uk/guidance/ng167>

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