



On the Radar

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On the Radar

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Journal articles

Perioperative COVID-19 defense: an evidence-based approach for optimization of infection control and operating room management

Dexter F, Parra MC, Brown JR, Loftus RW

Anesthesia & Analgesia. 2020 [epub].

DOI	http://doi.org/10.1213/ane.0000000000004829
Notes	<p>Maintaining existing or non-COVID-19 operations in health facilities during the current pandemic can be a challenge. This piece offers rather specific recommendations around infection control and operating theatre management during the COVID-19 pandemic.</p> <p>The Australian Commission on Safety and Quality has compiled advice on infection control and COVID-19. This information is available at https://www.safetyandquality.gov.au/coronavirus-covid-19</p>

Cultural safety in hospitals: validating an empirical measurement tool to capture the Aboriginal patient experience
 Elvidge E, Paradies Y, Aldrich R, Holder C
 Australian Health Review. 2020;44(2):205-211.

DOI	https://doi.org/10.1071/AH19227
Notes	<p>Paper describing the development and validation of a scale (the Cultural Safety Scale) to measure cultural safety in hospitals from an Aboriginal patient perspective. The Cultural Safety Survey was designed to measure five key characteristics of cultural safety that contribute to positive hospital experiences among Aboriginal hospital patients. The authors assert that ‘will allow hospitals to measure the cultural safety of their services and ascertain whether current efforts aimed to improve cultural safety are resulting in Aboriginal patients reporting more culturally safe experiences. Over time it is hoped that the tool will be used to benchmark performance and eventually be adopted as a performance measure for hospitals’.</p> <p>Also see below for a new online resource, the <i>Cultural Safety for Health Professionals</i> portal.</p>

Changes in sales of analgesics to pharmacies after codeine was rescheduled as a prescription only medicine
 Schaffer AL, Cairns R, Brown JA, Gisev N, Buckley NA, Pearson S-A
 Medical Journal of Australia. 2020;212(7):321-327.

Rescheduling codeine-containing analgesics reduced codeine-related hospital presentations
 Harris K, Jiang A, Knoeckel R, Isoardi KZ
 Medical Journal of Australia. 2020;212(7):328-328.

From over-the-counter to prescription only: early results of the rescheduling of codeine combination analgesics
 Dobbin MD
 Medical Journal of Australia. 2020;212(7):305-306.

DOI	Schaffer et al https://doi.org/10.5694/mja2.50552 Harris et al https://doi.org/10.5694/mja2.50400 Dobbin https://doi.org/10.5694/mja2.50560
Notes	<p>A number of pieces in the <i>Medical Journal of Australia</i> looking at the consequences of the ‘upscheduling’ or rescheduling of codeine products in Australia. Various people made some dire predictions of what may happen when these medications were made less readily available. However, as the editorial (Dobbin) observes ‘Upscheduling has not led to substitution with higher strength analgesics, and has reduced the misuse of codeine-containing preparations’. The two research studies (Schaffer et al and Harris et al) provide, as Dobbin noted, ‘preliminary indications that rescheduling has not led to the adverse outcomes feared by opponents of upscheduling.’</p> <p>Schaffer et al looked at national pharmaceutical sales to pharmacies and found that the loss of over the counter sales of codeine was ‘largely offset by increases in those of over-the-counter non-opioid analgesics (paracetamol, ibuprofen, and their combinations), with only a small increase in sales of prescription codeine and none in those of stronger opioids’. Schaffer et al do caution that ‘While these products [paracetamol, ibuprofen, and paracetamol combination product] carry no risk of dependence, their inappropriate use is also associated with harms that warrant adverse event monitoring.’</p> <p>In a before-and-after study, Harris et al reviewed codeine-related presentations at a Brisbane hospital in the 12 months before and after the codeine rescheduling and reported that there were substantial declines (53%) in these presentations after the change.</p>

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

The dispensing of psychotropic medicines to older people before and after they enter residential aged care

Harrison SL, Sluggett JK, Lang C, Whitehead C, Crotty M, Corlis M, et al
 Medical Journal of Australia. 2020;212(7):309-313.

Prescribing psychotropic medications in residential aged care facilities

Byrne GJ

Medical Journal of Australia. 2020;212(7):304-305.

DOI	Harrison et al https://doi.org/10.5694/mja2.50501 Byrne https://doi.org/10.5694/mja2.50562
Notes	<p>The use of various medications in residential aged care facilities (RACFs) has been identified, including at the current Royal Commission into Aged Care Quality and Safety, as possibly inappropriate, if not actually potentially dangerous to residents. In this study, Harrison et al – also discussed in the related editorial (Byrne) – examined changes in psychotropic medication prescribing before and after people were admitted to RACFs. This was a retrospective national cohort study analysing data from the Registry of Senior Australians covering seven years to the end of June 2015. The researchers found that</p> <ul style="list-style-type: none"> • prescribing of government-funded psychotropic medications increased during the months preceding admission, but rose more steeply in the months after people entered RACFs • 21.3% of residents were prescribed antipsychotics within three months of admission • 30% of the residents prescribed antipsychotics during their first three months in RACFs were prescribed medications (olanzapine, quetiapine) with Pharmaceutical Benefits Scheme rules requiring the presentation of a serious mental illness other than dementia • 41.4% were prescribed an antidepressant 9–12 months after admission.

Public disclosure of hospital clinicians' performance data: insights from medical directors

Canaway R, Prang K-H, Bismark M, Dunt D, Kelaher M

Australian Health Review. 2020;44(2):228-233.

DOI	https://doi.org/10.1071/AH18128
Notes	<p>The public reporting of performance, by facility, unit or individual can be a fraught subject with passionate views on all sides. This study canvassed the views of public hospital chief medical officers from 26 health services in Victoria in order to examine the mechanisms through which public reporting may influence institutional behavioural change and decision making towards quality improvement. While there was 'a high level of in-principle support for public reporting of identifiable, individual clinician-level data' and that public reporting was 'a means to improve health care quality, increase transparency and inform consumer healthcare decision making', there was also variance in conceptual understanding of what public reporting is and identification of caveats around data quality and timeliness, context and interpretation and ethics.</p>

	<p>In 2019, the Commission released <i>Public reporting of safety and quality in public and private hospitals - Literature review and environment scan</i>. This provides a summary of findings from a literature review and environment scan undertaken to inform options for national public reporting standards of safety and quality in health care across public and private hospitals in Australia. The report is available at https://www.safetyandquality.gov.au/publications-and-resources/resource-library/public-reporting-safety-and-quality-public-and-private-hospitals-literature-review-and-environment-scan</p>
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BMJ Quality & Safety

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URL	https://qualitysafety.bmj.com/content/29/5
Notes	<p>A new issue of <i>BMJ Quality & Safety</i> has been published. Many of the papers in this issue have been referred to in previous editions of <i>On the Radar</i> (when they were released online). Articles in this issue of <i>BMJ Quality & Safety</i> include:</p> <ul style="list-style-type: none"> • Editorial: Education as a low-value improvement intervention: often necessary but rarely sufficient (Christine Soong, Kaveh G Shojania) • Editorial: Best evidence, but does it really change practice? (Richard N de Steiger) • Editorial: Beyond CLABSI and CAUTI: broadening our vision of patient safety (Kaveh G Shojania) • Passing the acid test? Evaluating the impact of national education initiatives to reduce proton pump inhibitor use in Australia (Claudia Bruno, Sallie-Anne Pearson, Benjamin Daniels, Nicholas A Buckley, Andrea Schaffer, Helga Zoega) • Implementation of research evidence in orthopaedics: a tale of three trials (Katharine Reeves, Samuel Chan, Alastair Marsh, Suzy Gallier, Catrin Wigley, Kamlesh Khunti, Richard J Lilford) • Implementation of clinical decision support to manage acute kidney injury in secondary care: an ethnographic study (Simon Bailey, Carianne Hunt, Adam Brisley, Susan Howard, Lynne Sykes, Thomas Blakeman) • Patient and caregiver priorities in the transition from hospital to home: results from province-wide group concept mapping (Tara Kiran, David Wells, Karen Okrainec, Carol Kennedy, Kimberly Devotta, Gracia Mabaya, Lacey Phillips, Amy Lang, Patricia O'Campo) • Nursing home quality: what matters to patients (Jennifer Gaudet Hefele) • Advanced analytics to improve performance: can healthcare replicate the success of professional sports? (Aidan Mcparland, Alun Ackery, Allan S Detsky) • De-implementing wisely: developing the evidence base to reduce low-value care (Jeremy M Grimshaw, Andrea M Patey, Kyle R Kirkham, Amanda Hall, Shawn K Dowling, Nicolas Rodondi, Moriah Ellen, Tijn Kool, Simone A van Dulmen, Eve A Kerr, Stefanie Linklater, Wendy Levinson, R Sacha Bhatia) • Multistate programme to reduce catheter-associated infections in intensive care units with elevated infection rates (Jennifer Meddings, M Todd Greene, David Ratz, Jessica Ameling, Karen E Fowler, Andrew J Rolle, Louella Hung, Sue Collier, Sanjay Saint)

URL	https://www.publish.csiro.au/py/issue/9745
Notes	<p>A new issue of the <i>Australian Journal of Primary Health</i> has been published. Articles in this issue of the <i>Australian Journal of Primary Health</i> include:</p> <ul style="list-style-type: none"> • Recommended methodologies to determine Australian Indigenous community members' perceptions of their health needs: a literature review (Rosetta Lillian Smith, Sue Devine and Robyn Preston) • OPEN ARCH: integrated care at the primary–secondary interface for the community-dwelling older person with complex needs (Jennifer Mann, Rachel Quigley, Desley Harvey, Megan Tait, Gillian Williams and Edward Strivens) • Universal access to oral health care for Australian children: comparison of travel times to public dental services at consecutive census dates as an indicator of progressive realisation (Gillian Jean, Estie Kruger and M Tennant) • GP services in Australia: presentation profiles during usual practice hours and after-hours periods (Jannah Baker, Helena Britt and Christopher Harrison) • Provision of palliative and end-of-life care in New Zealand residential aged care facilities: general practitioners' perspectives (Deborah Balmer, Rosemary Frey, Merryn Gott, Jackie Robinson and Michal Boyd) • Appropriateness of the Asylum Seeker Resource Centre-adapted Refugee Health Assessment Tool (Eluby Sarah Patrick Napwanga, Sheenagh McShane and Lucio Naccarella) • Identifying inequities in an urban Latin American population: a cross-sectional study in Australian primary health care (Luis Sanchez, Tracey Johnson, Suzanne Williams, Geoffrey Spurling and Joanne Durham) • 'I had to tell my GP I had lung cancer': patient perspectives of hospital- and community-based lung cancer care (Tara Nababan, Anke Hoskins, Emily Watters, Jeanie Leong, Christobel Saunders and Neli Slavova-Azmanova) • Understanding the preferences of Australian men for accessing health information (Nicolette A. Hodyl, Kirsten Hogg, Desley Renton, Simon von Saldern and Rob McLachlan) • Preventative and early intervention diabetes-related foot care practices in primary care (Leanne Mullan, Karen Wynter, Andrea Driscoll and Bodil Rasmussen) • Building quality chronic illness care: implementation of a web-based care plan (Shiva Vasi, Jenny Advocat, Akuh Adaji and Grant Russell) • Syphilis testing performance in Aboriginal primary health care: exploring impact of continuous quality improvement over time (Armita Adily, Seham Girgis, Catherine D'Este, Veronica Matthews and Jeanette E Ward) • Closer supervision in Australian general practice training: planning major system change (Gerard Ingham, Kayty Plastow, Rebecca Kippen and N White)

International Journal for Quality in Health Care online first articles

URL	https://academic.oup.com/intqhc/advance-articles
Notes	<p><i>International Journal for Quality in Health Care</i> has published a number of 'online first' articles, including:</p> <ul style="list-style-type: none"> • Understanding unwarranted variation in clinical practice: a focus on network effects, reflective medicine and learning health systems (Femke Atsma, Glyn Elwyn, Gert Westert)

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"> • Use of optimised dual statistical process control charts for early detection of surgical site infection outbreaks (Arthur W Baker, Nicole Nehls, Iulian Ilies, James C Benneyan, Deverick J Anderson) • Effect of preoperative education and ICU tour on patient and family satisfaction and anxiety in the intensive care unit after elective cardiac surgery: a randomised controlled trial (Veronica Ka Wai Lai, Ka Man Ho, Wai Tat Wong, Patricia Leung, Charles David Gomersall, Malcolm John Underwood, Gavin Matthew Joynt, Anna Lee)

Online resources

COVID-19 Critical Intelligence Unit

<https://www.aci.health.nsw.gov.au/covid-19/critical-intelligence-unit>

The Agency for Clinical Innovation (ACI) in New South Wales has developed this page summarising rapid, evidence-based advice during the COVID-19 pandemic. Its operations focus on systems intelligence, clinical intelligence and evidence integration. The content includes a daily evidence digest and evidence checks on a discrete topic or question relating to the current COVID-19 pandemic.

Evidence checks to date include:

- Spirometry and transmission risk
- Mental health of healthcare workers
- Triage tools for ICU admission during COVID-19
- Tools to support communication between patients and families
- Palliative care and COVID-19
- Dedicated or temporary COVID-19 healthcare facilities
- Modes of transmission for COVID-19
- Continuous Positive Airway Pressure (CPAP) machines
- Cardiopulmonary resuscitation (CPR)
- Personal protective equipment and intrapartum care for low risk women
- Winter and COVID-19 transmission
- The effect of COVID-19 on healthcare workforce - infections
- Models for redeploying staff
- Prone position for COVID-19 patients
- Laparoscopy during COVID-19
- Drug therapies and COVID-19
- ECMO and COVID-19
- Telemedicine in intensive care units.

Cultural Safety for Health Professionals

<https://healthinonet.ecu.edu.au/key-resources/health-professionals/cultural-safety-for-health-professionals/>

The *Cultural Safety for Health Professionals* portal aims to support teaching health professionals to critically reflect on the concept of cultural safety and to deliver safe, accessible and responsive healthcare that is free from racism. Links are provided to Aboriginal and Torres Strait Islander health and cultural safety resources, relating to the five capabilities of a refreshed Aboriginal and Torres Strait Islander Health Curriculum Framework. For each profession there are links to resources and publications in relation to the five capabilities as well as general information that is relevant across all disciplines.

[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 NG171 **COVID-19 rapid guideline: *acute myocardial injury***
<https://www.nice.org.uk/guidance/ng171>
- NICE Guideline NG172 **COVID-19 rapid guideline: *gastrointestinal and liver conditions treated with drugs affecting the immune response***
<https://www.nice.org.uk/guidance/ng172>

[USA] Patient Safety Primers

<https://psnet.ahrq.gov/primers/>

The Patient Safety Primers from the (US) Agency for Healthcare Research and Quality (AHRQ) discuss key concepts in patient safety. Each primer defines a topic, offers background information on its epidemiology and context, and provides links to relevant materials.

- ***Coronavirus Disease 2019 (COVID-19) and Safety of Older Adults.***

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