



## On the Radar

Issue 465  
25 May 2020

*On the Radar* is a summary of some of the recent publications in the areas of safety and quality in health care. Inclusion in this document is not an endorsement or recommendation of any publication or provider. Access to particular documents may depend on whether they are Open Access or not, and/or your individual or institutional access to subscription sites/services. Material that may require subscription is included as it is considered relevant.

*On the Radar* is available online, via email or as a PDF or Word document from <https://www.safetyandquality.gov.au/publications-and-resources/newsletters/radar>

If you would like to receive *On the Radar* via email, you can subscribe on our website <https://www.safetyandquality.gov.au/publications-and-resources/newsletters> or by emailing us at [mail@safetyandquality.gov.au](mailto:mail@safetyandquality.gov.au). You can also send feedback and comments to [mail@safetyandquality.gov.au](mailto:mail@safetyandquality.gov.au).

For information about the Commission and its programs and publications, please visit <https://www.safetyandquality.gov.au>. You can also follow us on Twitter @ACSQHC.

---

### On the Radar

Editor: Dr Niall Johnson [niall.johnson@safetyandquality.gov.au](mailto:niall.johnson@safetyandquality.gov.au)

Contributors: Niall Johnson

### COVID-19 resources

<https://www.safetyandquality.gov.au/covid-19>

The Australian Commission on Safety and Quality in Health Care has developed a number of resources to assist healthcare organisations, facilities and clinicians. These and other material on COVID-19 are available at <https://www.safetyandquality.gov.au/covid-19>

The latest additions include:

- **Medicines Management COVID-19** <https://www.safetyandquality.gov.au/our-work/medication-safety/medicines-management-covid-19>, including position statements on medicine-related issues
  - *Managing fever associated with COVID-19*
  - *Managing a sore throat associated with COVID-19*
  - *ACE inhibitors and ARBs in COVID-19*
  - *Clozapine in COVID-19*
  - *Management of patients on oral anticoagulants during COVID-19*
  - *Ascorbic Acid: Intravenous high dose in COVID-19*
  - *Treatment in acute care, including oxygen therapy and medicines to support intubation*
  - *Nebulisation and COVID-19*

- *Ongoing medicines management in high-risk patients*
- *Medicines shortages*
- ***Break the chain of infection: Stopping COVID-19*** poster  
<https://www.safetyandquality.gov.au/publications-and-resources/resource-library/break-chain-poster-a3>
- ***COVID-19: Elective surgery and infection prevention and control precautions***  
<https://www.safetyandquality.gov.au/publications-and-resources/resource-library/covid-19-elective-surgery-and-infection-prevention-and-control-precautions>
- ***FAQs for clinicians on elective surgery*** <https://www.safetyandquality.gov.au/node/5724>
- ***FAQs for consumers on elective surgery*** <https://www.safetyandquality.gov.au/node/5725>
- ***Infection prevention and control Covid-19 PPE*** poster  
<https://www.safetyandquality.gov.au/publications-and-resources/resource-library/infection-prevention-and-control-covid-19-personal-protective-equipment>
- ***Special precautions for Covid-19 designated zones*** poster  
<https://www.safetyandquality.gov.au/publications-and-resources/resource-library/special-precautions-covid-19-designated-zones>

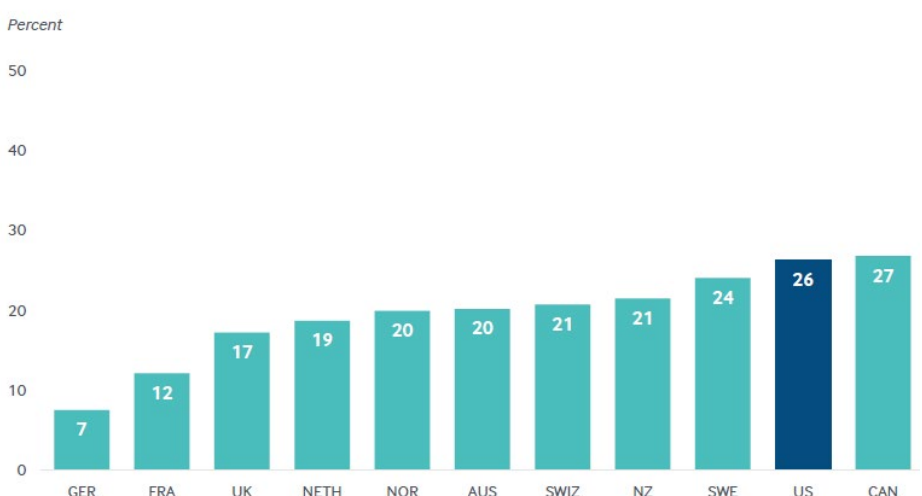
## Reports

*Mental Health Conditions and Substance Use: Comparing U.S. Needs and Treatment Capacity with Those in Other High-Income Countries*

Data Brief

Tikkanen R, Fields K, Williams II RD, Abrams MK

New York: The Commonwealth Fund; 2020. p. 16.

URL	<a href="https://www.commonwealthfund.org/publications/issue-briefs/2020/may/mental-health-conditions-substance-use-comparing-us-other-countries">https://www.commonwealthfund.org/publications/issue-briefs/2020/may/mental-health-conditions-substance-use-comparing-us-other-countries</a>																								
Notes	<p>While this data brief from The Commonwealth Fund in the USA, focuses on the comparison between the USA and ten other high income nations (including Australia), it can also illuminate the situation in those other nations. The report looks at the relationship between mental health burden and social determinants of health, differences in seeking care, access and affordability of care, mental health and substance use disorder outcomes, and health system capacity. As is often the case with these comparative reports from The Commonwealth Fund, Australia tends to fall somewhere in the middle, with some aspects looking better, others less so.</p> <p style="text-align: center;">Subjective Experience of Emotional Distress, 2016</p>  <table border="1"> <thead> <tr> <th>Country</th> <th>Percent</th> </tr> </thead> <tbody> <tr> <td>GER</td> <td>7</td> </tr> <tr> <td>FRA</td> <td>12</td> </tr> <tr> <td>UK</td> <td>17</td> </tr> <tr> <td>NETH</td> <td>19</td> </tr> <tr> <td>NOR</td> <td>20</td> </tr> <tr> <td>AUS</td> <td>20</td> </tr> <tr> <td>SWIZ</td> <td>21</td> </tr> <tr> <td>NZ</td> <td>21</td> </tr> <tr> <td>SWE</td> <td>24</td> </tr> <tr> <td>US</td> <td>26</td> </tr> <tr> <td>CAN</td> <td>27</td> </tr> </tbody> </table>	Country	Percent	GER	7	FRA	12	UK	17	NETH	19	NOR	20	AUS	20	SWIZ	21	NZ	21	SWE	24	US	26	CAN	27
Country	Percent																								
GER	7																								
FRA	12																								
UK	17																								
NETH	19																								
NOR	20																								
AUS	20																								
SWIZ	21																								
NZ	21																								
SWE	24																								
US	26																								
CAN	27																								

## Journal articles

### *The effects of harm events on 30-day readmission in surgical patients*

Kandagatla P, Su W-TK, Adrianto I, Jordan J, Haeusler J, Rubinfeld I

The Journal for Healthcare Quality. 2020 [epub].

DOI	<a href="http://doi.org/10.1097/jhq.0000000000000261">http://doi.org/10.1097/jhq.0000000000000261</a>
Notes	Harms caused to patients can have many impacts, ranging from increased length of stay through to death. This study looked at one particular impact that can occur – the need for readmission among surgical patients who experienced inpatient harm. This study was a retrospective analysis of adult surgical patients in a single health system over a two year period covering 37,048 ‘surgical patient encounters’. 2,887 patients (7.69%) were readmitted. The harms with the highest 30-day readmission rates were mucosal pressure ulcers, central line-associated bloodstream infections (CLABSI), <i>Clostridium difficile</i> infections, international normalized ratio >5 for patients taking Warfarin, and catheter-associated urinary tract infections (CAUTI).

### *Demonstration of high value care to improve oral health of a remote Indigenous community in Australia*

Kularatna S, Lalloo R, Kroon J, Tadakamadla SKK, Scuffham PA, Johnson NW

Health and Quality of Life Outcomes. 2020;18(1):43.

### *Trust, culture and communication: determinants of eye health and care among Indigenous people with diabetes in Australia*

Yashadhana A, Fields T, Blitner G, Stanley R, Zwi AB

BMJ Global Health. 2020;5(1):e001999.

DOI	Kularatna et al <a href="https://doi.org/10.1186/s12955-020-01300-8">https://doi.org/10.1186/s12955-020-01300-8</a> Yashadhana et al <a href="http://dx.doi.org/10.1136/bmjgh-2019-001999">http://dx.doi.org/10.1136/bmjgh-2019-001999</a>
Notes	The provision of care to remote communities can be challenging. These two papers each examined care delivery to Indigenous Australians living in remote locations. Kularatna et al sought to examine the cost-effectiveness of an intervention providing oral health to children in a remote Indigenous community. The study included an intervention group and a natural comparison group, with both groups followed-up for 2 years after the initial preventive intervention. The authors report that the ‘preventive intervention was found to be highly cost-effective’ with the incremental cost per quality-adjusted life year (QALY) gained AU\$3747. Yashadhana et al examined eye care and outcomes for remote Indigenous Australians living with diabetes. This qualitative study was undertaken in four remote communities with interviews and focus groups with Indigenous adults aged ≥40 years living with diabetes (n=110), and primary care clinicians working in Aboriginal Community Controlled Health Services (n=37). These revealed that more than one-third of all patients had little to no knowledge of how diabetes affects eye health. Factors identified included limited access to health information and interpreters, language barriers, distrust of health providers and services, and limited cultural responsiveness among non-Indigenous clinicians. The authors ‘outline a need to address gaps in trust and communication, through increased access to and resourcing of Indigenous language interpreters and cultural brokers, understandable and culturally sensitive diabetic eye health information and cultural responsiveness training for non-Indigenous clinicians.’ The hope is that ‘Centring Indigenous cultures in healthcare practice will enable a shared understanding between clinicians and Indigenous patients, and subsequently more equitable eye health outcomes.’

*Missed, rationed or unfinished nursing care: a scoping review of patient outcomes*

Kalánková D, Kirwan M, Bartoníčková D, Cubelo F, Žiaková K, Kurucová R

Journal of Nursing Management. 2020 [epub].

DOI	<a href="http://doi.org/10.1111/jonm.12978">http://doi.org/10.1111/jonm.12978</a>
Notes	This review sought to examine the literature on the impacts of nursing care lapses on patient outcomes. The review found that of 44 studies, 9 focused on the patient safety outcomes. The authors report that 'Missed, rationed and unfinished care negatively influence the patient outcomes in the context of patient safety and quality of nursing care.' Medication errors are reported as the major threat to patient safety as a consequence of missed, rationed or unfinished care, while falls (with or without injury) and hospital-acquired infections are the most common adverse events that result. They also note that the omission of preventive nursing care activities, such as handwashing, patient education and maintaining a safe environment, are of importance.

*Making communication and resolution programmes mission critical in healthcare organisations*

Gallagher TH, Boothman RC, Schweitzer L, Benjamin EM

BMJ Quality & Safety. 2020.

DOI	<a href="http://dx.doi.org/10.1136/bmjqs-2020-010855">http://dx.doi.org/10.1136/bmjqs-2020-010855</a>
Notes	<p>Editorial summarising a number of the arguments for why communication and resolution programmes (CRPs) in the event of patient harm should be seen as a vital and necessary. The editorial, prompted by two papers in the same issue of the journal, reviews a number of strategies for 'realising the vision of authentic CRPs'. The strategies include:</p> <ul style="list-style-type: none"><li>• Making CRPs a critical organisational priority grounded in the clinical mission</li><li>• Compelling institutional leaders to recognise the critical importance of CRP</li><li>• Investing in CRP implementation tools and resources</li><li>• Deploying CRP metrics to govern CRP and track progress.</li></ul> <p>The authors exhort healthcare organisations to be authentic: 'When patients are harmed, CRPs honour patients' trust and caregivers' selfless dedication with honesty, transparency, best efforts at reconciliation for all and relentless determination to improve. One thing is clear: shedding 'deny and defend' in favour of a transition to an authentic CRP undoubtedly requires leadership ...focused on their organisations' clinical mission. If healthcare organisations are sincere in striving to attain their clinical goals, they will insist on nothing less than elevating their CRPs to mission-critical status and using the requisite tools and resources to ensure consistent application of this model.'</p>

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>

URL	<a href="https://qualitysafety.bmj.com/content/29/6">https://qualitysafety.bmj.com/content/29/6</a>
Notes	<p>A new issue of <i>BMJ Quality &amp; 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 &amp; Safety</i> include:</p> <ul style="list-style-type: none"> <li>• Editorial: <b>Inappropriate ED visits</b>: patient responsibility or an attribution bias? (Krisda Chaiyachati, Shreya Kangovi)</li> <li>• Editorial: <b>Emergency department shifts and decision to admit</b>: is there a lever to pull to address crowding? (Emily L Aaronson, Brian J Yun)</li> <li>• Editorial: Applying rigour to the interpretation of <b>surgical site infection rates</b> (Victoria Williams, Jerome A Leis)</li> <li>• Factors associated with <b>inappropriate use of emergency departments</b>: findings from a cross-sectional national study in France (Diane Naouri, Guillaume Ranchon, Albert Vuagnat, J Schmidt, C El Khoury, Y Yordanov)</li> <li>• Later <b>emergency provider shift hour</b> is associated with increased risk of admission: a retrospective cohort study (Patrick D Tyler, Alan Fossa, Joshua W Joseph, Leon D Sanchez)</li> <li>• Large-scale empirical optimisation of statistical control charts to detect clinically relevant increases in <b>surgical site infection rates</b> (Iulian Ilies, Deverick J Anderson, Joseph Salem, A W Baker, M Jacobsen, J C Benneyan)</li> <li>• Why <b>colorectal screening</b> fails to achieve the uptake rates of breast and cervical cancer screening: a comparative qualitative study (Marie Kotzur, Colin McCowan, Sara Macdonald, Sally Wyke, Lauren Gattling, Christine Campbell, David Weller, Emilia Crighton, Robert J C Steele, Kathryn A Robb)</li> <li>• Using standardised patients to assess the <b>quality of medical records</b>: an application and evidence from rural China (Yuju Wu, Huan Zhou, Xiao Ma, Yaojiang Shi, Hao Xue, Chengchao Zhou, H Yi, A Medina, J Li, S Sylvia)</li> <li>• A mixed methods study examining <b>teamwork</b> shared mental models of interprofessional teams <b>during hospital discharge</b> (Kirstin Manges, Patricia S Groves, Amany Farag, Ryan Peterson, Joanna Harton, S Ryan Greysen)</li> <li>• Quality of care for <b>acute abdominal pain in children</b> (Yvonne Zurynski, Kate Churruca, Gaston Arnolda, Sarah Dalton, Hsuen P Ting, Peter Damian Hibbert, Charlotte Molloy, Louise K Wiles, Carl de Wet, Jeffrey Braithwaite)</li> <li>• Use of optimised dual statistical process control charts for early detection of <b>surgical site infection</b> outbreaks (Arthur W Baker, Nicole Nehls, Iulian Ilies, James C Benneyan, Deverick J Anderson)</li> <li>• <b>When evidence says no</b>: gynaecologists' reasons for (not) recommending ineffective ovarian cancer screening (Odette Wegwarth, Nora Pashayan)</li> </ul>

*BMJ Quality & Safety* online first articles

URL	<a href="https://qualitysafety.bmj.com/content/early/recent">https://qualitysafety.bmj.com/content/early/recent</a>
Notes	<p><i>BMJ Quality &amp; Safety</i> has published a number of ‘online first’ articles, including:</p> <ul style="list-style-type: none"> <li>• <b>Unnecessary antibiotic prescribing</b> in children hospitalised for <b>asthma exacerbation</b>: a retrospective national cohort study (Marcella J Jewell, JoAnna Leyenaar, Meng-Shiou Shieh, Penelope S Pekow, Mihaela Stefan, Peter K Lindenauer)</li> <li>• <b>Medication-related interventions</b> delivered both in hospital and <b>following discharge</b>: a systematic review and meta-analysis (Sara Daliri, Samira Boujarfi, Asma el Mokaddam, Wilma J M Scholte op Reimer, Gerben ter Riet, Chantal den Haan, Bianca M Buurman, Fatma Karapinar-Çarkit)</li> </ul>

*International Journal for Quality in Health Care* online first articles

URL	<a href="https://academic.oup.com/intqhc/advance-articles">https://academic.oup.com/intqhc/advance-articles</a>
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"> <li>• <b>Patient Inventory</b>: a quality improvement method (Søren Valgreen Knudsen, Sabina Bay Hermansen, Jens Holmskov, Søren Paaske Johnsen, Jan Mainz)</li> <li>• Development of a guideline for the treatment of <b>Generalized Anxiety Disorder</b> with the ADAPTE method. (María M Hurtado, Eva V Nogueras, Nazaret Cantero, Luis Gálvez, José M García-Herrera, José M Morales-Asencio)</li> <li>• Editorial: <b>Responding to COVID-19</b>: The experience from Italy and recommendations for management and prevention</li> <li>• Associations of Types of Primary Care Facilities with <b>Adult Vaccination</b> and <b>Cancer Screening</b> in Japan (Takuya Aoki, Shunichi Fukuhara)</li> <li>• Implementing a quick Sequential (Sepsis-Related) Organ Failure Assessment <b>sepsis screening</b> tool: an interrupted times series study (Laura Alberto, Leanne M Aitken, Rachel Walker, Fernando Pálizas, Andrea P Marshall)</li> <li>• Meta-analysis of <b>proton pump inhibitors induced risk of community-acquired pneumonia</b> (Phung Anh Nguyen, Mohaimenul Islam, Cooper J Galvin, Chih-Cheng Chang, Soo Yeon An, Hsuan-Chia Yang, Chih-Wei Huang, Yu-Chuan (Jack) Li, Usman Iqbal)</li> <li>• The prevalence and characteristics of <b>rapid response systems</b> in hospitals with pediatric intensive care units in Japan and barriers to their use (Taiki Haga, Hiroshi Kurosawa, Junji Maruyama, Katsuko Sakamoto, Ryo Ikebe, Natsuko Tokuhira, Muneyuki Takeuchi)</li> </ul>

## Online resources

*National COVID-19 Clinical Evidence Taskforce*

<https://covid19evidence.net.au/>

The National COVID-19 Clinical Evidence Taskforce is a collaboration of peak health professional bodies across Australia whose members are providing clinical care to people with COVID-19. The taskforce is undertaking continuous evidence surveillance to identify and rapidly synthesise emerging research in order to provide national, **evidence-based guidelines and clinical flowcharts for the clinical care of people with COVID-19**. The guidelines address questions that are specific to managing COVID-19 and cover the full disease course across mild, moderate, severe and critical illness. These are ‘living’ guidelines, updated with new research in near real-time in order to give reliable, up-to-the minute advice to clinicians providing frontline care in this unprecedented global health crisis.



#### 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.

Recent evidence checks date include:

- ***Renal replacement therapies for COVID-19 positive patients in ICU***
- ***Sanitising and covering large medical imaging equipment***
- ***Immunosuppression and COVID-19***
- ***Telehealth and COVID-19.***

#### [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 NG176 **COVID-19 rapid guideline: *chronic kidney disease***  
<https://www.nice.org.uk/guidance/ng176>
- NICE Guideline NG177 **COVID-19 rapid guideline: *interstitial lung disease***  
<https://www.nice.org.uk/guidance/ng177>
- NICE Guideline NG160 **COVID-19 rapid guideline: *dialysis service delivery***  
<https://www.nice.org.uk/guidance/ng160>
- NICE Guideline NG167 **COVID-19 rapid guideline: *rheumatological autoimmune, inflammatory and metabolic bone disorders*** <https://www.nice.org.uk/guidance/ng167>
- NICE Guideline NG174 **COVID-19 rapid guideline: *children and young people who are immunocompromised*** <https://www.nice.org.uk/guidance/ng174>

#### [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.

- ***Discharge Planning and Transitions of Care***  
<https://psnet.ahrq.gov/primer/discharge-planning-and-transitions-care>  
Effective discharge planning can aid patients to successfully transition to home care. Poor transitions increase the risk of readmissions and adverse drug events after discharge, but early discharge preparation can significantly decrease hospital length of stay, readmission risk, and mortality risk, according to the authors. The primer includes recommendations and resources to support discharge preparation efforts and identifies risk factors for poor transitions.

#### [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:

- ***Labor Dystocia*** <https://effectivehealthcare.ahrq.gov/products/labor-dystocia/research>
- ***The Evidence Base for Telehealth: Reassurance in the Face of Rapid Expansion During the COVID-19 Pandemic*** <https://effectivehealthcare.ahrq.gov/products/telehealth-expansion/white-paper>

---

**Disclaimer**

On the Radar is an information resource of the Australian Commission on Safety and Quality in Health Care. The Commission is not responsible for the content of, nor does it endorse, any articles or sites listed. The Commission accepts no liability for the information or advice provided by these external links. Links are provided on the basis that users make their own decisions about the accuracy, currency and reliability of the information contained therein. Any opinions expressed are not necessarily those of the Australian Commission on Safety and Quality in Health Care.