



On the Radar

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On the Radar

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

Contributors: Niall Johnson

COVID-19 resources

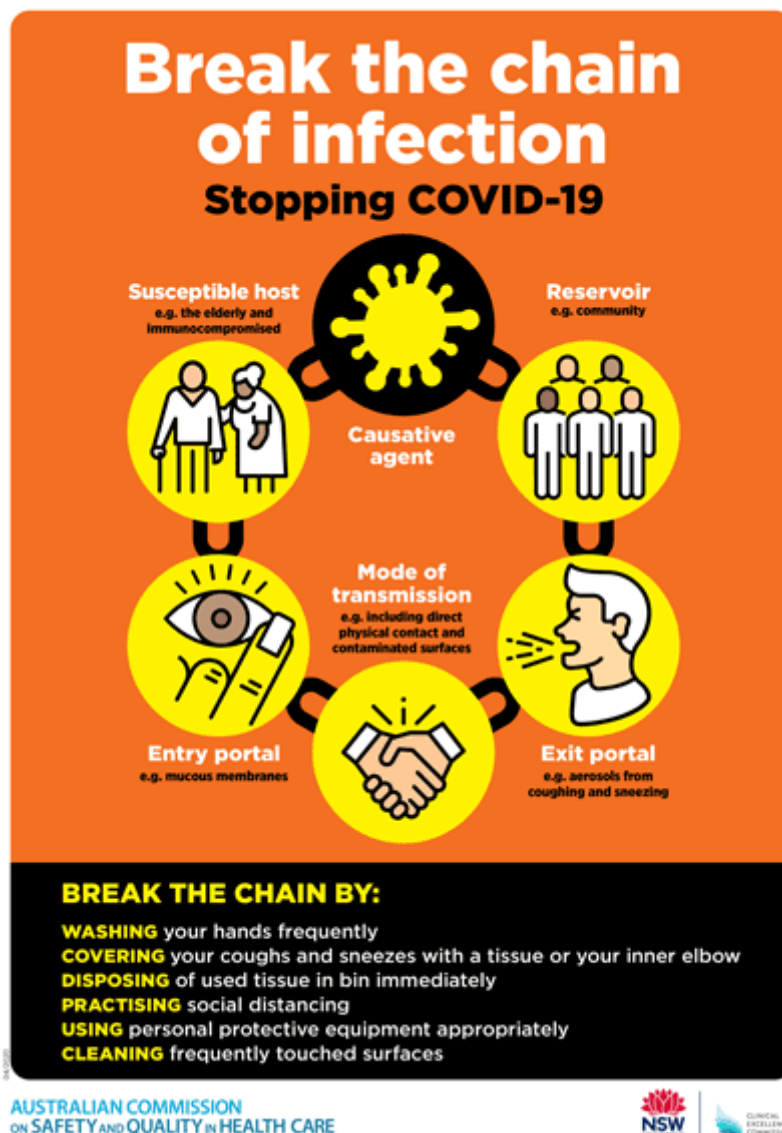
<https://www.safetyandquality.gov.au/covid-19>

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

Developmental Language Disorder: A disability, health and education challenge

Deeble Institute Evidence Brief No. 20

Walker C, Haddock R

Canberra: Australian Healthcare and Hospitals Association; 2020. p. 12.

URL	https://ahha.asn.au/publication/health-policy-evidence-briefs/evidence-brief-no-20-developmental-language-disorder
Notes	This evidence brief published by the Australian Healthcare and Hospitals Association's Deeble Institute – and developed with Speech and Language Development Australia (SALDA) – provides an overview of the issue of developmental language disorder (DLD) in Australia. DLD is characterised as 'a life-long condition characterised by difficulties with understanding and/or using spoken language. DLD is a neurodevelopmental condition that cannot be explained by known biomedical conditions; it is likely the result of a number of biological, genetic and environmental risk factors'. The authors of this Evidence Brief suggest that the prevalence of DLD may be as high as 17 percent. The brief examines the impact of DLD in Australia across health, education and disability policy settings.

Journal articles

Reducing the risk of diagnostic error in the COVID-19 era

Gandhi TK, Singh H

Journal of Hospital Medicine. 2020 [epub].

DOI	https://doi.org/10.12788/jhm.3461
Notes	Diagnosis is a task requiring skill, judgement and knowledge. It has been demonstrated that diagnoses can be erroneous in various ways – missed, delayed, or incorrect – even in the best of times. In the current pandemic the pressures upon clinicians making diagnoses are heightened. This article reviews the various types of diagnostic error that could be anticipated and suggests strategies to assist in reducing preventable harms. The types of diagnostic error are classified as classic, anomalous, anchor, secondary, acute collateral, chronic collateral, strain and unintended. Mitigation strategies include technology for cognitive support, optimising workflow and communication, organisational approaches and regulatory changes.

What Constitutes Effective Team Communication After an Error?

Hart WM, Doerr P, Qian Y, McNaull PM

AMA Journal of Ethics. 2020;22(4):e298-304.

DOI	https://doi.org/10.1001/amajethics.2020.298
Notes	This commentary piece uses a scenario based on a complication during surgery to illustrate and examine 'how transparency in communication, cooperative disclosure, and working collaboratively to restore an injured patient's health support clinicians' common purpose, long-standing work relationships, and collegiality.' The case highlights the importance of communication among health care teams, as well as with the patient and their family/carers, when errors occur.

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>

Patient feedback: Listening and responding to patient voices

Radmore SJ, Eljiz K, Greenfield D

Patient Experience Journal. 2020;7(1):13-19.

DOI	https://doi.org/10.35680/2372-0247.1370
Notes	Australian study recounting the experience of a large metropolitan Local Health District in Sydney in using patient feedback to improve organisational systems and care experiences. The authors report that ‘key to achieving an effective patient feedback system is to utilise a multifaceted approach’, but with central guidance and coordination being important if ‘improvement is to be integrated and effective across a large organisation’. Processes that aligned with patient centred care principles encouraged timely feedback were, perhaps unsurprisingly, most useful. Feedback on resourcing and process improvements was found to be of value.

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

International Journal for Quality in Health

Volume 32 Issue 3, April 2020

URL	https://academic.oup.com/intqhc/issue/32/3
Notes	<p>A new issue of the <i>International Journal for Quality in Health</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 the <i>International Journal for Quality in Health</i> include:</p> <ul style="list-style-type: none"> • 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 Früschi, E Grill) • Measuring quality and impact of telehealth services in home dialysis patients (Susie Q Lew) • Public health: The voice of professionals (Pedro L Ferreira, Rui Passadouro) • 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, J Braithwaite) • Regional variation in hospital care at the end-of-life of Dutch patients with lung cancer exists and is not correlated with primary and long-term care (Yvonne de Man, Stef Groenewoud, Mariska G Oosterveld-Vlug, Linda Brom, Bregje D Onwuteaka-Philipsen, Gert P Westert, Femke Atsma) • Using Safety-II and resilient healthcare principles to learn from Never Events (Janet E Anderson, Alison J Watt) • Beyond ‘find and fix’: improving quality and safety through resilient healthcare systems (J E Anderson, A J Ross, J Back, M Duncan, P Snell, A Hopper, P Jaye) • A case-controlled study of relatives’ complaints concerning patients who died in hospital: The role of treatment escalation/limitation planning (D Robin Taylor, Janet Bouttell, Jonathan N Campbell, Calvin J Lightbody)

	<ul style="list-style-type: none"> • Psychometric evaluation of patient-reported experience measures: is it valid? (Steve Sizmur, Chris Graham, Nanne Bos) • World Patient Safety Day: the Tuscany region at the forefront of quality of care (Sara Albolino, Giulia Daghiana)
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BMJ Quality & Safety online first articles

URL	https://qualitysafety.bmj.com/content/early/recent
Notes	<p><i>BMJ Quality & Safety</i> has published a number of ‘online first’ articles, including:</p> <ul style="list-style-type: none"> • Associations of workflow disruptions in the operating room with surgical outcomes: a systematic review and narrative synthesis (Amelie Koch, Jacob Burns, Ken Catchpole, Matthias Weigl) • Less is more, now more than ever (Christine Soong, Karen B Born, Wendy Levinson) • Work effort, readability and quality of pharmacy transcription of patient directions from electronic prescriptions: a retrospective observational cohort analysis (Yifan Zheng, Yun Jiang, Michael P Dorsch, Yuting Ding, V G Vinod Vydiswaran, Corey A Lester) • Limiting surveillance imaging for patients with lymphoma in remission: a mixed methods study leading to a Choosing Wisely recommendation (Ora Paltiel, Galor Raviv Sharabi, Reut Tzemach, Talya Rechavi, Estherina Trachtenberg, Neta Goldschmidt, Eldad J Dann, Rachel Bar-Shalom)

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"> • Editorial: COVID-19: patient safety and quality improvement skills to deploy during the surge (Anthony Staines, René Amalberti, Donald M Berwick, Jeffrey Braithwaite, Peter Lachman, Charles A Vincent) • Human factors and ergonomics at time of crises: the Italian experience coping with COVID-19 (Sara Albolino, Giulia Daghiana, Michela Tanzini, Giulio Toccafondi, Elena Belleffi, Francesco Ranzani, Elisabetta Flore) • Quality assessment of weekend discharge: a systematic review and meta-analysis (Chia-Yu Chiu, David Oria, Peter Yangga, Dasol Kang)

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:

- *Assessment and management of COVID-19 patients in the emergency department (ED)*
- *Homelessness and COVID-19*
- *Guidance and underlying evidence about personal protective equipment (PPE) use during COVID-19*
- *Large vessel occlusion strokes in COVID-19 patients*
- *Reducing adverse impacts of people with a lived experience of severe mental health issues during COVID-19*
- *Validated tools to diagnose respiratory illness via telehealth*
- *Rehabilitation needs of post-acute COVID-19 patients*
- *Intubation in the emergency department during COVID-19*
- *Diabetes care during COVID-19*
- *Ventilation use for COVID-19 patients*
- *Thermal imaging for detection of fever*
- *Testing before surgery*
- *Inpatient management of COVID-19*
- *Neonates and COVID-19*
- *Fibrinolysis and PCI for STEMI*
- *Pulmonary rehabilitation and COVID-19*
- *Reducing adverse impacts of people with a lived experience of severe mental health issues during COVID-19.*

[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.

- ***COVID-19: Team and Human Factors to Improve Safety***

<https://psnet.ahrq.gov/primer/covid-19-team-and-human-factors-improve-safety>

This primer describes how human factors engineering may help healthcare teams reduce patient safety risks that arise from stresses caused by the COVID-19 pandemic. In times of stress, failures such as misdiagnoses and adverse events may increase due to factors such as fatigue and burnout, absence of team trust, time constraints and medical illness among staff, according to the primer. The authors highlight several patient safety strategies – effective use of signage, workflow review and redesign, safety checklists and simulation training – whose implementation is regarded as essential for keeping patients and healthcare providers safe in the age of COVID-19.

[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:

- *Interventions for **Substance Use Disorders in Adolescents: A Systematic Review***
<https://effectivehealthcare.ahrq.gov/products/substance-use-disorders-adolescents/research>

[UK] *NIHR Evidence alerts*

<https://evidence.nihr.ac.uk/>

The UK's National Institute for Health Research (NIHR) has posted new evidence alerts on its site. Evidence alerts are short, accessible summaries of health and care research which is funded or supported by NIHR. This is research which could influence practice and each Alert has a message for people commissioning, providing or receiving care. The latest alerts include:

- **Social prescribing** could empower patients to address non-medical problems in their lives
- **Cancer screening** across the world is failing people with mental illness
- Support programme for GP practices increases referrals for **domestic abuse**
- Largest ever trial into a rare **cancer of the urinary system** shows clear benefits of chemotherapy after surgery
- Loneliness, but not social isolation, predicts development of **dementia** in older people.

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