



On the Radar

Issue 502

8 March 2021

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On the Radar

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

Contributors: Niall Johnson, Kim Stewart

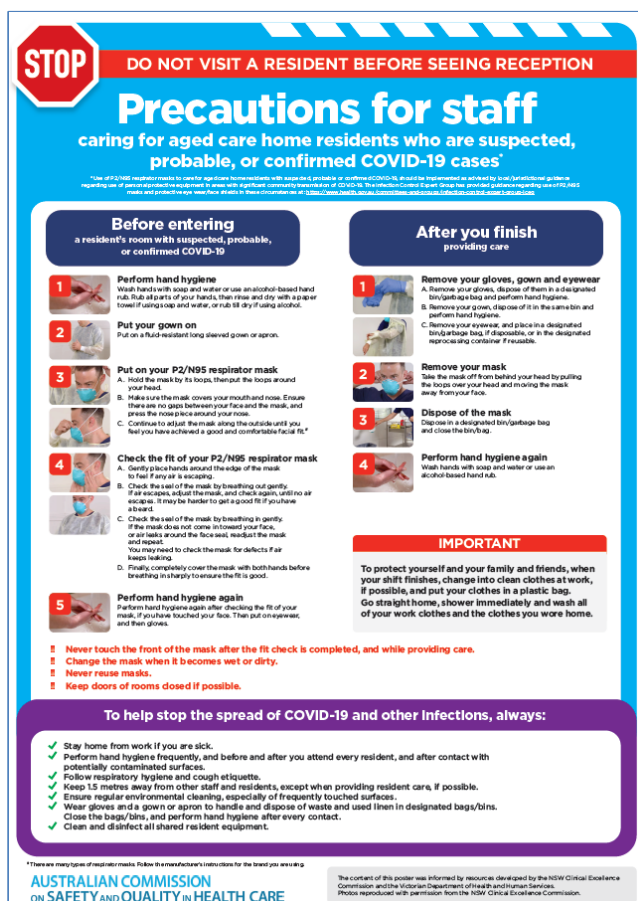
COVID-19 resources

<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>

These resource include:

- **COVID-19: Aged care staff infection prevention and control precautions poster**
<https://www.safetyandquality.gov.au/publications-and-resources/resource-library/covid-19-aged-care-staff-infection-prevention-and-control-precautions-poster>



- **Environmental Cleaning and Infection Prevention and Control**
www.safetyandquality.gov.au/environmental-cleaning
- **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>
- **COVID-19 infection prevention and control risk management – Guidance**
<https://www.safetyandquality.gov.au/publications-and-resources/resource-library/covid-19-infection-prevention-and-control-risk-management-guidance>
- **Safe care for people with cognitive impairment during COVID-19**
<https://www.safetyandquality.gov.au/our-work/cognitive-impairment/cognitive-impairment-and-covid-19>

- **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*
 - *Managing intranasal administration of medicines during COVID-19*
 - *Ongoing medicines management in high-risk patients*
 - *Medicines shortages*
 - *Conserving medicines*
 - *Intravenous medicines administration in the event of an infusion pump shortage*
- **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>
- **FAQs on community use of face masks**
<https://www.safetyandquality.gov.au/faqs-community-use-face-masks>
- **COVID-19 and face masks – Information for consumers**
<https://www.safetyandquality.gov.au/publications-and-resources/resource-library/covid-19-and-face-masks-information-consumers>

The Commission's fact sheet on use of face masks in the community to reduce the spread of COVID-19 is now available in Easy English and 10 other community languages from

<https://www.safetyandquality.gov.au/wearing-face-masks-community>.

The factsheet was developed to help people understand when it is important to wear a mask to reduce the risk of the spread of COVID-19, and to explain how to safely put on and remove face masks. It also reinforces the importance of staying home if you have symptoms, physical distancing, hand hygiene and cough etiquette.

AUSTRALIAN COMMISSION
ON SAFETY AND QUALITY IN HEALTH CARE

INFORMATION
for consumers

COVID-19 and face masks

Should I use a face mask?

Wearing face masks may protect you from droplets (small drops) when a person with COVID-19 coughs, speaks or sneezes, and you are less than 1.5 metres away from them. Wearing a mask will also help protect others if you are infected with the virus, but do not have symptoms of infection.

Wearing a face mask in Australia is recommended by health experts in areas where community transmission of COVID-19 is high, whenever physical distancing is not possible. Deciding whether to wear a face mask is your personal choice. Some people may feel more comfortable wearing a face mask in the community.


When thinking about whether wearing a face mask is right for you, consider the following:

- Face masks may protect you when it is not possible to maintain the 1.5 metre physical distance from other people e.g. on a crowded bus or train
- Are you older or do you have other medical conditions like heart disease, diabetes or respiratory illness? People in these groups may get more severe illness if they are infected with COVID-19
- Wearing a face mask will reduce the spread of droplets from your coughs and sneezes to others (however, if you have any cold or flu-like symptoms you should stay home)
- A face mask will not provide you with complete protection from COVID-19. You should also do all of the other things listed below to prevent the spread of COVID-19.

What can you do to prevent the spread of COVID-19?

Stopping the spread of COVID-19 is everyone's responsibility. The most important things that you can do to protect yourself and others are to:

- Stay at home when you are unwell, with even mild respiratory symptoms
- Regularly wash your hands with soap and water or use an alcohol-based hand rub
- Do not touch your face
- Do not touch surfaces that may be contaminated with the virus
- Stay at least 1.5 metres away from other people (physical distancing)
- Cover your mouth when you cough by coughing into your elbow, or into a tissue. Throw the tissue away immediately.



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. There is also a 'Living evidence' section summarising key studies and emerging evidence on **COVID-19 vaccines** and **SARS-CoV-2 variants**.

Australian Group on Antimicrobial Resistance Sepsis Outcomes Programs: 2019 Report

Coombs G, Bell JM, Daley D, Collignon P, Cooley L, Gottlieb T, Iredell J, Warner M, Nimmo G and Robson J on behalf of the Australian Group on Antimicrobial Resistance and Australian Commission on Safety and Quality in Health Care
Sydney: ACSQHC; 2021: 136.

<https://www.safetyandquality.gov.au/publications-and-resources/resource-library/agar-sepsis-outcome-programs-2019-report>

The Australian Group on Antimicrobial Resistance (AGAR) conducts targeted surveillance of selected pathogens for antimicrobial resistance (AMR) via three sepsis outcome programs – the Gram-negative Sepsis Outcome Program, the Australian Enterococcal Sepsis Outcome Program, and the Australian Staphylococcal Sepsis Outcome Program. AGAR reports on these programs as part of the Antimicrobial Use and Resistance in Australia (AURA) Surveillance System. Thirty-nine institutions across Australia, including four private laboratories contributed data to AGAR in 2019.

The 2019 AGAR report is now available. The themes apparent in the 2019 AGAR data are generally similar to those identified in [2018](#). These themes, which are as follows, are expanded upon in the Overview and Implications of Key Findings and Response sections of the report:

- Reduced reliability of common therapies for severe and multidrug-resistant infections due to increasing resistance trends for some organisms; particularly: *E. coli* non-susceptibility to key anti-gram negative antimicrobial agents such as ceftriaxone and fluoroquinolones; and vancomycin non-susceptibility in *E. faecium*
- Geographical variation in the distribution of AMR, which necessitates tailoring of prescribing guidelines and infection control and prevention strategies between and within hospital and community settings, states and territories and remoteness areas
- Variations between hospital and community settings in the distribution of AMR, which necessitates risk assessment of patients at admission to hospital, and as they move between hospital and community care settings

- The impact of device-related blood stream infections on bacteraemia across all the AGAR surveillance programs in 2019. Whilst there was a small decrease, compared with 2018, for enterococcal episodes (11.4% compared to 13.2% in 2018) and staphylococcal episodes (18.9% versus 20.4%), there is further opportunity for improvement and continuing attention to the National Safety and Quality Health Service (NSQHS) Standards requirements for medical device management.

Antimicrobial prescribing practice in Australian Hospitals Results of the 2019 Hospital National Antimicrobial Prescribing Survey

National Centre for Antimicrobial Stewardship and Australian Commission on Safety and Quality in Health Care

Sydney: ACSQHC; 2021: 45.

<https://www.safetyandquality.gov.au/publications-and-resources/resource-library/antimicrobial-prescribing-practice-australian-hospitals-results-2019-hospital-national-antimicrobial-prescribing-survey>

The National Antimicrobial Prescribing Survey (NAPS) conducts targeted surveillance on appropriateness of antimicrobial prescribing in a voluntary cohort of Australian public and private hospitals. The 2019 Hospital NAPS report is now available.

There have been long-term improvements in three key indicators of appropriateness of antimicrobial prescribing monitored by the Hospital NAPS:

- Documentation of indication increased to 84.2%, in 2019 compared with 70.5% in 2013
- Documentation of review or stop date increased to 48.0%, compared with 34.8% in 2015 when this indicator was first reported. However, the level of documentation is still unacceptably low
- Proportion of surgical prophylaxis given for greater than 24 hours was 30.0% in 2019, compared with 41.0% in 2013.

Whilst these improvements are encouraging, concerning patterns regarding other aspects of antimicrobial prescribing appropriateness, over time, are:

- Compliance with therapeutic guidelines or local guidelines, declined from 72.1% in 2013 to 65.3% in 2019
- Overall appropriateness of prescribing has essentially remained static since 2013, and was 75.7% in 2019
- Prescribing for specific indications, particularly:
 - chronic obstructive pulmonary disease (COPD); non-compliance with guidelines (almost 60%)
 - surgical prophylaxis; non-compliance with guidelines (45%)
 - non-surgical wound infections; non-compliance with guidelines (almost 30%)
 - community-acquired pneumonia; non-compliance with guidelines (almost 33%)
- Inappropriate prescribing of broad-spectrum antimicrobials, particularly for cefalexin, cefazolin, azithromycin and amoxicillin–clavulanic acid.

The opportunities for improvement of practice in relation to prescribing of specific antimicrobials, and consequently, patient safety are highlighted in the report, along with planned action to address them.

Books

Meeting the Challenge of Caring for Persons Living with Dementia and Their Care Partners and Caregivers: A Way Forward

National Academies of Sciences, Engineering, and Medicine

Larson EB, Stroud C, editors

Washington, DC: The National Academies Press; 2021. 228 p.

DOI	https://doi.org/10.17226/26026
Notes	This report from the USA's National Academies of Sciences, Engineering, and Medicine reviews the evidence on dementia care and seeks to inform decision making about which interventions are ready to be broadly disseminated and implemented. It also offers a blueprint to guide future research.

Reports

Victoria's response to COVID-19 laboratory testing: A public pathology perspective

Deeble Institute Perspectives Brief No 15

Sikorski J

Canberra: Australian Healthcare and Hospitals Association; 2021:19.

URL	https://ahha.asn.au/news/greater-investment-needed-public-pathology-maintain-pandemic-preparedness
Notes	<p>This Perspectives Brief from the Australian Healthcare and Hospitals Association's Deeble Institute has been written by the CEO of Public Pathology Australia, Jenny Sikorski. In the brief she examines how the public pathology services in Victoria responded to the COVID-19 pandemic in Victoria. Sikorski asserts that 'To best protect the community in the face of a public health crisis such as COVID-19, attention must be given to Victoria's underlying pandemic response capability and its ongoing maintenance. There should be a focus on technical and scientific leadership, engagement models, information storage and reporting requirements, laboratory and workforce capacity building and workflows.'</p> <p>The brief also contains a number of recommendations for strengthening public pathology services across Australia. Along with the need for continuing investment, the recommendations cover capacity building, referral laboratory links, management of testing volumes, tracking and reporting, non-hospital collections, surveillance of hospital employee infections, supporting telehealth and Hospital in the Home, communication and coordination and pandemic preparedness.</p>

Journal articles

The use of social media as a tool for stakeholder engagement in health service design and quality improvement: A scoping review

Walsh L, Hyett N, Juniper N, Li C, Rodier S, Hill S

Digital Health 2021;7:2055207621996870.

DOI	https://doi.org/10.1177%2F2055207621996870
Notes	The need to partner with consumers is widely accepted. Indeed, one of the eight National Safety and Quality Health Service (NSQHS) Standards is the Partnering with Consumers standard. This paper discusses how contemporary means – social media – may be used to connect and engage with stakeholders, including consumers. This review sought to examine how social media is used by health services, providers and consumers to contribute to service design or quality improvement activities. Based on 40 studies, the review found that nine major models of use of social media could be identified. ‘Twitter was the most common platform for design and QI activities. Most activities were conducted using two-way communication models.’

For information on the Commission’s work on partnering with consumers, see

<https://www.safetyandquality.gov.au/our-work/partnering-consumers>

Effect of a Multifaceted Clinical Pharmacist Intervention on Medication Safety After Hospitalization in Persons Prescribed High-risk Medications: A Randomized Clinical Trial

Gurwitz JH, Kapoor A, Garber L, Mazor KM, Wagner J, Cutrona SL, et al

JAMA Internal Medicine 2021 [epub].

Adverse Drug Events After Hospitalization—Are We Missing the Mark?

Bongiovanni T, Steinman MA

JAMA Internal Medicine 2021 [epub].

DOI	Gurwitz et al https://doi.org/10.1001/jamainternmed.2020.9285 Bongiovanni and Steinman https://doi.org/10.1001/jamainternmed.2020.9282
Notes	The involvement of pharmacists in interventions to address medication safety issues has often been seen to as a means by which to improve safety and quality. However, this study (Gurwitz et al) found that a pharmacist-led intervention that targeted high-risk older adults in an attempt to improve medication safety during the transition of care from hospital to home ‘did not demonstrate an improvement in medication safety ...during the high-risk posthospitalization period.’ This trial covered 361 participants, of whom ‘more than a quarter of patients experienced adverse drug-related incidents and nearly 1 in 5 experienced clinically important medication errors in the 45-day period following hospital discharge. A reduction in these events that was related to the intervention was not observed.’ In their editorial, Bongiovanni and Steinman observe ‘is time to take the next leap forward. While careful and coordinated postdischarge follow-up should undoubtedly continue, we need to also more carefully consider the medications we are prescribing, especially at hospital discharge. The best way to prevent ADEs is to not prescribe a drug that is not truly necessary in the first place. Therefore, we should focus on limiting nonessential medication changes or additions in the hospital setting. Does the patient really need a prescription for opioids, or could the acetaminophen that they are already using be as effective? Is a new antihypertensive essential? These changes will aid the robust work that is focused on deprescribing medications once the patient has transitioned home.’

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

Association of a Safety Program for Improving Antibiotic Use With Antibiotic Use and Hospital-Onset Clostridioides difficile Infection Rates Among US Hospitals

Tamma PD, Miller MA, Dullabh P, Ahn R, Speck K, Gao Y, et al
 JAMA Network Open 2021;4(2):e210235-e.

DOI	https://doi.org/10.1001/jamanetworkopen.2021.0235
Notes	<p>The US Agency for Healthcare Research and Quality (AHRQ) established its Safety Program for Antibiotic Use in 2017 with the aim of supporting US hospitals in creating antibiotic stewardship programs (ASPs) and implementing stewardship principles. This paper reports on the implementation among 402 hospitals over a year. The paper reports that the program ‘was associated with a reduction in antibiotic use and hospital-onset <i>Clostridioides difficile</i> infection rate’. Specific results noted included:</p> <ul style="list-style-type: none"> • Adherence to key components of ASPs (i.e., interventions before and after prescription of antibiotics, availability of local antibiotic guidelines, ASP leads with dedicated salary support, and quarterly reporting of antibiotic use) improved from 8% to 74% over the 1-year period (P < .01) • Antibiotic use decreased by 30.3 days of antibiotic therapy [DOT] per 1000 patient days [PD] (95% CI, –52.6 to –8.0 DOT; P = .008). • The incidence rate of hospital-onset <i>C. difficile</i> laboratory-identified events decreased by 19.5% (95% CI, –33.5% to –2.4%; P = .03).

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

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

Measurement and monitoring patient safety in prehospital care: a systematic review

O’connor P, O’malley R, Oglesby A-M, Lambe K, Lydon S
 International Journal for Quality in Health Care 2021;33(1).

DOI	https://doi.org/10.1093/intqhc/mzab013
Notes	<p>Much of the effort to understand – and to measure – patient safety has occurred in acute care. The gaps in knowledge about patient safety in primary care are also acknowledged. But there are other areas of ‘prehospital care’ that are less well understood. This systematic review sought to ‘to identify and classify the methods of measuring and monitoring patient safety that have been used in prehospital care ...and use this classification to identify where there are safety ‘blind spots’. Based on 52 studies, the review found that ‘There is no single method of measuring and monitoring safety in prehospital care. Arguably, most safety monitoring systems have evolved, rather than been designed. This leads to safety blind spots in which information is lacking, as well as to redundancy and duplication of effort.’ The authors suggest that a structured approach, drawing on the Measuring and Monitoring Safety (MMS) framework, could inform the ‘design of a safety surveillance system that provides a comprehensive understanding of what is being done well, where improvements should be made and whether safety interventions have had the desired effect.’</p>

DOI	https://doi.org/10.1093/intqhc/mzab032
Notes	<p>Patients are sometimes advised that they can always seek a second opinion on their condition and treatment options. But second opinions are not limited to patients. This study noted that second opinion review of pathology cases can identify diagnostic errors that impact patient care. In this study 4,239 second opinion pathology cases were retrospectively reviewed for discrepancy, multiple pathologist review and clinicopathologic features via chart and slide review. Of these cases, 3.7% (156/4239) had major discordance with no change in management and 1% (42/4239) had major discordance with change in management. The study reports that the 'Highest rates of discordance were observed for thyroid fine needle aspiration (15.3%, 26/170) and tissue biopsy of bone/soft tissue (9.6%), endocrine (8.8%), genitourinary (6.7%), gynecologic (6.2%), hematopathology (4%), gastrointestinal/liver (3.7%) and thoracic (3%) sites.'</p>

URL	https://academic.oup.com/intqhc/issue/33/Supplement_1
Notes	<p>A new supplemental issue of the <i>International Journal for Quality in Health</i> has been published with a theme of 'Frontiers of Improvement'. Articles in this issue of the <i>International Journal for Quality in Health</i> include:</p> <ul style="list-style-type: none"> • Human factors and ergonomics systems approach to the COVID-19 healthcare crisis (Pascale Carayon, Shawna Perry) • Human factors/ergonomics to support the design and testing of rapidly manufactured ventilators in the UK during the COVID-19 pandemic (Sue Hignett, Janette Edmonds, Tracey Herlihey, Laura Pickup, Richard Bye, Emma Crumpton, Mark Suján, Fran Ives, Daniel P Jenkins, Miranda Newbery, David Embrey, Paul Bowie, Chris Ramsden, Noorzaman Rashid, Alastair Williamson, Anne-Marie Bougeard, Peter MacNaughton) • Editorial: HFE at the frontiers of COVID-19. Human factors/ergonomics to support the communication for safer care in Italy during the COVID-19 pandemic (Sara Albolino, Giulia Dagliana, Michela Tanzini, Elena Beleffi, Francesco Ranzani, Elisabetta Flore) • Editorial: Frontiers in human factors: embedding specialists in multi-disciplinary efforts to improve healthcare (Ken Catchpole, Paul Bowie, Sarah Fouquet, Joy Rivera, Sue Hignett) • Reengineer healthcare: a human factors and ergonomics framework to improve the socio-technical system (Raquel Santos) • Is the 'never event' concept a useful safety management strategy in complex primary healthcare systems? (Paul Bowie, Diane Baylis, Julie Price, Pallavi Bradshaw, Duncan McNab, Jean Ker, Andrew Carson-Stevens, Alastair Ross) • Human factors engineering for medical devices: European regulation and current issues (Sylvia Pelayo, Romaric Marcilly, Tommaso Bellandi) • Innovating health care: key characteristics of human-centered design (Marijke Melles, Armagan Albayrak, Richard Goossens) • Frontiers in human factors: integrating human factors and ergonomics to improve safety and quality in Latin American healthcare systems (Carlos Aceves-González, Yordán Rodríguez, Carlos Manuel Escobar-Galindo, Elizabeth Pérez, Beatriz Gutiérrez-Moreno, Sue Hignett, Alexandra R Lang)

	<ul style="list-style-type: none"> • Will the COVID-19 pandemic transform infection prevention and control in surgery? Seeking leverage points for organizational learning (Giulio Toccafondi, Francesco Di Marzo, Massimo Sartelli, Mark Sujan, Molly Smyth, Paul Bowie, Martina Cardi, Maurizio Cardi) • Human factors: the pharmaceutical supply chain as a complex sociotechnical system (Brian Edwards, Charles A Gloor, Franck Toussaint, Chaofeng Guan, Dominic Furniss) • Human factors/ergonomics work system analysis of patient work: state of the science and future directions (Nicole E Werner, Siddarth Ponnala, Nadia Doutcheva, Richard J Holden)
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Journal of Patient Safety

Volume 17, No. 2, March 2021

URL	https://journals.lww.com/journalpatientsafety/toc/2021/03000
Notes	<p>A new issue of the <i>Journal of Patient Safety</i> has been published. Articles in this issue of the <i>Journal of Patient Safety</i> include:</p> <ul style="list-style-type: none"> • Effects of an Intensive Discharge Intervention on Medication Adherence, Glycemic Control, and Readmission Rates in Patients With Type 2 Diabetes (Magny-Normilus, Cherie; Nolido, Nyryan V.; Borges, Jorge C.; Brady, Maureen; Labonville, Stephanie; Williams, Deborah; Soukup, Jane; Lipsitz, Stuart; Hudson, Margo; Schnipper, Jeffrey L.) • The Development of a Surgical Oncology Center During the COVID-19 Pandemic (Moriarty, Peter; Chang, Justin; Kayani, Babar; Roberts, Lois; Bourke, Neil; Dann, Christopher; MacArthur, Emma; Haddad, Fares S.) • Toward the Development of the Perfect Medical Team: Critical Components for Adaptation (Gregory, Megan E.; Hughes, Ashley M.; Benishek, Lauren E.; Sonesh, Shirley C.; Lazzara, Elizabeth H.; Woodard, LeChauncy D.; Salas, Eduardo) • Patient Harm During COVID-19 Pandemic: Using a Human Factors Lens to Promote Patient and Workforce Safety (Alagha, M. Abdulhadi; Jaulin, Francois; Yeung, Wesley; Celi, Leo Anthony; Cosgriff, C. V.; Myers, Laura C.) • Identification of Design Criteria to Improve Patient Care in Electronic Health Record Downtime (Larsen, Ethan P.; Haskins Lisle, Ali; Law, Bethany; Gabbard, Joseph L.; Kleiner, Brian M.; Ratwani, Raj M.) • Using Lean to Improve Patient Safety and Resource Utilization After Pediatric Adenotonsillectomy (Gray, Mingyang L.; Chen, Sida; Kinberg, Eliezer; Colley, Patrick; Malkin, Benjamin D.) • Development and Validation of a Safety Scale Perceived by the Witness of Prehospital Emergency Care (Pécule-Carrasco, Juan-Antonio; Rodríguez-Bouza, Mónica; Casal-Sánchez, María-del-Mar; de-la-Fuente-Rodríguez, José-Manuel; Puerta-Córdoba, Antonio; Rodríguez-Ruiz, Hugo-José; Sánchez-Almagro, César-Pedro; Failde, Inmaculada) • Give Intravenous Bolus Overdose a Brake: User Experience and Perception of Safety Device (Ng, Yasmin Yen Yen; Wan, Paul Weng; Chan, Kim Poh; Sim, Guek Gwee) • The Patient Safety Culture Scale for Chinese Primary Health Care Institutions: Development, Validity and Reliability (Cheng, Siyu; Hu, Yinhuan; Pfaff, Holger; Lu, Chuntao; Fu, Qiang; Wang, Liuming; Li, Dehe; Xia, Shixiao)

	<ul style="list-style-type: none"> • Patient Safety Incidents Describing Patient Falls in Critical Care in North West England Between 2009 and 2017 (Thomas, Antony N.; Balmforth, Joanna E.) • The Burden of Opioid-Related Adverse Drug Events on Hospitalized Previously Opioid-Free Surgical Patients (Urman, Richard D.; Seger, Diane L.; Fiskio, Julie M.; Neville, Bridget A.; Harry, Elizabeth M.; Weiner, Scott G.; Lovelace, Belinda; Fain, Randi; Cirillo, Jessica; Schnipper, Jeffrey L.) • Building an Ambulatory Safety Program at an Academic Health System (Desai, Sonali; Fiumara, Karen; Kachalia, Allen) • The Association Between Complications, Incidents, and Patient Experience: Retrospective Linkage of Routine Patient Experience Surveys and Safety Data (de Vos, Marit S.; Hamming, Jaap F.; Boosman, Hileen; Marang-van de Mheen, Perla J.) • Managing Missing Data in the Hospital Survey on Patient Safety Culture: A Simulation Study (Boussat, Bastien; François, Olivier; Viotti, Julien; Seigneurin, Arnaud; Giai, Joris; François, Patrice; Labarère, José) • Psychometric Testing of Errors of Care Omission Survey: A New Tool on Patient Safety in Primary Care (Poghosyan, Lusine; Norful, Allison A.; Ghaffari, Affan; Liu, Jianfang) • Investigating Hospital Supervision: A Case Study of Regulatory Inspectors' Roles as Potential Co-creators of Resilience (Øyri, Sina Furnes; Braut, Geir Sverre; Macrae, Carl; Wiig, Siri) • Implementing Patient and Family Involvement Interventions for Promoting Patient Safety: A Systematic Review and Meta-Analysis (Giap, Thi-Thanh-Tinh; Park, Myonghwa) • National and Institutional Trends in Adverse Events Over Time: A Systematic Review and Meta-analysis of Longitudinal Retrospective Patient Record Review Studies (Connolly, Warren; Li, Brian; Conroy, Ronan; Hickey, Anne; Williams, David J.; Rafter, Natasha) • Critical Care Beds With Continuous Lateral Rotation Therapy to Prevent Ventilator-Associated Pneumonia and Hospital-Acquired Pressure Injury: A Cost-effectiveness Analysis (Kang, So-Yeon; DiStefano, Michael J.; Yehia, Farah; Koszalka, Maria V.; Padula, William V.)
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Health Affairs

Volume 40, Number 3, March 2021

URL	https://www.healthaffairs.org/toc/hlthaff/40/3
Notes	<p>A new issue of <i>Health Affairs</i> has been published with the themes of “Nursing Homes, COVID-19 & More”. Articles in this issue of <i>Health Affairs</i> include:</p> <ul style="list-style-type: none"> • The Big Idea Behind A New Model Of Small Nursing Homes (Rob Waters) • High Nursing Staff Turnover In Nursing Homes Offers Important Quality Information (Ashvin Gandhi, Huizi Yu, and David C Grabowski) • Medicare’s New Patient Driven Payment Model Resulted In Reductions In Therapy Staffing In Skilled Nursing Facilities (Brian E McGarry, Elizabeth M White, Linda J Resnik, Momotazur Rahman, and David C Grabowski) • The COVID-19 Innovation System (Bhaven N Sampat and K C Shadlen) • How New Models Of Vaccine Development For COVID-19 Have Helped Address An Epic Public Health Crisis (David E Bloom, Daniel Cadarette, Maddalena Ferranna, Randall N Hyer, and Daniel L Tortorice)

	<ul style="list-style-type: none"> • Reflections On Governance, Communication, And Equity: Challenges And Opportunities In COVID-19 Vaccination (Daniel Salmon, Douglas J Opel, Matthew Z Dudley, Janesse Brewer, and Robert Breiman) • Unmet Social Needs And Worse Mental Health After Expiration Of COVID-19 Federal Pandemic Unemployment Compensation (Seth A Berkowitz and Sanjay Basu) • Provider Teams Outperform Solo Providers In Managing Chronic Diseases And Could Improve The Value Of Care (Maximilian J Pany, Lucy Chen, Bethany Sheridan, and Robert S Huckman) • An Employer-Provider Direct Payment Program Is Associated With Lower Episode Costs (Christopher M Whaley, Christoph Dankert, Michael Richards, and Dena Bravata) • Spending For Orphan Indications Among Top-Selling Orphan Drugs Approved To Treat Common Diseases (Kao-Ping Chua, Lauren E Kimmel, and Rena M Conti) • Provider Compliance With Kentucky's Prescription Drug Monitoring Program's Mandate To Query Patient Opioid History (Colleen M Carey, Giacomo Meille, and Thomas C Buchmueller) • Rural Enrollees In Medicare Advantage Have Substantial Rates Of Switching To Traditional Medicare (Sungchul Park, David J Meyers, and B A Langellier) • In Traditional Medicare, Modest Growth In The Home Care Workforce Largely Driven By Nurse Practitioners (Nengliang Yao, Justin B Mutter, James D Berry, Takashi Yamanaka, Denise T Mohess, and Thomas Cornwell) • Disparities In Telehealth Use Among California Patients With Limited English Proficiency (Jorge A Rodriguez, Altaf Saadi, Lee H Schwamm, David W Bates, and Lipika Samal) • The Affordable Care Act's Insurance Marketplace Subsidies Were Associated With Reduced Financial Burden For US Adults (Charles Liu, Hiroshi Gotanda, Dhruv Khullar, Thomas Rice, and Yusuke Tsugawa) • Deaths Of Despair: Adults At High Risk For Death By Suicide, Poisoning, Or Chronic Liver Disease In The US (Mark Olfson, Candace Cosgrove, Sean F Altekruze, Melanie M Wall, and Carlos Blanco) • A Social-Return-On-Investment Analysis Of Bon Secours Hospital's 'Housing For Health' Affordable Housing Program (Emmanuel Fulgence Drabo, Grace Eckel, Samuel L Ross, Michael Brozic, Chanie G Carlton, Tatiana Y Warren, George Kleb, Aurelia Laird, K M Pollack Porter, and C E Pollack) • Online Advertising Increased New Hampshire Residents' Use Of Provider Price Tool But Not Use Of Lower-Price Providers (Sunita M Desai, Sonali Shambhu, and Ateev Mehrotra) • Medicaid Expansion Reduced Uncompensated Care Costs At Louisiana Hospitals; May Be A Model For Other States (Kevin Callison, Brigham Walker, Charles Stoecker, Jeral Self, and Mark L Diana) • Graduate Medical Education Should Not Be A Commodity (S Griswold)
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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"> • COVID-19 in Aged Care Homes: A Comparison of Effects Initial Government Policies had in UK (Primarily Focussing on England) and Australia During the First Wave (Daniel Kam Yin Chan, Mary-Louise Mclaws, Duncan Ronald Forsyth) • Using the Systems Engineering Initiative for Patient Safety (SEIPS) Model to Describe the Planning and Management of the COVID-19 Pandemic in Hong Kong (Wai-man Kwan, Chun-keung Mok, Yick-ting Kwok, Hung Ling, Hon-wai Lam, Tat-hong Law, Pik-man Leung, Man-yu Mak, Tak-lun Que, Chun-hoi Kan, Yiu-hang Tang) • Differences in Organization of Care are Associated with Mortality, Severe Complication and Failure to Rescue in Emergency Colon Cancer Surgery (Daniëlle D Huijts, Jan Willem T Dekker, Leti van Bodegom-Vos, Julia T van Groningen, Esther Bastiaannet, • Assessment of The “IHI Global Trigger Tool” Reliability: New Perspectives From A Brazilian Study (Sara Monteiro Moraes, Teresa Cristina Abreu Ferrari, Natália Mansur Pimentel Figueiredo, Thaís Novaes Costa Almeida, Caio César Lôbo Sampaio, • The Need for Standardized Reporting of Research Findings in the Field of Quality of Care (Ezequiel García-Elorrio, Sheikh Aziz) • The Effect of Computerized Clinical Decision Support on Adherence to VTE Prophylaxis Clinical Practice Guidelines among Hospitalized Patients (Maher A Titi, Hadil A Alotair, Amel Fayed, Maram Baksh, Faisal Abdullah Abdulaziz Alsaif, Ziad Almomani, Mohammad Atallah, Asrar F Alsharif, Amr A Jamal, Yasser S Amer) • The Effect of Distraction on the Quality of Patient Hand-Off: A Randomized Study (Vashisht Persad, Rodney McLaren, Jr., Sophia Joslin-Roher, Sujatha Narayanamoorthy, Michael Silver, Howard Minkoff) • Demographics Matter: The Potentially Disproportionate Effect of COVID-19 on Hospital Ratings (Ariel R Belasen, Marlon R Tracey, Alan T Belasen) • Assessing the Value of Second Opinion Pathology Review (Ayesha Farooq, Amrou Abdelkader, Nino Javakhishvili, Gustavo A Moreno, Pilar Kuderer, Marisa Polley, Bryan Hunt, Tamar A Giorgadze, Julie M Jorns) • Fall Prevention Education FOR People WITH Multiple Sclerosis: A Randomized Clinical Trial (Daniella Cristina Chanes, Felipe Maia de Toledo Piza, Gustavo San Martin, Eliseth Ribeiro Leão, Oscar Fernando Pavão dos Santos)

Online resources

Acute behavioural disturbance

<https://www.bettersafecare.vic.gov.au/clinical-guidance/emergency/acute-behavioural-disturbance>

Safer Care Victoria has published clinical guidance on caring for people displaying acute behavioural disturbance in emergency settings. The guidance focuses on 7 aspects:

1. assessment
2. transition from prehospital care
3. de-escalation
4. sedation and ongoing care post-sedation
5. physical and mechanical restraint and ongoing care while restrained
6. transition from the emergency care setting
7. staff support and case review.

The guidance:

- applies to people aged 16–65 years, with acknowledgement that some concepts may apply to people outside this range.
- applies to people in emergency departments and urgent care centres and may be adapted for pre-hospital care such as ambulance services.
- not apply to people with a clear organic cause for their acute behavioural disturbance such as a closed head injury, dementia or delirium.

The guidance is available as PDF or Word files. A quick reference visual summary (poster) and supplement outlining the development methodology are also available.

[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:

- Clinical Guideline CG57 *Atopic eczema in under 12s: diagnosis and management*
<https://www.nice.org.uk/guidance/cg57>
- NICE Guideline NG190 *Secondary bacterial infection of eczema and other common skin conditions: antimicrobial prescribing* <https://www.nice.org.uk/guidance/ng190>

[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:

- *Disparities and Barriers to Pediatric Cancer Survivorship Care*
<https://effectivehealthcare.ahrq.gov/products/pediatric-cancer-survivorship/research>
- *Automated-Entry Patient-Generated Health Data for Chronic Conditions: The Evidence on Health Outcomes* <https://effectivehealthcare.ahrq.gov/products/health-data-mapping/report>

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:

- Aspirin could reduce the **risk of heart attack or stroke** in people with pneumonia
- Strong patient-staff relationships are key to reducing **conflict in high-security psychiatric hospitals**
- **Lonely young people** have an increased risk of mental health problems years later: research suggests lockdown could have a long term effect
- **Young offenders** with undiagnosed language problems are twice as likely to reoffend within a year
- A simple checklist reliably identified **paranoia in adolescents** with mental health problems
- **Mental health problems in complex trauma**: the most promising therapies
- People in the most deprived groups were least likely to take part in the **exercise referral scheme**
- People with **diabetes** with a low risk of developing **foot ulcers** can be screened less often
- Laser surgery for an **enlarged prostate** is no more effective than standard surgery
- **Dialysis for acute kidney injury** can be safely delayed for many patients
- An innovative swallowable sponge detects **Barrett's oesophagus** in people with heartburn
- Active monitoring in **early prostate cancer** prevents as many deaths as surgery or radiotherapy
- **Pregnancy loss** leads to post-traumatic stress in one in three women
- **First-time mothers** need clear and consistent information about the care they can expect after giving birth
- Informed decision-making when **birth defects** are suspected
- **Men who have sex with men** are less likely to use drugs to prevent HIV if they are young, unemployed or have a low disposable income
- Increased awareness of **developmental disorders** can reduce stigma
- Physiotherapist-led exercise eases **shoulder pain** but ultrasound guidance for injections makes no difference.

Disclaimer

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