AUSTRALIAN COMMISSION ON SAFETY AND QUALITY IN HEALTH CARE

On the Radar

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On the Radar
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Journal articles

Measuring safety in older adult care homes: a scoping review of the international literature
Rand S, Smith N, Jones K, Dargan A, Hogan H
BMJ Open. 2021;11(3):e043206.

DOI	http://doi.org/10.1136/bmjopen-2020-043206
Notes	The COVID-19 pandemic has seen care facilities that accommodate older people are particular vulnerable. It has also been seen that even in more routine times, these facilities can have dangerous lapses in safety and quality. This paper reports on a review of the literature on the measurement of safety that focused on 45 studies. The authors used the Safety Measurement and Monitoring Framework in healthcare (SMMF) to attempt to understand the coverage of different aspects of safety, as well as potential gaps in the literature. The authors report finding that 'there are a range of available safety measures used for quality monitoring and improvement in older adult care homes' and that they cover the five domains of safety in the SMMF. They also report identifying gaps, including 'user experience, psychological harm related to the care home environment, abusive or neglectful care practice and the processes for integrated learning'. Furthermore 'Some of these gaps may relate to challenges and feasibility of measurement in the care home context.'

Targeted Ordering of Investigations Reduces Costs of Treatment for Surgical Inpatients
Adhikari AN, Beck MD, Wykes JJ, Ashford BG
International Journal for Quality in Health Care. 2021 [epub].

DOI	https://doi.org/10.1093/intqhc/mzab083
Notes	The ordering of diagnostic tests is a commonplace activity. But the vast quantities of tests ordered may not be useful, valuable or even necessary. The more appropriate ordering of diagnostics has been advocated for a number of reasons. This paper reports on implementation and impact of a new protocol targeting ordering of investigations within the General Surgical Teams of Wollongong Hospital. This was a quality improvement initiative that sought to reduce the number of 'routine blood tests'. The new protocol involved regular review of the laboratory investigations being ordered for the following day with a senior team member. For this study, the medical records of all patients admitted under the General Surgery service were retrospectively reviewed over two ten-week periods in 2017 (838 patients) and 2018 (805 patients) (control and study) to identify whether there was a reduction in the number of 'routine blood tests' and associated costs following implementation of the new protocol. The authors report that 10,030 tests were covered in the control period, compared to 8,610 over the study period, a 16% reduction in 'routine blood tests' per patient, per day of admission and a 6% reduction in costs in the study group. The authors conclude that 'Targeted ordering of investigations with personalised education and feedback to junior staff during review of clinical status of each patient as a part of normal workflow, can reduce inappropriate ordering of 'routine blood tests' and associated costs to the patient and the healthcare system.'

Identifying and encouraging high-quality healthcare: an analysis of the content and aims of patient letters of compliment
Gillespie A, Reader TW
BMJ Quality & Safety. 2021;30(6):484-492.

DOI	http://dx.doi.org/10.1136/bmjqs-2019-010077
Notes	The analysis and use of patient complaints in the search of improved safety and quality is not unusual. This paper reports on a study of the more positive patient and consumer feedback, the compliments. While compliments are nice it's not clear that systematic use has been made of them. This paper reports on a study that examined 1267 compliment letters received by 54 English hospitals. The analysis revealed that: • The practices being complimented were in the relationship (77% of letters), clinical (50%) and management (30%) domains. • 39% of compliments focused on voluntary non-routine extra-role behaviours (e.g., extra-emotional support, staying late to run an extra test). • The aims of expressing gratitude were to acknowledge (80%), reward (44%) and promote (59%) the desired behaviour. • Front-line staff tended to receive compliments acknowledging behaviour, while senior management received compliments asking them to reward individual staff and promoting the importance of relationship behaviours. The authors content that 'compliment letters do more than merely identify desirable healthcare practices. By acknowledging, rewarding and promoting these practices, compliment letters can potentially contribute to healthcare services through promoting desirable behaviours and giving staff social recognition.'

For information on the Commission's work on person centred care, see
https://www.safetyandquality.gov.au/our-work/partnering-consumers/person-centred-care

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

2020 Pennsylvania Patient Safety Reporting: An Analysis of Serious Events and Incidents from the Nation's Largest Event Reporting Database
Kepner S, Jones R.
Patient Safety. 2021;3(2):6-21.

Rates of Serious Surgical Errors in California and Plans to Prevent Recurrence
Cohen AJ, Lui H, Zheng M, Cheema B, Patino G, Kohn MA, et al
JAMA Network Open. 2021;4(5):e217058-e217058.

DOI	Kepner and Jones http://doi.org/10.33940/data/2021.6.1 Cohen et al. http://doi.org/10.1001/jamanetworkopen.2021.7058
Notes	A pair of items reporting on serious events in US health care systems. Kepner and Jones provide the annual update on serious events captured in the Pennsylvania Patient Safety Reporting System. In the USA, Pennsylvania is the only state that requires acute healthcare facilities to report all events of harm or potential for harm. This makes the Pennsylvania Patient Safety Reporting System (PA-PSRS) is the largest repository of patient safety data in the United States. In 2020, 278,548 patient safety event reports were submitted. The majority of the 2020 reports were Incidents (97.0%) rather than Serious Events (3.0%). For each of the last five years, the most frequently reported event type was **Error Related to Procedure/Treatment/Test**, accounting for 32.1% of all submitted acute care event reports in 2020. The next three most frequently reported event types were **Medication Error**, **Complication of Procedure/Treatment/Test**, and **Fall**, accounting for 16.7%, 16.2%, and 11.8% of submitted reports in 2020, respectively. Cohen et al report on an analysis of142 surgical 'never events' reported to the California Department of Public Health. The 142 events were identified and summarised in the period 1 January 2007 to 31 December 2017. The most common surgical never events reported were **retained foreign objects** (94 of 141, 66.2%), **wrong site or patient surgery** (22 events, 15.5%), **surgical burns** (11, 7.7%), and other (15, 10.6%).

BMJ Quality & Safety
June 2021 - Volume 30 - 6

URL	https://qualitysafety.bmj.com/content/30/6
Notes	A new issue of *BMJ Quality & Safety* has been published. Many of the papers in this issue have been referred to in previous editions of *On the Radar* (when they were released online). Articles in this issue of *BMJ Quality & Safety* include: • Editorial: **Safe care on maternity units**: a multidimensional balancing act (Emily White VanGompel, Elliott K Main) • Editorial: **Healthcare-associated infections**: where we came from and where we are headed (Daniel Escobar, David Pegues) • Seven features of **safety in maternity units**: a framework based on multisite ethnography and stakeholder consultation (Elisa Giulia Liberati, Carolyn Tarrant, Janet Willars, Tim Draycott, Cathy Winter, Karolina Kuberska, Alexis Paton, Sonja Marjanovic, Brandi Leach, Catherine Lichten, Lucy Hocking, Sarah Ball, Mary Dixon-Woods) • Association between **intrahospital transfer and hospital-acquired infection in the elderly**: a retrospective case–control study in a UK hospital network (Emanuela Estera Boncea, Paul Expert, Kate Honeyford, Anne Kinderlerer, Colin Mitchell, Graham S Cooke, Luca Mercuri, Céire E Costelloe) • Removing hospital-based triage from suspected **colorectal cancer pathways**: the impact and learning from a primary care-led electronic straight-to-test

	pathway (Philippa Orchard, Nitin Arvind, Alison Wint, James Kynaston, Ann Lyons, Eric Loveday, Anne Pullyblank) • **Changing hospital organisational culture for improved patient outcomes**: developing and implementing the leadership saves lives intervention (Erika Linnander, Zahirah McNatt, Kasey Boehmer, Emily Cherlin, Elizabeth Bradley, Leslie Curry) • Identifying and encouraging high-quality healthcare: an analysis of the content and aims of **patient letters of compliment** (Alex Gillespie, Tom W Reader) • Observational study assessing changes in **timing of readmissions around postdischarge day 30** associated with the introduction of the Hospital Readmissions Reduction Program (Ashwin S Nathan, Joseph R Martinez, Jay Giri, Amol S Navathe) • Weekly variation in quality of care for **acute ST-segment elevation myocardial infarction** by day and time of admission: a retrospective observational study (Chao Wang, Xi Li, Wantong Sun, Jingkun Li, Yupeng Wang, Xiaoqiang Bao, Meina Liu, Qiuju Zhang) • Systematically capturing and acting on **insights from front-line staff**: the 'Bedside Learning Coordinator' (Jenny Shand, Dominique Allwood, Nicole Lee, Noor Elahi, Iain McHenry, Karen Chui, Sophie Tang, Zoe Dawson-Couper, James Mountford, Richard Bohmer) • Systematic review and meta-analysis of interventions for **operating room to intensive care unit handoffs** (Joanna Abraham, Alicia Meng, Sanjna Tripathy, Michael S Avidan, Thomas Kannampallil)

BMJ Quality & Safety online first articles

URL	https://qualitysafety.bmj.com/content/early/recent
Notes	*BMJ Quality &Safety* has published a number of 'online first' articles, including: • Primary care physician's (PCP) perceived **value of patient-reported outcomes (PROs) in clinical practice**: a mixed methods study (Danny Mou, Daniel M Horn, Marilyn Heng, Manuel Castillo-Angeles, Keren Ladin, Daniel Frendl, Manraj Kaur, Marcela del Carmen, Thomas Dean Sequist, Rachel C Sisodia) • **Conceptualising interventions to enhance spread in complex systems**: a multisite comprehensive medication review case study (Laura Lennox, Susan Barber, Neil Stillman, Sophie Spitters, Emily Ward, Vanessa Marvin, Julie E Reed) • How does the effectiveness of **strategies to improve healthcare provider practices** in low-income and middle-income countries change after implementation? Secondary analysis of a systematic review (Catherine Arsenault, Samantha Y Rowe, Dennis Ross-Degnan, David H Peters, Sanam Roder-DeWan, Margaret E Kruk, Alexander K Rowe) • Editorial: Implementing **automated prognostic models to inform palliative care**: more than just the algorithm (Erin M Bange, Katherine R Courtright, Ravi B Parikh) • Editorial: **Sustaining quality improvement efforts**: emerging principles and practice (Robert E Burke, Perla J Marang-van de Mheen) • Improving **timeliness of hepatitis B vaccine administration** in an urban safety net level III NICU (Madoka Hayashi, Theresa R Grover, Steve Small, Tessa Staples, Genie Roosevelt)

	• Editorial: No one left behind: a case for more inclusivity in **authorship for quality improvement and implementation research** (Jennifer S Myers, Meghan Lane-Fall, Christine Soong)

International Journal for Quality in Health Care online first articles

URL	https://academic.oup.com/intqhc/advance-articles
Notes	*International Journal for Quality in Health Care* has published a number of 'online first' articles, including: • **Is a Hospital Quality Policy Based on a Triad of Accreditation, Public Reporting and Inspection Evidence-Based?** A Narrative Review (Astrid Van Wilder, Luk Bruyneel, Dirk De Ridder, Deborah Seys, Jonas Brouwers, Fien Claessens, Bianca Cox, Kris Vanhaecht) • **Cost-effectiveness of Public Caseload Midwifery** Compared to Standard Care in an Australian Setting: a Pragmatic Analysis to Inform Service Delivery (Emily J Callander, Valerie Slavin, Jenny Gamble, Debra K Creedy, Hazel Brittain) • **Targeted Ordering of Investigations** Reduces Costs of Treatment for Surgical Inpatients (Ashim Nath Adhikari, Matthew Dylan Beck, James Justin Wykes, Bruce Graham Ashford) • Applying Health-Six-Sigma Principles Helps Reducing the **Variability of Length of Stay in the Emergency Department** (Ayala Kobo-Greenhut, Keren Holzman, Osnat Raviv, Izhar Ben Shlomo, Jakov Arad)

COVID-19 resources

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

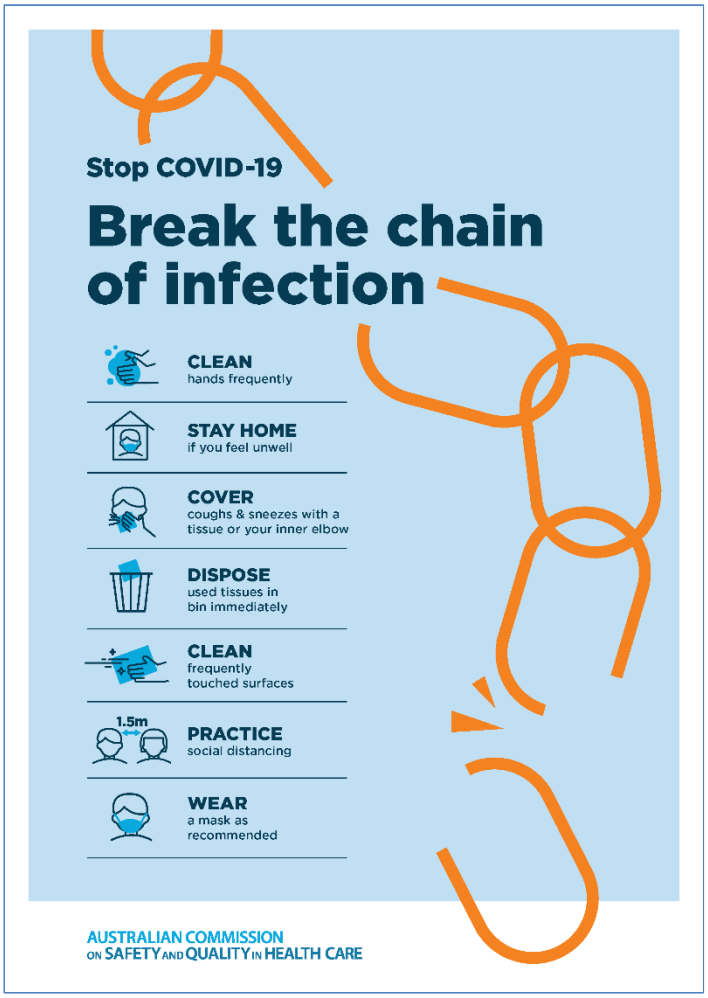
The Australian Commission on Safety and Quality in Health Care has developed a number of resources to assist healthcare organisations, facilities and clinicians. These and other material on COVID-19 are available at https://www.safetyandquality.gov.au/covid-19

These resource include:

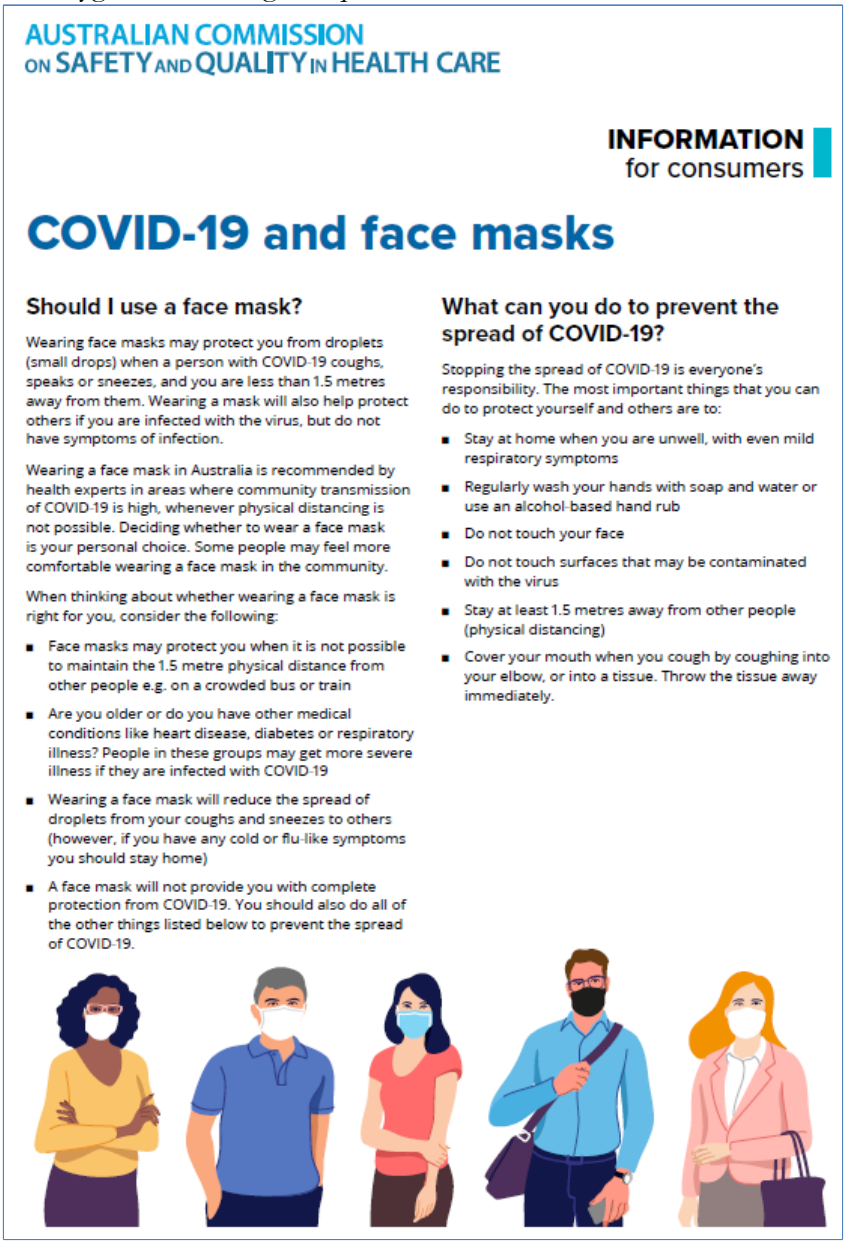
- *COVID-19: Aged care staff infection prevention and control precautions* *poster*
  https://www.safetyandquality.gov.au/publications-and-resources/resource-library/covid-19-aged-care-staff-infection-prevention-and-control-precautions-poster

- *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*
- *Stop COVID-19: Break the chain of infection* 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**. Recent evidence check updates include:

- ***COVID-19 vaccine and elective surgery –*** What is the evidence on COVID-19 vaccination before elective surgery, including any recommendations regarding timing of vaccination?
