



On the Radar

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On the Radar

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Reports

Weight-based medication errors in children

Independent report by the Healthcare Safety Investigation Branch I2020/026

Healthcare Safety Investigation Branch

Farnborough: HSIB; 2022. p. 109.

URL	https://www.hsib.org.uk/investigations-and-reports/weight-based-medication-errors-in-children/
Notes	<p>The UK's Healthcare Safety Investigation Branch (HSIB) has released this report examining the issue of medication errors, particularly for weight-based prescribing for children.</p> <p>The reference event that triggered the investigation was a four-year-old girl who received 10 times the intended dose of an anticoagulant on five separate occasions over three days. This led to a bleed on the brain and a further three months in hospital followed by discharge home with an ongoing care plan.</p> <p>The investigation examined the risks involved when prescribing, dispensing and administering medicine to children. Prescribing for children is usually personalised: individual calculations are needed for each child, taking weight, age, gestation and body surface area into account.</p>

	<p>In the UK (and elsewhere), electronic prescribing and medicines administration (ePMA) systems are now commonly used. They are considered a more effective way to reduce medication errors however, they may cause new technology-related errors. Errors in prescribing for children can lead to unsafe doses of medicines, causing significant harm or death if administered.</p> <p>The report includes a number of recommendations at peak bodies and health organisations.</p>
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For information on the Commission’s work on medication safety, see <https://www.safetyandquality.gov.au/our-work/medication-safety>

Journal articles

Including the Reason for Use on Prescriptions Sent to Pharmacists: Scoping Review
 Mercer K, Carter C, Burns C, Tennant R, Guirguis L, Grindrod K
 JMIR Hum Factors. 2021 2021/11/25;8(4):e22325.

DOI	https://doi.org/10.2196/22325
Notes	<p>Health is an information business. But determining what information to share and when is not always straightforward. Often, concerns about privacy and confidentiality need to be considered. This paper reports on a scoping review that examined the literature on how including the reason for use on a prescription impacts pharmacists. Focussing on 19 studies, the study found ‘there is a consensus that the addition of this information to prescriptions benefits patient safety and enables pharmacists to be more effective.’ What literature there is suggests that that including the indication can help identify errors, support communication, and improve patient safety, but there are also queries about impact on workflow and patient privacy.</p>

Medication-related interventions to improve medication safety and patient outcomes on transition from adult intensive care settings: a systematic review and meta-analysis
 Bourne RS, Jennings JK, Panagioti M, Hodkinson A, Sutton A, Ashcroft DM
 BMJ Quality Safety. 2022.

DOI	https://doi.org/10.1136/bmjqs-2021-013760
Notes	<p>Transitions of care are times of risk. This paper reports on a systematic review and meta-analysis of the literature on medication issues at transition from intensive care units (ICU). Based on 17 studies, the authors report that intervention components in the literature included staff education, medication review, guidelines, transfer/handover tools or aids and medication reconciliation. They observe that ‘Multicomponent interventions based on education of staff and guidelines were effective at achieving almost four times more de-prescribing of inappropriate medication by the time of patient hospital discharge.’ They also noted ‘. More complex interventions such as medication review and medicines reconciliation, targeted at reducing MEs [medication errors] and medication-related problems on ICU discharge, were very effective and reduced potential ADEs [adverse drug events].’</p>

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

Non-conveyance of older adult patients and association with subsequent clinical and adverse events after initial assessment by ambulance clinicians: a cohort analysis

Lederman J, Lindström V, Elmqvist C, Löfvenmark C, Ljunggren G, Djärv T
 BMC Emergency Medicine. 2021 2021/12/11;21(1):154.

DOI	https://doi.org/10.1186/s12873-021-00548-7
Notes	<p>The decisions that healthcare workers make can have significant implications for patients. This Swedish study looked at the decision by emergency medical services to not transport patients to hospital. This was a retrospective cohort study that covered all adult non-conveyed patients ‘who availed the ambulance service of Region Stockholm, Sweden in 2015’. Older adult patients comprised 48% of the 17,809 non-conveyed patients. The authors report that:</p> <ul style="list-style-type: none"> • Dispatch priority levels were generally lower among older non-conveyed patients than among younger patients • Non-conveyance among older patients occurred more often during daytime • Approximately one in five older adults was hospitalised within 7 days following non-conveyance • Patients presenting with infectious symptoms had the highest mortality risk following non-conveyance. • Oxygen saturation level < 95% or systolic blood pressure > 160 mmHg had significantly higher associations with hospitalisation within 7 days following non-conveyance in older adult patients. <p>The study found that for older adult patients there was an increased risk of adverse events, including infection, hospitalisation, death, within 7 days of the non-conveyance decision.</p>

Australian Journal of Primary Health

Volume 28 Number 1, February 2022

URL	https://www.publish.csiro.au/py/issue/10790
Notes	<p>A new issue of the <i>Australian Journal of Primary Health</i> has been published. Articles in this issue of the <i>Australian Journal of Primary Health</i> include:</p> <ul style="list-style-type: none"> • Implementation of evidence-based nutritional management in primary health care settings: a systematic scoping review (Nara Letícia Zandonadi de Oliveira, Marina Peduzzi, Heloise L F Agreli and K dos Santos Matsumoto) • Oral health surveillance in Australia: the need for ongoing data to inform public health decision-making (Amit Chattopadhyay, Bradley Christian, Mark Gussy, Mohd Masood, Shalika Hegde, Anil Raichur, R Martin and A Kenny) • Model of nutritional care in older adults: improving the identification and management of malnutrition using the Mini Nutritional Assessment–Short Form (MNA®-SF) in general practice (Karen Charlton, Karen Walton, Kate Brumerskyj, Elizabeth Halcomb, A Hull, T Comerford and V A do Rosario) • First call, home: perception and practice around health among South Asian migrants in Melbourne, Australia (Rajan Subedi, Sabitra Kaphle, Manju Adhikari, Yamuna Dhakal, M Khadka, S Duwadi, S Tamang and S Shakya) • Willingness to use community health centres for initial diagnosis: the role of policy incentives among Chinese patients (Jingrong Zhu, Xiaofei Li, Hongrui Chu and Jinlin Li) • Establishing consensus on key elements and implementation enablers of community-based pain programs to support primary health network decision making: an eDelphi study (Pippy Walker, Simone De Morgan, Andrew Wilson and Fiona M Blyth)

	<ul style="list-style-type: none"> • Australian primary health care nurses' knowledge, practice and attitudes relating to preconception care: learnings for service implementation (E Dorney, J Millard, K Hammarberg, K Griffin, A Gordon, K McGeechan and K I Black) • Advance care planning in dementia: a qualitative study of Australian general practitioners (Adnan Alam, Christopher Barton, Pallavi Prathivadi and Danielle Mazza) • Internationalisation of general practice journals: a bibliometric analysis of the Science Citation Index database (Hsin Ma, Bo-Ren Cheng, An-Hui Chang, Hsiao-Ting Chang, Ming-Hwai Lin, Tzeng-Ji Chen and Shinn-Jang Hwang)
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URL	https://journals.lww.com/pqs/toc/2022/01000
	<p>A new issue of <i>Pediatric Quality & Safety</i> has been published. Articles in this issue of <i>Pediatric Quality & Safety</i> include:</p> <ul style="list-style-type: none"> • Simulation-Based System Analysis: Testing Preparedness for Extracorporeal Membrane Oxygenation Cannulation in Pediatric COVID-19 Patients (Alyssa C Stoner, Robert D Schremmer, Mikaela A Miller, Kari L Davidson, Rachael L Pedigo, Jamie S Parson, C S Kennedy, E K Pallotto, J O Miller) • A Standardized Peer Review Program Improves Assessment and Documentation of Child Sexual Abuse (Suzanne P Starling, Kimberly A Martinez, Lori D Frasier) • Behavioral and Psychological Aspects of the Physician Experience with Deimplementation (Corrie E McDaniel, Samantha A House, S L Ralston) • Improving Quality and Efficiency in Pediatric Emergency Department Behavioral Health Care (Beth L Emerson, Erika Setzer, E Blake, L Siew) • Sustained Reduction in Time to Data Entry in the Cystic Fibrosis Foundation Registry (Laura Nay, Jame' Vajda, Sharon McNamara, T Ong) • Improving the Diagnosis of Menstrual Dysfunction through Quality Improvement (Kayla Daniel, Anastasia Fischer, Michael Welty, A E Valasek) • Reducing PICU-to-Floor Time-to-Transfer Decision in Critically Ill Bronchiolitis Patients using Quality Improvement Methodology (Cristin Q Fritz, Blake Martin, Megan Riccolo, Michelle Fennell, Elise Rolison, Todd Carpenter, Lalit Bajaj, Amy Tyler, Mark Brittan) • Right on Schedule: Improving the Rate of Clinic Appointments Scheduled Prior to Hospital Discharge (Mahvish Q Rahim, Jordyn Griffin, Kerry Hege, Emily L Mueller, Kristine Kauffman, Stacey Corman, Kari Anderson, Stayce Woodburn, Meghan Drayton Jackson) • Improving Adherence to Safe Sleep Guidelines for Hospitalized Infants at a Children's Hospital (Adolfo L Molina, Meghan Harrison, Candice Dye, Christine Stoops, Erinn O Schmit) • Quality Improvement Methodology Facilitates Adherence to Echocardiogram Protocol Measurements (Saira Siddiqui, Eunice Hahn, Garick D Hill, James Brown, Katherine Lehmkuhl, Christopher Statile) • Improving Efficiency of Multidisciplinary Bedside Rounds in the NICU: A Single Centre QI Project (Sandesh Shivananda, Horacio Osioviich, Julie de Salaberry, Valoria Hait, Kanekal S Gautham)

	<ul style="list-style-type: none"> • Implementing an EMR-based Health-related Social Needs Screen in a Pediatric Hospital System (Millie Dolce, Hannah Keedy, Laura Chavez, Samantha Boch, Hannah Zaim, Brennan Dias, Deena Chisolm) • A Quality Improvement Initiative to Increase Central Line Maintenance Bundle Compliance through Nursing-led Rounds (Maria C Hugo, Rheannon R Rzucidlo, Lauren M Weisert, Isaac Parakati, Sangeeta K Schroeder) • Improving Care for Children with Bloody Diarrhea at Risk for Hemolytic Uremic Syndrome (Carson S Burns, Jason Rubin, Tara Sardesai, Eileen J Klein, Surabhi B Vora, Ryan Kearney, Lori Rutman) • A Quality Improvement Initiative to Improve Patient Safety Event Reporting by Residents (Daniel Herchline, Christina Rojas, Amit A Shah, Victoria Fairchild, Sanjiv Mehta, Jessica Hart) • Shifting the Paradigm: A Quality Improvement Approach to Proactive Cardiac Arrest Reduction in the Pediatric Cardiac Intensive Care Unit (Christine M Riley, J Wesley Diddle, Ashleigh Harlow, Kara Klem, Jason Patregnani, Evan Hochberg, Jenhao Jacob Cheng, Sopil Bhattarai, Lisa Hom, Justine M Fortkiewicz, Darren Klugman) • Reducing Avoidable Transfer Delays in the Pediatric Intensive Care Unit for Status Asthmaticus Patients (Takaharu Karube, Theresa Goins, Todd J Karsies, Samantha W Gee) • A Quality Improvement Approach to Improving Discharge Documentation (Sumeet L Banker, Divya Lakhaney, Benjamin S Hooe, Teresa A McCann, Connie Kostacos, Mariellen Lane)
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International Journal for Quality in Health Care
Volume 33, Issue Supplement 2, November

URL	https://academic.oup.com/intqhc/issue/33/Supplement_2
	<p>A supplement issue of the <i>International Journal for Quality in Health Care</i> has been published with a theme of Coproduction of health. Articles in this issue of the <i>International Journal for Quality in Health Care</i> include:</p> <ul style="list-style-type: none"> • Policy, accreditation and leadership: creating the conditions for effective coproduction of health, healthcare and science (Peter Lachman, Eugene C Nelson) • Editorial: Science-informed practice: an essential epistemologic contributor to health-care coproduction (Paul Batalden, Anais Ovalle, Tina Foster, Glyn Elwyn) • Editorial: New ways of working: health professional development for effective coproduction (Tina Foster, Paul Batalden) • Editorial: Making health and healthcare really matter in less resourced countries (Peter Lachman, Ezequiel García-Elorrio) • From assurance to coproduction: a century of improving the quality of health-care service (Paul Batalden, Tina Foster) • Quality as strategy, the evolution of co-production in the Region Jönköping health system, Sweden: a descriptive qualitative study (Sofia Persson, Ann-Christine Andersson, Annmargreth Kvarnefors, J Thor, B Andersson Gäre) • Person-centered care (PCC): the people's perspective (Gro Rosvold Berntsen, Sara Yaron, Morgan Chetty, Carolyn Canfield, Louis Ako-Egbe, Phuk Phan, Caitriona Curran, Isabela Castro)

	<ul style="list-style-type: none"> • The role of co-production in Learning Health Systems (Andreas Gremyr, Boel Andersson Gäre, Johan Thor, Glyn Elwyn, Paul Batalden, Ann-Christine Andersson) • Coproduction in the management of individuals with cleft lip and palate in South Africa: the Ekhaya Lethu model (Phumzile Hlongwa, Laetitia C Rispel) • Point-of-care dashboards promote coproduction of healthcare services for patients with inflammatory bowel disease (Aricca D Van Citters, Megan M Holthoff, Alice M Kennedy, Gil Y Melmed, Ridhima Oberai, Corey A Siegel, Alandra Weaver, Eugene C Nelson) • Initial development of a self-assessment approach for coproduction value creation by an international community of practice (Brant J Oliver, Rachel C Forcino, Paul B Batalden) • A starter’s guide to learning and teaching how to coproduce healthcare services (Julie K Johnson, Paul Batalden, Tina Foster, Charlotte Arvidsson, Maren Batalden, Rachel Forcino, Boel Andersson Gäre) • Coproducing value during the COVID-19 pandemic (Rachel C Forcino, Christian Von Plessen) • Coproduction in medical education during the COVID-19 pandemic: critical components of successful curricular reform (Bruce Gregoire, Lena Trager, Jessamina Blum) • International, national and local trends in the spread of COVID-19: a geographic view of COVID-19 spread and the role to be played by coproduction (Peter Schmidt, Eugene C Nelson, Gregory Kearney, Sally Kraft, Brant J Oliver) • A ‘COVID Compass’ for navigating the pandemic (Brant J Oliver, Peter Schmidt, Stephanie Tomlin, Sally A Kraft, Elliott Fisher, Eugene C Nelson)
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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"> • Editorial: Pay-for-performance incentives for health worker vaccination: looking under the hood (Alison M Buttenheim, Harsha Thirumurthy)

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"> • Embracing Multiple Aims in Healthcare Improvement and Innovation (Rene Amalberti, Anthony Staines, Charles Vincent) • Perceived Reliability of Medical Device Alarms – A Major Determinant of Medical Errors Driven by Frozen Medical Thinking (Hilel Frankenthal, Izhar Ben Shlomo, Yael Kurzweil Segev, Alon K, Dina Orkin)

Online resources

[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 NG28 *Type 2 diabetes in adults: management*
<https://www.nice.org.uk/guidance/ng28>

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 resources include:

- *COVID-19 infection prevention and control risk management*
<https://www.safetyandquality.gov.au/publications-and-resources/resource-library/covid-19-infection-prevention-and-control-risk-management-guidance>

- *Poster – Combined contact and droplet precautions*
<https://www.safetyandquality.gov.au/publications-and-resources/resource-library/poster-combined-contact-and-droplet-precautions>



VISITOR RESTRICTIONS IN PLACE

For all staff


Combined contact & droplet precautions

in addition to standard precautions*


Before entering room/care area

At doorway prior to leaving room/care area


- 1




Perform hand hygiene
- 2




Put on gown
- 3




Put on a surgical mask
- 4



Put on protective eyewear
- 5




Perform hand hygiene
- 6




Put on gloves


- 1




Remove and dispose of gloves
- 2




Perform hand hygiene
- 3




Remove and dispose of gown
- 4




Perform hand hygiene
- 5





Remove protective eyewear
- 6



Perform hand hygiene
- 7




Remove and dispose of mask
- 

Leave the room/care area
- 

After leaving the room/care area perform hand hygiene

*e.g. Acute respiratory tract infection with unknown aetiology (low COVID-19 risk), seasonal influenza and RSV
 For more detail, refer to the *Australian Guidelines for the Prevention and Control of Infection in Healthcare*, your state and territory guidance and <https://www.health.gov.au/committees-and-groups/infection-control-expert-group-ic-eg>

AUSTRALIAN COMMISSION
ON SAFETY AND QUALITY IN HEALTH CARE



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- *Poster – Combined airborne and contact precautions*
<https://www.safetyandquality.gov.au/publications-and-resources/resource-library/poster-combined-airborne-and-contact-precautions>

VISITOR RESTRICTIONS IN PLACE

For all staff

Combined airborne & contact precautions

in addition to standard precautions

Before entering room/care zone

- 1

Perform hand hygiene
- 2

Put on gown
- 3

Put on a particulate respirator (e.g. P2/N95) and perform fit check
- 4

Put on protective eyewear
- 5

Perform hand hygiene
- 6

Put on gloves

At doorway prior to leaving room/care zone

- 1

Remove and dispose of gloves
- 2

Perform hand hygiene
- 3

Remove and dispose of gown
- 4

Leave the room/care zone
- 5

Perform hand hygiene (in an anteroom/outside the room/care zone)
- 6

Remove protective eyewear (in an anteroom/outside the room/care zone)
- 7

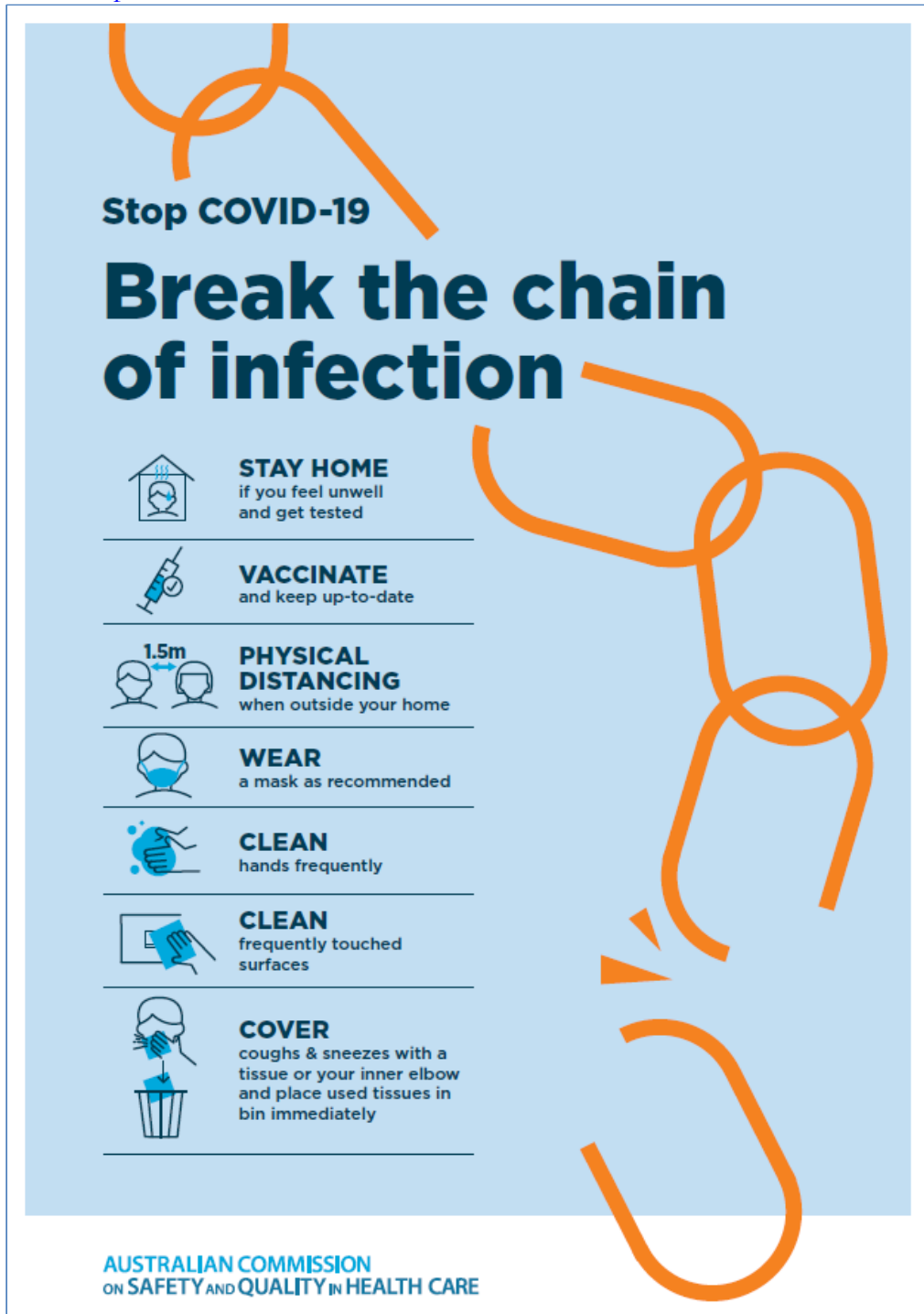
Perform hand hygiene (in an anteroom/outside the room/care zone)
- 8

Remove and dispose of particulate respirator (in an anteroom/outside the room/care zone)
- 9

Perform hand hygiene

KEEP DOOR CLOSED AT ALL TIMES

- *Environmental Cleaning and Infection Prevention and Control*
www.safetyandquality.gov.au/environmental-cleaning
- *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>
- *Stop COVID-19: Break the chain of infection* poster
<https://www.safetyandquality.gov.au/publications-and-resources/resource-library/break-chain-infection-poster-a3>



- *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>
- *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>

**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, a COVID status monitor, a risk monitoring dashboard 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**. The most recent updates include:

- ***Surgery post COVID-19*** – What is the evidence for the timing of surgery, and outcomes following surgery, for people who have recovered from COVID-19?
Show summary | Download full Evidence Check (PDF 189 KB)
- ***Disease modifying treatments for COVID-19 in children*** – What is the evidence for disease modifying treatments for COVID-19 in children?
- ***Omicron (BA.2 sub-lineage)*** – What is the available evidence for the BA.2 sub-lineage of the Omicron variant of concern?
- ***Mask type for COVID-19 positive wearer*** – What is the evidence for different mask types for COVID-19 positive wearers?
- ***Post acute and subacute COVID-19 care*** – What published advice and models of care are available regarding post-acute and subacute care for COVID-19 patients?
- ***COVID-19 vaccines in Australia*** – What is the evidence on COVID-19 vaccines in Australia?
- ***Hospital visitor policies*** – What is the evidence for hospital visitor policies during and outside of the COVID-19 pandemic?
- ***Surgical masks, eye protection and PPE guidance*** – What is the evidence for surgical masks in the endemic phase in hospitals and for eyewear to protect against COVID-19?

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