AUSTRALIAN COMMISSION ON SAFETY AND QUALITY IN HEALTH CARE

# On the Radar

Issue 272
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**On the Radar**
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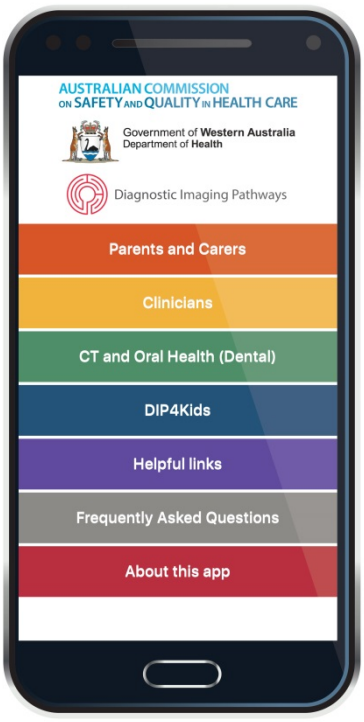
**New smartphone app - DIP 4 Kids**




The Australian Commission on Safety and Quality in Health care has announced the release of a new smartphone app to support a reduction in **unwarranted exposure to radiation from CT scans for children and young people.**
The DIP 4 Kids app supports clinicians in evidence-based decisions about imaging options for young people and children, including the use CT scanning. The app also provides links to a range of other resources developed by the Commission to provide information to clinicians, parents and carers on paediatric imaging for over 20 clinical conditions and injuries occurring in children and young people.
The app was developed by the Commission, in partnership with the Western Australian Department of Health, and is based on the paediatric decision aids contained in the Department's Diagnostic Imaging Pathways (DIP) app.
The app is free and can be downloaded from the Apple store (https://itunes.apple.com/us/app/dip-4-kids-acsqhc/id1073006122?ls=1&mt=8) or from Google Play (https://play.google.com/store/apps/details?id=sigmalogic.dip4kids&hl=en)
More information on reducing radiation exposure to children and young people from CT scans is available at: www.safetyandquality.gov.au and www.healthdirect.gov.au/ctscansforkids.

**Journal articles**

*Medical error—the third leading cause of death in the US*
Makary MA, Daniel M
BMJ. 2016;353:i2139.

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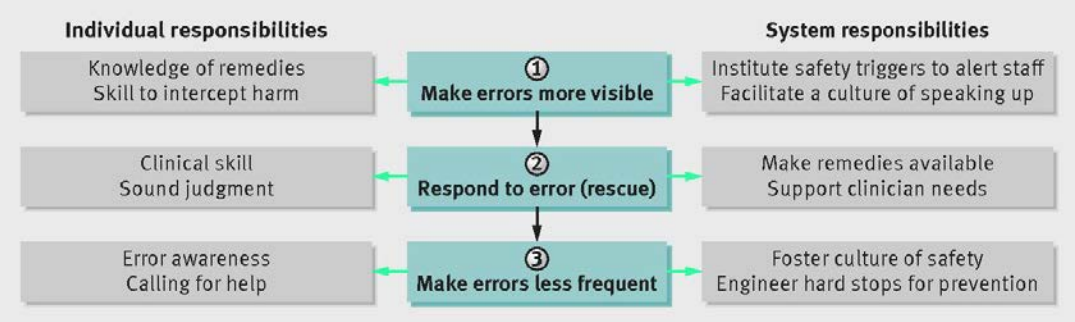
| DOI | http://dx.doi.org/10.1136/bmj.i2139 |
| Notes | This latest attempt at quantifying the scale of death resulting from medical error derives a figure of **0.71 percent of hospital admissions** culminating in a '**preventable lethal adverse event**'. This is extrapolated out to more than a quarter of millions deaths (**251,454 deaths** is the figure given) in the USA based on 2013 hospital admissions; making it the third most common cause of death in the USA. But, as the paper notes, this is not the highest figure that has been argued for. Classen at al (http://dx.doi.org/10.1377/hlthaff.2011.0190) suggested that the percentage of admissions with a preventable lethal adverse event was 1.13% which would have meant more than 400,000 deaths in the USA in 2013.<br>The authors call for better reporting, better visibility of errors, better response to errors and for a reduction in errors.<br>  |

*Assessing the appropriateness of prevention and management of venous thromboembolism in Australia: a cross-sectional study*
Hibbert PD, Hannaford NA, Hooper TD, Hindmarsh DM, Braithwaite J, Ramanathan SA, et al
BMJ Open. 2016;6(3):e008618.

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| DOI | http://dx.doi.org/10.1136/bmjopen-2015-008618 |
| Notes | This study comes from the Care Track Australia project and reports on the compliance with guidance on venous thromboembolism (VTE) prevention. The study was conducted in 27 Australian hospitals and of the 1154 project participants who had 35,145 encounters, 1078 were "for scoring against VTE indicators". The authors report that "compliance with indicators for VTE was 51%, and ranged from 34% to 64% for aggregated sets of indicators." These findings led them to suggest that "this provides a baseline for tracking progress nationally. There is a need for national and, ideally, international agreement on clinical standards, indicators and tools to guide, document and monitor care for VTE, and for measures to increase their uptake, particularly where deficiencies have been identified." |

For information on the Commission's work on healthcare associated infection, see http://www.safetyandquality.gov.au/our-work/healthcare-associated-infection/

*Addressing the Appropriateness of Outpatient Antibiotic Prescribing in the United States: An Important First Step*
Tamma PD, Cosgrove SE
Journal of the American Medical Association. 2016;315(17):1839-41.

*Prevalence of Inappropriate Antibiotic Prescriptions Among US Ambulatory Care Visits, 2010-2011*
Fleming-Dutra KE, Hersh AL, Shapiro DJ, Bartoces M, Enns EA, File Jr TM, et al.
Journal of the American Medical Association. 2016;315(17):1864-73.

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| DOI | Tamma and Cosgrove: http://dx.doi.org/10.1001/jama.2016.4286<br>Fleming et al. http://dx.doi.org/10.1001/jama.2016.4151 |
| Notes | The (appropriate) use antimicrobials and the influence on antimicrobial resistance is a global issue and one that has seen a range of estimates of the scale of the problem. These two items (a research article and related editorial) from the Journal of the American Medical Association describe how antibiotics are used in the outpatient setting, including the proportion of antibiotics that likely are not prescribed appropriately.<br>The study investigated data for 2010 and 2011 from two (US) national annual surveys (National Ambulatory Medical Care Survey (NAMCS) and the National Hospital Ambulatory Medical Care Survey (NHAMCS)) Both surveys collect data about patients' demographic characteristics and symptoms, diagnoses, and medications ordered, including antibiotics. The data used covered 184 032 visits with 12.6% of encounters were associated with antibiotic prescriptions. The study examined the diagnoses to determine whether antibiotics are almost always indicated, may be indicated or are not indicated. National guidelines, when available, were used to estimate appropriate levels of antibiotic prescribing by age group. The investigators estimated that approximately **30% of outpatient prescriptions were inappropriate**. |

For information on the Commission's work on the Antimicrobial Use and Resistance in Australia Project, see http://www.safetyandquality.gov.au/national-priorities/amr-and-au-surveillance-project/

*Patient Safety at the Crossroads*
Gandhi TK, Berwick DM, Shojania KG
Journal of the American Medical Association. 2016;315(17):1829-30.

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| DOI | http://dx.doi.org/10.1001/jama.2016.1759 |
| Notes | This commentary stems from the late 2015 report from the (US) National Patient Safety Foundation, *Free From Harm: Accelerating Patient Safety Improvement Fifteen Years After "To Err Is Human."* (described in *On the Radar* Issue 254). That report made a number of recommendations. This item focuses on the first recommendation: Ensure that leaders establish and sustain a safety culture.<br>They emphasise the role boards, board members and organisational leadership can play and highlight the need to provide these leaders with the requisite education and practical tools. As "Talking about culture is not enough. Leaders need to identify strategies to effectively create a safety culture, and apply them broadly and systematically throughout the health care system." |

*Reducing prognostic errors: a new imperative in quality healthcare*
Khullar D, Jena AB
BMJ. 2016;352:i1417.

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| DOI | http://dx.doi.org/10.1136/bmj.i1417 |
| Notes | Issues of diagnosis, such as diagnostic error, misdiagnosis and over-diagnosis, have generated a fair amount of interest in recent times. This paper moves the focus to prognosis as the authors contend that "that prognostic errors may be as important as diagnostic errors." |

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| | Misprognosis is defined as “a failure to match a correctly diagnosed condition to the appropriate intervention, taking into account how a patient’s medical, functional, and social circumstances”. Recognising that prognosis is often difficult and frequently lacks evidence, the authors note that while most medical encounters involve differential diagnosis, “few explore the differential prognosis for patients and selected interventions.” |

*The new era of informed consent: Getting to a reasonable-patient standard through shared decision making*
Spatz ES, Krumholz HM, Moulton BW
Journal of the American Medical Association. 2016 [epub].

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| DOI | http://dx.doi.org/10.1001/jama.2016.3070 |
| Notes | This opinion piece explores the movement towards advancing the standard of informed consent and patient-centeredness through shared decision making.<br>In 2015, the UK Supreme Court ruled that the standard of information provided by physicians to inform patients about the risks, benefits, and alternatives of treatment will no longer be determined by what a responsible body of physicians deems important, but rather by what a ‘reasonable person’ deems important.<br>In the US, Washington State has enacted legislation linking shared decision making to informed consent and more than half of the states have adopted the ‘reasonable-patient standard’ which requires clinicians to disclose all relevant information that an objective patient would find material in making an decision about a proposed procedure.<br>Despite these laws, there are several challenges to achieving a patient-centred approach in informed decision making. Opportunities to advance informed consent with the reasonable-patient standard include:<br>• promoting transparency about the potential threat of current informed consent practices to high-value, patient centred care<br>• expanded policy efforts that embrace shared decision making with the use of certified patient decision aids as an acceptable standard for informed consent<br>• value-based payment models that recognise high-quality informed consent practice. |

For information on the Commission’s work on shared decision making, see http://www.safetyandquality.gov.au/our-work/shared-decision-making/

*Medical Journal of Australia*
Volume 204, Issue 8, 2 May 2016

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| URL | https://www.mja.com.au/journal/2016/204/8 |
| Notes | This issue of the *MJA* includes a number of articles that touch on quality issues, including:<br>• White et al interviewed doctors about their perceptions of ‘futility’ in end of life care, with broad consensus about how they define futile care. However “More than half the doctors also identified treatment that is futile but nevertheless justified, such as short term treatment that supports the family of a dying person.” In the accompanying editorial, Maddocks suggests that ‘utility’ might be a more useful term.<br>• Sampurno et al report improvements in 5-year outcomes on three processes of care indicators reported by the Victorian Prostate Cancer Outcomes |

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| | Registry–Victoria (PCOR-Vic), while an accompanying editorial discusses the value of such a registry for improving care.<br>• Atkinson and Zacest briefly discuss the surgical management of low back pain, questioning reasons for the 175% increase in spinal fusion surgery over ten years despite uncertain evidence of benefit.<br>• From the National Health Measures Survey 2011-12, Banks et al report low rates of preventive medicines use for people at risk of a cardiovascular event. Among those reporting diagnosed cardiovascular disease including coronary heart disease and stroke, only 44.2% (95% CI, 36.8–51.6%) were receiving both blood pressure- and lipid-lowering medicines. |

*Patient Experience Journal*
Volume 3, Issue 1 (2016)

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| URL | http://pxjournal.org/journal/vol3/iss1/ |
| Notes | A new issue of the *Patient Experience Journal* has been published. Articles in this issue of the *Patient Experience Journal* include:<br>• **Patient experience**: **Driving outcomes** at the heart of healthcare (Jason A. Wolf)<br>• A call to **excellence in patient experience** (Geoffrey A Silvera)<br>• Female and male patients' perceptions of **primary care doctors' communication skills** in Hong Kong (Vivienne Leung and Kimmy Cheng)<br>• Does she think she's supported? **Maternal perceptions** of their experiences in the **neonatal intensive care unit** (Emily A Lilo, Richard J Shaw, Julia Corcoran, Amy Storfer-Isser, and Sarah M Horwitz)<br>• Evaluating recall of key safety messages, and attitudes and perceptions of a **patient safety initiative at a pediatric hospital** (Deepika Sriram, Carol Cooke, Régis Vaillancourt, Gilda Villarreal, Annie Pouliot, Nanette Labelle, and T Wrong)<br>• Can **social media reduce discrimination and ignorance** towards patients with long term conditions? A chronic kidney disease example in the UK and more widely (Shahid N Muhammad, Amy J Zahra, Howard J Leicester, Heather Davis, and Stephen Davis)<br>• **Patient perceptions** of an AIDET and hourly rounding program in a community hospital: Results of a qualitative study (Tosha Allen, Tyne Rieck, and Stacie Salsbury)<br>• **Preference-sensitive decisions of patients** with metastatic breast cancer: The need for decision support (Julie van de Haterd, Helene Voogdt-Pruis, Ilse Raats, Rianne van den Brink, and Haske van Veenendaal)<br>• **Exploring patient satisfaction** with interdisciplinary care of complex **feeding problems** (Claire K Miller and Scott Pentiuk)<br>• Please tick the appropriate box: Perspectives on **patient reported experience** (Mette Sandager, Morten Freil, and Janne Lehmann Knudsen)<br>• Impact of hospital diagnosis-specific quality measures on **patients' experience of hospital care**: Evidence from 14 states, 2009-2011 (Emily M Johnston, Kenton J Johnston, Jaeyong Bae, Jason M Hockenberry, Arnold Milstein, and Edmund Becker)<br>• Developing approaches to the collection and use of evidence of **patient experience below the level of national surveys** (Elizabeth J Gibbons, Chris Graham, Jenny King, Kelsey Flott, C Jenkinson, and R Fitzpatrick) |

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| | • **Patient evaluations of the interpersonal care experience** (ICE) in U.S. hospitals: A factor analysis of the HCAHPS survey (Geoffrey A Silvera and Jonathan R Clark)<br>• Impact of **logo wear** on provider perception of patient (Bill R Gombeski Jr)<br>• Applying **experience-based co-design** with vulnerable populations: Lessons from a systematic review of methods to involve patients, families and service providers in child and youth mental health service improvement (Alison Mulvale, Ashleigh Miatello, Christina Hackett, and G Mulvale)<br>• **Relationship-centred care** in health: A 20-year scoping review (Sophie Soklaridis, Paula Ravitz, Gili Adler Nevo, and Susan Lieff)<br>• The **story of Emily** (Lori L Jennings, Barb O'Neil, Kim Bossy, Denise Dodman, and Jill Campbell) |

*Health Affairs*
1 May 2016; Vol. 35, No. 5

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| URL | http://content.healthaffairs.org/content/35/5.toc |
| Notes | A new issue of *Health Affairs* has been published with the theme 'Prescription Drugs, Global Health & More'. Articles in this issue of *Health Affairs* include:<br>• A **Lead Poisoning** Crisis Enters Its Second Century (David Rosner)<br>• **Variation In Health Outcomes**: The Role Of Spending On Social Services, Public Health, And Health Care, 2000–09 (Elizabeth H Bradley, Maureen Canavan, Erika Rogan, Kristina Talbert-Slagle, Chima Ndumele, Lauren Taylor, and Leslie A Curry)<br>• Patient Segmentation Analysis Offers Significant Benefits For **Integrated Care** And Support (Sabine I Vuik, Erik K Mayer, and Ara Darzi)<br>• The Commercial Market For **Priority Review Vouchers** (David B Ridley and Stephane A Régnier)<br>• Funding **Antibiotic Innovation** With Vouchers: Recommendations On How To Strengthen A Flawed Incentive Policy (Kevin Outterson and Anthony McDonnell)<br>• 'Government Patent Use': A Legal Approach To **Reducing Drug Spending** (Amy Kapczynski and Aaron S Kesselheim)<br>• Despite Federal Legislation, **Shortages Of Drugs** Used In Acute Care Settings Remain Persistent And Prolonged (Serene I Chen, Erin R Fox, M K Hall, J S Ross, E M Bucholz, H M Krumholz, and A K Venkatesh)<br>• Steady Increase In **Prices For Oral Anticancer Drugs** After Market Launch Suggests A Lack Of Competitive Pressure (Caroline S Bennette, Catherine Richards, Sean D Sullivan, and Scott D Ramsey)<br>• **Cancer Drugs Provide Positive Value** In Nine Countries, But The United States Lags In Health Gains Per Dollar Spent (Sebastian Salas-Vega and Elias Mossialos)<br>• **Payments For Opioids** Shifted Substantially To Public And Private Insurers While Consumer Spending Declined, 1999–2012 (Chao Zhou, Curtis S Florence, and Deborah Dowell)<br>• **Hospitalizations Related To Opioid Abuse/Dependence** And Associated Serious Infections Increased Sharply, 2002–12 (Matthew V Ronan and Shoshana J Herzig)<br>• **Improving Health Care Coverage**, Equity, And Financial Protection Through A Hybrid System: Malaysia's Experience (Ravindra P Rannan-Eliya, Chamara Anuranga, Adilius Manual, Sondi Sararaks, Anis S Jailani, |

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| | Abdul J Hamid, Izzanie M Razif, Ee H Tan, and Ara Darzi)<br>• A More Detailed Understanding Of Factors Associated With **Hospital Profitability** (Ge Bai and Gerard F Anderson)<br>• Adding A Spending Metric To Medicare's **Value-Based Purchasing** Program Rewarded Low-Quality Hospitals (Anup Das, Edward C Norton, David C Miller, Andrew M Ryan, John D Birkmeyer, and Lena M Chen)<br>• **Low-Quality Nursing Homes** Were More Likely Than Other Nursing Homes To Be Bought Or Sold By Chains In 1993–2010 (David C Grabowski, Richard A Hirth, Orna Intrator, Yue Li, John Richardson, David G Stevenson, Qing Zheng, and Jane Banaszak-Holl) |

*American Journal of Medical Quality*
May/June 2016; Vol. 31, No. 3

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| URL | http://ajm.sagepub.com/content/31/3?etoc |
| Notes | A new issue of the *American Journal of Medical Quality* has been published. Articles in this issue of the *American Journal of Medical Quality* include:<br>• Sustaining Reductions in **Central Line–Associated Bloodstream Infections** in Michigan Intensive Care Units: A 10-Year Analysis (Peter J Pronovost, Sam R Watson, C A Goeschel, R C Hyzy, and S M Berenholtz)<br>• Improving the **Ambulatory Patient Experience** Within an Academic Department of Medicine (Naama Neeman and Niraj L Sehgal)<br>• **Quality Improvement Education for Health Professionals**: A Systematic Review (Stephanie R Starr, Jordan M Kautz, Atsushi Sorita, Kristine M Thompson, Darcy A Reed, Barbara L Porter, David L Mapes, Catherine C Roberts, Daniel Kuo, P R Bora, T A Elraiyah, M H Murad, and H H Ting)<br>• Maintenance of **Certification, Medicare Quality Reporting, and Quality of Diabetes Care** (Robert L Phillips, Brenna Blackburn, Lars E Peterson, and James C Puffer)<br>• The Armstrong Institute Resident/Fellow Scholars: A Multispecialty **Curriculum to Train Future Leaders in Patient Safety and Quality Improvement** (Michael L Rinke, Clare K Mock, Nichole M Persing, Melinda Sawyer, Elliott R Haut, Nathan J Neufeld, and Paul Nagy)<br>• Improving the **Rate of Colposcopy** in an Urban Population of Patients With Known Abnormal Pap Smears (Joseph M Montella and James F Pelegano)<br>• **Integrating Quality Improvement With Graduate Medical Education**: Lessons Learned From the AIAMC National Initiatives (Rebecca D Blanchard, Kimberly Pierce-Boggs, Paul F Visintainer, and K T Hinchey)<br>• A Successful Model for a **Comprehensive Patient Flow Management** Center at an Academic Health System (Paris B. Lovett, Megan L. Illg, and Brian E. Sweeney<br>• Can Physicians Deliver **Chronic Medications at the Point of Care**? (Ana Palacio, Vaughn F Keller, Jessica Chen, Leonardo Tamariz, Olveen Carrasquillo, and Craig Tanio)<br>• **Reflective Practice**: A Tool for **Readmission Reduction** (Deanne T Kashiwagi, M Caroline Burton, Fayaz A Hakim, Dennis M Manning, David L Klocke, Natalie A Caine, Kristin M Hembre, and Prathibha Varkey)<br>• Using Innovative Methodologies From Technology and Manufacturing Companies to Reduce **Heart Failure Readmissions** (Amber E Johnson, Laura Winner, Tanya Simmons, Shaker M Eid, Robert Hody, Angel Sampedro, Sharon Augustine, Carol Sylvester, and Kapil Parakh) |

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| | • A Tale of Two Systems: Combining Forces to Improve **Veteran and Military Health Care** (SM Elnahal, J M Herman, and P J Pronovost)<br>• Just What the Doctor Ordered? **Physician Participation in Health Care Organization Corporate Boards** (Jaan Sidorov)<br>• Improving the **Medication Reconciliation Discharge Prescription Documentation** of Rationale for New or Changed Medications at the Niagara Health System (Almohannad Hisham Atyani, Clara Sellers, Jamileh Shaffaf, Alicia Niven, Zeau Ismail, Andrea Forgione, Madelyn P Law, Matthew Greenway, Susan Cubelic, and Andrea Delrue) |

*Asia Pacific Journal of Health Management*
Volume 11 Issue 1 – 2016

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| DOI | http://www.achsm.org.au/resources/journal/journal-content/?id=19 |
| Notes | A new issue of *Asia Pacific Journal of Health Management* has been released.. Articles in this issue of *Asia Pacific Journal of Health Management* include:<br>• Editorial: Responding to the Call for Innovation: how do we develop **health professionals' skills and operationalise innovation** (D Briggs)<br>• Improving the Health System with **Performance Reporting** – Real Gains or Unnecessary Work? (G E Day and L South)<br>• Balancing Yin and Yang: the development of a framework using Participatory Action Research for the **Translation and Implementation** (Part 1) **of new practices** (A Fitzgerald, R Ogrin, K Hayes, J Curry, K Eljiz and K Radford)<br>• Employability Skills in **Health Services Management**: perceptions of recent graduates (D G Messum, L M Wilkes, D Jackson and K Peters)<br>• The Importance of the **Physical Environment for Child and Adolescent Mental Health Services** (S L Rogers, S J Edwards, P Hudman and R Perera)<br>• Development of a **Consumer Engagement Framework** (L Lizarondo, K Kennedy and D Kay)<br>• **Best Practice Pathology Collection** in Australia (V Pilbeam, L Ridoutt and T Badrick)<br>• Are **Clinical Registries** Actually Used? The Level of Medical Staff Participation in Clinical Registries and Reporting within a Major Tertiary Teaching Hospital (A Dwyer and J McNeil)<br>• Using **Linked Lung Cancer Registry and Hospital Data** for Guiding Health Service Improvement (D Roder, H You, D Baker, R Walton, B McCaughan, S Aranda and D Currow)<br>• Factors Affecting **Hospital Choice Decisions**: an exploratory study of healthcare consumers in Northern India (V Kamra, H Singh and K K De) |

*Healthcare Quarterly*
Vol. 19 No. 1 2016

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| URL | http://www.longwoods.com/publications/healthcare-quarterly/24598 |
| Notes | A new issue of *Healthcare Quarterly* has been published. Articles in this issue of *Healthcare Quarterly* include:<br>• Care for **Children and Youth with Mental Disorders** in Canada (Geoff Paltser, Michelle Martin-Rhee, Clare Cheng, Brandon Wagar, Jacqueline Gregory, Bernie Paillé and Cheryl Gula) |

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| | • The Case for **Information Brokering** During Major Change: The Experience of the Transition Support Office of the McGill University Health Centre (Malvina Klag and Marie-Claire Richer)<br>• **Repeated Diagnostic Imaging Studies** in Ontario and the Impact of Health Information Exchange Systems (Blayne Welk, Kuan Liu, Ahmed Al-Jaishi, Eric McArthur, Arsh K. Jain and Michael Ordon)<br>• Process Improvements to Reform **Patient Flow in the Emergency Department** (Shawn D Whatley, Alexander K. Leung and Marko Duic)<br>• **Lean Transformation** of the Eye Clinic at The Hospital for Sick Children: Challenging an Implicit Mental Model and Lessons Learned (Agnes M F Wong, D During, M Hartman, S Lappan-Gracon, M Hicks and S Bajwa)<br>• Implementing **Patient-Oriented Discharge Summaries** (PODS): A Multi-site Pilot Across Early Adopter Hospitals (Shoshana Hahn-Goldberg, Karen Okrainec, Cynthia Damba, Tai Huynh, Davina Lau, Joanne Maxwell, Ryan McGuire, Lily Yang and Howard B Abrams)<br>• **Decentralizing the Team Station**: Simulation before Reality as a Best-Practice Approach (Jackie Charko, Alice Geertsen, Patrick O'Brien, Wendy Rouse, Ammarah Shahid and Denise Hardenne)<br>• **Standard of Care in Pediatrics**: Integrating Family-Centred Care and Social Determinants of Health (Karen Ho, Randi Zlotnik Shaul, Lee Ann Chapman and Elizabeth Lee Ford-Jones)<br>• Yes, Doctors, You Were Right. The Data Were Wrong: One Organization's **Data Quality Journey** (Michael Heenan, Ted Rogovein, Elizabeth Buller and Anthony Plati)<br>• Advancing **Interprofessional Collaborative Teams** in the Winnipeg Health Region (Kathleen Klaasen, Susan Bowman and Paul Komenda)<br>• Bringing **Person- and Family-Centred Care** Alive in Home, Community and Long-Term Care Organizations (Danielle Bender and Paul Holyoke) |

*BMJ Quality and Safety* online first articles

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| URL | http://qualitysafety.bmj.com/content/early/recent |
| Notes | *BMJ Quality and Safety* has published a number of 'online first' articles, including:<br>• Editorial: **Disciplined doctors**: learning from the pain of the past (Jessica J Liu, Chaim M Bell)<br>• The role of **embedded research in quality improvement**: a narrative review (Cecilia Vindrola-Padros, Tom Pape, Martin Utley, Naomi J Fulop)<br>• Workarounds to **hospital electronic prescribing systems**: a qualitative study in English hospitals (Kathrin M Cresswell, Hajar Mozaffar, Lisa Lee, Robin Williams, Aziz Sheikh) |

**Online resources**

*Medical Devices Safety Update*
http://www.tga.gov.au/publication-issue/medical-devices-safety-update-volume-4-number-3-may-2016
Volume 4, Number 3, May 2016
The Therapeutic Goods Administration (TGA) has released the latest edition of its medical device safety bulletin. Topics covered in this issue include:

- TGA urges reporting of **contamination** after reprocessing of **endoscopes**

- **Non-tuberculous mycobacterium infections** associated with heater-cooler devices –the potential link between the use of heater-cooler devices, particularly in open cardiac surgery, and infections with non-tuberculous mycobacteria such as *Mycobacterium chimaera*.
- **Free CPD modules** – two free modules for health professionals that provide CPD credit for learning about adverse event reporting.
- **Recent safety alerts**.

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