



On the Radar

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On the Radar

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Journal articles

Patient Safety Incidents Involving Sick Children in Primary Care in England and Wales: A Mixed Methods Analysis
Rees P, Edwards A, Powell C, Hibbert P, Williams H, Makeham M, et al
PLoS Medicine. 2017;14(1):e1002217.

DOI	http://dx.doi.org/10.1371/journal.pmed.1002217 http://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1002217
Notes	<p>Paper reporting on a study that used England and Wales' National Reporting and Learning System to examine the reports of primary care patient safety incidents involving sick children. The study looked at incidents reported in the period 1 January 2005 and 1 December 2013 (the authors note under-reporting as a limitation). The analysis identified 2,178 reports covering 2,191 safety incidents involving children in primary care. Of these, 30% were deemed harmful and included 12 deaths and 41 cases of severe harm. The authors report that "children involved in these incidents had respiratory conditions (n = 387; 18%), injuries (n = 289; 13%), nonspecific signs and symptoms, e.g., fever (n = 281; 13%), and gastrointestinal or genitourinary conditions (n = 268; 12%), among others."</p> <p>The authors suggest that "Priority areas for improvement included safer systems for medication provision in community pharmacies; triage processes to enable effective and timely assessment, diagnosis, and referral of acutely sick children attending out-of-hours services; and enhanced communication for robust safety netting between professionals and parents."</p>

Management of sepsis and septic shock

Howell MD, Davis AM

Journal of the American Medical Association. 2017.

DOI	http://dx.doi.org/10.1001/jama.2017.0131
Notes	<p>Paper providing a synopsis of the recently updated <i>International Guidelines for Management of Sepsis and Septic Shock</i> that has been developed by the Surviving Sepsis Campaign (SSC), Society of Critical Care Medicine (SCCM), and European Society of Intensive Care Medicine (ESICM). The major recommendations include:</p> <ul style="list-style-type: none"> • Managing infection: <ul style="list-style-type: none"> ○ Antibiotics: Administer broad-spectrum intravenous antimicrobials for all likely pathogens within 1 hour after sepsis recognition (strong recommendation; moderate quality of evidence [QOE]). ○ Source control: Obtain anatomic source control as rapidly as is practical (best practice statement [BPS]). ○ Antibiotic stewardship: Assess patients daily for deescalation of antimicrobials; narrow therapy based on cultures and/or clinical improvement (BPS). • Managing resuscitation: <ul style="list-style-type: none"> ○ Fluids: For patients with sepsis-induced hypoperfusion, provide 30 mL/kg of intravenous crystalloid within 3 hours (strong recommendation; low QOE) with additional fluid based on frequent reassessment (BPS), preferentially using dynamic variables to assess fluid responsiveness (weak recommendation; low QOE). ○ Resuscitation targets: For patients with septic shock requiring vasopressors, target a mean arterial pressure (MAP) of 65 mm Hg (strong recommendation; moderate QOE). ○ Vasopressors: Use norepinephrine as a first-choice vasopressor (strong recommendation; moderate QOE). • Mechanical ventilation in patients with sepsis-related ARDS: <ul style="list-style-type: none"> ○ Target a tidal volume of 6 mL/kg of predicted body weight (strong recommendation; high QOE) and a plateau pressure of ≤ 30 cm H₂O (strong recommendation; moderate QOE). • Formal improvement programs: <ul style="list-style-type: none"> ○ Hospitals and health systems should implement programs to improve sepsis care that include sepsis screening (BPS).

Handoffs: Transitions of Care for Children in the Emergency Department

Shook JE, Chun TH, Connors GP, Conway EE, Dudley NC, Fuchs SM, et al
 Pediatrics. 2016;138(5).

Standardization of Inpatient Handoff Communication

Jewell JA, Percelay JM, Hill VL, Preuschoff CK, Rauch DA, Salerno RA
 Pediatrics. 2016;138(5).

DOI	Shook et al https://doi.org/10.1542/peds.2016-2680 Jewell et al https://doi.org/10.1542/peds.2016-2681
Notes	A pair of papers discussing the importance of clear, accurate and timely communication at transitions of care (often termed handovers or handoffs). Shook et al is a policy statement from the Committee on Pediatric Emergency Medicine of the American Academy of Pediatrics, the Pediatric Emergency Medicine Committee of the American College of Emergency Physicians, and the Pediatric Committee of the Emergency Nurses Association.

	<p>The paper also covers the rationale for structuring transitions, particularly around the care of children in the emergency setting, various strategies, along with resources for educating health care providers, and recommendations for development, education, and implementation of transition models.</p> <p>Jewell et al provide further details on ways to improve handovers, including by standardising content/approaches, dedicating certain locations and time periods so as to reduce interruptions, and using technological resources to improve the accuracy of handover information</p>
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For information about the Commission’s work on clinical communications, including handover, see <https://www.safetyandquality.gov.au/our-work/clinical-communications/>

Online resources

Medical Devices Safety Update

<http://www.tga.gov.au/publication-issue/medical-devices-safety-update-volume-5-number-1-january-2017>

Volume 5, Number 1, January 2017

The Therapeutic Goods Administration (TGA) has released the latest edition of its medical device safety bulletin. Topics covered in this issue include:

- TGA encourages formal strategies for **inferior vena cava filter removal**
- ECRI lists **infusion errors** as top 2017 hazard (The full list was included in *On the Radar* Issue #300)
- **Recent safety alerts.**

Future Leaders Communiqué

Victorian Institute of Forensic Medicine

Volume 2 Issue 1 January 2017

<http://www.vifmcommuniques.org/?p=4844>

From the team behind the *Clinical Communiqué*, this is the second issue of their latest publication, *The Future Leaders Communiqué*. This issue is based around the case of a patient who care was in the hands of numerous clinicians from various specialities but for whom the symptoms were not reconciled and led to a missed diagnosis. This issue includes a reflective editorial about a young doctor’s experiences around the issue of missed diagnoses and the dangers of making assumptions. It also includes an expert commentary from Professor Daniel O’Connor, the Victorian Deputy Chief Psychiatrist, Aged Persons Mental Health offering insights into the management of vulnerable patients.

[USA] Toolkit to Improve Safety for Mechanically Ventilated Patients

<https://www.ahrq.gov/professionals/quality-patient-safety/hais/tools/mvp/index.html>

The US Agency for Healthcare Research and Quality (AHRQ) has released its *Toolkit to Improve Safety for Mechanically Ventilated Patients*. The toolkit was developed to help hospitals make care safer for patients in intensive care units (ICUs) who are mechanically ventilated. The toolkit is web-based and has been field tested. It offers technical bundles, literature reviews, sample protocols, and other resources to help ICU staff:

- Use the best recommended daily care processes at the bedside
- Support patient mobility as soon as clinically possible to speed healing and reduce complications
- Apply Low Tidal Volume Ventilation practices to reduce potential complications.

[UK] NICE Guidelines and Quality Standards

<http://www.nice.org.uk>

The UK's National Institute for Health and Care Excellence (NICE) has published new (or updated) guidelines and quality standards. The latest updates are:

- NICE Guideline NG62 **Cerebral palsy in under 25s: assessment and management** <https://www.nice.org.uk/guidance/ng62>
- NICE Guideline NG63 **Antimicrobial stewardship: changing risk-related behaviours in the general population** <https://www.nice.org.uk/guidance/ng63>

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