



On the Radar

Issue 370
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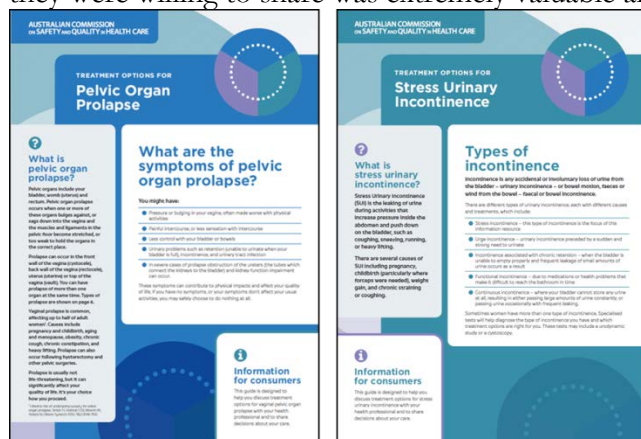
On the Radar

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Contributors: Niall Johnson, Ruth Daniels

Transvaginal Mesh – Information for Consumers resources <https://www.safetyandquality.gov.au/our-work/transvaginal-mesh/>

The Australian Commission on Safety and Quality in Health Care has developed the Information for Consumer resource to assist women considering treatment options in regard to Pelvic Organ Prolapse and Stress Urinary Incontinence, and provide support in discussions with their health care professionals.

The Commission is very grateful to the many women who contributed to the development of the resources through a number of meetings held across the country. The women brought to this process a range of experiences and important advice to inform the resources, and the personal information that they were willing to share was extremely valuable and appreciated.



Books

Community-Based Health Literacy Interventions: Proceedings of a Workshop (2018)

National Academies of Sciences, Engineering, Medicine

Alper J, editor

Washington, DC: The National Academies Press; 2018. 244 p.

DOI	https://doi.org/10.17226/24917
Notes	The (US) National Academies of Sciences, Engineering, and Medicine convened a Roundtable on Health Literacy to host a workshop on community-based health literacy interventions. This publication summarises the presentations and discussions from the workshop. The workshop included examples of community-based health literacy programs, discussions on how to evaluate such programs, and the actions the field can take to embrace this larger view of health literacy.

For further information on the Commission’s work on health literacy, see

<https://www.safetyandquality.gov.au/our-work/patient-and-consumer-centred-care/health-literacy/>

Reports

Guidance for boards on Freedom to Speak Up in NHS trusts and NHS foundation trusts

NHS Improvement

London: NHS; 2018. p. 15.

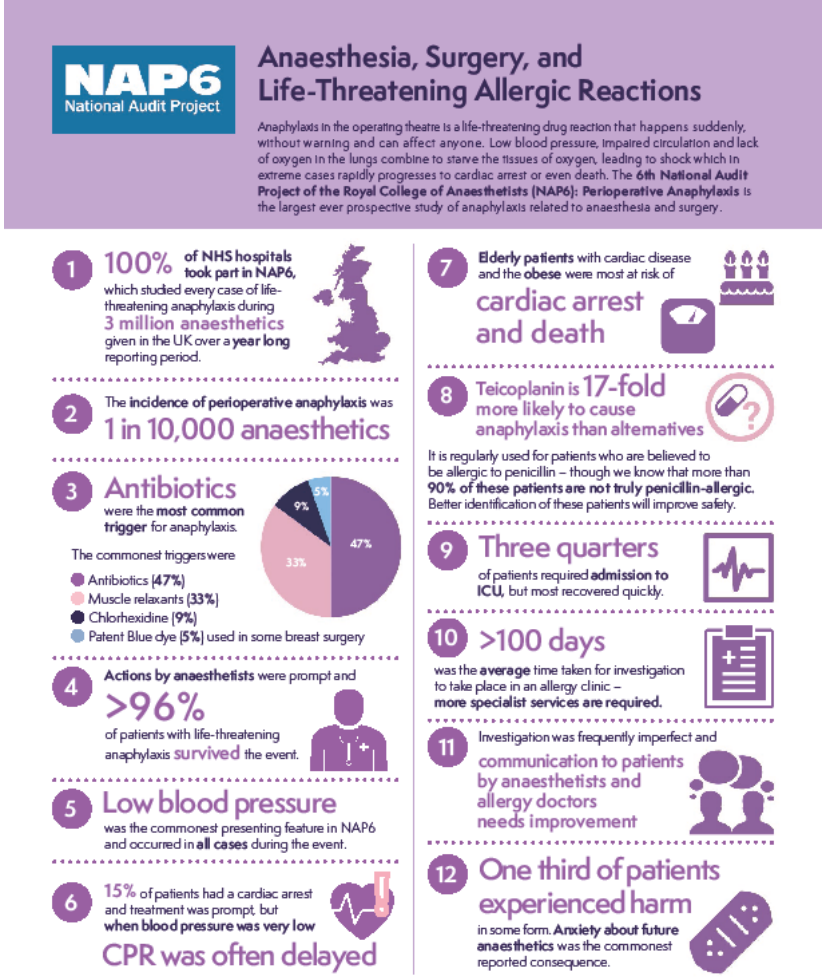
URL	https://improvement.nhs.uk/resources/freedom-speak-guidance-nhs-trust-and-nhs-foundation-trust-boards
Notes	NHS Improvement has produced this short guidance document to assist in developing a more open and supportive culture that encourages staff to speak up about any issues of patient care, quality or safety. The accompanying self-review tool supports the standards laid out in the guidance.

Transformational change in health and care: reports from the field

Dougall D, Lewis M, Ross S

London: The King's Fund; 2018. p. 107.

URL	https://www.kingsfund.org.uk/publications/transformational-change-health-care
Notes	Report from UK-based King’s Fund that describes and analyses four case studies of what they consider “transformational change”. The King’s Fund argues that transformational change is needed to respond to the growing pressures and demands in the health and care system. The case studies here – of The Bromley by Bow Centre’s Health Partnership program, Birmingham and Solihull NHS Mental Health Trust’s Rapid Assessment, Interface and Discharge (RAID) service, Northumbria Healthcare NHS Foundation Trust’s Northumbria Specialist Emergency Care Hospital and Buurtzorg Nederland’s nurse-led care model – demonstrate that transformation is multi-layered, messy, fluid and emergent . It is not just about changing how a service operates, but also about shifting mindsets, changing relationships and re-distributing power. The authors conclude that transformational change in health needs a focus on: <ul style="list-style-type: none"> • strengthening understanding and approaches • creating effective ways of dealing with the barriers • unlocking the tremendous human potential of staff and communities, to optimise the environment to ensure it supports them • fostering collaborative leadership.

<p>Notes</p>	<p>DOI http://www.nationalauditprojects.org.uk/NAP6Report#pt</p> <p>This report summarises (in more than 200 pages) the work of The Royal College of Anaesthetists' 6th National Audit Project (NAP6): Perioperative Anaphylaxis. The report reminds us that anaphylaxis is 'a severe life-threatening generalised or systemic hypersensitivity reaction' and that while 'The majority of anaphylactic reactions occur in the community, but more than a third of all patients admitted to intensive care with severe anaphylaxis come from operating theatres ... In relation to anaesthesia, anaphylaxis can occur in the preoperative ward in response to premedication drugs, in the operating theatre, and in the recovery room.' Further, 'perioperative anaphylaxis is a completely unexpected critical event presenting suddenly and without warning, and may occur in patients with no chronic health problems. In severe cases, extremely low blood pressure, impaired circulation, and difficult ventilation of the lungs combine to starve the tissues of oxygen, and shock ensues. In extreme cases, there is rapid progression to cardiopulmonary arrest, which may be fatal despite prolonged attempts to resuscitate the patient.'</p>  <p>NAP6 National Audit Project</p> <p>Anaesthesia, Surgery, and Life-Threatening Allergic Reactions</p> <p>Anaphylaxis in the operating theatre is a life-threatening drug reaction that happens suddenly, without warning and can affect anyone. Low blood pressure, impaired circulation and lack of oxygen in the lungs combine to starve the tissues of oxygen, leading to shock which in extreme cases rapidly progresses to cardiac arrest or even death. The 6th National Audit Project of the Royal College of Anaesthetists (NAP6): Perioperative Anaphylaxis is the largest ever prospective study of anaphylaxis related to anaesthesia and surgery.</p> <ol style="list-style-type: none"> 100% of NHS hospitals took part in NAP6, which studied every case of life-threatening anaphylaxis during 3 million anaesthetics given in the UK over a year long reporting period. The incidence of perioperative anaphylaxis was 1 in 10,000 anaesthetics Antibiotics were the most common trigger for anaphylaxis. The commonest triggers were: <ul style="list-style-type: none"> Antibiotics (47%) Muscle relaxants (33%) Chlorhexidine (9%) Patent Blue dye (5%) used in some breast surgery Actions by anaesthetists were prompt and >96% of patients with life-threatening anaphylaxis survived the event. Low blood pressure was the commonest presenting feature in NAP6 and occurred in all cases during the event. 15% of patients had a cardiac arrest and treatment was prompt, but when blood pressure was very low CPR was often delayed Elderly patients with cardiac disease and the obese were most at risk of cardiac arrest and death Teicoplanin is 17-fold more likely to cause anaphylaxis than alternatives. It is regularly used for patients who are believed to be allergic to penicillin – though we know that more than 90% of these patients are not truly penicillin-allergic. Better identification of these patients will improve safety. Three quarters of patients required admission to ICU, but most recovered quickly. >100 days was the average time taken for investigation to take place in an allergy clinic – more specialist services are required. Investigation was frequently imperfect and communication to patients by anaesthetists and allergy doctors needs improvement One third of patients experienced harm in some form. Anxiety about future anaesthetics was the commonest reported consequence. <p>RCOA Royal College of Anaesthetists</p> <p>NIAA Health Services Research Centre</p> <p>www.nationalauditprojects.org.uk/NAP6Home @HSRCNews</p>
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Journal articles

A controlled before-after study to evaluate the effect of a clinician led policy to reduce knee arthroscopy in NSW

Chen HY, Harris IA, Sutherland K, Levesque J-F

BMC Musculoskeletal Disorders. 2018 May 16;19(1):148.

DOI	https://doi.org/10.1186/s12891-018-2043-5
Notes	There has been considerable debate about the value of knee arthroscopy. It has also been noted, for example in the <i>Australian Atlas of Healthcare Variation</i> , that there is considerable variation in the incidence of knee arthroscopy in and across Australia. This paper describes (and evaluates) a clinician-led evidence-based policy which was implemented in one local health district in New South Wales in 2012 to reduce the use of knee arthroscopy for patients aged 50 years or over so as to encourage more appropriate and effective care. While there was a state-wide decrease in knee arthroscopies after 2011, the greatest reduction (58%) was found in the intervention district, including the private sector. The authors suggest that policy to restrict knee arthroscopy for patients aged 50 years or over may explain the greater reduction seen in that district and that ‘significant reduction found at intervened hospitals proved the effect of the policy, suggesting that the implementation of a simple clinical governance process may help reduce inappropriate surgery. ’

For information about and access to the *Australian Atlas of Healthcare Variation*, see

<https://www.safetyandquality.gov.au/atlas/>

Adapting improvements to context: when, why and how?

Ovretveit J, Dolan-Branton L, Marx M, Reid A, Reed J, Agins B

International Journal for Quality in Health Care. 2018;30(Supplement 1):20-3.

DOI	https://doi.org/10.1093/intqhc/mzy013
Notes	This article is a further paper from a recent Salzburg Global Seminar (which joined with the UK-based 21 st Century Trust to create a joint fellowship some years ago) on the theme ‘Better Health Care: How do we learn about improvement?’ This particular paper reflects on discussions around adapting improvements/interventions from one setting to another and the critical role of context. In adapting an improvement, the need to bear context in mind and understand how an improvement could work in the new setting is essential, but often not fully understood and identifying how and what to adapt is not always obvious and may take repeated adaptations to resolve. The patience, resources and willingness to work through iterations are not always there and can lead to improvements not delivering the hoped for results.

Research priorities in health communication and participation: international survey of consumers and other stakeholders

Synnot A, Bragge P, Lowe D, Nunn JS, O’Sullivan M, Horvat L, et al

BMJ Open. 2018;8(5).

DOI	https://doi.org/10.1136/bmjopen-2017-019481
Notes	Paper reporting on a study that used an online survey to seek input from consumers and other stakeholders on identifying research priorities to inform Cochrane Reviews in the areas of in “health communication and participation” (including such concepts as patient experience, shared decision-making and health literacy). The 200 research ideas from 151 respondents in 12 countries were categories into 21 priority topics. The conclusions they came to are ‘Consumers and other stakeholders want research addressing structural and cultural challenges in health services (eg, lack of holistic, patient-centred, culturally safe care) and building health professionals’ communication skills. Solutions should be devised in partnership with consumers, and focus on the needs of vulnerable groups.’

For further information on the Commission’s work on patient and consumer centred care, see <https://www.safetyandquality.gov.au/our-work/patient-and-consumer-centred-care/>

No more vertebroplasty for acute vertebral compression fractures?

Davies E

BMJ. 2018;361:k1756.

Vertebroplasty versus sham procedure for painful acute osteoporotic vertebral compression fractures (VERTOS IV): randomised sham controlled clinical trial

Firanesco CE, de Vries J, Lodder P, Venmans A, Schoemaker MC, Smeets AJ, et al

BMJ. 2018;361:k1551.

DOI	Davies https://doi.org/10.1136/bmj.k1756 Firanesco et al https://doi.org/10.1136/bmj.k1551												
Notes	<p><i>BMJ</i> editorial referring to an article in the <i>BMJ</i> (Firanesco et al) that reported on a ‘a well constructed randomised trial of 180 older adults with 1-3 painful vertebral compression fractures of up to six (later nine) weeks’ duration’ that ‘confirmed that vertebroplasty is no more effective for pain relief than local anaesthetic injections into the same area (the sham procedure given to controls). Vertebroplasty had no effect on quality of life or on disability. All outcomes were measured over 12 months. The authors did not recruit an untreated control group, so both treatments are potentially better than nothing for pain relief. If so, local anaesthetic injections seem cheaper, are likely safer, and equally beneficial.’</p> <p>thebmj Visual Abstract </p> <h3>Vertebroplasty</h3> <p>For painful acute osteoporotic vertebral compression fractures</p> <p>VERTOS IV trial</p> <p>180 People age 50+ with 1–3 vertebral compression fractures Mean age 76 76% female Median 39 days back pain</p> <p>Randomisation</p> <p>Vertebroplasty 91 Additionally received cementation</p> <p>Sham intervention 89 Simulated cementation, with verbal and physical cues</p> <p>Primary outcome Self reported pain, on a visual analogue scale 0–10, low scores better Clinical significance 1.5 points</p> <table border="1"> <thead> <tr> <th>Time point</th> <th>Vertebroplasty (Mean)</th> <th>Sham (Mean)</th> </tr> </thead> <tbody> <tr> <td>Baseline score</td> <td>7.7</td> <td>7.9</td> </tr> <tr> <td>After 1 month</td> <td>3.3</td> <td>3.7</td> </tr> <tr> <td>After 12 months</td> <td>2.7</td> <td>3.2</td> </tr> </tbody> </table> <p>Vertebroplasty did not result in statistically significant greater pain relief than a sham intervention</p> <p>thebmj Read the full article online http://bit.ly/BMJvtbp </p> <p>© 2018 BMJ Publishing group Ltd.</p>	Time point	Vertebroplasty (Mean)	Sham (Mean)	Baseline score	7.7	7.9	After 1 month	3.3	3.7	After 12 months	2.7	3.2
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Medication prescribing for children: Progress and uncertainty

Freed GL

Journal of the American Medical Association. 2018;319(19):1988-9.

Trends in Prescription Medication Use Among Children and Adolescents—United States, 1999-2014

Hales CM, Kit BK, Gu Q, Ogden CL

Journal of the American Medical Association. 2018;319(19):2009-20.

Paediatric prescribing positioning statement

Australian Commission on Safety and Quality in Health Care

Sydney: ACSQHC; 2018.

DOI / URL	Freed https://doi.org/10.1001/jama.2018.5731 Hales et https://doi.org/10.1001/jama.2018.5690 Commission https://www.safetyandquality.gov.au/our-work/medication-safety/paediatric-prescribing-positioning-statement/
Notes	Editorial referring to an article in the same issue of <i>JAMA</i> examining trends in the use of prescription medications among children and adolescents in the USA over the period 1999 to 2014. That study (Hales et al) found that while the overall use of prescription medications in the last 30 days decreased from 24.6% in 1999-2002 to 21.9% in 2011-2014 there were some medications that had seen an increase in use (asthma medications, attention-deficit/hyperactivity disorder medications, proton pump inhibitors, and contraceptives increased among certain age groups). Antibiotics, antihistamines, and upper respiratory combination medications usage had decreased. Freed's editorial draws out some of the limitations of the study and poses further questions. The Australian Commission on Safety and Quality in Health Care has released its <i>Paediatric prescribing positioning statement</i> . The statement promotes best practice in prescribing, dispensing and administering of medicines for paediatric patients. The statement includes recommendations to: <ul style="list-style-type: none">• document date of birth and current body weight, basis for dose calculation (mg/kg) and dose in units of mass (mg) in all paediatric prescriptions• check the appropriateness of the prescribed dose• verify all dose calculations and the total dose• discuss the dose with parents and carers.

Wide variation and patterns of physicians' responses to drug-drug interaction alerts

Cho I, Lee Y, Lee J-H, Bates DW

International Journal for Quality in Health Care. 2018 [epub].

DOI	https://doi.org/10.1093/intqhc/mzy102
Notes	In a world of automated systems, bringing with it a myriad of alarms and pop-ups and the like, the response is often to simply click and keep moving rather than read and reflect. This is another form of alert fatigue. This paper looked at how more than 500 physicians in one (Korean) hospital responded to alerts about potentially harmful drug to drug interactions (DDIs) over a year. The authors report finding ' significant variation in both the number of alerts and override rates at the levels of physicians, departments and drug-class pairs.' They found that they could categorise physicians into four groups: inexperienced incautious users, inexperienced cautious users, experienced cautious users and experienced incautious users based on their override behaviour. This categorisation may have use beyond this study Nearly 90% of the overrides involved only five drug-class combinations:

	Object class	Precipitate class	Overall overrides (n = 13 155)
	QT-prolonging agents	Beta-adrenergic blockers/amphetamine and derivatives	3949 (30.0%)
	NSAIDs	NSAIDs	3738 (28.4%)
	Potassium-sparing diuretics	Potassium preparations	3085 (23.5%)
	NSAIDs	Aspirin salicylates	986 (7.5%)
	Subtotal	11 758 (89.4%)	237 (93.7%)
	Other combinations	1397 (10.6%)	16 (6.3%)
	Total	13 155 (100%)	253 (100%)

Data are n (%) values. NSAIDs, non-steroidal anti-inflammatory drugs.

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

Effects of computerized decision support system implementations on patient outcomes in inpatient care: a systematic review
Varghese J, Kleine M, Gessner SI, Sandmann S, Dugas M
Journal of the American Medical Informatics Association. 2018;25(5):593-602.

DOI	http://doi.org/10.1093/jamia/ocx100
Notes	Computerised decision support systems (CDSSs) are designed to exactly as the name suggests – support the decision making of clinicians. This systematic review of such systems looking at patient outcomes in hospital care. From their review of 70 studies, the authors concluded that most 'CDSS studies were associated with positive patient outcomes effects '. In the 70 studies, 'Five (7%) reported reduced mortality, 16 (23%) reduced life-threatening events, and 28 (40%) reduced non-life-threatening events, 20 (29%) had no significant impact on patient outcomes, and 1 showed a negative effect (weighted κ : 0.72, $P < .001$). Six of 24 disease entity settings showed high effect scores with medium or low risk of bias: blood glucose management, blood transfusion management, physiologic deterioration prevention, pressure ulcer prevention, acute kidney injury prevention, and venous thromboembolism prophylaxis.'

BMJ Quality and Safety

May 2018 - Volume 27 – 5

URL	http://qualitysafety.bmj.com/content/27/5
Notes	A new issue of <i>BMJ Quality and Safety</i> has been published. Many of the papers in this issue have been referred to in previous editions of <i>On the Radar</i> (when they were released online). Articles in this issue of <i>BMJ Quality and Safety</i> include: <ul style="list-style-type: none"> • Editorial: Low-value care: an intractable global problem with no quick fix (John N Mafi, Michael Parchman) • Editorial: Advancing the science of patient decision aids through reporting guidelines (Robert J Volk, Angela Coulter) • Frequency of low-value care in Alberta, Canada: a retrospective cohort study (Finlay A McAlister, Meng Lin, Jeff Bakal, Stafford Dean) • Increasing the use of patient decision aids in orthopaedic care: results of a quality improvement project (Mahima Mangla, Thomas D Cha, Janet M Dorrwachter, Andrew A Freiberg, Lauren J Leavitt, Harry E Rubash, Leigh H Simmons, Emily L Wendell, Karen R Sepucha) • Precommitting to choose wisely about low-value services: a stepped wedge cluster randomised trial (Jeffrey Todd Kullgren, Erin Krupka, Abigail

	<p>Schachter, A Linden, J Miller, Y Acharya, J Alford, R Duffy, J Adler-Milstein)</p> <ul style="list-style-type: none"> • Development of the Huddle Observation Tool for structured case management discussions to improve situation awareness on inpatient clinical wards (Julian Edbrooke-Childs, Jacqueline Hayes, Evelyn Sharples, Dawid Gondek, Emily Stapley, Nick Sevdalis, Peter Lachman, Jessica Deighton) • Does early return to theatre add value to rates of revision at 3 years in assessing surgeon performance for elective hip and knee arthroplasty? National observational study (Alex Bottle, H E Chase, P P Aylin, M Loeffler) • Standards for UNiversal reporting of patient Decision Aid Evaluation studies: the development of SUNDAE Checklist (Karen R Sepucha, Purva Abhyankar, Aubri S Hoffman, Hilary L Bekker, Annie LeBlanc, Carrie A Levin, Mary Ropka, Victoria A Shaffer, Stacey L Sheridan, Dawn Stacey, Peep Stalmeier, Ha Vo, Celia E Wills, Richard Thomson) • Explanation and elaboration of the Standards for UNiversal reporting of patient Decision Aid Evaluations (SUNDAE) guidelines: examples of reporting SUNDAE items from patient decision aid evaluation literature (Aubri S Hoffman, Karen R Sepucha, Purva Abhyankar, Stacey Sheridan, Hilary Bekker, Annie LeBlanc, Carrie Levin, Mary Ropka, Victoria Shaffer, Dawn Stacey, Peep Stalmeier, Ha Vo, Celia Wills, Richard Thomson) • Quality measurement for <i>Clostridium difficile</i> infection: turning lemons into lemonade (Marc Philip Pimentel, Michael Klompas, Allen Kachalia)
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URL	http://qualitysafety.bmj.com/content/27/5
Notes	<p>A new issue of <i>BMJ Quality and Safety</i> has been published. Many of the papers in this issue have been referred to in previous editions of <i>On the Radar</i> (when they were released online). Articles in this issue of <i>BMJ Quality and Safety</i> include:</p> <ul style="list-style-type: none"> • Editorial: Using report cards and dashboards to drive quality improvement: lessons learnt and lessons still to learn (Noah M Ivers, Jon Barrett) • Editorial: Pathology of poverty: the need for quality improvement efforts to address social determinants of health (Andrew S Boozary, K G Shojania) • Effect of a population-level performance dashboard intervention on maternal-newborn outcomes: an interrupted time series study (Deborah Weiss, Sandra I Dunn, Ann E Sprague, Deshayne B Fell, Jeremy M Grimshaw, Elizabeth Darling, Ian D Graham, JoAnn Harrold, Graeme N Smith, Wendy E Peterson, Jessica Reszel, Andrea Lanes, Mark C Walker, Monica Taljaard) • Transportation characteristics associated with non-arrivals to paediatric clinic appointments: a retrospective analysis of 51 580 scheduled visits (David J Wallace, Kristin N Ray, Abbye Degan, K Kurland, D C Angus, A Malinow) • Impact of out-of-hours admission on patient mortality: longitudinal analysis in a tertiary acute hospital (Lu Han, Matt Sutton, Stuart Clough, Richard Warner, Tim Doran) • People’s experiences of hospital care on the weekend: secondary analysis of data from two national patient surveys (Chris Graham) • Evaluation of the association between Nursing Home Survey on Patient Safety culture (NHSOPS) measures and catheter-associated urinary tract infections: results of a national collaborative (Shawna N Smith, M Todd Greene, Lona Mody, Jane Banaszak-Holl, Laura D Petersen, J Meddings)

	<ul style="list-style-type: none"> • Mortality, readmission and length of stay have different relationships using hospital-level versus patient-level data: an example of the ecological fallacy affecting hospital performance indicators (Stefanie N Hofstede, Leti van Bodegom-Vos, Dionne S Kringos, E Steyerberg, P J Marang-van de Mheen) • Simplifying care: when is the treatment burden too much for patients living in poverty? (Joseph Nwadiuko, Laura D Sander) • Dynamics of dignity and safety: a discussion (Dawn Goodwin, Jessica Mesman, Marian Verkerk, Suzanne Grant) • Implementation of diagnostic pauses in the ambulatory setting (Grace C Huang, Gila Kriegel, Carolyn Wheaton, Scot Sternberg, Kenneth Sands, Jeremy Richards, Katherine Johnston, Mark Aronson)
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BMJ Quality and Safety online first articles

URL	https://qualitysafety.bmj.com/content/early/recent
Notes	<p><i>BMJ Quality and Safety</i> has published a number of ‘online first’ articles, including:</p> <ul style="list-style-type: none"> • Scaffolding our systems? Patients and families ‘reaching in’ as a source of healthcare resilience (Jane K O’Hara, Karina Aase, Justin Waring)

International Journal for Quality in Health Care online first articles

URL	https://academic.oup.com/intqhc/advance-access?papetoc
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"> • Development of a Provincial initiative to improve glucose control in critically ill patients (Peter Dodek; Shari McKeown; Eric Young; Vinay Dhingra) • Quality indicators and their regular use in clinical practice: results from a survey among users of two cardiovascular National Registries in Sweden (Beatrix Algurén; Boel Andersson-Gäre; Johan Thor; Ann-Christine Andersson) • Bed management team with Kanban web-based application (Hermano Alexandre Lima Rocha; Ana Kelly Lima da Cruz Santos; Antônia Celia de Castro Alcântara; Carmen Sulinete Suliano da Costa Lima; Sabrina Gabriele Maia Oliveira Rocha; Roberto Melo Cardoso; Jair Rodrigues Cremonin) • Quality measurement in physician-staffed emergency medical services: a systematic literature review (Helge Haugland; Oddvar Uleberg; Pål Klepstad; Andreas Krüger; Marius Rehn) • Advancing the health of women and newborns: predictors of patient satisfaction among women attending antenatal and maternity care in rural Rwanda (Christine Mutaganzwa; Leah Wibecan; Hari S Iyer; Evrard Nahimana; Anatole Manzi; Francois Biziyaremye; Merab Nyishime; Fulgence Nkikabahizi; Lisa R Hirschhorn; Hema Magge) • The use of privacy-protected computer vision to measure the quality of healthcare worker hand hygiene (Sari Awwad; Sanjay Tarvade; Massimo Piccardi; David J Gattas) • Do cost containment policies save money and influence physicians’ prescribing behavior? Lessons from South Korea’s drug policy for diabetes medication (Shin-On Kang; Seung Ju Kim; Sohee Park; Sung-In Jang; Eun-Cheol Park)

Online resources

[UK] NICE Guidelines and Quality Standards

<https://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 reviews or updates are:

- Quality Standard QS167 *Promoting health and preventing **premature mortality in black, Asian and other minority ethnic groups*** <https://www.nice.org.uk/guidance/qs167>

[UK] Improving staff retention

<https://improvement.nhs.uk/resources/improving-staff-retention/>

NHS Improvement has developed and collated this collection of practical resources to help improve staff retention which will include a mixture of:

- retention improvement guides
- government policy documents
- case studies on trust initiatives to improve retention

These have been created with support from trust HR directors, directors of nursing, medical directors and NHS providers to help promote best practice and share learning.

[UK] Fentanyl: preparing for a future threat

<https://www.gov.uk/government/publications/fentanyl-preparing-for-a-future-threat>

Public Health England has produced this advice and resources for local areas to assist in preparing their response to incidents caused by fentanyl or other potent opioids. The plan should enable local partners to rapidly understand the scale of the threat and assess the risk, communicate the threat and take actions to mitigate the threat. The accompanying spreadsheet shows how much naloxone should be provided in local areas based on different scenarios and explains how the modelling was calculated.

[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:

- *Psychological and Pharmacological Treatments for Adults With **Posttraumatic Stress Disorder: A Systematic Review Update***
<https://effectivehealthcare.ahrq.gov/topics/ptsd-adult-treatment-update/research-2018>

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