



On the Radar

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On the Radar

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NSQHS Standards user guide for health services providing care for people with mental health issues – consultation now open

<https://www.safetyandquality.gov.au/our-work/assessment-to-the-nsqhs-standards/national-standards-program-updates-and-consultations-2/>

The Australian Commission on Safety and Quality in Health Care is seeking feedback on the draft *National Safety and Quality Health Service Standards user guide for health services providing care for people with mental health issues* ('the guide'). The guide highlights the actions in the NSQHS Standards with high relevance to mental health. It provides practical examples from across Australia that demonstrate how health services are addressing the mental health needs of people in their care.

Consultation on this resource will run until 14 July 2018.

If you have any questions in relation to this consultation, please contact Dr Andrew Moors on (02) 9126 3590 or mentalhealth@safetyandquality.gov.au

Reports

Report on serious misconduct risks around dangerous drugs in hospitals

Corruption and Crime Commission

Perth: Corruption and Crime Commission; 2018. 54 p.

URL	https://www.ccc.wa.gov.au/sites/default/files/Report%20on%20serious%20misconduct%20risks%20around%20dangerous%20drugs%20in%20hospital.pdf https://www.ccc.wa.gov.au/news/493
Notes	<p>In 2017, the Western Australian Corruption and Crime Commission published their <i>Report on the Supply and Management of Schedule 8 Controlled Drugs at Certain Public Hospitals in Western Australia</i>. That report described the Commission's investigation of the repeated theft of drugs by a senior pharmacist at Fiona Stanley Hospital (FSH). The Commission considered the security procedures for handling Schedule 8 controlled drugs at FSH and at Sir Charles Gairdner Hospital (SCGH) where the pharmacist had formerly been employed.</p> <p>This new report is a supplement to that 2017 report. The purpose of this new report is to consider more broadly the issue of theft and misuse of dangerous and addictive pharmaceutical drugs by employees of WA Health, and provide advice and recommendations about ways to prevent serious misconduct.</p> <p>The report outlines nine recommendations for improving the security and management of Schedule 8 and Schedule 4 Restricted drugs:</p> <ol style="list-style-type: none"> a) WA Health's ODs and hospital policies be reviewed to ensure that policies for drug management, recording and reporting discrepancies are consistent across WA Health. b) Clear accountability roles be established for the management of drugs. c) Records of drugs received, drug transactions and audits of drugs on hand be accurate, frequent, enforced and audited. d) Policies be developed and implemented to improve security for patients' own drugs, including transport and storage of those drugs. e) Drug discrepancies, whether the cause is known or not, be reported immediately (subject to patient needs) and investigated, and when appropriate, be notified to the Commission as soon as possible. f) Drug discrepancies which may be the result of theft be investigated by officers with investigative skills as possible serious misconduct. g) Ongoing education and training be given to relevant staff in drug management, record keeping, reporting discrepancies and investigating discrepancies. h) Consideration be given to implementing systems which could improve security and better recording of access to drugs. This could include swipe key access, biometric identification or, where feasible, systems where identifications of two people are required to authorise drug transactions. i) Strategies be developed and implemented for detecting and dealing with drug related misconduct. These could include intelligence analysis of discrepancies and reported behaviour to detect patterns, and risk assessments of WA Health sites which deal with Schedule 8 and Schedule 4 Restricted drugs.

For information on the Commission's work on medication safety, see

<https://www.safetyandquality.gov.au/our-work/medication-safety/>

<p>URL</p>	<p>http://www.ahrq.gov/news/newsroom/press-releases/declines-in-hacs.html</p> <p>In the USA, the Agency for Healthcare Research and Quality (AHRQ) has had a major focus on reducing hospital-acquired conditions (HACs). This brief report suggests that between 2014 and 2016, HAC reduction efforts resulted in an 8% decrease in events, \$2.9 billion dollars in savings, and the prevention of about 8,000 deaths.</p> <p style="text-align: center;">Declines in Hospital-Acquired Conditions</p> <p style="text-align: center;">National efforts to reduce hospital-acquired conditions such as adverse drug events and injuries from falls helped prevent 8,000 deaths and saved \$2.9 billion between 2014 and 2016.</p> <p>*CAUTI - Catheter-Associated Urinary Tract Infections +CLABSI - Central Line-Associated Bloodstream Infections</p>
<p>Notes</p>	

For information on the Commission’s work on hospital acquired complications, including national list of 16 hospital acquired complications (HACs) and other resources, see <https://www.safetyandquality.gov.au/our-work/indicators/hospital-acquired-complications/>

Journal articles

Leveraging new information technology to monitor medicine use in 71 residential aged care facilities: variation in polypharmacy and antipsychotic use

Pont LG, Raban MZ, Jorgensen ML, Georgiou A, Westbrook JI

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

<p>DOI</p>	<p>https://doi.org/10.1093/intqhc/mzy098</p> <p>This paper examining the issues of multiple medications and antipsychotic (mis)use in residential aged care also demonstrates some of the potential of electronic systems for safety and quality use. The study used the electronic medicines administration (eMAR) data recorded in residential aged care facilities to investigate the quality use of medicines. Using the eMAR data covering 4,775 long-term residents in 71 facilities in NSW and the ACT the study examined polypharmacy (≥ 5 medications), hyper-polypharmacy (≥ 10 medications) and antipsychotic use.</p> <ul style="list-style-type: none"> • Polypharmacy was found in 84.35% of residents and ranged from 69.75 to 100%. • Hyper-polypharmacy was experienced by 41.2% and ranged from 38.81 to 76.19%. • Antipsychotics were being used by 21.0% and ranged from 0 to 75.6%.
<p>Notes</p>	

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

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

A sleep prescription for medicine

Walker MP

The Lancet. 2018 [epub].

DOI	https://doi.org/10.1016/S0140-6736(18)31316-3
Notes	<p>Sleep is a perennial issue, particularly in the acute setting. Sleep issues afflict both patients and clinicians – both groups tending to suffer from a lack of it, including the potential of harms (for both). For the patients, the hospital environment is often not very conducive to sleep. For clinicians the lack of sleep is a recognised risk factor. As Walker reminds us with his opening paragraph to this Perspectives piece in <i>The Lancet</i>:</p> <p style="text-align: center;"><i>Inadequate sleep leads to inadequate health care. Junior doctors working a 34 h shift will make 460% more diagnostic mistakes than when well rested. These same tired physicians will commit 36% more serious medical errors than those working 16 h or less. Seasoned physicians can suffer the same compromise of medical skills. A senior attending surgeon who has slept only 6 h or less the previous night is 170% more likely to inflict a serious surgical error on a patient, relative to when he or she has slept adequately.</i></p> <hr/> <p>The piece briefly touches on the importance of sleep and how it is hampered in and by the clinical setting. Walker concedes that his ‘prescription’ of sleep ‘requires a shift in our cultural, professional, and global appreciation of sleep.’ However, the benefits could outweigh this effort as ‘Sleep is a life-support system; a universal health-care plan still waiting to be fully embraced by medicine.’</p>

Assessing the impact of antibiotic stewardship program elements on antibiotic use across acute-care hospitals: an observational study

Langford BJ, Wu JH-C, Brown KA, Wang X, Leung V, Tan C, et al.

Infection Control & Hospital Epidemiology. 2018 [epub].

DOI	https://doi.org/10.1017/ice.2018.121
Notes	<p>This Canadian study surveyed 73 hospitals on the impact of antimicrobial stewardship programs (ASPs) in order to determine the key structural and strategic aspects of ASPs that were associated with differences in risk-adjusted antibiotic use. Across the 73 hospitals, the study found, there was a 7-fold range in antibiotic use ranging from 253 to 1,872 defined daily doses (DDD) per 1,000 patient days.</p> <p>The study found the only structural component associated with lower risk-adjusted antibiotic use was the presence of designated ASP funding or resources (adjusted RR 0.87). The strategic components associated with lower risk-adjusted antibiotic use were prospective audit and feedback (adjusted RR, 0.80) and intravenous-to-oral conversion policies (adjusted RR, 0.79). No association between the overall number of ASP components and antibiotic use was found.</p>

For information on the Commission’s work on healthcare associated infection, including antimicrobial stewardship, see <https://www.safetyandquality.gov.au/our-work/healthcare-associated-infection/>

Improvisation versus guideline concordance in surgical antibiotic prophylaxis: a qualitative study

Broom J, Broom A, Kirby E, Post JJ

Infection. 2018 [epub].

DOI	https://doi.org/10.1007/s15010-018-1156-y
Notes	<p>Remaining on the theme of antimicrobial use (and misuse) is this Australian study that surveyed 20 surgeons and anaesthetists from an Australian tertiary referral hospital on their experiences and perspectives on Surgical antibiotic prophylaxis (SAP) prescribing. Analysis of the survey responses revealed:</p> <ol style="list-style-type: none"> 1. Antibiotic prophylaxis is treated as a low priority 2. Whilst guidelines have increased in prominence in recent years, there remains a lack of confidence in their ability to protect the surgeon from responsibility for infectious complications (thus driving SAP over-prescribing). 3. Non-concordance prolonged duration of SAP is perceived to be driven by benevolence for the individual patient. 4. Improvisation with novel SAP strategies is reported as ubiquitous, and acknowledged to confer a sense of reassurance to the surgeon despite potential non-concordance with guidelines or clinical efficacy. <p>The authors suggest that “Surgeons require specific forms of AMS support to enact optimisation, including support for strong collaborative ownership of the surgical risk of infection, and intra-specialty (within surgical specialties) and inter-specialty (between surgery, anaesthetics and infectious diseases) intervention strategies to establish endorsement of and address barriers to guideline implementation.”</p>

Nursing Leadership

Vol. 31, No. 1, 2018

URL	http://www.longwoods.com/publications/nursing-leadership/25471
Notes	<p>A new issue of <i>Nursing Leadership</i> has been published with a Special Focus on Indigenous Nursing. Articles in this issue of <i>Nursing Leadership</i> include:</p> <ul style="list-style-type: none"> • Are You Culturally Competent? (Lynn M Nagle) • Conceptualizing the Role of a Strategist for Outreach and Indigenous Engagement to Lead Recruitment and Retention of Indigenous Students (Lorna Butler, Lois Berry and Heather Exner-Pirot) • Reshaping Policies to Achieve a Strategic Plan for Indigenous Engagement in Nursing Education (Lorna Butler, Heather Exner-Pirot and Lois Berry) • Commentary: Indigenous Nursing – Learning from the Past to Strengthen the Future of Healthcare (Lea Bill and Leila Gillis) • Development and Validation of the LEADS Scale (Stephanie Gilbert and E Kevin Kelloway) • LEADS Case Study: Partnering to Offer a Diabetes Management e-Learning Module to Nursing and Allied Health Staff (Heather Hunt-Smith and Mollie Butler) • Exploring the Effectiveness of Multisource Feedback and Coaching with Nurse Practitioners (Ross Graham and Rosanne Beuthin)

URL	http://www.phrp.com.au/issues/june-2018-volume-28-issue-2/
Notes	<p>A new issue of <i>Public Health Research & Practice</i> has been published with a focus on “Putting the ‘public’ back in public health research”. Articles in this issue of <i>Public Health Research & Practice</i> include:</p> <ul style="list-style-type: none"> • Editorial: Putting the ‘public’ back in public health research (Don Nutbeam) • How can communities and organisations improve their health literacy? (Jane Lloyd, Louise Thomas, Gawaine Powell-Davies, Regina Osten, Mark Harris) • Optimising the use of linked administrative data for infectious diseases research in Australia (Hannah C Moore, Christopher C Blyth) • Adapting to Sydney’s local government boundaries changes: a population health perspective (Hassan Assareh, Helen M Achat, Shopna Bag, Leendert Moerkerken, Salwa Gabriel) • Evaluation of ‘Stop Smoking in its Tracks’: an intensive smoking cessation program for pregnant Aboriginal women incorporating contingency-based financial rewards (Megan E Passey, Janelle M Stirling) • The conduct of Australian Indigenous primary health care research focusing on social and emotional wellbeing: a systematic review (Sara Farnbach, Anne-Maree Eades, Josephine D Gwynn, N Glozier, M L Hackett) • Participant perspectives of a 6-month telephone-based lifestyle coaching program (Bronwyn McGill, Blythe J O’Hara, Philayrath Phongsavan) • Is a yoga-based program with potential to decrease falls perceived to be acceptable to community-dwelling people older than 60? (Anne Tiedemann, Sandra O’Rourke, Catherine Sherrington) • Measles high school vaccination program, 2014–2015: online survey of parents in NSW, Australia (Sonya Nicholl, Holly Seale, Sue Campbell-Lloyd) • Involving consumers in health research: what do consumers say? (Angela L Todd, Don Nutbeam)

International Journal for Quality in Health Care online first articles

URL	https://academic.oup.com/intqhc/advance-access?paper=1
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"> • Dimensions of service quality in healthcare: a systematic review of literature (Iram Fatima; Ayesha Humayun; Usman Iqbal; Muhammad Shafiq) • Measurement equivalence of patient safety climate in Chinese hospitals: can we compare across physicians and nurses? (Junya Zhu) • Establishing gold standards for System-Level Measures: a modified Delphi consensus process (Fiona Doolan-Noble; Stuart Barson; M Lyndon; F Cullinane; J Gray; T Stokes R Gauld) • Leveraging new information technology to monitor medicine use in 71 residential aged care facilities: variation in polypharmacy and antipsychotic use (Lisa G Pont; Magda Z Raban; Mikaela L Jorgensen; Andrew Georgiou; Johanna I Westbrook) • Targeted educational program improves infant positioning practice in the NICU (Lama Charafeddine; Saadieh Masri; Perla Ibrahim; Daniel Badin; Salam Cheayto; Hani Tamim)

Online resources

What's New in AURA

<https://www.safetyandquality.gov.au/antimicrobial-use-and-resistance-in-australia/other-publications/>

The latest issue of *What's New in AURA* has been uploaded and includes information on new publications on the Commission or AURA partner websites and updates on projects, including Australian passive AMR surveillance system (APAS) and a pilot project on paediatric antimicrobial utilisation.

[USA] Patient Safety Primers

<https://psnet.ahrq.gov/primers/>

The Patient Safety Primers from the (US) Agency for Healthcare Research and Quality (AHRQ) discuss key concepts in patient safety. Each primer defines a topic, offers background information on its epidemiology and context, and provides links to relevant materials.

- **Surgical Site Infections** – defined as infection related to an operative procedure that occurs at or near the surgical incision within 30 days of the procedure, or within 90 days if prosthetic material is implanted at surgery. SSIs are among the most common preventable complications after surgery. SSIs occur in 2% to 4% of all patients undergoing inpatient surgical procedures. Although most infections are treatable with antibiotics, SSIs remain a significant cause of morbidity and mortality after surgery. They are the leading cause of readmissions to the hospital following surgery, and approximately 3% of patients who contract an SSI will die as a consequence. Although SSIs are less common following ambulatory surgery than after inpatient procedures, they are a frequent source of morbidity in these patients as well.

<https://psnet.ahrq.gov/primers/primer/45>

[NZ] Dashboard of health system quality

<https://www.hqsc.govt.nz/our-programmes/health-quality-evaluation/news-and-events/news/3317/>

The New Zealand Health Quality & Safety Commission has launched a new, publicly-available dashboard of health system quality that shows at a glance how individual district health boards (DHBs) are performing in a variety of areas. The dashboard takes information from a range of published sources, including the quality and safety markers, the primary care and inpatient patient experience surveys, the Atlas of Healthcare Variation and data from the Ministry of Health, and puts it together in one place. A simple-to-read, interactive chart allows users to see the data.

[UK] Redesigning care delivery: building the team around the patient

<http://www.nhsemployers.org/case-studies-and-resources/2018/06/using-band-4-roles-to-build-a-team-around-the-patient>

NHS Employers has published this case study describing how an NHS Trust developed new models of care to overcome workforce supply challenges. The trust had a persistent lack of registered nurses in its workforce. Using the concept of building a team around the patient, based on identified skills needed to deliver best care, the trust looked at how it could make use of newly introduced roles, such as the nursing associate and the assistant practitioner.

[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:

- *Noninvasive Nonpharmacological Treatment for **Chronic Pain**: A Systematic Review*

<https://effectivehealthcare.ahrq.gov/topics/nonpharma-treatment-pain/research-2018>

[USA] *Clostridium difficile Toolkit for Long-term Care Facilities*

<http://www.health.state.mn.us/divs/idepc/diseases/cdiff/hcp/toolkit/index.html>

The Minnesota Department of Health has released this toolkit for *Clostridium difficile* prevention and management in long-term care facilities. The toolkit provides resources in six topic areas: prepare, detect, contain, clean, prevent, and educate.

For information on the Commission's work on healthcare associated infection, including *Clostridium difficile*, see <https://www.safetyandquality.gov.au/our-work/healthcare-associated-infection/>

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