



## On the Radar

Issue 399

10 December 2018

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### On the Radar

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### **Australian Passive Antimicrobial Resistance Surveillance. First report: multi-resistant organisms**

Australian Commission on Safety and Quality in Health Care  
Sydney: ACSQHC; 2018. p.37.

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

The Australian Passive AMR Surveillance (APAS) program at the Australian Commission on Safety and Quality in Health Care has released its first report on multi resistant organisms. Set up with the support of Queensland Health, APAS currently has over 50 million antimicrobial resistance (AMR) records from 2006 to 2018, enabling trend analysis and examination of patterns across Australia.

This report highlights concerning results for three types of significant resistances in Australia.

*Methicillin resistance in Staphylococcus aureus (MRSA):*

- Has risen from 8.5% in the community in 2006, to 14.6% in 2014, and 19.1% in 2017
- Is worsening in remote and very remote areas of Australia (40.6% and 40.2%, respectively, in 2017)
- Is worsening in aged care homes (increasing from 25.1% in 2006 to 36.2% in 2014 from long term APAS contributor data; and was 32.1% in 2017 for all contributing laboratories).

*Fluoroquinolone non-susceptibility in Escherichia coli:*

- Proportion of non-susceptibility to fluoroquinolones in E. coli has risen from 2% in 2006 to 11.8% in 2017 (despite significant restriction of fluoroquinolones in hospitals and the community)
- In 2017 the proportion of fluoroquinolone non-susceptibility in E. coli were highest in aged care homes (18.1%), followed by hospitals (12.1%), and the community (10.2%).

*Vancomycin non-susceptibility in Enterococcus faecium:*

- Strains are now very common across Australia, exceeding 40% of all E. faecium for all specimen types since 2010
- Principally seen in hospitals in urban settings; there is evidence that rates are decreasing nationally over the last three years, from 51% in 2015 to 42% in 2017.


**Reports**

*Help at Home - Use of assistive technology for older people*

Themed review

National Institute for Health Research

London: NHS NIHR; 2018. p. 42.

URL / DOI	<a href="https://www.dc.nihr.ac.uk/themed-reviews/research-on-assistive-technology.htm">https://www.dc.nihr.ac.uk/themed-reviews/research-on-assistive-technology.htm</a> <a href="https://doi.org/10.3310/themedreview-03345">https://doi.org/10.3310/themedreview-03345</a>
Notes	<p>The UK's National Institute for Health Research (NIHR) has produced this themed review of the evidence from the NIHR and others around the use of technology in the home, remote monitoring systems and designing better environments for older people. The review features:</p> <ul style="list-style-type: none"> <li>• 40 published studies</li> <li>• Questions to ask about how technology can support older people living with complex conditions and what designs could help create an ageing friendly environment.</li> </ul>  <p>The infographic is divided into four quadrants. Top-left: A silhouette of an elderly person leaning on a red bar chart. Text: 'The population of people over 85 years old... is expected to double over the next 20 years'. Top-right: Five silhouettes of people, four dark blue and one light blue. Text: 'Four in five people over 85 have two or more serious health conditions'. Bottom-left: Three silhouettes of elderly women with canes. Text: 'A third of people over 85 struggle with five or more everyday tasks'. Bottom-right: Large green text '500,000' with subtext 'Number of people receiving home care services in the UK'. A small '(1)' is located between the top and bottom sections.</p>

*A Patient-Safe Future: A Patient Safety Learning Green Paper*  
 Patient Safety Learning; London; 2018, p.45.

URL	<a href="https://www.patientsafetylearning.org/blog/a-patient-safe-future">https://www.patientsafetylearning.org/blog/a-patient-safe-future</a>
Notes	<p>The UK’s Patient Safety Learning (an independent, non-political and not-for-profit organisation) has produced this green paper on how the (UK) health system could better support patient-safe care. The paper focuses on:</p> <ul style="list-style-type: none"> <li>• Patient safety today: an overview of the patient safety landscape</li> <li>• The persistence of patient harm: a diagnosis of why problems continue</li> <li>• The future: what a patient-safe future looks like</li> <li>• Our role: how Patient Safety Learning proposes how to help make a difference</li> <li>• System wide proposals: our thoughts on changes that we believe are needed in the wider healthcare system.</li> </ul>

*Shifting gears: Consumers transforming health*

Consumers Health Forum of Australia; Canberra; 2018, p.18.

URL	<a href="https://chf.org.au/media-releases/shifting-gears-consumer-health">https://chf.org.au/media-releases/shifting-gears-consumer-health</a>
Notes	<p>The Consumers Health Forum of Australia has produced this white paper that looks at the role consumers have had and may have in influencing the health system. The reports seeks to set out the transformational changes needed to deliver a person-centred health care system and a program for training and developing health consumer leaders in a range of roles which would foster more dynamic and responsive health care. The report proposes key roles for consumers, including the expert patient, change agents, policy influencers, educators, research collaborators, co-designers, and community mobilisers.</p>

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

## Journal articles

*Dissecting Communication Barriers in Healthcare: A Path to Enhancing Communication Resiliency, Reliability, and Patient Safety*

Guttman OT, Lazzara EH, Keebler JR, Webster KLW, Gisick LM, Baker AL

Journal of Patient Safety. 2018 [epub].

DOI	<a href="https://doi.org/10.1097/PTS.0000000000000541">https://doi.org/10.1097/PTS.0000000000000541</a>
Notes	<p>The importance and role of communication in both good and lesser quality and safety of health care is not always appreciated. However, as the authors of this Editorial note, ‘Suboptimal exchange of information can have tragic consequences to patient’s safety and survival...the Joint Commission lists communication error among the most common attributable causes of sentinel events’ and ‘risk management literature ascribing communication error as a major factor (70%) in adverse events.’ However, they go on to observe that ‘Attributing a breakdown in information exchange to simply a generic “communication error” without further specification is ineffective and a gross oversimplification of a complex phenomenon.’ In the editorial the authors describe their efforts to break down ‘communication in healthcare into its elemental parts’ as part of a ‘more effective organizational learning strategy...to enable more focused patient safety improvement efforts’. This in turn allows them to attempt to ‘map evidence-based recovery strategies and tools ...enhance the reliability and validity of information exchange within healthcare.’</p>

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

*It is time to define antimicrobial never events*

Liu J, Kaye KS, Mercurio NJ, Davis SL, Patel TS, Petty LA, et al  
Infection Control & Hospital Epidemiology. 2018 [epub].

DOI	<a href="https://doi.org/10.1017/ice.2018.313">https://doi.org/10.1017/ice.2018.313</a>
Notes	This article explores the application of the concept “never events” to antibiotic prescribing. Never events are a familiar paradigm in patient safety to describe medical errors that should never occur. Antimicrobial use can often be perceived as a low risk to patients. The authors propose that some indications for antimicrobial use should be classified as “never events”. The risks associated with antibiotic use include adverse drug events, downstream antibiotic collateral damage (eg <i>C difficile</i> infection) and the transformation of susceptible organisms into resistant pathogens.
	<b>Antibiotic Never Events</b>
	Antibiotic use for a nonsusceptible organism after identification and susceptibility
	Antibiotic use that exceeds 2 days after causative organism identified and susceptibility results available when de-escalation is possible (can safely be treated by a narrower agent)
	Postsurgical antibiotic prophylaxis exceeds national guidelines
	Antibiotic use for viral upper respiratory tract infections
	Antibiotic use for asymptomatic bacteriuria

For information about the Commission’s work on antimicrobial use and resistance in Australia, see <https://www.safetyandquality.gov.au/antimicrobial-use-and-resistance-in-australia/>

*Australian Health Review*

Volume 42(6) 2018

DOI	<a href="http://www.publish.csiro.au/ah/issue/8889">http://www.publish.csiro.au/ah/issue/8889</a>
Notes	A new issue of <i>Australian Health Review</i> has been published. Articles in this issue of <i>Australian Health Review</i> include:
	<ul style="list-style-type: none"> <li>• Future of <b>assisted dying</b> reform in Australia (Ben White and Lindy Willmott)</li> <li>• Documenting the process of developing the Victorian <b>voluntary assisted dying</b> legislation (Margaret M O'Connor, Roger W Hunt, Julian Gardner, Mary Draper, Ian Maddocks, Trish Malowney and Brian K Oowler)</li> <li>• Should <b>endometriosis</b> be managed within a chronic disease framework? An analysis of national policy documents (Rebecca O'Hara, Heather Rowe, Louise Roufeil and Jane Fisher)</li> <li>• Time to establish <b>comprehensive long-term monitoring of Australian medical graduates?</b> (Christine Jorm, Jane Bleasel and Inam Haq)</li> <li>• Achieving self-sufficiency: <b>training Australia’s future medical workforce</b> (Brian Fernandes, Edward R Scheffer Cliff and Amelia Chowdhury)</li> </ul>

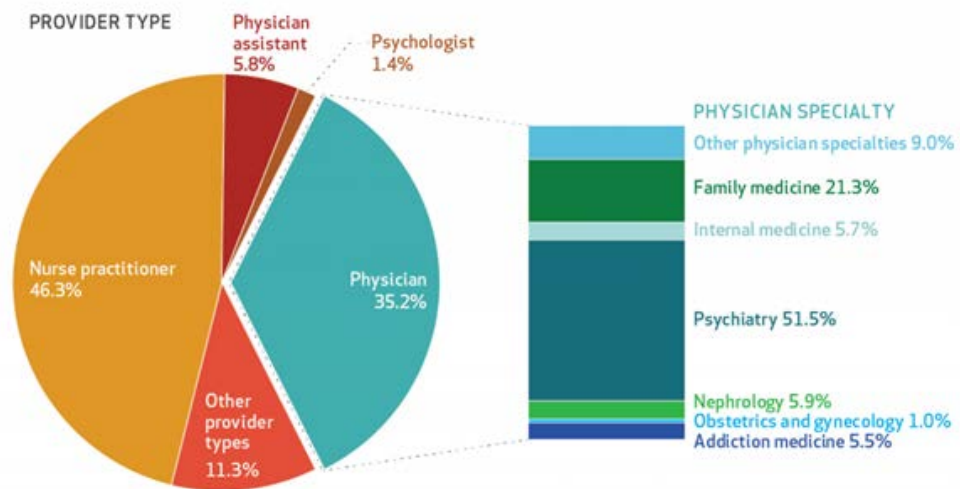
	<ul style="list-style-type: none"> <li>• Maintaining capacity for in-practice <b>teaching and supervision of students and general practice trainees</b>: a cross-sectional study of early career general practitioners (Nigel Catzikiris, Amanda Tapley, Simon Morgan, Elizabeth G Holliday, Jean Ball, Kim Henderson, T Elliott, N Spike, C Regan and P Magin)</li> <li>• Does the <b>professional attitude of physicians</b> always affect their <b>professional behaviour</b>? A survey in tertiary hospitals in Nanchang City, China (Xuan Wang, Xin Du, Chenxi Liu and Xiping Zhang)</li> <li>• <b>Skill sharing and delegation practice</b> in two Queensland regional allied health cancer care services: a comparison of tasks (Juanine Passfield, Ilsa Nielsen, Neil Brebner and Cara Johnstone)</li> <li>• Clinical activity profile of <b>preregistration physiotherapy students</b> during clinical placements (Susan Stoikov, Kassie Shardlow, M Gooding and S Kuys)</li> <li>• Effects and mechanisms of an <b>allied health research position</b> in a Queensland regional and rural health service: a descriptive case study (Rachel J Wenke, Anna Tynan, Annette Scott and Sharon Mickan)</li> <li>• Evaluation of Australia's first <b>older adult-specific early intervention for reducing alcohol-related harm</b> (Stephen J Bright and Cylie M Williams)</li> <li>• Stakeholder perceptions on <b>resident-to-resident aggression</b>: implications for prevention (Briony Jain, Melissa Willoughby, Margaret Winbolt, Dina Lo Giudice and Joseph Ibrahim)</li> <li>• <b>Food and nutrition programs for Aboriginal and Torres Strait Islander Australians</b>: an overview of systematic reviews (Jennifer Browne, Karen Adams, Petah Atkinson, Deborah Gleeson and Rick Hayes)</li> <li>• Deconstructing the <b>4-h rule for access to emergency care</b> and putting patients first (Ian Scott, Clair Sullivan, Andrew Staib and Anthony Bell)</li> <li>• Changes in <b>surgical team performance and safety climate attitudes</b> following expansion of perioperative services: a repeated-measures study (Brigid M Gillespie, Emma Harbeck, Evelyn Kang, Catherine Steel, Nicole Fairweather and Wendy Chaboyer)</li> <li>• When is a <b>medicine unwanted</b>, how is it disposed, and how might safe disposal be promoted? Insights from the Australian population (Emilie Bettington, Jean Spinks, Fiona Kelly, Alejandra Gallardo-Godoy, Son Nghiem and Amanda J Wheeler)</li> <li>• Medicare needs to consider <b>banning harmful knee osteoarthritis treatments</b>, not effective ones (John W Orchard and Jessica J Orchard)</li> </ul>
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*Health Affairs*

Volume: 37, Number: 12 (December 2018)

URL	<a href="https://www.healthaffairs.org/toc/hlthaff/37/12">https://www.healthaffairs.org/toc/hlthaff/37/12</a>
Notes	<p>A new issue of <i>Health Affairs</i> has been published, with the theme of <b>'Telehealth'</b>. Articles in this issue of <i>Health Affairs</i> include:</p> <ul style="list-style-type: none"> <li>• <b>Charting A Pathway To Better Health</b> (T R Goldman)</li> <li>• <b>The Use Of Telemedicine By Physicians: Still The Exception Rather Than The Rule</b> (Carol K Kane and Kurt Gillis)</li> <li>• <b>Population-Level Estimates Of Telemedicine Service Provision</b> Using An All-Payer Claims Database (Jiani Yu, Pamela J Mink, Peter J Huckfeldt, Stefan Gildemeister, and Jean M Abraham)</li> </ul>

Distribution of telemedicine visits, by provider type and physician specialty, 2015



Jiani Yu et al. Health Aff 2018; 37:1935

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- How Is **Telemedicine** Being Used In **Opioid And Other Substance Use Disorder Treatment**? (Haiden A Huskamp, Alisa B Busch, Jeffrey Souza, Lori Uscher-Pines, Sherri Rose, A Wilcock, B E Landon, and A Mehrotra)
- **Who Isn't Using Patient Portals** And Why? Evidence And Implications From A National Sample Of US Adults (Denise L Anthony, Celeste Campos-Castillo, and Paulina S Lim)
- Challenges And Opportunities Faced By **Large Health Systems Implementing Telehealth** (Chad Ellimoottil, Lawrence An, Meagan Moyer, Sarah Sossong, and Judd E Hollander)
- Advancement Of **Teledentistry** At The University Of Rochester's Eastman Institute For Oral Health (Dorota T Kopycka-Kedzierawski, Sean W McLaren, and Ronald J Billings)
- **Telehealth In Health Centers: Key Adoption Factors, Barriers, And Opportunities** (Ching-Ching Claire Lin, Anne Dievler, Carolyn Robbins, Alek Sripipatana, Matt Quinn, and Suma Nair)
- The Current **State Of Telehealth Evidence: A Rapid Review** (Erin Shigekawa, Margaret Fix, Garen Corbett, Dylan H Roby, and Janet Coffman)
- **Home Telemonitoring In Heart Failure: A Systematic Review And Meta-Analysis** (Renee Pekmezaris, Leanne Torte, Myia Williams, Vidhi Patel, Amgad Makaryus, Roman Zeltser, Liron Sinvani, Gisele Wolf-Klein, Janice Lester, Cristina Sison, Martin Lesser, and Andrzej Kozikowski)
- The Effect Of A **Newborn Telehealth Program On Transfers Avoided: A Multiple-Baseline Study** (Jordan Albritton, Lory Maddox, Joseph Dalto, Erick Ridout, and Stephen Minton)
- **Tele-Triage Outcomes For Patients With Chest Pain: Comparing Physicians And Registered Nurses** (Dana R Sax, David R Vinson, Cyrus K Yamin, Jie Huang, Troy M Falck, R Bhargava, D J Amaral, and M E Reed)
- Expansion Of **Telestroke Services Improves Quality Of Care** Provided In Super Rural Areas (Donglan Zhang, Guijing Wang, Weiming Zhu, Janani R Thapa, Jeffrey A Switzer, David C Hess, Matthew L Smith, and M D Ritchey)

	<ul style="list-style-type: none"> <li>• Quality Of Care For <b>Acute Respiratory Infections</b> During Direct-To-Consumer <b>Telemedicine Visits</b> For Adults (Zhuo Shi, Ateev Mehrotra, Courtney A Gidengil, Sabrina J Poon, Lori Uscher-Pines, and Kristin N Ray)</li> <li>• <b>Electronic Visits For Common Acute Conditions:</b> Evaluation Of A Recently Established Program (Marty Player, Edward O'Bryan, Emily Sederstrom, Jasmine Pinckney, and Vanessa Diaz)</li> <li>• <b>Reduced Cost Of Specialty Care Using Electronic Consultations</b> For Medicaid Patients (Daren Anderson, Victor G Villagra, Emil Coman, Tamim Ahmed, Anthony Porto, Nicole Jepeal, Giuseppe Maci, and Bridget Teevan)</li> <li>• <b>Use Of Telemedicine For ED Physician Coverage</b> In Critical Access Hospitals Increased After CMS Policy Clarification (Marcia M Ward, Kimberly A S Merchant, Knute D Carter, Xi Zhu, Fred Ullrich, A Wittrock, and A Bell)</li> <li>• <b>Virtual Visits</b> Partially Replaced In-Person Visits In An ACO-Based Medical Specialty Practice (Sachin J Shah, Lee H Schwamm, Adam B Cohen, Marcy R Simoni, Juan Estrada, Marcelo Matiello, A Venkataramani, and S K Rao)</li> <li>• Building A <b>Regulatory And Payment Framework</b> Flexible Enough To Withstand Technological Progress (David Flannery and Robert Jarrin)</li> <li>• Are <b>State Telehealth Policies</b> Associated With The Use Of Telehealth Services Among Underserved Populations? (Jeongyoung Park, Clese Erikson, Xinxin Han, and Preeti Iyer)</li> <li>• <b>Retail Outlets Using Telehealth</b> Pose Significant Policy Questions For Health Care (Keisuke Nakagawa, Joseph Kvedar, and Peter Yellowlees)</li> <li>• Getting Ready For Health Reform 2020: Republicans' Options For <b>Improving Upon The State Innovation Approach</b> (Lanhee J Chen)</li> <li>• How Democratic Candidates For The Presidency In 2020 Could Choose Among <b>Public Health Insurance</b> Plans (Sherry A Glied and Jeanne M Lambrew)</li> <li>• How <b>Telehealth Stopped A Contagious Outbreak</b> At A School (Cynthia M Zettler-Greeley)</li> </ul>
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*Public Health Research & Practice*

December 2018, Volume 28, Issue 4

URL	<a href="http://www.phrp.com.au/issues/december-2018-volume-28-issue-4/">http://www.phrp.com.au/issues/december-2018-volume-28-issue-4/</a>
Notes	<p>A new issue of <i>Public Health Research &amp; Practice</i> has been published with a focus on <b>health and climate change</b> with articles considering the issue in a number of ways. Articles in this issue of <i>Public Health Research &amp; Practice</i> include:</p> <ul style="list-style-type: none"> <li>• Editorial: <b>Climate change and health:</b> global issue, local responses (Anthony Capon, Carlos Corvalan)</li> <li>• <b>Climate change, health and wellbeing:</b> challenges and opportunities in NSW, Australia (Neil Hime, Aditya Vyas, Kishen Lachireddy, Stacey Wyett, Benjamin Scalley, Carlos Corvalan)</li> <li>• <b>Extreme events</b> in the context of climate change (Sarah Perkins-Kirkpatrick, Andy Pitman)</li> <li>• A conceptual framework for <b>climate change, health and wellbeing in NSW, Australia</b> (Sinead Boylan, Kathleen Beyer, David Schlosberg, Anastasia Mortimer, Neil Hime, Benjamin Scalley, Robyn Alders, Carlos Corvalan, Anthony Capon)</li> <li>• Interview with Dr Colin Tukuitonga: from <b>crisis to action in Pacific communities</b> (Colin Tukuitonga)</li> </ul>

	<ul style="list-style-type: none"> <li>• <b>Climate change and allergy in Australia:</b> an innovative, high-income country, at potential risk (Paul J Beggs)</li> <li>• <b>Improving the quality of healthcare:</b> a cross-sectional study of the features of successful clinical networks (Mary M Haines, Bernadette Brown, Catherine A D’Este, Elizabeth M Yano, Jonathan C Craig, Sandy Middleton, Peter A Castaldi, Carol A Pollock, Kate Needham, William H Watt, Elizabeth J Elliott, Anthony Scott, Amanda Dominello, Emily Klineberg, Jo-An Atkinson, C Paul, S Redman, on behalf of the Clinical Networks Research Group)</li> <li>• The EXPert PANel Decision (EXPAND) method: a way to measure the impact of diverse <b>quality improvement activities of clinical networks</b> (Amanda Dominello, Elizabeth M Yano, Emily Klineberg, Sally Redman, Jonathan C Craig, Bernadette Brown, Deanna Kalucy, Mary Haines)</li> <li>• Addressing the <b>carbon footprint of health organisations:</b> eight lessons for implementation (Kate E Charlesworth, Gregory J Stewart, Peter Sainsbury)</li> <li>• <b>Built environment interventions for human and planetary health:</b> integrating health in climate change adaptation and mitigation (Jason H Prior, Irena LC Connon, Erica McIntyre, Jon Adams, Anthony Capon, Jennifer Kent, Chris Rissel, Leena E Thomas, Susan M Thompson, Harriet Westcott)</li> </ul>
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*BMJ Quality and Safety* online first articles

URL	<a href="https://qualitysafety.bmj.com/content/early/recent">https://qualitysafety.bmj.com/content/early/recent</a>
Notes	<p><i>BMJ Quality and Safety</i> has published a number of ‘online first’ articles, including:</p> <ul style="list-style-type: none"> <li>• <b>Nurse staffing, nursing assistants and hospital mortality:</b> retrospective longitudinal cohort study (Peter Griffiths, Antonello Maruotti, Alejandra Recio Saucedo, Oliver C Redfern, Jane E Ball, Jim Briggs, Chiara Dall’Ora, Paul E Schmidt, Gary B Smith On behalf of Missed Care Study Group)</li> </ul>

*International Journal for Quality in Health Care* online first articles

URL	<a href="https://academic.oup.com/intqhc/advance-access">https://academic.oup.com/intqhc/advance-access</a>
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"> <li>• Validation of the <b>person-centred coordinated care experience questionnaire (P3CEQ)</b> (Helen Lloyd; Ben Fosh; Ben Whalley; Richard Byng; James Close)</li> </ul>

**Online resources**

*The Pros and Cons of Patient Reported Outcome Measures (PROMs) and Patient Reported Experience Measures (PREMs)*

<http://www.hsraanz.org/the-pros-and-cons-of-patient-reported-outcome-measures-proms-and-patient-reported-experience-measures-prems-26-november-201/>

110 delegates gathered at the University of Sydney on 26 November 2018 to consider the pros and cons of PROMS and PREMS. The conference papers, slides and photos are now available. This one-day forum brought together stakeholders with experience in PROMS and PREMs to advance the health services research agenda. During the morning delegates heard from experts in the field about the application of PROMs and PREMs in government programs, Clinical Practice, General Practice and NGOs and peak consumer bodies. The afternoon featured short oral presentations in two streams and provided an opportunity to learn about the latest research and leadership in the areas of PROMs and PREMs for quality assurance and benchmarking and PROMs to guide clinical care.

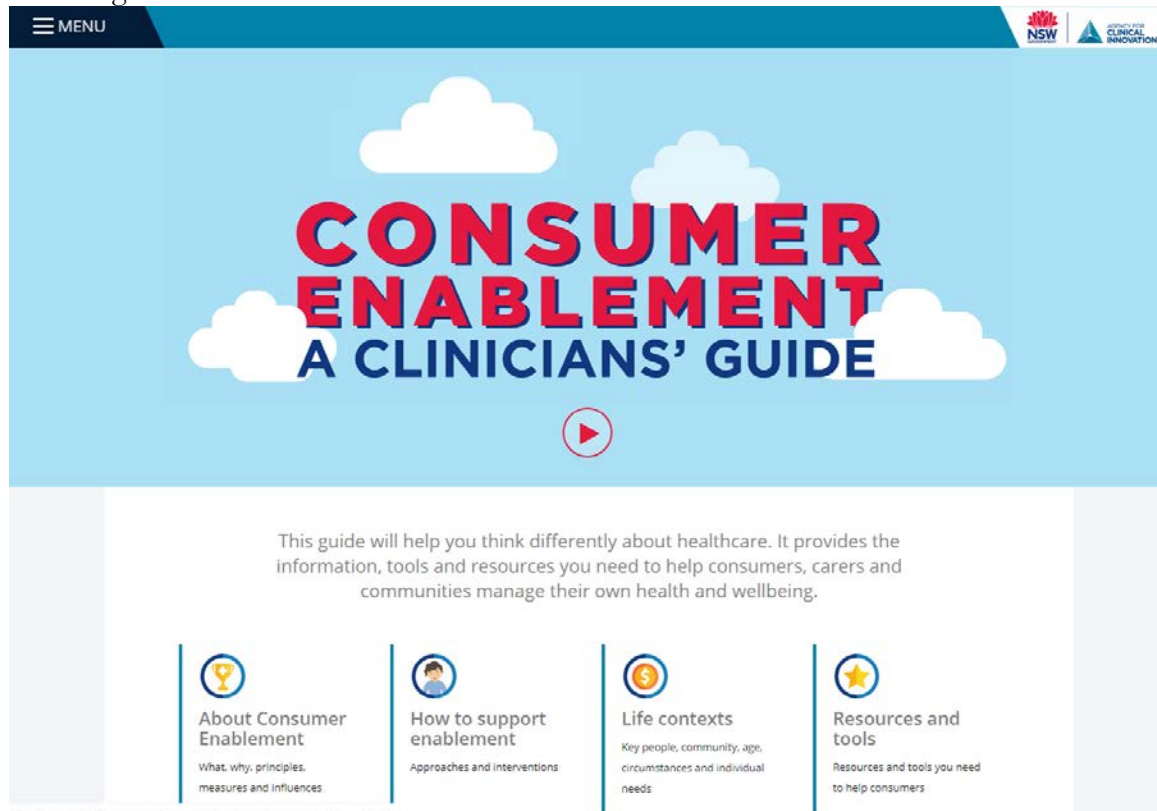


For information about the Commission’s work on patient-reported outcome measures, see <https://www.safetyandquality.gov.au/our-work/indicators/patient-reported-outcome-measures/>

*Consumer Enablement: A Clinician’s Guide*

<https://www.aci.health.nsw.gov.au/resources/chronic-care/consumer-enablement/guide>

The New South Wales Agency for Clinical Innovation (ACI) has developed this guide to aid clinicians with what they are terming ‘consumer enablement’. It includes information, tools and resources that clinicians may use to engage patients/consumers, carers and communities manage their own health and wellbeing.



*[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:

- NICE Guideline NG114 **Chronic obstructive pulmonary disease (acute exacerbation): antimicrobial prescribing** <https://www.nice.org.uk/guidance/ng114>
- NICE Guideline NG115 **Chronic obstructive pulmonary disease in over 16s: diagnosis and management** <https://www.nice.org.uk/guidance/ng115>
- NICE Guideline NG116 **Post-traumatic stress disorder** <https://www.nice.org.uk/guidance/ng116>

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