AUSTRALIAN COMMISSION ON SAFETY AND QUALITY IN HEALTH CARE

On the Radar

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On the Radar
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Reports

Call for the establishment of a primary health care national minimum data set
Deeble Institute Issues Brief No. 29
Thorpe M, Sweeney S.
Canberra: Australian Healthcare and Hospitals Association; 2019. p. 26.

URL	https://ahha.asn.au/publication/health-policy-issue-briefs/deeble-issues-brief-no-29-call-establishment-primary-health
Notes	Written by the General Manager – Primary Health and Health Planner/Analyst from Brisbane South Primary Health Network (PHN) this issues brief, published by the Deeble Institute of the Australian Healthcare and Hospitals Association, examines the value and utility of a national minimum data set for primary care in Australia. The authors observe that there is no continuing comprehensive data capturing how and why people use and access primary health care services, what occurs in individual consultations and the health outcomes. They advocate for a national minimum data set as to allow PHNs to: • better support population health planning • assist in identifying service gaps • support policy development • monitor system performance, and • provide insight into the patient journey across the health system.

	The authors also describe the areas they believe the data set should cover, including prover and patient demographics, health status, health behaviours, patient encounters and outcomes. Such a data set may also provide opportunities for insights by other users, with further value being derived with linkage to other data sets.

Journal articles

Confronting the most challenging risk factor: non-adherence
Kones R, Rumana U, Morales-Salinas A
The Lancet. 2019;393(10167):105-6.

DOI	https://doi.org/10.1016/S0140-6736(18)33079-4
Notes	Much of the focus of safety and quality is on what health systems and clinicians can do. This is true even of, for example, the focus of patient-centred care where it seems much of the material reflects on what clinicians can do to place the patient at the centre of care, including being the decision-maker. However, as this commentary piece observes in the context of cardiovascular care, perhaps more attention needs to be given to 'practical and foundational measures, such as improving medication adherence and addressing social determinants of health to further primary prevention'. The authors cite literature that suggests '**less than half of all patients taking medications are adherent**, which substantially increases morbidity and mortality. **Non-adherence to medication accounts for 33–69% of all hospital admissions in the USA**, and, among patients with coronary heart disease, the extent of low adherence is related to the number of adverse cardiovascular events.'

Exercise Programs in Older Adults—A Prescription for Fall Reduction
Kraemer RR, Landefeld C
JAMA Internal Medicine. 2018 [epub].

Association of long-term exercise training with risk of falls, fractures, hospitalizations, and mortality in older adults: A systematic review and meta-analysis
de Souto Barreto P, Rolland Y, Vellas B, Maltais M
JAMA Internal Medicine. 2018 [epub].

DOI	Kraemer and Landefeld https://doi.org/10.1001/jamainternmed.2018.5389 de Souto Barreto et al https://doi.org/10.1001/jamainternmed.2018.5406
Notes	Falls are another common cause of hospitalisations and are associated with increased mortality, particularly in older people. While they have been hopes for interventions such as exercise, the results have not always been encouraging. Kraemer and Landefeld's editorial reports on de Souto Barreto et al's systematic review that there is 'evidence that **exercise interventions prevent adverse events in older people**, including falls, injurious falls, fractures, and mobility disability. Exercise may also extend life in some groups, although this evidence is not conclusive. The benefits of exercise require moderate intensity exercise at least twice weekly and preferably 3 times weekly, and this amount of exercise is safe, virtually **without harm**.'

For information on the Commission's work on falls prevention, see
https://www.safetyandquality.gov.au/our-work/falls-prevention/

Evaluation and Management of Penicillin Allergy. A Review
Shenoy ES, Macy E, Rowe T, Blumenthal KG
JAMA. 2019;321(2):188-99.

Am I Allergic to Penicillin?
Blumenthal KG, Shenoy ES
JAMA. 2019;321(2):216-.

DOI	Shenoy et al https://doi.org/10.1001/jama.2018.19283 Blumenthal and Shenoy https://doi.org/10.1001/jama.2018.20470
Notes	In a recent issue I included an item on penicillin allergy and how it was often unchallenged. The issue has now been covered in the *Journal of the American Medical Association.* Shenoy et al note that while β-Lactam antibiotics are among the safest and most effective antibiotics, approximately 10% of the US population has reported allergies to the β-lactam agent penicillin, with higher rates reported by older and hospitalized patients. These allergy reports then limit their use which leads to the use of broad-spectrum antibiotics that increase the risk for antimicrobial resistance and adverse events. The authors argue that **while many patients report they are allergic to penicillin, few have clinically significant reactions** and that direct amoxycillin challenge is appropriate for patients with low-risk allergy histories and that evaluation of penicillin allergy before deciding not to use penicillin or other β-lactam antibiotics is an important tool for antimicrobial stewardship. Blumenthal and Shenoy have authored a JAMA Patient Page on penicillin allergy looking at how penicillin allergy can be tested and how common it is penicillin allergy to be outdated or incorrect – explain the topic in lay terms.

Appropriateness of outpatient antibiotic prescribing among privately insured US patients: ICD-10-CM based cross sectional study
Chua K-P, Fischer MA, Linder JA
BMJ. 2019;364:k5092.

DOI	https://doi.org/10.1136/bmj.k5092
Notes	One the preeminent issues of the time is antibiotics/antimicrobials and the development of resistance to these agents. These issues have prompted widespread examination and re-evaluation of their use. This paper once more shows the scale of the issue. The study examined the appropriateness of outpatient antibiotic prescribing for privately insured children and non-elderly adults in the US. From their analyses the authors found 'Among all outpatient antibiotic prescription fills by 19 203 264 privately insured US children and non-elderly adults in 2016, **23.2%** were **inappropriate**, **35.5%** were **potentially appropriate**, and 28.5% were not associated with a recent diagnosis code. Approximately **1 in 7 enrollees filled at least one inappropriate antibiotic prescription** in 2016.'.

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

Prevalence of potentially inappropriate prescribing in older people in primary care and its association with hospital admission: longitudinal study
Pérez T, Moriarty F, Wallace E, McDowell R, Redmond P, Fahey T
BMJ. 2018;363:k4524.

Community-acquired and hospital-acquired medication harm among older inpatients and impact of a state-wide medication management intervention
Pellegrin K, Lozano A, Miyamura J, Lynn J, Krenk L, Jolson-Oakes S, et al
BMJ Quality & Safety. 2018 [epub].

DOI	Pérez et al https://doi.org/10.1136/bmj.k4524 Pellegrin et al https://doi.org/10.1136/bmjqs-2018-008418
Notes	Medication errors or adverse events are one of the more common causes of hospitalisations. Older people, particularly those with chronic conditions, tend to take more medications and are at greater risk of medication-related issues. Pérez et al report on an Irish study that looked at whether hospital admission is associated with potentially inappropriate prescribing among older primary care patients (aged ≥65 years) and whether such prescribing was more likely after hospital admission than before. The study examined the records of 38 229 patients at 44 general practices in 2012 to 2015. The authors report finding 'the overall prevalence of **potentially inappropriate prescribing** ranged from **45.3%** (13 940/30 789) of patients in 2012 **to 51.0%** (14 823/29 077) in 2015. Independently of age, sex, number of prescription items, comorbidity, and health cover, **hospital admission was associated with a higher rate of distinct potentially inappropriate prescribing** criteria met; the adjusted hazard ratio for hospital admission was 1.24 (95% confidence interval 1.20 to 1.28). Among participants who were admitted to hospital, the **likelihood of potentially inappropriate prescribing after admission was higher than before admission**'. Pellegrin et al provide an update on the performance of the 'Pharm2Pharm' intervention – a pharmacist-led care transition and care coordination model focused on best practices in medication management – in hospitals in Hawaii. This study focussed on the extent to which medication harm among older inpatients is 'community acquired' versus 'hospital acquired' and to assess the effectiveness of the Pharm2Pharm model with each type. In 2010 to 2014, these hospitals had 189 078 total admissions, about **7% of admissions had one or more medication harm codes**. Of the 13 795 admissions with medication harm codes there were 16 225 medication harm codes, **70%** of which were **community-acquired**. The authors report that the 'when the [Pharm2Pharm] intervention was implemented across hospitals were associated with a significant reduction in the rate of admissions with community-acquired medication harm compared with non-intervention hospitals ($p=0.001$), and specifically harm by anticoagulants ($p<0.0001$) and by medications in therapeutic use ($p<0.001$). The hospital-acquired medication harm rate did not change. The rate of admissions with community-acquired medication harm was reduced by 4.28 admissions per 1000 admissions per quarter in the Pharm2Pharm hospitals relative to the comparison hospitals.

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

Optimising detection and prevention of prosthetic joint infections
Kandel C, Daneman N
BMJ Quality & Safety. 2018 [epub].

DOI	http://dx.doi.org/10.1136/bmjqs-2018-009070
Notes	Surgical site infections (SSIs) are more common in joint surgery than many people might think (or hope). This editorial reflects on the issue in light of a paper describing an SSI prevention bundle for hip and knee prosthetic joint infections. The editorial authors observe that while '**Measures to reduce SSIs are evidence-based, relatively straightforward and cheap**, …widespread implementation remains elusive.' They conclude 'Optimal reductions in SSI rates will require multipronged approaches, such as the bundle implemented in this study, which can be adapted at a hospital level.…a **multipronged approach to dissemination of best practices for reducing SSIs following orthopaedic procedures can be widely implemented and achieve meaningful population benefits**.'

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

Patient Safety Incidents in Primary Care Dentistry in England and Wales: A Mixed-Methods Study
Ensaldo-Carrasco E, Sheikh A, Cresswell K, Bedi R, Carson-Stevens A, Sheikh A
Journal of Patient Safety. 2019 [epub].

DOI	https://doi.org/10.1097/PTS.0000000000000530
Notes	Much of the focus on safety has been on the acute care sector. The extent of safety and quality issues in other domains if often unclear or largely unknown. This study casts some light on the primary care dentistry domain. The study examined a weighted randomized sample of the most severe incident reports from primary care dentistry submitted to England and Wales' National Reporting and Learning System. From the 1456 reports analysed the authors report 'Sixty types of incidents were identified and organized across **preoperative** (**40.3%,** n = 587), **intraoperative** (**56.1%**, n = 817), and **postoperative** (**3.6%,** n = 52) stages. The main sources of **unsafe care** were **delays in treatment** (344/1456, 23.6%), **procedural errors** (excluding wrong-tooth extraction) (227/1456; 15.6%), **medication-related adverse incidents** (161/1456, 11.1%), **equipment failure** (90/1456, 6.2%) and **x-ray related errors** (87/1456, 6.0%). Of all incidents that resulted in a **harmful outcome** (n = 77, **5.3%**), more than half were due to **wrong tooth extractions** (37/77, 48.1%) mainly resulting from distraction of the dentist. As a result of this type of incident, 34 of the 37 patients (91.9%) examined required further unnecessary procedures.'

American Journal of Medical Quality
Volume: 34, Number: 1 (January/February 2019)

URL	https://journals.sagepub.com/toc/ajmb/34/1
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: • An Innovative **Perioperative Pain Program for Chronic Opioid Users**: An Academic Medical Center's Response to the Opioid Crisis (Marie N Hanna, Traci J Speed, Ronen Shechter, Michael C Grant, Rosanne Sheinberg, Elizabeth Goldberg, C M Campbell, N Theodore, C G Koch, and K Williams) • **Preventable Hospital Admissions and 30-Day All-Cause Readmissions**: Does Hospital Participation in Accountable Care Organizations Improve Quality of Care? (Askar Chukmaitov, David W Harless, Gloria J Bazzoli, and David B Muhlestein)

	• Development of a **Structured Outcomes Assessment and Implementation Program** in the Pediatric Intensive Care Unit (Katherine M Steffen, John C Lin, Sara Malone, Allan Doctor, and Mary E Hartman) • Introduction of a **Mobile Adverse Event Reporting System** Is Associated With Participation in Adverse Event Reporting (Daniel S Rubin, Colin Pesyna, Sharon Jakubczyk, Chuanhong Liao, and Avery Tung) • The Teachers of Quality Academy: Evaluation of the Effectiveness and Impact of a **Health Systems Science Training Program** (Danielle S Walsh, Suzanne Lazorick, Luan Lawson, Donna Lake, Herbert G Garrison, Jason Higginson, Paul Vos, and Elizabeth Baxley) • A Dashboard for Monitoring **Opioid-Related Adverse Drug Events Following Surgery** Using a National Administrative Database (Alexander B Stone, Mark R Jones, Nikhilesh Rao, and Richard D Urman) • Real-Time Surveys Reveal Important Safety Risks During **Interhospital Care Transitions for Neurologic Emergencies** (John Sather, Craig Rothenberg, Emily B Finn, Kevin N Sheth, Charles Matouk, Laura Pham, Vivek Parwani, Andrew Ulrich, and Arjun K Venkatesh) • Design and Implementation of a **Depression Registry** for Primary Care (Michael Yang, Danielle F Loeb, Andrew J Sprowell, and Katy E Trinkley) • Implementation and Impact of a **Hospital-Wide Instrument Set Review**: Early Experiences at a Multisite Tertiary Care Academic Institution (Seungwon Yoon, Corinna C Zygourakis, Joshua Seaman, Min Zhu, A Karim Ahmed, Tamara Kliot, Sheila Antrum, and Andrew N Goldberg) • **Individual Surgeon's Contribution to Value** (Florence E Turrentine, Min-Woong Sohn, M C Tracci, A G Ramirez, G R Upchurch, Jr, and R S Jones) • Perceptions of Health Care Executives on **Leadership Development Skills for Residents** After Participating in a Longitudinal Mentorship Program (Neha Patel, Divya Vemuri, Rosemary Frasso, and Jennifer S Myers) • **Clinical Quality and Patient Experience in the Adult Ambulatory Setting** (Susan Congiusta, Philip Solomon, Joseph Conigliaro, Roseanne O'Gara-Shubinsky, Nina Kohn, and Ira S Nash) • Stuck Between Two Lives: The Paradox of **Eliminating and Welcoming Errors** (Zhike Lei and Eitan Naveh) • **Physicians' End-of-Life Conversations**: Have We Arrived? (C A Smith) • Closing the Loop: Assuring That **Skin Biopsy Results** Are Received by Patients Following Hospital Discharge (Samantha R Pop, Niraj Butala, and Warren R Heymann)

Journal for Healthcare Quality
Vol. 41, No. 1, January/February 2019

URL	https://journals.lww.com/jhqonline/toc/2019/01000
Notes	A new issue of the *Journal for Healthcare Quality* has been published. Articles in this issue of the *Journal for Healthcare Quality* include: • Oral Care Clinical Trial to Reduce Non–Intensive Care Unit, **Hospital-Acquired Pneumonia**: Lessons for Future Research (Edel McNally, Gintas P Krisciunas, Susan E Langmore, Janet T Crimlisk, Jessica M Pisegna, J Massaro) • Relationship Between **Accountable Care Organization** Status and **30-Day Hospital-wide Readmissions**: Are All Accountable Care Organizations Created Equal? (Andrew Mask, Omolola E Adepoju)

	• Subsequent **Fracture Prevention** in Patients 50 Years and Older With **Fragility Fractures**: A Quality Improvement Initiative (Patricia A Mackey, Laura D Rosenthal, Lanyu Mi, Michael D Whitaker) • Improving **Geriatric Care Processes** on Two Medical-Surgical Acute Care Units: A Pilot Study (Katrina A Booth, Emily E Simmons, Andres F Viles, Whitney A Gray, Kelsey R Kennedy, Shari H Biswal, Jason A Lowe, Anisa Xhaja, Richard E Kennedy, Cynthia J Brown, Kellie L Flood) • Decreasing the Time to Administration of First Dose of Antibiotics in **Children With Severe Sepsis** (Yash Mittal, Jhuma Sankar, Nitin Dhochak, Samriti Gupta, Rakesh Lodha, Sushil Kumar Kabra) • **Hospital Value-Based Purchasing** and **Trauma-Certified Hospital Performance** (Aaron Spaulding, Hanadi Hamadi, Luis Martinez, Timothy Martin, Jr, Justin M. Purnell, Mei Zhao) • **Breast Cancer**: Does Type of Hospital Where You Get Surgery Affect Survival? (Jenny J Lin, Natalia Egorova, Rebeca Franco, Nina A Bickell) • Pilot **Teledermatology** Service for Assessing Solitary Skin Lesions in a Tertiary London Dermatology Center (Chung-mei Maggie Cheung, Kayria Muttardi, Suchitra Chinthapalli, Ferina Ismail) • Human-Centered Design of a **Low Molecular Weight Heparin Order Set** to Reduce Medication Errors (Anishka D'Souza, Phillis Wu, Laura Jung, Karla Nungaray, Mark Richman) • Decreasing Adverse Events in Pediatric Patients With **End-Stage Renal Disease** (Gwendolyn D. Childs, Rebekah Sims)

Healthcare Policy
Vol. 14 No. 2, 2018

URL	https://www.longwoods.com/publications/healthcare-policy/25684
Notes	A new issue of *Healthcare Policy* has been published. Articles in this issue of *Healthcare Policy* include: • Intersecting Policy Contexts of Employment-Related **Geographical Mobility of Healthcare Workers**: The Case of Nova Scotia, Canada (Shiva Nourpanah, Ivy Bourgeault, Lois Jackson, Sheri Price, Pauline G Barber and M P Leiter) • Understanding the Allocation of **Caesarean Outcome** to Provider Type: A Chart Review (Kellie Thiessen, Nathan Nickel, Heather J. Prior, Margaret Morris and Kristine Robinson) • Will the Real **Physician Retirees** Please Stand Up? (Lindsay Hedden, M. Ruth Lavergne, Kimberlyn M. McGrail, Michael R. Law, Lucy Cheng, Megan A. Ahuja and Morris L. Barer) • Borderline Intellectual Functioning and Lifetime Duration of Homelessness among **Homeless Adults with Mental Illness** (Anna Durbin, Yona Lunsky, Ri Wang, Rosane Nisenbaum, S W Hwang, P O'Campo and V Stergiopoulos) • A Model of Care for **Osteoarthritis of the Hip and Knee**: Development of a System-Wide Plan for the Health Sector in Victoria, Australia (Andrew M. Briggs, Carolyn J. Page, Bridget R. Shaw, Andrea Bendrups, Kathleen Philip, Belinda Cary and Peter F. Choong) • Completion of **Medical Certificates of Death after an Assisted Death**: An Environmental Scan of Practices (Janine Brown, L Thorpe and D Goodridge)

BMJ Quality and Safety online first articles

URL	https://qualitysafety.bmj.com/content/early/recent
Notes	*BMJ Quality and Safety* has published a number of 'online first' articles, including: • **Artificial intelligence, bias and clinical safety** (Robert Challen, Joshua Denny, Martin Pitt, Luke Gompels, Tom Edwards, K Tsaneva-Atanasova) • Characterising **ICU–ward handoffs** at three academic medical centres: process and perceptions (Lekshmi Santhosh, Patrick G Lyons, Juan C Rojas, Thomas M Ciesielski, Shire Beach, Jeanne M Farnan, Vineet Arora) • Variation in the delivery of **telephone advice by emergency medical services**: a qualitative study in three services (Rachel O'Hara, Lindsey Bishop-Edwards, Emma Knowles, Alicia O'Cathain)

International Journal for Quality in Health Care online first articles

URL	https://academic.oup.com/intqhc/advance-access
Notes	*International Journal for Quality in Health Care* has published a number of 'online first' articles, including: • Across borders: thoughts and considerations about cultural preservation among **immigrant clinicians** (Kimlin Tam Ashing; Lenna Dawkins-Moultin; Marshalee George; Gerard M Antoine; M Nunez-Smith; E J Pérez-Stable)

Online resources

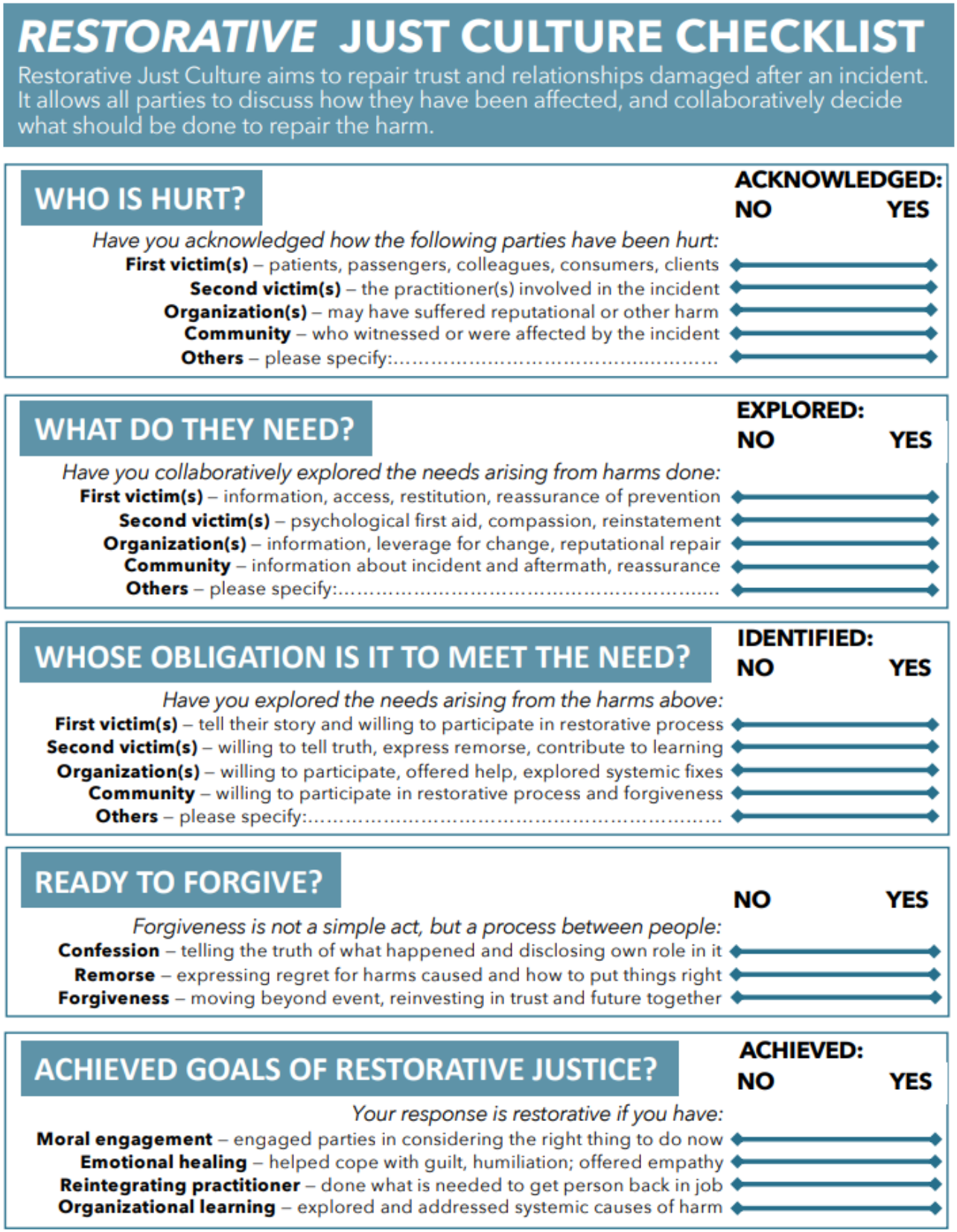
Five steps towards excellent Aboriginal and Torres Strait Islander healthcare
https://www.racgp.org.au/the-racgp/faculties/aboriginal-and-torres-strait-islander-health/guides/five-steps
The Royal Australian College of General Practitioners (RACGP) Aboriginal and Torres Strait Islander Health has developed resources to provide general practitioners (GPs) and practice teams with practical advice on working towards the delivery of excellent Aboriginal and Torres Strait Islander healthcare. The resources include the Five steps guide, a visual poster and a summary sheet. The five steps detailed in these resources are:

1. prepare the practice
2. identify your Aboriginal and Torres Strait Islander patients
3. offer the patient an Aboriginal and Torres Strait Islander health assessment (MBS Item 715) and make arrangements for appropriate follow up
4. register eligible patients for the PIP and the Closing the Gap PBS co-payment
5. use appropriate clinical guidelines and programs from the RACGP, Medicare and Primary Healthcare Networks (PHNs) to enhance access and quality of care.

[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 NG119 ***Cerebral palsy*** *in adults*
  https://www.nice.org.uk/guidance/ng119

Just Culture
http://sidneydekker.com/just-culture/
http://sidneydekker.com/wp-content/uploads/2018/12/RestorativeJustCultureChecklist.pdf
Sidney Dekker is regarded as an expert on human factors and system safety, including in health care. This site includes a documentary, *Just Culture*, examining how a mental health trust in the UK developed a just and learning culture. The site also includes Dekker's ***Restorative Just Culture Checklist***.



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