# Australian COmmission on Safety and Quality in Health Care logo with Radar imageOn the Radar

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**On the Radar**

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**Australian Charter of Healthcare Rights Consultation**

<https://www.safetyandquality.gov.au/national-priorities/charter-of-healthcare-rights/review-of-the-charter-of-healthcare-rights-second-edition/>

The Australian Commission on Safety and Quality in Health Care invites your feedback on the next stage of consultation on the second edition of the Australian Charter of Healthcare Rights.

The Australian Charter of Healthcare Rights describes the rights of all people accessing the Australian healthcare system. It applies in all healthcare settings in Australia including public and private hospitals, general practice, day procedure services, dental and other community settings.

You can provide your feedback via an [online survey](https://www.surveymonkey.com/r/QKRJLNX). The survey takes approximately 5-10 minutes to complete and will be open until **1 March 2019**.

To view the draft Charter, respond to the survey and find out further information, see <https://www.safetyandquality.gov.au/national-priorities/charter-of-healthcare-rights/review-of-the-charter-of-healthcare-rights-second-edition/>

For questions, contact our Partnering with Consumers team on 02 9126 3600 or email: [partneringwithconsumers@safetyandquality.gov.au](mailto:partneringwithconsumers@safetyandquality.gov.au)

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**Reports**

*Medicine safety: take care*

Lim R, Semple SJ, Kalisch Ellett LM, Roughead EE

Canberra: Pharmaceutical Society of Australia; 2019. p. 32.

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| URL | <https://my.psa.org.au/s/article/Medicine-Safety-Report> |
| Notes | The Pharmaceutical Society of Australia has released this brief report describing the various aspects of medication safety in Australia and the role(s) pharmacists can play in ameliorating these issues. They examine medication safety in terms of its role in hospital admissions, after discharge from hospital, in aged care and in the community. Medication safety issues are among the most common safety issues. This report suggests that **250,000 hospital admissions** and another **400,000 presentations to emergency departments annually** are a result of medication-related problems with much of this preventable.  \\central.health\dfsuserenv\Users\User_07\JOHNNI\Desktop\PSA reportCapture.PNG |

**Journal articles**

*Factors associated with unplanned readmissions in a major Australian health service*

Considine J, Fox K, Plunkett D, Mecner M, O'Reilly M, Darzins P

Australian Health Review. 2019;43(1):1-9.

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| DOI | <https://doi.org/10.1071/AH16287> |
| Notes | Reducing unplanned readmissions is a common aim in acute care. This study sought to examine the factors associated with unplanned hospital readmission within 28 days of acute care discharge within a single health service. This retrospective study of 20 575 acute care discharges from 1 August to 31 December 2015 used administrative data. It found that the **unplanned readmission rate was 7.4%** (n = 1528) and **11.1%** of those readmitted patients were **returned within 1 day**. Factors identified as being associated with increased risk of unplanned readmission included:   * age ≥65 years * emergency index admission * Charlson comorbidity index * presence of chronic disease or complications during the index admission * index admission length of stay (LOS) >2 days * hospital admission(s) or emergency department (ED) attendance(s) in the 6 months preceding the index admission * health service site.   Perhaps more important is that these **factors changed by each patient group** examined (adult medical, adult surgical, obstetric and paediatric). Thus, as the authors suggest, ‘a “one size fits all approach” to reducing unplanned readmissions may not be effective. They report that ‘**Older adult medical patients** had the highest rate of unplanned readmissions and those with **Charlson comorbidity index 4**, an index admission **LOS >2 days**, **left against advice** and hospital admission(s) or ED **attendance(s) in the 6 months preceding** index admission and **discharge from larger sites** within the health service were at highest risk of unplanned readmission.’ |

*Improving drug allergy management in Australia: education, communication and accurate information*

Lucas M, Loh RKS, Smith WB

Medical Journal of Australia. 2019;210(2):62-4.

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| DOI | <https://doi.org/10.5694/mja18.00467> |
| Notes | Drug allergies are commonly recorded in patient charts, yet related medical errors including fatal drug-related anaphylaxis continue to occur. At the same time, some adverse drug reactions are labelled as allergies which are not true contraindications, for example with some antibiotics. The authors suggest that there is a need for a nationally co-ordinated approach to specific **education** of health professionals, development of **delabelling drug protocols** and improvements in the information provided in national patient **electronic health records**. In part they base these recommendations on a recent coronial review of four drug-allergy related deaths, which were contributed to by a lack of knowledge in recognising and appropriately managing severe allergic drug reactions; unclear documentation of drug allergies and poor communication as well as misuse of terminology (e.g., “sulpha” instead of a specific drug name such as sulfamethoxazole). |

*Intensive lipid‐lowering therapy in the 12 months after an acute coronary syndrome in Australia: an observational analysis*

Brieger D, D'Souza M, Huyn K, Weaver JC, Kritharides L

Medical Journal of Australia. 2019;210(2):80-5.

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| DOI | <https://doi.org/10.5694/mja2.12035> |
| Notes | This study from the CONCORDANCE registry found that **only** **55% of patients were receiving intensive lipid-lowering therapy during the 12 months after an acute coronary syndrome** (ACS). The strongest predictor of not receiving therapy was not being prescribed treatment at hospital discharge for the ACS, around 20% of patients. Patients who had a coronary bypass (CABG) or non-surgical treatment only, were less likely to be prescribed these medicines. Since lipid-lowering treatment reduces cardiovascular risk, and is recommended by guidelines, these findings suggest room for improvement in care. |

*How to be a very safe maternity unit: An ethnographic study*

Liberati EG, Tarrant C, Willars J, Draycott T, Winter C, Chew S, et al

Social Science & Medicine. 2019;223:64-72.

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| DOI | <https://doi.org/10.1016/j.socscimed.2019.01.035> |
| Notes | In studying “outliers” it seems that the focus is often on the “negative” outliers, those who are performing below the norm. This study takes what may be a more optimistic approach in providing a ‘positive deviance case study’ that describes how a high-performing maternity unit in the UK achieved and sustained excellent safety outcomes over time. Using many hours (143) of ethnographic observations in the maternity unit, 12 semi-structured interviews, and two focus groups with staff, the study revealed identified six mechanisms that appeared to be important for safety: ‘**collective competence**; insistence on **technical proficiency**; monitoring, coordination, and distributed cognition; clearly articulated and constantly reinforced **standards of practice, behaviour, and ethics**; **monitoring** multiple sources of intelligence about the unit's state of **safety**; and a **highly intentional approach to safety and improvement**.’  Further, these specific these mechanisms were “nurtured and sustained through both a specific intervention (known as the PROMPT programme) and, importantly, the unit's contextual features: intervention and context shaped each other in both direct and indirect ways. The mechanisms were also influenced by the unit's structural conditions, such as staffing levels and physical environment.” Thus, safety was not simply compliance with a list of tasks but was a pervasive, applied approach. |

*Using a potentially aggressive/violent patient huddle to improve health care safety*

Larson LA, Finley JL, Gross TL, McKay AK, Moenck JM, Severson MA, et al

The Joint Commission Journal on Quality and Patient Safety. 2019.

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| DOI | <http://doi.org/10.1016/j.jcjq.2018.08.011> |
| Notes | Considerations of the safety of healthcare workers and patients (and families and visitors) do not often account for violence. This item describes the development and testing of a handover (or handoff) tool that helped ensure that **information** about **potential violent patients** was shared between the **emergency department** (ED) and the **admitting unit** of the hospital. The process developed, the Potentially Aggressive/Violent Huddle Form, had an ED nurse initiate the process by informing the admitting unit that a patient at risk for violence was being admitted. The admitting care team would then call the ED team so that both teams participated in the handover. One of the issues is the identification of risk, including the accuracy and sensitivity. |

*Curbing Unnecessary and Wasted Diagnostic Imaging*

Oren O, Kebebew E, Ioannidis JPA

Journal of the American Medical Association. 2019;321(3):245-6.

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| DOI | <https://doi.org/10.1001/jama.2018.20295> |
| Notes | Further to debates of value and variation is this Viewpoint piece reflects on how imaging ordering usage could be focused more **appropriateness** and utility. Approaches discussed include **clinician education**, **public and patient education**, **shared decision making** and **consent**, capitalising on **imaging technology** improvements to ensure quality and focus of images are appropriate, changes to the **ordering, distribution and reimbursement**, requiring **approval of requests** by radiology specialists.  Clinicians might be asked to consider answer the following questions before ordering any radiographic test: **Is it necessary? What are the consequences of performing the test? What are the alternative options (and their associated benefits and risks)? What is the likely outcome with no further workup?**  The authors observe that ‘Effective interventions may need to occur concurrently at multiple points in the system and involve both clinicians and patients. These interventions also need to address outcomes that reflect patient safety and harms.’ |

*Australian Health Review*

Volume 43 Number 1 2019

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| URL | <http://www.publish.csiro.au/ah/issue/9361> |
| Notes | A new issue of the *Australian Health Review* has been published. Articles in this issue of the *Australian Health Review* include:   * Factors associated with **unplanned readmissions** in a major Australian health service (Julie Considine, Karen Fox, David Plunkett, Melissa Mecner, Mary O'Reilly and Peteris Darzins) * Does the **accreditation of private dental practices** work? Time to rethink how accreditation can improve patient safety (Gillian Jean) * Centralisation of **oesophagectomy** in Australia: is only caseload critical? (Richard Hummel, Ngoc Hoang Ha, Andrew Lord, Markus I Trochsler, Guy Maddern and Harsh Kanhere) * **Emergency department referral** patterns of Australian general practitioner registrars: a cross-sectional analysis of prevalence, nature and associations (Nigel Catzikiris, Amanda Tapley, Simon Morgan, Mieke van Driel, Neil Spike, Elizabeth G. Holliday, Jean Ball, Kim Henderson, L McArthur and P Magin) * Implementing a **6-day physiotherapy service in rehabilitation**: exploring staff perceptions (Erin L Caruana, Suzanne S Kuys, J Clarke and S G Brauer) * Financial costs associated with **monopolies on biologic medicines** in Australia (Deborah Gleeson, B Townsend, R Lopert, J Lexchin and H Moir) * A review of the **economic impact of mental illness** (Christopher M Doran and Irina Kinchin) * **Workplace injuries** in the Australian **allied health** workforce (Sarah Anderson, Rwth Stuckey, Lauren V Fortington and Jodi Oakman) * **Privately practising nurse practitioners'** provision of care subsidised through the Medicare Benefits Schedule and the Pharmaceutical Benefits Scheme in Australia: results from a national survey (Jane Currie, Mary Chiarella and Thomas Buckley) * **Health service use** in the older person with **complex health needs** (Mark Bartlett, Joanna Wang, Liz Hay and Glen Pang) * Effect of an ageing population on **services for the elderly in the Northern Territory** (Michael Lowe and Pasqualina Coffey) * Aging in Australia: country of birth and **language preferences of residents in aged care facilities** (Ljubica Petrov, C Joyce and T Gucciardo-Masci) * Cross-sectional study of area-level **disadvantage and glycaemic-related risk** in community health service users in the Southern IML Research (SIMLR) cohort (Roger Cross, Andrew Bonney, Darren J Mayne and K M Weston) * General practitioner and registrar involvement in **refugee health**: exploring needs and perceptions (Catherine Harding, A Seal, G Duncan and A Gilmour) * **Motivating the workforce**: beyond the ‘two-factor' model (E A Shannon) * Human dimension of **health service management** (Jo. M Martins, Godfrey Isouard and Brenda Freshman) * Review and analysis of the **Mental Health Nurse Incentive Program** (Brenda Happell and Chris Platania-Phung) |

*Healthcare Quarterly*Volume 21, Number 3

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| URL | <https://www.longwoods.com/publications/healthcare-quarterly/25696> |
| Notes | A new issue of *Healthcare Quarterly* has been published, with a focus on supply chain management. Articles in this issue of *Healthcare Quarterly* include:   * A **Minister of Addictions** for Canada (Neil Seeman) * Putting a Population Health Lens to **Multimorbidity** in Ontario (Laura Rosella and Kathy Kornas) * **Safety and Quality of Care for Seniors Living with Dementia** (Alexey Dudevich, Liudmila Husak, Tracy Johnson and Allie Chen) * **Clinically Integrated Supply Chain Infrastructure** in Health Systems: The Opportunity to Improve Quality and Safety (Anne W Snowdon) * Case Study: **Supply Chain Transformation** in the UK National Health Service (Anne W Snowdon and Alexandra Wright) * Case Study: **Supply Chain Transformation** in the Mercy Health System (Anne W Snowdon and Betty Jo Rocchio) * Case Study: **Supply Chain Transformation** in the Alberta Health Services (Anne W Snowdon and Alexandra Wright) * **Integrating Care** in Scotland (Cathy Fooks, Jodeme Goldhar, Walter P Wodchis, G Ross Baker and Jane Coutts) * The Road to **Improving Access to Surgical Specialist Consultations**: Ontario’s Experience with Wait 1 Wait Time Data (Claudia Zanchetta, Jonathan C Irish and James P. Waddell) * Saskatchewan’s Successful Strategy for **Surgical Waitlist Reduction** (Geoffrey Johnston) * Exploring Spatial Variation in Registration for Deceased **Organ Donation** in Ontario, Canada (Piotr Wilk, L Richard, A X Garg, A Maltby and S Z Shariff) * A Hospital-Based **Falls Prevention** Program in the Community: Opportunities for Frail Older Adults to Participate in Ongoing Physical Activity (Laurie Bernick, Anne McKye, A Brown-Strachan and G Corsianos) * Case Study – Gaining **Physician Involvement in Quality Improvement** Initiatives: An Organizational Perspective (Lise Vaillancourt and C Mondoux) |

*BMJ Quality and Safety* online first articles

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| URL | <https://qualitysafety.bmj.com/content/early/recent> |
| Notes | *BMJ Quality and Safety* has published a number of ‘online first’ articles, including:   * Decisions and repercussions of **second victim experiences for mothers** in medicine (SAVE DR MoM) (Kiran Gupta, Sarah Lisker, Natalie A Rivadeneira, Christina Mangurian, Eleni Linos, Urmimala Sarkar) * Are more experienced clinicians better able to tolerate **uncertainty and manage risks**? A vignette study of doctors in three NHS emergency departments in England (Rebecca Lawton, Olivia Robinson, Rebecca Harrison, Suzanne Mason, Mark Conner, Brad Wilson) * Editorial: Bridging the gap between **uncertainty, confidence and diagnostic accuracy**: calibration is key (Laura Zwaan, Wolf E Hautz) |

**Online resources**

*Future Leaders Communiqué*

<http://vifmcommuniques.org/future-leaders-communique-volume-4-issue-1-january-2019/>

Victorian Institute of Forensic Medicine

Volume 4 Issue 1 January 2019

This issue of the *Future Leaders Communiqué* focuses on **medical risk**. Defined as “the probability of danger, loss or injury within the health system”, this issue reflects on the need to understand and evaluate the risk to patients of the myriad tests that can be ordered. Interestingly, the editor discusses how ‘it is important that we understand these risks so that we can inform our patients and learn how to weigh up the risks versus the benefits of our decisions’, rather than talking about how to **share decisions** with patients.

The export commentaries look at the potential harm and costs associated with ordering **unnecessary tests**. Indeed, the author of the first commentary makes the point that ‘Taking a high-quality history from our patients and examining them properly have consistently been shown to be far more useful in obtaining an accurate diagnosis than relying on medical tests.’

*[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 NG120 ***Cough*** *(acute): antimicrobial prescribing* <https://www.nice.org.uk/guidance/ng120>
* Clinical Guideline CG62 ***Antenatal care*** *for uncomplicated pregnancies* <https://www.nice.org.uk/guidance/cg62>
* Quality Standard QS178 ***Sexual health*** <https://www.nice.org.uk/guidance/qs178>

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