



## On the Radar

Issue 412  
1 April 2019

*On the Radar* is a summary of some of the recent publications in the areas of safety and quality in health care. Inclusion in this document is not an endorsement or recommendation of any publication or provider. Access to particular documents may depend on whether they are Open Access or not, and/or your individual or institutional access to subscription sites/services. Material that may require subscription is included as it is considered relevant.

*On the Radar* is available online, via email or as a PDF or Word document from <https://www.safetyandquality.gov.au/publications-resources/on-the-radar/>

If you would like to receive *On the Radar* via email, you can subscribe on our website <https://www.safetyandquality.gov.au/> or by emailing us at [mail@safetyandquality.gov.au](mailto:mail@safetyandquality.gov.au). You can also send feedback and comments to [mail@safetyandquality.gov.au](mailto:mail@safetyandquality.gov.au).

For information about the Commission and its programs and publications, please visit <https://www.safetyandquality.gov.au>  
You can also follow us on Twitter @ACSQHC.

---

### On the Radar

Editor: Dr Niall Johnson [niall.johnson@safetyandquality.gov.au](mailto:niall.johnson@safetyandquality.gov.au)  
Contributors: Niall Johnson, Ben Prest

### Certification framework for digital mental health services consultation

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

The Commission is conducting public consultation on a certification framework for digital mental health services. The consultation includes face-to-face and online workshops, and an online survey.

We know that for many people, treatment and care that is provided through digital services can be as effective as face-to-face services. Digital services may be easier to access, and sometimes can be accessed anonymously to protect user identity. The certification framework will support ongoing safety and quality assurance for digital mental health services, including those listed on the Australian Government's digital mental health gateway Head to Health.


The Commission has released an online survey and a consultation discussion paper for anyone who wishes to provide feedback. The survey is open until **Friday 26 April 2019**.

A link to the survey can be found on the project webpage, along with more information about the workshops and a link to the consultation discussion paper: <https://www.safetyandquality.gov.au/dmhs>

Following the completion of this consultation process, the Commission will report to the Australian Government Department of Health in June 2019 on options for certification and national standards for digital mental health services.

Reports

*Quality in public health: A shared responsibility*  
Public Health System Group for England  
London: Public Health England; 2019. p. 20.

URL	<a href="https://www.gov.uk/government/publications/quality-in-public-health-a-shared-responsibility">https://www.gov.uk/government/publications/quality-in-public-health-a-shared-responsibility</a>
Notes	<p>Public Health England has coordinated the production this framework as a ‘high-level, shared, system-wide commitment to high-quality public health functions and services’.</p> <p>The document:</p> <ul style="list-style-type: none"><li>• Defines public health systems</li><li>• Provides a framework for improving quality in the delivery of public health functions and services that can support sector led improvement</li><li>• Describe what we mean by quality in public health systems, functions and services</li><li>• Sets out the roles and responsibilities of key players in the public health system to deliver high-quality functions and services</li><li>• Describes the process for improving quality</li><li>• Identifies areas for priority focus and action.</li></ul>  <p><b>Figure 1. Characteristics of high-quality public health services</b></p>

## Journal articles

*Sharing learning from hospital trusts on a journey of quality improvement*

Thorne I, Cox J, Baker E

BMJ Leader. 2019 [epub].

DOI	<a href="https://doi.org/10.1136/leader-2018-000129">https://doi.org/10.1136/leader-2018-000129</a>
Notes	<p>This paper, written by a team at the UK's Care Quality Commission (CQC), draws on the collective experience of quality improvement (QI) by NHS Trusts. As part of the CQC's work they have been assessing trusts and had observed that 'In many trusts...rated as outstanding, a culture of QI has been embedded throughout the organisation'. The CQC conducted an in-depth review of the improvement journeys of 19 trusts. This review found:</p> <ul style="list-style-type: none"> <li>• <b>commitment from the board and senior leadership</b> is crucial to ensuring success on the QI journey, <b>modelling effective leadership behaviours</b> that enable all staff to deliver improvement</li> <li>• these organisations have a <b>systematic approach</b> to QI, using a <b>consistent model</b>, anchored in a <b>systems perspective</b>, and often across a health system</li> <li>• the model of improvement requires <b>leaders</b> of all backgrounds and <b>frontline staff to work together</b> in improvement, and can help to <b>break down barriers</b> between managers and clinicians, and providers and patients, so there is a <b>shared purpose</b> to deliver <b>better care</b> to patients.</li> </ul>

*No benefit of chlorhexidine bathing in non-critical care units*

Mimoz O, Guenezan J

The Lancet. 2019;393(10177):1179-80.

*Chlorhexidine versus routine bathing to prevent multidrug-resistant organisms and all-cause bloodstream infections in general medical and surgical units (ABATE Infection trial): a cluster-randomised trial*

Huang SS, Septimus E, Kleinman K, Moody J, Hickok J, Heim L, et al

The Lancet. 2019;393(10177):1205-15.

DOI	<p>Mimoz and Guenezan <a href="https://doi.org/10.1016/S0140-6736(18)33130-1">https://doi.org/10.1016/S0140-6736(18)33130-1</a></p> <p>Huang et al <a href="https://doi.org/10.1016/S0140-6736(18)32593-5">https://doi.org/10.1016/S0140-6736(18)32593-5</a></p>
Notes	<p>In their commentary on the article by Huang et al, Mimoz and Guenezan observe that universal decolonisation has been advocated as a means of reducing health-care-associated infections and limiting the transmission of multidrug-resistant organisms. A common strategy has been bathing with chlorhexidine (a broad-spectrum antiseptic), and that this has been increasingly used in intensive care units (ICUs) worldwide. The efficacy of chlorhexidine baths has varied considerably across different trials, with the greatest benefit observed among patients with the highest risk of infection and few studies have examined the effect of chlorhexidine bathing outside ICUs, in venues where the infectious risk is lower and their findings have not been consistent. Huang et al report on the ABATE Infection trial that sought to evaluate the use of chlorhexidine bathing in non-critical-care units. This trial was a cluster-randomised trial involving 53 hospitals and had a 12-month baseline period, a 2-month phase-in period, and a 21-month intervention period. Essentially the trial found little difference across the three period, leading them to conclude that '<b>Decolonisation</b> with universal chlorhexidine bathing and targeted mupirocin for MRSA carriers <b>did not significantly reduce multidrug-resistant organisms in non-critical-care patients.</b>'</p>

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

*A qualitative positive deviance study to explore exceptionally safe care on medical wards for older people*

Baxter R, Taylor N, Kellar I, Lawton R

BMJ Quality & Safety. 2019 [epub].

DOI	<a href="http://dx.doi.org/10.1136/bmjqs-2018-008023">http://dx.doi.org/10.1136/bmjqs-2018-008023</a>
Notes	<p>In a February issue of <i>On the Radar</i>, I observed that ‘In studying “outliers” it seems that the focus is often on the “negative” outliers, those who are performing below the norm’ and then described a paper about a ‘positive deviance case study’ in maternity care. Baxter et al have also looked to positive deviance in examining four positively deviant and four slightly-above-average matched comparator wards in order to explore how multidisciplinary teams deliver exceptionally safe care on medical wards for older people. Thematic analysis of eight focus groups involving 70 multidisciplinary staff exploring perceptions about how their teams deliver safe patient care sought to identify the tools, processes, strategies, and cultural and social contexts that facilitated safety across all wards and then to generate hypotheses about the characteristics that facilitated ‘positively deviant’ patient care.</p> <p>Issues such as teamworking, the cultural and social context and how they influence the way in which practical tools are utilised are considered salient. The authors conclude ‘that there are <b>no ‘silver bullets’</b> to achieving exceptionally safe patient care on medical wards for older people. Healthcare leaders should encourage <b>truly integrated multidisciplinary ward teams where staff know each other well and work as a team</b>. Focusing on these underpinning characteristics may facilitate exceptional performances across a broad range of safety outcomes.’</p>

*Unintentionally retained guidewires: a descriptive study of 73 sentinel events*

Steelman VM, Thenuwara K, Shaw C, Shine L

The Joint Commission Journal on Quality and Patient Safety. 2019;45(2):81-90.

DOI	<a href="http://doi.org/10.1016/j.jcjq.2018.08.003">http://doi.org/10.1016/j.jcjq.2018.08.003</a>
Notes	<p>While there are debates about the value and utility of sentinel events – often related to their rarity and that efforts to identify and address more common events and near misses could be more useful – they remain an important flag for many observers. There are also variations between what events are deemed sentinel events between jurisdictions and over time.</p> <p>This paper reports on a review of 73 sentinel events involving the retention of guidewires in patients. The retrospective review sought to identify common factors that could be subject to recommendations for improving patient safety. For the 73 reports, the review found ‘total of 285 contributing factors were identified, most frequently within the categories of <b>human factors, leadership, and communication</b>.’ The authors observe that the ‘large number of contributing factors demonstrates the complexity of care and provides new knowledge that can be used for designing interventions for prevention’</p>

For information on the Commission’s work on sentinel events, including the Australian Sentinel Events List, see <https://www.safetyandquality.gov.au/our-work/indicators/australian-sentinel-events-list/>

URL	<a href="https://qualitysafety.bmj.com/content/28/4">https://qualitysafety.bmj.com/content/28/4</a>
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"> <li>• Editorial: Remembering individual perspectives and needs in differentiated <b>HIV care strategies</b> (Sheree R Schwartz, Stefan Baral)</li> <li>• Editorial: <b>Workflow disruptions and surgical performance</b>: past, present and future (Douglas A Wiegmann, Thoralf M Sundt)</li> <li>• Editorial: <b>Frailty and mortality</b>: ‘Same-same but Different’ (Sei J Lee)</li> <li>• Patients’ perspectives on how to decrease the <b>burden of treatment</b>: a qualitative study of HIV care in sub-Saharan Africa (Viet-Thi Tran, Eugene Messou, Mariam Mama Djima, Philippe Ravaud, Didier K Ekouevi)</li> <li>• Minor flow disruptions, traffic-related factors and their effect on major <b>flow disruptions in the operating room</b> (Anjali Joseph, Amin Khoshkenar, Kevin M Taaffe, Ken Catchpole, Herminia Machry, Sara Bayramzadeh)</li> <li>• External validation of the <b>Hospital Frailty Risk Score</b> and comparison with the <b>Hospital-patient One-year Mortality Risk Score</b> to predict outcomes in elderly hospitalised patients: a retrospective cohort study (Finlay McAlister, Carl van Walraven)</li> <li>• Recognising the importance of <b>informal communication events in improving collaborative care</b> (Sarah Burm, Kaitlyn Boese, Lisa Faden, Sandy DeLuca, Noureen Huda, Kathy Hibbert, Mark Goldszmidt)</li> <li>• <b>Provider interruptions and patient perceptions of care</b>: an observational study in the emergency department (Anna Schneider, M Wehler, M Weigl)</li> <li>• Using objective clinical data to track progress on preventing and treating sepsis: CDC’s new <b>‘Adult Sepsis Event’ surveillance strategy</b> (Chanu Rhee, Raymund Barretto Dantes, Lauren Epstein, Michael Klompas)</li> <li>• Evaluation of an <b>electronic health record structured discharge summary</b> to provide real time <b>adverse event reporting</b> in thoracic surgery (Andrew J Graham, Wrechelle Ocampo, Danielle A Southern, Anthony Falvi, Dina Sotiropoulos, Bruce Wang, K Lonergan, B Vito, W A Ghali, S D P McFadden)</li> <li>• Implementing <b>bedside rounds to improve patient-centred outcomes</b>: a systematic review (John T Ratelle, Adam P Sawatsky, Deanne T Kashiwagi, Will M Schouten, Patricia J Erwin, Jed D Gonzalo, T J Beckman, C P West)</li> <li>• Measuring the <b>teamwork performance</b> of teams in crisis situations: a systematic review of assessment tools and their measurement properties (Sylvain Boet, Nicole Etherington, Sarah Larrigan, Li Yin, Hira Khan, Katrina Sullivan, James J Jung, Teodor P Grantcharov)</li> <li>• The problem with <b>composite indicators</b> (Matthew Barclay, Mary Dixon-Woods, Georgios Lyratzopoulos)</li> </ul>



URL	<a href="https://onlinelibrary.wiley.com/toc/13697625/2019/22/2">https://onlinelibrary.wiley.com/toc/13697625/2019/22/2</a>
Notes	<p>A new issue of <i>Health Expectations</i> has been published. Articles in this issue of <i>Health Expectations</i> include:</p> <ul style="list-style-type: none"> <li>• Opportunities and pathways for <b>patient and public involvement</b> (P Aslani)</li> <li>• A systematic review of qualitative studies of adults' <b>experiences of being assessed for psychological therapies</b> (Angela Sweeney, Sarah Clement, Kate Gribble, Elizabeth Jackson, Sarah Carr, Jocelyn Catty, Steve Gillard)</li> <li>• <b>Patient and public involvement in medical performance processes:</b> A systematic review (Mirza Lalani, Rebecca Baines, Marie Bryce, Martin Marshall, Sol Mead, Stephen Barasi, Julian Archer, Samantha Regan de Bere)</li> <li>• “To know or not to know...?” Push and pull in ever <b>smokers lung screening</b> uptake decision-making intentions (Janet E Tonge, Melanie Attack, Phil A Crosbie, Phil V Barber, Richard Booton, Denis Colligan)</li> <li>• Identifying the processes of <b>change and engagement</b> from using a social network intervention for <b>people with long-term conditions</b>. A qualitative study (Ivaylo Vassilev, Anne Rogers, Anne Kennedy, Chad Oatley, E James)</li> <li>• Intersectoral strategies between health and education for <b>preventing adolescent pregnancy</b> in Chile: Findings from a qualitative study (Alexandra Obach, Michelle Sadler, Báltica Cabieses)</li> <li>• Translation, transcultural adaptation, and validation of two questionnaires on <b>shared decision making</b> (María Victoria Ruiz Yanzi, Mariela Silvia Barani, Juan Victor Ariel Franco, Fernando Ramón Vazquez Peña, Sergio Adrian Terrasa, Karin Silvana Kopitowski)</li> <li>• Developing quality criteria for <b>patient-directed knowledge tools related to clinical practice guidelines</b>. A development and consensus study (Trudy van der Weijden, Dunja Dreesens, Marjan J Faber, Nanne Bos, Ton Drenthen, Ingrid Maas, Sonja Kersten, U Malanda, S van der Scheur, H Post, A Knops)</li> <li>• Evaluation of a project to engage patients in the development of a <b>patient-reported measure for HIV care</b> (the I-Score Study) (David Lessard, Kim Engler, Isabelle Toupin, I-Score Consulting Team, J-P Routy, B Lebouché)</li> <li>• Respect, trust and continuity: A qualitative study exploring <b>service users' experience of involvement</b> at a Healthy Life Centre in Norway (Espen Sagsveen, Marit B Rise, Kjersti Grønning, Heidi Westerlund, Ola Bratås)</li> <li>• How <b>oncology teams can be patient-centred?</b> opportunities for theoretical improvement through an empirical examination (K Bilodeau, D Tremblay)</li> <li>• <b>User involvement in regulation:</b> A qualitative study of service user involvement in Care Quality Commission inspections of health and social care providers in England (Emma Richardson, Kieran Walshe, Alan Boyd, Jill Roberts, Lillie Wenzel, Ruth Robertson, Rachael Smithson)</li> <li>• “I kind of gave up on it after a while, became too hard, closed my eyes, didn't want to know about it”—<b>adults with type 1 diabetes mellitus describe defeat</b> in the context of low social support (Kathleen Hill, P Ward, J Gleadle)</li> <li>• <b>Surgical breast cancer patient pathway:</b> Experiences of patients and relatives and their unmet needs (Ingrid Annette Zøylner, Kirsten Lomborg, Peer Michael Christiansen, Pia Kirkegaard)</li> </ul>

*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>• Use of performance reports among trauma medical directors and programme managers in the American College of Surgeons’ <b>Trauma Quality Improvement Program</b>: a qualitative analysis (Lesley Gotlib Conn, Christopher Hoeft, Melanie Neal, Avery Nathens)</li> <li>• <b>Hospital nurse staffing and staff–patient interactions</b>: an observational study (Jackie Bridges, Peter Griffiths, Emily Oliver, Ruth M Pickering)</li> <li>• <b>Robot for health data acquisition</b> among older adults: a pilot randomised controlled cross-over trial (Roel Boumans, Fokke van Meulen, Koen Hindriks, Mark Neerincx, Marcel G M Olde Rikkert)</li> <li>• <b>Standardising hospitalist practice in sepsis and COPD care</b> (Steven Bergmann, Mary Tran, Kathryn Robison, Christine Fanning, Simran Sedani, Janet Ready, Kelly Conklin, D Tamondong-Lachica, D Paculdo, J Peabody)</li> </ul>

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

URL	<a href="https://academic.oup.com/intqhc/advance-articles">https://academic.oup.com/intqhc/advance-articles</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>• Translation and cultural adaptation of the <b>Communication Assessment Tool</b> (CAT), developing a Danish and Norwegian version (Else Dalsgaard Iversen; Aslak Steinsbekk; Birgitte Falbe Vind; Annemarie Bangsgaard; Søren Cold; Jette Ammentorp)</li> <li>• Editorial: <b>Health care quality challenges</b> in low- and middle-income countries (Usman Iqbal; Mihajlo Rabrenovic; Yu-Chuan (Jack) Li)</li> </ul>

## Online resources

*Clinical guideline for the diagnosis and management of work-related mental health conditions in general practice*

<https://www.monash.edu/medicine/spahc/general-practice/work-related-mental-health-guideline>

The *Clinical guideline for the diagnosis and management of work-related mental health conditions* has been developed to assist GPs with the diagnosis and management of work-related mental health conditions. The guideline recommendations were approved by the National Health and Medical Research Council (NHMRC) in late 2018. It is endorsed by the Royal Australian College of General Practitioners (RACGP) and the Australian College of Rural and Remote Medicine (ACRRM).

Along with the full guideline, a short form guideline has also been developed (listing the detailed recommendations and practice points), and a two page GP summary have been produced.

Supplementary documents that are also available include a Technical Report, Administrative Report, Combined Methodological & Expert Review Comments, Implementation and Dissemination Plan and a Public Consultation Summary.

*[UK] NICE Guidelines and Quality Standards*

<https://www.nice.org.uk/guidance>

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 NG122 **Lung cancer: diagnosis and management**  
<https://www.nice.org.uk/guidance/ng122>
- Quality Standard QS17 **Lung cancer in adults** <https://www.nice.org.uk/guidance/qs17>

[UK] National Institute for Health Research

<https://discover.dc.nihr.ac.uk/portal/search/signals>

The UK's National Institute for Health Research (NIHR) Dissemination Centre has released the latest 'Signals' research summaries. This latest release includes:

- Various drugs are effective and well-tolerated for **generalised anxiety disorder**
- One gram a day of **omega-3 supplements** does not reduce the risk of cancer or cardiovascular disease
- Having more **registered nurses on general wards** is linked to lower mortality
- C-reactive protein is not useful in diagnosing **late-onset infection in newborns**
- Long-term exercise programmes reduce **falls and injuries in older adults**
- **Torn Achilles tendons** have similar outcomes if treated with or without surgery
- Cognitive behavioural therapy may help ease **depression in the workplace**
- Brain scan may predict long-term disabilities in **babies with brain injury**
- **Antimicrobial stewardship** programmes reduce antibiotic use in long-term care homes
- An ultrasound scan is not as useful as a CT scan in **assessing trauma**.

[UK] Key Therapeutic Topics

<https://www.nice.org.uk/guidance>

The UK's National Institute for Health and Care Excellence (NICE) publishes Key therapeutic topics (KTTs). These are summaries of the evidence base on a specific topic. New (or updated) KTTs include:

- KTT5 **Asthma: medicines safety priorities** <https://www.nice.org.uk/advice/ktt5>
- KTT6 **Hypnotics** <https://www.nice.org.uk/advice/ktt6>
- KTT7 **Antipsychotics in people living with dementia** <https://www.nice.org.uk/advice/ktt7>
- KTT9 **Antimicrobial stewardship: prescribing antibiotics** <https://www.nice.org.uk/advice/ktt9>
- KTT12 **Type 2 diabetes mellitus: medicines optimisation priorities** <https://www.nice.org.uk/advice/ktt12>
- KTT14 **Wound care products** <https://www.nice.org.uk/advice/ktt14>
- KTT17 **Acute kidney injury (AKI): use of medicines in people with or at increased risk of AKI** <https://www.nice.org.uk/advice/ktt17>
- KTT18 **Multimorbidity and polypharmacy** <https://www.nice.org.uk/advice/ktt18>
- KTT19 **Psychotropic medicines in people with learning disabilities whose behaviour challenges** <https://www.nice.org.uk/advice/ktt19>
- KTT20 **Safer insulin prescribing** <https://www.nice.org.uk/advice/ktt20>
- KTT21 **Medicines optimisation in chronic pain** <https://www.nice.org.uk/advice/ktt21>
- KTT22 **Chemotherapy dose standardisation** <https://www.nice.org.uk/advice/ktt22>
- KTT23 **Shared decision making** <https://www.nice.org.uk/advice/ktt23>
- KTT24 **Suicide prevention: optimising medicines and reducing access to medicines as a means of suicide** <https://www.nice.org.uk/advice/ktt24>

[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:

- *Adverse Effects of **Pharmacological Treatments of Major Depression** in Older Adults* <https://effectivehealthcare.ahrq.gov/topics/depression-harms/research>



---

**Disclaimer**

On the Radar is an information resource of the Australian Commission on Safety and Quality in Health Care. The Commission is not responsible for the content of, nor does it endorse, any articles or sites listed. The Commission accepts no liability for the information or advice provided by these external links. Links are provided on the basis that users make their own decisions about the accuracy, currency and reliability of the information contained therein. Any opinions expressed are not necessarily those of the Australian Commission on Safety and Quality in Health Care.