On the Radar

Issue 360
5 March 2018

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On the Radar
Editor: Dr Niall Johnson niall.johnson@safetyandquality.gov.au
Contributors: Niall Johnson, Kim Stewart

Reports

Australian Group on Antimicrobial Resistance. Sepsis Outcome Programs 2016 Report

CARAlert Summary Report 1 April 2017–30 September 2017
Australian Commission on Safety and Quality in Health Care

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Notes
The Australian Commission on Safety and Quality in Health Care recently released two new AURA Surveillance System reports - the Australian Group on Antimicrobial Resistance. Sepsis Outcome Programs 2016 Report (the AGAR report) and the CARAlert Summary Report 1 April 2017–30 September 2017 (the CARAlert report).
The AGAR report included analyses of data reported by 32 participating public and private laboratories on bloodstream infections in Australian hospital and community settings. The CARAlert report included analyses of data reported from April to September 2017 by 65 public and private laboratories on confirmed critical antimicrobial resistances to last-line antibiotics.

The AGAR report confirmed that vancomycin-resistant enterococci are becoming a major healthcare problem in Australia, including that approximately 75% of *Staphylococcus aureus* bacteraemia episodes originated in the community rather than in hospitals, and identified concerning increasing fluoroquinolone resistance in invasive *Escherichia coli*.

The CARAlert report highlights increasing rates of azithromycin non-susceptible *Neisseria gonorrhoeae* that have implications for sexually transmitted infection prevention and treatment programs, as well as the relatively low, but nevertheless concerning, rate of carbapenemase-producing Enterobacteriaceae.

The AGAR and CARAlert analyses affirm the importance of using the NSQHS Standard Preventing and Controlling Healthcare-Associated Infection to ensure health services have systems and strategies in place to prevent and manage infection. These strategies include strict adherence to infection control guidelines, effective cleaning and sterilisation in healthcare facilities and implementation of the Commission’s 2017 Recommendations for the control of carbapenemase-producing Enterobacteriaceae. A guide for acute health facilities. These recommendations are available at https://www.safetyandquality.gov.au/our-work/healthcare-associated-infection/cpe-guide/.

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### Oakden: A Shameful Chapter in South Australia’s History

A report by the Hon Bruce Lander QC Independent Commissioner Against Corruption

Lander B


**URL**


**Notes**

The South Australian Independent Commissioner Against Corruption, the Hon. Bruce Lander QC, has published his investigation report in relation to the Oakden Older Persons Mental Health Facility. The report made findings against five individuals and the Northern Adelaide Local Health Network. It also makes 13 recommendations covering:

- reviewing the clinical governance and management of mental health services within the overall clinical governance of each Local Health Network (LHN)
- adopting management structures for the administration of the Mental Health Act 2009 (MHA) to match those of overall mental health clinical governance structures
- implementing a structure to routinely remind all staff working at a treatment centre of the management structure in place at the centre; the assignment of responsibilities at the centre; and the expectations and responsibilities imposed upon each member of staff at the centre
- directing all staff at facilities in a LHN where mental health services are being delivered to undergo training in the use of the Safety Learning System; the reporting obligations for staff and the relevant policies and procedures
- Chief Psychiatrist conducting unannounced visits to facilities more frequently than in the past
- Principal Community Visitor conducting unannounced inspections and visits of facilities more frequently than in the past
- Conducting a review of the community visitor scheme (CVS)
• Conducting a review to determine whether the MHA should be amended to impose positive obligations on the Chief Psychiatrist and whether the powers, function and resources of the Chief Psychiatrist need to be increased
• Conducting a review reporting publicly on the physical condition of all facilities at which mental health services are delivered
• Reviewing the role of Consumer Advisor, including duties and responsibilities, training and independence
• Reviewing the use of restrictive practices within each LHN and consider issuing new standards in relation to the use of restrictive practices
• Reviewing the level and nature of allied health staff support at facilities at which mental health services are provided.

Prevalence and economic burden of medication errors in the NHS in England:
Rapid evidence synthesis and economic analysis of the prevalence and burden of medication error in the UK

The Report of the Short Life Working Group on reducing medication-related harm
Short Life Working Group on reducing medication-related harm

DOI

Notes
A pair of reports from the UK on medication error and the harms that can arise. Elliott et al provide a new British study that reminds us of the scale of the medication errors issue. The authors of this report reviewed 36 studies and “estimated that 237 million medication errors occur at some point in the medication process in England per year. This is a large number, but 72% have little/no potential for harm.” They “estimated that 66 million potentially clinically significant errors occur per year, 71.0% of these in primary care. This is where most medicines in the NHS are prescribed and dispensed. Prescribing in primary care accounts for 33.9% of all potentially clinically significant errors.” Estimates of the NHS costs of definitely avoidable adverse drug reactions (ADRs) are at least “£98.5 million per year, consuming 181,626 bed-days, causing 712 deaths, and contributing to 1,708 deaths”. They observe that “Non-steroidal anti-inflammatory drugs, anticoagulants and antiplatelets cause over a third of admissions due to avoidable ADRs” while “Gastrointestinal (GI) bleeds are implicated in half of the deaths from primary care ADRs. Older people are more likely to suffer avoidable ADRs.” The UK Department of Health and Social Care had commissioned the Elliot et al report. The department also established a Short Life Working Group on reducing medication-related harm. The Group has produced this report that provides recommendations for a programme of work to tackle medication error and improve medicine safety. It highlights the use of technology and cultural change as key to improving medication safety and the prevention of avoidable harm.

For information about the Commission’s work on medication safety see,
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Journal articles

Journal of Antimicrobial Chemotherapy

Volume 73, Issue suppl_2

February 2018

This supplement to the Journal of Antimicrobial Chemotherapy bears the theme ‘Appropriateness of antibiotic prescribing in English primary care’ and examines the issues of the overprescribing of antibiotics, and the associated dangers. The papers in the Supplement are:

- Antibiotics in primary care in England: which antibiotics are prescribed and for which conditions? (F Christiaan K Dolk; Koen B Pouwels; David R M Smith; Julie V Robotham; Timo Smieszek)
- Defining the appropriateness and inappropriateness of antibiotic prescribing in primary care (David R M Smith; F Christiaan K Dolk; Koen B Pouwels; Morag Christie; Julie V Robotham; Timo Smieszek)
- Actual versus ‘ideal’ antibiotic prescribing for common conditions in English primary care (Koen B Pouwels; F Christiaan K Dolk; David R M Smith; Julie V Robotham; Timo Smieszek)
- Explaining variation in antibiotic prescribing between general practices in the UK (Koen B Pouwels; F Christiaan K Dolk; David R M Smith; Timo Smieszek; Julie V Robotham)
- Potential for reducing inappropriate antibiotic prescribing in English primary care (Timo Smieszek; Koen B Pouwels; F Christiaan K Dolk; David R M Smith; Susan Hopkins; Mike Sharland; Alastair D Hay; Michael V Moore; Julie V Robotham)


The research found that the majority of antibiotic prescriptions in English primary care were for infections of the respiratory and urinary tracts. However, in almost a third of all prescriptions, no clinical reason was documented. Antibiotic prescribing rates varied substantially between GP practices, nonetheless, there is scope for all practices across the country to reduce their rates of prescribing.

For most conditions, substantially higher proportions of GP consultations resulted in an antibiotic prescription than is appropriate according to expert opinion. An antibiotic was prescribed in 41% of all uncomplicated acute cough consultations when experts advocated 10%, as well as:

- bronchitis (actual: 82% versus ideal: 13%)
- sore throat (actual: 59% versus ideal: 13%)
- rhinosinusitis (actual: 88% versus ideal: 11%)
- acute otitis media in 2 to 18 year olds (actual: 92% versus ideal: 17%)

This work demonstrates the existence of substantial inappropriate antibiotic prescribing and poor diagnostic coding in English primary care. Better diagnostic coding, more precise prescribing guidelines, and a deeper understanding of appropriate long-term uses of antibiotics would allow identification of further reduction potentials.
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/

**Arthroscopic surgery for degenerative knee arthritis and meniscal tears: a clinical practice guideline**

Siemieniuk RAC, Harris IA, Agoritsas T, Poolman RW, Brignardello-Petersen R, Van de Velde S, et al


**DOI** [http://dx.doi.org/10.1136/bjsports-2017-098286](http://dx.doi.org/10.1136/bjsports-2017-098286)

An expert panel produced these recommendations based on a linked systematic review triggered by a randomised trial published in *The BMJ* in June 2016, which found that, among patients with a degenerative medial meniscus tear, knee arthroscopy was no better than exercise therapy. The panel make a strong recommendation against arthroscopy for degenerative knee disease. The panel wrote:

- We make a strong recommendation against the use of arthroscopy in nearly all patients with degenerative knee disease, based on linked systematic reviews; further research is unlikely to alter this recommendation.
- This recommendation applies to patients with or without imaging evidence of osteoarthritis, mechanical symptoms, or sudden symptom onset.
- Healthcare administrators and funders may use the number of arthroscopies performed in patients with degenerative knee disease as an indicator of quality care.

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- Healthcare administrators and funders may use the number of arthroscopies performed in patients with degenerative knee disease as an indicator of quality care.
The first *Australian Atlas of Healthcare Variation* examined knee arthroscopy admissions for people aged 55 and over, while *The Second Australian Atlas of Healthcare Variation* included an examination of knee replacement hospitalisations. The atlases, interactive atlases and data are all available. For more information, see [https://www.safetyandquality.gov.au/atlas](https://www.safetyandquality.gov.au/atlas)


**BMJ Quality and Safety** online first articles

URL: [https://qualitysafety.bmj.com/content/early/recent](https://qualitysafety.bmj.com/content/early/recent)

**Notes**

*BMJ Quality and Safety* has published a number of ‘online first’ articles, including:

- **Patient participation in inpatient ward rounds** on acute inpatient medical wards: a descriptive study (Bernice Redley, Lauren McTier, Mari Botti, Alison Hutchinson, Harvey Newnham, Donald Campbell, Tracey Bucknall)

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

URL: [https://academic.oup.com/intqhc/advance-access?papetoc](https://academic.oup.com/intqhc/advance-access?papetoc)

**Notes**

*International Journal for Quality in Health Care* has published a number of ‘online first’ articles, including:

- **‘Choosing Wisely’** culture among Brazilian cardiologists (Luis C L Correia; Guilherme B Barcellos; Vitor Calixto; André Volschan; José A S Barreto-Filho; Renato D Lopes; Anis Rassi, Jr; Wendy Levinson; Angelo A V de Paola)
- **Quality of care and variability in lung cancer management** across Belgian hospitals: a population-based study using routinely available data (France Vrijens; Cindy De Gendt; Leen Verleye; Jo Robays; Viki Schillemans; Cécile Camberlin; Sabine Storudeur; Cécile Dubois; Elisabeth Van Eycken; Isabelle Wauters; Jan P Van Meerbeeck)
- **Hospitalization from the patient perspective**: a data linkage study of adults in Australia (Reema Harrison; Merrilyn Walton; Patrick Kelly; Elizabeth Manias; Christine Jorm; Jennifer Smith-Merry; Rick Iedema; Karen Luxford; Amalie Dyda)
Online resources

[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:

- Diet and exercise programmes can **prevent diabetes** in high-risk individuals
- Inhaled **anaesthesia** with anti-sickness medication in children has the same risk of **vomiting** as intravenous anaesthesia
- Calcium channel blockers are useful in managing **Raynaud’s phenomenon**
- Additional therapy helps social recovery from **first episode psychosis**
- Free entry for leisure centres may increase **physical activity** across all social groups
- Gout medication may slow progression of **chronic kidney disease**
- Introducing a **primary care risk prediction tool** did not reduce emergency admissions
- A **frailty checklist** was completed in only a quarter of older people at hospital admission
- Diabetes drug aids fertility in women with **polycystic ovaries**
- Rivaroxaban plus aspirin may reduce heart attack and strokes in people with **peripheral arterial disease**, but with an added risk of bleeding.

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