



On the Radar

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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.

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On the Radar

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COVID-19 resources

<https://www.safetyandquality.gov.au/covid-19>

The Australian Commission on Safety and Quality in Health Care has developed a number of resources to assist healthcare organisations, facilities and clinicians. These and other material on COVID-19 are available at <https://www.safetyandquality.gov.au/covid-19>

The latest additions include:








































- ***Break the chain of infection: Stopping COVID-19*** poster
<https://www.safetyandquality.gov.au/publications-and-resources/resource-library/break-chain-poster-a3>
- ***COVID-19: Elective surgery and infection prevention and control precautions***
<https://www.safetyandquality.gov.au/publications-and-resources/resource-library/covid-19-elective-surgery-and-infection-prevention-and-control-precautions>
- ***FAQs for clinicians on elective surgery*** <https://www.safetyandquality.gov.au/node/5724>
- ***FAQs for consumers on elective surgery*** <https://www.safetyandquality.gov.au/node/5725>
- ***Infection prevention and control Covid-19 PPE*** poster
<https://www.safetyandquality.gov.au/publications-and-resources/resource-library/infection-prevention-and-control-covid-19-personal-protective-equipment>

- *Special precautions for Covid-19 designated zones* poster <https://www.safetyandquality.gov.au/publications-and-resources/resource-library/special-precautions-covid-19-designated-zones>
- *COVID-19 Medicines management: Position statements on medicine-related issues*, <https://www.safetyandquality.gov.au/publications-and-resources/resource-library/covid-19-medicines-management-position-statements-medicine-related-issues>
- **Potential medicines to treat COVID-19** <https://www.safetyandquality.gov.au/publications-and-resources/resource-library/potential-medicines-treat-covid-19>



Reports

Quantifying the Social Costs of Pharmaceutical Opioid Misuse & Illicit Opioid Use to Australia in 2015/16
 Whetton S, Tait RJ, Chrzanowska A, Donnelly N, McEntee A, Muhktar A, et al
 Perth: National Drug Research Institute, Curtin University; 2020. p. 198.

URL	http://ndri.curtin.edu.au/news-events/ndri-news/media-release-the-cost-of-opioid-use-to-australia															
Notes	<p>The impact of the “opioid epidemic” in North America is quite well known. It has, to some extent, been thought that there is not a similar issue with opioid misuse in Australia. However, as this report confirms, while it may not be on the same scale, the misuse and illicit use of opioids in Australia is substantial. This is true in terms of direct morbidity and mortality and in the tangible and intangible economic costs. Based on the examination of the impact of ‘extra-medical opioid use’ (includes both the illegal use of opioids such as heroin, and the misuse of pharmaceutical opioids) in one year, the report’s authors ‘identified 2,203 deaths with over 70,000 years of life lost’, almost 32,000 hospital separations.</p> <div style="background-color: #004a99; color: white; padding: 5px; text-align: center; font-weight: bold;">WHAT DOES EXTRA-MEDICAL OPIOID USE COST AUSTRALIA?</div> <p>Extra-medical opioid use includes the illegal use of heroin and the misuse of pharmaceutical opioids (use not as prescribed)</p> <div style="background-color: #e0e0e0; padding: 10px; text-align: center;"> <p>645,260 Australians USE extra-medical opioids</p> <p>104,000 Australians are DEPENDENT on extra-medical opioids</p> <p>2,203 Australian DEATHS are attributable to extra-medical opioid use</p> </div> <div style="background-color: #004a99; color: white; padding: 10px;"> <p>The tangible costs of extra-medical opioid use amount to \$5.63 BILLION</p> <table style="width: 100%; text-align: center;"> <tr> <td> \$2.48 billion Premature death</td> <td> \$936 million Drug-related crime</td> <td> \$481 million Road traffic accidents</td> </tr> <tr> <td> \$1.08 billion Healthcare costs</td> <td> \$459 million Workplace costs</td> <td> \$194 million Other (including prevention programs)</td> </tr> </table> <div style="background-color: #004a99; color: white; padding: 10px; margin-top: 10px;"> <table style="width: 100%; text-align: center;"> <tr> <td> \$311 million Pharmaceuticals for treatment of medical conditions related to opioid use</td> <td> \$127 million Specialist drug treatment including opioid substitution therapy</td> <td> \$85 million Other health costs</td> </tr> <tr> <td> \$249 million Inpatient hospital treatment</td> <td> \$234 million Primary healthcare treatment</td> <td> \$41 million Ambulance and Emergency Department services</td> </tr> <tr> <td></td> <td></td> <td> \$31 million Outpatients</td> </tr> </table> </div> </div> <div style="background-color: #004a99; color: white; padding: 10px; text-align: center; margin-top: 10px;"> <p>The intangible cost of extra-medical opioid use is \$10.13 BILLION due to the premature death of 2,203 people and over 70,000 years of life lost</p> </div> <div style="background-color: #004a99; color: white; padding: 10px; text-align: center; font-weight: bold; margin-top: 10px;"> <p>THE TOTAL COST OF EXTRA-MEDICAL OPIOID USE IS \$15.76 BILLION</p> </div>	 \$2.48 billion Premature death	 \$936 million Drug-related crime	 \$481 million Road traffic accidents	 \$1.08 billion Healthcare costs	 \$459 million Workplace costs	 \$194 million Other (including prevention programs)	 \$311 million Pharmaceuticals for treatment of medical conditions related to opioid use	 \$127 million Specialist drug treatment including opioid substitution therapy	 \$85 million Other health costs	 \$249 million Inpatient hospital treatment	 \$234 million Primary healthcare treatment	 \$41 million Ambulance and Emergency Department services			 \$31 million Outpatients
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Journal articles

How and under what circumstances do quality improvement collaboratives lead to better outcomes? A systematic review
 Zamboni K, Baker U, Tyagi M, Schellenberg J, Hill Z, Hanson C
 Implementation Science. 2020;15(1):27.

DOI	https://doi.org/10.1186/s13012-020-0978-z
Notes	<p>It can seem that lamenting the failure of quality improvement initiatives to actually lead to sustained improvement is more common than success with quality improvement. This paper reports on a review that sought to examine the literature for the ‘contextual factors influencing intended outcomes and to identify how quality improvement collaboratives may result in improved adherence to evidence-based practices’. Based on 32 studies, the authors found (although the evidence was not always strong):</p> <ul style="list-style-type: none"> • Adequacy and appropriateness of external support, functionality of quality improvement teams, leadership characteristics and alignment with national systems and priorities may influence outcomes of quality improvement collaboratives. • Participation in quality improvement collaborative activities may improve health professionals’ knowledge, problem-solving skills and attitude; teamwork; shared leadership and habits for improvement. • Interaction across quality improvement teams may generate normative pressure and opportunities for capacity building and peer recognition.

COVID-19: Patient Safety and Quality Improvement Skills to Deploy during the Surge
 Staines A, Amalberti R, Berwick DM, Braithwaite J, Lachman P, Vincent CA
 International Journal for Quality in Health Care. 2020.

DOI	https://doi.org/10.1093/intqhc/mzaa050
Notes	<p>This piece stresses how useful patient safety and quality improvement expertise (and thus experts) can be in time of crisis and rapid change. The authors provide ‘a five-step strategy and actions through which PS and QI staff can meaningfully contribute during a pandemic by employing their core skills to support patients, staff, and organizations.’</p> <ol style="list-style-type: none"> 1. Strengthen the system by assessing readiness, gathering evidence, setting up training, promoting staff safety, and bolstering peer support. 2. Engage with citizens, patients, and their families so that the solutions are jointly achieved and owned by both the healthcare providers and the people who receive care, and in particular the citizens who are required to undertake preventive interventions. 3. Work to improve care, through actions such as the separation of flows, flash workshops on teamwork, and the development of clinical decision support. 4. Reduce harm by proactively managing risk to both COVID-19 and non COVID-19 patients. 5. Boost and expand the learning system, to capture improvement opportunities, adjust very rapidly, and develop resilience. This is crucial as little is known about COVID-19 and its impacts on patients, staff, and institutions.

URL	https://www.longwoods.com/publications/nursing-leadership/26186/1/vol-33-no-1-2020
Notes	<p>A new issue of <i>Nursing Leadership</i> has been published with a focus on Nursing Leadership in Corrections. Articles in this issue of <i>Nursing Leadership</i> include:</p> <ul style="list-style-type: none"> • Healthcare in Secure Environments: Leading a Collaborative for Forensic Nursing Education (Lorna J Butler and Monique Mallet-Boucher) • Nursing Leadership Implications for Clinical Placements in Corrections (Landa Terblanche and Sheryl Reimer-Kirkham) • Improving Care at Correctional Facilities: Listening, Learning and Creating Change from a Patient Care Quality Office (Matthew Simon, Karen Salamat and Kris Gustavson) • The Role of Nursing Leadership in Ensuring a Healthy Workforce in Corrections (Joan Almost, Wendy Gifford, Linda Ogilvie and Crystal Miller) • Barriers to and Strategies for Gaining Entry to Correctional Settings for Health Research (Erin Kitt-Lewis, Susan J Loeb, Valerie Myers, Tiffany Jerrod, Rachel K Wion and Julie L Murphy) • Mother-Child Programs for Incarcerated Mothers and Children and Associated Health Outcomes: A Scoping Review (Martha Paynter, Keisha Jefferies, Shelley McKibbin, Ruth Martin-Misener, Adelina Iftene and Gail Tombin Murphy) • Pilot Test of a Theory-Based Instrument to Measure Nursing Informatics Leadership Skills (Karen A Monsen and Daniel J Pesut) • The Relational Role of Managers in Support of Teamwork (Sarah Stahlke and Sherry Dahlke)

BMJ Quality & Safety online first articles

URL	https://qualitysafety.bmj.com/content/early/recent
Notes	<p><i>BMJ Quality & Safety</i> has published a number of ‘online first’ articles, including:</p> <ul style="list-style-type: none"> • To improve quality, keep your eyes on the road (Marc Philip T Pimentel, John Matthew Austin, Allen Kachalia) • Using standardised patients to assess the quality of medical records: an application and evidence from rural China (Yuju Wu, Huan Zhou, Xiao Ma, Yaojiang Shi, Hao Xue, Chengchao Zhou, Hongmei Yi, Alexis Medina, Jason Li, Sean Sylvia)

International Journal for Quality in Health Care online first articles

URL	https://academic.oup.com/intqhc/advance-articles
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"> • Back to the future: five forgotten lessons for the healthcare managers of today (Giovanni Gibiino, Michele Rugo, Marina Maffoni, Anna Giardini) • The patient died: What about involvement in the investigation process? (Siri Wiig, Peter D Hibbert, Jeffrey Braithwaite) • Quality & Safety in the time of Coronavirus—Design Better, Learn Faster (John Fitzsimons) • Editorial: Act now! Covid-19 pandemic: the coordinated support of the international community to low- and middle-income countries is needed immediately

	<ul style="list-style-type: none"> • COVID-19: Patient Safety and Quality Improvement Skills to Deploy during the Surge (Anthony Staines, René Amalberti, Donald M Berwick, Jeffrey Braithwaite, Peter Lachman, Charles A Vincent) • Human factors and ergonomics at time of crises: the Italian experience coping with COVID19 (Sara Albolino, Giulia Dagliana, Michela Tanzini, Giulio Toccafondi, Elena Beleffi, Francesco Ranzani, Elisabetta Flore) • Editorial: Economic analysis of the adoption of capsule endoscopy within the British NHS (Alan Lobo, Rafael Torrejon Torres, Mark McAlindon, Simon Panter, Catherine Leonard, Nancy van Lent, Rhodri Saunders) • Improving compliance to clinical practice guidelines with a multifaceted quality improvement program for the prevention of venous thromboembolic disease in nonsurgical patients (Paula Ruiz-Talero, Daniela Cerón-Perdomo, Catalina Hernández-Flórez, Santiago Gutiérrez-gómez, Oscar Muñoz-Velandia) • Female cardiologists in Japan (Atsuko Nakayama, Hiroyuki Morita, Issei Komuro)
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Online resources

Future Leaders Communiqué

<https://www.thecommunicates.com/post/future-leaders-communiqu%C3%A9-volume-5-issue-2-april-2020>

Victorian Institute of Forensic Medicine

Volume 5 Issue 2 April 2020

This issue of the *Future Leaders Communiqué* looks at the coronavirus pandemic. In the face of uncertainty, the editors argue, our best response should be built upon the shared wisdom of our peers and predecessors. Hence, they have drawn on past editions to reflect on the foundations of good practice. The topics on which they reflect – and the past editions they link to – include effective, timely **communication, collaborative care, protocols** in healthcare organisations, **systems of support** for junior doctors.

COVID-19 Critical Intelligence Unit

<https://www.aci.health.nsw.gov.au/covid-19/critical-intelligence-unit>

The Agency for Clinical Innovation (ACI) in New South Wales has developed this page summarising rapid, evidence-based advice during the COVID-19 pandemic. Its operations focus on systems intelligence, clinical intelligence and evidence integration. The content includes a daily evidence digest and evidence checks on a discrete topic or question relating to the current COVID-19 pandemic.

Recent evidence checks date include:

- NIPPV and requirements
- Fibrinolysis and PCI for STEMI
- Pulmonary rehabilitation and COVID-19.

[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:

- *Standardized Library of **Depression Outcome Measures***
<https://effectivehealthcare.ahrq.gov/products/library-depression/white-paper>

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