# On the Radar

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

**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:

- *COVID-19: Aged care staff infection prevention and control precautions* poster
  https://www.safetyandquality.gov.au/publications-and-resources/resource-library/covid-19-aged-care-staff-infection-prevention-and-control-precautions-poster



- *Environmental Cleaning and Infection Prevention and Control*
  www.safetyandquality.gov.au/environmental-cleaning
- *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 infection prevention and control risk management – Guidance*
  https://www.safetyandquality.gov.au/publications-and-resources/resource-library/covid-19-infection-prevention-and-control-risk-management-guidance
- *Safe care for people with cognitive impairment during COVID-19*
  https://www.safetyandquality.gov.au/our-work/cognitive-impairment/cognitive-impairment-and-covid-19

- **Medicines Management COVID-19** https://www.safetyandquality.gov.au/our-work/medication-safety/medicines-management-covid-19, including position statements on medicine-related issues
  - *Managing fever associated with COVID-19*
  - *Managing a sore throat associated with COVID-19*
  - *ACE inhibitors and ARBs in COVID-19*
  - *Clozapine in COVID-19*
  - *Management of patients on oral anticoagulants during COVID-19*
  - *Ascorbic Acid: Intravenous high dose in COVID-19*
  - *Treatment in acute care, including oxygen therapy and medicines to support intubation*
  - *Nebulisation and COVID-19*
  - *Managing intranasal administration of medicines during COVID-19*
  - *Ongoing medicines management in high-risk patients*
  - *Medicines shortages*
  - *Conserving medicines*
  - *Intravenous medicines administration in the event of an infusion pump shortage*
- *Potential medicines to treat COVID-19* https://www.safetyandquality.gov.au/publications-and-resources/resource-library/potential-medicines-treat-covid-19
- *Break the chain of infection: Stopping COVID-19* poster https://www.safetyandquality.gov.au/publications-and-resources/resource-library/break-chain-poster-a3
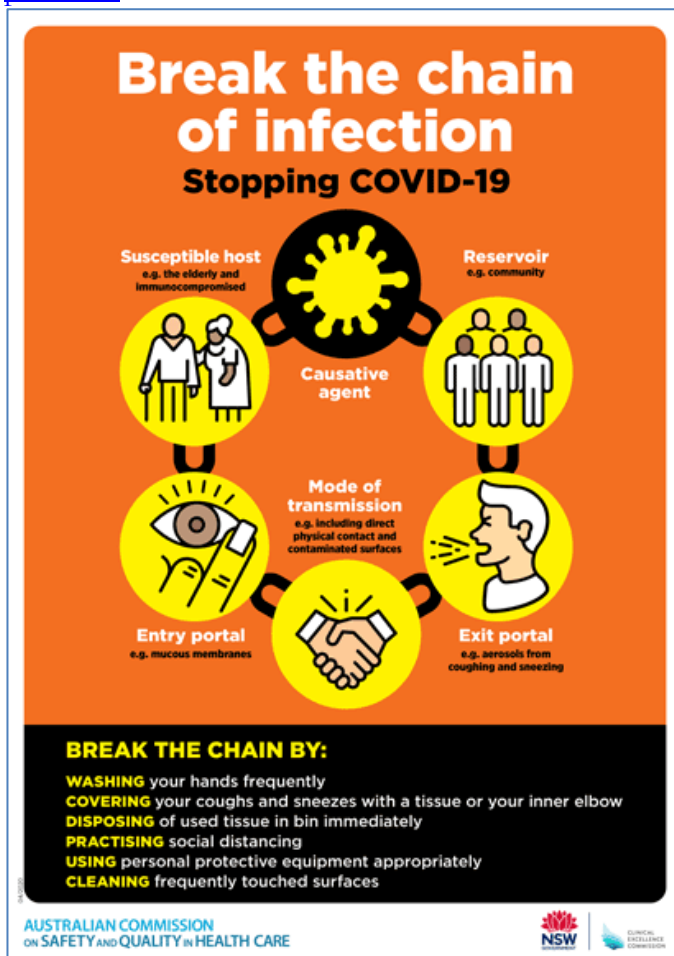
- *COVID-19: Elective surgery and infection prevention and control precautions*
  https://www.safetyandquality.gov.au/publications-and-resources/resource-library/covid-19-elective-surgery-and-infection-prevention-and-control-precautions
- *FAQs for clinicians on elective surgery* https://www.safetyandquality.gov.au/node/5724
- *FAQs for consumers on elective surgery* https://www.safetyandquality.gov.au/node/5725
- *FAQs on community use of face masks*
  https://www.safetyandquality.gov.au/faqs-community-use-face-masks
- *COVID-19 and face masks – Information for consumers*
  https://www.safetyandquality.gov.au/publications-and-resources/resource-library/covid-19-and-face-masks-information-consumers

**Informed Consent - Fact sheet for clinicians**
https://www.safetyandquality.gov.au/publications-and-resources/resource-library/informed-consent-fact-sheet-clinicians

The Australian Commission on Safety and Quality in Health Care (the Commission) has developed new guidance for clinicians on how to obtain informed consent in health care.

Good clinical practice involves ensuring that informed consent is validly obtained and appropriately timed. Properly obtaining informed consent is a legal, ethical and professional requirement for all health professionals and supports person-centred care. The Commission recognises the importance of informed consent for providing safe, high-quality care.

The fact sheet has been developed to support the health system and ensure that healthcare providers have a shared understanding of the principles and practice of obtaining informed consent. The fact sheet provides information on the key principles for informed consent, how to obtain valid informed consent, principles for assessing legal capacity, information on legal obligations, and links to further information and useful resources.

Developed with clinicians in mind, the fact sheet may also be applied broadly across health systems and health service organisations.

## Reports

*The economics of patient safety Part III: Long-term care - Valuing safety for the long haul*
OECD Health Working Papers, No. 121
de Bienassis K, Llena-Nozal A, Klazinga NS
Paris: OECD Publishing; 2020. p. 102.

*System governance towards improved patient safety - Key functions, approaches and pathways to implementation*
OECD Health Working Papers, No. 120
Auraaen A, Saar K, Klazinga NS
Paris: OECD Publishing; 2020. p. 119.

| DOI | de Bienassis et al https://doi.org/10.1787/be07475c-en<br>Auraaen et al https://doi.org/10.1787/2abdd834-en |
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| Notes | To mark World Patient Safety Day (17 September), the Organisation for Economic Cooperation and Development (OECD) released these two reports (http://www.oecd.org/health/patient-safety.htm).<br>The report, *The economics of patient safety Part III: Long-term care - Valuing safety for the long haul,* follows earlier (2017 and 2018) reports that looked at the economics of patient safety more generally (http://dx.doi.org/10.1787/5a9858cd-en) and in primary and ambulatory care (https://doi.org/10.1787/baf425ad-en) respectively. Here the authors note that long-term care (LTC) institutions are providing care to a greater number of people than previously and that more residents have chronic conditions and multiple co-morbidities. Given the ageing of populations across the OECD this can be expected to continue to increase. However, the safety and quality of care in these institutions is not always as it should be – a fact that is clearly seen in Australia with the current examinations of aged care. The cost of LTC is increasing and some of these costs could be regarded as avoidable. For example, the total cost of avoidable admissions to hospitals from LTC facilities in 2016 was almost USD 18 Billion, according to an analysis using data from 25 OECD countries. This is equivalent to 2.5% of all spending on hospital inpatient care or 4.4% of all spending on LTC. The report's authors also observe that:<br><ul><li>More than half of the harm that occurs in LTC is preventable</li><li>Over 40% of admissions to hospitals from LTC are avoidable.</li><li>Improved prevention and safety practices and workforce development can reduce these.</li><li>Governments should implement appropriate quality standards and standards for staffing levels and competencies to match the needs of LTC residents.</li><li>Governance reform is required to ensure sufficient resources and effective planning of care across the transitions of acute and LTC.</li><li>There are huge opportunities for LTC to transition into learning systems, with a focus on prevention and risk assessment over response. LTC can learn from efforts in the acute care sector to foster strong patient safety cultures, which in turn enable staff to consistently deliver safe and high quality care services.</li><li>An inclusive approach towards risk management is essential. LTC residents and their family should be partners in risk management and decisions on balancing safety risks with a personalized living environment.</li></ul><br>The second report, *System governance towards improved patient safety - Key functions, approaches and pathways to implementation*, examines the role and importance of governance (rather broadly defined) for setting the parameters and regulating for safety. Safety governance refers to the approaches taken to minimise the risk for patient harm across |

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an entity or system. It typically comprises steering and rule-making functions such as policies, regulations and standards. The report notes the move away from punishment and shaming to transparency and trust, along with a move to learning for improvement, learning from both successes and failures.

The reports key findings include:

1. There is no ideal patient safety governance model. It is more important that patient safety governance
   (a) complements overall health system governance and financing, and
   (b) aligns its individual components and functions.
2. The scope of patient safety governance should include all healthcare settings.
3. Safety governance should foster continuous learning from both harm and success. The focus should broaden from reacting to harm to risk assessment and management.
4. The basis of safety governance must be what is best for the patient, whose perspective should be included in the design, implementation and execution of governance models.
5. Governance should foster a culture of openness and trust among health professionals and regulators.
6. Safety governance should align with and influence other policy areas, notably data privacy/security policies and workforce preparedness.
7. Safety governance should encourage health care financing and investment that result in a better balance between costs made to address errors (failure costs) with costs to prevent errors (prevention costs). Likewise, payment systems should reward good patient safety and punish poor patient safety.
8. Political leadership should include patient safety among the top priorities in its health policy agenda.
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*Global report on the epidemiology and burden of sepsis: Current evidence, identifying gaps and future directions*
World Health Organization
Geneva: World Health Organization; 2020. p. 56

| DOI | https://www.who.int/publications/i/item/9789240010789 |
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| Notes | Sepsis is known to be a major cause of morbidity and mortality. This has prompted various national and regional projects to reduce the incidence and impact of sepsis. The World Health Organization (WHO) has released this report on the global epidemiology and burden of sepsis. The WHO report suggests that sepsis is implicated in 1 in 5 deaths globally. Citing 2017 data it's suggested that sepsis affected 49 million people and was linked to approximately 11 million deaths worldwide—approximately 20% of annual global deaths. The report notes that 'Sepsis mortality is often related to suboptimal quality of care, an inadequate health infrastructure, poor infection prevention measures in place, late diagnosis, and inappropriate clinical management.' Further, 'survivors of sepsis face serious long-term health consequences in the form of increased post-discharge mortality, physical and cognitive impairment, and mental health disorders.' Sepsis disproportionately affects children and vulnerable populations living in low- and middle-income countries (LMICs). Twenty million of all estimated sepsis cases worldwide, and 2.9 million deaths, occurred in children under 5 in 2017, while roughly 85% of sepsis cases and related deaths occurred in low-resource settings. The report calls for 'a concerted, global effort to scale-up advocacy, funding and the research capacity for the generation of epidemiological evidence' so 'that we can gain a true insight into the burden of sepsis, improve evidence-based clinical management, and affect sustainable improvement in short- and long-term outcomes among those most at need.' |

*Safer Together: A National Action Plan to Advance Patient Safety*
National Steering Committee for Patient Safety
Boston: Institute for Healthcare Improvement; 2020. p. 41.

| DOI | https://www.ihi.org/SafetyActionPlan |
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| Notes | The Institute for Healthcare Improvement (IHI) in the USA has released this document that seeks to provide 'clear direction for health care leaders, delivery organizations, and associations'… 'to make significant advances toward safer care and reduced harm across the continuum of care'. The National Action Plan focuses on four foundational and interdependent areas, prioritized as essential to create total systems safety. These areas – and the associated recommendations – include:<br>**Culture, Leadership, and Governance**<br>1. Ensure safety is a demonstrated core value.<br>2. Assess capabilities and commit resources to advance safety.<br>3. Widely share information about safety to promote transparency.<br>4. Implement competency-based governance and leadership.<br>**Patient and Family Engagement**<br>5. Establish competencies for all health care professionals for the engagement of patients, families, and care partners.<br>6. Engage patients, families, and care partners in the co-production of care.<br>7. Include patients, families, and care partners in leadership, governance, and safety and improvement efforts.<br>8. Ensure equitable engagement for all patients, families, and care partners.<br>9. Promote a culture of trust and respect for patients, families, and care partners.<br>**Workforce Safety**<br>10. Implement a systems approach to workforce safety.<br>11. Assume accountability for physical and psychological safety and a healthy work environment that fosters the joy of the health care workforce.<br>12. Develop, resource, and execute on priority programs that equitably foster workforce safety.<br>**Learning System**<br>13. Facilitate both intra- and inter-organizational learning.<br>14. Accelerate the development of the best possible safety learning networks.<br>15. Initiate and develop systems to facilitate interprofessional education and training on safety.<br>16. Develop shared goals for safety across the continuum of care.<br>17. Expedite industry-wide coordination, collaboration, and cooperation on safety.<br>Along with the report, the IHI has also developed a *Self-assessment Tool* and an *Implementation Resource Guide* to aid healthcare systems and organisations in enacting the plan and its recommendations. |

**Journal articles**

*Expert consensus on currently accepted measures of harm*
Logan MS, Myers LC, Salmasian H, Levine DM, Roy CG, Reynolds ME, et al
Journal of Patient Safety. 2020 [epub].

| DOI | http://doi.org/10.1097/pts.0000000000000754 |
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| Notes | Article describing the process and result of a project using expert consensus to create 'a contemporary list of triggers and adverse event measures that could be used for chart review to determine the current incidence of inpatient and outpatient adverse events.' The article describes using a 'World Café event' made up of 71 experts from 9 'diverse institutions'; but no further detail of these institutions or their clinical or geographical reach appears available. For a "World Café" this may strike some as being somewhat parochial. These 'content experts' were divided into 10 tables by clinical domain and following 'a focused discussion of a prepopulated list of literature-based triggers and measures relevant to that domain, they were asked to rate each measure on clinical importance and suitability for chart review and electronic extraction'. The authors report that from '525 total triggers and measures, 67% of 391 measures and 46% of 134 triggers were deemed to have high or very high clinical importance. For those triggers and measures with high or very high clinical importance, 218 overall were deemed to be highly amenable to chart review and 198 overall were deemed to be suitable for electronic surveillance.' |

*Human-Based Errors Involving Smart Infusion Pumps: A Catalog of Error Types and Prevention Strategies*
Kirkendall ES, Timmons K, Huth H, Walsh K, Melton K
Drug Safety. 2020 [epub].

| DOI | https://doi.org/10.1007/s40264-020-00986-5 |
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| Notes | The introduction of technologies to address particular problems is known to have the potential to create new issues or modified forms of the existing issue. Smart infusion pumps were introduced to reduce the incidence of medication errors in hospitals. This paper reports on a systematic review that sought 'to review and catalog the types of human-based errors related to smart pump use'. Based on 105 articles, the authors identified 18 error types and ten prevention strategies. The authors observe that 'Strategies to prevent smart infusion pump-related errors include interfacing smart pumps with electronic health records, maximizing the use of barcoding technology, promoting compliance with pump drug libraries, standardizing and updating drug libraries, optimizing training and education, and standardizing pumps.' |

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

*American Journal of Medical Quality*
Volume: 35, Number: 5 (September/October 2020)

| URL | https://journals.sagepub.com/toc/ajmb/35/5 |
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| 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:<br><br>• Editorial: **The Best Interest of the Patient** (David J Ballard and D B Nash)<br>• Integrating Adverse Event Reporting Into a Free-Text Mobile Application Used in Daily Workflow Increases **Adverse Event Reporting by Physicians** (Joseph Delio, Jillian S Catalanotti, Kathryn Marko, Courtney Paul, Myles Taffel, Geoffrey Ho, and Jeffrey Berger)<br>• Does **Care Transition** Matter? Exploring the Newly Published HCAHPS Measure (Rafael Hod, Oded Maimon, and Eyal Zimlichman)<br>• Barriers and Facilitators in the Recruitment and Retention of More Than 250 Small Independent **Primary Care Practices for EvidenceNOW** (Allison Cuthel, Erin Rogers, Flora Daniel, Emily Carroll, Hang Pham-Singer, and Donna Shelley)<br>• Using Evidence to **Design Cancer Care Facilities** (Leonard L Berry, Jonathan Crane, Katie A Deming, and Paul Barach)<br>• Adherence to Recommended Post-Splenectomy Immunizations to **Reduce the Risk of Sepsis**: The University of Washington Experience (Nikita Pozdeyev, Arpit Patel, Paul S Pottinger, Michael Leu, and Thomas H Payne)<br>• Quality Improvement Project to Promote Identification and Treatment of **Children With Obesity** Admitted to Hospital (Joseph Myers, Lloyd N Werk, M Jobayer Hossain, and Stephen Lawless)<br>• Shedding the Light on the **Off-Hours Problem in Radiology** (Christopher G Roth, Gilda Boroumand, and Jaydev K Dave)<br>• Commentary: **Leadership and a True Culture of Patient Safety** (David B Mayer and Martin J Hatlie)<br>• Perspective: What a Difference a Disaster Makes: The **Telehealth Revolution in the Age of COVID-19 Pandemic** (John R Maese, Donna Seminara, Zeel Shah, and Anita Szerszen)<br>• Q-Tip: **Bilirubin Turnaround Time** in an Outpatient Pediatric Clinic: Improving Efficiency of Time-Sensitive Lab Results (Samantha Forlenza Curtis, Dmitry Tumin, Fraley Greene, Donna Spain, and Amanda Higginson)<br>• Q-Tip: Holistic Interprofessional Program: A **Collaboration Between Medical and Dental Clinics** (Niki T Winters and Jiwon Lim) |

*Journal of Health Services Research & Policy*
Volume: 25, Number: 4 (October 2020)

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| URL | https://journals.sagepub.com/toc/hsrb/25/4 |
| Notes | A new issue of the *Journal of Health Services Research & Policy* has been published. Articles in this issue of the *Journal of Health Services Research & Policy* include: <ul><li>Editorial: **COVID-19 and 'conversations not had' with people with frailty in acute settings** (Lisa Jane Brighton and Catherine J Evans)</li><li>**Consequences of 'conversations not had'**: insights into failures in communication affecting delays in hospital discharge for older people living with frailty (Sabi Redwood, Bethany Simmonds, Fiona Fox, Alison Shaw, Kyra Neubauer, Sarah Purdy, and Helen Baxter)</li><li>Drivers of **preventable high health care utilization**: a qualitative study of patient, physician and health system leader perspectives (Lala Tanmoy Das, Rainu Kaushal, Kelsey Garrison, Vanessa Carrillo, Zachary Grinspan, Ryan Theis, Elizabeth Shenkman, and Erika Abramson)</li><li>Exploring the role of lay and professional **patient navigators** in Canada (Amy E Reid, Shelley Doucet, and Alison Luke)</li><li>Does national policy in England help deliver better and more consistent care for those at the **end of life**? (Rhiannon Barker, Patricia Wilson, and C Butler)</li><li>Specialization and minority health care: **hormone therapy for trans people** in England (Michael Toze)</li><li>Determining **when a hospital admission of an older person can be avoided in a subacute setting**: a systematic review and concept analysis (Alyson L Huntley, Ben Davies, Nigel Jones, James Rooney, Peter Goyder, Sarah Purdy, and Helen Baxter)</li><li>**Using a systematic review to uncover theory and outcomes for a complex intervention** in health and social care: a worked example using life story work for people with dementia (Gillian Parker, Kate Gridley, Yvonne Birks, and Julie Glanville)</li></ul> |

*BMJ Quality & Safety* online first articles

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| URL | https://qualitysafety.bmj.com/content/early/recent |
| Notes | *BMJ Quality & Safety* has published a number of 'online first' articles, including: <ul><li>NPS MedicineWise evaluation finds changes in general practitioners' prescribing of **proton pump inhibitors** following education programmes (Suzanne G Blogg)</li><li>"It's not just hacking for the sake of it": a qualitative study of health innovators' views on **patient-driven open innovations, quality and safety** (Lysanne Rivard, Pascale Lehoux, Hassane Alami)</li><li>Assessment of a quality improvement intervention to decrease **opioid prescribing in a regional health system** (Craig S Brown, Joceline V Vu, Ryan A Howard, Vidhya Gunaseelan, Chad M Brummett, Jennifer Waljee, Michael Englesbe)</li></ul> |

**Online resources**

*National COVID-19 Clinical Evidence Taskforce*
https://covid19evidence.net.au/
The National COVID-19 Clinical Evidence Taskforce is a collaboration of peak health professional bodies across Australia whose members are providing clinical care to people with COVID-19. The taskforce is undertaking continuous evidence surveillance to identify and rapidly synthesise emerging research in order to provide national, **evidence-based guidelines and clinical flowcharts for the clinical care of people with COVID-19**. The guidelines address questions that are specific to managing COVID-19 and cover the full disease course across mild, moderate, severe and critical illness. These are 'living' guidelines, updated with new research in near real-time in order to give reliable, up-to-the minute advice to clinicians providing frontline care in this unprecedented global health crisis.

*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 include:
- **COVID-19 infection and transmission in domestic animals**

*[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 NG12 **Suspected cancer**: *recognition and referral*
  https://www.nice.org.uk/guidance/ng12
- NICE Guideline NG160 **COVID-19 rapid guideline: dialysis** *service delivery*
  https://www.nice.org.uk/guidance/ng160

*[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:
- *Therapies for Clinically Localized* **Prostate Cancer**
  https://effectivehealthcare.ahrq.gov/products/prostate-cancer-therapies/report
- *Developing Consistent and Useful* **Quality Improvement Study Data Extraction** *for Health Systems*
  https://effectivehealthcare.ahrq.gov/products/useful-quality-improvement/methods-report

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