AUSTRALIAN COMMISSION ON SAFETY AND QUALITY IN HEALTH CARE

On the Radar

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On the Radar
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Reports

Strategies to Improve Patient Safety: Final Report to Congress Required by the Patient Safety and Quality Improvement Act of 2005
Agency for Healthcare Research and Quality
Rockville, MD: Agency for Healthcare Research and Quality; 2021.

URL	https://pso.ahrq.gov/resources/act
Notes	The Agency for Healthcare Research and Quality (AHRQ) in the USA has produced this report as required by the US Patient Safety Act. The report outlined several strategies to accelerate progress in improving patient safety, including using analytic approaches in patient safety research, measurement, and practice improvement to monitor risk; implementing evidence-based practices into real-world settings through clinically useful tools and infrastructure; encouraging the development of learning health systems that integrate continuous learning and improvement in day-to-day operations.

Journal articles

Eyes and Ears on Patient Safety: Sources of Notifications About the Health, Performance, and Conduct of Health Practitioners
Bismark M, Tibble H, Moore JS, Morris JM, Paterson R, Fletcher M, et al
Journal of Patient Safety. 2021;17(8):e800-e805.

DOI	https://doi.org/10.1097/PTS.0000000000000544
Notes	Paper reporting on study that examined the sources of notifications of concern ("notifications") regarding the health, performance, and conduct of health practitioners from 14 registered professions. The study used 43,256 notifications lodged with the Australian Health Practitioner Regulation Agency and the Health Professional Councils Authority between 2011 and 2016. The results noted include: • **Patients and their relatives** lodged more than three-quarters (78%) of notifications regarding **clinical performance**, including diagnosis, treatment, and communication. • **Fellow practitioners** were a common source of notifications about **advertising and titles** • **Self-reports** commonly related to **health impairments**, such as mental illness or substance use. • **Other agencies** played a role in reporting concerns about **prescribing** or supply of medicines. Everyone engaged in the health 'system' can provide important information on patient safety as they all have valid perspectives that together can provide a more complete picture.

Understanding Preventable Deaths in the Geriatric Trauma Population: Analysis of 3,452,339 Patients From the Center of Medicare and Medicaid Services Database
Ang D, Nieto K, Sutherland M, O'Brien M, Liu H, Elkbuli A
The American Surgeon. 2021:00031348211056284.

DOI	https://doi.org/10.1177%2F00031348211056284
Notes	Paper reporting on a retrospective cohort study of patients aged ≥65 years that examined nearly 3.5 patients in the US Center of Medicare and Medicaid Services Database. The study was seeking to estimate preventable geriatric trauma mortality in the United States and identify patient safety indicators (PSIs) associated with increased preventable mortality. The authors report that: • **Patients aged 75-84 years had 33% higher odds of preventable mortality**, whereas patients aged **≥85 years had 91% higher odds** of preventable mortality **compared to patients aged 65-74 years**. • Perioperative venous thrombotic events, haemorrhage or hematoma, and postoperative physiologic/metabolic derangements produce significant preventable mortalities. • Utilization of national **guidelines**, **minimization of central venous catheter use**, addressing **polypharmacy** especially **anticoagulation**, **ensuring** operative and procedure-based **competencies**, and greater incorporation of **inpatient geriatricians** may serve to reduce preventable mortality in elderly trauma patients.

Long-Term Impacts Faced by Patients and Families After Harmful Healthcare Events
Ottosen MJ, Sedlock EW, Aigbe AO, Bell SK, Gallagher TH, Thomas EJ
Journal of Patient Safety. 2021;17(8):e1145-e1151.

DOI	https://doi.org/10.1097/PTS.0000000000000451
Notes	While the immediate impact of serious adverse events may be obvious, the longer term impacts on patients and families (and the health care workers involved) is not always obvious. This study sought to describe the long-term impacts reported by patients and family members who experienced harmful medical events 5 or more years ago. Based on 32 interviews conducted with 72 patients or family members, the authors report that participants described four longer term impacts: **psychological, social/behavioural, physical, and financial**. These are **common** and often **profound impacts**.

The Effect of Clinical Volume on Annual and Per-Patient Encounter Medical Malpractice Claims Risk
Schaffer AC, Babayan A, Yu-Moe CW, Sato L, Einbinder JS
Journal of Patient Safety. 2021;17(8):e995-e1000.

DOI	https://doi.org/10.1097/PTS.0000000000000706
Notes	The issue of volume and quality was widely debated previously, often focussing on surgical volume. This American study looked specifically at how annual and per-patient encounter medical malpractice claims risk varies with clinical volume. The study found that 'As clinical volume increased, the percent of physicians with a malpractice claim increased linearly'. However, 'As clinical volume increased, the rate of malpractice claims per 1000 patient encounters decreased. This relationship between clinical volume and per-encounter claims risk was nonlinear.' Thus, 'There was a clinical volume threshold, below which decreasing clinical volume was associated with increasing per-encounter claims risk, and above which claims risk no longer significantly varied with increases in clinical volume.' These results led the authors to suggest that '**Clinical volume is a crucial determinant of physician malpractice risk**, with higher-volume physicians having higher annual risk but lower per-encounter risk. Clinical volume data should be incorporated into analyses of malpractice risk.'

Australian Health Review
Volume 45 Number 6 December 2021

URL	https://www.publish.csiro.au/ah/issue/10155
Notes	A new issue of *Australian Health Review* has been published. Articles in this issue of *Australian Health Review* include: • It's time to end the cycle of panic and neglect – why we need a **pandemic treaty and investment in vaccine research** (Jane Halton) • **Immediate impact of the COVID-19 pandemic on the work and personal lives of Australian hospital clinical staff** (Sara Holton, Karen Wynter, Melody Trueman, Suellen Bruce, Susan Sweeney, Shane Crowe, Adrian Dabscheck, Paul Eleftheriou, Sarah Booth, Danielle Hitch, Catherine M Said, Kimberley J Haines and Bodil Rasmussen) • **Palliative care and COVID-**19 in the Australian context: a review of patients with COVID-19 referred to palliative care (Ruwani Mendis, Anita Haines, Loretta Williams, Kirsten Mitchener, Fiona Grimaldi, Marianne Phillips, Margaret Shaw, Thy P H Nguyen, A Dabscheck, O Spruijt and M Coperchini) • Better Access: substantial **shift to telehealth for allied mental health services during COVID-19** in Australia (Rebecca Reay, Stephen R Kisely and Jeffrey C L Looi)

	• Riding the waves: lessons learnt from Victoria's COVID-19 pandemic response for **maintaining effective allied health student education and clinical placements** (Peter Brack, Andrea Bramley, Sharon Downie, Marcus Gardner, Joan Leo, Rod Sturt and Donna Markham) • Trends in **presentations to a private emergency department during the first and second waves of the COVID-19 pandemic** in Australia (Nisal Punchihewa, David Rankin, Michael Ben-Meir, Lisa Brichko and Ian Turner) • Outcomes of **rapid digital transformation of large-scale communications during the COVID-19 pandemic** (J Strong, S Drummond, J Hanson, J D Pole, T Engstrom, K Copeland, B Lipman and C Sullivan) • **Effect of a state hospital formulary on medicines utilisation** in Australia (Joel Iedema) • Recent trends in pirfenidone and nintedanib use for **idiopathic pulmonary fibrosis** in Australia (Ingrid A Cox, Barbara de Graaff, Tamera J Corte, Ian Glaspole, D C Chambers, Y Moodley, A Teoh, E H Walters and A J Palmer) • Cost-effectiveness of a complex intervention in general practice to increase **uptake of long-acting reversible contraceptives** in Australia (Milena Lewandowska, Richard De Abreu Lourenco, Marion Haas, Cathy J Watson, Kirsten I Black, Angela Taft, Jayne Lucke, Kevin McGeechan, Kathleen McNamee, Jeffrey F Peipert and Danielle Mazza) • Healthcare costs of **investigations for stillbirth** from a population-based study in Australia (Louisa G Gordon, Thomas M Elliott, Tania Marsden, David A Ellwood, T Yee Khong, Jessica Sexton and Vicki Flenady) • Do people with **multiple sclerosis** receive appropriate support from the **National Disability Insurance Scheme** matching their level of disability? A description of disease 'burden and societal cost in people with multiple sclerosis in Australia' (BAC-MS) (Jeannette Lechner-Scott, Penny Reeves, Karen Ribbons, Bente Saugbjerg and Rodney Lea) • **Clinical governance in New Zealand**: perceptions from registered health professionals in health care delivery compared with social insurance (Inga O'Brien, Roy de Groot, Vera Champion and Robin Gauld) • Adherence to **antimicrobial prophylaxis guidelines in cardiac implantable electronic device procedures** in two Australian teaching hospitals (Monique Almonte, Taylor Huston, Sok Ling Yee, Roya Karimaei, Adam Hort, Matthew Rawlins, Jason Seet, Zachiah Nizich, Duncan McLellan, Paul Stobie, Petra Czarniak and Leanne Chalmers) • Clinical staff perceptions on the **quality of end-of-life care in an Australian acute private hospital**: a cross-sectional survey (Rosemary Saunders, Courtney Glass, K Seaman, K Gullick, J Andrew, A Wilkinson and A Davray) • Are we doing it right? We need to evaluate the current approaches for **implementation of digital health systems** (Ronald Dendere, Monika Janda and Clair Sullivan) • COVID-19 prompts rapid and safe **transition of chemotherapy into homes** (Andrew S Vanlint, Julie Adams and Timothy Price) • Substitution, delegation or addition? A discussion of **workforce skill mix in computed tomography** (Martine Ann Harris and Bev Snaith)

Health Affairs
Volume: 40, Number 12 (December 2021)

URL	https://www.healthaffairs.org/toc/hlthaff/40/12
Notes	A new issue of *Health Affairs* has been published with the themes "Hospitals, Equity, Workforce & More". Articles in this issue of *Health Affairs* include: • Getting To The Heart Of **America's Maternal Mortality Crisis** (Michele Cohen Marill) • **Hospital Lawsuits Over Unpaid Bills** Increased By 37 Percent In Wisconsin From 2001 To 2018 (Zack Cooper, James Han, and N Mahoney) • States' Merger Review Authority Is Associated With States Challenging **Hospital Mergers**, But Prices Continue To Increase (Brent D Fulton, Jaime S King, Daniel R Arnold, Alexandra D Montague, Samuel M Chang, Thomas L Greaney, and Richard M Scheffler) • Medicaid Expansion Alone Not Associated With **Improved Finances, Staffing, Or Quality At Critical Access Hospitals** (Paula Chatterjee, Rachel M Werner, and Karen E Joynt Maddox) • **Female Physicians Earn An Estimated $2 Million Less Than Male Physicians** Over A Simulated 40-Year Career (Christopher M. Whaley, Tina Koo, Vineet M. Arora, Ishani Ganguli, Nate Gross, and Anupam B Jena) • **Physician Compensation** In Physician-Owned And Hospital-Owned Practices (Christopher M Whaley, Daniel R Arnold, Nate Gross, and A B Jena) • Trends In **Home Care Versus Nursing Home Workforce Sizes**: Are States Converging Or Diverging Over Time? (Esther M Friedman, Madhumita Ghosh-Dastidar, Teague Ruder, Daniel Siconolfi, and Regina A Shih) • Sociodemographic Disparities In **Access To COVID-19 Vaccines** Upon Initial Rollout In Florida (Jennifer Attonito, Whitney Van Arsdale, Keren Fishman, Maral Darya, Mario Jacomino, and George Luck) • Respecting Autonomy And Enabling Diversity: The Effect Of Eligibility And Enrollment On **Research Data Demographics** (Kayte Spector-Bagdady, Shengpu Tang, Sarah Jabbour, W Nicholson Price, Ana Bracic, Melissa S Creary, Sachin Kheterpal, Chad M Brummett, and Jenna Wiens) • Despite National Declines In **Kidney Failure Incidence**, Disparities Widened Between Low- And High-Poverty US Counties (Kevin H Nguyen, Rebecca Thorsness, Shailender Swaminathan, Rajnish Mehrotra, Rachel E Patzer, Yoojin Lee, Daeho Kim, M Rivera-Hernandez, and A N Trivedi) • Coding-Driven Changes In **Measured Risk In Accountable Care Organizations** (Michael E Chernew, Jessica Carichner, Jeron Impreso, J Michael McWilliams, T G McGuire, S Alam, B E Landon, and M B Landrum) • The **Medicare Advantage Quality Bonus Program** Has Not Improved Plan Quality (Adam A Markovitz, John Z Ayanian, Devraj Sukul, and A M Ryan) • New Medicare Technology Add-On Payment Could Be Used As A Market Support Mechanism To **Accelerate Antibiotic Innovation** (Neil Gandhi, and Kevin A Schulman) • Raising Medicaid Rebates For **Drugs With Accelerated Approval** (Benjamin N Rome, and Aaron S Kesselheim) • Increasing **Medicaid's Stagnant Asset Test** For People Eligible For Medicare And Medicaid Will Help Vulnerable Seniors (Noelle Cornelio, Melissa Powell McInerney, Jennifer M Mellor, Eric T Roberts, and L M Sabik) • **Problems With 'Serious Mental Illness' As A Policy Construct** (J A Buck)

	• **Health Benefits In 2021**: Employer Programs Evolving In Response To The COVID-19 Pandemic (Gary Claxton, Matthew Rae, Anthony Damico, Gregory Young, Nisha Kurani, and Heidi Whitmore) • To Uncover **My Mother's Genetic Disorder**, I Had To Lead The Way (Shivani Nazareth)

BMJ Quality & Safety online first articles

URL	https://qualitysafety.bmj.com/content/early/recent
Notes	*BMJ Quality &Safety* has published a number of 'online first' articles, including: • Editorial: **Adding value to the diagnostic process** (Laurien Kuhrij, Perla J Marang-van de Mheen) • Editorial: **Urgent referral to specialist services for patients with cancer symptoms**: a cause for concern or oversimplifying a complex issue? (Rawiri Keenan, Ross Lawrenson, Tim Stokes) • Editorial: The Evolving **Economics of Implementation** (Kathleen Knocke, Todd W Wagner)

Online resources

[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:

- Quality Standard QS203 ***Brain tumours*** *(primary) and brain metastases in adults*
  https://www.nice.org.uk/guidance/qs203

[USA] Patient Safety Primers
https://psnet.ahrq.gov/primers/
The Patient Safety Primers from the (US) Agency for Healthcare Research and Quality (AHRQ) discuss key concepts in patient safety. Each primer defines a topic, offers background information on its epidemiology and context, and provides links to relevant materials.

- ***Debriefing for Clinical Learning*** – Debriefing is an important strategy for learning about and making improvements in individual, team and system performance. It is one of the central learning tools in simulation training and is also recommended after significant clinical events. This updated PSNet primer includes an overview of common debriefing methodologies and phases, geared toward healthcare professionals new to clinical debriefing.
  https://psnet.ahrq.gov/primer/debriefing-clinical-learning

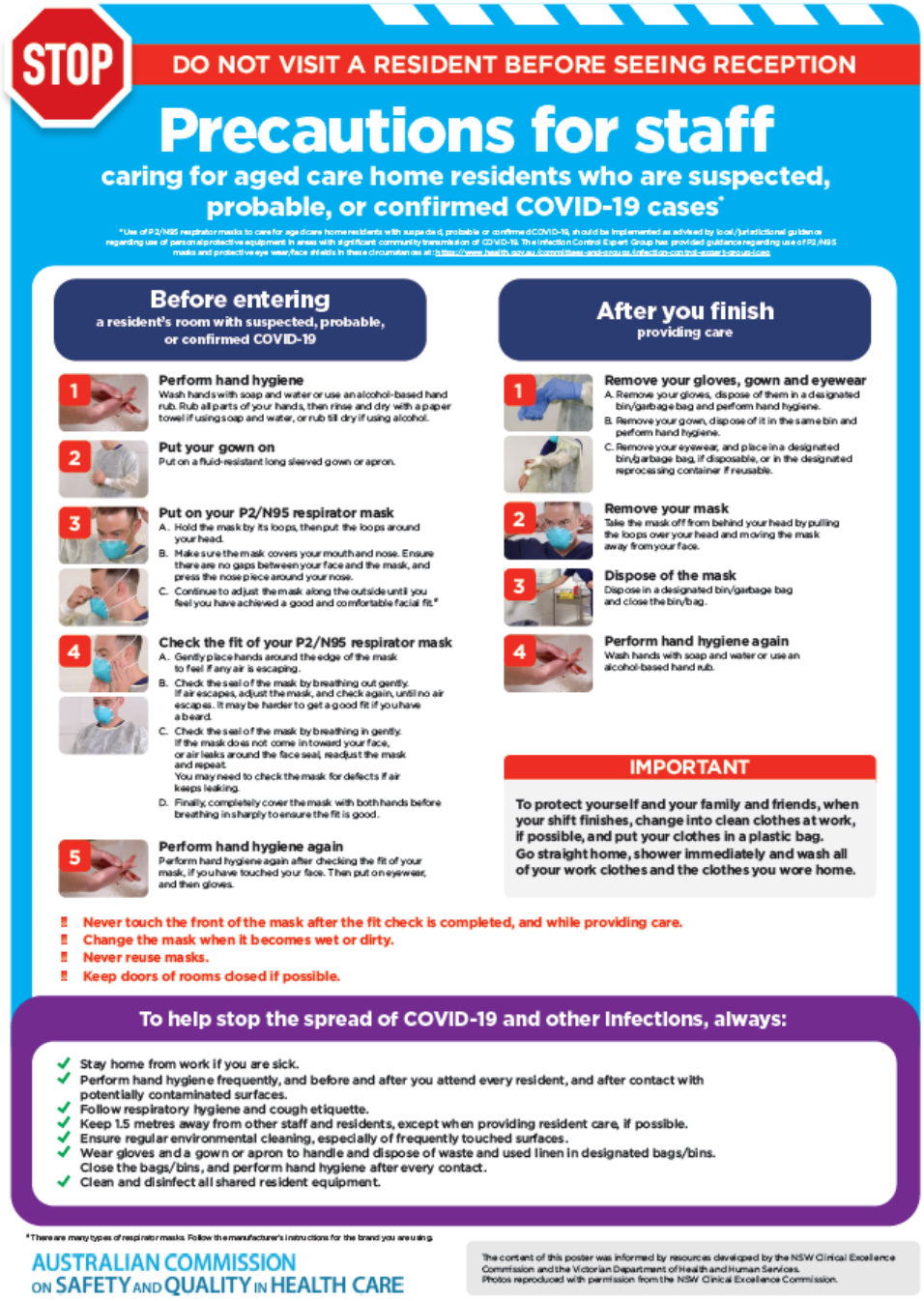
COVID-19 resources

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

These resource include:

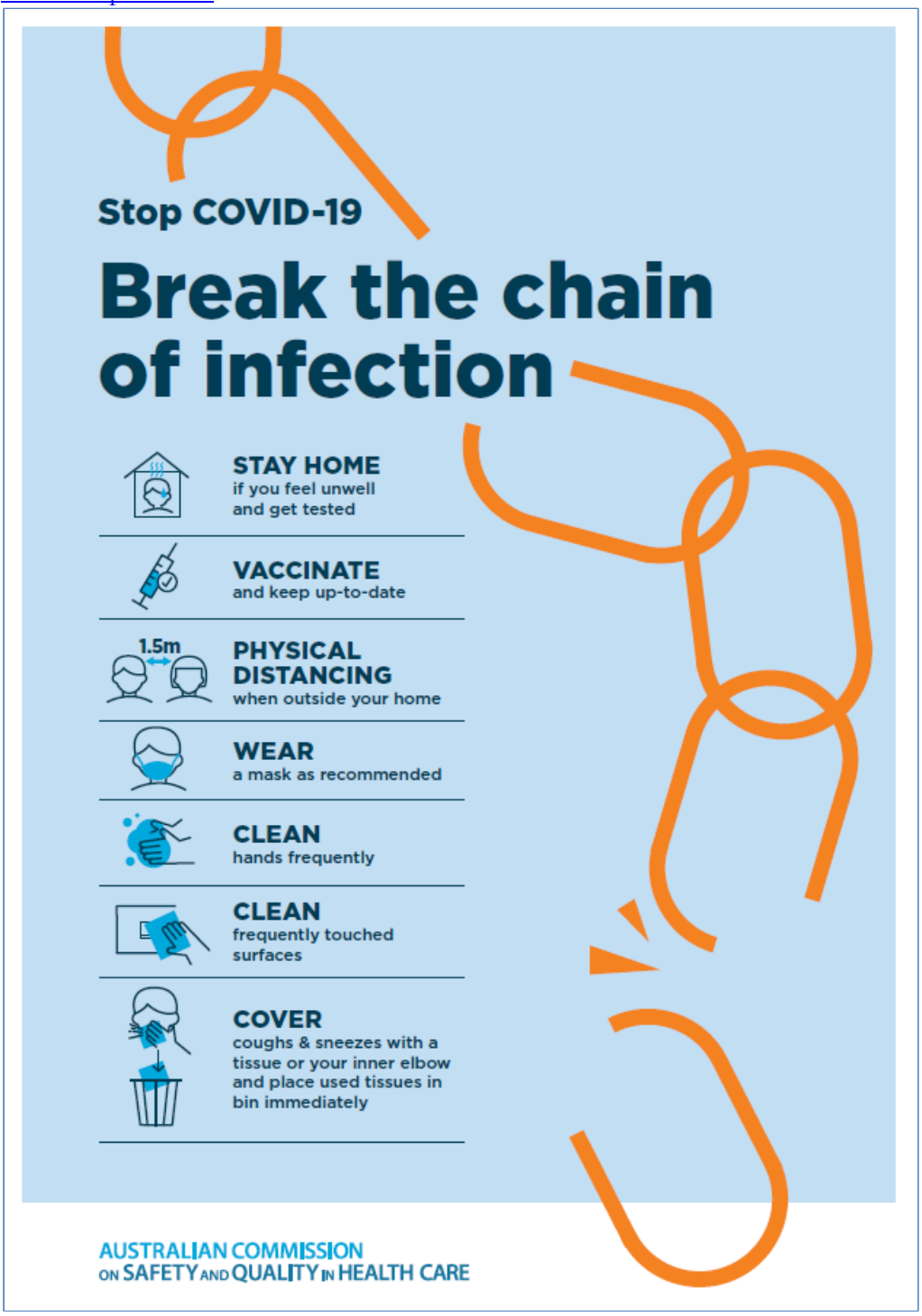
- *COVID-19 infection prevention and control risk management* https://www.safetyandquality.gov.au/publications-and-resources/resource-library/covid-19-infection-prevention-and-control-risk-management-guidance
- *Poster - PPE use for aged care staff caring for residents with COVID-19* https://www.safetyandquality.gov.au/publications-and-resources/resource-library/poster-ppe-use-aged-care-staff-caring-residents-covid-19



- *Poster – Combined contact and droplet precautions*
  https://www.safetyandquality.gov.au/publications-and-resources/resource-library/poster-combined-contact-and-droplet-precautions

- *Poster – Combined airborne and contact precautions*
  https://www.safetyandquality.gov.au/publications-and-resources/resource-library/poster-combined-airborne-and-contact-precautions

- *Environmental Cleaning and Infection Prevention and Control* www.safetyandquality.gov.au/environmental-cleaning
- *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
- *Stop COVID-19: Break the chain of infection* poster https://www.safetyandquality.gov.au/publications-and-resources/resource-library/break-chain-infection-poster-a3



- *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
- *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

AUSTRALIAN COMMISSION
ON SAFETY AND QUALITY IN HEALTH CARE

INFORMATION
for consumers

COVID-19 and face masks

Should I use a face mask?

Wearing face masks may protect you from droplets (small drops) when a person with COVID-19 coughs, speaks or sneezes, and you are less than 1.5 metres away from them. Wearing a mask will also help protect others if you are infected with the virus, but do not have symptoms of infection.

Wearing a face mask in Australia is recommended by health experts in areas where community transmission of COVID-19 is high, whenever physical distancing is not possible. Deciding whether to wear a face mask is your personal choice. Some people may feel more comfortable wearing a face mask in the community.

When thinking about whether wearing a face mask is right for you, consider the following:

- Face masks may protect you when it is not possible to maintain the 1.5 metre physical distance from other people e.g. on a crowded bus or train
- Are you older or do you have other medical conditions like heart disease, diabetes or respiratory illness? People in these groups may get more severe illness if they are infected with COVID-19
- Wearing a face mask will reduce the spread of droplets from your coughs and sneezes to others (however, if you have any cold or flu-like symptoms you should stay home)
- A face mask will not provide you with complete protection from COVID-19. You should also do all of the other things listed below to prevent the spread of COVID-19.

What can you do to prevent the spread of COVID-19?

Stopping the spread of COVID-19 is everyone's responsibility. The most important things that you can do to protect yourself and others are to:

- Stay at home when you are unwell, with even mild respiratory symptoms
- Regularly wash your hands with soap and water or use an alcohol-based hand rub
- Do not touch your face
- Do not touch surfaces that may be contaminated with the virus
- Stay at least 1.5 metres away from other people (physical distancing)
- Cover your mouth when you cough by coughing into your elbow, or into a tissue. Throw the tissue away immediately.

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, a COVID status monitor, a risk monitoring dashboard and evidence checks on a discrete topic or question relating to the current COVID-19 pandemic. There is also a 'Living evidence' section summarising key studies and emerging evidence on **COVID-19 vaccines** and **SARS-CoV-2 variants**. The most recent updates include:

- ***COVID-19 vaccines in Australia*** – What is the evidence on COVID-19 vaccines in Australia?
- ***Paediatric respiratory infections*** – What is the evidence for paediatric respiratory infections after lockdown and school reopening during COVID-19?
- ***Deep cleans*** – What is the evidence for fomite transmission and deep cleaning of COVID-19?
- ***Post-acute sequelae of COVID-19*** – What is the evidence on the post-acute sequelae of COVID-19?
- ***Sotrovimab*** –What is the evidence for sotrovimab as a treatment for COVID-19?

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