AUSTRALIAN COMMISSION ON SAFETY AND QUALITY IN HEALTH CARE

On the Radar

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On the Radar
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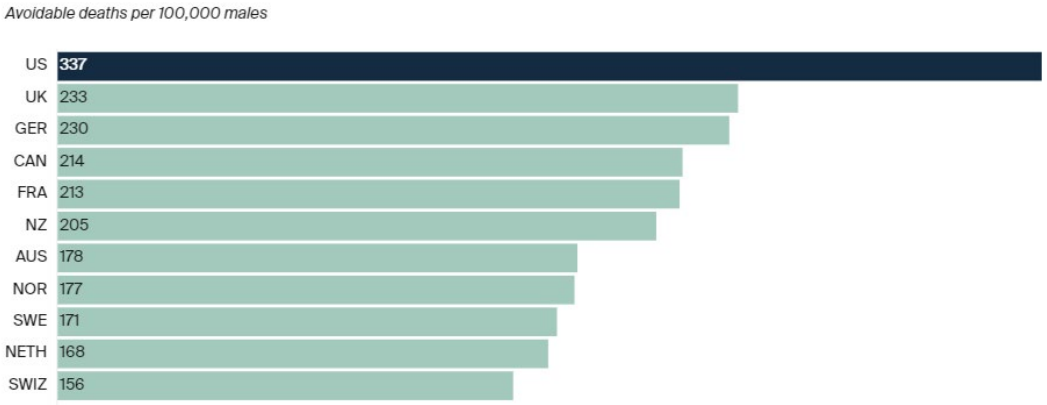
Reports

Are Financial Barriers Affecting the Health Care Habits of American Men?: A Comparison of Health Care Use, Affordability, and Outcomes Among Men in the U.S. and Other High-Income Countries
Gunja MZ, Gumas ED, Williams RD II
New York: Commonwealth Fund; 2022.

URL	https://doi.org/10.26099/d5an-1g87
Notes	The Commonwealth Fund in the USA regular conducts surveys of the health systems of the USA and a number of comparable nations, including Australia. The survey reported in this Issues Brief looked at the experience and outcomes for male patients reported in the 2020 survey. These surveys tend to find that US healthcare comes at a higher cost and with more varied outcomes than in many of the compactor nations. Australia tends to do quite well in these comparisons with issues of out-of-pocket costs and variation emerging. In this instance, Australia falls in the middle rankings in many of the measures. However, Australia performs less well in a number, including percentage of adult men age who reported having two or more chronic conditions, percentage of adult men who reported having a mental health need, and cost issues.

The Promise of Digital Health: Then, Now, and the Future. NAM Perspectives. Discussion Paper
Abernethy A, Adams L, Barrett M, Bechtel C, Brennan P, Butte A, et al.
Washington, DC: National Academy of Medicine; 2022.

DOI	https://doi.org/10.31478/202206e
Notes	The National Academy of Medicine in the USA has released this discussion paper that evaluates the promise or potential of digital health. The paper 'aims to provide a comprehensive review of digital health tools and their promise and to identify critical priorities for cooperation and collaboration among policy makers and industry leaders.' The authors hope to: • 'highlight the compelling possibilities and unresolved challenges for advancing trustworthy digital technology for the benefit of all people at every stage of their lives; • underscore the importance of ensuring that the benefits are equally shared across society; • identify the structural, technical, and policy preconditions for long-term progress; and • identify critical priorities for cooperation and collaboration between policy makers, practitioners, and industry leaders to propel the development and application of best-in-class digital health tools.'

Journal articles

How safe are paediatric emergency departments? A national prospective cohort study
Plint AC, Newton AS, Stang A, Cantor Z, Hayawi L, Barrowman N, et al.
BMJ Quality &Safety. 2022 [epub].

DOI	https://dx.doi.org/10.1136/bmjqs-2021-014608
Notes	This Canadian study sought to 'estimate the risk and type of adverse events, as well as their preventability and severity, for children treated in a paediatric emergency department.' This prospective, multicentre cohort study enrolled 6376 children presenting for care during one of 168 8-hour study shifts across nine paediatric emergency departments in Canada. The authors report that 179 children 'had at least one adverse event. There were 187 adverse events in total; 143 (76.5%, 95% CI 68.9% to 82.7%) were deemed preventable. Management (n=98, 52.4%) and diagnostic issues (n=36, 19.3%) were the most common types of adverse events.'

Addressing Well-being Throughout the Health Care Workforce: The Next Imperative
Rotenstein LS, Berwick DM, Cassel CK
JAMA. 2022 [epub].

Fronting up to the problems: what can be done to improve the wellbeing of NHS staff?
Edwards N, Cowper A
London: Nuffield Trust; 2022.

DOI	Rotenstein et al https://doi.org/10.1001/jama.2022.12437 Edwards and Cowper https://www.nuffieldtrust.org.uk/news-item/fronting-up-to-the-problems-what-can-be-done-to-improve-the-wellbeing-of-nhs-staff
Notes	The last couple of years of the COVID-19 pandemic have placed a huge burden on healthcare workers. This has seen a recognition of the stresses and an awareness of the need to consider the wellbeing of healthcare workers. This is seen in articles such as Rotenstein et al and the recent report from the UK's Nuffield Trust (Edwards and Cowper). Some of this work builds upon concerns about burnout and the extension of the IHI's 'triple aim' (https://www.ihi.org/engage/initiatives/TripleAim/Pages/default.aspx) to a quadruple aim that sought to address clinician burnout and evoke a 'joy in work' (https://www.ihi.org/resources/Pages/IHIWhitePapers/Framework-Improving-Joy-in-Work.aspx). Rotenstein et al observe that 'the coronavirus pandemic has underscored the need to attend to the well-being of the entire health care workforce, including nursing assistants, transport personnel, clerical staff, and others.' They argue that 'time is ripe to address well-being through a wider lens.' They call for 'Effective steps [that] will blend measurement, work unit redesign, and addressing inequity to improve the health of patients, the health care system, and all the people who make health care possible.' In the UK, Edwards and Cowper note that 'A large-scale survey of the impact of the pandemic on the short and long-term health and wellbeing of all staff found high rates of probable post-traumatic stress disorder (PTSD) (36%), probable common mental disorders (51%) and alcohol misuse (18%). The pandemic has exacerbated existing issues and brought new pressures and 'it has highlighted the importance of practices and approaches that staff require for their health and wellbeing regardless of whether or not there is a pandemic.' They also observe that 'Successful organisations pay attention to the basics of staff experience, the development and support of middle management and supervisors…, high quality internal communications, well-designed programmes and rapid and repeated measurement.' Edwards and Cowper also refer to the *The courage of compassion: Supporting nurses and midwives to deliver high-quality care* report from the King's Fund (https://www.kingsfund.org.uk/publications/courage-compassion-supporting-nurses-midwives) that was included in On the Radar issue 562. That report observed "To ensure wellbeing and motivation at work, and to minimise workplace stress, research evidence suggests that people have three core needs: • **autonomy** – the need to have control over their work lives, and to be able to act consistently with their values • **belonging** – the need to be connected to, cared for, and caring of others around them at work, and to feel valued, respected and supported • **contribution**– the need to experience effectiveness in what they do and deliver valued outcomes.'

Management of Acute Coronary Syndromes in Patients in Rural Australia: The MORACS Randomized Clinical Trial
Dee F, Savage L, Leitch JW, Collins N, Loten C, Fletcher P, et al
JAMA Cardiology. 2022;7(7):690-698.

Improving the Detection of ST-Segment Elevation Myocardial Infarction in Rural Settings: When Texting Saves Lives
Ofoma UR, Joynt Maddox KE
JAMA Cardiology. 2022;7(7):698-699.

DOI	Dee et al https://doi.org/10.1001/jamacardio.2022.1188 Ofoma and Joynt Maddox https://doi.org/10.1001/jamacardio.2022.1195
Notes	The item in *JAMA Cardiology* by Dee at al focuses on an intervention in rural New South Wales that saw a decision support service with the aim of improving diagnosis of ST-segment elevation myocardial infarction (STEMI) in rural hospitals without emergency medicine specialists. The study was a 'cluster randomized clinical trial that included 29 hospital emergency departments (EDs) in rural Australia with no emergency medicine specialists, which were randomized to usual care vs automatically triggered diagnostic support from the tertiary referral hospital (management of rural acute coronary syndromes [MORACS] intervention)'. The study included 6429 patients over the period December 2018 to April 2020. Among the results reported, was that 'Missed diagnosis of STEMI occurred in 27 of 77 presentations (35%) in usual care hospitals and 0 of 46 (0%) in MORACS hospitals (P < .001)'. This and the other results led the authors to conclude that the 'MORACS diagnostic support service reduced the proportion of missed STEMI and improved the rates of primary reperfusion therapy. Accurate diagnosis of STEMI was associated with lower mortality.' As the related editorial (Ofoma and Joynt Maddox) notes, these 'results of the intervention were striking'. Furthermore, 'While this trial was conducted in Australia, it has international implications' as issues of remoteness and rural-urban disparities are not unique to Australia and such interventions may be implemented elsewhere.

For information on the Commission's *Acute Coronary Syndromes Clinical Care Standard*, see https://www.safetyandquality.gov.au/our-work/clinical-care-standards/acute-coronary-syndromes-clinical-care-standard

Early detection and treatment of acute illness in medical patients with novel software: a prospective quality improvement initiative
Burns J, Williams D, Mlinaritsch D, Koechlin M, Canning T, Neitzel A
BMJ Open Quality. 2022;11(3):e001845.

DOI	http://dx.doi.org/10.1136/bmjoq-2022-001845
Notes	Paper reporting on the development of an algorithm and software tool for detecting 'the sentinel change in a deteriorating patient's clinical condition' so as to prompt action and 'improve patient care, outcomes and save healthcare resources.' The study was conducted over a year in a '40 bed medical floor in a 300 bed Canadian tertiary care regional referral hospital.' The authors report a 'a decrease in the transfer of patients from the medical ward to the ICU' and a reduction in 'time to clinical intervention on a medical ward.'

For information on the Commission's work on recognising and responding to deterioration, see https://www.safetyandquality.gov.au/our-work/recognising-and-responding-deterioration

Achieving Diagnostic Excellence for Cancer: Symptom Detection as a Partner to Screening
Sarma EA, Walter FM, Kobrin SC
JAMA. 2022.

DOI	https://doi.org/10.1001/jama.2022.11744
Notes	The latest in JAMA's items on diagnostic excellence examines diagnostic excellence for cancer. While screening programs have become an important tool in addressing human cancers, many cancers are detected after people present with signs and symptoms of their cancer. The authors observe that '3. Earlier diagnosis of symptomatic cancers could improve outcomes, minimize costs, and reduce disparities in cancer outcomes'. They suggest that 'challenges exist along the diagnostic pathway for cancer', but 'the UK provides an example of how challenges for diagnosing symptomatic cancers can be overcome' and that strategies could combine screening and early diagnosis of symptomatic cancers to improve diagnostic excellence and reduce cancer deaths should be adopted.

BMJ Quality & Safety
July 2022 Volume 31 Issue 7

URL	https://qualitysafety.bmj.com/content/31/7
Notes	A new issue of *BMJ Quality & Safety* has been published. Many of the papers in this issue have been referred to in previous editions of *On the Radar* (when they were released online). Articles in this issue of *BMJ Quality & Safety* include: • Editorial: Value of a **value culture survey for improving healthcare quality** (Sara J Singer) • Editorial: Indirect effects of the **COVID-19 pandemic on people with type 2 diabetes**: time to urgently move into a recovery phase (Eszter P Vamos, Kamlesh Khunti) • Editorial: **Outsourcing care to the private sector**: some reassuring evidence on patient outcomes (Alex Bottle, John Browne) • Editorial: **Adding value to the diagnostic process** (Laurien Kuhrij, Perla J Marang-van de Mheen) • Development and pilot testing of survey items to assess the **culture of value and efficiency in hospitals and medical offices** (Joann Sorra, Katarzyna Zebrak, Naomi Yount, Theresa Famolaro, Laura Gray, Martha Franklin, Scott Allan Smith, Suzanne Streagle) • Impact of **COVID-19 restrictions on diabetes health checks and prescribing for people with type 2 diabetes**: a UK-wide cohort study involving 618 161 people in primary care (Matthew J Carr, Alison K Wright, Lalantha Leelarathna, Hood Thabit, Nicola Milne, Naresh Kanumilli, Darren M Ashcroft, Martin K Rutter) • **Outcomes for surgical procedures** funded by the English health service but **carried out in public versus independent hospitals**: a database study (Hannah Crothers, Adiba Liaqat, Katharine Reeves, Samuel I Watson, Suzy Gallier, Kamlesh Khunti, Paul Bird, Richard Lilford) • Filling a gap in safety metrics: development of a patient-centred framework to identify and categorise **patient-reported breakdowns related to the diagnostic process in ambulatory care** (Sigall K Bell, Fabienne Bourgeois, Catherine M DesRoches, Joe Dong, Kendall Harcourt, Stephen K Liu, Elizabeth Lowe, Patricia McGaffigan, Long H Ngo, Sandy A Novack, James D Ralston, Liz Salmi, Suz Schrandt, Sue Sheridan, Lauge Sokol-Hessner, Glenda Thomas, Eric J Thomas)

	• Optimising **GPs' communication of advice to facilitate patients' self-care and prompt follow-up** when the diagnosis is uncertain: a realist review of 'safety-netting' in primary care (Claire Friedemann Smith, Hannah Lunn, Geoff Wong, Brian D Nicholson)

BMJ Quality & Safety
August 2022 Volume 31 Issue 8

URL	https://qualitysafety.bmj.com/content/31/8
Notes	A new issue of *BMJ Quality & Safety* has been published. Many of the papers in this issue have been referred to in previous editions of *On the Radar* (when they were released online). Articles in this issue of *BMJ Quality & Safety* include: • Editorial: The Evolving **Economics of Implementation** (Kathleen Knocke, Todd W Wagner) • 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: **Inequalities exacerbated**: an all-too-familiar story (Jonathan Stokes) • Editorial: **Transition of care from adult intensive care** settings – implementing interventions to improve medication safety and patient outcomes (Suzanne McCarthy, Raisa Laaksonen, Virginia Silvari) • Cost-effectiveness of a quality improvement project, including simulation-based training, on reducing door-to-needle times in **stroke thrombolysis** (Soffien Chadli Ajmi, Martin W Kurz, Hege Ersdal, Thomas Lindner, Mayank Goyal, S Barry Issenberg, Corinna Vossius) • Concordance with urgent referral guidelines in **patients presenting with any of six 'alarm' features of possible cancer**: a retrospective cohort study using linked primary care records (Bianca Wiering, Georgios Lyratzopoulos, Willie Hamilton, John Campbell, Gary Abel) • Socioeconomic deprivation and ethnicity inequalities in disruption to **NHS hospital admissions during the COVID-19 pandemic**: a national observational study (Max Warner, Samantha Burn, George Stoye, Paul P Aylin, Alex Bottle, Carol Propper) • **Evaluating patient-reported outcome measures** in Peru: a cross-sectional study of satisfaction and net promoter score using the 2016 EnSuSalud survey (Hannah H Leslie, Hwa-Young Lee, Brittany Blouin, Margaret E Kruk, Patricia J García) • Medication-related interventions to improve **medication safety and patient outcomes on transition from adult intensive care** settings: a systematic review and meta-analysis (Richard S Bourne, Jennifer K Jennings, Maria Panagioti, Alexander Hodkinson, Anthea Sutton, Darren M Ashcroft)

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: • **How safe are paediatric emergency departments?** A national prospective cohort study (Amy C Plint, Amanda S Newton, Antonia Stang, Zach Cantor, Lamia Hayawi, Nick Barrowman, Kathy Boutis, Serge Gouin, Quynh Doan, Andrew Dixon, Robert Porter, Gary Joubert, Scott Sawyer, Tyrus Crawford, Jocelyn Gravel, Maala Bhatt, Patrick Weldon, Kelly Millar, Sandy Tse, Gina Neto, Simran Grewal, Melissa Chan, Kevin Chan, Grant Yung, Jennifer Kilgar, Tim Lynch, Mary Aglipay, Dale Dalgleish, Ken Farion, Terry P Klassen, David W Johnson, Lisa A Calder for Pediatric Emergency Research Canada (PERC) • Editorial: Why identifying **adverse events in paediatric emergency care matters** (Kenneth A Michelson, Richard T Griffey) • Editorial: **Peer review of quality of care**: methods and metrics (Julian Bion, Joseph Edward Alderman) • Engagement and fidelity of a **cardiovascular disease prevention-focused digital health intervention** in cardiology outpatient waiting rooms: a mixed-methods study (Daniel Mcintyre, Jason Chiang, Aravinda Thiagalingam, Allison Tong, Clara Kayei Chow)

Online resources

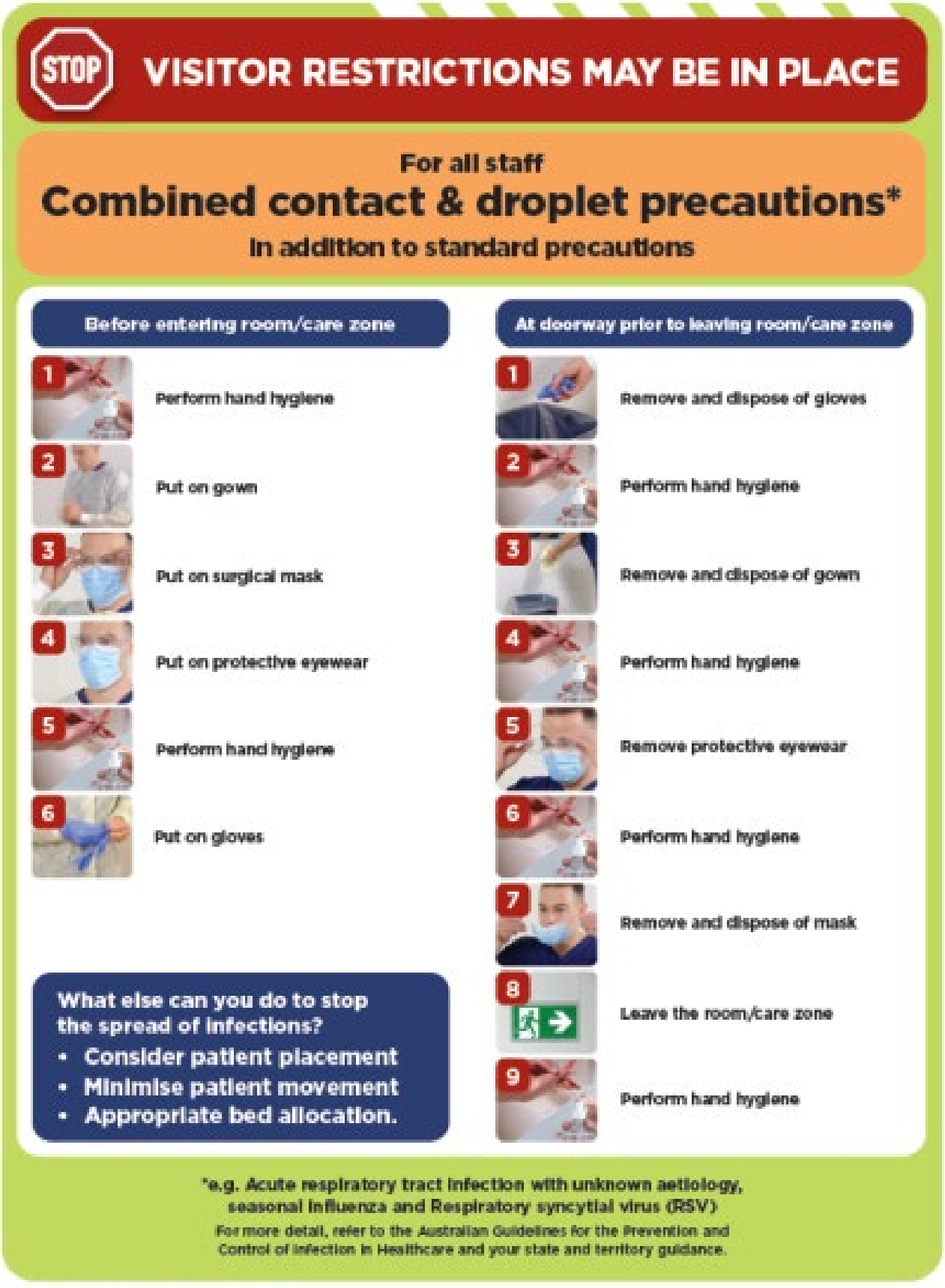
[UK] NICE Guidelines and Quality Standards
https://www.nice.org.uk/guidance
The UK's National Institute for Health and Care Excellence (NICE) has published new (or updated) guidelines and quality standards. The latest reviews or updates are:

- NICE Guideline NG164 *COVID-19 rapid guideline:* ***haematopoietic stem cell transplantation***
  https://www.nice.org.uk/guidance/ng164

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 resources include:

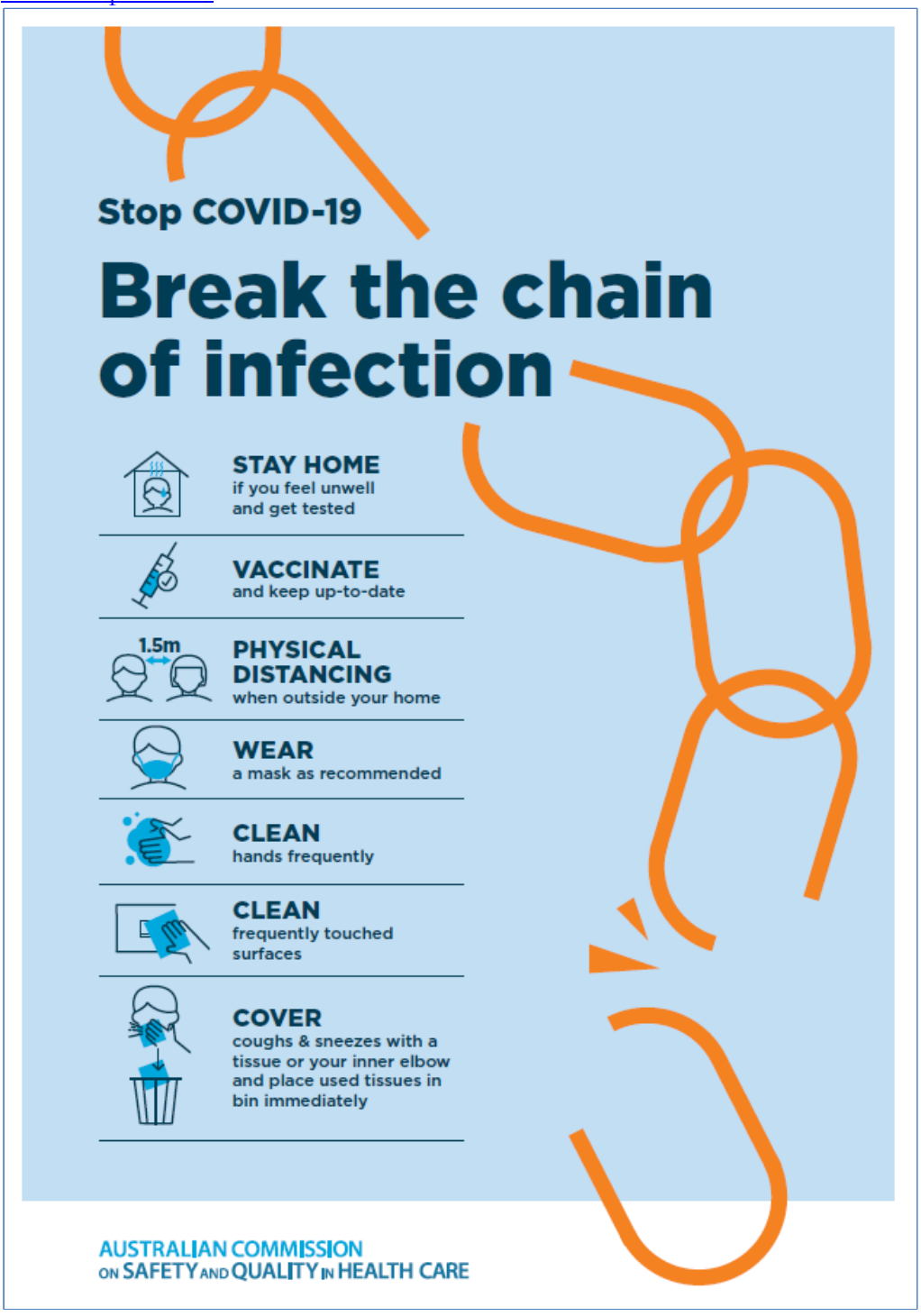
- ***OVID-19 infection prevention and control risk management*** This primer provides an overview of three widely used tools for investigating and responding to patient safety events and near misses. Tools covered in this primer include incident reporting systems, Root Cause Analysis (RCA), and Failure Modes and Effects Analysis (FMEA).
  https://www.safetyandquality.gov.au/publications-and-resources/resource-library/covid-19-infection-prevention-and-control-risk-management-guidance
- ***Poster – Combined contact and droplet precautions***
  https://www.safetyandquality.gov.au/publications-and-resources/resource-library/infection-

prevention-and-control-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:

- ***Exercise and long COVID*** – Is exercise helpful in individuals with long COVID? Is post-exertional symptom exacerbation a risk in long COVID?
- ***Influenza and seasonal prophylaxis with oseltamivir*** – What is the place or evidence for seasonal influenza prophylaxis (such as taking oseltamivir for 10 to 12 weeks continuously) in healthcare and aged care settings?
- ***Rapid access models of care for respiratory illnesses*** – What is the evidence for rapid access models of care for respiratory illnesses, especially during winter seasons, in emergency departments?
- ***Current and emerging patient safety issues during COVID-19*** – What is the evidence on the current and emerging patient safety issues arising from the COVID-19 pandemic?
- ***Post-acute sequelae of COVID-19*** – What is the evidence on the post-acute sequelae of COVID-19?
- ***Emerging variants*** – What is the available evidence for emerging variants?
- ***Chest pain or dyspnoea following COVID-19 vaccination*** – What is evidence for chest pain or dyspnoea following COVID-19 vaccination?
- ***Cardiac investigations and elective surgery post-COVID-19*** – What is evidence for cardiac investigations and elective surgery post-COVID-19?
- ***Breathlessness post COVID-19*** – How to determine those patients who present with ongoing breathlessness in need of urgent review or intervention due to suspected pulmonary embolus?
- ***COVID-19 pandemic and influenza*** – What is the evidence for COVID-19 pandemic and influenza?
- ***Budesonide and aspirin for pregnant women with COVID-19*** – What is the evidence for the use of Budesonide for pregnant women with COVID-19? What is the evidence for aspirin prophylaxis for pre-eclampsia in pregnant women with a COVID-19 infection?
- ***COVID-19 vaccines in Australia*** – What is the evidence on COVID-19 vaccines in Australia?
- ***COVID-19 pandemic and wellbeing of critical care and other healthcare workers*** – Evidence in brief on the impact of the COVID-19 pandemic on the wellbeing of critical care and other healthcare workers.

- *Surgery post COVID-19* – What is the evidence for the timing of surgery, and outcomes following surgery, for people who have recovered from COVID-19?
- *Disease modifying treatments for COVID-19 in children* – What is the evidence for disease modifying treatments for COVID-19 in children?
- *Mask type for COVID-19 positive wearer* – What is the evidence for different mask types for COVID-19 positive wearers?
- *Post acute and subacute COVID-19 care* – What published advice and models of care are available regarding post-acute and subacute care for COVID-19 patients?
- *Hospital visitor policies* – What is the evidence for hospital visitor policies during and outside of the COVID-19 pandemic?
- *Surgical masks, eye protection and PPE guidance* –What is the evidence for surgical masks in the endemic phase in hospitals and for eyewear to protect against COVID-19?
