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On the Radar

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On the Radar
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Reports

WHO List of Medically Important Antimicrobials: A risk management tool for mitigating antimicrobial resistance due to non-human use
World Health Organization
Geneva: WHO; 2024. p. 41.

URL	https://www.who.int/news/item/08-02-2024-who-medically-important-antimicrobial-list-2024
Notes	The World Health Organization (WHO) has released this document as an update of the 2019 "Critically important antimicrobials for human medicine, 6th revision". This list has been created to guide international, national, and subnational (local, state, provincial) antimicrobial stewardship efforts. It complements the WHO AWaRe (Access, Watch, Reserve) framework and antibiotic book (https://www.who.int/publications/i/item/WHO-MHP-HPS-EML-2022.02) which provide guidance on appropriate use of essential antibiotics within the human health sector.

	According to the WHO, the list categorises antimicrobial classes based on their importance for human medicine and according to the antimicrobial resistance (AMR) risk and potential human health implications of their use in non-human sectors: critically important, highly important, and important to human medicine. The publication is intended to serve as a reference tool to support decision-making by national regulators and policymakers in ministries of health and agriculture, authorities responsible for regulating, monitoring, and assuring the responsible and prudent use of antimicrobials, and professional prescribers in different sectors.

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

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

Making Healthcare Safer IV: Computerized Clinical Decision Support To Prevent Medication Errors and Adverse Drug Events. Rapid Review
Syrowatka A, Motala A, Lawson E, Shekelle PG
Rockville, MD: Agency for Healthcare Research and Quality; 2024. p. 77.

DOI	https://doi.org/10.23970/AHRQEPC_MHS4MEDERROR
Notes	As part of the Making Healthcare Safer IV initiative, the US Agency for Healthcare Research and Quality (AHRQ) commissioned this rapid review examining 'the evidence on the effects of computerized clinical decision support systems (CDSSs) on the prevention of medication errors and adverse drug events, related implementation outcomes such as rates of medication alert overrides, and unintended consequences of use.' The review focused on 33 studies, including 27 systematic reviews, one overview of reviews, and five primary studies. The conclusions of this rapid review were: 'Overall, CDSSs reduce medication errors and adverse drug events, with moderate- and low-certainty evidence, respectively. However, there were several unintended consequences of CDSS implementation and use. The evidence of benefits and harms was generally reported in different studies with varying contexts, making the net benefit difficult to estimate.'

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

Journal articles

Too much versus too little: looking for the "sweet spot" in optimal use of diagnostic investigations
Scott IA, Crock C, Twining M
Medical Journal of Australia 2024;220(2):67-70.

DOI	https://doi.org/10.5694/mja2.52193
Notes	Perspectives piece in the *Medical Journal of Australia* reflecting on how best to use diagnostic testing. The authors start the piece with the observations 'Failure to order diagnostic tests when indicated, or misinterpreting their results, can lead to diagnostic errors and adverse outcomes. In contrast, overuse of tests generates more false positive results, increases risk of immediate harm (eg, allergic contrast reaction) and promotes overdiagnosis of benign incidental abnormalities, resulting in unnecessary disease labelling and further test and treatment cascades.'

<table>
<tr><td></td><td>In exploring the issues around diagnostics, the authors discuss value and appropriateness as 'Finding the sweet spot between underuse and overuse of diagnostic tests is essential for enhancing appropriate use of investigations and improving patient wellbeing.' These and other issues are covered in sections including:
• Questioning the role of testing
• Choosing tests according to patient preferences and treatment options
• Understanding pre-test probability and test performance
• Avoiding misinterpretation of mildly abnormal or normal test results
• Using diagnostic decision support tools
• Ordering and sequencing tests appropriately
• Responding appropriately to diagnostic uncertainty
• Applying system-level strategies for optimising the use of investigations.</td></tr>
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Assessing the safety of a new clinical decision support system for a national helpline
Luckraj N, Strazzari R, Coiera E, Magrabi F
Studies in Health Technology and Informatics. 2024;310:514-518.

DOI	https://doi.org/10.3233/shti231018
Notes	Paper describing the assessment of a new clinical decision support system (CDSS) for nurses on Australia's national consumer helpline HealthDirect. The study used a set of standardised patient vignettes to assess the accuracy and safety of triage advice and compared the performance of the new CDSS and the existing CDSS. Among the results reported was that 'The new CDSS triaged 66% of vignettes correctly compared to 57% by the existing CDSS.' The authors consider that 'Overall performance of the new CDSS appears consistent and comparable with current studies. The new CDSS is at least as safe as the old CDSS.'

Towards better patient care: drugs to avoid in 2024
Prescrire International 2024;33(256):50-53.

URL	https://english.prescrire.org/en/SummaryDetail.aspx?Issueid=256 https://english.prescrire.org/en/DAFEAE6270127C102DF462B5AA4A0659/Download.aspx
Notes	The first issue of *Prescrire International* for 2024 contains its 'annual update of drugs to avoid.' The piece states that 'Prescrire's assessment of a drug's harm-benefit balance in a given situation is underpinned by a rigorous procedure based on: a systematic and reproducible literature search; data on patient-relevant outcomes; prioritisation of the highest-level evidence; comparison with standard treatment, if one exists; and appraisal of the drug's known, foreseeable and suspected adverse effects.' The 2024 review covers 'all the drugs examined by Prescrire between 2010 and 2023 that are authorised in the European Union or in France. It consists of 105 drugs that are more harmful than beneficial in all their approved indications.'

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

Prevalence, contributing factors, and interventions to reduce medication errors in outpatient and ambulatory settings: a systematic review
Naseralallah L, Stewart D, Price M, Paudyal V
International Journal of Clinical Pharmacy. 2023;45(6):1359-1377.

DOI	https://doi.org/10.3233/shti231018
Notes	This review examined the 'peer-reviewed literature on the prevalence, nature, contributory factors, and interventions to minimize medication errors in outpatient and ambulatory settings'. Focusing on 24 studies, the authors report that while the studies reported prevalence range was wide, 'Medication errors (particularly prescribing errors and dosing errors) in outpatient settings are prevalent'.

Health Expectations
Volume 27, Number 1, February 2024

URL	https://onlinelibrary.wiley.com/toc/13697625/2024/27/1
Notes	A new issue of *Health Expectations* has been published. Articles in this issue of *Health Expectations* include: - A qualitative evaluation of a **co-design process** involving young people at risk of suicide (Michelle Kehoe, Rick Whitehead, Kathleen de Boer, Denny Meyer, Liza Hopkins, Maja Nedeljkovic) **Codesigning implementation strategies** to improve evidence-based stroke rehabilitation: A feasibility study (Elizabeth A Lynch, Lemma N Bulto, Maria West, Dominique A Cadilhac, Fawn Cooper, Gillian Harvey) - Creating **safer cancer care** with ethnic minority patients: A qualitative analysis of the experiences of cancer service staff (Ashfaq Chauhan, Bronwyn Newman, Elizabeth Manias, Kathryn Joseph, Desiree Leone, Ramesh L Walpola, Holly Seale, Allen Ben Smith, Reema Harrison) - Exploring the experiences and preferences of **South Asian patients' of primary care** in England since COVID-19 (Nicola Small, Yumna Masood, Fiona Stevenson, Benjamin C Brown, Caroline Sanders, Brian McMillan, Helen Atherton, Tandrima Mazumdar, N Ara, H Haqqani, S Cheraghi-Sohi) - Co-design of the EMBED-Care Framework as an intervention to enhance **shared decision-making** for people affected by dementia and practitioners, comprising holistic assessment, linked with clinical decision support tools: A qualitative study (Jesutofunmi Aworinde, Catherine J Evans, Juliet Gillam, Christina Ramsenthaler, N Davies, C Ellis-Smith, EMBED-Care Programme) - Co-producing a board game to learn and engage about **dementia inequalities**: First impacts on knowledge in the general population (Clarissa Giebel, Kerry Hanna, Hilary Tetlow, Mark Gabbay, Jacqui Cannon) - How and why do doctors **communicate diagnostic uncertainty**: An experimental vignette study (Caitríona Cox, Thea Hatfield, Zoë Fritz) **Perceived weight stigma in healthcare settings** among adults living with obesity: A cross-sectional investigation of the relationship with patient characteristics and person-centred care (Paige I Crompvoets, Anna P Nieboer, Elisabeth F C van Rossum, Jane M Cramm) - Knowledge-based representation: **Patient engagement in drug development** (Claudia Egher, Olga Zvonareva) - Managing understandings of **palliative care** as more than care immediately before death: Evidence from observational analysis of consultations (Holly Sansone, Stuart Ekberg, Sarah Lord, James Stevenson, K Martinez, P Yates)

- Item development for a **patient-reported measure of compassionate healthcare** in action (Eleanor Chatburn, Elizabeth Marks, Lucy Maddox)
- The lived experience of **withdrawal from Selective Serotonin Reuptake Inhibitor (SSRI) antidepressants**: A qualitative interview study (Raqeeb Mahmood, V Wallace, N Wiles, D Kessler, K S Button, G Fairchild, et al)
- What do parents think about the **quality and safety of care provided by hospitals to children and young people** with an intellectual disability? A qualitative study using thematic analysis (Natalie Ong, Abbie Lucien, Janet Long, Janelle Weise, Annette Burgess, Merrilyn Walton)
- 'Safety is about partnership': **Safety through the lens of patients and caregivers** (Kerry Kuluski, Maaike Asselbergs, Ross Baker, Katharina Kovacs Burns, Frances Bruno, Marianne Saragosa, A MacLaurin, V Flintoft, L Jeffs)
- **Participatory research with carers**: A systematic review and narrative synthesis (Bryher Bowness, Claire Henderson, Samia C Akhter Khan, Mia Akiba, Vanessa Lawrence)
- Evaluating **patient participation in value-based healthcare**: Current state and lessons learned (Henrike J Westerink, Mirjam M Garvelink, Cornelia F van Uden-Kraan, Ouisam Zouitni, Hans A J Bart, Philip J van der Wees, Paul B van der Nat, the Santeon Patient Participation Study Group)
- 'It's a job to be done'. Managing **polypharmacy at home**: A qualitative interview study exploring the experiences of older people living with frailty (Giorgia Previdoli, David P Alldred, Jonathan Silcock, Savi Tyndale-Biscoe, Daniel Okeowo, V-Lin Cheong, Beth Fylan)
- Development of **person-centred quality indicators for aged care assessment services** in Australia: A mixed methods study (Sandra Smith, Catherine Travers, Natasha Roberts, Melinda Martin-Khan)
- What guidance exists to support **patient partner compensation practices**? A scoping review of available policies and guidelines (Grace Fox, Dean A Fergusson, Ahmed Sadeknury, S G Nicholls, M Smith, D Stacey, M M Lalu)
- A systematic review of theories, models and frameworks used for **youth engagement in health research** (Sherald Sanchez, Rachel Thorburn, Marika Rea, Pamela Kaufman, Robert Schwartz, Peter Selby, Michael Chaiton)
- Uptake of a **self-guided digital treatment for depression and anxiety**: A qualitative study exploring patient perspectives and decision-making (Alana Fisher, Sylvia Eugene Dit Rochesson, Madelyne A Bisby, Amelia J Scott, Milena Gandy, Andreea Heriseanu, Nick Titov, Blake Dear)
- Experiences and views of **people who frequently call emergency ambulance services**: A qualitative study of UK service users (Bridie A Evans, Ashra Khanom, Adrian Edwards, Bethan Edwards, Angela Farr, Theresa Foster, Rachael Fothergill, Penny Gripper, Imogen Gunson, Alison Porter, Nigel Rees, Jason Scott, Helen Snooks, Alan Watkins)
- Coproduction of a resource sharing **public views of health inequalities**: An example of inclusive public and patient involvement and engagement (Charlotte Parbery-Clark, R Nicholls, L McSweeney, S Sowden, J Lally)
- **Public perspectives on inequality and mental health**: A peer research study (Vanessa Pinfold, Rose Thompson, Alex Lewington, Gillian Samuel, Sandra Jayacodi, Oliver Jones, Ami Vadgama, Achille Crawford, Laura E Fischer, Jennifer Dykxhoorn, Judi Kidger, Emily J Oliver, Fiona Duncan, Members of the SPHR Public Mental Health Programme)

- The **patient representation struggle during the COVID-19** pandemic: Missed opportunities for resilient healthcare systems (Hester van de Bovenkamp, Bert de Graaff, Karin Kalthoff, Roland Bal)
- The HUSH Project: Using codesign to reduce **sleep disruptions for patients** in hospital (Corey Adams, Ramesh Walpola, Anthony Schembri, R Harrison)
- We are not even allowed to call them patients anymore: Conceptions about **person-centred care** (Sylvia Määttä, Ida Björkman)
- Moving towards social inclusion: Engaging **rural voices in priority setting for health** (Aviva Tugendhaft, Nicola Christofides, Nicholas Stacey, Kathleen Kahn, Agnes Erzse, Marion Danis, Marthe Gold, Karen Hofman)
- Diversity in **patient and public involvement in healthcare research and education**—Realising the potential (Sarah Hatch, Jim Fitzgibbon, Amanda Jayne Tonks, Liz Forty)
- Operationalizing the principles of patient engagement through a **Patient Advisory Council**: Lessons and recommendations (Ingrid Nielssen, Maria Santana, Surakshya Pokharel, Kimberly Strain, Veronika Kiryanova, Sandra Zelinsky, Zoha Khawaja, Prachi Khanna, Anni Rychtera, Anshula Ambasta)

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: • Practice or perfect? **Coaching** for a growth mindset **to improve the quality of healthcare** (Laura Desveaux, Noah Ivers) • Why is safety in **intrapartum electronic fetal monitoring** so hard? A qualitative study combining human factors/ergonomics and social science analysis (Guillaume Lamé, Elisa Giulia Liberati, Aneurin Canham, Jenni Burt, Lisa Hinton, Tim Draycott, Cathy Winter, Francesca Helen Dakin, Natalie Richards, Lucy Miller, Janet Willars, Mary Dixon-Woods) • What can **Safety Cases** offer for patient safety? A multisite case study (Elisa Giulia Liberati, Graham P Martin, Guillaume Lamé, Justin Waring, Carolyn Tarrant, Janet Willars, Mary Dixon-Woods) • Quality and reporting of **large-scale improvement programmes**: a review of maternity initiatives in the English NHS, 2010–2023 (James McGowan, Bothaina Attal, Isla Kuhn, Lisa Hinton, Tim Draycott, Graham P Martin, Mary Dixon-Woods) • **Surgical informed consent practices** and influencing factors in sub-Saharan Africa: a scoping review of the literature (Chiara Pittalis, Cherie Sackey, Paul Okeny, Bip Nandi, Jakub Gajewski)

International Journal for Quality in Health Care online first articles

URL	https://academic.oup.com/intqhc/advance-articles
Notes	*International Journal for Quality in Health Care* has published a number of 'online first' articles, including: • Effects of Gait Adaptation Training on Augmented Reality Treadmill for **Patients with Stroke** in Community Ambulation (Yang Hang et al) • **Health System Performance Assessment**: Embedding resilience through performance intelligence (Dionne Kringos et al) • Holistic support for the **well-being of nurses** during health crisis in the Philippines (Dalmacito A Cordero)

Online resources

[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:

- *Computerized **Clinical Decision Support** To Prevent Medication Errors and Adverse Drug Events*
  https://effectivehealthcare.ahrq.gov/products/mhs4-computerized-cds/rapid-research

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
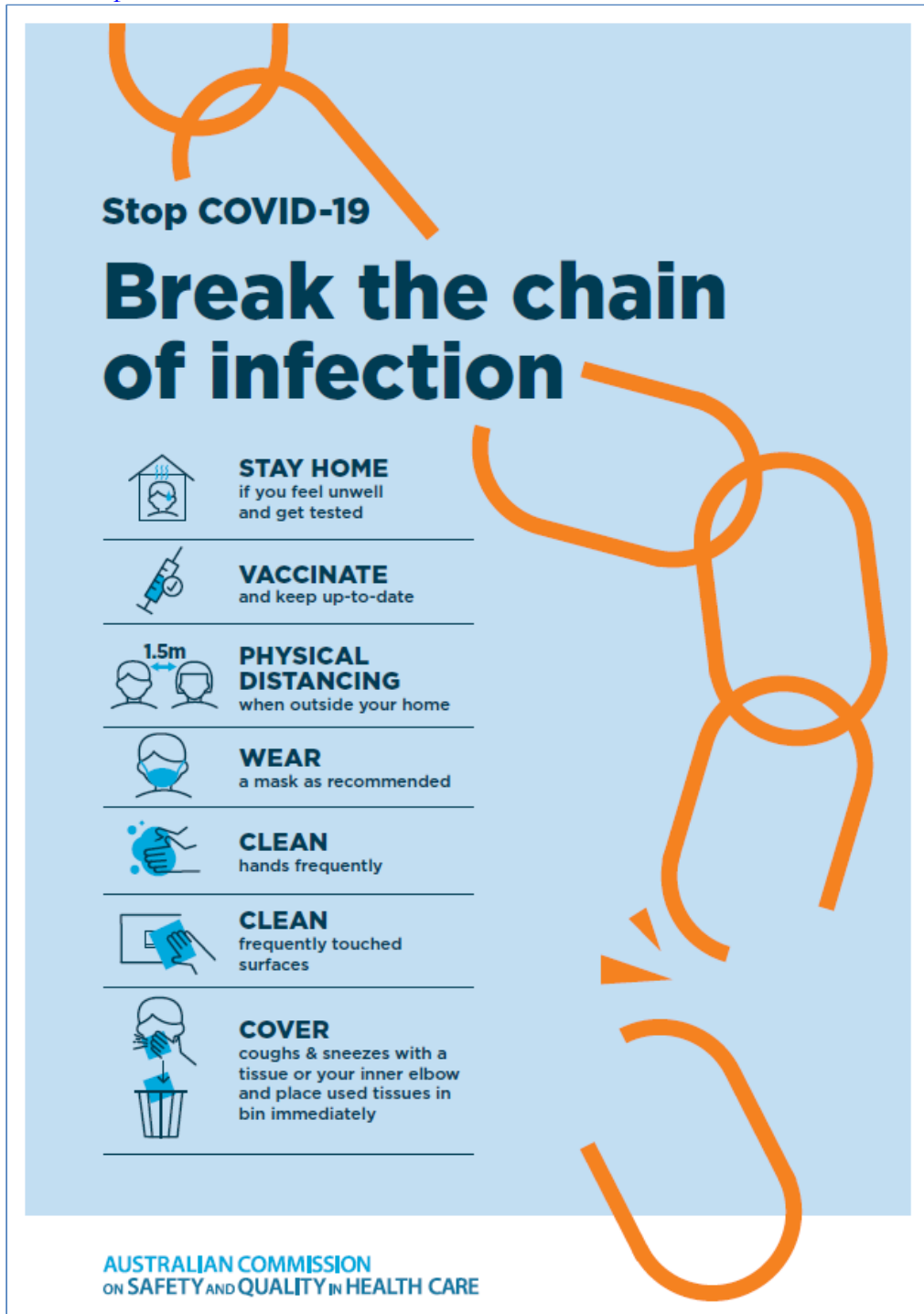
- *COVID-19 and face masks – Information for consumers*
  https://www.safetyandquality.gov.au/publications-and-resources/resource-library/covid-19-and-face-masks-information-consumers

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 Clinical Evidence Taskforce
https://clinicalevidence.net.au/
The National Clinical Evidence Taskforce is a multi-disciplinary collaboration of 35 member organisations – Australia's medical colleges and peak health organisations – who share a commitment to provide national evidence-based treatment guidelines for urgent and emerging diseases.
This alliance established the world's first 'living guidelines' for the care of people with COVID-19 and MPX.
Funding has now been discontinued for the National Clinical Evidence Taskforce and the COVID-19 guidelines as of 30 June 2023.
These guidelines are no longer continually updated but will remain online until the guidance becomes inaccurate and/or no longer reflects the evidence or recommended practice.

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