On the Radar

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On the Radar
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Psychotropic Medicines in Cognitive Disability or Impairment Clinical Care Standard
Australian Commission on Safety and Quality in Health Care
Sydney: ACSQHC; 2024. p. 96.
https://www.safetyandquality.gov.au/standards/clinical-care-standards/psychotropic-medicines-cognitive-impairment-and-disability-clinical-care-standard

On Thursday, 9 May the Australian Commission on Safety and Quality in Health Care released the first national *Psychotropic Medicines in Cognitive Disability or Impairment Clinical Care Standard*.

Psychotropic medicines have an important role to play in treating mental health conditions. However, these medicines are commonly used to manage behaviours of concern experienced by people with cognitive disability or impairment, despite the lack of evidence that they are effective for this purpose and their well-known risks. Whenever psychotropic medicines are used, safe use is paramount.

The Standard outlines clear steps to ensure the responsible and appropriate use of psychotropic medicines in people with cognitive disability or impairment. It represents a significant step towards ensuring safer, more effective treatment practices and upholding the rights and dignity of older people and people with disability.

Reports

Leveraging digital technology in healthcare. Research paper
Productivity Commission
Canberra: Productivity Commission; 20024. p. 108.

URL	https://www.pc.gov.au/research/completed/digital-healthcare
Notes	The Productivity Commission has produced this research paper looking at the role digital technology can play in improving patient outcomes and enhancing productivity in healthcare. The paper includes chapters looking specifically at Electronic health and medical records, Telehealth, Remote care and Artificial intelligence. The Productivity Commission suggest that 'better integrating digital technology into everyday practice could save more than $5 billion a year and ease pressures on our healthcare system'. It's claimed savings could be found through better use of data in electronic medical record systems by reducing the length of time patients spend in hospital, through fewer duplicated tests, automation of tasks to free time for patient care, etc. However, suggestions of savings may not be achieved as increasing capacity is often taken up by increasing throughput or demand.

Which technologies offer the biggest opportunities to save time in the NHS?
Moulds A, Horton T
London: The Health Foundation; 2024

URL	https://www.health.org.uk/publications/long-reads/which-technologies-offer-the-biggest-opportunities-to-save-time-in-the-nhs
Notes	Also looking at how technology can aid in time management in health care is this 'long read' from the Health Foundation in the UK. Using the results of 'a UK-wide clinical staff survey and expert interviews' the authors report that 'electronic health records (EHRs) and tools for professional-to-professional communication (including videoconferencing and digital messaging tools) ranked highest in terms of which technologies are saving staff time right now'. It was also found that clinical staff 'were on balance optimistic about the potential of artificial intelligence (AI) to save them time in their work within the next 5 years'. It is noted that 'Productivity gains will come not just from technology itself but from how well it is used' and that barriers in using technologies effectively include underlying IT and digital infrastructure and capability, as well as challenges with implementation and usage. It is suggested that 'Technology in the NHS is more likely to be successful if staff have greater involvement in demand signalling and the development and deployment of technologies.'

Getting the best out of the new world of remote and digital general practice
London: Nuffield Trust; 2024. p. 8.

Making remote healthcare safer
Greenhalgh T, Payne R, McCabe F
International Journal for Quality in Health Care. 2024;36(1):mzae023.

Examining telehealth through the Institute of Medicine quality domains: unanswered questions and research agenda
Guetterman TC, Buis LR
BMJ Quality & Safety. 2024.

URL	Nuffield Trust https://www.nuffieldtrust.org.uk/resource/getting-the-best-out-of-the-new-world-of-remote-and-digital-general-practice Greenhalgh et al https://doi.org/10.1093/intqhc/mzae023 Guetterman and Buis https://doi.org/10.1136/bmjqs-2023-016872
Notes	This briefing from the Nuffield Trust in the UK examined the role of remote consultations in primary care. Stemming from a research collaboration with by researchers from the Nuffield Trust, the University of Oxford and the University of Plymouth one of the key points in the briefing is that 'There are benefits of digital and remote care but they are hard won, and just having the technology does not achieve them. Huge effort is needed for implementation, and poorly designed digital services can be more inefficient. The way patients access general practice has to be carefully redesigned ensuring fair access for all; additional support for vulnerable patients; quality assurance and safe processes.' As Greenhalgh et al noted in a recent piece in the *International Journal for Quality in Health Care*, 'Remote healthcare can be safe and patient-focused. For it to be so requires appropriate technology; trained staff; careful triage to ensure the modality is appropriate for the nature and trajectory of the problem; and patients capable and confident, perhaps with support, to navigate the system and engage in the consultation.' (https://doi.org/10.1093/intqhc/mzae023) In an editorial in *BMJ Quality & Safety* (https://doi.org/10.1136/bmjqs-2023-016872) published online Guetterman and Buis also raise issues around telehealth implementation and discusses the evidence and the gaps in knowledge.

Journal articles

Quality and Safety in Nursing: Recommendations From a Systematic Review
Patrician PA, Campbell CM, Javed M, Williams KM, Foots L, Hamilton WM, et al
The Journal for Healthcare Quality (JHQ). 2024.

DOI	https://doi.org/10.1097/JHQ.0000000000000430
Notes	Paper reporting on a systematic review that sought to 'create evidence-based recommendations for the Q&S [Quality & Safety]] component of a nursing professional practice model for military hospitals'. Based on a review of 249 articles, the research project developed '94 recommendations for practice and identified eight focus areas from the literature: (1) communication; (2) adverse events; (3) leadership; (4) patient experience; (5) quality improvement; (6) safety culture/committees; (7) staffing/workload/work environment; and (8) technology/electronic health record'.

The epidemiology of dying within 48 hours of presentation to emergency departments: a retrospective cohort study of older people across Australia and New Zealand
Sweeny AL, Alsaba N, Grealish L, Denny K, Lukin B, Broadbent A, et al
Age and Ageing. 2024;53(4):afae067.

DOI	https://doi.org/10.1093/ageing/afae067
Notes	The authors of this study suggest that 'Emergency department (ED) clinicians are more frequently providing care, including end-of-life care, to older people'. The paper reports on a retrospective cohort study analysing data from 177 hospitals in Australia and New Zealand for 2018 that sought to 'estimate the need for ED end-of-life care for people aged ≥65 years, describe characteristics of those dying within 48 hours of ED presentation and compare those dying in ED with those dying elsewhere.' In the hospitals involved, 10,921 deaths in older people occurred. The study found: • The 48-hour mortality rate was 6.43 per 1,000 ED presentations • 28.1% died in ED • 26.4% had been triaged into less urgent triage categories. • Factors with an increased risk of dying in ED included age 65–74 years, ambulance arrival, most urgent triage categories, principal diagnosis of circulatory system disorder, and not identifying as an Aboriginal or Torres Strait Islander person. • Of the 7,677 older people admitted, half (n = 3,836, 50.0%) had an encounter for palliative care prior to, or during, this presentation.

For information on the Commission's work on end-of-life care, including resources such as the *National Consensus Statement: Essential elements for safe and high-quality end-of-life care, National Consensus Statement: Essential elements for safe and high quality paediatric end-of-life care* and the *End-of-Life Care Audit Toolkit*, see https://www.safetyandquality.gov.au/our-work/end-life-care

Patients' perspectives on quality and patient safety failures: lessons learned from an inquiry into transvaginal mesh in Australia
Motamedi M, Degeling C, M. Carter S
BMC Health Services Research. 2024;24(1):436.

DOI	https://doi.org/10.1186/s12913-024-10791-w
Notes	The use and impact of transvaginal mesh (TVM) become, as the authors of this piece say, 'a key example of worldwide failure of healthcare quality and patient safety'. This paper examines 'women's accounts of: a) how harms arose from TVM procedures, and b) micro, meso and macro factors that contributed to their experience'. From the analyses, the authors identify 'three mechanisms explaining quality and safety failure: 1. Individual clinicians could ignore cases of TVM injury or define them as 'non-preventable'; 2. Women could not go beyond their treating clinicians to participate in defining and governing quality and safety; and. 3. Health services set thresholds for concern based on proportion of cases harmed, not absolute number or severity of harms.' The authors also argue that 'Establishing system-wide expectations regarding responsiveness to patients, and communication of patient reported outcomes in evaluation of healthcare delivery, may help prevent similar failures.'

Journal for Healthcare Quality (JHQ)
Volume 46, Issue 3, May/June 2024

URL	https://journals.lww.com/jhqonline/toc/2024/06000
Notes	A new issue of the *Journal for Healthcare Quality (JHQ)* has been published. Articles in this issue of the *Journal for Healthcare Quality* include: **The CLABSI Playbook**: Design and Implementation of a Multipronged Approach to Decrease CLABSIs (Christian O Bohan, Joseph Mlinarich, Donna Hahn, Mark Shelly, Navneet Dang) - Identifying Barriers and Facilitators to **Veterans Affairs Whole Health Integration** Using the Updated Consolidated Framework for Implementation Research (Christine C Kimpel, Elizabeth Allen Myer, Anagha Cupples, Joanne Roman Jones, Katie J Seidler, Chelsea K Rick, Rebecca Brown, Caitlin Rawlins, Rachel Hadler, Emily Tsivitse, Mary Ann C Lawlor, Amy Ratcliff, Natalie R Holt, Carol Callaway-Lane, Kyler Godwin, Anthony H Ecker) - The Delivery Model of **Perceived Medical Service Quality** Based on Donabedian's Framework (Chun-Cheng Chen, Chih-Tung Hsiao, Dong-Shang Chang, Wei-Chen Lai) - Leveraging Ethnic Backgrounds to Improve Collection of **Race, Ethnicity, and Language Data** (Cory Hussain, Laura J Podewils, Nancy Wittmer, Ann Boyer, Maria C Marin, Rebecca L Hanratty, Romana Hasnain-Wynia) - Eliminating Hands-Off Handoffs: Improvement in **Perioperative Handoff Communication** With a Multidisciplinary Tool Initiative (David P Ebertz, Emily Steinhagen, Christine E Alvarado, Katherine Bingmer, Daniel Asher, Amy Berardinelli, John Ammori) - A Qualitative Study of Factors Influencing Hospital Participation in the **Healthcare Equality Index** (V Peter Abdow III, Julian K Marable, Eileen S Moore) **General Surgery Resuscitation Preference Documentation**: A Quality Improvement Initiative (Helen Jingshu Jin, Jennifer Koichopolos, Bradley Moffat, Patrick Colquhoun, Bronagh Morgan, Launa Elliot, Robert Sibbald, Terry Zwiep) - Using the Electronic Medical Record to Address **Code Status Documentation**: A Quality Improvement Project (John Sorge, Susan Szpunar, Theodore Daniel, Louis Saravolatz) - Urban Rural Differences on Accessing Patient- Centered Medical Home Among **Children With Mental/Developmental Health Conditions/Disorders** (Li Huang, Jarron Saint Onge, Sue-Min Lai)

Health Affairs
Volume 43, Number 5, May 2024

URL	https://www.healthaffairs.org/toc/hlthaff/43/5
Notes	A new issue of *Health Affairs* has been published with the theme 'Medicare, COVID-19 & More'. Articles in this issue of *Health Affairs* include: **Medicare Advantage Health Risk Assessments** Contribute Up To $12 Billion Per Year To Risk-Adjusted Payments (Hannah O James, Beth A Dana, Momotazur Rahman, Daeho Kim, A N Trivedi, C M Kosar, and D J Meyers) - Physician Group Practices Accrued Large Bonuses Under **Medicare's Bundled Payment Model**, 2018–20 (Sukruth A Shashikumar, Zoey Chopra, Jason D Buxbaum, Karen E Joynt Maddox, and Andrew M Ryan) - California's **COVID-19 Vaccine Equity Policy**: Cases, Hospitalizations, And Deaths Averted In Affected Communities (Christopher M Hoover, Emily Estus, Ada Kwan, K Raymond, T Sreedharan, T León, S Jain, and P B Shete) - Rural Hospitals Experienced More **Patient Volume Variability** Than Urban Hospitals During The COVID-19 Pandemic, 2020–21 (H Joanna Jiang, Rachel Mosher Henke, Kathryn R Fingar, Lan Liang, Denis Agniel, and M I Roemer) - Guaranteed Cash Incentives Boosted **COVID-19 Vaccinations** Of Young Adults: Evidence From West Virginia (Yin Wang, Charles Stoecker, Kevin Callison, and Julie Hernandez) **COVID-19 Vaccines**: Moderna And Pfizer-BioNTech Use Varied By Urban, Rural Counties (Katherine Wen, Daniel A Harris, Preeti Chachlani, Kaleen N Hayes, Ellen McCarthy, Andrew R Zullo, Renae L Smith-Ray, Tanya Singh, D A Djibo, C N McMahill-Walraven, J Hiris, R M Conti, J Gruber, and V Mor) - Protecting Patients And Society In An Era Of **Private Equity Provider Ownership**: Challenges And Opportunities For Policy (Christopher Cai, and Zirui Song) - Does **Assisted Living** Provide Assistance And Promote Living? (Sheryl Zimmerman, Robyn Stone, Paula Carder, and Kali Thomas) - States' **Abortion Laws** Associated With Intimate Partner Violence–Related Homicide Of Women And Girls In The US, 2014–20 (Maeve E Wallace, Charles Stoecker, Sydney Sauter, and Dovile Vilda) - The Impact Of **Telemedicine** On Medicare Utilization, Spending, And Quality, 2019–22 (Carter H Nakamoto, David M Cutler, Nancy D Beaulieu, Lori Uscher-Pines, and Ateev Mehrotra **Remote Physiologic Monitoring** Use Among Medicaid Population Increased, 2019–21 (Nathan Pauly, Puja Nair, and Jared Augenstein) **Extended Paid Maternity Leave** Associated With Improved Maternal Mental Health In Hong Kong (Ellie Bostwick Andres, Xinyu Du, Sharon Sze Lu Pang, Jiayi Noel Liang, Jiaxi Ye, Ming Hin Lee, Marie Tarrant, Sofie Shuk-Fei Yung, Janice M. Johnston, Kris Yuet Wan Lok, and Jianchao Quan) - Benefit Design And **Biosimilar Coverage** In Medicare Part D: Evidence And Implications From Recent Reforms (Luca Bertuzzi, and Luca Maini) - Licensure Policies May Help States Ensure Access To **Opioid Use Disorder Medication** In Specialty Addiction Treatment (Alene Kennedy-Hendricks, Minna Song, Alexander D McCourt, Joshua M. Sharfstein, Matthew D Eisenberg, and Brendan Saloner) 'Just Get A **Hysterectomy**' (Joyvina Evans)

Health Affairs Scholar
Volume 2, Issue 4, April 2024

URL	https://academic.oup.com/healthaffairsscholar/issue/2/4
Notes	A new issue of *Health Affairs Scholar* has been published. Articles in this issue of *Health Affairs Scholar* include: • Locations and characteristics of **pharmacy deserts** in the United States: a geospatial study (Rachel Wittenauer et al) • **Nursing home finances** associated with real estate investment trust and private equity investments (Dunc Williams et al) • Allocating **health care resources in jails and prisons** during COVID-19: a qualitative study of carceral decision-makers (Brandon Doan et al) • Socioeconomic and fiscal returns of expanded investment in immunization: a case for **life-course vaccination** in Colombia (Jose Alejandro Soto-Moreno et al) • Life cycle of **private equity investments in physician practices**: an overview of private equity exits (Yashaswini Singh et al) • Variation in **processes of care for total hip arthroplasty** across high-income countries (Laura Skopec et al) • Social determinants of health **Z-code documentation practices** in mental health settings: a scoping review (Rachele M Hendricks-Sturrup et al) • **Domestic violence**: prevention past due (Debbie I Chang • Selecting **patient-reported outcome measures**: "what" and "for whom" (Jason B Liu et al) • Re-envisioning **contributory health schemes** to achieve equity in the design of financial protection mechanisms in low- and middle-income countries (Muyiwa Tegbe et al) • National trends in billing **patient portal messages** as e-visit services in traditional Medicare (Terrence Liu et al)

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: 'This time is different': **physician knowledge in the age of artificial intelligence** (Gurpreet Dhaliwal) • Editorial: **Examining telehealth** through the Institute of Medicine quality domains: unanswered questions and research agenda (Timothy C Guetterman, Lorraine R Buis)

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: • **Patient Experience and Nurse Staffing** Level in South Korea (Yeongchae Song and Young Kyung Do) • Practice patterns and survival outcomes for **Muscle-Invasive Bladder Cancer:** real-life experience in a general population setting (S D Plouvier et al) • Investigating Drivers of **Telecare Acceptance** to Improve Healthcare Quality for Independently Living Older Adults (Walfried Lassar and Attila J Hertelendy)

Online resources

Australian Living Evidence Collaboration
https://livingevidence.org.au/

[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 include:
- NICE Guideline NG191 *COVID-19 rapid guideline:* **managing COVID-19**
  https://www.nice.org.uk/guidance/ng191

[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:
- **Fatigue and Sleepiness of Clinicians** *Due to Hours of Service*
  https://doi.org/10.23970/AHRQEPC_MHS4FATIGUE
  https://effectivehealthcare.ahrq.gov/products/fatigue-sleepiness/rapid-research
- **Active Surveillance Culturing** *of Clostridiodes difficile and Multidrug-Resistant Organisms: Methicillin-Resistant Staphylococcus aureus, Carbapenem-Resistant Enterobacterales, and Candida auris*
  https://doi.org/10.23970/AHRQEPC_MHS4CULTURING
  https://effectivehealthcare.ahrq.gov/products/mhs4-active-infection/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/infection-prevention-and-control-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
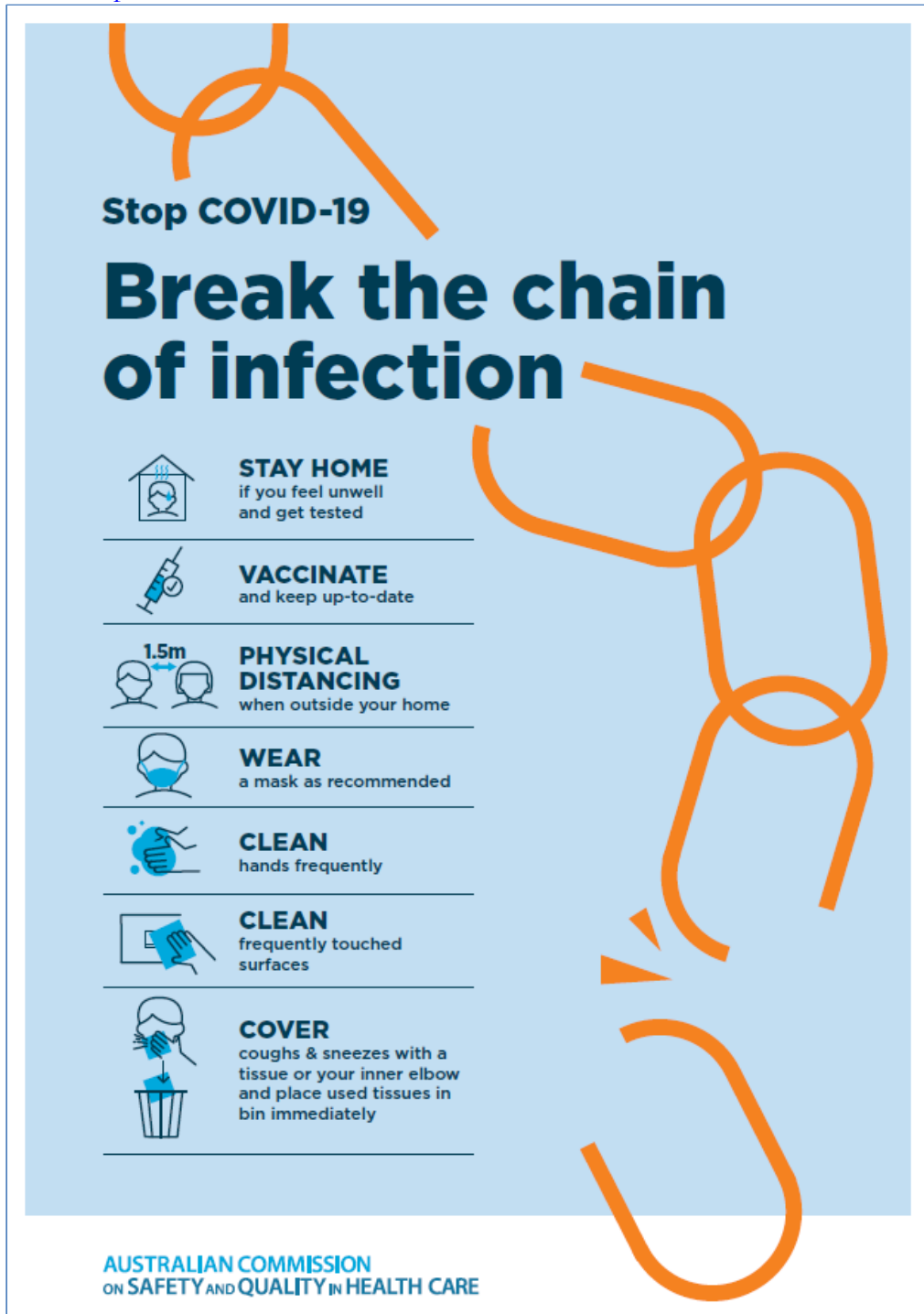
- *COVID-19 and face masks – Information for consumers*
  https://www.safetyandquality.gov.au/publications-and-resources/resource-library/covid-19-and-face-masks-information-consumers

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.

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