



On the Radar

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On the Radar

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CARAlert annual report: 2023

Australian Commission on Safety and Quality in Health Care

Sydney: ACSQHC; 2024. p. 46.

<https://www.safetyandquality.gov.au/publications-and-resources/resource-library/caralert-annual-report-2023>

The Australian Commission on Safety and Quality in Health Care has released the 2023 CARAlert annual report, which provides analyses of data submitted to the National Alert System for Critical Antimicrobial Resistances (CARAlert). CARAlert collects information on priority organisms that are uncommon in Australia but have critical resistance to last-line antimicrobials (CARs). The report shows seasonal and geographic trends in CARs across acute and community settings as reported by laboratories that voluntarily participate in CARAlert.

Key findings include:

- There was an overall increase of 86% in CARs reported from 2022 to 2023
- Carbapenemase-producing *Enterobacteriales* (CPE) continues to be the most frequently reported CAR – 45% of reports in 2023
- Rates of CARs in hospitals are rising, particularly CPE, which was most commonly reported from hospitals and accounted for the majority hospital reports in 2023

- There were notable increases in community-onset CARS from 2022 to 2023, including *Neisseria gonorrhoeae* (up 448%), multidrug-resistant *Shigella* species (up 37.4%) and ceftriaxone-nonsusceptible *Salmonella* species (up 86.3%).

The ongoing effect of resumed international travel and social interaction following restrictions associated with the COVID-19 pandemic is likely contributing to the increasing number of reports to CARAlert. Ongoing reports of CARs is concerning particularly for vulnerable populations including residents of aged care homes. As CARs threaten the efficacy of antimicrobials and patient safety, this report highlights the importance of continuing surveillance of antimicrobial resistance and infections, along with antimicrobial stewardship and infection prevention and control.

Reports

Maternity and Newborn Safety Investigations. Factors affecting the delivery of safe care in midwifery units

National learning report

Maternity and Newborn Safety Investigations, Care Quality Commission; 2024. p. 48.

URL	https://www.mnsi.org.uk/publications/factors-affecting-the-delivery-of-safe-care-in-midwifery-units/
Notes	<p>This report is from the UK’s MNSI (Maternity & Newborn Safety Investigations) – formerly part of the HSIB (Healthcare Safety Investigation Branch) and now hosted by the Care Quality Commission. The report is based on thematic analysis of 92 past maternity investigation reports. ‘The thematic analysis identified 4 main themes and findings, which include issues relating to:</p> <ol style="list-style-type: none"> 1. Work demands and capacity to respond – the number of tasks needed to be done and whether there are enough (and suitable) staff, and appropriate physical space, to do them. 2. Intermittent auscultation – a method used to assess a baby’s heart rate as an indicator of their wellbeing. 3. How prepared an organisation is for predictable safety-critical scenarios, and the role played by in situ simulation (a training method that involves staff rehearsing scenarios in the workplace). 4. Telephone triage – the assessment a midwife carries out when a pregnant woman telephones because they have gone into labour or have a concern about their pregnancy.’ <p>The report includes ‘findings and safety prompts’ under each of these four.</p>

How would clinicians use time freed up by technology?

Moulds A, Horton T

London: The Health Foundation

URL	https://www.health.org.uk/publications/long-reads/how-would-clinicians-use-time-freed-up-by-technology
Notes	Following on a previous 'long read' <i>Which technologies offer the biggest opportunities to save time in the NHS?</i> , The Health Foundation in the UK has released this piece. Here the authors explore how the time made available by the use of technologies may be used by healthcare workers. The analysis is informed by a survey of clinical workers, expert interviews and a rapid evidence review. The surveyed clinical workers 'allocated only 27% of that time to patient care or direct clinical activity'. The authors observe that 'in addition to potentially increasing care volumes, freed-up time could be used in a range of ways, from enhancing the quality of patient consultations to having more time to think and undertake wider professional activities like training, research and quality improvement. These activities can also benefit productivity – for example, through boosting care quality, enhancing knowledge and skills, streamlining service delivery and supporting staff wellbeing and retention. A broad view of how freed-up time can contribute to improved NHS productivity is therefore crucial.'

Journal articles

Exploring the impact of compassion and leadership on patient safety and quality in healthcare systems: a narrative review

Ahmed Z, Ellahham S, Soomro M, Shams S, Latif K

BMJ Open Quality. 2024;13(Suppl 2):e002651.

Understanding what leaders can do to facilitate healthcare workers' feeling valued: improving our knowledge of the strongest burnout mitigator

Stillman M, Sullivan EE, Prasad K, Sinsky C, Deubel J, Jin JO, et al

BMJ Leader. 2024;leader-2023-000921.

DOI	Ahmed et al https://doi.org/10.1136/bmjoq-2023-002651 Stillman et al https://doi.org/10.1136/leader-2023-000921
Notes	During the last few years the issue of burnout of healthcare workers has become more apparent. Ahmed et al suggest that 'Compassion can become an antidote for the burnout' of healthcare workers. From their review, they observe that 'compassionate care and transformational leadership improve organisational culture, patient experience, patient engagement, outcomes and overall healthcare excellence.' Stillman et al report on a study that used data from the Coping with COVID-19 survey that had been sent to 208 US healthcare organisations and in which 37,685 respondent physicians, advanced practice clinicians, nurses, and other clinical staff answered questions that assessed burnout, intent to leave and whether they felt valued. Of the 36,785 respondents, 45% felt valued and those 'who felt highly valued had 8.3 times lower odds of burnout and 10.2 lower odds of intent to leave than those who did not feel valued at all.' The authors note six themes associated with feeling valued: '(1) physical safety, (2) compensation and pandemic-related finances, (3) transparent and frequent communication, (4) effective teamwork, (5) empathetic and respectful leaders, and (6) organisational support.'

Effect of interventions to improve safety culture on healthcare workers in hospital settings: a systematic review of the international literature

Finn M, Walsh A, Rafter N, Mellon L, Chong HY, Naji A, et al
 BMJ Open Quality. 2024;13(2):e002506.

DOI	https://doi.org/10.1136/bmjoc-2023-002506
Notes	<p>Appeals to the role of culture are not uncommon in the safety and quality literature. This study sought to examine the literature on interventions addressing safety culture in hospitals and the impact on healthcare workers. Based on 42 studies, the authors reported:</p> <ul style="list-style-type: none"> • Safety culture outcomes were most prominent under the themes of leadership and teamwork. • Specific benefits for staff included increased stress recognition and job satisfaction, reduced emotional exhaustion, burnout and turnover, and improvements to working conditions. • Effects were documented for interventions with longer time scales, strong institutional support and comprehensive theory-informed designs situated within specific units.

Barriers and Facilitators to Health Professionals' Engagement in Quality Improvement Initiatives: A Mixed-Methods Systematic Review

Elizalde J, Lizarondo L, Corpuz JR
 International Journal for Quality in Health Care. 2024:mzae041.

DOI	https://doi.org/10.1093/intqhc/mzae041
Notes	<p>Paper reporting on a mixed methods systematic examining the factors influencing healthcare professionals' engagement in quality improvement (QI) projects. Focussed on 18 studies, the reviewers found:</p> <ul style="list-style-type: none"> • At the QI program level, the engagement of health professionals to QI was influenced by the approach to QI, evidence underpinning the QI initiative, QI knowledge and training and access to QI specialists. • At the health professional level, barriers and facilitators were related to their organisational role, motivation, perceptions about QI, and collaborations with individuals and groups. • At the organisational level, factors related to culture and climate, leadership, available resources (including human resource and workload, infrastructure, and incentives) and institutional priorities influenced health professionals' participation in QI. <p>The authors observe that their review 'highlights the complex interplay of organisational, individual and QI program level factors that influence the engagement of healthcare professionals in QI'. Further, these 'underscore the need for a multi-level strategy that focuses on creating a conducive organisational culture, providing robust leadership, and ensuring adequate resources and training for healthcare professionals.'</p>

Strategies that facilitate the delivery of exceptionally good patient care in general practice: a qualitative study with patients and primary care professionals

O'Malley R, O'Connor P, Lydon S

BMC Primary Care. 2024;25(1):141.

DOI	https://doi.org/10.1186/s12875-024-02352-1
Notes	<p>Paper reporting on an Irish study that sought to identify ‘the specific strategies, behaviours, processes and tools used to support the delivery of exceptionally good care in general practice’. Analysing data from 33 semi-structured interviews with patients, general practitioners, practice nurses, and practice managers., the study identified 222 individual factors ‘which were subsequently abstracted as a new level of the IDEAL [Identifying and Disseminating the Exceptional to Achieve Learning] framework.’ These factors include behaviours, structures, processes and contextual factors and may be at various levels, including patient, provider, microsystem (team), mesosystem (practice) and macrosystem (network and national). The paper is also accompanied by additional resources, including a PowerPoint slide showing the factors, sub-factors and strategies of the revised IDEAL framework.</p>

Influence of external assessment on quality and safety in surgery: a qualitative study of surgeons' perspectives
 Øyri SF, Wiig S, Tjomsland O. Influence of external assessment on quality and safety in surgery: a qualitative study of surgeons' perspectives.
 BMJ Open Quality. 2024;13(2):e002672.

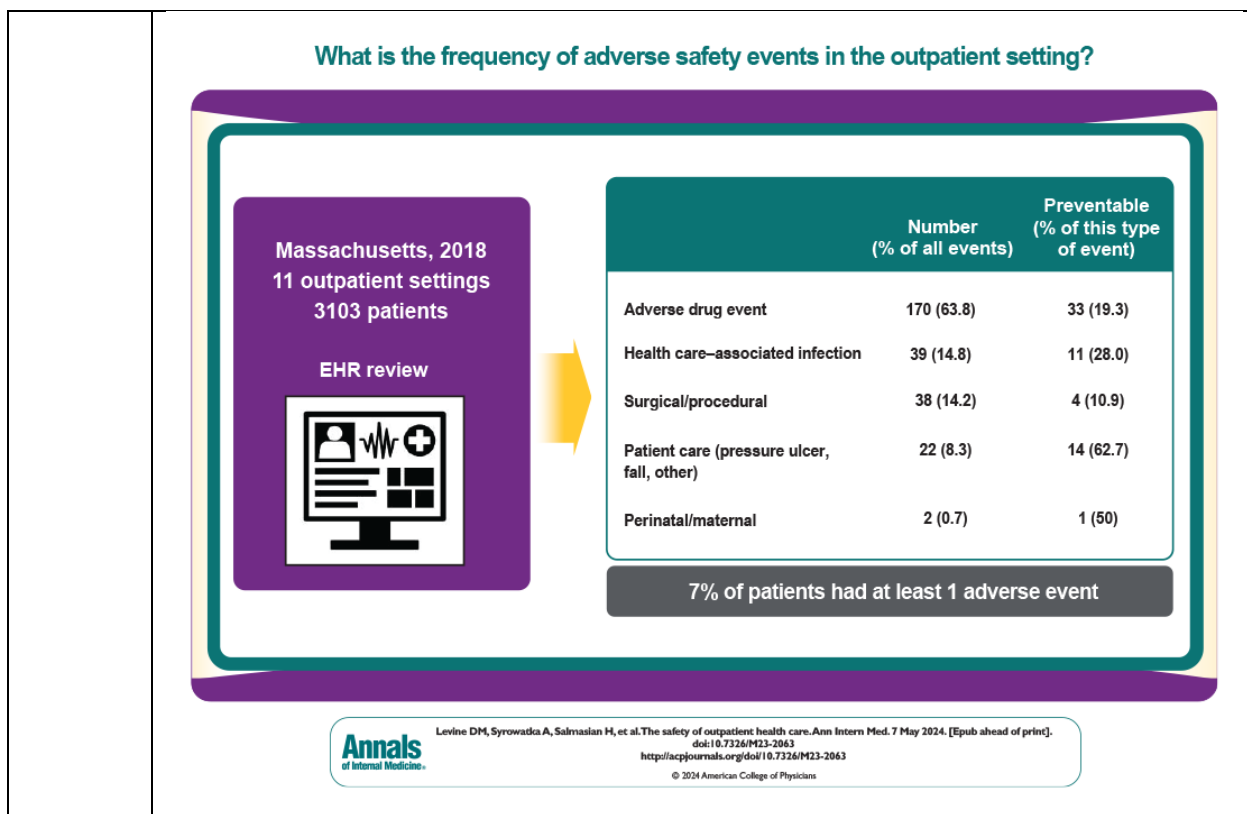
DOI	https://doi.org/10.1136/bmjog-2023-002672
Notes	Paper reporting on a study that sought to 'explore surgeons' experiences of assessment by external bodies, with a focus on its impact on transparency, reporting and learning from serious adverse events'. This relatively small qualitative study interviewed 15 surgeons from four Norwegian university hospitals. The 'external bodies' were 'defined as external inspection, police internal investigation, systems of patient injury compensation and media'. This may seem quite a broad collection as these may generate varying responses. As the authors note 'external assessment might generate criminalisation and scapegoating, reinforcing the sense of having medical perspectives on one hand and external regulatory perspectives on the other, which might hinder efforts to improve quality and safety.'

The Silent Threat: Investigating Sleep Disturbances in Hospitalized Patients
 Adams C, Harrison R, Schembri A, Junge M, Walpola R
 International Journal for Quality in Health Care. 2024:mzae042.

DOI	https://doi.org/10.1093/intqhc/mzae042
Notes	Paper reporting on a study examining 'patient-reported sleep quality and sleep disruption factors, in conjunction with objective noise measurements, across seven inpatient wards at an acute tertiary public hospital in Sydney, Australia.' The authors report that 'The most disruptive factor for patient sleep was noise, followed by acute medical conditions and nursing interventions.' The study found that patients in shared rooms had the most disturbed sleep, 51% reporting 'poor' or 'very poor' sleep quality while only 17% of those in single rooms reported the same. The authors report that sound levels in shared rooms surpassed 100 decibels.

The Safety of Outpatient Health Care
 Levine DM, Syrowatka A, Salmasian H, Shahian DM, Lipsitz S, Zebrowski JP, et al
 Annals of Internal Medicine. 2024.

DOI	https://doi.org/10.7326/M23-2063
Notes	<p>Paper reporting on a study that sought to examine the incidence of adverse events (AE) in the outpatient setting. The study used a trigger tool to perform retrospective reviews of the electronic health records for 3101 patients who received outpatient care at 11 outpatient sites in the US state of Massachusetts in 2018. The review found that:</p> <ul style="list-style-type: none"> • Overall, 7.0% (95% CI, 4.6% to 9.3%) of patients had at least 1 AE (8.6 events per 100 patients annually). • Adverse drug events were the most common AE (63.8%), followed by health care-associated infections (14.8%) and surgical or procedural events (14.2%). • Severity was serious in 17.4% of AEs, life-threatening in 2.1%, and never fatal. Overall, 23.2% of AEs were preventable. • Having at least 1 AE was less often associated with ages 18 to 44 years than with ages 65 to 84 years (standardized risk difference, -0.05 [CI, -0.09 to -0.02]) and more often associated with Black race than with Asian race (standardized risk difference, 0.09 [CI, 0.01 to 0.17]). • Across study sites, 1.8% to 23.6% of patients had at least 1 AE and clinical category of AEs varied substantially.'



Nursing Leadership

Volume 36, Number 4, April 2024

URL	https://www.longwoods.com/publications/nursing-leadership/27304/1/vol.-36-no.-4-2024
Notes	<p>A new issue of <i>Nursing Leadership</i> has been published with a theme of Strengths-Based Nursing and Healthcare Leadership. Articles in this issue of <i>Nursing Leadership</i> include:</p> <ul style="list-style-type: none"> • Editorial: Introducing a “Made-for-Healthcare” Leadership Approach: Strengths-Based Nursing and Healthcare Leadership (Pam Hubley, Marilyn Ballantyne and Mary McAllister) • Cultivating Strengths-Based Leadership Capabilities: The Strengths-Based Nursing and Healthcare Leadership Capabilities Framework (Pam Hubley, Laurie N. Gottlieb and Michele Durrant) • Implementing Strengths-Based Nursing and Healthcare: A Decade of Leadership and Learning in a Canadian Pediatric Rehabilitation Setting (Ana DiMambro, Cindy Truong, Caitlin Strunc, Roxanne Halko, Irene Andress and Marilyn Ballantyne) • Implementing Strengths-Based Nursing and Healthcare Leadership Values to Promote Equitable, Diverse and Inclusive Workplaces: A Guide for Healthcare Leaders (Jacklyn Girgis, Erin Ziegler, Christina Gelsomini and Laurie N Gottlieb) • Integrating Strengths-Based Nursing and Healthcare in Pediatric Nursing Education: A Case Study of the Ghana–SickKids Partnership (Sawdah Esaka Aryee, Karin Zekveld, Stephanie de Young, Irene Fankah, Jane Stuart-Minaret, Charity Asantewaa Ankomah and Bonnie Fleming-Carroll) • Research and Future Challenges for Disseminating Strengths-Based Nursing and Healthcare in Japan (Yuko Shiraishi, Yoshihiro Saito, Tsukasa Kuroki, Naoki Yoshinaga, Hiroki Tanoue and Yuta Hayashi)

	<ul style="list-style-type: none"> • Empowering Nursing Students to Adopt and Embody Strengths-Based Nursing and Healthcare (Judith Lapierre, Elizabeth Bernardino, Paula Encarnação, Amine Mohamed Bouchlaghem and Camilla Rorato) • Talking About Strengths-Based Nursing and Healthcare Leadership: What Canadian Nurse Leaders Have to Say (Mary McAllister, Marilyn Ballantyne and Pam Hubley) • A Commentary on Strengths-Based Nursing and Healthcare (SBNH) and SBNH Leadership (Laurie N Gottlieb and Michael J Villeneuve)
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BMJ Quality & Safety online first articles

URL	https://qualitysafety.bmj.com/content/early/recent
Notes	<p><i>BMJ Quality & Safety</i> has published a number of ‘online first’ articles, including:</p> <ul style="list-style-type: none"> • Editorial: Taking action on inequities: a structural paradigm for quality and safety (Tara A Burra, Christine Soong, Brian M Wong)

International Journal for Quality in Health Care online first articles

URL	https://academic.oup.com/intqhc/advance-articles
Notes	<p><i>International Journal for Quality in Health Care</i> has published a number of ‘online first’ articles, including:</p> <ul style="list-style-type: none"> • The Silent Threat: Investigating Sleep Disturbances in Hospitalized Patients (Corey Adams et al) • Barriers and Facilitators to Health Professionals’ Engagement in Quality Improvement Initiatives: A Mixed-Methods Systematic Review (Joanna Elizalde et al) • A Meta-analysis of Randomized Controlled Trials Comparing Breast-Conserving Surgery and Mastectomy in Terms of Patient Survival Rate and Quality of Life in Breast Cancer (Shuangjian Li et al)

Online resources

Australian Living Evidence Collaboration

<https://livingevidence.org.au/>

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:

- **COVID-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>

STOP VISITOR RESTRICTIONS MAY BE IN PLACE

For all staff
Combined contact & droplet precautions*
in addition to standard precautions

Before entering room/care zone

- 1 Perform hand hygiene
- 2 Put on gown
- 3 Put on surgical mask
- 4 Put on protective eyewear
- 5 Wear gloves, in accordance with standard precautions

At doorway prior to leaving room/care zone

- 1 Remove and dispose of gloves if worn
- 2 Perform hand hygiene
- 3 Remove and dispose of gown
- 4 Perform hand hygiene
- 5 Remove protective eyewear
- 6 Perform hand hygiene
- 7 Remove and dispose of mask
- 8 Leave the room/care zone
- 9 Perform hand hygiene

What else can you do to stop the spread of infections?

- Always change gloves and perform hand hygiene between different care activities and when gloves become soiled to prevent cross contamination of body sites
- Consider patient placement
- Minimise patient movement

*e.g. Acute respiratory tract infection with unknown aetiology, seasonal influenza and respiratory syncytial virus (RSV)
For more detail, refer to the Australian Guidelines for the Prevention and Control of Infection in Healthcare and your state and territory guidance.

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PPE use images reproduced with permission of the NSW Clinical Excellence Commission.

- *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>

VISITOR RESTRICTIONS MAY BE IN PLACE

For all staff

Combined airborne & contact precautions

In addition to standard precautions

Before entering room/care zone

- 1** Perform hand hygiene
- 2** Put on gown
- 3** Put on a particulate respirator (e.g. P2/N95) and perform fit check
- 4** Put on protective eyewear
- 5** Wear gloves in accordance with standard precautions

At doorway prior to leaving room/care zone

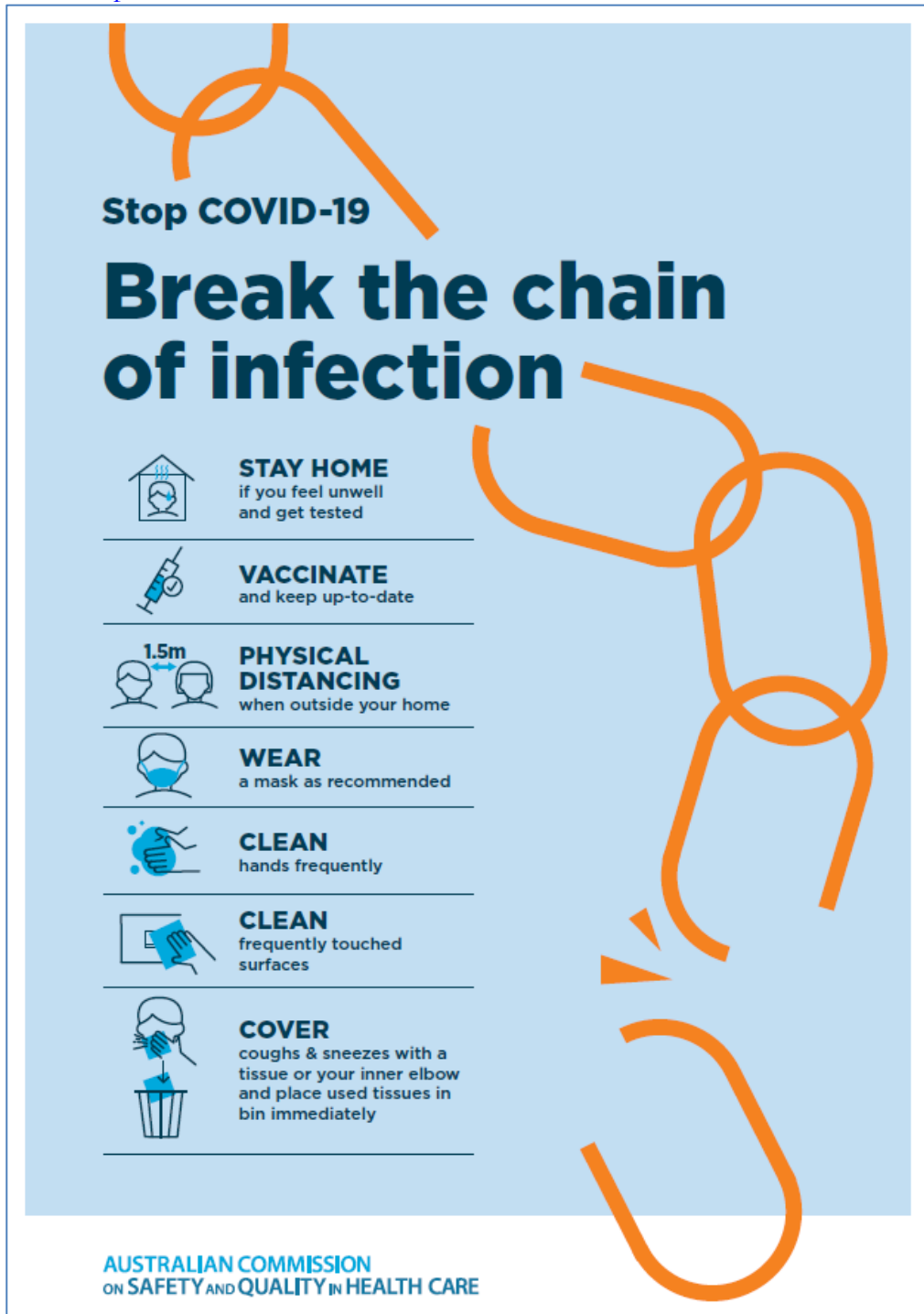
- 1** Remove and dispose of gloves if worn
- 2** Perform hand hygiene
- 3** Remove and dispose of gown
- 4** Leave the room/care zone
- 5** Perform hand hygiene (In an anteroom/outside the room/care zone)
- 6** Remove protective eyewear (In an anteroom/outside the room/care zone)
- 7** Perform hand hygiene (In an anteroom/outside the room/care zone)
- 8** Remove and dispose of particulate respirator (In an anteroom/outside the room/care zone)
- 9** Perform hand hygiene

What else can you do to stop the spread of infections?

- Always change gloves and perform hand hygiene between different care activities and when gloves become soiled to prevent cross contamination of body sites
- Consider patient placement
- Minimise patient movement

KEEP DOOR CLOSED AT ALL TIMES

- *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>

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**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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