



On the Radar

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On the Radar

Editor: Dr Niall Johnson niall.johnson@safetyandquality.gov.au

Contributors: Niall Johnson, Sandra Rigby

Reports

Patients at risk of self-harm: continuous observation

Health Services Safety Investigation Body

Poole: HSSIB; 2024.

URL	https://www.hssib.org.uk/patient-safety-investigations/patients-at-risk-of-self-harm-continuous-observation/
Notes	The Health Services Safety Investigation Body (HSSIB) in the UK has released a couple of investigation reports, including this one examining the use continuous observation with adult patients in acute hospital wards who are at risk of self-harm. Continuous observation is described as ‘the practice where one or more members of staff continuously engage with and observe a patient to reduce their risk of self-harm. It is commonly used in hospitals as a way for staff to monitor and assess the mental and physical health of a person who might harm themselves’. The ‘reference event’ that prompted this investigation involved a patient in a high dependency unit of an acute hospital who self-harmed despite two members of staff continuously observing her. The investigation report contains a number of findings and recommendations.

Keeping children and young people with mental health needs safe: the design of the paediatric ward
 Health Services Safety Investigation Body
 Poole: HSSIB; 2024.

URL	https://www.hssib.org.uk/patient-safety-investigations/keeping-children-and-young-people-with-mental-health-needs-safe-the-design-of-the-paediatric-ward/
Notes	<p>Another recent investigation from the UK’s Health Services Safety Investigation Body (HSSIB) examined the risk factors associated with the design of paediatric wards in acute hospitals caring for children and young people with mental health needs. Prompted by a ‘reference event’ that saw a young person with a history of trauma admitted to a paediatric ward in the acute hospital while awaiting a mental health assessment who then had episodes of violence and aggression where she attempted to self-harm and to harm staff. The HSSIB investigation sought to:</p> <ul style="list-style-type: none"> • understand the paediatric ward design factors that impact on the safety of children and young people with mental health needs • identify opportunities to adapt the design of paediatric wards in acute hospitals to help support children and young people with mental health needs and those caring for them • explore the management of risk associated with paediatric ward design in acute hospitals and adaptations that have been made locally. <p>The investigation report contains a number of findings and recommendations.</p>

Journal articles

Epidural analgesia during labour and severe maternal morbidity: population based study
 Kearns RJ, Kyzayeva A, Halliday LOE, Lawlor DA, Shaw M, Nelson SM
 BMJ. 2024;385:e077190.

DOI	https://doi.org/10.1136/bmj-2023-077190
Notes	<p>This study sought to determine the effect of labour epidural on severe maternal morbidity (SMM). Covering 567 216 women treated in all NHS hospitals in Scotland between 1 January 2007 and 31 December 2019, the study reports that 125 024 (22.0%) had epidural analgesia during labour. The authors conclude that ‘Epidural analgesia during labour was associated with a 35% reduction in SMM, and showed a more pronounced effect in women with medical indications for epidural analgesia and with preterm births.’</p>

Speaking Up and Taking Action: Psychological Safety and Joint Problem-Solving Orientation in Safety Improvement
 Bahadurzada H, Kerrissey M, Edmondson AC
 Healthcare. 2024; 12(8) 812.

DOI	https://doi.org/10.3390/healthcare12080812
Notes	<p>Having an environment where people feel it is safe to speak up is seen as important for safety and quality. This study examined the interaction between psychological safety and ‘joint problem-solving orientation (JPS)’ using survey data survey from ‘a sample of 14,943 patient-facing healthcare workers’. Joint problem-solving orientation is defined as emphasizing problems as shared and viewing solutions as requiring co-production. The authors report that psychological safety ‘was positively associated with safety improvement, and the relationship was stronger in the presence of JPS.’ The two combined also were associated with a lower intention to leave.</p>

Implementation of the Australian National Safety and Quality Digital Mental Health Standards
 Rigby S, Boyd-Skinner C, Storm V, Katte J
 Australasian Psychiatry. 2024;10398562241246488.

DOI	https://doi.org/10.1177/10398562241246488
Notes	This article describes the successful launch of an accreditation scheme for the Australian National Safety and Quality Digital Mental Health Standards in November 2022 to promote safety and quality for service users. The article notes that the introduction of accreditation marks a turning point in acknowledging both the benefits and the risks in delivering mental health services online. By choosing an accredited service both clinicians and service users can be assured the digital provider meets stringent safety and quality requirements.

For information on the National Safety and Quality Digital Mental Health Standards, see <https://www.safetyandquality.gov.au/standards/national-safety-and-quality-digital-mental-health-standards>

Co-designing strategies to improve advance care planning among people from culturally and linguistically diverse backgrounds with cancer: iCanCarePlan study protocol

Chauhan A, Chitkara U, Walsan R, Sansom-Daly UM, Manias E, Seah D, et al
 BMC Palliative Care. 2024;23(1):123.

DOI	https://doi.org/10.1186/s12904-024-01453-z
Notes	Paper describing the approach for a study ‘that aims to determine the prevalence of ACP [Advance Care Planning] documentation among people from CALD [culturally and linguistically diverse] backgrounds with cancer, identify resources available and their use to support ACP among CALD communities, identify barriers and facilitators of person-centred ACP, and to develop, through co-design with consumers and clinicians, approaches that enhance the process ACP for people from CALD backgrounds.’

For information on the Commission’s work on end-of-life care see <https://www.safetyandquality.gov.au/our-work/end-life-care>

BMJ Quality & Safety

Volume 33, Issue 6, June 2024

URL	https://qualitysafety.bmj.com/content/33/6
Notes	A new issue of <i>BMJ Quality & Safety</i> has been published. Many of the papers in this issue have been referred to in previous editions of <i>On the Radar</i> (when they were released online). Articles in this issue of <i>BMJ Quality & Safety</i> include: <ul style="list-style-type: none"> • Editorial: Locums: threat or opportunity (Richard Lilford) • Editorial: Pragmatic trials are needed to assess the effectiveness of enhanced recovery after surgery protocols on patient safety (Antoine Duclos) • Editorial: Taking action on inequities: a structural paradigm for quality and safety (Tara A Burra, Christine Soong, Brian M Wong) • Locum doctor working and quality and safety: a qualitative study in English primary and secondary care (Jane Ferguson, Gemma Stringer, Kieran Walshe, Thomas Allen, Christos Grigoroglou, Darren M Ashcroft, Evangelos Kontopantelis)

	<ul style="list-style-type: none"> • Implementation of an enhanced recovery after surgery protocol for colorectal cancer in a regional hospital network supported by audit and feedback: a stepped wedge, cluster randomised trial (Eva Pagano, Luca Pellegrino, Manuela Robella, Anna Castiglione, Francesco Brunetti, Lisa Giacometti, Monica Rolfo, Alessio Rizzo, Sarah Palmisano, Maurizio Meineri, Ilaria Bachini, Mario Morino, Marco Ettore Allaix, Alfredo Mellano, Paolo Massucco, Paola Bellomo, Roberto Polastri, Giovannino Ciccone, Felice Borghi) • Accuracy of telephone triage for predicting adverse outcomes in suspected COVID-19: an observational cohort study (Carl Marincowitz, Tony Stone, Peter Bath, Richard Campbell, Janette Kay Turner, Madina Hasan, Richard Pilbery, Benjamin David Thomas, Laura Sutton, Fiona Bell, Katie Biggs, Frank Hopfgartner, Suvodeep Mazumdar, Jennifer Petrie, Steve Goodacre) • Effect of contextual factors on the prevalence of diagnostic errors among patients managed by physicians of the same specialty: a single-centre retrospective observational study (Yukinori Harada, Yumi Otaka, Shinichi Katsukura, Taro Shimizu) • Ensuring safe and equitable discharge: a quality improvement initiative for individuals with hypertensive disorders of pregnancy (Kathleen M. Zacherl, Emily Carper Sterrett, Brenna L. Hughes, Karley M Whelan, James Tyler-Walker, Samuel T Bauer, Heather C Talley, Laura J Havrilesky)
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URL	https://journals.lww.com/pqs/toc/2024/03000
Notes	<p>A new issue of <i>Pediatric Quality & Safety</i> has been published. Articles in this issue of <i>Pediatric Quality & Safety</i> include:</p> <ul style="list-style-type: none"> • Identifying Autism Spectrum Disorder in a High-risk Follow-up Program through Quality Improvement Methodology (Christine M Raches, Elesia N Hines, Abbey C Hines, Emily K Scott) • Patient Portal Enrollment for Discharged Pediatric Emergency Department Patients: A Multidisciplinary Quality Improvement Project (Sarah C Isbey, Sephora N Morrison, Sonya M Burroughs, Jaclyn N Kline) • Formative Evaluation of CLABSI Adoption and Sustainment Interventions in a Pediatric Intensive Care Unit (Lindsey J Patton, Angelica Morris, Amanda Nash, Kendel Richards, Leslie Huntington, Lori Batchelor, Jenna Harris, Virginia Young, Carol J Howe) • A Quality Improvement Initiative to Minimize Unnecessary Chest X-Ray Utilization in Pediatric Asthma Exacerbations (Mohamed Sakr, Mohamed Al Kanjo, Palanikumar Balasundaram, Fernanda Kupferman, Sharef Al-Mulaabed, Sandra Scott, Kusum Viswanathan, Ratna B Basak) • Reducing Rigid Immobilization for Toddler's Fractures: A Quality Improvement Initiative (Stephanie N Chen, Jessica B Holstine, Julie B Samora) • Reducing Osteopenia of Prematurity-related Fractures in a Level IV NICU: A Quality Improvement Initiative (Linsey Cromwell, Katherine Breznak, Megan Young, Anoosha Kasangottu, Sharon Leonardo, Catherine Markel, Andreea Marinescu, Folasade Kehinde, Vilmaris Quinones Cardona)

URL	https://www.sciencedirect.com/journal/health-policy/vol/144/
Notes	<p>A new issue of <i>Health Policy</i> has been published. Articles in this issue of <i>Health Policy</i> include:</p> <ul style="list-style-type: none"> • Including environmental and social sustainability in the planning process of healthcare services: A case study of cancer screening programs in an inner area in Italy (Vera Benedetto, Francesca Ferrè, Sabina Nuti) • The use of arguments and justifications in Westminster parliamentary debates on assisted dying (Graham Box, Kenneth Chambaere) • The Impact of reference pricing on prescribing patterns, costs, and health services utilization of proton pump inhibitors: A quasi-experimental study in British Columbia, Canada (Shania WS Au, Michael R. Law, Lucy Cheng, Kimberlyn McGrail, Mark Harrison) • Expanding eligibility and improving quality of cervical cancer screening in Estonia: The 2021 reforms (Samuel Rigby, Rachel Greenley, Anneli Uuskula, Anna Tisler, Maria Suurna, Maris Jesse, Marc Bardou, Martin McKee) • Economic Evaluations of Obesity-Targeted Sugar-Sweetened Beverage (SSB) Taxes—A Review to Identify Methodological Issues (Kittiphong Thiboonboon, Richard De Abreu Lourenco, Paula Cronin, Terence Khoo, Stephen Goodall) • The impact of changing the reference countries on the list prices for patented medicines in Canada: A policy analysis (Wei Zhang, Daphne P Guh, Paul Grootendorst, Aidan Hollis, Aslam H Anis) • HTA criteria adopted in different models of public healthcare systems for orphan drugs: A scoping review (Arturo Felippini, Luiza Vasconcelos Biglia, Tácio de Mendonça Lima, Patricia Melo Aguiar) • Methodological approaches to measuring mental health in a cost-of-living crisis: A rapid review (Clare England, David Jarrom, Jennifer Washington, Elise Hasler, Leona Batten, Adrian Edwards, Ruth Lewis) • The transition towards community-based mental health care in the European Union: Current realities and prospects (Maria Vandoni, Barbara D'Avanzo, Angelo Barbato) • An evaluation of the COVID-19 self-service digital contact tracing system in New Zealand (Tim Chambers, Andrew Anglemeyer, Andrew Tzer-Yeu Chen, Michael G Baker) • Lessons learned from a global analysis of priority setting practices in pandemic response planning (Lydia Kapiriri, Beverly M. Essue)

BMJ *Quality & Safety* online first articles

URL	https://qualitysafety.bmj.com/content/early/recent
Notes	<p>BMJ <i>Quality & Safety</i> has published a number of ‘online first’ articles, including:</p> <ul style="list-style-type: none">• General practitioners’ risk literacy and real-world prescribing of potentially hazardous drugs: a cross-sectional study (Odette Wegwarth, Tammy C Hoffmann, Ben Goldacre, Claudia Spies, Helge A Giese)• Evaluation of hospital-onset bacteraemia and fungaemia in the USA as a potential healthcare quality measure: a cross-sectional study (Surbhi Leekha, Gwen L Robinson, Jesse T Jacob, Scott Fridkin, Andi Shane, Anna Sick-Samuels, Aaron M Milstone, Rajeshwari Nair, Eli Perencevich, Mireia Puig-Asensio, Takaaki Kobayashi, Jeanmarie Mayer, Julia Lewis, Susan Bleasdale, Eric Wenzler, Alfredo J Mena Lora, Jonathan Baghdadi, Gregory M Schrank, Eli Wilber, Amalia A Aldredge, Joseph Sharp, Kelly E Dyer, Lea Kendrick, Viraj Ambalam, Scott Borgetti, Anna Carmack, Alexis Gushiken, Ashka Patel, Sujan Reddy, Clayton H Brown, Raymund B Dantes, Anthony D Harris On behalf of the CDC Prevention Epicenters Program)

Online resources

Australian Living Evidence Collaboration

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

[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:

- *Measuring **Documentation Burden** in Healthcare*
<https://effectivehealthcare.ahrq.gov/products/documentation-burden/prepub-tech-brief>
- *Measuring **Primary Healthcare** Spending*
<https://effectivehealthcare.ahrq.gov/products/primary-healthcare-spending/tech-brief>

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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- *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

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

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



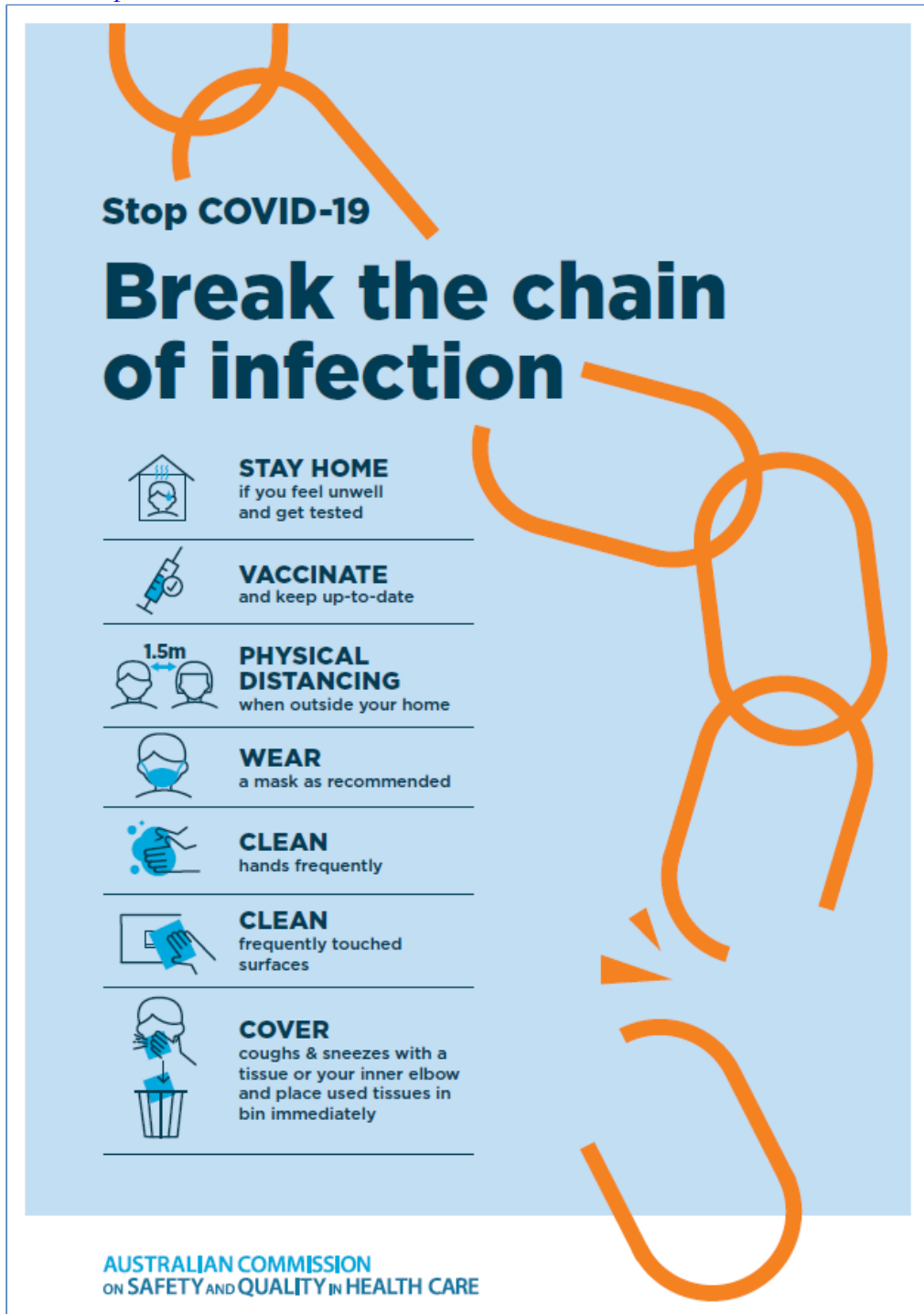
Remove and dispose of particulate respirator (In an anteroom/outside the room/care zone)
- 9



Perform hand hygiene

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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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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