



On the Radar

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On the Radar

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Healthcare Complaints animation series

<https://www.safetyandquality.gov.au/consumers/information-about-healthcare-complaints>

All Australians have the right to provide feedback or raise a complaint about their healthcare experience or outcome. Feedback and complaints are essential for improving the quality of healthcare services.

The Commission has recently released a series of animations to help patients, families and carers find support and resolve issues related to their healthcare. The series comprises three short animations that offer practical tips, along with information about healthcare rights, where to begin and what to do if they need to take their complaint further. Watch the animations at <https://www.safetyandquality.gov.au/consumers/information-about-healthcare-complaints>.

These resources result from a joint project between the Commission and the Australian Health Practitioner Regulation Agency aimed at enhancing consumers' experiences of making healthcare complaints in Australia. The Commission is grateful to all stakeholders, including consumers with lived experience, who were involved in developing the animations.

Healthcare Complaints KNOW YOUR OPTIONS



Books

Guidelines for the prevention of bloodstream infections and other infections associated with the use of intravascular catheters. Part 1: peripheral catheters

World Health Organization

Geneva: WHO; 2024. p. 166.

URL	https://www.who.int/publications/i/item/9789240093829
Notes	The World Health Organization (WHO) has released this first part of a two-part guidance on intravascular catheters. Part 2 will cover centrally-inserted intravascular catheters. This first part provides guidance on best practices for the prevention of bloodstream infections (BSIs) and other infections associated with peripherally-inserted intravascular (IV) catheters. Part 1 ‘outlines an evidence-informed approach to the management (namely, insertion, maintenance, access and removal) of peripherally-inserted intravascular catheters, including PIVCs, PICCs and PACs, in three patient populations (adults, adolescents-children and neonates) during the provision of health care in any health care settings, including acute and long-term health care facilities and primary care settings.’

For information on the Commission’s 2021 *Management of Peripheral Intravenous Catheters Clinical Care Standard* see <https://www.safetyandquality.gov.au/standards/clinical-care-standards/management-peripheral-intravenous-catheters-clinical-care-standard>

For information on the Commission’s Healthcare-Associated Infection Program, see <https://www.safetyandquality.gov.au/our-work/healthcare-associated-infection-program>

For information on the Commission’s work on infection prevention and control see <https://www.safetyandquality.gov.au/our-work/infection-prevention-and-control>

Reports

Restorative and wellbeing care in Australian residential aged care facilities

Deeble Institute for Health Policy Research Issues Brief no: 54

Meulenbroeks I, Haddock R

Canberra: Australian Healthcare and Hospitals Association; 2024. p. 51.

URL	https://ahha.asn.au/resource/restorative-and-wellbeing-care-in-australian-residential-aged-care-facilities/
Notes	This issues brief from the Australian Healthcare and Hospitals Association's Deeble Institute examines issues around the delivery of restorative and wellbeing care in residential aged care facilities (RACFs). According to the authors, 'The terms restorative and wellbeing care are used to describe care that focuses on maintenance or improvement in function and quality of life.' Much of this care is provided by allied health workers. The authors of this brief seek to examine the allied health governance, data collection, and funding barriers to accessing or providing high-quality restorative and wellbeing care in these settings. They make a number of recommendations, including amending the minimum standards to support continuous care delivery and equitable access, consolidating allied health funding and care provision within the sector, trialling workforce employment strategies to improve multidisciplinary care, and collect, report, and evaluating data on allied health services.

Journal articles

A strategic solution to preventing the harm associated with ambulance handover delays

Evans C, Da'Costa A

Emergency Nurse. 2024.

DOI	https://doi.org/10.7748/en.2024.e2199
Notes	Paper describing a quality improvement project at a UK NHS trust that sought to reduce ambulance handover times and the proportion of handovers that took place more than an hour after arrival. The project included a designated area for patients awaiting hospital admission, policies, meetings between ED staff and ambulance services around working relationships and communication. Across the project, the authors report that 'Phase one resulted in a 32% reduction in 60-minute ambulance handover delays. Phase two resulted in a 97% reduction in 60-minute ambulance handover delays. Over the course of the project there was a 24% increase in handovers completed within 15 minutes.'

Impact of diagnostic management team on patient time to diagnosis and percent of accurate and clinically actionable diagnoses

Brashear J, Mize R, Laposata M, Zahner C

Diagnosis. 2024;11(2):132-135.

DOI	https://doi.org/10.1515/dx-2023-0175
Notes	Paper looking at the impact of diagnostic management teams (DMT). DMT are defined as groups of experts with specialized knowledge to guide test selection and interpretation of results'. This retrospective study examined '257,000 patient encounters between 2011 and 2022 reviewing test interpretations provided by clinical laboratory experts on a [coagulation] diagnostic management team.' The study found that 'Cases reviewed by the coagulation DMT were 6 times more likely to have an established, scientifically based diagnosis compared to those without a DMT. Patients who have a coagulation DMT review were twice as likely to receive a diagnosis vs. having no diagnosis.'

URL	https://journals.lww.com/journalpatientsafety/toc/2024/06000
Notes	<p>A new issue of the <i>Journal of Patient Safety</i> has been published. Articles in this issue of the <i>Journal of Patient Safety</i> include:</p> <ul style="list-style-type: none"> • Importance of Quality of Medical Record: Differences in Patient Safety Incident Inquiry Results According to Assessment for Quality of Medical Record (Hyeran Jeong, Eun Young Choi, Won Lee, S G Jang, J Pyo, M Ock) • Comparison of WHO-UMC and Naranjo Scales for Causality Assessment of Reported Adverse Drug Reactions (Sukant Pandit, Dhruve Soni, Bhaskar Krishnamurthy, Mahesh N Belhekar) • Predictive Power of Dependence and Clinical-Social Fragility Index and Risk of Fall in Hospitalized Adult Patients: A Case-Control Study (Marco Cioce, Simone Grassi, Ivan Borrelli, Vincenzo Maria Grassi, Renato Ghisellini, Carmen Nuzzo, Maurizio Zega, Patrizia Laurenti, Matteo Raponi, Riccardo Rossi, Stefania Boccia, Umberto Moscato, Antonio Oliva, Giuseppe Vetrugno) • Patient Safety Indicators During the Initial COVID-19 Pandemic Surge in the United States (Jorge A Rodriguez, Lipika Samal, Sandya Ganesan, Nina H Yuan, Matthew Wien, Kenney Ng, Hu Huang, Yoonyoung Park, Amol Rajmane, Gretchen Purcell Jackson, Stuart R Lipsitz, D W Bates, D M Levine) • Impact of Collaborative Nursing Care Delivery on Patient Safety Events in an Emergency Intensive Care Unit: A Retrospective Observational Study (Masato Obayashi, Keiichiro Shimoyama, Koji Ono) • Enhanced Free-Text Search for Aggregated Medication Error Report Analysis and Risk Detection (V Valkonen, S Saano, K Haatainen, M Tiihonen) • Major Clinical Adverse Events of Breast Implant in the Manufacturer and User Facility Device Experience Database (Bing Su, Lichuan Chen, Bohan Zhang, Hong Wang, Jie Zhou, Benjun Du) • A Prospective Quasi-Experimental Study of Multifaceted Interventions Including Computerized Drug Utilization Evaluation to Improve an Antibiotic Stewardship Program (Sunudtha Suksamai, Sirinporn Sajak, Kanokporn Thongphubeth, Thana Khawcharoenporn) • Understanding Risk Factors for Complaints Against Pharmacists: A Content Analysis (Yufeng Wang, Sanyogita (Sanya) Ram, Shane Scahill) • Hospital Inpatient Nutrition Service Errors and Patient Safety Interventions: A Scoping Review (Davis Austria, Chelsea McConnell, C Pope) • Evolution of Intravenous Medication Errors and Preventive Systemic Defenses in Hospital Settings—A Narrative Review of Recent Evidence (Sini Kuitunen, Marja Airaksinen, Anna-Riia Holmström) • Reframing the Morbidity and Mortality Conference: The Impact of a Just Culture (Karolina Brook, Aalok V Agarwala, George L Tewfik) • Publication Trends of Research on Adverse Event and Patient Safety in Nursing Research: A 8-Year Bibliometric Analysis (Miaoyuan Lin, Bei Chen, Leyao Xiao, Li Zhang) • Implementation of Guidelines Limiting Postoperative Opioid Prescribing at a Children’s Hospital (Krista J Stephenson, Derek J Krinock, Isabel L Vasquez, Connor N Shewmake, B J Spray, B Ketha, L L Wolf, M S Dassinger) • Making Sense of Patient Safety Through Cultural-Historical Activity Theory and Complexity Modeling (Jos H J Hoofs, Dorthe O Klein, Alan Bleakley, Roger J M W Rennenberg)

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">• What do clinical practice guidelines say about deprescribing? A scoping review (Aili Veronica Langford, Imaan Warriach, Aisling M McEvoy, Elisa Karaim, Shyleen Chand, Justin P Turner, Wade Thompson, Barbara J Farrell, Danielle Pollock, Frank Moriarty, Danijela Gnjidic, Nagham J Ailabouni, Emily Reeve)• Editorial: Is hospital-onset bacteraemia and fungaemia an actionable quality measure? (Chanu Rhee, Payal Patel, Julia Szymczak)• Fixing patient safety: Are we nearly there yet? (Peter McCulloch)

International Journal for *Quality in Health Care* online first articles

URL	https://academic.oup.com/intqhc/advance-articles
Notes	<p>International Journal for <i>Quality in Health Care</i> has published a number of ‘online first’ articles, including:</p> <ul style="list-style-type: none">• Adherence to evidence-based guidelines for prevention of urinary retention in hip surgery patients. A multicentre observational study. (Madeleine Winberg et al)• Implementation and outcomes of a statewide TBI screening program for underserved populations (Seyedeh Melika Akaberi et al)• Core Elements of Excellent Hospital Leadership: Lessons from the 5 Top-performing Hospitals in China (Jinhong Zhao et al)• Organizational Learning in Surgery in Tanzania’s Health System: A Descriptive Cross-Sectional Study (Shehnaz Alidina et al)• Clinical indicators to monitor health care in low back pain: a scoping review (L dos Santos Vanessa 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>

















VISITOR RESTRICTIONS MAY BE IN PLACE

For all staff

Combined contact & droplet precautions*

in addition to standard precautions

Before entering room/care zone	At doorway prior to leaving room/care zone
<div style="display: flex; align-items: center; margin-bottom: 10px;">  <div style="margin-left: 10px;"> <p style="font-weight: bold; color: red; font-size: 24px; margin: 0;">1</p> <p>Perform hand hygiene</p> </div> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;">  <div style="margin-left: 10px;"> <p style="font-weight: bold; color: red; font-size: 24px; margin: 0;">2</p> <p>Put on gown</p> </div> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;">  <div style="margin-left: 10px;"> <p style="font-weight: bold; color: red; font-size: 24px; margin: 0;">3</p> <p>Put on surgical mask</p> </div> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;">  <div style="margin-left: 10px;"> <p style="font-weight: bold; color: red; font-size: 24px; margin: 0;">4</p> <p>Put on protective eyewear</p> </div> </div> <div style="display: flex; align-items: center;">  <div style="margin-left: 10px;"> <p style="font-weight: bold; color: red; font-size: 24px; margin: 0;">5</p> <p>Wear gloves, in accordance with standard precautions</p> </div> </div>	<div style="display: flex; align-items: center; margin-bottom: 10px;">  <div style="margin-left: 10px;"> <p style="font-weight: bold; color: red; font-size: 24px; margin: 0;">1</p> <p>Remove and dispose of gloves if worn</p> </div> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;">  <div style="margin-left: 10px;"> <p style="font-weight: bold; color: red; font-size: 24px; margin: 0;">2</p> <p>Perform hand hygiene</p> </div> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;">  <div style="margin-left: 10px;"> <p style="font-weight: bold; color: red; font-size: 24px; margin: 0;">3</p> <p>Remove and dispose of gown</p> </div> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;">  <div style="margin-left: 10px;"> <p style="font-weight: bold; color: red; font-size: 24px; margin: 0;">4</p> <p>Perform hand hygiene</p> </div> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;">  <div style="margin-left: 10px;"> <p style="font-weight: bold; color: red; font-size: 24px; margin: 0;">5</p> <p>Remove protective eyewear</p> </div> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;">  <div style="margin-left: 10px;"> <p style="font-weight: bold; color: red; font-size: 24px; margin: 0;">6</p> <p>Perform hand hygiene</p> </div> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;">  <div style="margin-left: 10px;"> <p style="font-weight: bold; color: red; font-size: 24px; margin: 0;">7</p> <p>Remove and dispose of mask</p> </div> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;">  <div style="margin-left: 10px;"> <p style="font-weight: bold; color: red; font-size: 24px; margin: 0;">8</p> <p>Leave the room/care zone</p> </div> </div> <div style="display: flex; align-items: center;">  <div style="margin-left: 10px;"> <p style="font-weight: bold; color: red; font-size: 24px; margin: 0;">9</p> <p>Perform hand hygiene</p> </div> </div>

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.

- *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

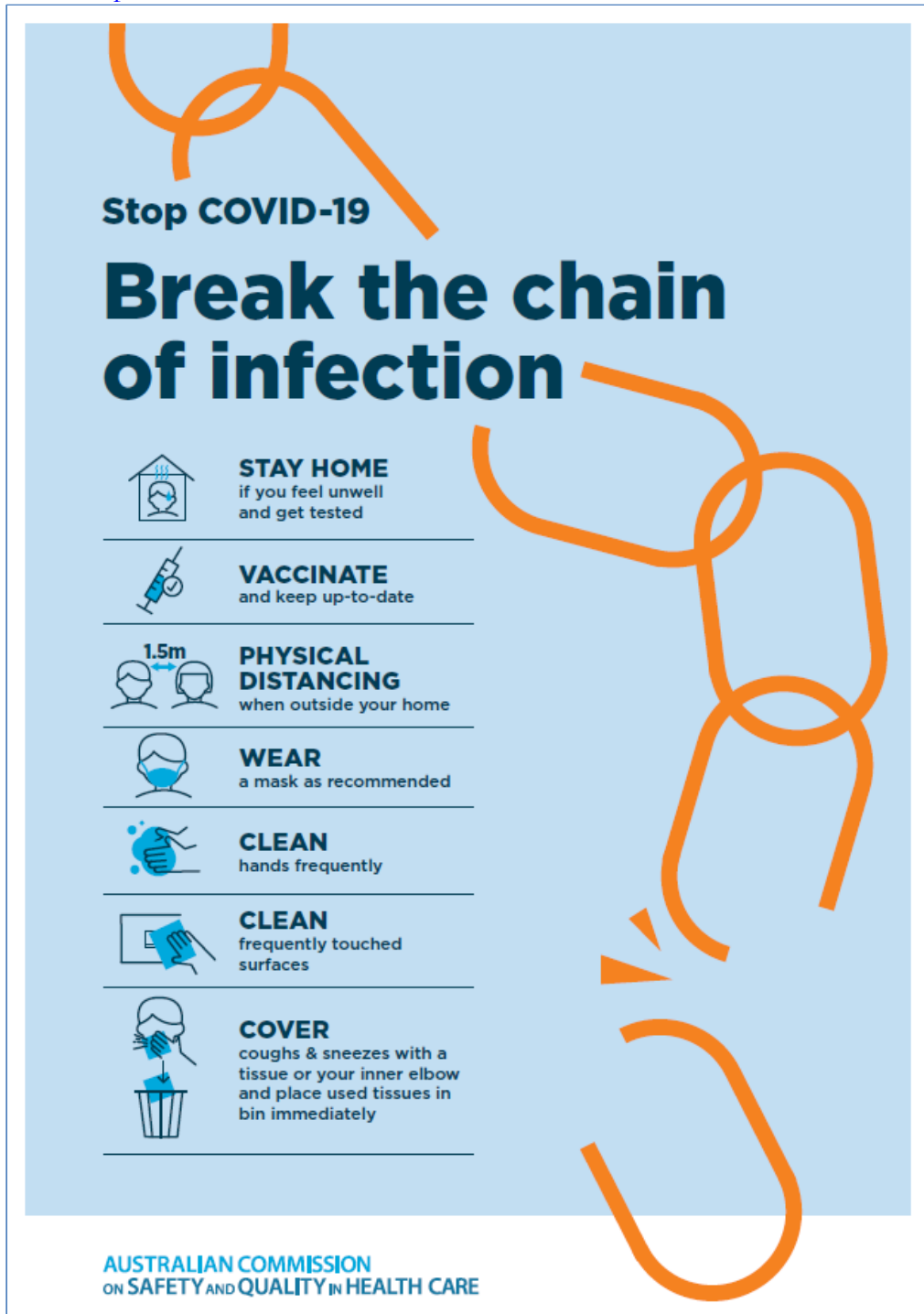
KEEP DOOR CLOSED AT ALL TIMES

AUSTRALIAN COMMISSION

ON SAFETY AND QUALITY IN HEALTH CARE

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- *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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