



On the Radar

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On the Radar

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Journal articles

Identifying and Measuring Administrative Harms Experienced by Hospitalists and Administrative Leaders
Burden M, Astik G, Auerbach A, Bowling G, Kangelaris KN, Keniston A, et al
JAMA Internal Medicine. 2024.

Administrative Harms—Common and Sometimes Preventable
Ganguli I, Katz MH
JAMA Internal Medicine. 2024.

DOI	Burden et al https://doi.org/10.1001/jamainternmed.2024.1890 Ganguli and Katz https://doi.org/10.1001/jamainternmed.2024.1899
Notes	Burden et al propose that administrative actions in health care can have adverse consequence. They term these ‘administrative harms’ (AH). These are defined ‘as the adverse consequences of administrative decisions within health care and directly influences patient care and outcomes, professional practice, and organizational efficiencies regardless of employment setting.’ From their qualitative study, including surveys and focus groups, they assert that AH ‘as noted to be pervasive and come

	<p>from all levels of leadership with wide-reaching impact, that organizations lack mechanisms for identification, measurement, and feedback related to AH, and that organizational pressures drive administrative harms.’</p> <p>In a related ‘Editor’s Note’, Ganguli and Katz observe that while ‘Readers may be unfamiliar with the term administrative . . . , the editors thought that clinicians who work in hospitals would nod their heads in recognition of many of the experiences that constitute it’. They also observe that a way to mitigating such harm is through ‘improved communication and collaboration. Administrators can listen to their clinicians and find ways to make it easier, not harder, for them to practice. They can also empower clinicians to identify problems that require solutions and speak up when interventions are not working’.</p>
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Need to systematically identify and mitigate risks upon hospitalisation for patients with chronic health conditions

Pronovost PJ, Carrington EM

BMJ Quality & Safety. 2024.

DOI	https://doi.org/10.1136/bmjqs-2023-016807
Notes	<p>Paper observing that hospitals do not always cater for the chronic conditions that patients may also have. While some conditions, such as diabetes, may be noted and monitored, others go unregarded. The authors note that ‘people often have multiple morbidities and the interactions between them may increase their risk of harm when hospitalised.’ They also write that ‘The most effective way to prevent harm in patients hospitalised with chronic disease is to avoid admission when possible. Many medical admissions can be avoided with better access to and coordination of ambulatory care and enhanced use of home care, and by connecting patients in the emergency department to ambulatory services.’</p> <p>The paper suggests ‘a framework to systematically identify and mitigate risks in hospitalised patients’ using Parkinson’s disease as an example. The framework includes:</p> <ol style="list-style-type: none"> 1. Identify the combinations of admitting diagnosis or clinical condition and patient characteristics that create the highest risk. 2. Ensure there is a mechanism to identify these high-risk patients as close to admission as possible. 3. Identify and implement interventions to mitigate risk in the specific cohort of patients. 4. Review risk reduction in higher-risk patients and modify clinical protocols over time.

Listen to me, I really am sick! Patient and family narratives of clinical deterioration before and during rapid response system intervention

Bucknall TK, Guinane J, McCormack B, Jones D, Buist M, Hutchinson AM

Journal of Clinical Nursing. 2024.

DOI	https://doi.org/10.1111/jocn.17310
Notes	<p>The authors of this paper observe that much of the literature on ‘clinical deterioration has mostly focused on clinicians’ roles’. ‘Although patients and families can identify subtle cues of early deterioration, little research has focused on their experience of recognising, speaking up and communicating with clinicians during this period of instability.’ This paper reports on a narrative inquiry that involved 33 adult patients and 14 family members of patients, who had received a MET [Medical Emergency Team] call, in one private and one public academic teaching hospital in Melbourne. Patients and family members can be vital in detecting deterioration and facilities and clinicians ‘must create an environment that enables patients and families to speak up.’</p>

For information on the Commission’s work on recognising and responding to deterioration
<https://www.safetyandquality.gov.au/our-work/recognising-and-responding-deterioration>

Collective Intelligence Increases Diagnostic Accuracy in a General Practice Setting

Blanchard MD, Herzog SM, Kämmer JE, Zöller N, Kostopoulou O, Kurvers RHJM
 Medical Decision Making. 2024;44(4):451-462.

DOI	https://doi.org/10.1177/0272989X241241001
Notes	While much of the focus is on artificial intelligence (AI), this paper looks at collective intelligence, clinicians working collaborative to share their opinions. This paper reports on a study ‘examined whether aggregating independent diagnoses can also improve diagnostic accuracy for GP decision making’. The authors report that ‘Combining independent diagnoses may substantially improve a GP’s diagnostic accuracy and subsequent patient outcomes.’

Long-Term Outcomes in Patients Using Protocol-Directed Active Surveillance for Prostate Cancer

Newcomb LF, Schenk JM, Zheng Y, Liu M, Zhu K, Brooks JD, et al
 JAMA. 2024;331(24):2084-2093.

DOI	https://doi.org/10.1001/jama.2024.6695
Notes	The paper published in the <i>Journal of the American Medical Association</i> (JAMA) sought to examine the long-term outcomes for patients with prostate cancer whose cases are managed with protocol-directed active surveillance. The paper reports on a US cohort study that included 2155 individuals. The authors report that ‘In this study, 10 years after diagnosis, 49% of men remained free of progression or treatment, less than 2% developed metastatic disease, and less than 1% died of their disease.’ The authors also report ‘Later progression and treatment during surveillance were not associated with worse outcomes.’ These lead them to suggest that ‘Protocol-directed active surveillance is a safe management strategy for avoiding overtreatment and preventing undertreatment.’

The Joint Commission Journal on Quality and Patient Safety

Volume 50, Issue 7, July 2024

URL	https://www.sciencedirect.com/journal/the-joint-commission-journal-on-quality-and-patient-safety/vol/50/issue/7
Notes	A new issue of <i>The Joint Commission Journal on Quality and Patient Safety</i> has been published. Articles in this issue of <i>The Joint Commission Journal on Quality and Patient Safety</i> include: <ul style="list-style-type: none"> • Editorial: The Quest for Diagnostic Excellence in the Emergency Department (Michael S Pulia, Dimitrios Papanagnou, Pat Croskerry) • Editorial: The Challenge of Improving Patient Safety: This is Hard (Robin R Hemphill) • Frontline Providers’ and Patients’ Perspectives on Improving Diagnostic Safety in the Emergency Department: A Qualitative Study (Courtney W Mangus, Tyler G James, Sarah J Parker, E Duffy, P P Chandanabhumma, C M Cassady, F Bellolio, K S Pasupathy, M Manojlovich, H Singh, P Mahajan) • Putting the “Action” in RCA²: An Analysis of Intervention Strength After Adverse Events (Jessica A Zerillo, Sarah A Tardiff, Dorothy Flood, Lauge Sokol-Hessner, Anthony Weiss) • A Simple Risk Adjustment for Hospital-Level Nulliparous, Term, Singleton, Vertex, Cesarean Delivery Rates and Its Implications for Public Reporting (Benjamin D Pollock, Leslie Carranza, Elizabeth Braswell-Pickering, Christine M Sing, Lindsay L Warner, Regan N Theiler)

	<ul style="list-style-type: none"> • A Qualitative Study of Systems-Level Factors That Affect Rural Obstetric Nurses' Work During Clinical Emergencies (Samantha L Bernstein, Maya Picciolo, Elisabeth Grills, Kenneth Catchpole) • Evaluation of a Structured Review Process for Emergency Department Return Visits with Admission (Zoe Grabinski, Kar-mun Woo, Olumide Akindutire, Cassidy Dahn, ... Silas W Smith) • The Impact of Using Electronic Consents on Documentation of Language-Concordant Surgical Consent for Patients with Limited English Proficiency (Karen Trang, Logan Pierce, Elizabeth C Wick) • Building Statewide Quality Improvement Capacity to Improve Cardiovascular Care and Health Equity: Lessons from the Tennessee Heart Health Network (Cori C Grant, Fawaz Mzayek, Hadii M Mamudu, Satya Surbhi, Umar Kabir, James E Bailey) • The Impact of a Novel Syringe Organizational Hub on Operating Room Workflow During a Surgical Case (Harrison Sims, David Neyens, Ken Catchpole, Joshua Biro, Coonor Lusk, James Abernathy) • The Joint Commission Journal on Quality and Patient Safety 50th Anniversary Article Collections: Maternal and Perinatal Care.
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The Milbank Quarterly

Volume 102, Number 2, June 2024

URL	https://www.milbank.org/quarterly/issues/june-2024/ https://onlinelibrary.wiley.com/toc/14680009/2024/102/2
Notes	<p>A new issue of <i>The Milbank Quarterly</i> has been published. Articles in this issue of <i>The Milbank Quarterly</i> include:</p> <ul style="list-style-type: none"> • Multisector Collaboration vs. Social Democracy for Addressing Social Determinants of Health (Seth A Berkowitz) • Toward a Climate-Ready Health Care System: Institutional Motivators and Workforce Engagement (Caleb Dresser, Zachary Johns, Avery Palarfy, Sarah McKinnon, Suellen Breakey, Ana M Viamonte Ros, Patrice K Nicholas) • Revising the Logic Model Behind Health Care's Social Care Investments (Laura M Gottlieb Danielle Hessler, Holl Wing, Alejandra Gonzalez-Rocha, Yuri Cartier, Caroline Fichtenberg) • Policy Interventions to Enhance Medical Care for People With Obesity in the United States—Challenges, Opportunities, and Future Directions (James R Jolin, Minsoo Kwon, Elizabeth Brock, Jonathan Chen, Aisha Kokan, Ryan Murdock, Fatima C Standford) • Keeping It Political and Powerful: Defining the Structural Determinants of Health (Jonathan C Heller, Marjory L Givens, Sheri P Johnson, D A Kindig) • Integrated Devices: A New Regulatory Pathway to Promote Revolutionary Innovation (Ted Cho, Vrushab Gowda, Henning Schulzrinne, Brian J Miller) • Overcoming Common Anxieties in Knowledge Translation: Advice for Scholarly Issue Advocates (Paul Kershaw, Verena Rossa-Roccor) • Asking MultiCrit Questions: A Reflexive and Critical Framework to Promote Health Data Equity for the Multiracial Population (Tracy Lam-Hine, Sarah Forthal, Candice Y Johnson, Helen B Chin) • Assessing the Impact of the 340B Drug Pricing Program: A Scoping Review of the Empirical, Peer-Reviewed Literature (Timothy W Levensgood, Rena M Conti, Sean Cahill, Megan B Cole)

	<ul style="list-style-type: none"> • Changing US Support for Public Health Data Use Through Pandemic and Political Turmoil (Cason D Schmit, Brian N Larson, Thomas Tanabe, Mahin Ramezani, Qi Zheng, Hye-Chung Kum) • Is White Evangelical Antistructural Theology Related to Poor Health Outcomes? (David A Kindig, Yasmin Mohd Ariffin, Hannah Olson-Williams)
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Journal for Healthcare Quality

Volume 46, Number 4, July/August 2024

URL	https://journals.lww.com/jhqonline/toc/2024/08000
Notes	<p>A new issue of the <i>Journal for Healthcare Quality</i> (JHQ) has been published. Articles in this issue of the <i>Journal for Healthcare Quality</i> include:</p> <ul style="list-style-type: none"> • Differential Mortality Among Heart Failure Patients Across Different COVID-19 Surges in New York City (Sheetal Vasundara Mathai, Samuel J Apple, Xiaobao Xu, Li Pang, Elie Flatow, Ari Friedman, Saul Rios, Cesar Joel Benites Moya, Majd Al Deen Alhuarrat, M Parker, S I Sokol, R T Faillace) • Quality and Safety in Nursing: Recommendations From a Systematic Review (Patricia A Patrician, Caitlin M Campbell, Mariyam Javed, Kathy M Williams, Lozay Fouts, Wendy M Hamilton, Sherita House, Pauline A Swiger) • Iron Deficiency Among Hospitalized Patients With Congestive Heart Failure (Rick Foust, Stephen Clarkson, Megan Nordberg, J Joly, R Griffin, J May) • Improving First Case Operating Room Efficiency (Rebecca Afford, Megan Chan, Rana Garelnabi, Fariba Haji Ali Akbari, Sam M Wiseman) • EHR Smart Phrases Used as Enrollment Mechanism in Diabetes Self-Management Support Programs: Preliminary Outcomes (Parker A Rhoden, Luke Hall, Michelle Stancil, Windsor Westbrook Sherrill) • Multimodal Quality Initiatives in Sepsis Care: Assessing Impact on Core Measures and Outcomes (Marcos Garcia, Mohammed Al-Jaghbeer, James Morrison, Antoine Boustany, Bindesh Ghimire, Neel Tapryal, Komal Mushtaq, Kelly Orlosky, Amy Flowers-Surovi, Christopher Murphy, Palak Rath, Muhaimen Rahman, Corrine Kickel, Y-C Lee, K-Y Chang, F A Fadel) • Ambulatory Quality Improvement Despite COVID-19: Blueprint for a Successful System for Continuous Improvement (Anne H VanBuren, Tricia M Montgomery, John R McConaghy, Jeffrey Lawrence, Nazhat Taj-Schaal, Melissa Unger, Nate R Rogers) • Implementation of a Patient-Reported Outcome Measure: A Quality Improvement Project (Shana McGrath, M Howard, K Webber, L Juckett) • Pilot Process Evaluation of the Supporting Older Adults at Risk Model: A RE-AIM Approach (R L Trotta, A E Shoemaker, S R Greysen, M Boltz) • Implementing Behavioral Optimization and Outcomes Support Team in a Medical/Surgical Telemetry Unit (Chikaodi Kay, M Miller, B Buckingham) • Quality Coordinators' Perspectives on Quality Improvement in Primary Healthcare in Kosovo: A Qualitative Study (Ardita Baraku, G Pavleković)

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">• Quantifying the cost savings and health impacts of improving colonoscopy quality: an economic evaluation (Stephen McCarthy, Matthew David Rutter, Peter McMeekin, Jamie Catlow, Linda Sharp, Matthew Brookes, Roland Valori, Rashmi Bhardwaj-Gosling, Tom Lee, Richard McNally, Andrew McCarthy, Joanne Gray)• Need to systematically identify and mitigate risks upon hospitalisation for patients with chronic health conditions (Peter J Pronovost, Eboné M Carrington)

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">• Seeking systems-based facilitators of safety and healthcare resilience: a thematic review of incident reports (Catherine Leon, Helen Hogan, Yogini H Jani)• The “Silent Threat” in Medical, Surgical, and Intensive Care Unit Wards: A Daytime and Nighttime Study (M Emilia Monteiro et al)• Expanded Perspectives: Integrating Clinicians’ Insights for Comprehensive Patient-Reported Outcomes in Value-Based Healthcare (Serena Barello 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**
<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>

STOP
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



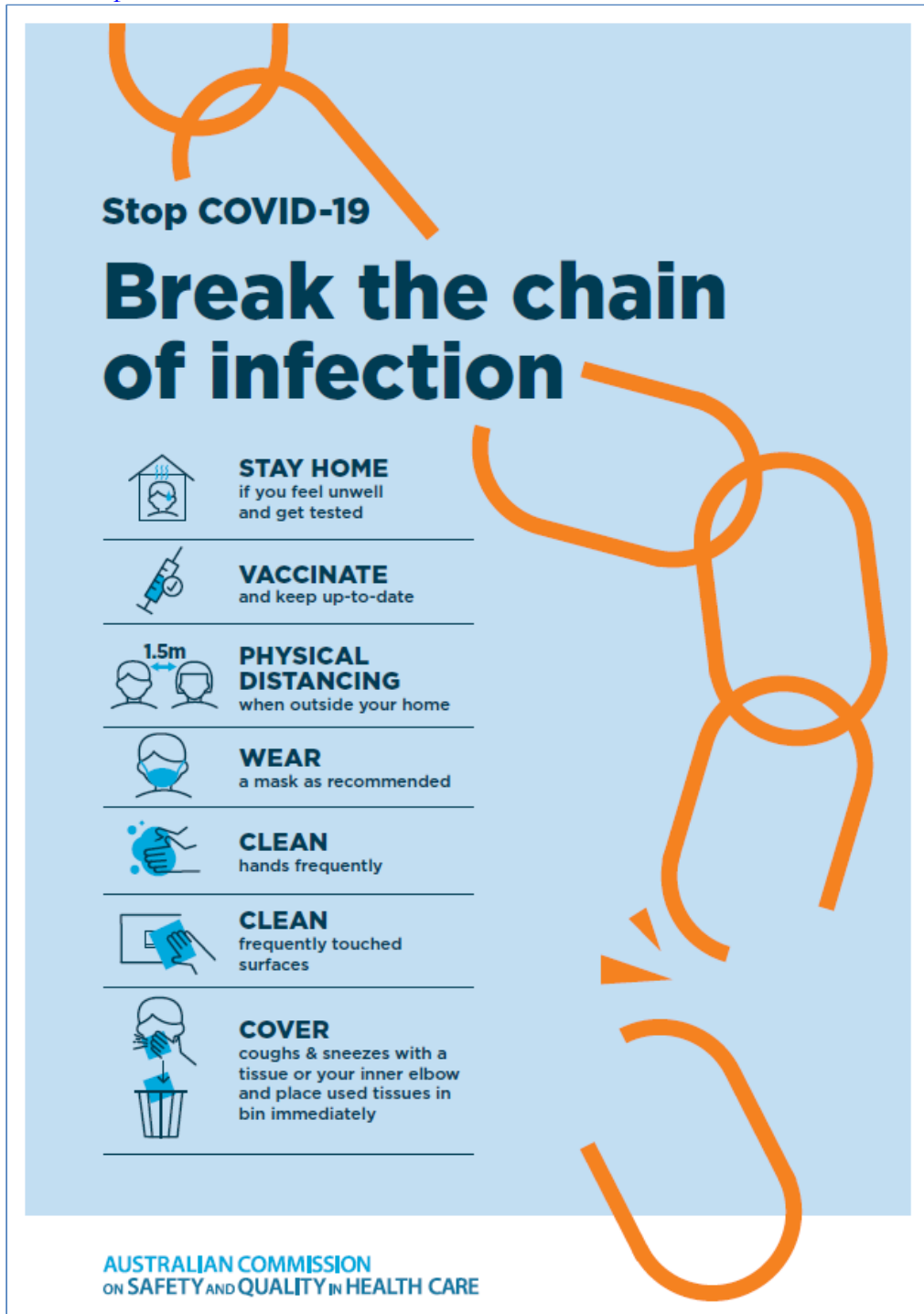
Perform hand hygiene

KEEP DOOR CLOSED AT ALL TIMES

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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
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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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