On the Radar

Issue 656
8 July 2024

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On the Radar
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Australian Passive AMR Surveillance: Trends in macrolide resistance in Streptococcus agalactiae and Streptococcus pyogenes – 2006 to 2023
Australian Commission on Safety and Quality in Health Care
Sydney; ACSQHC, 2024.
https://www.safetyandquality.gov.au/sites/default/files/2024-07/apas_report_-_streptococcus.pdf

The Australian Commission on Safety and Quality in Health Care has released an Australian Passive AMR Surveillance (APAS) report on antimicrobial resistance (AMR) in *Streptococcus agalactiae* and *Streptococcus pyogenes*, also known as group B and group A Streptococcus, respectively. APAS collects de-identified patient-level AMR data from routine susceptibility testing results available from voluntarily contributing pathology services. The report shows geographical and organism-related trends in macrolide resistance across acute and community settings from 2006 to 2023.

Key findings include:
- Resistance to erythromycin, a macrolide antibiotic, was more common in S. *agalactiae* than S. *pyogenes*, and has increased overall in both organisms but remains low in S. *pyogenes*
- Increasing erythromycin resistance in both organisms was consistent with a resistance gene that displays cross-resistance to clindamycin, a lincosamide antibiotic
- Erythromycin-resistant S. *agalactiae* was more common in remote and very remote Australia, while erythromycin-resistant S. *pyogenes* was more common in major cities
- Prevalence of erythromycin-resistant S. *agalactiae* was similar in hospitals and the community; Erythromycin-resistant S. *pyogenes* was more common in hospitals than other settings.

S. *agalactiae* and S. *pyogenes* are important human pathogens that can cause significant morbidity and mortality if not appropriately detected and treated, particularly in maternally-acquired neonatal septicaemia and meningitis, and skin and soft tissue infections, respectively. This report highlights the importance of continuing surveillance of AMR and infections, along with antimicrobial stewardship and infection prevention and control.

Books

Australia's Health 2024
Australian Institute of Health and Welfare
Canberra: AIHW

URL	https://www.aihw.gov.au/reports-data/australias-health
Notes	Australia's Health is the Australian Institute of Health and Welfare's flagship biennial report on the health of Australians. This edition, *Australia's Health 2024*, is the 19th such biennial report. According to the AIHW, "It is a mix of short statistical updates and longer discussions exploring selected topical health issues. Australia's health also serves as a 'report card' on the health of Australians by looking at how we are faring as a nation.' This edition's full product suite includes: • Australia's health: Topic summaries • Australia's health 2024: data insights • *Australia's health 2024: in brief* https://www.aihw.gov.au/reports/australias-health/australias-health-2024-in-brief/summary

Journal articles

Inappropriate prescribing in older people: not only a patient safety issue but an avoidable source of environmental harm
Hernandez-Palacios R, Pfleger S, Medrano J, Orive G, Lertxundi U
Age and Ageing. 2024;53(6):afae119.

DOI	https://doi.org/10.1093/ageing/afae119
Notes	The issues of over-prescribing, polypharmacy, inappropriate prescribing and de-prescribing have garnered attention in recent years. The authors of this piece make the observation that along with potential harm to patients, inappropriate use of medicines can have a impact on the environment. The authors note that 'Medicines are estimated to account for 25% of NHS carbon emissions.' Furthermore, 'Medicines also adversely affect the water and soil compartments of the environment through effluent from wastewater treatment plants, application of contaminated sludge to crops or inappropriate disposal via domestic waste to landfill.' Consequently, 'Tackling inappropriate polypharmacy in older people not only improves the quality of their life, but will also help mitigating environmental effects of medicines with the added consequence that harm to human health will be reduced and will help achieving the goal set in the Third Global Patient Safety Challenge, Medication Without Harm [19]. Considering the environmental harm caused by pharmaceuticals (including their carbon footprint) is just another reason to use them rationally.' The 2023 National Medicines Symposium (https://www.safetyandquality.gov.au/our-work/quality-use-medicines-stewardship-program/national-medicines-symposium/nms-2023) had a focus on emerging and key issues around sustainability and the quality use of medicines. The 2024 National Medicines Symposium has a theme of *Appropriate Use of Medicines in an Ageing Population* and will be held on 19 November 2024. For further information and to subscribe for updates see https://www.safetyandquality.gov.au/our-work/quality-use-medicines-stewardship-program/national-medicines-symposium.

For information on the Commission's work on medication safety see
https://www.safetyandquality.gov.au/our-work/medication-safety

Digital Health Technologies and Inequalities: A Scoping Review of Potential Impacts and Policy Recommendations
Badr J, Motulsky A, Denis J-L.
Health Policy. 2024: 105122.

DOI	https://doi.org/10.1016/j.healthpol.2024.105122
Notes	The authors of this scoping review observe that 'Digital health technologies hold promises for reducing health care costs, enhancing access to care, and addressing labor shortages.' However, they also note that these technologies can reinforce inequalities within vulnerable populations and that disparities in access and use related to individual characteristics have been well-documented. It is also suggested that achieving the potentials that digital health technologies offer 'can only be realized by embracing a clear vision of digital health transformation that adopts a public health perspective with an equity-focused lens that effectively integrates digital equity into political agendas.'

Digital Health Technologies and Inequalities:
A Scoping Review of Potential Impacts and Policy Recommendations

METHODS
- Scoping review:
  - 41 studies
  - 3 databases: MEDLINE, Psych Info and Web of Science
- Identify how digital health inequalities are conceptually and empirically assessed
- Explore the role of policies in preventing these inequalities

KEY FINDINGS
Digital health equity was assessed through 3 categories of social determinants

- Individual determinants
- Intermediary determinants
- Contextual determinants

15%
27%
58%

Disparities related to digital health were reported in:
- Access to healthcare
- Quality of care
- Clinical health outcomes in patients with chronic illness
- Patient reported outcomes

Policy perspectives and recommendations to enhance equity
1. Foundations and general strategies
   - Subsidizing access to high-speed Internet and digital devices
2. Strategies tailored to populations needs and preferences
   - Patient-centered design technologies
   - Culturally sensitive solutions
   - Identifying mechanisms that reinforce inclusion
   - Considering the impact of social-technical-economical-political contexts
   - Identifying relevant equity indicators
   - Establishing systematic data collection processes to monitor health equity related to DHT

CONCLUSION Digital health might exacerbate health inequalities and inequities. Evidence related to disparities in health outcomes or distribution of health is limited. Further research is needed on mechanisms that promote digital inclusion and institutionalization of equity at a macro contextual level.

International Journal for Quality in Health Care
Volume 36, Issue 2, 2024

URL	https://academic.oup.com/intqhc/issue/36/2
Notes	A new issue of the *International Journal for Quality in Health Care* has been published. . Many of the papers in this issue have been referred to in previous editions of *On the Radar* (when they were released online). Articles in this issue of the *International Journal for Quality in Health Care* include: • **Co-worker unprofessional behaviour and patient safety risks**: an analysis of co-worker reports across eight Australian hospitals (Ryan D McMullan et al) • Assessing **quality of critical care during an ongoing health emergency**—a novel approach to evaluate quality of care at Lebanese public ICUs during COVID-19 (Karim AbouNader et al) • The silent threat: investigating **sleep disturbances in hospitalized patients** (Corey Adams et al) • Practice patterns and survival outcomes for **muscle-invasive bladder cancer**: real-life experience in a general population setting (Sandrine D Plouvier et al) • Investigating drivers of **telecare acceptance** to improve healthcare quality for independently living older adults (Walfried Lassar and Attila J Hertelendy) • **Patient experience and nurse staffing level** in South Korea (Yeongchae Song and Young Kyung Do) • A multiphase, multicentre development and validation of two maturity tools assessing the implementation of the **FlaQuM co-creation roadmap** (Fien Claessens et al) • Process management program to prevent **falls in hospitalized patients with neuropsychiatric disorders**: a quality improvement program (Hua Xu 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) • Adherence to evidence-based guidelines for prevention of **urinary retention** in hip surgery patients: a multicentre observational study (M 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 five top-performing hospitals in China (Jinhong Zhao et al)

	Adverse events reporting during the COVID-19 pandemic in a Danish region: a retrospective analysis (Christian Uggerby et al) **Organizational learning in surgery** in Tanzania's health system: a descriptive cross-sectional study (Shehnaz Alidina et al) - How personnel diversity and affective bonds affect **performance-based financing**: a moderator analysis of a difference-in-difference estimator (Sian Hsiang-Te Tsuei et al) **Prescribing antibiotics for children with dengue infection** in Taiwan: who are at risk and who are high prescribers? (Yi-Jung Shen et al) **Cost-effectiveness evaluations** should be based on trials, not models (Robert M Kaplan - Integration of persistence in the **5P-medicine approach for age-related chronic diseases** (Joaquín Borrás-Blasco et al) - Implementation remains the biggest challenge to the effective use of **PROMs and PREMs**, so what can we do about it? (Claudia Bull and Jason D Pole) - Editorial: Primum non nocere: first, do no harm—determining the current, ongoing, and future contribution of **smart healthcare** (Daniel Wu et al) - Editorial: Key lessons to improve care—factors contributing to **delayed discharges** and cost implications: medical conditions and rehabilitation delays at a tertiary rehabilitation center in Saudi Arabia (P Gupta and D Greenfield) - Barriers and facilitators to **health professionals' engagement in quality improvement initiatives**: a mixed-methods systematic review (Joanna Elizalde et al) - A scoping review of the methodological approaches used in retrospective chart reviews to validate **adverse event rates in administrative data** (Anna Connolly et al) - Clinical indicators to monitor health care in **low back pain**: a scoping review (Vanessa L Dos Santos et al) **Near real-time patient experience feedback** with data relay to providers: a systematic review of its effectiveness (Tiago S Jesus et al) **Medication reuse programs**: a narrative review of the literature (Samuel Watts et al)

BMJ Leader
Volume 8, Issue 2, June 2024

URL	https://bmjleader.bmj.com/content/8/2
Notes	A new issue of *BMJ Leader* has been published. Articles in this issue of *BMJ Leader* include: - Year in review: tips for effective **graduate medical education programme leadership and management** (William Rainey Johnson, Adam M Barelski, John G Blickle, Melanie L Wiseman, Joshua Hartzell) - Situations of **moral injury and ambiguity** will always go on in healthcare: it is how we deal with them that is important (Kim Nurse, Hannah Baird) **Accelerated transformation programme for healthcare services**: structure, function and the lessons learnt (Anthony J Riley, S A AlShammary, Y Abuzied, R Al-Amer, I Bin-Hussain, M Alwaalah, K Alshammari, K I AlQumaizi) - Role of **hospital leadership in pandemic preparedness**: experience at a tertiary hospital in Kenya during the COVID-19 pandemic (Lucy W Mwangi, William Macharia, Benjamin W Wachira, Jemimah Kimeu, B Mativa, L Atwoli)

	- Exploration of the representation of the **allied health professions in senior leadership positions** in the UK National Health Service (Nicola Eddison, Aoife Healy, Nina Darke, M Jones, M Leask, G L Roberts, N Chockalingam) - **Followership in interprofessional healthcare teams**: a state-of-the-art narrative review (Erin S Barry, Pim Teunissen, Lara Varpio) - Medical Specialty Interest Survey (MSIS): understanding career interest and specialty training in commencing **Australian medical interns** (Christopher Chew, Lawrence Lin, Nathan Vos, Jade Stevens, Emma Nyhof, Jason Goh) - 'We are in for a culture change': continuing professional development leaders' perspectives on **COVID-19, burn-out and structural inequities** (Sophie Soklaridis, Rabia Zaheer, Michelle Scully, Rowen Shier, Betsy Williams, Linda Dang, Sam J Daniel, Sanjeev Sockalingam, Martin Tremblay) - **ChatGPT**: a novel AI assistant for healthcare messaging—a commentary on its potential in addressing patient queries and reducing clinician burnout (Benjamin Laker, Emily Currell) - System planning for **modern-day Just Culture** to mitigate worker distress and second victim response (Joanna R Sells, Irene Cole, Charlie Dharmasukrit, Amy Brown, Christine Rovinski-Wagner, Tamara L Tasseff) - Impact and effectiveness of **leadership and management in academic health sciences** (Claire Donnellan) - Understanding **leadership development in DPT and MOT graduates** at AdventHealth University via focus groups (Elizabeth Clark, Christine Moghimi, Janelle Ealdama, Bojana Penjavic, Michael Scheraldi, Steven Vidal) - Mission possible: **open innovation in nursing and patient care services** at Massachusetts General Hospital (Hiyam M Nadel, Nour Al-Sultan, Alex Berger, Paula McCree, Gaurdia Banister, Olivia Jung) - Interest and competence in **leadership and management among newly qualified specialists** in Finland (Heli Parviainen, Juulia Kärki, Hanna Kosonen, Heli Halava) - Generic professional capabilities hub: **developing leadership and management skills in trainees** (Kate Rachel Millar, Christopher James, Hannah Headon, Azka Afzal, Joseph Lipton, Kirsten Armit, Judy McKimm) - **Public health leadership in the COVID-19 era**: how does it fit? A scoping review (Tommaso Osti, Angelica Valz Gris, Valerio Flavio Corona, L Villani, F D'Ambrosio, M Lomazzi, C Favaretti, F Cascini, M R Gualano, W Ricciardi)

Health Affairs
Volume 43, Number 7, July 2024

URL	https://www.healthaffairs.org/toc/hlthaff/43/7
Notes	A new issue of *Health Affairs* has been published with the theme 'Medicare, COVID-19, And More'. Articles in this issue of *Health Affairs* include: - **National Health Expenditure Projections**, 2023–32: Payer Trends Diverge As Pandemic-Related Policies Fade (J A Fiore, A J Madison, J A Poisal, G A Cuckler, S D Smith, A M Sisko, S P Keehan, K E Rennie, and A C Gross) - **Health Insurance Coverage** Projections For The US Population And Sources Of Coverage, By Age, 2024–34 (Jessica Hale, N Hong, B Hopkins, S Lyons, E Molloy, and The Congressional Budget Office Coverage Team) - The Effect Of Next Generation **Accountable Care Organizations** On Medicare Expenditures (Shriram Parashuram, Woolton Lee, Kathleen Rowan,

	Yue Gao, Erin Ewald, Devi Chelluri, Jackie Soo, Kan Gianattasio, Liyang Xie, Erin Brantley, Bryan E Dowd, Roger Feldman, and Kristina Lowell)
	• **In-Home Health Risk Assessments And Chart Reviews** Contribute To Coding Intensity In Medicare Advantage (Paul D Jacobs)
	• The Road To Value Can't Be Paved With A Broken **Medicare Physician Fee Schedule** (Robert A Berenson and Kevin J Hayes)
	• Estimating The Effects Of COVID-19 On **Globalized Markets For Active Pharmaceutical Ingredients** (M Barber, R Ramachandran, and S Moon)
	• **Emergency Department Visits And Hospital Capacity** In The US: Trends In The Medicare Population During The COVID-19 Pandemic (Peter B Smulowitz, A James O'Malley, J M McWilliams, L Zaborski, and B E Landon)
	• The **COVID-19 Uninsured Program**: Nearly 39 Million Vaccine Doses Were Funded, 2020–22 (Yuping Tsai, J A Singleton, M C Lindley, and T C Jatlaoui)
	• Four Years And More Than 200,000 Deaths Later: Lessons Learned From The **COVID-19 Pandemic In US Nursing Homes** (R Tamara Konetzka, David C Grabowski, and Vincent Mor)
	• The **COVID-19 Pandemic** Led To A Large Decline In **Physician Gross Revenue** Across All Specialties In 2020 (Ravi B Parikh, Ezekiel J Emanuel, Y Zhao, D R Pagnotti, P S Pathak, S Hagen, D A Pizza, and A S Navathe)
	• **FDA Breakthrough Therapy Designation** Reduced Late-Stage Drug Development Time (Kathleen L Miller, Ariel D Stern, A Kearsley, and J Kao)
	• Structural Inequities In The Adoption Of **Percutaneous Coronary Intervention Services** By US Hospitals, 2000–20 (R Y Hsia and Y-C Shen)
	• **Use Of High- And Low-Value Health Care** Among US Adults, By Income, 2010–19 (Sungchul Park and Rishi K Wadhera)
	• Overlap In Carriers And Networks In Medicaid And The Individual Marketplaces (Mark Katz Meiselbach, Henry M L Larweh, J Marr, and J Xu)
	• Most States Allow Medicaid Managed Care Plans Discretion To Restrict Substance Use Disorder Treatment Benefits (Lauren A Peterson, Christina M Andrews, Amanda J Abraham, Melissa A Westlake, and Colleen M Grogan)
	• **Vaccine Politics** (Richard Hughes)

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: • Use of the DMAIC Lean Six Sigma quality improvement framework to improve **beta-lactam antibiotic adequacy** in the critically ill (Rebecca J Wessel et al) • Giving Meaning to **Quality of Healthcare in Malaysia** (Divya Nair Narayanan et al) • Addressing the challenge of **reducing low value care** (RB Kool et al)

Online resources

Clinical Communiqué
https://www.thecommuniques.com/post/clinical-communiqu%C3%A9-volume-11-issue-2-june-2024
Volume 11, Issue 2, June 2024
This issue of *Clinical Communiqué* examines issues of communication. The two case studies are examples of how lapses in communication can have patient safety implications. This issue includes two commentaries, one on 'communication as a key to patient safety' and the other on the *Australian Open Disclosure Framework*.

For information on the Commission's work on communicating for safety, see
https://www.safetyandquality.gov.au/our-work/communicating-safety

For information on the Commission's work on open disclosure, including the *Australian Open Disclosure Framework*, see https://www.safetyandquality.gov.au/our-work/clinical-governance/open-disclosure

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

[UK]Transfers of care toolkit
https://theprsb.org/toolkits/transfersofcare/about-this-toolkit/
The Professional Records Standards Body in the UK has developed this toolkit to support the implementation and use of their eDischarge Summary Standard across the UK.

COVID-19 resources

https://www.safetyandquality.gov.au/covid-19

The Australian Commission on Safety and Quality in Health Care 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

- *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
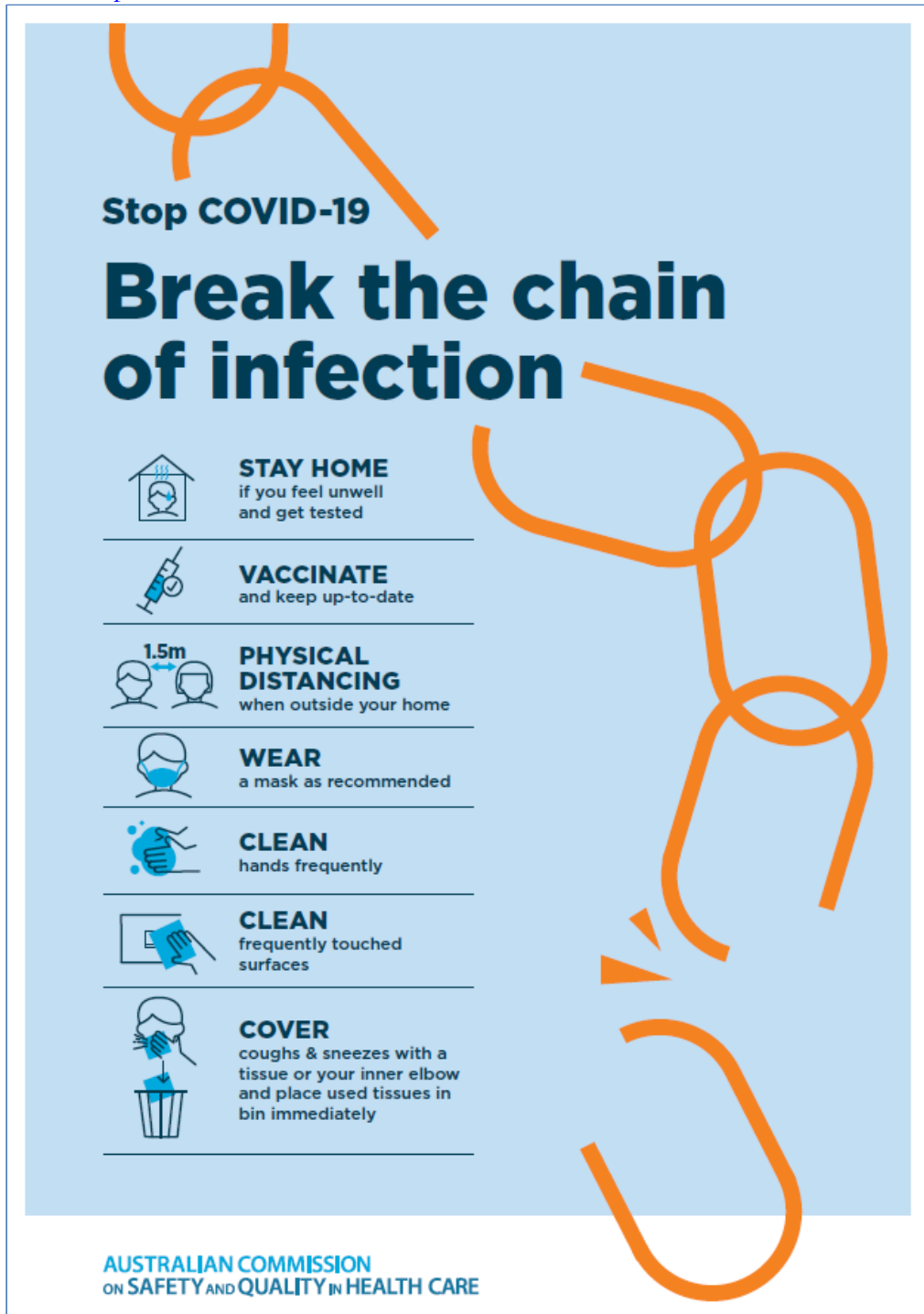
- *COVID-19 and face masks – Information for consumers*
  https://www.safetyandquality.gov.au/publications-and-resources/resource-library/covid-19-and-face-masks-information-consumers

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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