



On the Radar

Issue 657
15 July 2024

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On the Radar

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Reports

Social Prescribing Around the World

A World Map of Global Developments in Social Prescribing Across Different Health System Contexts: 2024

National Academy for Social Prescribing, World Health Organization

London: National Academy for Social Prescribing; 2024. p. 37.

URL	https://socialprescribingacademy.org.uk/resources/social-prescribing-around-the-world/
Notes	The National Academy for Social Prescribing (a UK charity) and the World Health Organization have produced this report on the state of social prescribing. The report includes brief snapshots on how social prescribing is being approached in various nations and health systems.

Journal articles

Frequency and preventability of adverse drug events in the outpatient setting

Wasserman RL, Edrees HH, Amato MG, Seger DL, Frits ML, Hwang AY, et al.

BMJ Quality & Safety. 2024: bmjqs-2024-017098.

DOI	https://doi.org/10.1136/bmjqs-2024-017098
Notes	While there has been some attention on adverse drug events in various settings, including within hospitals, the authors of this piece note that ‘Limited data exist regarding adverse drug events (ADEs) in the outpatient setting.’ This study sought to ‘determine the incidence, severity, and preventability of ADEs in the outpatient setting and identify potential prevention strategies’. The authors ‘conducted an analysis of ADEs identified in a retrospective electronic health records review of outpatient encounters in 2018 at 13 outpatient sites in Massachusetts [USA] that included 13 416 outpatient encounters in 3323 patients’. From their analyses, the authors report ‘5% of patients experienced an ADE over the 1-year period.’

For information on the Commission’s work on medication safety see

<https://www.safetyandquality.gov.au/our-work/medication-safety>

“They say they listen. But do they really listen?”: A qualitative study of hospital doctors’ experiences of organisational deafness, disconnect and denial

Creese J, Byrne JP, Conway E, O’Connor G, Humphries N

Health Services Management Research. 2024:09514848241254929.

DOI	https://doi.org/10.1177/09514848241254929
Notes	Over many years there has been much said about culture, psychological safety and encouraging people to speak up and the influence on safety and quality. This paper reports on an Irish study that involved 28 hospital doctors in order to ‘explore the barriers preventing them from speaking up and effecting change, and the impact of this on staff morale and services’. The authors observe that ‘The sharing of information and feedback directly from service-providing staff to healthcare organisational management is vital for organisational culture and service improvement.’ The study identified ‘three major barriers...to effective feedback and communication: (1) organisational deafness, (2) disconnect between managers and frontline staff, and (3) denial of the narratives and issues raised.’

Infection Control Measure Performance in Long-Term Care Hospitals and Their Relationship to Joint Commission Accreditation

Schmaltz SP, Longo BA, Williams SC

The Joint Commission Journal on Quality and Patient Safety. 2024;50(6):425-434.

DOI	https://doi.org/10.1016/j.jcjq.2024.02.005
Notes	Paper reporting on an observational study to examine the relationship between accreditation and health care–associated infections (HAIs) in long-term care hospitals (LTCHs) in the USA. Using data covering 244 (73.3%) Joint Commission–accredited and 89 (26.7%) non–Joint Commission–accredited hospitals for the period 2017 to June 2021, the authors report that ‘Compared to non–Joint Commission–accredited LTCHs, accredited LTCHs had significantly better (lower) SIRs [standardized infection ratio] for CLABSI [central line–associated bloodstream infections] and CAUTI [catheter-associated urinary tract infections] measures, although no differences were observed for CDI [<i>Clostridioides difficile</i> infections] SIRs.’

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>

Incorporating patient-reported outcome measures (PROMs) into a clinical quality registry (CQR) for ovarian cancer: considerations and challenges

Lefkovits YR, Heriot N, Sporik A, Perera S, Friedlander M, Dixon C, et al
BMC Health Services Research. 2024;24(1):778.

DOI	https://doi.org/10.1186/s12913-024-11042-8
Notes	With the advent of PROM (patient-reported outcome measure) and PREM (patient-reported experience measure) measures, there has been an interest in how to incorporate these into various data systems, including clinical quality registries. This paper describes the experience of identifying and implementation of an appropriate PROM into the National Gynae-Oncology Registry (NGOR) in Australia.

For information on the Commission’s work on clinical quality registries see <https://www.safetyandquality.gov.au/our-work/health-and-human-research/national-arrangements-clinical-quality-registries>

For information on the Commission’s work on Patient-reported outcome measures see <https://www.safetyandquality.gov.au/our-work/indicators-measurement-and-reporting/patient-reported-outcome-measures>

JBI Evidence Synthesis

Volume 22, Issue 7, July 2024

URL	https://journals.lww.com/jbisrir/toc/2024/07000
Notes	<p>A new issue of <i>JBI Evidence Synthesis</i> has been published Articles in this issue of <i>JBI Evidence Synthesis</i> include:</p> <ul style="list-style-type: none"> • Editorial: The healing power of family partnership in pediatric and neonatal intensive care (Anne-Sylvie Ramelet, Shannon Barnes) • Effectiveness and family experiences of interventions promoting partnerships between families and pediatric and neonatal intensive care units: a mixed methods systematic review (Shannon Barnes, Ibo Macdonald, Zahra Rahmaty, Véronique de Goumoëns, Chantal Grandjean, Cécile Jaques, Anne-Sylvie Ramelet) • Experiences of patients with metachromatic leukodystrophy, adrenoleukodystrophy, or Krabbe disease and the experiences of their family members: a qualitative systematic review (Yuta Koto, Shingo Ueki, Miyae Yamakawa, Norio Sakai) • Child life specialist services, practice, and utilization across health care: a scoping review (Audrey Rosenblatt, Renee Pederson, Tyler Davis-Sandfoss, Lauren Irwin, Rebecca Mitsos, Renee Manworren)

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"> • Patient and caregiver perspectives on causes and prevention of ambulatory adverse events: multilingual qualitative study (Anjana E Sharma, Amber S Tran, Marika Dy, Adriana L. Najmabadi, Kristan Olazo, Beatrice Huang, Urmimala Sarkar The PARTNRS Study Stakeholder Advisory Research Council) • Frequency and preventability of adverse drug events in the outpatient setting (Rachel L Wasserman, Heba H Edrees, Mary G Amato, Diane L Seger, Michelle L Frits, Andrew Y Hwang, Christine Iannaccone, David W Bates)

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"> • The utility of website-based quality improvement tools for health professionals: a systematic review (Georgie Tran, Bridget Kelly, Megan Hammersley, Jennifer Norman, Anthony Okely) • Sharps injuries among healthcare workers in Liberia and Ghana: a cross-sectional survey (Laura Jean Ridge et al) • Measuring the Overall Development of Patient Safety in a New Hospital Using Trigger Tools (Ivan Adamovic et al)

Online resources

Medicines Advice Initiative Australia. Supporting Quality Use of Medicines

<https://www.medicinesadvice.net.au/>

Medicines Advice Initiative Australia (MAIA) is a consortium dedicated to improving the use of medicines and related health services in Australia. The latest update from the MAIA is focused on **Persistent Pain**. Key resources that have been developed for medicines governance committees, clinicians and consumers, to support ‘pathways out of persistent pain’, include:

- Therapeutic Brief on managing persistent pain
- Quick reference guide for general practice
- Patient information brochure
- CPD activities for GPs and pharmacists
- Toolkits for Medicines and Therapeutic Advisory Committees.

[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:

- **Dental Care for People With Hemophilia: A Rapid Response Literature Review**
<https://effectivehealthcare.ahrq.gov/products/hemophilia-dental/research>
- **Dental Care for People With Sickle Cell Disease: A Rapid Response Literature Review**
<https://effectivehealthcare.ahrq.gov/products/sickle-cell-dental/research>

[USA] AHRQ Perspectives on Safety

<https://psnet.ahrq.gov/psnet-collection/perspectives>

The US Agency for Healthcare Research and Quality (AHRQ) publishes occasional Perspectives on Safety essays. Recent essays include:

- *Health Plan Patient Safety Initiatives* – examines how health insurance plan may have a role in improving patient safety, including how health insurance monitors patient safety and health insurance plan-level initiatives to improve patient safety
<https://psnet.ahrq.gov/perspective/health-plan-patient-safety-initiatives>

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	At doorway prior to leaving room/care zone
1 Perform hand hygiene	1 Remove and dispose of gloves if worn
2 Put on gown	2 Perform hand hygiene
3 Put on surgical mask	3 Remove and dispose of gown
4 Put on protective eyewear	4 Perform hand hygiene
5 Wear gloves, in accordance with standard precautions	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

At doorway prior to leaving 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

- 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



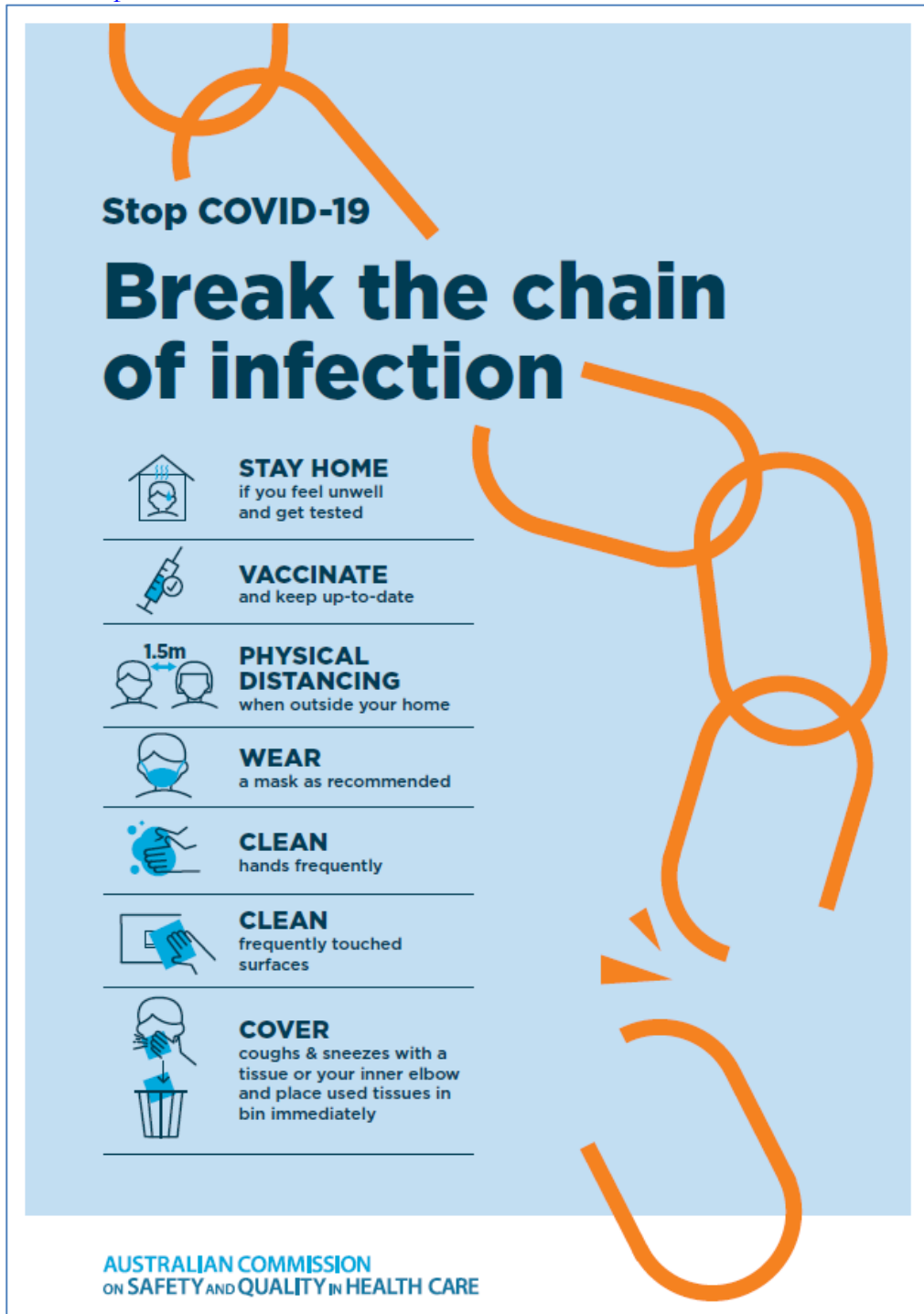
Remove and dispose of particulate respirator (In an anteroom/outside the room/care zone)
- 9



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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**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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