



On the Radar

Issue 659
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On the Radar

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Australian Passive AMR Surveillance: An update of resistance trends in multidrug-resistant organisms – 2006 to 2023

Australian Commission on Safety and Quality in Health Care

Sydney: ACSQHC; 2024. p. 38.

<https://www.safetyandquality.gov.au/publications-and-resources/resource-library/australian-passive-amr-surveillance-update-resistance-trends-multidrug-resistant-organisms-2006-2023>

The Australian Commission on Safety and Quality in Health Care has released an Australian Passive AMR Surveillance (APAS) report focussing on resistance trends in three multidrug-resistant organisms (MROs) across acute and community settings from 2006 to 2023. APAS collects de-identified patient-level antimicrobial resistance (AMR) data from routine susceptibility testing results from voluntarily contributing pathology services.

Key findings include:

- Vancomycin resistance in *Enterococcus faecium* (VRE) remains high, particularly in hospitals. There was marked variation among states and territories, but VRE was highest in Victoria

- Fluoroquinolone resistance in *Escherichia coli* has increased 7-fold since 2006. Resistance was similar across different settings but varied geographically, with the highest rates in Victoria and very remote Australia
- Methicillin resistance in *Staphylococcus aureus* (MRSA) has remained steady overall. MRSA was most prevalent in aged care homes, the Northern Territory and in remote and very remote Australia.

MROs are resistant to multiple antimicrobials and pose a significant risk to patient safety due to the increased risk of morbidity and mortality associated with these infections. This report highlights the importance of ongoing surveillance of AMR and infections, along with antimicrobial stewardship and infection prevention and control. This is particularly crucial for vulnerable populations including hospitalised patients, those in aged care homes and First Nations communities.

Reports

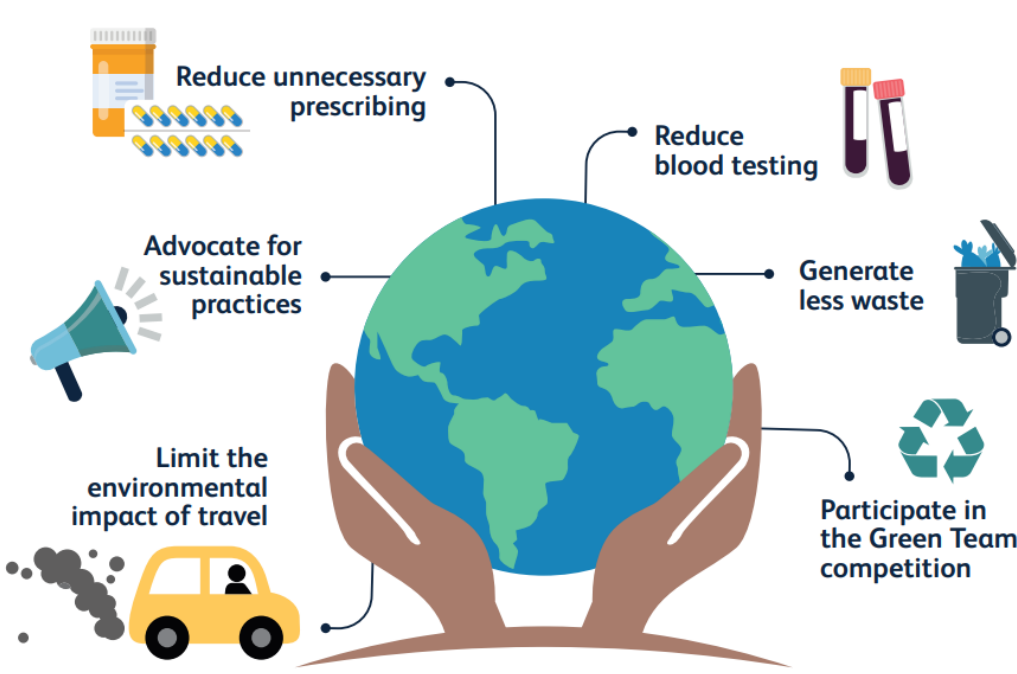
Digital tools for online consultation in general practice. Investigation report
Health Services Safety Investigation Body
Poole: HSSIB; 2024.

URL	https://www.hssib.org.uk/patient-safety-investigations/workforce-and-patient-safety/second-investigation-report/
Notes	<p>The latest report from the UK's Health Services Safety Investigations Board (HSSIB) sought to examine patient safety risks associated with the use of online consultation tools in general practice. It is noted that 'The investigation focussed on the use of these tools for 'asynchronous' consultation where the patient and healthcare professional are not in the same room, and the patient does not receive a response in real time.' These online tools may used to triage patients.</p> <p>For some this would not constitute appropriate telehealth. In Australia the Medical Board of Australia's guidelines on telehealth consultations with patients state 'Prescribing or providing healthcare for a patient without a real-time direct consultation, whether in-person, via video or telephone, is not good practice and is not supported by the Board. This includes asynchronous requests for medication communicated by text, email, live-chat or online that do not take place in the context of a real-time continuous consultation and are based on the patient completing a health questionnaire, when the practitioner has never spoken with the patient.'</p> <p>The HSSIB's investigation report noted that concerns that online consultation tools could contribute to risks to patient safety did exist. They found that 'Although there is evidence these tools have benefits, the investigation also found evidence that they had contributed to some patient safety incidents.' The investigation identified patient safety risks, including:</p> <ul style="list-style-type: none"> • Patients less likely to seek a consultation about a medical issue if they have to use an online tool, which are not always accessible or easy to use. • GPs unable to collect the information necessary to make decisions about a patient's care. • Patient harm from missed or delayed care. <p>The report also made findings about access, training, implementation, design and configuration issues. The report also made a number of safety recommendations and observations, including the involvement of clinicians and consumers.</p>

South Australia oral health workforce projections barriers: The importance of data
 Deeble Institute for Health Policy Research Perspectives Brief no: 32.
 Lee, P
 Canberra: Australian Healthcare and Hospitals Association; 2024. p. 20.

URL	https://ahha.asn.au/resource/south-australia-oral-health-workforce-projections-barriers-the-importance-of-data/
Notes	Health systems have struggled with workforce issues for some time now. Many of these were exacerbated during the COVID-19 pandemic and have continued subsequently. This brief from the AHHA’s Deeble Institute focuses on workforce issues in South Australia’s oral health sector. The author of this brief seeks to highlight the ‘issues with workforce planning of the oral health sector in South Australia and indirectly nationally’; and to identify ‘potential policy options to improve oral health workforce planning.’

Green physician toolkit
 Royal College of Physicians
 London: Royal College of Physicians; 2024. p. 11.

URL	https://www.rcp.ac.uk/32302
Notes	<p>The Royal College of Physicians in the UK has published this <i>Green Physician Toolkit</i> that is designed to support doctors to play their part in tackling the climate crisis. The toolkit draws together the evidence on health and climate change, and suggests actions that physicians can take in their day-to-day practice.</p> <p>Infographic 1: Actions to reduce the environmental impact of healthcare delivery</p>  <p>The infographic features a central globe held by two hands. Six lines radiate from the globe to different icons and text boxes:</p> <ul style="list-style-type: none"> Reduce unnecessary prescribing: Represented by a pillbox and several pills. Reduce blood testing: Represented by two test tubes. Advocate for sustainable practices: Represented by a megaphone. Generate less waste: Represented by a trash bin. Limit the environmental impact of travel: Represented by a yellow car with exhaust smoke. Participate in the Green Team competition: Represented by a recycling symbol.

Journal articles

Influences of Leadership, Organizational Culture, and Hierarchy on Raising Concerns About Patient Deterioration: A Qualitative Study

Vehvilainen E, Charles A, Sainsbury J, Stacey G, Field-Richards SE, Westwood G

Journal of Patient Safety. 2024;20(5):e73-e77.

DOI	https://doi.org/10.1097/PTS.0000000000001234
Notes	Paper reporting on a UK study demonstrating how issues of leadership, culture, psychological safety can have impacts on patient safety. Here these factors can facilitate an environment in which people are more likely to respond to clinical deterioration. The authors note that ‘Raising concerns is essential for the early detection and appropriate response to patient deterioration’. The study sought to examine ‘how leadership, organizational cultures, and professional hierarchies in healthcare settings influence healthcare workers, patients, and caregivers in raising concerns about patient deterioration and their willingness to do so.’ This qualitative study included 27 group discussions and from their analysis the authors report ‘Positive leadership that challenged traditional professional hierarchies by embracing multidisciplinary teamwork, valuing the input of all stakeholders, and championing person-centered practice fostered a positive working culture. This culture has the potential to empower clinical staff, patients, caregivers, and family members to confidently raise concerns. Staff development, clinical supervision, and access to feedback, all underpinned by psychological safety, were viewed as facilitating the escalation of concerns and, subsequently, have the potential to improve patient safety.’

For information on the Commission’s work on recognising and responding to deterioration see

<https://www.safetyandquality.gov.au/our-work/recognising-and-responding-deterioration>

Association of Staphylococcus aureus bacterial load and colonization sites with the risk of postoperative S. aureus infection

Troeman DPR, Hazard D, van Werkhoven CHW, Timbermont L, Malhotra-Kumar S, Wolkewitz M, et al.

Open Forum Infectious Diseases. 2024:ofae414.

DOI	https://doi.org/10.1093/ofid/ofae414
Notes	Paper reporting on a Dutch study that sought to examine the relationship between <i>Staphylococcus aureus</i> bacterial load and colonization sites with the risk of postoperative <i>S. aureus</i> infection. This prospective cohort study enrolled 5,004 surgical patients, of whom 3,369 (67.3%) were <i>S. aureus</i> carriers. The study found 100 <i>S. aureus</i> surgical site infections (SSI) and postoperative bloodstream infections (BSI) events occurred during follow-up, and 86 (86 %) of these events occurred in carriers. The authors concluded that nasal carriage was associated with an increased risk of SSI/BSI and accounted for the majority of infections. Higher bacterial load, as well as colonization at multiple bodily sites, further increased this risk.

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>

URL	https://qualitysafety.bmj.com/content/33/8
Notes	<p>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:</p> <ul style="list-style-type: none"> • Editorial: Is hospital-onset bacteraemia and fungaemia an actionable quality measure? (Chanu Rhee, Payal Patel, Julia Szymczak) • Editorial: Time for a rebalance: psychological and emotional well-being in the healthcare workforce as the foundation for patient safety (Kate Kirk) • 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 et al) • Comparing secondary prevention for patients with coronary heart disease and stroke attending Australian general practices: a cross-sectional study using nationwide electronic database (Jason Yue, Samia Kazi, Tu Nguyen et al) • Consent and refusal of procedures during labour and birth: a survey among 11 418 women in the Netherlands (Marit Sophia Gerardina van der Pijl, Margot Klein Essink, Tineke van der Linden et al) • Care Under Pressure 2: a realist synthesis of causes and interventions to mitigate psychological ill health in nurses, midwives and paramedics (Cath Taylor, Jill Maben, Justin Jagosh et al) • Fixing patient safety: Are we nearly there yet? (Peter McCulloch)

URL	https://journals.lww.com/journalpatientsafety/toc/2024/08000
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"> • Healthcare Violence and the Potential Promises and Harms of Artificial Intelligence (Kevin T Kavanagh, Christine Pontus, Lindsay E Cormier) • Supporting Error Management and Safety Climate in Ambulatory Care Practices: The CIRSforte Study (Beate S Müller, Dagmar Lüttel, Dania Schütze, Tatjana Blazejewski, Marina Pommée, Hardy Müller, Katharina Rubin, Christian Thomeczek, Romy Schadewitz, Reiner Heuzeroth, David Schwappach, Corina Gütthlin, Michael Paulitsch, Ferdinand M Gerlach) • Medical Students' Speak-Up Barriers: A Randomized Controlled Trial With Written Vignettes (Jesper Dybdal Kayser, Annette Kjær Ersbøll, Michaela Kolbe, Doris Østergaard, Peter Dieckmann) • Enhancing Patient Safety in Prehospital Environment: Analyzing Patient Perspectives on Non-Transport Decisions With Natural Language Processing and Machine Learning (Hassan Farhat, Guillaume Alinier, Reem Tluli, Montaha Chakif, Fatma Babay EP Rekik, Ma Cleo Alcantara, Padarath Gangaram, Kawther El Aifa, Ahmed Makhlof, Ian Howland, Mohamed Chaker Khenissi, Sailesh Chauhan, Cyrine Abid, Nicholas Castle, Loua Al Shaikh, Moncef Khadhraoui, Imed Gargouri, James Laughton) • Consequences of Inpatient Falls in Acute Care: A Retrospective Register Study (Anniina Heikkilä, Lasse Lehtonen, Kristiina Junttila)

	<ul style="list-style-type: none"> • Development and Evaluation of Patient Safety Interventions: Perspectives of Operational Safety Leaders and Patient Safety Organizations (Kylie M Gomes, Jessica Handley, Zoe M Pruitt, Seth Krevat, A Fong, R M Ratwani) • Patient Outcomes Compared Between Admissions Coordinated by the Transfer Center and Emergency Department at a U.S. Tertiary Care Hospital (Sandeep R Pagali, Alexander J Ryu, Karen M Fischer, Riddhi S Parikh, James S Newman, M Caroline Burton) • Assessing the Reproducibility of Research Based on the Food and Drug Administration Manufacturer and User Facility Device Experience Data (Xinyu Li, Yubo Feng, Yang Gong, You Chen) • Fatal Adverse Events in Femoral Neck Fracture Patients Undergoing Hemiarthroplasty or Total Hip Arthroplasty—A Retrospective Record Review Study in a Nationwide Sample of Deceased Patients (Bo Schouten, Mees Baartmans, Linda van Eikenhorst, Gooitzen P Gerritsen, Hanneke Merten, Steffie van Schoten, Prabath W B Nanayakkara, Cordula Wagner) • Influences of Leadership, Organizational Culture, and Hierarchy on Raising Concerns About Patient Deterioration: A Qualitative Study (Essi Vehvilainen, Ashleigh Charles, Jessica Sainsbury, Gemma Stacey, Sarah Elizabeth Field-Richards, Greta Westwood) • Telehealth Safety Framework: Addressing a New Frontier in Patient Safety (Kylie M Gomes, Nate Apathy, Seth Krevat, Ethan Booker, Raj M Ratwani) • Perceptions of U.S. and U.K. Incident Reporting Systems: A Scoping Review (Pamela J Gampetro, Anne Nickum, Celeste M Schultz) • Communication of Incidental Imaging Findings on Inpatient Discharge Summaries After Implementation of Electronic Health Record Notification System (Govind Mattay, Kushanth Mallikarjun, Paula Grow, Aaron Mintz, Thomas Ciesielski, Anthony Dao, Shivani Mattay, Geoffrey Cislo, Raghav Mattay, Vamsi Narra, Andrew Bierhals) • High Reliability in a Safety Net Hospital Leading to Operational Excellence (Lisa Didion, Candice Whitfield, Phyllis Bishop, A E Jones, J M Henderson) • Using Behavioral Insights to Strengthen Strategies for Change. Practical Applications for Quality Improvement in Healthcare (Rie Laurine Rosenthal Johansen, Simon Tulloch)
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The Joint Commission Journal on Quality and Patient Safety
Volume 50, Issue 8, August 2024

URL	https://www.sciencedirect.com/journal/the-joint-commission-journal-on-quality-and-patient-safety/vol/50/issue/8
Notes	<p>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:</p> <ul style="list-style-type: none"> • Racial/Ethnic Disparities in Peripartum Pain Assessment and Management (Naomi H Greene, Sarah J Kilpatrick) • Enhancing Implementation of the I-PASS Handoff Tool Using a Provider Handoff Task Force at a Comprehensive Cancer Center (Maria C Franco Vega, Mohamed Ait Aiss, Marina George, Lakeisha Day, Anayo Mbadugha, Katie Owens, Colin Sweeney, Son Chau, Carmen Escalante, Diane C Bodurka) • Screening and Intervention to Prevent Violence Against Health Professionals from Hospitalized Patients: A Pilot Study (Kathryne Adams, Langley Topper, Isabelle Hashim, Aliysa Rajwani, Cristina Montalvo)

	<ul style="list-style-type: none"> • Evaluating Real-World Implementation of INFORM (Improving Nursing Home Care through Feedback on Performance Data): An Improvement Initiative in Canadian Nursing Homes (Seyedehnaz Saeidzadeh, Joel T Minion, Stirling Bryan, Peter G Norton, Carole A Estabrooks) • Improving Appropriate Use of Peripherally Inserted Central Catheters Through a Statewide Collaborative Hospital Initiative: A Cost-Effectiveness Analysis (Megan Heath, Steven J Bernstein, David Paje, Elizabeth McLaughlin, Jennifer K Horowitz, Amy McKenzie, Tom Leyden, S A Flanders, V Chopra) • Standardizing the Dosage and Timing of Dexamethasone for Postoperative Nausea and Vomiting Prophylaxis at a Safety-Net Hospital System (Andrew V Yurkonis, Luis Tollinche, Jonathan Alter, Samantha E Pope, Peyton Traxler, Hannah E Hill, Augusto Torres) • A Systemwide Strategy to Embed Equity into Patient Safety Event Analysis (Komal Chandra, Mariely Garcia, Komal Bajaj, Surafel Tsega, Joseph Talledo, Daniel Alaiev, Peter A Manchego, M Zourova, H Jalon, E Wei, M Krouss)
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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"> • Generative artificial intelligence, patient safety and healthcare quality: a review (Michael D Howell) • An anthropologist’s insight into healthcare data – multiple and rich of contradictions (Valentina Lichtner)

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"> • Embracing the Use of Artificial Intelligence in Scientific Publishing (Phillip Phan 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:

- **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

-  **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.

- *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

At doorway prior to leaving room/care zone

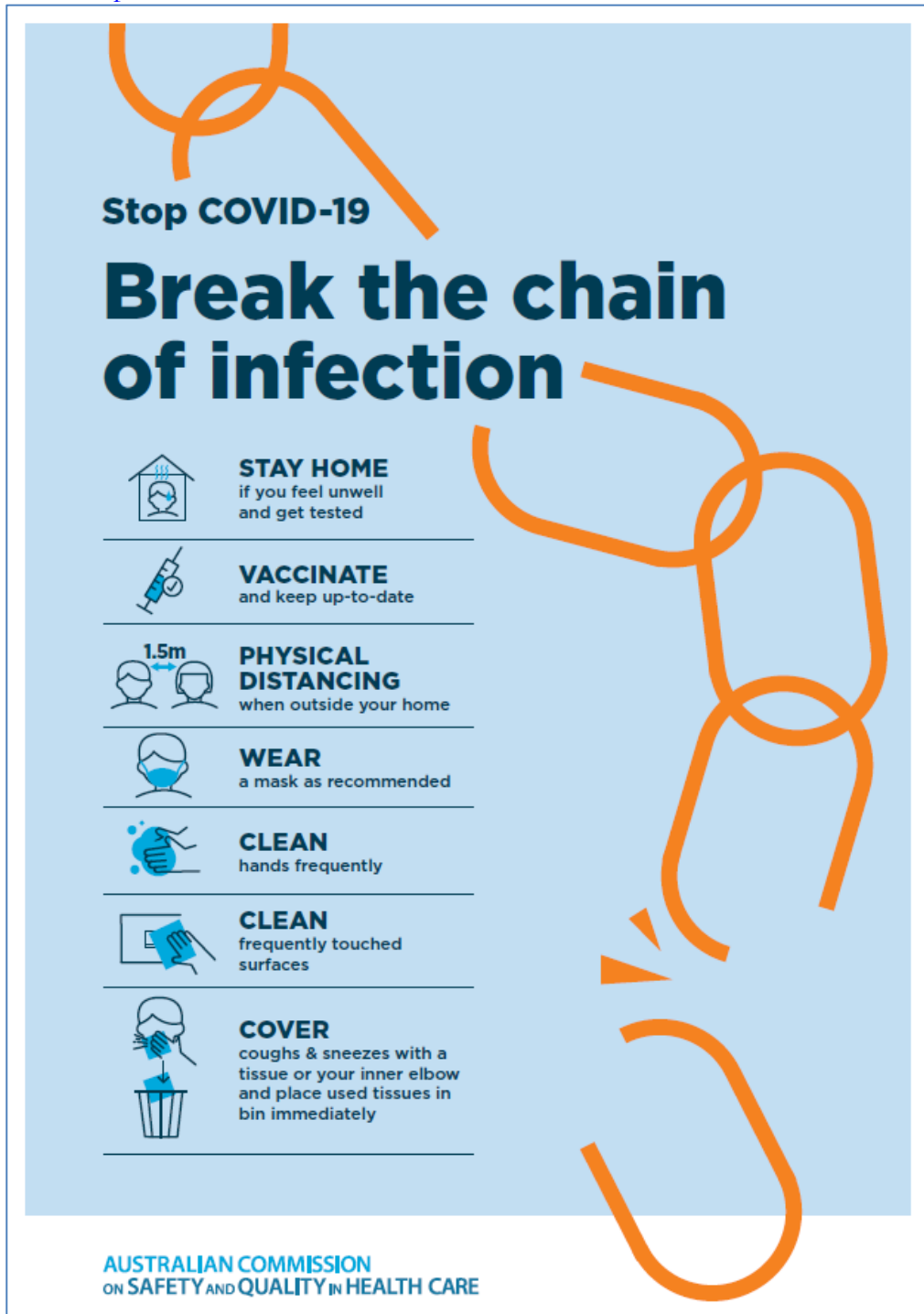
- 1** Remove and dispose of gloves if worn
- 2** Perform hand hygiene
- 3** Remove and dispose of gown
- 4** Leave the room/care zone
- 5** Perform hand hygiene (In an anteroom/outside the room/care zone)
- 6** Remove protective eyewear (In an anteroom/outside the room/care zone)
- 7** Perform hand hygiene (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

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

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>

**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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