AUSTRALIAN COMMISSION ON SAFETY AND QUALITY IN HEALTH CARE

On the Radar

Issue 660
5 August 2024

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On the Radar
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Case studies and education package to support *Partnering with Consumers: A guide for consumers*
https://www.safetyandquality.gov.au/our-work/partnering-consumers/partnering-consumers-guide-consumers

Understanding how to build and strengthen partnerships between healthcare consumers and health service organisations can improve the experience and outcomes of care. The Commission recently released *Partnering with Consumers: A guide for consumers* (the Guide) and now four case studies and an education package are available to support consumers and health services to use the Guide.

The case studies align with the content of the Guide, focusing on how strong partnerships have been developed across a range of different care settings and services.

The education package includes a Facilitator Guide and a presentation, with training designed to be delivered by a consumer, in partnership with health service staff. The sessions cover an introduction to the Guide, how it can be used and encourage discussion about how to work together to strengthen partnerships across all levels of the health service.

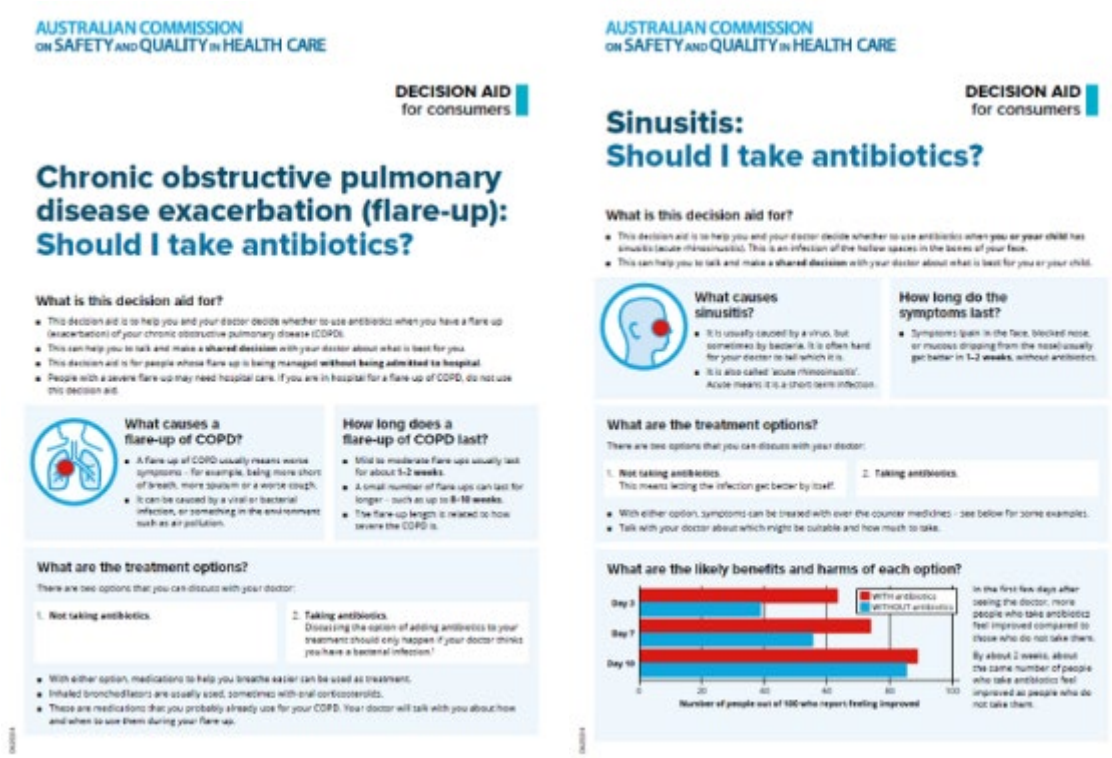
The case studies, education package and the Guide have been developed by consumers for consumers, with Consumers Health Forum of Australia engaged to undertake the co-design process.

The case studies, education package and the Guide are available at
https://www.safetyandquality.gov.au/our-work/partnering-consumers/partnering-consumers-guide-consumers

Decision support tools on antibiotic use in COPD and sinusitis
https://www.safetyandquality.gov.au/our-work/partnering-consumers/shared-decision-making/decision-support-tools-specific-conditions

Shared decision making is a key part of person-centred care that underpins the Partnering with Consumers National Safety and Quality Health Service Standards standard. Using decision support tools during a clinical encounter supports shared decision making and patient engagement in their own care.

The Commission has released two new decision support tools on antibiotic use in **Chronic Obstructive Pulmonary Disease** (COPD) and **acute rhinosinusitis** (sinusitis). They expand the existing suite of decision support tools on antibiotic use in sore throat, middle ear infection in children and acute bronchitis.



The five decision support tools are designed to be used by a healthcare professional with patients in a clinical encounter. They contain the best-available evidence on the benefits and harms of antibiotic use in common conditions and were developed according to international quality standards.

All five decision support tools are available here: https://www.safetyandquality.gov.au/our-work/partnering-consumers/shared-decision-making/decision-support-tools-specific-conditions

Reports

Reinforcing the role of eye care practitioners in falls prevention among older adults
Deeble Institute for Health Policy Research Issues Brief no: 57
Ho KC, Haddock R
Canberra: Australian Healthcare and Hospitals Association; 2024. p. 41.

URL	https://ahha.asn.au/resource/reinforcing-the-role-of-eye-care-practitioners-in-falls-prevention-among-older-adults/
Notes	Falls are a common and significant hazard – in the home as well as in care facilities. This issues brief from the Australian Healthcare and Hospitals Association's Deeble Institute examines the role eye health can have in falls risks. The authors observe that 'The cause of falls in the older adults is multifactorial however older adults with impaired vision are twice as likely to fall than older adults without impaired vision. Around 75% of the patients admitted to hospital following a fall has a correctable vision problem, either by updating a spectacle prescription or the surgical removal of cataract'. The issues brief examines the issues around appropriate eye care, including coordination and delivery of care, guidelines and funding. The brief includes a series of recommendations, including: 1. Development and implementation of a data quality feedback tool for My Health Record (long-term) and an appropriate digital platform for optometrists (short-term) 2. Standardisation of medical terminologies and diagnostic coding systems for Falls Risk Assessment 3. Enhance quality control and data-driven decision-making in eyecare 4. Integrate optometrists in multi-disciplinary falls prevention programs 5. Implement a comprehensive monitoring and evaluation framework 6. Standardising the cataract referral process and Integrating community and hospital care 7. Set targets for reducing waiting times for second eye cataract surgery 8. Enhance funding for public ophthalmology services 9. Increase funding for outreach cataract surgeries

Documenting Diagnosis: Exploring the Impact of Electronic Health Records on Diagnostic Safety
Issue Brief 18
Miller K, Biro J, Gold JA, Hose B-Z, Singh H, Ratwani R
Rockville, MD: Agency for Healthcare Research and Quality; 2024.

URL	https://www.ahrq.gov/diagnostic-safety/resources/issue-briefs/dxsafety-ehr-impact.html
Notes	The Agency for Healthcare Research and Quality (AHRQ) in the USA has published this Issue Brief that, according to the email from AHRQ, 'explores the history of documentation legislation, outstanding challenges and best practices to improve documentation, and identifies future developments and opportunities for improvement.'

Principles for acute patient care
Practical guidance for services to improve patient care, flow and inter-specialty working in acute care services
Getting It Right First Time (GIRFT)
London: NHS England; 2024. p. 12.

URL	https://gettingitrightfirsttime.co.uk/girft-issues-principles-to-improve-the-flow-and-experience-of-patients-through-urgent-and-emergency-care/
Notes	In the UK the Getting It Right First Time (GIRFT) initiative, along with the Royal College of Physicians and NHS Impact, have developed this guidance that includes ten core principles to guide actions and behaviours for effective front door acute patient care. The overarching principle is that 'Patients should have equitable access to professionals with the skills required for their individual care, independent of the location of their bed or the nominal admitting specialty.' The document includes the principles, practical guidance and examples of patient dispositions for common conditions which can be modified locally.

Imaging support for procedures in theatre: Good practice guide. v3.
Getting It Right First Time (GIRFT)
NHS England; 2024. p. 16.

URL	https://gettingitrightfirsttime.co.uk/good-practice-guide-aims-to-maximise-the-efficiency-of-imaging-in-the-operating-theatre/
Notes	In the UK the Getting It Right First Time (GIRFT) initiative, along with the Society of Radiographers, have developed this guide outlining good practice for imaging in the operating theatre.

Journal articles

Medication administration in aged care facilities: A mixed-methods systematic review
Garratt S, Dowling A, Manias E
Journal of Advanced Nursing. 2024.

DOI	https://doi.org/10.1111/jan.16318
Notes	Paper by a group of Australian researchers who reviewed 128 studies of medication administration in aged care facilities. A number of themes were identified, including staffing concerns, role of residents, medication-related decision-making, use of electronic medication administration records and medication administration errors. The authors observed that 'It is important that medication administration in aged care facilities be more clearly acknowledged as both a clinical and interpersonal task. More attention is warranted regarding aged care workers clinical decision-making, particularly concerning dose form modification, covert administration and medication omissions. Resident-centred care approaches that support resident and family engagement around medication administration may improve adherence, satisfaction and quality of care.'

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

Exploring the fear of clinical errors: associations with socio-demographic, professional, burnout, and mental health factors in healthcare workers – A nationwide cross-sectional study
Boyer L, Wu AW, Fernandes S, Tran B, Brousse Y, Nguyen TT, et al
Frontiers in Public Health. 2024;12.

DOI	https://doi.org/10.3389/fpubh.2024.1423905
Notes	The study of errors in health care has included examining the impact on health care workers. This has usually been when an error has occurred and has seen health care workers referred to as "second victims". This paper reports on a study that examined health care workers fears and concerns about clinical errors. The study included a nationwide, online, cross-sectional study of health care workers in France from May to June 2021 that involved more than 10,000 health care workers. The authors report that 'To assess the fear of making clinical errors, HCW were asked: "During your daily activities, how often are you afraid of making a professional error that could jeopardize patient safety?"" A significant proportion, 25.9%, reported 'High fear', with 'higher odds of "High Fear" among males, younger individuals, and those with less professional experience'. The study found associations between "High Fear" and burnout, low professional support, major depressive disorder, and sleep disorders. The authors conclude 'Fear of clinical errors is associated with factors that also influence patient safety, highlighting the importance of this experience. Incorporating this dimension into patient safety culture assessment could provide valuable insights and could inform ways to proactively enhance patient safety.'

A systematic review of the impacts of remote patient monitoring (RPM) interventions on safety, adherence, quality-of-life and cost-related outcomes
Tan SY, Sumner J, Wang Y, Wenjun Yip A
npj Digital Medicine. 2024;7(1):192.

DOI	https://doi.org/10.1038/s41746-024-01182-w
Notes	Focusing on 29 studies from 16 countries this review sought to examine Remote Patient Monitoring (RPM) in the context of care transitions from an inpatient hospital setting to a home environment. The included studies 'examined seven types of RPM interventions (communication tools, computer-based systems, smartphone applications, web portals, augmented clinical devices with monitoring capabilities, wearables and standard clinical tools for intermittent monitoring)'. The reviewers found that 'RPM interventions demonstrated positive outcomes in patient safety and adherence. RPM interventions also improved patients' mobility and functional statuses, but the impact on other clinical and quality-of-life measures, such as physical and mental health symptoms, remains inconclusive.'

Healthcare Papers
Volume 22, Special Issue, 2024

URL	https://www.longwoods.com/publications/healthcarepapers/27363
Notes	A new special issue of *Healthcare Papers* has been published with a theme of 'Nurturing engagement-capable environments: Strengthening relationships with partners and communities'. Articles in this special issue of *Healthcare Papers* include: • **Nurturing Engagement-Capable Environments** (Maggie Keresteci and Amy Lang1) • **Patient and Caregiver Engagement** in an Era of COVID-19: What Did We Learn and How Do We Move Forward? (Kerry Kuluski, Carol Fancott, Maggie Keresteci and G Ross Baker) • Creating a **Sustaining Culture for Patient Engagement** (G Ross Baker, Carol Fancott and Adrienne Zarem) • The **Power of Partnership** Beyond Social Prescribing (Andrew Boozary and Maggie Keresteci) • **First Peoples Wellness** Circle and the Indigenous Mental Wellness and Trauma-Informed Specialist Workforce During COVID-19 (Naomi Trott, Becky Carpenter, Despina Papadopoulos and Brenda Restoule) • Resilience and Engagement in Crisis: Fostering **Trauma-Informed Care and Patient Partnerships** Into the Future (B C Pomeroy) • **Meaningful Engagement or Co-Production, or Both?** (Christian von Plessen and Paul Batalden) • **Nurturing Resilient Health Ecosystems**: What Can We Learn From Patient and Professional Experience? (Ghislaine Rhouly and Antoine Boivin) • Beyond the Crisis: Transforming Health Systems Through **Community Engagement** (Kerry Kuluski, Carol Fancott, Maggie Keresteci, Amy Lang1 and G Ross Baker)

BMJ Quality & Safety online first articles

URL	https://qualitysafety.bmj.com/content/early/recent
Notes	*BMJ Quality &Safety* has published a number of 'online first' articles, including: • Decoding behaviour change techniques in **opioid deprescribing strategies** following major surgery: a systematic review of interventions to reduce postoperative opioid use (Neetu Bansal, Christopher J Armitage, Rhiannon E Hawkes, Sarah Tinsley, Li-Chia Chen, Darren M Ashcroft) • **General practitioners retiring or relocating** and its association with healthcare use and mortality: a cohort study using Norwegian national data (Kristin Hestmann Vinjerui, Andreas Asheim, Kjartan Sarheim Anthun, Fredrik Carlsen, Bente Prytz Mjølstad, Sara Marie Nilsen, Kristine Pape, Johan Håkon Bjørngaard) • Editorial: Measuring gist-based perceptions of **medication benefit-to-harm ratios** (Olga Kostopoulou)

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: • Understanding what it will take to **sustain improvement in healthcare** (Peter Lachman et al) • How Should Medical Society Face **Patient Feedback in Online Review Platforms**? (Yudai Kaneda et al) • Navigating the **complex terrain of patient safety**: challenges, strategies, and the importance of ongoing evaluation and knowledge sharing (Hugh MacLeod and David Greenfield) • **Virtue ethics**, the next step in quality improvement? How virtue ethics supports medical professionals' character development (Pleuntje M.B Verstegen et al)

Online resources

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

[UK] NIHR Evidence
https://evidence.nihr.ac.uk/
The UK's National Institute for Health Research (NIHR) has posted new evidence alerts on its site. Evidence alerts are short, accessible summaries of health and care research which is funded or supported by NIHR. This is research which could influence practice and each Alert has a message for people commissioning, providing or receiving care. The latest alerts include:

- Vaccines reduce the risk of **long COVID**
- How to **deprescribe in primary care**
- Why do **South Asian people self-harm**?
- How do **community first responders** help in an emergency?
- Improving mood reduces inflammation in **inflammatory bowel disease**.

The NIHR has also produced a new Collection: ***Mental health*** *crises: how to improve care*
https://evidence.nihr.ac.uk/collection/mental-health-crises-how-to-improve-care/

[UK] NICE Guidelines and Quality Standards

https://www.nice.org.uk/guidance

The UK's National Institute for Health and Care Excellence (NICE) has published new (or updated) guidelines and quality standards The latest reviews or updates include:

- Quality Standard QS119 ***Anaphylaxis*** https://www.nice.org.uk/guidance/qs119

[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:

- *Nonpharmacologic Treatments for* ***Maternal Mental Health Conditions***
  https://effectivehealthcare.ahrq.gov/products/mental-health-pregnant/research
- *Genitourinary Syndrome of* ***Menopause****: A Systematic Review*
  https://effectivehealthcare.ahrq.gov/products/genitourinary-syndrome/research

COVID-19 resources

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

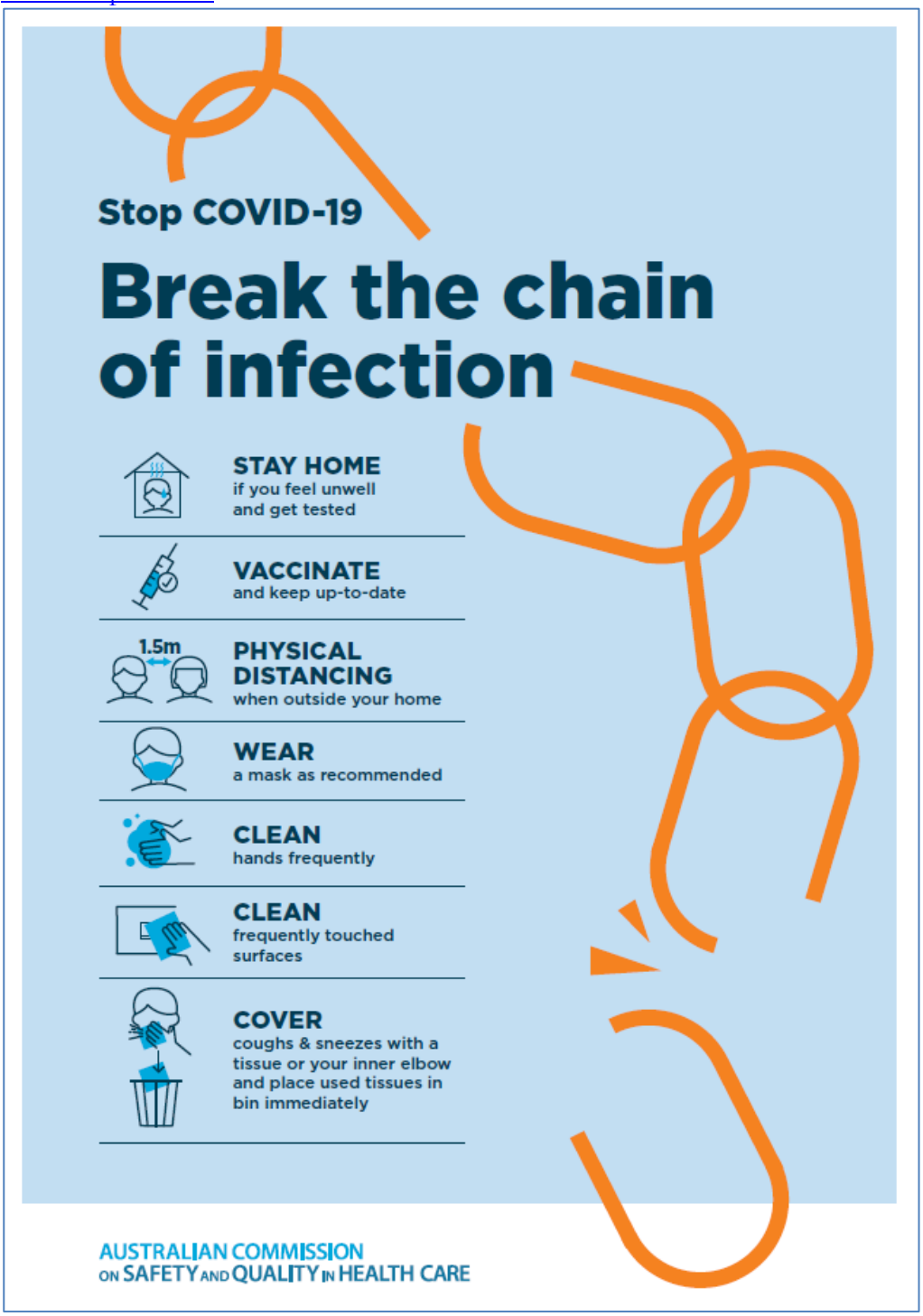
The Australian Commission on Safety and Quality in Health Care has developed a number of resources to assist healthcare organisations, facilities and clinicians. These and other material on COVID-19 are available at https://www.safetyandquality.gov.au/covid-19

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

- *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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