AUSTRALIAN COMMISSION ON SAFETY AND QUALITY IN HEALTH CARE

On the Radar

Issue 665
9 September 2024

On the Radar is a summary of some of the recent publications in the areas of safety and quality in health care. Inclusion in this document is not an endorsement or recommendation of any publication or provider. Access to particular documents may depend on whether they are Open Access or not, and/or your individual or institutional access to subscription sites/services. Material that may require subscription is included as it is considered relevant.

On the Radar is available online, via email or as a PDF or Word document from
https://www.safetyandquality.gov.au/newsroom/subscribe-news/radar

If you would like to receive *On the Radar* via email, you can subscribe on our website
https://www.safetyandquality.gov.au/newsroom/subscribe-news
or by emailing us at mail@safetyandquality.gov.au.
You can also send feedback and comments to mail@safetyandquality.gov.au.

For information about the Commission and its programs and publications, please visit
https://www.safetyandquality.gov.au

On the Radar
Editor: Dr Niall Johnson

Reports

SA Health Clinical Governance Framework
Department for Health and Wellbeing
Adelaide; 2024. p. 24.

URL	https://www.sahealth.sa.gov.au/wps/wcm/connect/Public+Content/SA+Health+Internet/About+us/Governance/SA+Health+Clinical+Governance+Framework
Notes	The *SA Health Clinical Governance Framework* was recently published. The Framework 'seeks to ensure the delivery of safe, high-quality care across South Australia, aligned to the SA Health Charter of Responsibility, by defining clinical governance roles and responsibilities across the SA Health system and the methods by which regulatory mechanisms are implemented and continually improved.'

10 early actions the government can take to improve NHS working conditions
Holden J
London: The King's Fund; 2024.

URL	https://www.kingsfund.org.uk/insight-and-analysis/briefings/10-actions--improve-nhs-working-conditions

Notes	The health workforce has been facing various challenges in recent year, not least the COVID-19 pandemic. This briefing from The King's Fund in the UK outlines the government could take to enable the UK's NHS healthcare staff and leaders to deliver the highest possible quality of care. The briefing examines the context and issues affecting the health sector and identifies a number of areas where action could be taken to improve the conditions health workers face. These include:
	• Working conditions:
	  ○ introduce minimum standards for facilities, working conditions and work scheduling
	  ○ improve flexible working arrangements
	• Staff wellbeing:
	  ○ funding for evidence-based mental health and wellbeing services for staff
	  ○ step change in working cultures and develop a plan to support workplaces to adapt and improve working cultures, ensuring that no member of staff experiences racism, bullying or harassment
	  ○ creation of national guidance targeting the systemic drivers of poor staff wellbeing
	  ○ indicators to measure staff wellbeing improvements.
	• Pay, terms and conditions:
	  ○ ensure that staff are appropriately renumerated for their skills, commitment, expertise and contribution
	  ○ resolve disputes as soon as possible
	  ○ examine cases where terms and conditions in contracts should be used to ensure all staff have access to good employment practice.
	• Support for managers and leaders to recognise, value and support the development of high-quality leaders in health and care.

Workforce and patient safety: temporary staff - integration into healthcare providers. Investigation report
Health Services Safety Investigation Body
Poole: HSSIB; 2024.

URL	https://www.hssib.org.uk/patient-safety-investigations/workforce-and-patient-safety/third-investigation-report/
Notes	The Health Services Safety Investigations Board (HHSIB) in the UK has published their latest investigation report. This 'investigation explored the challenges of integrating temporary clinical staff (bank only staff, agency staff and locum doctors) into healthcare providers. Integration is important because temporary staff coming into a new healthcare setting may be unfamiliar with its systems, processes and patient groups, which can pose a risk to patient safety.' The report includes a number of findings, observations and recommendations. Among the findings was that that discrimination against temporary staff in the NHS creates a culture of fear that stops them speaking up about patient safety.

Journal articles

Getting better at getting better: Advancing quality and safety in healthcare
Zelmer J
Healthcare Management Forum. 2024:08404704241271164.

DOI	https://doi.org/10.1177/08404704241271164
Notes	Paper from a Canadian leader in patient safety and academic. The author is the inaugural President and CEO of Healthcare Excellence Canada, having previously held positions with the Canadian Foundation for Healthcare Improvement, Canada Health Infoway, the International Health Terminology Standards Development Organization, and the Canadian Institute for Health Information. In this piece, there is a recognition that 'Scaling the innovative models of care, policies, practices, and technologies that deliver true value requires deliberate, focused effort.' This requires both: • 'practical strategies that enable change agents to drive meaningful, sustainable impact to address particular challenges that a health system is facing' • 'implementing proven, evidence-informed approaches that broadly strengthen health system foundations'. As 'Both approaches matter… we need to respond to the health system's specific and immediate needs, while also growing culture, capacity, systems, and tools that enable transformation in quality and safety.'

Sex bias in pain management decisions
Guzikevits M, Gordon-Hecker T, Rekhtman D, Salameh S, Israel S, Shayo M, et al
Proceedings of the National Academy of Sciences. 2024;121(33):e2401331121.

DOI	https://doi.org/10.1073/pnas.2401331121
Notes	The recognition of bias and discrimination in health has garnered increased attention. This piece looks at how pain management in emergency departments has been affected by sex bias. The study examined 'emergency department (ED) datasets from two countries, including discharge notes of patients arriving with pain complaints (N = 21,851).' The authors report that 'a consistent sex disparity emerges. Female patients are less likely to be prescribed pain-relief medications compared to males, and this disparity persists even after adjusting for patients' reported pain scores and numerous patient, physician, and ED variables.' These, and further findings, lead the authors to conclude that they 'reflect an undertreatment of female patients' pain'.

Adverse events and perceived abandonment: learning from patients' accounts of medical mishaps
Schlesinger M, Dhingra I, Fain BA, Prentice JC, Parkash V
BMJ Open Quality. 2024;13(3):e002848.

DOI	https://doi.org/10.1136/bmjoq-2024-002848
Notes	Paper reporting on a study that sought to examine the experience of adverse events with a focus on perceptions of abandonments and its consequences. The study used survey data from one US state of patients and families who had reported an adverse event in the past 5 years. The authors report that 'Of the 253 respondents, 34.5% initially and 20% persistently experienced abandonment.' Communication, including open disclosure, following an adverse event may ameliorate the impacts and maintain trust.

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

Essential Care for Women Experiencing Intimate Partner Violence
Curry SJ, Bell CJ
JAMA Internal Medicine. 2024;184(9):1001-1002.

DOI	https://doi.org/10.1001/jamainternmed.2024.2427
Notes	The US National Academies of Sciences, Engineering, and Medicine convened a multidisciplinary committee of experts to identify the essential health care services for women experiencing intimate partner violence (IPV) and other issues. The committee recommended 15 essential health care services related to IPV for women aged 13 years or older: • Universal IPV screening and inquiry • Universal IPV education • Safety planning • Forensic medical examinations • Emergency medical care • Treatment of physical injuries • Reproductive health care, including all forms of US Food and Drug Administration–approved contraception and pregnancy termination • Screening and treatment for sexually transmitted infections and HIV infection • Treatment for substance use disorders and addiction care • Pharmacy and medication management • Obstetric care, including perinatal home visits • Primary and specialty care • Mental health care • Support services, including shelter, nutritional assistance, and childcare • Dental care.

Telehealth Mindfulness-Based Interventions for Chronic Pain: The LAMP Randomized Clinical Trial
Burgess DJ, Calvert C, Hagel Campbell EM, Allen KD, Bangerter A, Behrens K, et al
JAMA Internal Medicine. 2024 Aug 19.

DOI	https://doi.org/10.1001/jamainternmed.2024.3940
Notes	The use of mindfulness-based interventions has attracted some interest in recent years. The authors of this piece observe 'Although mindfulness-based interventions (MBIs) are evidence-based treatments for chronic pain and comorbid conditions, implementing them at scale poses many challenges, such as the need for dedicated space and trained instructors.' This study sought to 'examine group and self-paced, scalable, telehealth MBIs, for veterans with chronic pain, compared to usual care.' The authors report that their multisite randomized clinical trial found that 'both group and self-paced MBIs improved pain-related function and biopsychosocial outcomes among veterans with chronic pain and high levels of psychiatric comorbidity.' This led them to suggest 'Relatively low-resource telehealth-based MBIs could help accelerate and improve the implementation of nonpharmacological pain treatment in health care systems.'

The relationship between hospital patient safety culture and performance on Centers for Medicare Medicaid Services value-based purchasing metrics
Noghrehchi P, Hefner JL, Walker DM
Health Care Management Review. 2024;49(4):281-290.

DOI	https://doi.org/10.1097/hmr.0000000000000414
Notes	Another paper adding to the literature on the impact of patient safety culture. This paper reports on a study examining the link between culture and value-based purchasing in US hospitals. The study used 'three secondary datasets from 2018 and 2021: the Hospital Survey on Patient Safety Culture, the American Hospital Association annual survey, and the Hospital Compare data from' the US Centers for Medicare & Medicaid Services. The authors report 'positive and significant associations between hospital patient safety culture and a hospital's overall TPS [total performance score] and the "patient and community engagement" and "safety" domains.'

Health Affairs
Volume 43, Number 9, September 2024

URL	https://www.healthaffairs.org/toc/hlthaff/43/9
Notes	A new issue of *Health Affairs* has been published with the theme 'Access To Care, Coverage and More'. Articles in this issue of *Health Affairs* include: • Is It Working? Evaluating The First Round Of **Medicare Drug Price Negotiations** (Laura Tollen) • **Massachusetts Medicaid ACO Program** May Have Improved Care Use And Quality For Pregnant And Postpartum Enrollees (Megan B Cole, Jihye Kim, Sarah H Gordon, Karen E Lasser, Collette Ncube, Elizabeth Patton, Nigel Deen, K Carey, H Cabral, A L Goldman, S Ogden, and L McCloskey) • Abortion Restrictions Threaten **Miscarriage Management** In The United States (Jenna Nobles, Sungsik Hwang, Eliza Bennett, and Laura Jacques) • **Senior-Focused Primary Care** Organizations Increase Access For Medicare Advantage Members, Especially Underserved Groups (Kaylyn E Swankoski, Amanda Sutherland, Emily Boudreau, Yong Li, Melanie Canterberry, J Michael McWilliams, Vivek Garg, and Brian W Powers) • **Email Nudges** Increased Eligibility Verification And Subsidy Receipt In California's ACA Marketplace (Rebecca Myerson and Andrew Feher) • **ICE Detainer Requests** Were Associated With Lower Medicaid And SNAP Enrollment Among Eligible Adults, 2011–19 (Caroline Kravitz, Amy H Auchincloss, M. Pia Chaparro, Sofia Argibay, A Eastus, and B A Langellier) • Expanding Medicare Coverage Of **Anti-Obesity Medicines** Could Increase Annual Spending By $3.1 Billion To $6.1 Billion (B Ippolito and J F Levy) • **Integrating Maternity Care Through Bundled Payments** In The Netherlands: Early Results And Policy Lessons (Zoë T M Scheefhals, Jeroen N Struijs, Albert Wong, Mattijs E Numans, Zirui Song, and Eline F de Vries) • Rates Of **Patient Safety Indicators In Belgian Hospitals** Were Low But Generally Higher Than In US Hospitals, 2016–18 (Astrid Van Wilder, Luk Bruyneel, Bianca Cox, Fien Claessens, Dirk De Ridder, and Kris Vanhaecht) • **Consumer Out-Of-Pocket Drug Prices** Grew Faster Than Prices Faced By Insurers After Accounting For Rebates, 2007–20 (Justine Mallatt, Abe Dunn, and Lasanthi Fernando)

	• US Commercial Plans Increase **Choice Of Biosimilar And Originator Products**; Market Net Prices Decrease (Molly T Beinfeld, Fariel LaMountain, William Wong, Eunice Kim, and James D Chambers) • **Dual-Eligible Nursing Home Residents**: Enrollment Growth In Managed Care Plans That Coordinate Care, 2013–20 (Eric T Roberts, Xinwei Chen, Eliza Macneal, and Rachel M Werner) • **Private Equity Acquisitions Of Hospices** Are Increasing; Ownership Remains Opaque (Melissa D Aldridge, Lauren J Hunt, Zelle Halloran, and Krista L Harrison) • **Telehealth Delivery** Differs Significantly By Physician And Practice Characteristics (Jiani Yu, Yasin Civelek, Lawrence P Casalino, Hye-Young Jung, Reekarl Pierre, Manyao Zhang, and Dhruv Khullar) • State Mandates On **Naloxone Coprescribing** Associated With Short-Term Increase In Naloxone Codispensing (Huiru Dong, Erin J Stringfellow, Alton Russell, and Mohammad S Jalali) • **COVID-19 School Closures** Were Associated With A Decline In Employment For Female Nurses With Young Children (Jonathan Cantor, Christopher M Whaley, Jason Ward, and Anupam B Jena) • Costly Barriers: A Student's Struggle With **Medicaid Access** (Jen Farnsworth)

Health Affairs Scholar
Volume 22, Issue 8, August 2024

URL	https://academic.oup.com/healthaffairsscholar/issue/2/8
Notes	A new issue of *Health Affairs Scholar* has been published Articles in this issue of *Health Affairs Scholar* include: • Who participates in **value-based care models**? Physician characteristics and implications for value-based care (Debra R Winberg et al) • How structural racism, neighborhood deprivation, and maternal characteristics contribute to **inequities in birth outcomes** (Anuj Gangopadhyaya et al) • Growing divergence between **Medicare Advantage** plan bids and payments to plans (Grace McCormack and Erin Trish) • The state of **health information organizations** and plans to participate in the federal exchange framework (Jordan Everson et al) • **Predictors of telehealth use** after the Minnesota Telehealth Act: analysis using the Minnesota All Payer Claims Database (Arkadipta Ghosh et al) • Putting meat on the bone: how to fast-track **innovative medicines** to those who need them and generate data to justify continued use (Daniel Ollendorf et al) • Accessibility of **diabetes education** in the United States: barriers, policy implications, and the road ahead (Anna Tharakan et al) • Lessons for **cannabinoid regulation** from electronic nicotine delivery system product regulation (Brian Yagi et al) • Advancing the future of **equitable access to health care**: recommendations from international health care leaders (Beth Boyer et al)

Healthcare Policy
Volume 19, Number 4, August 2024

URL	https://www.longwoods.com/publications/healthcare-policy/27378/1/vol.-19-no.4-2024
Notes	A new issue of *Healthcare Policy* has been published Articles in this issue of *Healthcare Policy* include: • Editorial: **Spending on Healthcare**: What Is the Right Number? (Fiona Clement and Jason M Sutherland) • Federal Funding for **Expensive Drugs for Rare Diseases**: How Do We Pick and Choose? (Joel Lexchin and Sandra Sirrs) • Commentary: Which Principles Should Apply for a **National Strategy on Rare Diseases**? (Marc-André Gagnon) • **Quality of Work Life and Mental Well-Being for Long-Term Care Staff** in Nova Scotia (Janice M Keefe, Amber Duynisveld, Susan Stevens and Carole Estabrooks) • Changes in **Primary Care Health Services During the COVID-19 Pandemic**: A Longitudinal Analysis of Data From Ontario (Onlak Ruangsomboon, Adrina Zhong, Alexander Kopp, Beth Elston, Kirsten Eldridge, Samantha Lee, Erin Plenert, Andrew D. Pinto, Richard H. Glazier and Tara Kiran) • Reasons for **High Emergency Department Use** Among Patients With Common Mental Disorders or Substance-Related Disorders (Karine-Michéle Dion, Francine Ferland, Lambert Farand, Lise Gauvin and Marie-Josée Fleury) • **Conflicts of Interest** of Canadian Medical School Deans: A Cross-Sectional Study (Joel Lexchin)

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: • Editorial: Integration and connection: the key to effectiveness of **large-scale pharmacist-led medication reviews**? (Andrew Husband, Anna Robinson-Barella) • Reducing administrative burden by implementing a core set of **quality indicators in the ICU**: a multicentre longitudinal intervention study (Gijs Hesselink, Rutger Verhage, Brigitte Westerhof, Eva Verweij, Malaika Fuchs, Inge Janssen, Catrien van der Meer, Iwan C C van der Horst, Paul de Jong, Johannes G van der Hoeven, Marieke Zegers) • Development of the Patient-Reported Indicator Surveys (PaRIS) conceptual framework to monitor and improve the **performance of primary care** for people living with chronic conditions (Jose M Valderas, Ian Porter, Jimmy Martin-Delgado, Mieke Rijken, Judith de Jong, Oliver Groene, Janika Bloemeke-Cammin, Rosa Sunol, Rachel Williams, Marta Ballester, Katherine de Bienassis, Candan Kendir, Frederico Guanais, D de Boer, M van den Berg) • Cluster randomised evaluation of a training intervention to increase the use of **statistical process control charts** for hospitals in England: making data count (Kelly Ann Schmidtke, Laura Kudrna, Laura Quinn, Paul Bird, Karla Hemming, Zoe Venable, Richard Lilford) • Role of communicating **diagnostic uncertainty** in the safety-netting process: insights from a vignette study (Caitríona Cox, Thea Hatfield, Zoë Fritz)

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: • Identification of **risk factors for adverse drug events** in a general hospital (Leticia Mara Pisetta et al) • Placing patient safety at the heart of **value-based healthcare** (Micaela La Regina et al) • How can we measure **psychological safety in mental healthcare staff**? Developing questionnaire items using a nominal groups technique (Katharina Sophie Vogt et al)

Online resources

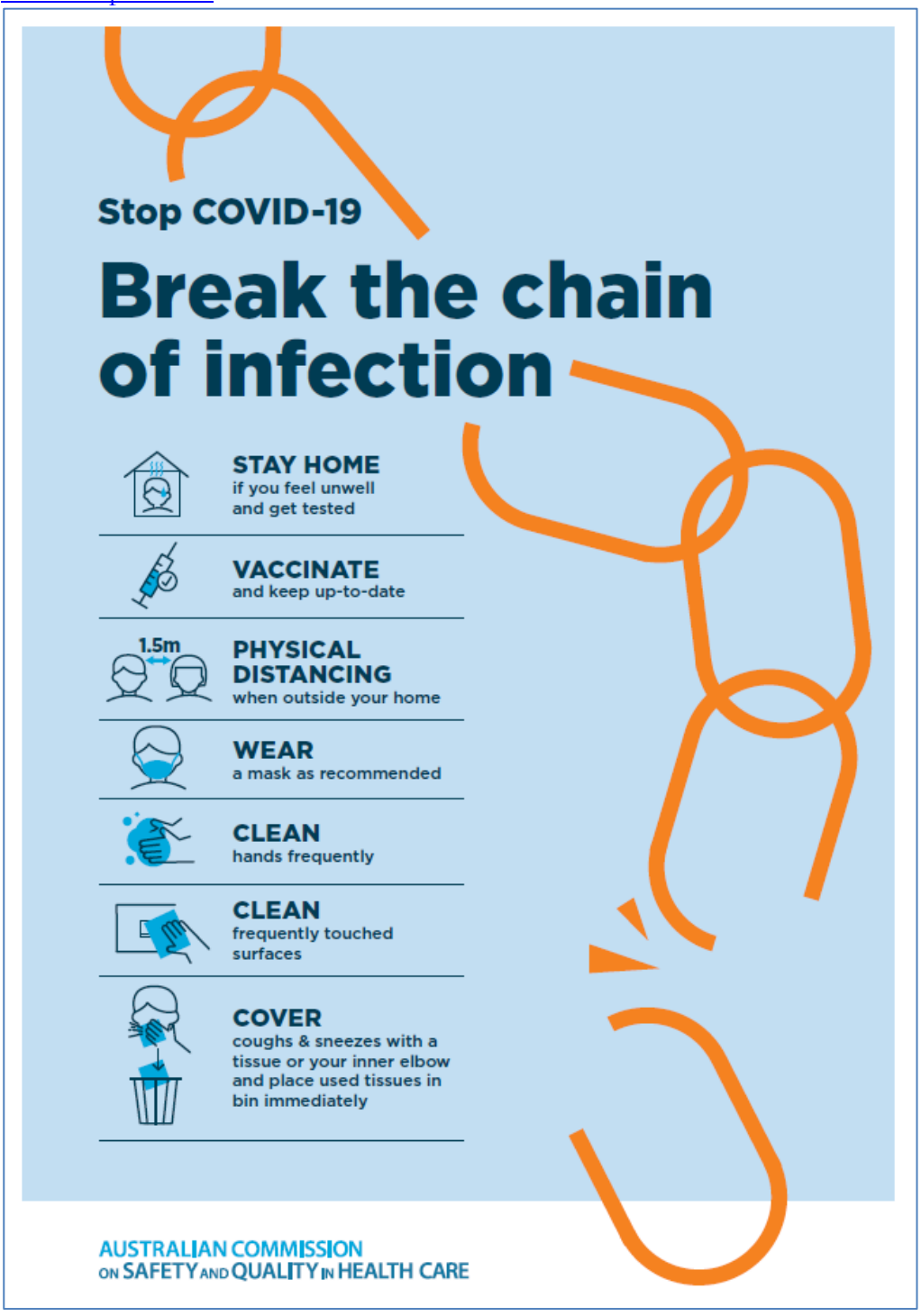
Australian Living Evidence Collaboration
https://livingevidence.org.au/

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

- *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.

Disclaimer

On the Radar is an information resource of the Australian Commission on Safety and Quality in Health Care. The Commission is not responsible for the content of, nor does it endorse, any articles or sites listed. The Commission accepts no liability for the information or advice provided by these external links. Links are provided on the basis that users make their own decisions about the accuracy, currency and reliability of the information contained therein. Any opinions expressed are not necessarily those of the Australian Commission on Safety and Quality in Health Care.