



On the Radar

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On the Radar
Editor: Dr Niall Johnson

Reports

Cultural safety in Australia, Discussion paper
Mohamed J, Stacey K, Chamberlain C, Priest N
Melbourne: Lowitja Institute; 2024. p. 88.

URL	https://www.lowitja.org.au/news/discussion-paper-cultural-safety-in-australia/
Notes	The Lowitja Institute has released this discussion paper highlighting the need to improve access to quality healthcare, addressing the social determinants of health, and elevating the importance of the cultural determinants of health for Aboriginal and Torres Strait Islander peoples. The paper's purpose includes proposing recommended and nationally consistent standards, setting a platform for the accreditation of workplace-based cultural safety training, and calling for further action that can lead to cultural safety being embedded and measured at individual and institutional levels in practice and policy across health and human services.

Journal articles

Impact of automated alerts on discharge opioid overprescribing after general surgery

Rizk E, Kaur N, Duong PY, Fink E, Wanat MA, Thornton JD, et al.

American Journal of Health-System Pharmacy. 2024;zxae185.

DOI	https://doi.org/10.1093/ajhp/zxae185
Notes	Report of a US study that sought to see if an electronic health record (EHR) alert could address discharge opioid overprescribing following surgery. The project ‘included patients undergoing one of the identified target procedures—laparoscopic cholecystectomy, unilateral open inguinal hernia repair, and laparoscopic appendectomy—at an academic medical center.’ The authors report that ‘A total of 1,478 patients were included in the preimplementation cohort, and 141 patients were included in the postimplementation cohort. The proportion of patients with discharge opioid overprescribing decreased from 48% in the preimplementation cohort to 3% in the postimplementation cohort, with an unadjusted absolute reduction of 45% (95% confidence interval, 41% to 49%; P < 0.001) and an adjusted odds ratio of 0.03 (95% confidence interval, 0.01 to 0.08; P < 0.001)’ It was also noted that for those patients who received opioids, there was a decrease in the average supply at discharge. Thus, the authors conclude ‘Implementation of an EHR alert along with provider education can reduce discharge opioid overprescribing following general surgery.’

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

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

Relationships between medications used in a mental health hospital and types of medication errors: A cross-sectional study over an 8-year period

Lebas R, Calvet B, Schadler L, Preux P-M, Laroche M-L

Research in Social and Administrative Pharmacy. 2024;20(7):597-604.

DOI	https://doi.org/10.1016/j.sapharm.2024.03.006
Notes	French study on medication use and errors in mental health. Using data from a French psychiatric hospital for 2014–2021, this retrospective register based cross-sectional study identified 609 medication errors: <ul style="list-style-type: none"> • wrong dose (32.2%), wrong drug (30.3%), omission (14.2%) and wrong patient (12.9%) were frequently observed. • occurrence stages were prescribing (55.3%) and administration (30.2%). Among the findings that the authors highlight were: <ul style="list-style-type: none"> • ‘Long-acting injectable antipsychotics are associated with a higher risk of wrong dose. • Liquid medicines in psychiatry are associated with a higher risk of wrong patient. • Restrictive regulation induced a higher risk of omission with controlled medicines.’

An Exploratory Analysis of the Association between Healthcare Associated Infections & Hospital Financial Performance

Beauvais B, Dolezel D, Shanmugam R, Wood D, Pradhan R
 Healthcare. 2024; 12(13).

DOI	https://doi.org/10.3390/healthcare12131314
Notes	Paper reporting on the impact of healthcare-associated infections (HAIs) and hospital financial performance. The study examined ‘Data for calendar year 2022 for active short-term acute care hospitals (n = 1454) in the US’ to examine operating expense per staffed bed and operating expense per discharge against ‘four healthcare-associated infection rates: methicillin-resistant <i>Staphylococcus aureus</i> (MRSA) infection rate, <i>Clostridium difficile</i> (<i>C. diff</i>) infection rate, Catheter-Associated Urinary Tract Infection (CAUTI) rate, and Central Line Associated Blood Stream Infections (CLABSI)’. From their analyses, the authors report finding ‘The results revealed that <i>C. diff</i> (β : 0.037, $p < 0.05$) and CAUTI (β : 0.031, $p < 0.05$) rates were positively associated with an increase in operating expense per staffed bed, while increases in MRSA (β : 0.042, $p < 0.001$), <i>C. diff</i> (β : 0.062, $p < 0.001$), and CAUTI rates (β : 0.039, $p < 0.001$) were correlated with increased operating expenses per discharge.’ The authors observe that ‘targeting these infections through tailored interventions may lead to reduced hospital costs, improved financial performance, and economic stability.’

For information on the Commission’s Healthcare-Associated Infection Program, see <https://www.safetyandquality.gov.au/our-work/healthcare-associated-infection-program>

Health Policy

Volume 148, October 2024

URL	https://www.sciencedirect.com/journal/health-policy/vol/148/
Notes	<p>A new issue of <i>Health Policy</i> has been published. Articles in this issue of <i>Health Policy</i> include:</p> <ul style="list-style-type: none"> • Population stratification based on healthcare trajectories: A method for encouraging adaptive learning at meso level (Anne-Sophie Lambert, Catherine Legrand, B Scholtes, S Samadoulougou, H Deconinck, L Alvarez, J Macq) • Early access programs for medical devices in France: Overview of recent reforms and outcomes (2015-2022) (Tess Martin, Alexandra Hervias, Xavier Armoiry, Nicolas Martelli) • Taking a health economic perspective in monitoring health inequalities: A focus on excess weight (Fiorella Parra Mujica, Paolo Candio) • Stimulating implementation of clinical practice guidelines in hospital care from a central guideline organization perspective: A systematic review (Andrea C Thoosen, Steffie M van Schoten, Hanneke Merten, Ilse van Beusekom, Linda J Schoonmade, Diana M J Delnoij, Martine C de Bruijne) • Can revenue collection for public funding in health care be progressive? An assessment of 29 Countries (Thomas Rice, Karsten Vrangbæk, Ingrid S Saunes, Nicolas Bouckaert, Lucie Bryndová, Fidelia Cascini, Andres Vörk, A Dimova, E Kocot, L Murauskiene, D Bricard, M Blumel, P Gaál, P Pažitný)

URL	https://journals.lww.com/jbisrir/toc/2024/09000
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: “Doing it, that’s something else”: a glimpse into self-management after lung transplantation (Anne Rebafka, Clare Bennett, Deborah Edwards) • Lung transplant recipients’ experiences of and attitudes towards self-management: a qualitative systematic review (Anne Rebafka, Clare Bennett, Catherine Dunn, Dominic Roche, Clare Hawker, Deborah Edwards) • Effectiveness and safety of self-management interventions for improving glycemic control and health-related quality of life among adults with type 2 diabetes mellitus in sub-Saharan Africa: a systematic review and meta-analysis (Naomi Carter, Gamze Nalbant, Prit Chahal, Kaushik Chattopadhyay) • Capability as a concept in advanced practice nursing and education: a scoping review (Martha M. Whitfield, Paulina Bleah, Jovina Concepcion Bachynski, D Macdonald, T Klein, A Ross-White, M Mimirinis, R Wilson) • Quality indicators to monitor the quality and safety of care for older people: a scoping review protocol (Timothy J H Lathlean, Maria C Inacio, Johanna Westbrook, Len Gray, Jeffrey Braithwaite, Peter Hibbert, T Comans, M Crotty, S Wesselingh, J K Sluggett, S Ward, N Wabe, G E Caughey) • Experiences of school-age children living with food allergies: a qualitative systematic review protocol (Noriko Nishida, Yuki Maeda, Shingo Ueki) • Early rehabilitation after spinal cord injury: a scoping review protocol (Florence Martinache, Adéla Foudhaili, Bernard Vigué) • Cost and cost-effectiveness of treatments for rheumatic heart disease in low- and middle-income countries: a systematic review protocol (Mona Thangamma AG, Bhavya Vidyadharan, Roshan P. Daniel, Andria Sirur, Praveen Kumar, Girish Thunga P, Pooja Gopal Poojari, Muhammed Rashid, Nirmalya Mukherjee, Paramita Bhattacharya, Denny John)

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"> • Heeding frontline voice for better quality, safer care (Russell Mannion and David Greenfield) • Anti-Indigenous racism in Canadian healthcare: A scoping review of the literature (Martin Cooke and Tasha Shields) • The Second Victim Phenomenon: Comprehensive Support and Systemic Change in Healthcare (Reinhard Strametz et al)

Online resources

Good virtual care practices

<https://www.ahpra.gov.au/News/2024-08-01-Good-virtual-care-practices.aspx>

Ahpra and the National Boards have published virtual care information for health practitioners, the public and employers about accessing and providing safe and effective virtual care. These include:

- Information for practitioners who provide virtual care
- Information for people about virtual care
- Information for practice managers and employers about virtual care.

Health Innovation Series - e-Medication Safety

<https://www.mq.edu.au/research/research-centres-groups-and-facilities/healthy-people/centres/australian-institute-of-health-innovation/our-projects/Health-Innovation-Series/health-innovation-series-e-medication-safety>

The Health Innovation Series from the Australian Institute of Health Innovation at Macquarie University has had a number of recent issues, including:

- The devil is in the detail – safe paracetamol dosing for under- and overweight children and adults
- So many options in the Dose Calculator, which dose is right?
- The curious case of the 100-fold overdose
- The dangers of copying a previous order. Don't be a copycat
- Does your drop-down menu present safe options?
- What time is the next dose due? Avoid errors by updating the schedule!
- Is your administration documentation accurate? Check fields that auto-populate!

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>

STOP 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

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

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

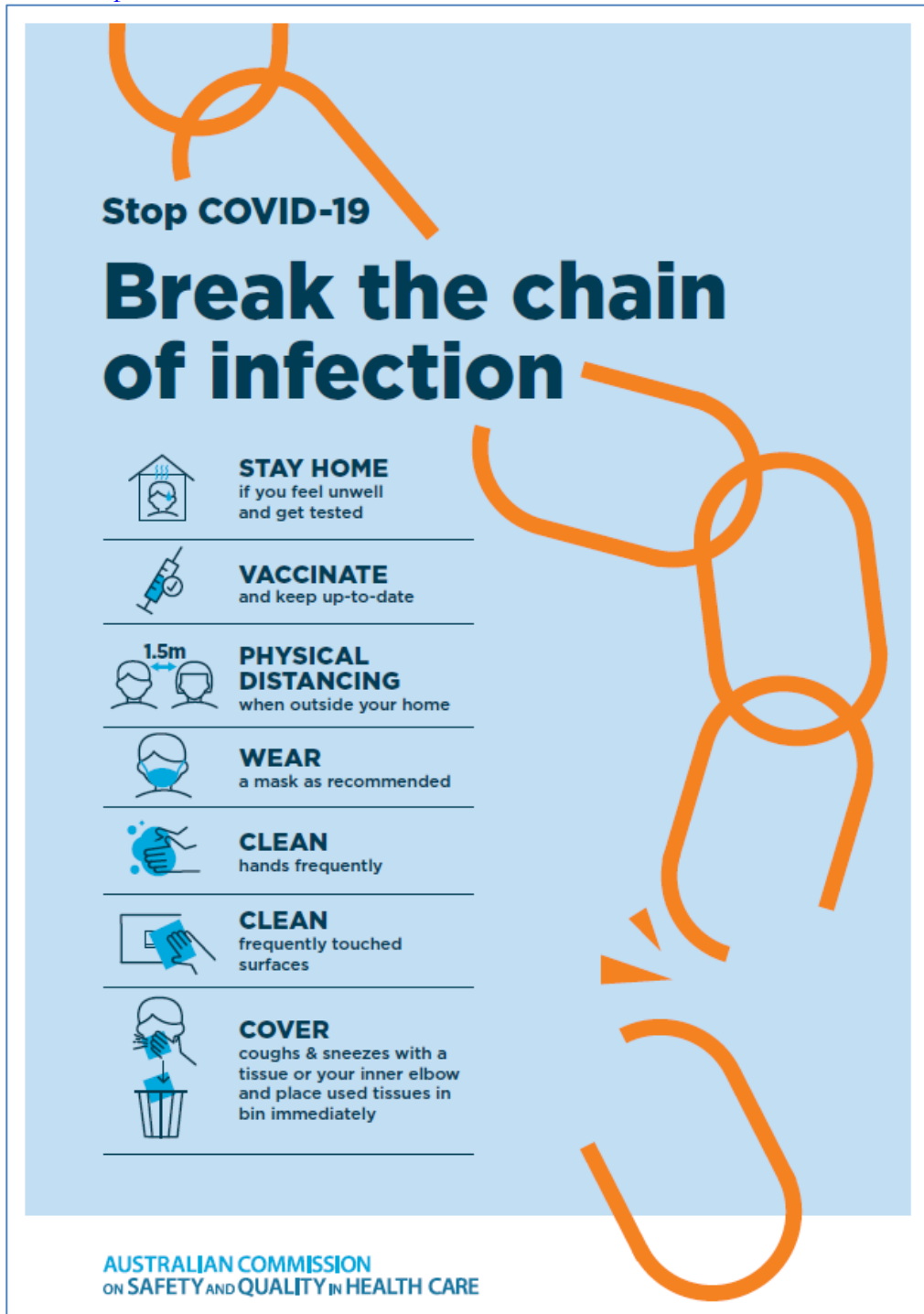
Perform hand hygiene (In an anteroom/outside the room/care zone)
- 8

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

Perform hand hygiene

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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