



On the Radar

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On the Radar

Editor: Dr Niall Johnson, Vivi Nguyen, Megan Ingman-Jones

Patient-Reported Outcome Measure Recommendations for Low Back Pain

Australian Commission on Safety and Quality in Health Care
Sydney: ACSQHC; 2024. p. 42.

<https://www.safetyandquality.gov.au/our-work/indicators-measurement-and-reporting/patient-reported-outcomes/proms-implementers/prom-recommendations>

The Commission has developed evidence- and consensus-based recommendations for patient-reported outcome measures (PROMs) used in low back pain. This resource includes rationale for the recommended tools, time points for collection, and sample copies of the PROMs for information.

Using PROMs with people with low back pain can support clinicians to:

1. Partner with patients to be involved in the management of their pain
2. Assess and monitor the progress of low back pain and interventions from the patient's perspective.

Quick guide – PROM recommendations for low back pain

This two-page quick guide summarises the recommendations. It may be used and adapted to support communication and implementation of PROM recommendations.

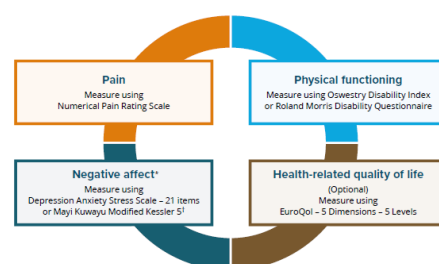
Low back pain affects most people at some point in their lives.¹ It often leads to psychological distress and poorer quality of life,² and is the leading cause of disability worldwide.^{3,4}

Using patient-reported outcome measures (PROMs) can support clinicians to:

- Partner with patients in the management of their pain
- Assess and monitor the progress of low back pain and interventions from the patients' perspective.

The Australian Commission on Safety and Quality in Health Care (the Commission) has developed evidence- and consensus-based recommendations for the use of PROMs for low back pain. These recommendations are intended to maximise the clinical usefulness of PROMs and minimise survey fatigue. Figure 1 shows the recommended PROMs for measuring the outcomes important to people with low back pain receiving either non-surgical or surgical interventions.

Figure 1: Overview of recommended PROMs for low back pain in patients receiving non-surgical or surgical interventions, for people aged 16 and over



* For patients with chronic low back pain, or who are at risk of developing chronic back pain.
† For Aboriginal and Torres Strait Islander people.

There are several outcomes that are important to people who present with low back pain. This includes improving pain and being able to participate in daily activities. Several PROMs exist for measuring these outcomes in low back pain to support the assessment and monitoring progress from a patient's perspective. Patients with low back pain may see more than one type of clinician and receive multiple interventions for their pain, transition between surgical and non-surgical points of care, and can progress to recovery or chronicity. Recommending a set of PROMs to collect from patients with low back pain across clinical areas promotes consistency and a shared understanding between clinicians of a patient's journey of care.

Launch of the first national Chronic Obstructive Pulmonary Disease Clinical Care Standard launch

<https://safetyandquality.tv/copd-ccs/>

Register now to join our webcast and hear experts discuss the importance of accurate diagnosis with spirometry, pulmonary rehabilitation and a step-wise approach to pharmacotherapy.

COPD is a progressive and debilitating respiratory condition that affects 1 in 13 Australians over the age of 40 years. It has significant impact on quality of life and is a leading cause of potentially preventable hospitalisations.

When: Thursday 17 October 12:00 – 1:00 pm AEDT

Register Now <https://safetyandquality.tv/copd-ccs/>

Expert panellists

Award-winning science reporter Dr Jonica Newby will host an expert panel including:

- **Dr Lee Fong** – Medical Advisor, Australian Commission on Safety and Quality in Health Care
- **Professor Jennifer Alison** – Professor of Respiratory Physiotherapy, University of Sydney
- **Dr Kerry Hancock** – General Practitioner and Chair, RACGP Respiratory Medicine Specific Interests Group
- **Ms Mary Roberts** – Respiratory Clinical Nurse Consultant, Westmead Hospital
- **Associate Professor Natasha Smallwood** – Consultant Respiratory Physician, The Alfred Hospital

This event is relevant to all clinicians providing care to people with COPD, especially GPs, respiratory physicians, emergency physicians, infectious diseases physicians, nurses, physiotherapists and other allied health professionals.

For more information visit <https://www.safetyandquality.gov.au/standards/clinical-care-standards/chronic-obstructive-pulmonary-disease-clinical-care-standard>

Reports

The economics of diagnostic safety. Setting the scene

de Bienassis K, Slawomirski L, Kelly D, Klazinga N

Paris: OECD Publishing; 2024. p. 14.

URL	https://www.oecd.org/en/publications/the-economics-of-diagnostic-safety_bb24ea76-en.html
Notes	Short policy brief from the OECD summarising work to assess key drivers and barriers of diagnostic safety and estimate the economic impacts of poor diagnostic safety practices on health systems. It is noted that ‘Diagnosis is a foundational process of the practice of medicine’. However, it is also suggested that most people will experience diagnostic error at some point, and this can lead to harm. Further, ‘Up to 80% of all harm caused by delayed or misdiagnosis could be preventable.’

Implementation toolkit for accessible telehealth services

World Health Organization and International Telecommunication Union

Geneva: World Health Organization and International Telecommunication Union; 2024. p. 35.

URL	https://www.who.int/publications/i/item/9789240094161
Notes	The World Health Organization (WHO) and International Telecommunication Union (ITU) have developed this toolkit to ‘support governments, industry partners, health service providers and civil society groups in the use and implementation of the WHO-ITU F.780.2 Global standard for accessibility of telehealth services’. As is noted in the Foreword, ‘With the digital transformation of health care, it is fundamental to promote inclusion and ensure that every person achieves their right to equitable access and use of digital health services.’ It is hoped that ‘The use of this toolkit will facilitate the implementation of the Global standard for accessibility of telehealth services and promote the responsible and inclusive use of technology to enhance health and well-being among its users.’

Recommendations but no action: improving the effectiveness of quality and safety recommendations in healthcare

Health Services Safety Investigation Body

Poole: HSSIB; 2024.

Creating conditions for learning from deaths and near misses in inpatient and community mental health services:

Assessment of suicide risk and safety planning. Interim report

Health Services Safety Investigation Body

Poole: HSSIB; 2024.

URL	https://www.hssib.org.uk/patient-safety-investigations/recommendations-but-no-action-improving-the-effectiveness-of-quality-and-safety-recommendations-in-healthcare/report/ https://www.hssib.org.uk/patient-safety-investigations/mental-health-inpatient-settings/interim-report/
Notes	A pair of recent reports from the Health Services Safety Investigations Board (HSSIB) in the UK. The first examines the (lack of) impact that recommendations may have and how to improve the effectiveness of quality and safety recommendations, particularly in the UK context. The second report is an interim report that ‘highlights the importance of taking a person-centred approach to biopsychosocial assessments and safety planning for patients in mental health inpatient units and community mental health teams, and of stopping the use of risk assessment tools that stratify an individual’s risk of suicide or self-harm as low, medium or high. The findings of this report may also be relevant to other services that care for people with mental health problems.’

Journal articles

Longitudinal study of the manifestations and mechanisms of technology-related prescribing errors in pediatrics
 Raban MZ, Fitzpatrick E, Merchant A, Rahman B, Badgery-Parker T, Li L, et al
 Journal of the American Medical Informatics Association. 2024:ocae218.

DOI	https://doi.org/10.1093/jamia/ocae218
Notes	Digital technologies have been held out as means to address safety and quality issues. This Australian study examined ‘technology-related errors’ (what they term ‘TREs’) after the implementation of computerized provider order entry (CPOE) in an electronic health record at tertiary paediatric hospital. The authors report ‘We found that at least 1 in 3 prescribing errors with a potential for moderate, major, or serious patient harm were technology-related at a tertiary pediatric hospital.’ They also report that these technology-related errors ‘persisted 4-years post-CPOE with no difference in the rate compared to immediately post-CPOE’. In a related post at The Conversation website (https://theconversation.com/need-medicine-in-hospital-our-study-finds-how-often-it-flaws-lead-to-the-wrong-drug-or-dose-238424) some of the same authors observe ‘until we commit to the task of making computer-based systems safe, we will never fully benefit from the enormous potential digital systems could deliver in health care. Systems need to be continually monitored and updated, to make them easier and safer to use and to prevent issues from becoming catastrophic.’

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

Global burden of bacterial antimicrobial resistance 1990–2021: a systematic analysis with forecasts to 2050
 Naghavi M, Vollset SE, Ikuta KS, Swetschinski LR, Gray AP, Wool EE, et al
 The Lancet. 2024.

DOI	https://doi.org/10.1016/S0140-6736(24)01867-1
Notes	The potential for antimicrobial resistance (AMR) to become a significant health issue has been understood for some time. This article in <i>The Lancet</i> provides estimates of the scale of the impact of bacterial antimicrobial resistance for the period 1990–2021 and forecasts to 2050. Among the findings of the modelling, the authors suggest that more than a million people will die annually from an antimicrobial resistant infection (rising to 1.91 million in 205) while associated deaths could rise to 8.22 million annually. The paper also covers changes in trends in AMR burden and interventions that could ameliorate the impact. In their ‘better care scenario, across all age groups, 92·0 million deaths (82·8–102·0) could be cumulatively averted between 2025 and 2050, through better care of severe infections and improved access to antibiotics’.

For information on the Commission’s work on antimicrobial resistance, see
<https://www.safetyandquality.gov.au/our-work/antimicrobial-resistance>

For information on the Commission’s work on antimicrobial stewardship, see
<https://www.safetyandquality.gov.au/our-work/antimicrobial-stewardship>

URL	https://qualitysafety.bmj.com/content/33/10
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: Improving medication safety in both adults and children: what will it take? (David W Bates, Mio Sakuma) • Editorial: Measuring gist-based perceptions of medication benefit-to-harm ratios (Olga Kostopoulou) • Paediatric medication incident reporting: a multicentre comparison study of medication errors identified at audit, detected by staff and reported to an incident system (Ling Li, Tim Badgery-Parker, Alison Merchant, Erin Fitzpatrick, Magdalena Z Raban, Virginia Mumford, Najwa-Joelle Metri, Peter Damian Hibbert, Cheryl Mccullagh, Michael Dickinson, Johanna I Westbrook) • General practitioners' risk literacy and real-world prescribing of potentially hazardous drugs: a cross-sectional study (Odette Wegwarth, Tammy C Hoffmann, Ben Goldacre, Claudia Spies, Helge A Giese) • Common contributing factors of diagnostic error: A retrospective analysis of 109 serious adverse event reports from Dutch hospitals (Jacky Hooftman, Aart Cornelis Dijkstra, Ilse Suurmeijer, Akke van der Bij, Ellen Paap, Laura Zwaan) • Surgical informed consent practices and influencing factors in sub-Saharan Africa: a scoping review of the literature (Chiara Pittalis, Cherie Sackey, Paul Okeny, Bip Nandi, Jakub Gajewski) • Diagnostic error in mental health: a review (Andrea Bradford, Ashley N D Meyer, Sundas Khan, Traber D Giardina, Hardeep Singh) • Checking all the boxes: a checklist for when and how to use checklists effectively (Myrte de Alfred, Laura H Barg-Walkow, Joseph R Keebler, Alex Chaparro) • Raising the barcode: improving medication safety behaviours through a behavioural science-informed feedback intervention. A quality improvement project and difference-in-difference analysis (Kate Grailey, Alix Brazier, Bryony Dean Franklin, Clare McCrudden, Roberto Fernandez Crespo, Helen Brown, James Bird, Amish Acharya, Alice Gregory, Ara Darzi, Sarah Huf)

URL	https://www.longwoods.com/publications/healthcarepapers/27382/1/vol.-22-no.-1-2024-advancing-2s-lgbtq-health-equity-a-call-for-structural-action
Notes	<p>A new issue of <i>Healthcare Papers</i> has been published with a theme of 'Advancing 2S/LGBTQ+ Health Equity: A Call for Structural Action'. Articles in this issue of <i>Healthcare Papers</i> include:</p> <ul style="list-style-type: none"> • Advancing 2S/LGBTQ+ Health Equity: A Call for Structural Action (Daniel Grace, Sara Allin and Audrey Laporte) • Beyond the Rainbow: Advancing 2S/LGBTQ+ Health Equity at a Time of Political Volatility (Hannah Kia, Margaret Robinson, Edward Ou Jin Lee, Travis Salway and Lori E Ross) • Addressing Poverty and Health Disparities in Indigenous, Black, Racialized and Migrant 2S/LGBTQ+ Communities (Rusty Souleymanov)

	<ul style="list-style-type: none"> • Reflecting on “Beyond the Rainbow”: Advancing 2S/Indigiqueer Health Equity (Randall Jackson) • Pushing the Boundaries: African LGBTQ+ Migrants Navigating Dislocation and Disparities in Canada (Notisha Massaquoi, Ewura-Ama Ackon and Gregory Serieaux-Hall) • Expanding Policy and Programming to Address Conversion Therapy and 2SLGBTQ+ Health Inequity: A Discussion of Challenges (David J Kinitz, Nguyen K Tran and Kinnon R MacKinnon) • Affirming Everyone in the Rainbow: Is Gender-Affirming Healthcare “Gay Conversion Therapy?” (Kinnon R MacKinnon, Pablo Expósito-Campos, David J Kinitz and Joey Bonifacio) • Heteronormativity in Canadian Healthcare: Revisioning a Queer-Focused Realm (Nadiyah Aseena Hussain) • Achieving 2S/LGBTQ+ Health Equity Requires Grappling With the Structural Drivers of Poor Health in Sexual and Gender Minorities (Hannah Kia, Margaret Robinson, Edward Ou Jin Lee, Travis Salway and Lori E Ross)
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Online resources

Meeting your professional obligations when using Artificial Intelligence in healthcare

<https://www.ahpra.gov.au/Resources/Artificial-Intelligence-in-healthcare.aspx>

Ahpra and the National Boards have produced this guidance on the use of artificial intelligence (AI). One of the purposes is to outline how existing responsibilities in National Boards’ codes of conduct apply when practitioners use AI in their practice. It also sets out some key principles, including:

- Accountability
- Understanding
- Transparency
- Informed consent
- Ethical and legal issues.

Australian Living Evidence Collaboration

<https://livingevidence.org.au/>

[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:

- *Behavioral Interventions for **Migraine Prevention***
Treadwell JR, Tsou AY, Rouse B, Ivlev I, Fricke J, Buse D, et al. Behavioral Interventions for Migraine Prevention. Comparative Effectiveness Review No. 270. Rockville, MD: Agency for Healthcare Research and Quality; 2024. p. 404.
<https://effectivehealthcare.ahrq.gov/products/behavioral-interventions-migraine-prevention/research>
- *Healthcare Delivery of **Clinical Preventive Services for People With Disabilities***
Buckley DI, Nygren P, Blackie K, Dana T, Hsu F, Holmes R, et al. Healthcare Delivery of Clinical Preventive Services for People With Disabilities. Comparative Effectiveness Review No. 275. Rockville, MD: Agency for Healthcare Research and Quality; 2024.
<https://effectivehealthcare.ahrq.gov/products/people-with-disabilities/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>

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.

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PPE use images reproduced with permission of the NSW Clinical Excellence Commission.

- *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

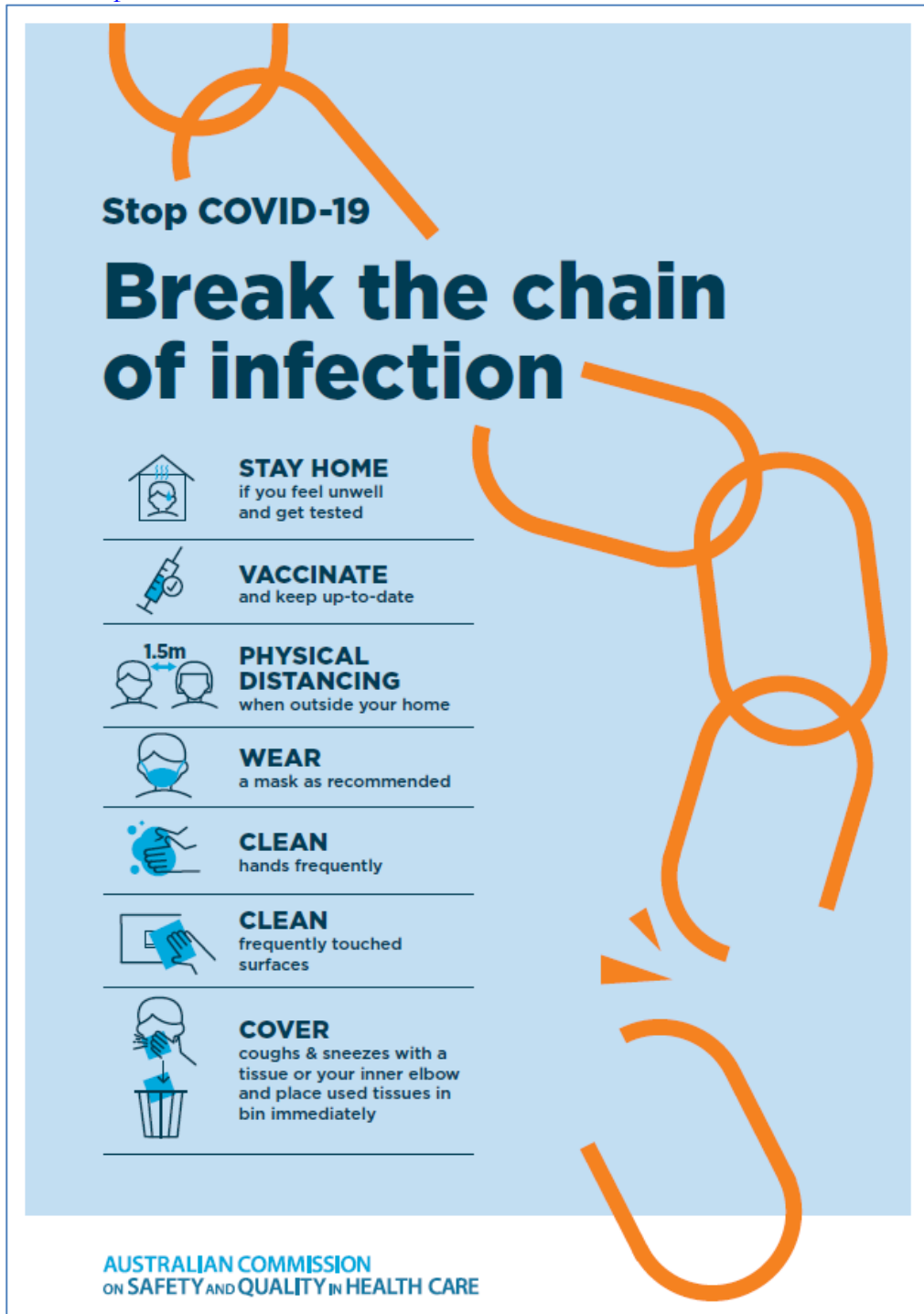
Perform hand hygiene (In an anteroom/outside the room/care zone)
- 8

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>

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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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