



On the Radar

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On the Radar

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Journal articles

Acute sinusitis and sore throat in primary care

Del Mar C

Australian Prescriber. 2016;39(4):116-8.

DOI	http://dx.doi.org/10.18773/austprescr.2016.046
Notes	<p>The author describes the complexity of diagnosing sinusitis and sore throat in terms of the pathogens responsible, and suggests a pragmatic, empirical approach based on the answers to three questions.</p> <ul style="list-style-type: none"> • Do antibiotics reduce the severity or duration of symptoms? • Do they reduce any complications? • Do other interventions relieve symptoms? <p>Cochrane reviews suggest that on the whole, antibiotics have marginal benefits for reducing symptoms, and reducing the duration or severity of illness for these conditions. Complication rates were not significantly different, and traditionally feared complications are generally quite rare (with the exception of acute rheumatic fever in rural and remote indigenous communities). The threats of antibiotic resistance at a population level make prescribing even less desirable. The author support a shared decision-making approach, observing that “when presented with evidence, patients are often surprised to find the benefits modest, with harms of the same effect size, and become less interested in pursuing antibiotics.”</p>

For information about the Commission’s work on shared decisions making, see <http://www.safetyandquality.gov.au/our-work/shared-decision-making/>

Variation in coronary angiography rates in Australia: correlations with socio-demographic, health service and disease burden indices

Chew DP, MacIsaac AI, Lefkovits J, Harper RW, Slawomirski L, Braddock D, et al. Med J Aust. 2016;205(3):114-20.

Ensuring access to invasive care for all patients with acute coronary syndromes: beyond our reach?

Scott IA
Med J Aust. 2016;205(3):112-3.

Pre-hospital thrombolysis in ST-segment elevation myocardial infarction: a regional Australian experience

Khan AA, Williams T, Savage L, Stewart P, Ashraf A, Davies AJ, et al. Med J Aust. 2016;205(3):121-5.

DOI	Chew DP et al http://dx.doi.org/10.5694/mja15.01410 Scott IA http://dx.doi.org/10.5694/mja16.00409 Khan AA et al http://dx.doi.org/10.5694/mja.15.01336
Notes	<p>Timely access to coronary angiography and revascularisation according to acuity and risk, are indicators of quality care for acute coronary syndromes (ACS), as described in the Clinical Care Standard for ACS. Two studies in the MJA are relevant to achieving the standards of guideline-recommended care.</p> <p>Using data from a number of sources, Chew et al’s ecological study looked at rates of coronary angiography, revascularisation, hospital admissions for ACS and coronary artery disease mortality (CAD) to see if they were correlated with indicators of social disadvantage, clinical workforce availability and rurality. While CAD morbidity and mortality were related to rural location and social disadvantage, the variation in invasive therapy rates was more complex, with access to private specialist care (private hospital admissions) correlated with coronary angiography rates without a clear related increase in revascularisation. As noted in the editorial by Ian Scott this suggests that “some patients are receiving interventions they do not need, while, more worryingly, patients who have real need for them are missing out.” Chew et al suggest that “health reforms aimed at the appropriate use of diagnostic coronary angiography may be required to improve consistency and equity of access, and consequently to deliver positive outcomes for the Australian community more efficiently.”</p> <p>Khan et al describe outcomes of a real-world initiative to improve timeliness of reperfusion for acute ST segment-elevation-myocardial infarction (STEMI) patients in regional NSW. Treatment of eligible patients was determined on the basis of distance from a hospital equipped to perform coronary angiography and percutaneous coronary intervention (PCI). For patients more than 60 minutes away, pre-hospital thrombolysis was administered by trained paramedics, after ECG transmission and telephone cardiologist consultation. Twelve-month mortality was similar in both groups, while bleeding rates were slightly higher in the thrombolysis group, with one intracranial haemorrhage. Distances from first medical contact to the facility ranged from 8 to 483 km. Pre-hospital thrombolysis was achieved within a median 35 minutes (IQR, 28–43 min) while time from first contact to balloon inflation was a median 130 minutes (IQR, 100–150 min). Some practical considerations in achieving guideline-recommended timeframes are discussed.</p>

A [PowerPoint presentation](#) to support those implementing the ACS Clinical Care Standard and evidence supporting the case for implementation ([ACS Case for Improvement](#)) are available on the Commission’s website, along with other resources at <http://www.safetyandquality.gov.au/our-work/clinical-care-standards/acute-coronary-syndromes-clinical-care-standard/>

Improving outcomes in coronary artery disease

MacIsaac AI.

Med J Aust. 2016;205(3):111-2.

National Heart Foundation of Australia and Cardiac Society of Australia and New Zealand: Australian clinical guidelines for the management of acute coronary syndromes 2016

Chew DP, Scott IA, Cullen L, French JK, Briffa TG, Tideman PA, et al.

Med J Aust. 2016;205(3):128-33.

DOI	MacIsaac AI. http://dx.doi.org/10.5694/mja16.00656 NHF and CSANZ ACS Guidelines http://dx.doi.org/10.5694/mja16.00368
Notes	Closing the gaps between evidence-based guideline recommendations and delivery of care is challenging, with guidelines and individual clinical expertise critical, but not sufficient, to achieve best possible patient outcomes. MacIsaac notes that “Systems, procedures and policies are needed to further reduce the toll of cardiovascular disease”, commenting on the 2016 update to the <i>National Heart Foundation of Australia and Cardiac Society of Australia and New Zealand: Australian clinical guidelines for the management of ACS</i> published in this issue of the <i>MJA</i> . The guideline developers themselves support this view, and strongly advocate for routine continuous monitoring, feedback and quality improvement of ACS care, and suggest that the recommendations be read in conjunction with the Clinical Care Standard for ACS and the National Heart Foundation’s Australian ACS Capability Framework.

For more information about the Clinical Care Standard for Acute Coronary Syndrome and related indicators for audit and quality improvement, see <http://www.safetyandquality.gov.au/our-work/clinical-care-standards/acute-coronary-syndromes-clinical-care-standard/>

Managing behavioural and psychological symptoms in dementia

Macfarlane S and O’Connor D.

Australian Prescriber. 2016;39(4):123-5.

DOI	http://dx.doi.org/10.18773/austprescr.2016.052
Notes	Psychotropic drugs are often prescribed to manage psychological and behavioural symptoms in dementia, yet are known to increase the risks of hospitalisation, falls and death. The authors describe the challenges of managing patient symptoms as well as carer and staff pressure for a quick solution with practical advice, including the limits of drug treatment and the need for ongoing behavioural management strategies. The authors note that: “While a drug might have a PBS indication for treating behavioural disturbances, this does not mean that all symptoms are likely to respond equally well to that drug. There is no drug that will stop people wandering, undressing, urinating inappropriately, shadowing staff or calling out.”

For information about the Commission’s work regarding the role of antipsychotics in the care of dementia and delirium, see the Better way to care resources (www.cognitivecare.gov.au), and the

recently launched *Delirium Clinical Care Standard* <http://www.safetyandquality.gov.au/our-work/clinical-care-standards/delirium-clinical-care-standard/>

Australian Health Review
Volume 40 Number 4 2016

URL	http://www.publish.csiro.au/nid/270/issue/7975.htm
Notes	<p>A new issue of <i>Australian Health Review</i> has been published. Articles in this issue of <i>Australian Health Review</i> include:</p> <ul style="list-style-type: none"> • Lead...Leader...Leadership (Gary E Day) • Emergency response readiness for primary school children (Jeff Wilks, Harry Kanasa, Donna Pendergast and Ken Clark) • Perceptions of interactions between staff members calling, and those responding to, rapid response team activations for patient deterioration (Richard Chalwin, Arthas Flabouris, Karoline Kapitola and Leonie Dewick) • Benefit of hindsight: systematic analysis of coronial inquest data to inform patient safety in hospitals (Val Pudney and Carol Grech) • A novel approach for managing the growing demand for ambulance services by low-acuity patients (Kathryn Eastwood, Ameer Morgans, Karen Smith, Angela Hodgkinson, Gareth Becker and Johannes Stoelwinder) • Incremental cost-effectiveness of trauma service improvements for road trauma casualties: experience of an Australian major trauma centre (Michael M Dinh, Kendall J Bein, Delia Hendrie, Belinda Gabbe, Christopher M Byrne and Rebecca Ivers) • Normalising advance care planning in a general medicine service of a tertiary hospital: an exploratory study (Ian A Scott, Nalaka Rajakaruna, Darshan Shah, Leyton Miller, Elizabeth Reymond and Michael Daly) • Point prevalence of suboptimal footwear features among ambulant older hospital patients: implications for fall prevention (Satyan R Chari, Prue McRae, Matthew J Stewart, Joan Webster, Mary Fenn and Terry P Haines) • Advance care planning in Australia: what does the law say? (Rachel Z Carter, Karen M Detering, William Silvester and Elizabeth Sutton) • Mealtime interruptions, assistance and nutritional intake in subacute care (Judi Porter, Anita Wilton and Jorja Collins) • Developing an Australian health and aged care research agenda: a systematic review of evidence at the subacute interface (Jenny Davis, Ameer Morgans and Joan Stewart) • Integrated health care: it's time for it to blossom (Sandeep Reddy) • Clinical supervision for allied health staff: necessary but not sufficient (Sandra G Leggat, Bev Phillips, Philippa Pearce, Margaret Dawson, Debbie Schulz and Jenni Smith) • Australian physiotherapy workforce at a glance: a narrative review (Adri Pretorius, Nuresha Karunaratne and Susan Fehring) • Future of medical engagement (Helen Dickinson, Marie Bismark, Grant Phelps and Erwin Loh) • Patient satisfaction with a hospital-based neuropsychology service (Amie Foran, Elisa Millar and Diana Dorstyn) • Implementing Indigenous community control in health care: lessons from Canada (Josée G. Lavoie and Judith Dwyer)

	<ul style="list-style-type: none"> • Role of non-Indigenous researchers in Indigenous health research in Australia: a review of the literature (Marion A Gray and Florin I Oprescu) • Consequences for overcrowding in the emergency room of a change in bed management policy on available in-hospital beds (Pierre-Géraud Claret, Thierry Boudemaghe, Xavier Bobbia, Andrew Stowell, Élodie Miard, Mustapha Sebbane, Paul Landais and Jean-Emmanuel De La Coussaye) • Comment on 'Building allied health workforce capacity: a strategic approach to workforce innovation' (Sonal Wallace) • Our red-green world (Parham Habibzadeh) • Healthcare-associated infections in Australia: is it time for national surveillance? (Natalie Shalit)
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BMJ Quality and Safety online first articles

URL	http://qualitysafety.bmj.com/content/early/recent
Notes	<p>BMJ Quality and Safety has published a number of 'online first' articles, including:</p> <ul style="list-style-type: none"> • Interventions to improve hospital patient satisfaction with healthcare providers and systems: a systematic review (Karina W Davidson, Jonathan Shaffer, Siqin Ye, Louise Falzon, Iheanacho O Emeruwa, Kevin Sundquist, Ifeoma A Inneh, S L Mascitelli, W M Manzano, D K Vawdrey, H H Ting) • Triggering safer general practice care (Susan M Dovey, Sharon Leitch)

International Journal for Quality in Health Care online first articles

URL	http://intqhc.oxfordjournals.org/content/early/recent?papetoc
Notes	<p>International Journal for Quality in Health Care has published a number of 'online first' articles, including:</p> <ul style="list-style-type: none"> • Measuring pediatric quality of care in rural clinics—a multi-country assessment—Cambodia, Guatemala, Zambia and Kenya (Anbrasi Edward, Kim Dam, Jane Chege, Annette E. Ghee, Hossein Zare, Chea Chhorvann)

Online resources

[UK] NICE Guidelines and Quality Standards

<http://www.nice.org.uk>

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

- NICE Quality Standard QS127 **Obesity: clinical assessment and management**
<https://www.nice.org.uk/guidance/qs127>
- NICE Clinical Guideline CG140 **Palliative care for adults: strong opioids for pain relief**
<https://www.nice.org.uk/guidance/cg140>

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