



On the Radar

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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.

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On the Radar

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Australian Charter of Healthcare Rights Consultation

<https://www.safetyandquality.gov.au/national-priorities/charter-of-healthcare-rights/review-of-the-charter-of-healthcare-rights-second-edition/>

The Australian Commission on Safety and Quality in Health Care invites your feedback on the next stage of consultation on the second edition of the Australian Charter of Healthcare Rights.

The Australian Charter of Healthcare Rights describes the rights of all people accessing the Australian healthcare system. It applies in all healthcare settings in Australia including public and private hospitals, general practice, day procedure services, dental and other community settings.

You can provide your feedback via an [online survey](#). The survey takes approximately 5-10 minutes to complete and will be open until **1 March 2019**.

To view the draft Charter, respond to the survey and find out further information, see <https://www.safetyandquality.gov.au/national-priorities/charter-of-healthcare-rights/review-of-the-charter-of-healthcare-rights-second-edition/>

For questions, contact our Partnering with Consumers team on 02 9126 3600 or email: partneringwithconsumers@safetyandquality.gov.au

Have your say



THE AUSTRALIAN CHARTER OF HEALTHCARE RIGHTS



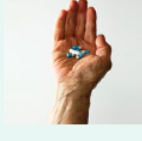

Complete the survey and give us your feedback before **1ST MARCH**

Reports

Medicine safety: take care

Lim R, Semple SJ, Kalisch Ellett LM, Roughead EE

Canberra: Pharmaceutical Society of Australia; 2019. p. 32.

URL	https://my.psa.org.au/s/article/Medicine-Safety-Report
Notes	<p>The Pharmaceutical Society of Australia has released this brief report describing the various aspects of medication safety in Australia and the role(s) pharmacists can play in ameliorating these issues. They examine medication safety in terms of its role in hospital admissions, after discharge from hospital, in aged care and in the community. Medication safety issues are among the most common safety issues. This report suggests that 250,000 hospital admissions and another 400,000 presentations to emergency departments annually are a result of medication-related problems with much of this preventable.</p> <div data-bbox="336 1084 992 1317"> <p>MEDICATION-RELATED HOSPITAL ADMISSIONS</p>  <p>EXTENT OF PROBLEM</p> <ul style="list-style-type: none"> • 250,000 hospital admissions annually are a result of medication-related problems • Annual cost \$1.4 billion • 400,000 additional presentations to emergency departments are likely to be due to medication-related problems • 50% of this harm is preventable </div> <div data-bbox="336 1339 992 1608"> <p>AFTER HOSPITAL DISCHARGE</p>  <ul style="list-style-type: none"> • 3 in 5 hospital discharge summaries where pharmacists are not involved in their preparation have at least one medication error • For 1 in 5 people at high risk of readmission, timely provision of the discharge summary did not occur • Only 1 in 5 changes made to the medication regimen during hospital admission were explained in the discharge summary • Over 90% of patients have at least one medication-related problem post-discharge from hospital </div> <div data-bbox="336 1630 992 1832"> <p>RESIDENTIAL AGED CARE</p>  <ul style="list-style-type: none"> • 98% of residents have at least one medication-related problem • Over half are exposed to at least one potentially inappropriate medicine </div> <div data-bbox="336 1854 992 2054"> <p>COMMUNITY</p>  <ul style="list-style-type: none"> • 1 in 5 people are suffering an adverse medication reaction at the time they receive a Home Medicines Review • 1.2 million Australians have experienced an adverse medication event in the last 6 months • Almost 1 in 4 older people prescribed medicines cleared by the kidneys are prescribed an excessive dose </div>

Journal articles

Factors associated with unplanned readmissions in a major Australian health service

Considine J, Fox K, Plunkett D, Mecner M, O'Reilly M, Darzins P

Australian Health Review. 2019;43(1):1-9.

DOI	https://doi.org/10.1071/AH16287
Notes	<p>Reducing unplanned readmissions is a common aim in acute care. This study sought to examine the factors associated with unplanned hospital readmission within 28 days of acute care discharge within a single health service. This retrospective study of 20 575 acute care discharges from 1 August to 31 December 2015 used administrative data. It found that the unplanned readmission rate was 7.4% (n = 1528) and 11.1% of those readmitted patients were returned within 1 day. Factors identified as being associated with increased risk of unplanned readmission included:</p> <ul style="list-style-type: none"> • age ≥ 65 years • emergency index admission • Charlson comorbidity index • presence of chronic disease or complications during the index admission • index admission length of stay (LOS) >2 days • hospital admission(s) or emergency department (ED) attendance(s) in the 6 months preceding the index admission • health service site. <p>Perhaps more important is that these factors changed by each patient group examined (adult medical, adult surgical, obstetric and paediatric). Thus, as the authors suggest, ‘a “one size fits all approach” to reducing unplanned readmissions may not be effective. They report that Older adult medical patients had the highest rate of unplanned readmissions and those with Charlson comorbidity index 4, an index admission LOS >2 days, left against advice and hospital admission(s) or ED attendance(s) in the 6 months preceding index admission and discharge from larger sites within the health service were at highest risk of unplanned readmission.’</p>

Improving drug allergy management in Australia: education, communication and accurate information

Lucas M, Loh RKS, Smith WB

Medical Journal of Australia. 2019;210(2):62-4.

DOI	https://doi.org/10.5694/mja18.00467
Notes	<p>Drug allergies are commonly recorded in patient charts, yet related medical errors including fatal drug-related anaphylaxis continue to occur. At the same time, some adverse drug reactions are labelled as allergies which are not true contraindications, for example with some antibiotics. The authors suggest that there is a need for a nationally co-ordinated approach to specific education of health professionals, development of delabelling drug protocols and improvements in the information provided in national patient electronic health records. In part they base these recommendations on a recent coronial review of four drug-allergy related deaths, which were contributed to by a lack of knowledge in recognising and appropriately managing severe allergic drug reactions; unclear documentation of drug allergies and poor communication as well as misuse of terminology (e.g., “sulpha” instead of a specific drug name such as sulfamethoxazole).</p>

Intensive lipid-lowering therapy in the 12 months after an acute coronary syndrome in Australia: an observational analysis

Brieger D, D'Souza M, Huyn K, Weaver JC, Kritharides L

Medical Journal of Australia. 2019;210(2):80-5.

DOI	https://doi.org/10.5694/mja2.12035
Notes	This study from the CONCORDANCE registry found that only 55% of patients were receiving intensive lipid-lowering therapy during the 12 months after an acute coronary syndrome (ACS) . The strongest predictor of not receiving therapy was not being prescribed treatment at hospital discharge for the ACS, around 20% of patients. Patients who had a coronary bypass (CABG) or non-surgical treatment only, were less likely to be prescribed these medicines. Since lipid-lowering treatment reduces cardiovascular risk, and is recommended by guidelines, these findings suggest room for improvement in care.

How to be a very safe maternity unit: An ethnographic study

Liberati EG, Tarrant C, Willars J, Draycott T, Winter C, Chew S, et al

Social Science & Medicine. 2019;223:64-72.

DOI	https://doi.org/10.1016/j.socscimed.2019.01.035
Notes	In studying “outliers” it seems that the focus is often on the “negative” outliers, those who are performing below the norm. This study takes what may be a more optimistic approach in providing a ‘positive deviance case study’ that describes how a high-performing maternity unit in the UK achieved and sustained excellent safety outcomes over time. Using many hours (143) of ethnographic observations in the maternity unit, 12 semi-structured interviews, and two focus groups with staff, the study revealed identified six mechanisms that appeared to be important for safety: ‘ collective competence ; insistence on technical proficiency ; monitoring, coordination, and distributed cognition; clearly articulated and constantly reinforced standards of practice, behaviour, and ethics ; monitoring multiple sources of intelligence about the unit's state of safety ; and a highly intentional approach to safety and improvement .’ Further, these specific these mechanisms were “nurtured and sustained through both a specific intervention (known as the PROMPT programme) and, importantly, the unit's contextual features: intervention and context shaped each other in both direct and indirect ways. The mechanisms were also influenced by the unit's structural conditions, such as staffing levels and physical environment.” Thus, safety was not simply compliance with a list of tasks but was a pervasive, applied approach.

Using a potentially aggressive/violent patient huddle to improve health care safety

Larson LA, Finley JL, Gross TL, McKay AK, Moenck JM, Severson MA, et al

The Joint Commission Journal on Quality and Patient Safety. 2019.

DOI	http://doi.org/10.1016/j.jcjq.2018.08.011
Notes	Considerations of the safety of healthcare workers and patients (and families and visitors) do not often account for violence. This item describes the development and testing of a handover (or handoff) tool that helped ensure that information about potential violent patients was shared between the emergency department (ED) and the admitting unit of the hospital. The process developed, the Potentially Aggressive/Violent Huddle Form, had an ED nurse initiate the process by informing the admitting unit that a patient at risk for violence was being admitted. The admitting care team would then call the ED team so that both teams participated in the handover. One of the issues is the identification of risk, including the accuracy and sensitivity.

Curbing Unnecessary and Wasted Diagnostic Imaging

Oren O, Kebebew E, Ioannidis JPA

Journal of the American Medical Association. 2019;321(3):245-6.

DOI	https://doi.org/10.1001/jama.2018.20295
Notes	<p>Further to debates of value and variation is this Viewpoint piece reflects on how imaging ordering usage could be focused more appropriateness and utility. Approaches discussed include clinician education, public and patient education, shared decision making and consent, capitalising on imaging technology improvements to ensure quality and focus of images are appropriate, changes to the ordering, distribution and reimbursement, requiring approval of requests by radiology specialists.</p> <p>Clinicians might be asked to consider answer the following questions before ordering any radiographic test: Is it necessary? What are the consequences of performing the test? What are the alternative options (and their associated benefits and risks)? What is the likely outcome with no further workup?</p> <p>The authors observe that ‘Effective interventions may need to occur concurrently at multiple points in the system and involve both clinicians and patients. These interventions also need to address outcomes that reflect patient safety and harms.’</p>

Australian Health Review

Volume 43 Number 1 2019

URL	http://www.publish.csiro.au/ah/issue/9361
Notes	<p>A new issue of the <i>Australian Health Review</i> has been published. Articles in this issue of the <i>Australian Health Review</i> include:</p> <ul style="list-style-type: none"> • Factors associated with unplanned readmissions in a major Australian health service (Julie Considine, Karen Fox, David Plunkett, Melissa Mecner, Mary O'Reilly and Peteris Darzins) • Does the accreditation of private dental practices work? Time to rethink how accreditation can improve patient safety (Gillian Jean) • Centralisation of oesophagectomy in Australia: is only caseload critical? (Richard Hummel, Ngoc Hoang Ha, Andrew Lord, Markus I Trochsler, Guy Maddern and Harsh Kanhere) • Emergency department referral patterns of Australian general practitioner registrars: a cross-sectional analysis of prevalence, nature and associations (Nigel Catzikiris, Amanda Tapley, Simon Morgan, Mieke van Driel, Neil Spike, Elizabeth G. Holliday, Jean Ball, Kim Henderson, L McArthur and P Magin) • Implementing a 6-day physiotherapy service in rehabilitation: exploring staff perceptions (Erin L Caruana, Suzanne S Kuys, J Clarke and S G Brauer) • Financial costs associated with monopolies on biologic medicines in Australia (Deborah Gleeson, B Townsend, R Lopert, J Lexchin and H Moir) • A review of the economic impact of mental illness (Christopher M Doran and Irina Kinchin) • Workplace injuries in the Australian allied health workforce (Sarah Anderson, Rwth Stuckey, Lauren V Fortington and Jodi Oakman) • Privately practising nurse practitioners' provision of care subsidised through the Medicare Benefits Schedule and the Pharmaceutical Benefits Scheme in Australia: results from a national survey (Jane Currie, Mary Chiarella and Thomas Buckley) • Health service use in the older person with complex health needs (Mark Bartlett, Joanna Wang, Liz Hay and Glen Pang)

	<ul style="list-style-type: none"> • Effect of an ageing population on services for the elderly in the Northern Territory (Michael Lowe and Pasqualina Coffey) • Aging in Australia: country of birth and language preferences of residents in aged care facilities (Ljubica Petrov, C Joyce and T Gucciardo-Masci) • Cross-sectional study of area-level disadvantage and glycaemic-related risk in community health service users in the Southern IML Research (SIMLR) cohort (Roger Cross, Andrew Bonney, Darren J Mayne and K M Weston) • General practitioner and registrar involvement in refugee health: exploring needs and perceptions (Catherine Harding, A Seal, G Duncan and A Gilmour) • Motivating the workforce: beyond the 'two-factor' model (E A Shannon) • Human dimension of health service management (Jo. M Martins, Godfrey Isouard and Brenda Freshman) • Review and analysis of the Mental Health Nurse Incentive Program (Brenda Happell and Chris Platania-Phung)
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Healthcare Quarterly
Volume 21, Number 3

URL	https://www.longwoods.com/publications/healthcare-quarterly/25696
Notes	<p>A new issue of <i>Healthcare Quarterly</i> has been published, with a focus on supply chain management. Articles in this issue of <i>Healthcare Quarterly</i> include:</p> <ul style="list-style-type: none"> • A Minister of Addictions for Canada (Neil Seeman) • Putting a Population Health Lens to Multimorbidity in Ontario (Laura Rosella and Kathy Kornas) • Safety and Quality of Care for Seniors Living with Dementia (Alexey Dudevich, Liudmila Husak, Tracy Johnson and Allie Chen) • Clinically Integrated Supply Chain Infrastructure in Health Systems: The Opportunity to Improve Quality and Safety (Anne W Snowdon) • Case Study: Supply Chain Transformation in the UK National Health Service (Anne W Snowdon and Alexandra Wright) • Case Study: Supply Chain Transformation in the Mercy Health System (Anne W Snowdon and Betty Jo Rocchio) • Case Study: Supply Chain Transformation in the Alberta Health Services (Anne W Snowdon and Alexandra Wright) • Integrating Care in Scotland (Cathy Fooks, Jodeme Goldhar, Walter P Wodchis, G Ross Baker and Jane Coutts) • The Road to Improving Access to Surgical Specialist Consultations: Ontario's Experience with Wait 1 Wait Time Data (Claudia Zanchetta, Jonathan C Irish and James P. Waddell) • Saskatchewan's Successful Strategy for Surgical Waitlist Reduction (Geoffrey Johnston) • Exploring Spatial Variation in Registration for Deceased Organ Donation in Ontario, Canada (Piotr Wilk, L Richard, A X Garg, A Maltby and S Z Shariff) • A Hospital-Based Falls Prevention Program in the Community: Opportunities for Frail Older Adults to Participate in Ongoing Physical Activity (Laurie Bernick, Anne McKye, A Brown-Strachan and G Corsianos) • Case Study – Gaining Physician Involvement in Quality Improvement Initiatives: An Organizational Perspective (Lise Vaillancourt and C Mondoux)

BMJ *Quality and Safety* online first articles

URL	https://qualitysafety.bmj.com/content/early/recent
Notes	<p>BMJ <i>Quality and Safety</i> has published a number of ‘online first’ articles, including:</p> <ul style="list-style-type: none">• Decisions and repercussions of second victim experiences for mothers in medicine (SAVE DR MoM) (Kiran Gupta, Sarah Lisker, Natalie A Rivadeneira, Christina Mangurian, Eleni Linos, Urmimala Sarkar)• Are more experienced clinicians better able to tolerate uncertainty and manage risks? A vignette study of doctors in three NHS emergency departments in England (Rebecca Lawton, Olivia Robinson, Rebecca Harrison, Suzanne Mason, Mark Conner, Brad Wilson)• Editorial: Bridging the gap between uncertainty, confidence and diagnostic accuracy: calibration is key (Laura Zwaan, Wolf E Hautz)

Online resources

Future Leaders Communiqué

<http://vifmcommuniques.org/future-leaders-communique-volume-4-issue-1-january-2019/>

Victorian Institute of Forensic Medicine

Volume 4 Issue 1 January 2019

This issue of the *Future Leaders Communiqué* focuses on **medical risk**. Defined as “the probability of danger, loss or injury within the health system”, this issue reflects on the need to understand and evaluate the risk to patients of the myriad tests that can be ordered. Interestingly, the editor discusses how ‘it is important that we understand these risks so that we can inform our patients and learn how to weigh up the risks versus the benefits of our decisions’, rather than talking about how to **share decisions** with patients.

The expert commentaries look at the potential harm and costs associated with ordering **unnecessary tests**. Indeed, the author of the first commentary makes the point that ‘Taking a high-quality history from our patients and examining them properly have consistently been shown to be far more useful in obtaining an accurate diagnosis than relying on medical tests.’

[UK] NICE *Guidelines and Quality Standards*

<https://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 reviews or updates are:

- NICE Guideline NG120 **Cough (acute): antimicrobial prescribing**
<https://www.nice.org.uk/guidance/ng120>
- Clinical Guideline CG62 **Antenatal care for uncomplicated pregnancies**
<https://www.nice.org.uk/guidance/cg62>
- Quality Standard QS178 **Sexual health** <https://www.nice.org.uk/guidance/qs178>

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