AUSTRALIAN COMMISSION ON SAFETY AND QUALITY IN HEALTH CARE

On the Radar

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On the Radar
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Consultation on the draft Cataract Clinical Care Standard
https://www.safetyandquality.gov.au/our-work/clinical-care-standards/current-consultations/

The Australian Commission on Safety and Quality in Health Care is seeking comments on the draft *Cataract Clinical Care Standard* and support materials. Comments are sought from healthcare professionals, peak healthcare and consumer organisations, consumers and any other interested parties.

A clinical care standard contains a small number of quality statements that describe the clinical care that a patient should be offered for a specific clinical condition and supports:

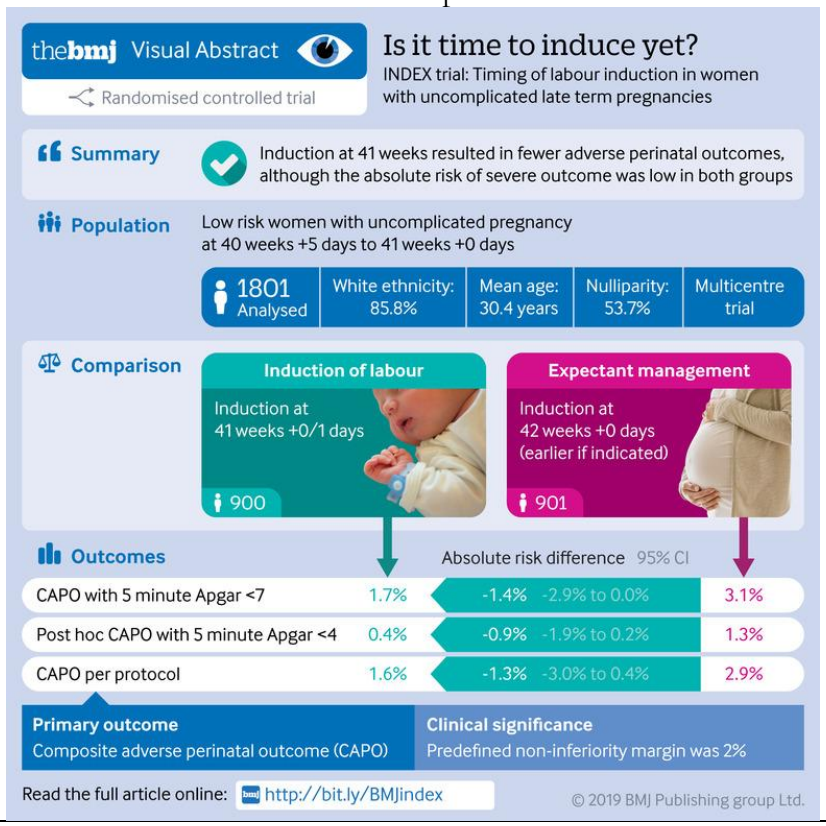
- People to know what care should be offered by their healthcare system, and to make informed treatment decisions in partnership with their clinicians
- Clinicians to make decisions about appropriate care
- Health service organisations to examine the performance of their organisation and make improvements in the care they provide.

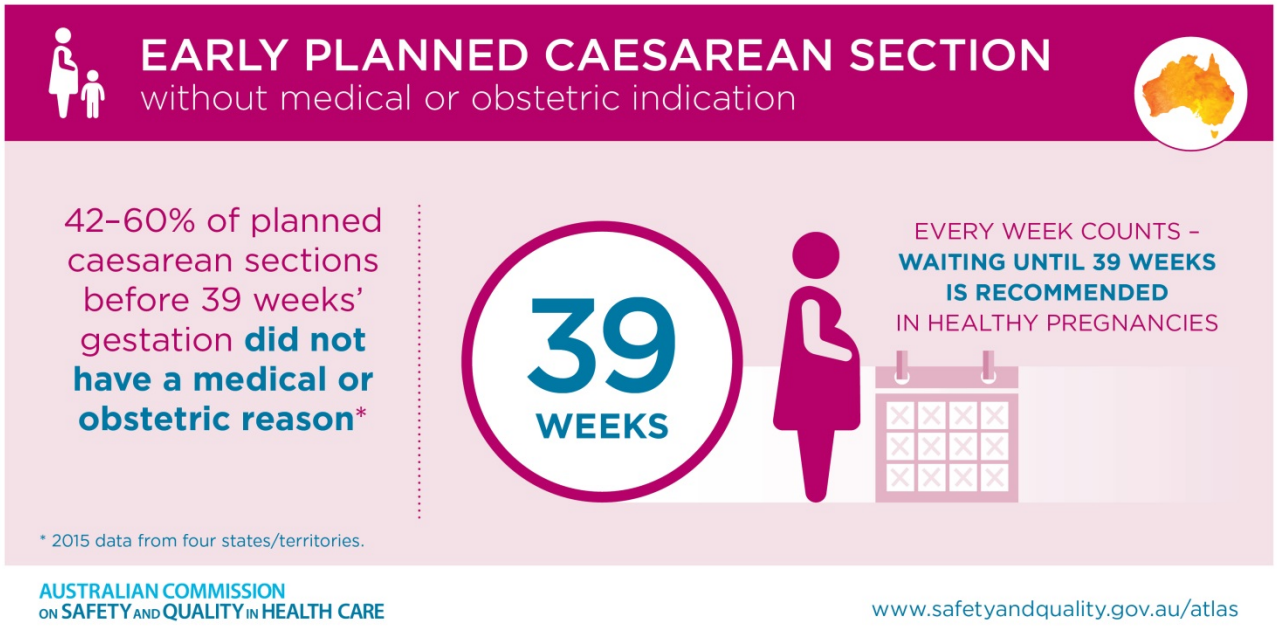
The draft *Cataract Clinical Care Standard* and instructions for submitting comments are available on the Commission's website at: https://www.safetyandquality.gov.au/our-work/clinical-care-standards/current-consultations/
The consultation period will be open from 22 February 2019 until 11:59 pm on **5 April 2019**.
For further information about the Clinical Care Standards or the consultation process, please contact Herbert Down, Program Director, ccs@safetyandquality.gov.au

Journal articles

Optimising the management of late term pregnancies
Kenyon S, Skrybant M, Johnston T
BMJ. 2019;364:l681.

Induction of labour at 41 weeks versus expectant management until 42 weeks (INDEX): multicentre, randomised non-inferiority trial
Keulen JKJ, Bruinsma A, Kortekaas JC, van Dillen J, Bossuyt PMM, Oudijk MA, et al
BMJ. 2019;364:l344.

DOI	Kenyon et al https://doi.org/10.1136/bmj.l681 Keulen et al https://doi.org/10.1136/bmj.l344
Notes	One of the topics examined in the *Third Australian Atlas of Healthcare Variation* was that of Early planned caesarean section without medical or obstetric indication. It was noted that there is a growing body of evidence that planned caesarean section before 39 weeks' gestation can increase: • Short-term risks, including neonatal respiratory problems and the risk of hospitalisation for infections in the first five years of life • Long-term developmental problems, poorer school performance and attention deficit hyperactivity disorder. It was also observed that waiting until 39 weeks' gestation for a planned caesarean section – if there are no medical reasons for earlier birth – is recommended by several international organisations and some Australian states. Concerns and debate about how to manage pregnancies, particularly late term pregnancies, have been further developed with the publication of these pieces in the *BMJ* on a Dutch study that looked at induction at 41 weeks or expectant management until 42 weeks with induction if necessary. The authors reported that the induction at 41 weeks resulted in fewer adverse perinatal outcomes. 



For information about and access to *The Third Australian Atlas of Healthcare Variation 2017*, see https://www.safetyandquality.gov.au/atlas/atlas-2018/

Measuring Hospital-Acquired Complications Associated With Low-Value Care
Badgery-Parker T, Pearson S-A, Dunn S, Elshaug AG
JAMA Internal Medicine. 2019 [epub].

DOI	https://doi.org/10.1001/jamainternmed.2018.7464
Notes	This paper in *JAMA Internal Medicine* complements one that appeared recently in *BMJ Quality and Safety* (https://doi.org/10.1136/bmjqs-2018-008338 - discussed in *On the Radar* Issue 382). The earlier paper looked at 27 'low value' procedures in New South Wales public hospitals in 2016/17. The authors observed that "The proportion of low-value care varied widely between hospitals." They also noted three procedures (colonoscopy for constipation, endoscopy for dyspepsia, sentinel lymph node biopsy for melanoma in situ) displayed increasing trends. In this latest paper, this cohort study and descriptive analysis of 9330 episodes of low-value use of 7 procedures sought to examine the incidence of hospital-acquired complications. Such complications make the already low value of these procedures even more marginal as they expose patients to harms that could be considered unnecessary given the low value or benefit of the procedures. The study used data from 225 public hospitals in New South Wales, Australia for the period 1 July 2014 to 30 June 2017. The 9330 episodes involving 7 low-value procedures were evaluated, including endoscopy for dyspepsia in people younger than 55 years (3689 episodes); knee arthroscopy for osteoarthritis or meniscal tears (3963 episodes); colonoscopy for constipation in people younger than 50 years (665 episodes); endovascular repair of abdominal aortic aneurysm in asymptomatic, high-risk patients (508 episodes); carotid endarterectomy in asymptomatic, high-risk patients (273 episodes); renal artery angioplasty (176 episodes); and spinal fusion for uncomplicated low back pain (56 episodes). Sixteen hospital-acquired complications (HACs) were used as a measure of harm associated with low-value care. The authors report that '**between 0.2% and 15.0% of patients** receiving these low-value procedures **developed** at least 1 of 16 **hospital-acquired complications**, the most common being **health care–associated infection**'

For information on the Commission's work on hospital-acquired complications, including pressure injuries, see https://www.safetyandquality.gov.au/our-work/indicators/hospital-acquired-complications/

Two-Hourly Repositioning for Prevention of Pressure Ulcers in the Elderly: Patient Safety or Elder Abuse?
Sharp CA, Schulz Moore JS, McLaws M-L
Bioethical Inquiry. 2019 [epub].

The Coroner's Role in the Prevention of Elder Abuse: A Study of Australian Coroner's Court Cases Involving Pressure Ulcers in Elders
Sharp CA, Schulz Moore JS, McLaws ML
Journal of Law and Medicine. 2018 Dec;26(2):494-509.

DOI	Bioethical Inquiry https://doi.org/10.1007/s11673-018-9892-3
Notes	Pressure ulcers or pressure injuries are a common complication or healthcare acquired complication, in hospitals and in aged care. These two papers examined the issue from both a legal/human rights perspective and a prevention perspective, particularly when concerning older people in residential aged care facilities. In both pieces – using survey information and coronial reports – the authors argue that common practice of **two-hourly repositioning does not prevent pressure injuries**. Indeed, they go further and make the assertion that 'may breach the rights of all residents who were repositioned two-hourly. Repositioning and restraining may be unlawful. Rather than only repositioning residents two-hourly, we **recommend every resident be provided with an alternating pressure air mattress**.' They note that there are studies that show that such mattresses are more cost-effective than repositioning and the use of foam mattresses.

For information on the Commission's work on the National Safety and Quality Health Service (NSQHS) Standards, including the Comprehensive Care Standard that covers pressure injuries, see https://www.nationalstandards.safetyandquality.gov.au/5.-comprehensive-care

Association of Overlapping Surgery With Perioperative Outcomes
Sun E, Mello MM, Rishel CA, Vaughn MT, Kheterpal S, Saager L, et al
JAMA. 2019;321(8):762-72.

Does overlapping surgery result in worse surgical outcomes? A systematic review and meta-analysis
Gartland RM, Alves K, Brasil NC, Mossanen M, Mort E, Wright CD, et al
The American Journal of Surgery. 2018 [epub].

DOI	Sun et al https://doi.org/10.1001/jama.2019.0711 Gartland et al http://doi.org/10.1016/j.amjsurg.2018.11.039
Notes	The conduct of overlapping surgery (in which the surgeon is scheduled to perform procedures so the start time of one procedure overlaps with the end time of another,) has raised some concerns. These two papers are among the latest additions to the debate on the safety and efficacy of such practices. Sun et al conducted a retrospective cohort study of 66 430 adults undergoing common operations (total knee or hip arthroplasty; spine surgery; coronary artery bypass graft (CABG) surgery; and craniotomy) at 8 facilities between 1 January 2010, and 31 May 2018. They report finding that '**overlapping surgery was not significantly associated with differences in in-hospital mortality** (adjusted rate, 1.9% vs 1.6%) **or postoperative complications** (adjusted rate, 12.8% vs 11.8%) but was significantly associated with **increased surgery length** (adjusted length, 204 vs 173 minutes).'

	These findings echo those of Gartland et al's systematic review and meta-analysis that covered 14 studies. Gartland et al report finding **no significant differences** in **30-day mortality**, **overall morbidity** or **unplanned reoperation** in overlapping versus non-overlapping surgery across a range of procedures. They also found an **increase in duration** for overlapping surgeries.

Pediatric Quality & Safety
Vol. 4, No. 1, January/February 2019

URL	https://journals.lww.com/pqs/toc/2019/01000
Notes	A new issue of *Pediatric Quality & Safety* has been published. Articles in this issue of *Pediatric Quality & Safety* include: • Improving Access to **Lactation Consultation and Early Breast Milk Use** in an Outborn NICU (Kristen T Leeman, Kimberly Barbas, Julia Strauss, Shannon Adams, Karen Sussman-Karten, A Kelly, M G K Parker, A Hansen) • **Necrotizing Enterocolitis and Spontaneous Intestinal Perforation**: A Spatiotemporal Case Cluster Analysis (Thomas Murphy, Samuel Yang, Richard Tucker, Hillary Collyer, Arlet G. Kurkchubasche, Jesse Bender) • **Audit-and-Feedback and Workflow Changes Improve Emergency Department Care** of Critically Ill Children (Sandra P Spencer, Todd Karsies) • **Improved Teamwork and Implementation of Clinical Pathways** in a Congenital Heart Surgery Program (Tina Schade Willis, Theodore Yip, Karla Brown, Scott Buck, Michael Mill) • Decreasing **Door-to-Door Times for Infliximab Infusions** in a Children's Hospital Observation Unit (Kelly C Sandberg, Janet N Lucien, Denise Stoll, Erica Yanney, Adam Mezoff) • Strengthening the Chain of Survival: **Cardiopulmonary Resuscitation Workshop for Caregivers** of Children at Risk (Cristina Tomatis Souverbielle, Felipe González-Martínez, Maria I. González-Sánchez, Marta Carrón, Luis Guerra Miguez, Laura Butragueño, Henar Gonzalo, Tomas Villalba, Jimena Perez Moreno, Blanca Toledo, Rosa Rodríguez-Fernández) • Trigger Criteria to Increase **Appropriate Palliative Care Consultation** in the Neonatal Intensive Care Unit (Lisa Humphrey, Amy Schlegel, Ruth Seabrook, Richard McClead) • Implementing **Outcome-based Care in Pediatric Psychiatry**: Early Results and Overcoming Barriers (Rajeev Krishna, Jahnavi Valleru, Whitney Smith) • A Project-based Curriculum for Driving **Organization-wide Continuous Improvement** (Lory D Harte, Mamta Reddy, Lisa K Marshall, Kevin J Mroczka, Keith J Mann) • Implementation and Evaluation of a **Standard Operating Procedure for Pediatric Infliximab Infusions** (Maureen M Kelly, Barbara S Turner, Michael D. Kappelman, Eun Jeong Lee, Ajay S Gulati) • A Retrospective Review of **Physician-related Patient Complaints** from a Tertiary Pediatric Hospital (David Chaulk, Carsten Krueger, Antonia S Stang) • Improving Efficiency and Communication around **Sedated Fracture Reductions** in a Pediatric Emergency Department (Niloufar Paydar-Darian, Michael P Goldman, Kenneth A Michelson, Katharine C Button, Elizabeth K Hewett, Theodore E Macnow, Andrew F Miller, Megan A Musisca, Joel D Hudgins, Matthew A Eisenberg)

BMJ Quality and Safety online first articles

URL	https://qualitysafety.bmj.com/content/early/recent
Notes	*BMJ Quality and Safety* has published a number of 'online first' articles, including: • Editorial: **Ambulatory care-sensitive conditions**: their potential uses and limitations (Karen Hodgson, Sarah R Deeny, Adam Steventon)

International Journal for Quality in Health Care online first articles

URL	https://academic.oup.com/intqhc/advance-access
Notes	*International Journal for Quality in Health Care* has published a number of 'online first' articles, including: • New challenges for **patient safety** (Peter Lachman) • Toward uniform and controlled **clinical pathways in cancer care**: a qualitative description (Gianmauro Numico; Monica Viale; Roberta Bellini; Roberto Ippoliti; Maura Rossi; Tatiana Maan; Angelica Carobene; Andrea Pizzini; Marinella Mistrangelo; Oscar Bertetto)

Online resources

[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:

- Quality Standard QS181 ***Air pollution:*** *outdoor air quality and health*
  https://www.nice.org.uk/guidance/qs181
- Quality Standard QS182 *People's experience using* ***adult social care services***
  https://www.nice.org.uk/guidance/qs182