



On the Radar

Issue 479

31 August 2020

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On the Radar

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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>

The latest additions include:

- **COVID-19: Aged care staff infection prevention and control precautions poster**
<https://www.safetyandquality.gov.au/publications-and-resources/resource-library/covid-19-aged-care-staff-infection-prevention-and-control-precautions-poster>

STOP DO NOT VISIT A RESIDENT BEFORE SEEING RECEPTION

Precautions for staff

caring for aged care home residents who are suspected, probable, or confirmed COVID-19 cases*

*This PDF (PPE) poster is for use in aged care facilities with the highest incidence of confirmed COVID-19 cases. It is not intended as a substitute for a full suite of infection prevention and control measures in areas with significant community transmission of COVID-19. The Infection Control Team Group has provided guidance regarding use of PPE, masks and gloves to get your flow charts in here: <https://www.safetyandquality.gov.au/information-and-resources/infection-control-and-prevention>

Before entering
a resident's room with suspected, probable, or confirmed COVID-19

- 1 Perform hand hygiene**
Wash hands with soap and water or use an alcohol-based hand rub. Rub all parts of your hands, then rinse and dry with a paper towel if using soap and water, or rub till dry if using alcohol.
- 2 Put your gown on**
Put on a fluid-resistant long sleeved gown or apron.
- 3 Put on your P2/N95 respirator mask**
A. Hold the mask by its loops, then put the loops around your head.
B. Make sure the mask covers your mouth and nose. Ensure there are no gaps between your face and the mask, and press the nose piece around your nose.
C. Continue to adjust the mask along the outside until you feel you have achieved a good and comfortable facial fit.
- 4 Check the fit of your P2/N95 respirator mask**
A. Gently place hands around the edge of the mask to feel for any air seeping.
B. Check the seal of the mask by breathing out gently. If air seeps behind the mask, and check again, until no air escapes. It may be harder to get a good fit if you have a beard.
C. Check the seal of the mask by breathing in gently. If the mask does not come inward your face, or air leaks around the face seal, readjust the mask and repeat.
You may need to check the mask for defects if air keeps leaking.
D. Finally, completely cover the mask with both hands before breathing in to help resecure the fit is good.
- 5 Perform hand hygiene again**
Perform hand hygiene again after checking the fit of your mask, if you have touched your face. Then put on eyewear, and then gloves.

After you finish
providing care

- 1 Remove your gloves, gown and eyewear**
A. Remove your gloves, dispose of them in a designated bin/garbage bag and perform hand hygiene.
B. Remove your gown, dispose of it in the same bin and perform hand hygiene.
C. Remove your eyewear, and place in a designated bin/garbage bag, if disposable, or in the designated recycling container if reusable.
- 2 Remove your mask**
Take the mask off from behind your head by pulling the loops over your head and moving the mask away from your face.
- 3 Dispose of the mask**
Dispose in a designated bin/garbage bag and close the bin/lid.
- 4 Perform hand hygiene again**
Wash hands with soap and water or use an alcohol-based hand rub.

IMPORTANT

To protect yourself and your family and friends, when your shift finishes, change into clean clothes at work, if possible, and put your clothes in a plastic bag. Go straight home, shower immediately and wash all of your work clothes and the clothes you wore home.

To help stop the spread of COVID-19 and other infections, always:

- ✓ Stay home from work if you are sick.
- ✓ Perform hand hygiene frequently, and before and after you attend every resident, and after contact with potentially contaminated surfaces.
- ✓ Follow respiratory hygiene and cough etiquette.
- ✓ Keep 1.5 metres away from other staff and residents, except when providing resident care, if possible.
- ✓ Ensure regular environmental cleaning, especially of frequently touched surfaces.
- ✓ Wear gloves and a gown or apron to handle and dispose of waste and use linen in designated bags/bins.
- ✓ Close the bags/bins, and perform hand hygiene after every contact.
- ✓ Clean and disinfect all shared resident equipment.

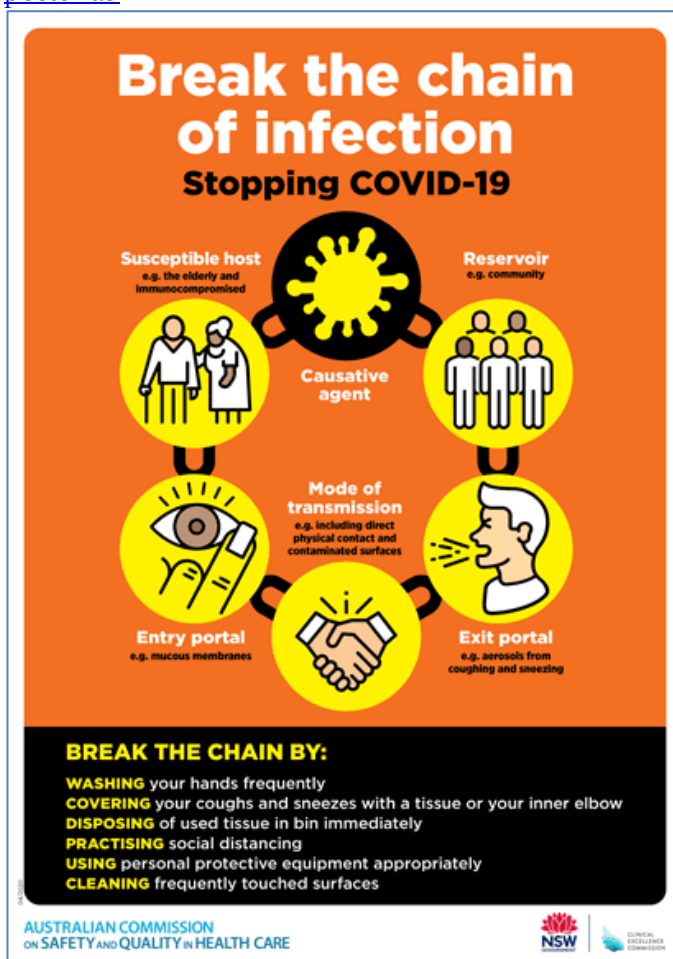
*There are many types of respirator masks. Follow the manufacturer's instructions for the brand you are using.

AUSTRALIAN COMMISSION ON SAFETY AND QUALITY IN HEALTH CARE

The content of this poster was informed by resources developed by the NSW Clinical Excellence Commission and the Victorian Department of Health and Human Services. Photos reproduced with permission from the NSW Clinical Excellence Commission.

- **Environmental Cleaning and Infection Prevention and Control**
www.safetyandquality.gov.au/environmental-cleaning
- **Infection prevention and control Covid-19 PPE poster**
<https://www.safetyandquality.gov.au/publications-and-resources/resource-library/infection-prevention-and-control-covid-19-personal-protective-equipment>
- **Special precautions for Covid-19 designated zones poster**
<https://www.safetyandquality.gov.au/publications-and-resources/resource-library/special-precautions-covid-19-designated-zones>
- **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>

- **Medicines Management COVID-19** <https://www.safetyandquality.gov.au/our-work/medication-safety/medicines-management-covid-19>, including position statements on medicine-related issues
 - *Managing fever associated with COVID-19*
 - *Managing a sore throat associated with COVID-19*
 - *ACE inhibitors and ARBs in COVID-19*
 - *Clozapine in COVID-19*
 - *Management of patients on oral anticoagulants during COVID-19*
 - *Ascorbic Acid: Intravenous high dose in COVID-19*
 - *Treatment in acute care, including oxygen therapy and medicines to support intubation*
 - *Nebulisation and COVID-19*
 - *Managing intranasal administration of medicines during COVID-19*
 - *Ongoing medicines management in high-risk patients*
 - *Medicines shortages*
- *Potential medicines to treat COVID-19*
<https://www.safetyandquality.gov.au/publications-and-resources/resource-library/potential-medicines-treat-covid-19>
- *Break the chain of infection: Stopping COVID-19* poster
<https://www.safetyandquality.gov.au/publications-and-resources/resource-library/break-chain-poster-a3>



- *COVID-19: Elective surgery and infection prevention and control precautions*
<https://www.safetyandquality.gov.au/publications-and-resources/resource-library/covid-19-elective-surgery-and-infection-prevention-and-control-precautions>
- *FAQs for clinicians on elective surgery* <https://www.safetyandquality.gov.au/node/5724>

- *FAQs for consumers on elective surgery* <https://www.safetyandquality.gov.au/node/5725>
- *FAQs on community use of face masks* <https://www.safetyandquality.gov.au/faqs-community-use-face-masks>
- *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.



Reports

Measuring value in new health technology assessments: A focus on robotic surgery in public hospitals

Deeble Institute Issues Brief No. 37

Flynn A, Verhoeven A

Canberra: Australian Healthcare and Hospitals Association; 2020. p. 26.

URL	https://ahha.asn.au/publication/health-policy-issue-briefs/deeble-issues-brief-no-37-measuring-value-new-health
Notes	<p>This Issues Brief from the Australian Healthcare and Hospitals Association’s Deeble Institute examines the processes for assessing the merits of implementing new health technology in public hospitals and how they differ across states, territories and public and private health systems. The Brief focuses on the robotic surgery program at Metro North Hospital and Health Service in Queensland. The authors suggest that</p> <ul style="list-style-type: none"> • There needs to be a clear and consistent approach to ensure that evidence to support the value of new technologies can be demonstrated in terms of both costs and patient outcomes. • Patient outcomes and experiences need to be measured and included in datasets through standardised systems or collections. • Data and evaluation need to be more coordinated with an open approach to collection and sharing. • Funding models need to enable providers to focus on outcomes that matter to patients as well as cost efficiencies • Strategies need to be undertaken to ensure that clinicians are more engaged with overall hospital objectives to identify innovative new technologies and enable access through the public hospital system. • To demonstrate value, health technology assessments must also include consideration of equity. Are the right patients receiving the right treatment? Value is only achieved across the whole health systems if everyone that needs it can access it.

Journal articles

Improving the Quality of U.S. Health Care — What Will It Take?

McGlynn EA

New England Journal of Medicine. 2020;383(9):801-803.

DOI	https://doi.org/10.1056/NEJMp2022644
Notes	<p>The author of this piece was the lead author on a key article published in the <i>New England Journal of Medicine</i> in 2003 – <i>The Quality of Health Care Delivered to Adults in the United States</i> (https://doi.org/10.1056/NEJMsa022615)– in which was demonstrated that ‘on average, U.S. adults received about 55% of recommended care for the leading causes of death and disease’. In this piece she reflects on the lack of progress on improving quality of care and goes on to suggest that ‘Given the limited progress to date, the path to higher-quality care in the United States requires reconsidering approaches to measurement, financing, and organizational structures and a new emphasis on social needs. We need to redesign for success, spread what works, and stop doing what does not work.’</p>

Building A Better Health Care System Post-Covid-19: Steps for Reducing Low-Value and Wasteful Care
 Sorenson C, Japinga M, Crook H, McClellan M
 NEJM Catalyst. 2020.

URL	https://catalyst.nejm.org/doi/full/10.1056/CAT.20.0368
Notes	<p>The adage about never wasting a crisis means we are already seeing suggestions about how to improve many aspects of society and life in the wake of the COVID-19 pandemic. While these may come up against inertia and a desire to “snap back”, many of these calls for positive change are well-intentioned and could contribute to sought after gains. This commentary piece in <i>NEJM Catalyst</i> considers that the current pandemic ‘offers an unprecedented opportunity to reduce low-value care significantly with concurrent efforts from providers and health systems, payers, policymakers, employers, and patients.’ With the pandemic necessarily disrupting much of health care delivery, including postponements and shifts to virtual, contactless and other mechanisms, the authors consider this ‘an unprecedented opportunity to re-evaluate the necessity of services our health system provides, embracing and enhancing the ones that provide the most value and finally reducing or eliminating those that provide little or no benefit.’ They argue that this need to be immediately as ‘force of habit and financial stresses may otherwise counteract some positive recent changes and move the health care system back toward business as usual.’</p>

Journal of Patient Safety
 Volume 16 Issue 3 Supplement September 2020

URL	https://journals.lww.com/journalpatientsafety/toc/2020/09001
Notes	<p>A new issue of the <i>Journal of Patient Safety</i> has been published. A special supplement to the September issue of the <i>Journal of Patient Safety</i> includes evidence reviews of eight of the 47 patient safety practices featured in the US Agency for Healthcare Research and Quality’s <i>Making Healthcare Safer III</i> report (available at https://www.ahrq.gov/research/findings/making-healthcare-safer/mhs3/index.html)</p> <p>Articles in this issue of the <i>Journal of Patient Safety</i> include:</p> <ul style="list-style-type: none"> • Advancing Patient Safety: Reviews From the Agency for Healthcare Research and Quality’s Making Healthcare Safer III Report (Shoemaker-Hunt, Sarah; Hall, Kendall; Hoffman, Lynn) • The Use of Patient Monitoring Systems to Improve Sepsis Recognition and Outcomes: A Systematic Review (Gale, Bryan M.; Hall, Kendall K.) • The Use of Rapid Response Teams to Reduce Failure to Rescue Events: A Systematic Review (Hall, Kendall K.; Lim, Andrea; Gale, Bryan) • Environmental Cleaning and Decontamination to Prevent <i>Clostridioides difficile</i> Infection in Health Care Settings: A Systematic Review (Schoyer, Elizabeth; Hall, Kendall) • Chlorhexidine Bathing Strategies for Multidrug-Resistant Organisms: A Summary of Recent Evidence (Gall, Elizabeth; Long, Anna; Hall, Kendall K.) • Using Deprescribing Practices and the Screening Tool of Older Persons’ Potentially Inappropriate Prescriptions Criteria to Reduce Harm and Preventable Adverse Drug Events in Older Adults (Earl, Tara R.; Katapodis, Nicole D.; Schneiderman, Stephanie R.; Shoemaker-Hunt, Sarah) • The Effect of Opioid Stewardship Interventions on Key Outcomes: A Systematic Review (Shoemaker-Hunt, Sarah J.; Wyant, Brandy E.) • System-Level Patient Safety Practices That Aim to Reduce Medication Errors Associated With Infusion Pumps: An Evidence Review (Bacon, Olivia; Hoffman, Lynn)

	<ul style="list-style-type: none"> Improving Team Performance and Patient Safety on the Job Through Team Training and Performance Support Tools: A Systematic Review (Costar, Dana Milanovich; Hall, Kendall K.)
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BMJ Quality & Safety online first articles

URL	https://qualitysafety.bmj.com/content/early/recent
Notes	<p><i>BMJ Quality & Safety</i> has published a number of ‘online first’ articles, including:</p> <ul style="list-style-type: none"> Priorities to improve the care for chronic conditions and multimorbidity: a survey of patients and stakeholders nested within the ComPaRe e-cohort (Viet-Thi Tran, Elise Diard, Philippe Ravaud)

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"> mHealth-based person-centredness: a key tool for the development of participatory health (Luis Fernandez-Luque) Human Factors/Ergonomics Work System Analysis of Patient Work: State of the Science and Future Directions (Nicole E Werner, Siddarth Ponnala, Nadia Doutcheva, Richard J Holden) Tradeoff between Efficiency and Perceived Quality: Evidence from Patient-Level Data (Saima Bashir, Muhammad Nasir)

Online resources

National COVID-19 Clinical Evidence Taskforce

<https://covid19evidence.net.au/>

The National COVID-19 Clinical Evidence Taskforce is a collaboration of peak health professional bodies across Australia whose members are providing clinical care to people with COVID-19. The taskforce is undertaking continuous evidence surveillance to identify and rapidly synthesise emerging research in order to provide national, **evidence-based guidelines and clinical flowcharts for the clinical care of people with COVID-19**. The guidelines address questions that are specific to managing COVID-19 and cover the full disease course across mild, moderate, severe and critical illness. These are ‘living’ guidelines, updated with new research in near real-time in order to give reliable, up-to-the minute advice to clinicians providing frontline care in this unprecedented global health crisis.

COVID-19 Critical Intelligence Unit

<https://www.aci.health.nsw.gov.au/covid-19/critical-intelligence-unit>

The Agency for Clinical Innovation (ACI) in New South Wales has developed this page summarising rapid, evidence-based advice during the COVID-19 pandemic. Its operations focus on systems intelligence, clinical intelligence and evidence integration. The content includes a daily evidence digest and evidence checks on a discrete topic or question relating to the current COVID-19 pandemic. Recent evidence checks date include:

- Medium- and long-term health sequelae of COVID-19.**

[UK] NICE Guidelines and Quality Standards

<https://www.nice.org.uk/guidance>

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 NG172 **COVID-19 rapid guideline: gastrointestinal and liver conditions treated with drugs affecting the immune response** <https://www.nice.org.uk/guidance/ng172>
- Clinical Guideline CG134 **Anaphylaxis: assessment and referral after emergency treatment** <https://www.nice.org.uk/guidance/cg134>

[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:

- *Strategies for Patient, Family, and Caregiver Engagement* <https://effectivehealthcare.ahrq.gov/products/family-engagement/research>

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