



On the Radar

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On the Radar

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Journal articles

Overuse of diagnostic testing in healthcare: a systematic review

Müskens JLJM, Kool RB, van Dulmen SA, Westert GP

BMJ Quality & Safety. 2021 [epub].

DOI	https://doi.org/10.1136/bmjqs-2020-012576
Notes	Unnecessary or excessive diagnostic testing is considered undesirable for a number of factors. These include waste of resources, opportunity costs, and potential for patient harm either through the diagnostic testing or subsequent activity that may also be of low value or unnecessary. This systematic review sought to examine the literature on 'the prevalence of diagnostic testing overuse across healthcare settings to estimate the overall prevalence of low-value diagnostic overtesting'. Based on '118 assessments of diagnostic testing overuse, extracted from 35 studies', the findings 'suggest that substantial overuse of diagnostic testing is present with wide variation in overuse . Preoperative testing and imaging for non-specific low back pain are the most frequently identified low-value diagnostic tests.'

Delayed antibiotic prescribing for respiratory tract infections: individual patient data meta-analysis
 Stuart B, Hounkpatin H, Becque T, Yao G, Zhu S, Alonso-Coello P, et al
 BMJ. 2021;373:n808.

DOI	https://doi.org/10.1136/bmj.n808
Notes	<p>Delayed antibiotic prescribing has been suggested as a means to address the possible overuse or inappropriate use of antibiotics will also providing patients with access if and when considered necessary. This study drew on nine randomised controlled trials and four observational studies, covering a total of 55,682 patients. The study sought to assess the overall effect of delayed antibiotic prescribing on average symptom severity for patients with respiratory tract infections in the community, and to identify any factors modifying this effect. The results included:</p> <ul style="list-style-type: none"> • No difference was found in follow-up symptom severity for delayed versus immediate antibiotics or delayed versus no antibiotics. • Symptom duration was slightly longer in those given delayed versus immediate antibiotics (11.4 v 10.9 days), but was similar for delayed versus no antibiotics. • Complications resulting in hospital admission or death were lower with delayed versus no antibiotics and delayed versus immediate antibiotics. • A significant reduction in re-consultation rates and an increase in patient satisfaction were observed in delayed versus no antibiotics. • The effect of delayed versus immediate antibiotics and delayed versus no antibiotics was not modified by previous duration of illness, fever, comorbidity, or severity of symptoms. • Children younger than 5 years had a slightly higher follow-up symptom severity with delayed antibiotics than with immediate antibiotics, but no increased severity was found in the older age group. <p>These findings led the authors to conclude that ‘Delayed antibiotic prescribing is a safe and effective strategy for most patients, including those in higher risk subgroups. Delayed prescribing was associated with similar symptom duration as no antibiotic prescribing and is unlikely to lead to poorer symptom control than immediate antibiotic prescribing. Delayed prescribing could reduce reconsultation rates and is unlikely to be associated with an increase in symptoms or illness duration, except in young children.’</p>

Bridging the feedback gap: a sociotechnical approach to informing clinicians of patients’ subsequent clinical course and outcomes

Cifra CL, Sittig DF, Singh H
 BMJ Quality & Safety. 2021 [epub].

DOI	http://dx.doi.org/10.1136/bmjqs-2020-012464
Notes	<p>For many health professionals, the system they operate within is effectively an open loop. That is it is not unusual for them to not know the subsequent clinical outcomes of patients they diagnose and treat. Various mechanisms can help address this lack of a feedback mechanism. Clinical quality registries are one mean that clinicians, units, facilities, etc. can receive feedback. This paper suggests that ICT approaches could close the feedback gap. In the paper the authors examine the barriers to effective clinician feedback, including structural, psychological and interpersonal barriers. They proceed to describe what they a ‘sociotechnical approach’ to support effective feedback. This approach examines the issues across eight dimensions: hardware and software; clinical content, human–computer interface; people; workflow and communication; organisational policies and procedures; external rules, regulations and pressures; and system measurement and monitoring.</p>

Preparing Mental Health Professionals to Work With Survivors of Intimate Partner Violence: A Comprehensive Systematic Review of the Literature

Sutton A, Beech H, Ozturk B, Nelson-Gardell D

Affilia. 2020 [epub].

DOI	https://doi.org/10.1177%2F0886109920960827
Notes	The awareness of the scale of domestic violence (DV) and intimate partner violence (IPV) has grown in recent times. The authors of this piece note that there is ‘a direct link between experiencing IPV and having adverse physical, mental, and financial outcomes’ and that mental health professionals ‘can play a significant role in assessing and addressing IPV since they are often critical access points for those experiencing violence and are likely to counsel victims’. The review examined 20 papers on the training of mental health professionals. The authors suggest that most mental health professionals ‘are not adequately prepared or supported in their work with clients experiencing IPV, which may result in lower worker and client satisfaction, increased risk of danger and harm to clients, and higher rates of burnout and secondary trauma’. Thus, improved training and understanding could aid both patients and clinicians. This is an issue that other health professionals probably need to be aware of and prepared for. For example, GPs and emergency department health professionals are very likely to encounter patients who are dealing with these forms of violence.

Journal for Healthcare Quality

Volume 43, Number 3, May/June 2021

URL	https://journals.lww.com/jhqonline/toc/2021/06000
Notes	<p>A new issue of <i>The Journal for Healthcare Quality (JHQ)</i> has been published. Articles in this issue of <i>The Journal for Healthcare Quality (JHQ)</i> include:</p> <ul style="list-style-type: none"> • Learning During Crisis: The Impact of COVID-19 on Hospital-Acquired Pressure Injury Incidence (Polancich, Shea; Hall, Allyson G; Miltner, Rebecca; Poe, Terri; Enogela, Ene M; Montgomery, Aoyjai P; Patrician, P A) • Evaluation of Hospitalizations Preventable with Idealized Outpatient Care and Continuity of Care (Li, Shawn X; del Carmen, Marcela G; Thompson, Ryan W; Cafiero-Fonseca, Elizabeth T; Rockett, Helaine; Ferris, Timothy G; Terry, Dellara F; Warner, Ana Sofia; Yu, Amy; Wasfy, Jason H) • Applying Lean Six Sigma to Improve Depression Screening and Follow-Up in Oncology Clinics (Gerard, Bethlyn; Robbins, Mona; Putra, Joseph; Ram, Mythili; Boukhari, Mounia; Mutz, Jacqueline; Coffie, Sharron; Martin-Cook, Kristin; Huffman, A; Bryant, D M; Myers, L; Bajaj, P; Froehlich, T; Fish, J) • Composite Score for Outcome Prediction in Gynecologic Surgery Patients (Glauser, Gregory; Winter, Eric; Caplan, Ian F; Goodrich, Stephen; McClintock, Scott D; Srinivas, Sindhu K; Malhotra, Neil R) • Exploring the Association Between the Quality of HIV Care in Nursing Homes and Hospitalization (Olivieri-Mui, Brianne; McGuire, Jean; Griffith, John; Cahill, Sean; Briesacher, Becky) • Enhancing Residents' Warmth in Greeting Caregivers: An Inpatient Intervention to Improve Family-Centered Communication (Bayer, Nathaniel D; Taylor, April; Atabek, Zoey; Santolaya, J L; Bamat, T W; Washington, N) • A Multicenter Focus Group Analysis of Medicare Beneficiaries Perception of Annual Wellness Visits (Solinsky, Paul; Rochester-Eyeguokan, Charmaine; Brandt, Nicole; Pincus, Kathleen J) • Comparison of Documentation on Inpatient Discharge and Ambulatory End-of-Visit Summaries (Downey, Emily; Olds, Danielle M)

BMJ *Quality & Safety* online first articles

URL	https://qualitysafety.bmj.com/content/early/recent
Notes	<p>BMJ <i>Quality & Safety</i> has published a number of ‘online first’ articles, including:</p> <ul style="list-style-type: none">• Exploring the actionability of healthcare performance indicators for quality of care: a qualitative analysis of the literature, expert opinion and user experience (Erica Barbazza, Niek S Klazinga, Dionne S Kringos)• Overuse of diagnostic testing in healthcare: a systematic review (Joris L J M Müskens, Rudolf Bertijn Kool, Simone A van Dulmen, Gert P Westert)

International Journal for *Quality in Health Care* online first articles

URL	https://academic.oup.com/intqhc/advance-articles
Notes	<p>International Journal for <i>Quality in Health Care</i> has published a number of ‘online first’ articles, including:</p> <ul style="list-style-type: none">• A Novel Risk Score for in-Hospital Perioperative Mortality of Five Major Surgeries (ongxun Jia, Shan Wang, Jianchao Liu, Lin Li, Lihua Liu)• Improving Community Care for Patients Discharged from Hospital Through Zone Wide Implementation of a Seamless Care Transition Policy (Naveenjyote Boora, Shireen Surood, Jeff Coulombe, Surya Poudel, Vincent I O Agyapong)• Healthcare Quality Assessments: No Guarantees of Same Outcomes for Different Socioeconomic Stroke Patients (Jayeun Kim, Ki Hwa Yang, Ah Rum Choi, Mi Yeon Kang, Hyun Joo Kim, Hyejin Lee, Jin Yong Lee)

Online resources

[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:

- Clinical Guideline CG137 **Epilepsies: diagnosis and management**
<https://www.nice.org.uk/guidance/cg137>
- Clinical Guideline CG150 **Headaches in over 12s: diagnosis and management**
<https://www.nice.org.uk/guidance/cg150>

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 resource 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, or confirmed COVID-19 cases in areas with significant community transmission*

Before entering a resident's room with suspected 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 until dry if using alcohol-based hand rub.
- 2 Put on your gown**
Put on a fluid-resistant long-sleeved gown or apron.
- 3 Put on a P2/N95 respirator mask**
A. Hold the mask by its loops, then put the loops around your head.
B. Hold the mask over your mouth and nose. Ensure there are no gaps between your face and the mask, and pinch 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 the P2/N95 respirator mask**
A. Gently place hands around the edge of the mask to feel if any air is escaping.
B. Check the seal of the mask by breathing out gently. If air escapes, adjust 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 in toward your face, or air leaks around the face seal, readjust the mask and repeat.
You may need to check the mask for defects if it leaks, rattles.
D. Finally, completely cover the mask with both hands before breathing through it to ensure the fit is good.
- 5 Put on protective eyewear**
- 6 Perform hand hygiene**
- 7 Put on gloves**

!! Never touch the front of the mask after the fit check is completed, and while providing care.
!! Change the mask when it becomes wet or dirty.
!! Never reuse masks.
!! Keep doors of rooms closed if possible.

After you finish providing care and are ready to leave the room

- 1 Remove gloves**
Remove your gloves, dispose of them in a designated bin/garbage bag.
- 2 Perform hand hygiene**
Wash hands with soap and water or use an alcohol-based hand rub.
- 3 Remove gown**
Remove your gown, dispose of it in a designated bin/garbage bag.
- 4 Perform hand hygiene**
Wash hands with soap and water or use an alcohol-based hand rub.
- 5 Remove protective eyewear**
Remove your protective eyewear, and place in a designated bin/garbage bag, if disposable, or in the designated reprocessing container if reusable.
- 6 Perform hand hygiene**
Wash hands with soap and water or use an alcohol-based hand rub.
- 7 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.
- 8 Dispose of the mask**
Dispose in a designated bin/garbage bag and close the bin/bag.
- 9 Perform hand hygiene**
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.

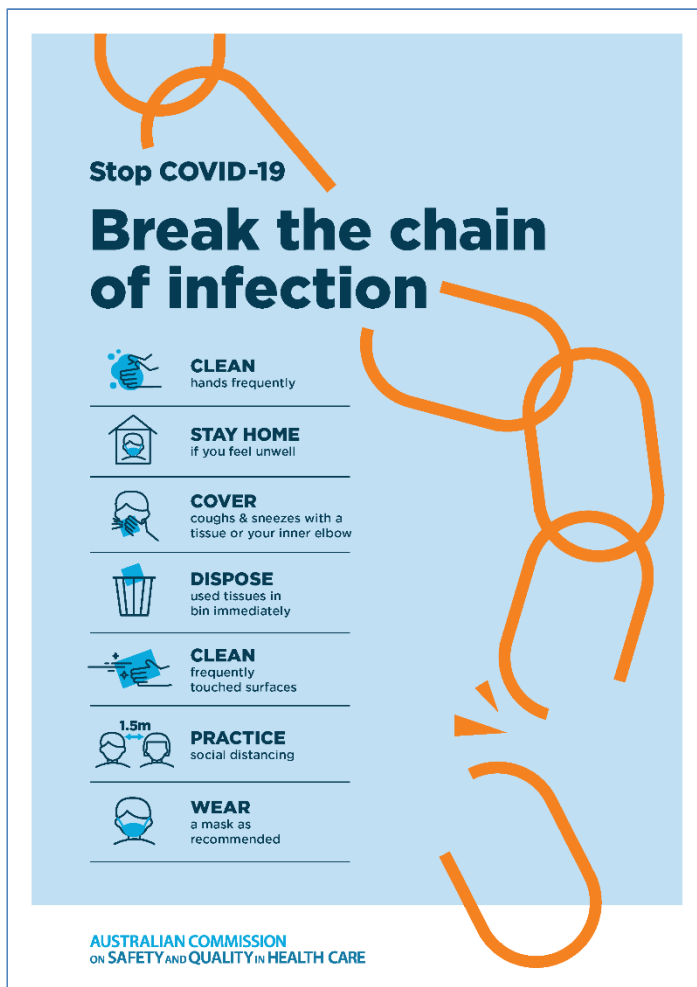
*Aged care home staff should implement infection prevention and control precautions recommended by their local/jurisdictional health department. Guidance issued by the Infection Control Expert Group will also be of assistance. See www.health.gov.au/communities-and-groups/infection-control-expert-group-icag

AUSTRALIAN COMMISSION ON SAFETY AND QUALITY IN HEALTH CARE

This 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 of 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*
 - *Conserving medicines*
 - *Intravenous medicines administration in the event of an infusion pump shortage*
- *Stop COVID-19: Break the chain of infection* 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>

The Commission’s fact sheet on use of face masks in the community to reduce the spread of COVID-19 is now available in Easy English and 10 other community languages from

<https://www.safetyandquality.gov.au/wearing-face-masks-community>.

The factsheet was developed to help people understand when it is important to wear a mask to reduce the risk of the spread of COVID-19, and to explain how to safely put on and remove face masks. It also reinforces the importance of staying home if you have symptoms, physical distancing, hand hygiene and cough etiquette.

**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.

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. There is also a ‘Living evidence’ section summarising key studies and emerging evidence on **COVID-19 vaccines** and **SARS-CoV-2 variants**. Recent evidence check updates include:

- *Vaccine hesitancy.*

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