# AUSTRALIAN COMMISSION ON SAFETY AND QUALITY IN HEALTH CARE



# On the Radar

Issue 515 Tuesday 15 June 2021

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.

On the Radar is available online, via email or as a PDF or Word document from <a href="https://www.safetyandquality.gov.au/publications-and-resources/newsletters/radar">https://www.safetyandquality.gov.au/publications-and-resources/newsletters/radar</a>

If you would like to receive *On the Radar* via email, you can subscribe on our website <a href="https://www.safetyandquality.gov.au/publications-and-resources/newsletters">https://www.safetyandquality.gov.au/publications-and-resources/newsletters</a> or by emailing us at <a href="mail@safetyandquality.gov.au">mail@safetyandquality.gov.au</a>.

You can also send feedback and comments to mail@safetyandquality.gov.au.

For information about the Commission and its programs and publications, please visit <a href="https://www.safetyandquality.gov.au">https://www.safetyandquality.gov.au</a>

You can also follow us on Twitter @ACSQHC.

# On the Radar

Editor: Dr Niall Johnson niall.johnson@safetyandquality.gov.au

Contributors: Niall Johnson

# Reports

Wrong site surgery - wrong patient: Invasive procedures in outpatient settings Independent report by the Healthcare Safety Investigation Branch I2019/018

Healthcare Safety Investigation Branch Farnborough: HSIB: 2021, p. 79.

inbolough. 1131b, 2021. p. 77.	
URL	https://www.hsib.org.uk/investigations-cases/wrong-site-surgery-wrong-patient/
Notes	The UK's Healthcare Safety Investigation Branch (HSIB) has released this report
	examining the risks involved in correctly identifying patients in outpatient
	departments. The investigation was spurred by the case of a 39-year old woman who
	attended a gynaecological outpatient clinic for a fertility treatment assessment but who
	received a colposcopy (an examination of the cervix, the lower part of the womb and
	top of the vagina) meant for another patient. The misidentification happened at the
	point of calling the patient from the waiting room as the patients had similar sounding
	names. No other checks were done to confirm her identity and there were further
	examples of confusion during the appointment, which meant the error was only
	realised after the patient had left.

Outpatient departments are often busy with a high throughput of patients. Further, outpatients are not provided with any physical means that staff can use to identify them. This is different to inpatients where a wristband is worn following an initial check of the patient's identity. Checking the identity of a patient in an outpatient department typically relies on staff speaking to patients. There is a risk of patients being missed or misunderstood due to the environment, work demands, language or cultural barriers.

In Australia, the National Safety and Quality Health Service (NSQHS) Standards include correct identification and procedure matching in the Communicating for Safety standard (<a href="https://www.safetyandquality.gov.au/standards/nsqhs-standards/communicating-safety-standard">https://www.safetyandquality.gov.au/standards/nsqhs-standards/communicating-safety-standard</a>)

# Journal articles

Quality of life after maternal near miss: a systematic review von Rosen IEW, Shiekh RM, McHome B, Chunsen W, Khan KS, Rasch V, et al Acta Obstetricia et Gynecologica Scandinavica. 2021;100(4):704-714.

DOI	http://doi.org/10.1111/aogs.14128
Notes	A "maternal near miss" (MNM) is defined by the World Health Organization as "a woman who nearly died but survived a complication that occurred during pregnancy, childbirth or within 42 days of termination of pregnancy". The WHO estimates that globally approximately 7 million women experience a MNM each year. This study sought to review the literature to determine the effects of MNMs. Based on 15 studies that covered 31,558 women, the review found 'Compared with women who did not experience maternal near miss, women exposed to maternal near miss had an overall lower quality of life (n = $2/2$ ), had poorer mental (n = $6/10$ ) and social health (n = $2/3$ ), and maternal near miss had negative economic consequences (n = $4/4$ ).'

Safety culture and workforce well-being associations with Positive Leadership WalkRounds Sexton JB, Adair KC, Profit J, Bae J, Rehder KJ, Gosselin T, et al The Joint Commission Journal on Quality and Patient Safety. 2021 [epub].

DOI	http://doi.org/10.1016/j.jcjq.2021.04.001
Notes	Walkrounds have been implemented in many settings and are seen as having potential benefits for the safety and quality of care delivery. This study looked at one form of walkrounds termed 'Positive Leadership WalkRounds (PosWR)'. These are 'an organizational practice in which leaders conduct rounds and ask staff about what is going well, and HCW [health care worker] well-being and organizational safety culture.' The study was conducted in an American 'large academic health care system' and used the results of 10,627 surveys from 396 work settings in the health system. Those who had the greater exposure to these walkrounds reported good patient safety norms; good readiness to engage in quality improvement activities; good leadership accessibility and feedback behaviour; good teamwork norms; and good work-life balance norms. They also had a lower proportion of reported emotional exhaustion or burnout. The authors suggest that exposure to these walkrounds 'was associated with better HCW well-being and safety culture'. It may that the walkrounds are themselves an indication of a positive safety culture in which the staff feel supported. The importance of being seen, being heard and a sense of psychological safety may all contribute.

URL	https://www.phrp.com.au/issues/june-2021-volume-31-issue-2
	A new issue of <i>Public Health Research &amp; Practice</i> has been published. Articles in this issue
	of Public Health Research & Practice include:
	• Editorial: Building an <b>effective and enduring prevention system</b> (B J Smith)
	A call to action for undertaking and sharing formative evaluations of public
	health campaigns (Eloise Howse, James Kite, Becky Freeman, A Grunseit)
	Urban transport infrastructure planning and the public interest: a public
	health perspective (Tomas James Robertson, Abigail McCarthy, Edward
	Jegasothy, Patrick Harris)
	• Active Kids: evaluation protocol for a universal voucher program to increase
	children's participation in organised physical activity and sport (Lindsey J
	Reece, Bridget Foley, William Bellew, Katherine Owen, David Cushway, Nivi Srinivasan, Phil Hamdorf, Adrian Bauman)
	Qualitative insights into Australian consumers' views for and against
	government action on sugary drinks (Caroline Miller, Annette Braunack-
	Mayer, Melanie Wakefield, David Roder, Kerin O'Dea, Joanne Dono, Kerry
Notes	Ettridge)
	Improving the engagement of Aboriginal families with maternal and
	child health services: a new model of care (Catherine Austin, Kerry Arabena)
	Applying influence for systems change in a large-scale community-based
	prevention intervention (Monica Bensberg)
	• Capturing the social determinants of health at the individual level: a pilot
	study (Kate E Neadley, Gai McMichael, Toby Freeman, Kathryn Browne-
	Yung, Fran Baum, Elaine Pretorius, Karen Taylor, Mark A Boyd)
	• Challenges and solutions to <b>sharing a cancer follow-up e-care plan</b> between
	a cancer service and general practice (Jane Taggart, Melvin Chin, Winston
	Liauw, David Goldstein, Alex Dolezal, John Plahn, Mark F Harris)
	Migrant experiences of living with type 2 diabetes in Western Sydney,  Australia: a multilinaryal pilot research project (Christian Type, Ali Aldahash
	Australia: a multilingual pilot research project (Christian Tym, Ali Aldahesh, Irene Shidong An, Nesrine Basheer, Novi Djenar, Vek Lewis, Dyah Pitaloka,
	Antonia Rubino, Wei Wang)
	I Intoma Tablito, wer wais,

Journal of Health Services Research & Policy Volume: 26, Number: 3 (July 2021)

URL	https://journals.sagepub.com/toc/hsrb/26/3
Notes	A new issue of the Journal of Health Services Research & Policy has been published.  Articles in this issue of the Journal of Health Services Research & Policy include:  • Editorial: Integrating task-sharing psychological treatments within primary health care services: Systems considerations (Inge Petersen)  • Examining the association between perceived neighbourhood safety and health services utilization: A cross-sectional study among older adults in the
	<ul> <li>United States of America (Erin G Grinshteyn)</li> <li>Comparing patient-reported outcomes across countries: An assessment of methodological challenges (Jason M Sutherland, Shanika Rajapakshe, Trafford Crump, Andrée Chartrand, Guiping Liu, and Ahmer Karimuddin)</li> <li>Integration of mental health counselling into chronic disease services at the primary health care level: Formative research on dedicated versus</li> </ul>

- designated strategies in the Western Cape, South Africa (Katherine Sorsdahl, Tracey Naledi, Crick Lund, Naomi S Levitt, J A Joska, D J Stein, and B Myers)
- "The face of the programme': How local clinicians shape decisions about eligibility for a **national caregiver support programme** in the USA (Nina R Sperber, Rebecca Bruening, Joshua Dadolf, Katherine Miller, Jennifer Henius, Margaret Kabat, Jennifer Perez, and Courtney H Van Houtven)
- Impact of the **COVID-19 pandemic on persons with multiple sclerosis**: Early findings from a survey on disruptions in care and self-reported outcomes (Tommaso Manacorda, Paolo Bandiera, Federica Terzuoli, Michela Ponzio, Giampaolo Brichetto, Paola Zaratin, Daiana Bezzini, and Mario A Battaglia)
- Sociodemographic inequalities in patients' experiences of primary care: an analysis of the General Practice Patient Survey in England between 2011 and 2017 (Catherine L Saunders, Sarah Flynn, Efthalia Massou, Georgios Lyratzopoulos, Gary Abel, and Jenni Burt)
- Understanding **adaptive teamwork in health care**: Progress and future directions (Janet E Anderson, Mary Lavelle, and Gabriel Reedy)
- Interrogating academic hegemony in community-based participatory research to address health inequities (Sirry Alang, H Batts, and A Letcher)

## Health Affairs

Volume 40, Number 6, June 2021

URL	https://www.healthaffairs.org/toc/hlthaff/40/6
	A new issue of <i>Health Affairs</i> has been published. Articles in this issue of <i>Health Affairs</i> include:
Notes	<ul> <li>Enlisting Mental Health Workers, Not Cops, In Mobile Crisis Response (Rob Waters)</li> <li>Racial/Ethnic Disparities In COVID-19 Exposure Risk, Testing, And Cases At The Subcounty Level In California (Marissa B Reitsma, Anneke L Claypool, Jason Vargo, Priya B Shete, Ryan McCorvie, William H Wheeler, David A Rocha, Jennifer F Myers, Erin L Murray, Brooke Bregman, Deniz M Dominguez, Alyssa D Nguyen, Charsey Porse, Curtis L Fritz, Seema Jain, James P Watt, Joshua A Salomon, and Jeremy D Goldhaber-Fiebert)</li> <li>COVID-19-Related Deaths And Excess Deaths Among Medicare Fee-For-Service Beneficiaries (Wafa W Tarazi, Kenneth Finegold, Steven H Sheingold, Lok Wong Samson, Rachael Zuckerman, and Arielle Bosworth)</li> <li>Worse Cardiac Arrest Outcomes During The COVID-19 Pandemic In Boston Can Be Attributed To Patient Reluctance To Seek Care (Christopher Sun, Sophia Dyer, James Salvia, Laura Segal, and Retsef Levi)</li> <li>Changes In Non-COVID-19 Emergency Department Visits By Acuity And Insurance Status During The COVID-19 Pandemic (Jonathan Yu, Gmerice Hammond, R J Waken, Daniel Fox, and Karen E Joynt Maddox)</li> <li>Decline In New Starts Of Psychotropic Medications During The COVID-19 Pandemic (Ian Nason, Dorit T Stein, Richard G Frank, and Murray B Stein)</li> <li>Ambulatory Care Access And Emergency Department Use For Medicare Beneficiaries With And Without Disabilities (Kenton J Johnston, Hefei Wen, Karen E Joynt Maddox, and Harold A Pollack)</li> <li>Addressing Racial And Ethnic Disparities In The Use Of Medications For Opioid Use Disorder (Barbara Andraka-Christou)</li> <li>Cultural And Structural Features Of Zero-Burnout Primary Care Practices (Samuel T Edwards, Miguel Marino, Leif I Solberg, Laura Damschroder, Kurt</li> </ul>

C Stange, Thomas E Kottke, Bijal A Balasubramanian, Rachel Springer, Cynthia K Perry, and Deborah J Cohen) Comparing Medicare Advantage And Traditional Medicare: A Systematic Review (Rajender Agarwal, John Connolly, Shweta Gupta, and A S Navathe) **Growth In Medicare Advantage** Greatest Among Black And Hispanic Enrollees (David J Meyers, Vincent Mor, M Rahman, and A N Trivedi) Health And Economic Outcomes Up To Three Years After A Workplace Wellness Program: A Randomized Controlled Trial (Zirui Song and Katherine Baicker) Adolescent Exposure To Deadly Gun Violence Within 500 Meters Of Home Or School: Ethnoracial And Income Disparities (Sarah James, Sarah Gold, Shiva Rouhani, Sara McLanahan, and Jeanne Brooks-Gunn) Adverse Events And Emergency Department Opioid Prescriptions In Adolescents (Christopher M Worsham, Jaemin Woo, Anupam B Jena, and Michael L Barnett) Soft Consolidation In Medicare ACOs: Potential For Higher Prices Without Mergers Or Acquisitions (Peter F Lyu, M E Chernew, and J M McWilliams) Biosimilars And Follow-On Products In The United States: Adoption, Prices, And Users (Ariel Dora Stern, Jacqueline L Chen, Melissa Ouellet, Mark R Trusheim, Zeid El-Kilani, Amber Jessup, and Ernst R Berndt) Ultra-Expensive Drugs And Medicare Part D: Spending And Beneficiary Use Up Sharply (So-Yeon Kang, Daniel Polsky, J B Segal, and G F Anderson)

## BMJ Quality & Safety online first articles

URL	https://qualitysafety.bmj.com/content/early/recent
	BMJ Quality & Safety has published a number of 'online first' articles, including:
	• Editorial: <b>Diagnostic errors and harms in primary care</b> : insights to action
	(Greg Rubin, Ashley N D Meyer)
	• Understanding decisions about <b>antibiotic prescribing in ICU</b> : an application
	of the Necessity Concerns Framework (Alyssa M Pandolfo, Robert Horne,
Notes	Yogini Jani, Tom W Reader, Natalie Bidad, David Brealey, Virve I Enne,
	David M Livermore, Vanya Gant, Stephen J Brett INHALE WP2 Study
	Group)
	• Editorial: Addressing quality in surgical services in sub-Saharan Africa:
	hospital context and data standardisation matter (Tihitena Negussie Mammo,
	Thomas G Weiser)

As **A Mother With COVID-19**, I Faced Stigma And Shame (Sara N Edmond)

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

URL	https://academic.oup.com/intqhc/advance-articles
	International Journal for Quality in Health Care has published a number of 'online first'
	articles, including:
	Barriers to Evidence-Based Practice Implementation in Physiotherapy: A
Notes	Systematic Review and Meta-Analysis (Matteo Paci, Gianni Faedda,
TNOICS	Alessandro Ugolini, Leonardo Pellicciari)
	Safety Concerns With Glass Particle Contamination: Improving the
	Standard Guidelines for Preparing Medication Injections (Natthacha
	Chiannilkulchai, Siranee Kejkornkaew)

- Evaluating Factors Associated with the Cancellation and Delay of Elective Surgical Procedures: A Systematic Review (Mona Koushan, Lincoln C Wood, Richard Greatbanks)
- Telling the Story of **Complex Change**: An Impact Framework for the Real World (Jo Willett, Michelle Barclay, Felix Mukoro, Grace Sweeney)

#### 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:

• NICE Guideline NG196 *Atrial fibrillation*: diagnosis and management <a href="https://www.nice.org.uk/guidance/ng196">https://www.nice.org.uk/guidance/ng196</a>

## **COVID-19** resources

https://www.safetyandquality.gov.au/covid-19

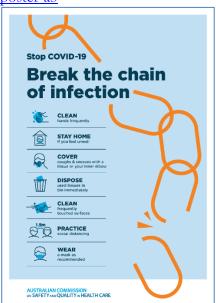
The Australian Commission on Safety and Quality in Health Care has developed a number of resources to assist healthcare organisations, facilities and clinicians. These and other material on COVID-19 are available at <a href="https://www.safetyandquality.gov.au/covid-19">https://www.safetyandquality.gov.au/covid-19</a>

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



- Environmental Cleaning and Infection Prevention and Control www.safetyandquality.gov.au/environmental-cleaning
- Infection prevention and control Covid-19 PPE poster <a href="https://www.safetyandquality.gov.au/publications-and-resources/resource-library/infection-prevention-and-control-covid-19-personal-protective-equipment">https://www.safetyandquality.gov.au/publications-and-resources/resource-library/infection-prevention-and-control-covid-19-personal-protective-equipment</a>
- 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
  <a href="https://www.safetyandquality.gov.au/publications-and-resources/resource-library/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</a>
- Safe care for people with cognitive impairment during COVID-19
  <a href="https://www.safetyandquality.gov.au/our-work/cognitive-impairment/cognitive-impairment/and-coyid-19">https://www.safetyandquality.gov.au/our-work/cognitive-impairment/cognitive-impairment/and-coyid-19</a>
- Medicines Management COVID-19 <a href="https://www.safetyandquality.gov.au/our-work/medication-safety/medicines-management-covid-19">https://www.safetyandquality.gov.au/our-work/medication-safety/medicines-management-covid-19</a>, including position statements on medicine-related issues
  - o Managing fever associated with COVID-19
  - o Managing a sore throat associated with COVID-19
  - o ACE inhibitors and ARBs in COVID-19
  - o Clozapine in COVID-19
  - o Management of patients on oral anticoagulants during COVID-19
  - o Ascorbic Acid: Intravenous high dose in COVID-19
  - Treatment in acute care, including oxygen therapy and medicines to support intubation
  - o Nebulisation and COVID-19
  - o Managing intranasal administration of medicines during COVID-19
  - Ongoing medicines management in high-risk patients
  - o Medicines shortages
  - o Conserving medicines
  - o 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-19elective-surgery-and-infection-prevention-and-control-precautions
- FAQs for clinicians on elective surgery <a href="https://www.safetyandquality.gov.au/node/5724">https://www.safetyandquality.gov.au/node/5724</a>
- 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.safetvandguality.gov.au/publications-and-resources/resource-library/covid-19and-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.



# 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 Regularly wash your hands with soap and water or 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

#### What can you do to prevent the spread of COVID-19?

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
- 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.

#### Disclaimer

On the Radar is an information resource of the Australian Commission on Safety and Quality in Health Care. The Commission is not responsible for the content of, nor does it endorse, any articles or sites listed. The Commission accepts no liability for the information or advice provided by these external links. Links are provided on the basis that users make their own decisions about the accuracy, currency and reliability of the information contained therein. Any opinions expressed are not necessarily those of the Australian Commission on Safety and Quality in Health Care.