



## On the Radar

Issue 523

9 August 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.

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### On the Radar

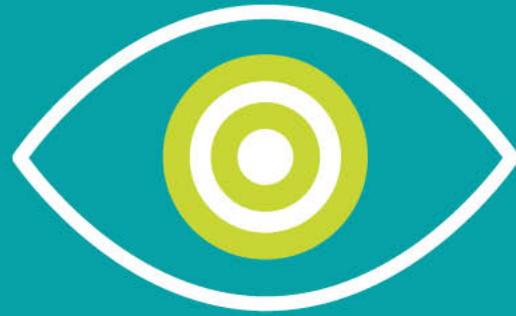
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Contributors: Niall Johnson, Amy Forsyth



Clinical Care  
Standards

# Defining care for cataract



AUSTRALIAN COMMISSION  
ON SAFETY AND QUALITY IN HEALTH CARE

## Launch of Australia's new Cataract Clinical Care Standard

<https://kapara.rdbk.com.au/landers/2fd2f0.html>

Registrations are now open for the launch of Australia's new *Cataract Clinical Care Standard*. Join our panel of experts as they discuss best practice cataract care and their own experience of implementing innovation. The conversation will focus referral from primary care, assessment of patients, prioritisation for surgery, post-operative care and helping patients to make an informed choice. Hear from:

- Dr Liz Marles – General Practitioner, Hornsby-Brooklyn GP Unit (Host)
- Conjoint Professor Anne Duggan – Chief Medical Officer, Australian Commission on Safety and Quality in Health Care
- Clinical Associate Professor Andrew White – Head of Department of Ophthalmology, Westmead Hospital
- Ms Tracy Siggins – Director of Ambulatory Services, Royal Victorian Eye and Ear Hospital

Date: Tuesday, 17 August 2021

Time: 12.30 to 1.15pm (AEST)

[Click here to register now](#)

For more information, visit <https://www.safetyandquality.gov.au/cataract-ccs>

## Reports

*Patients' experiences of virtual care from NSW public hospitals, Results from the 2020 outpatient survey*  
 Bureau of Health Information  
 Sydney: BHI; 2021. p. 28.

DOI	<a href="https://www.bhi.nsw.gov.au/BHI_reports/patient_survey_results/virtual_care_survey_2020">https://www.bhi.nsw.gov.au/BHI_reports/patient_survey_results/virtual_care_survey_2020</a>
Notes	<p>The COVID-19 pandemic has seen the rapid spread of telehealth and 'virtual care'. This short report from the Bureau of Health Information in New South Wales reports on the experiences of more than 2,500 adult patients who had a virtual healthcare outpatient appointment, by telephone or video call, with a NSW public hospital during 2020. Respondents reported positive overall experiences of virtual care, with 91% saying their virtual care was 'very good' or 'good'. The more virtual care appointments a patient had, the more positive they were likely to be about their overall experiences. Patients identified a range of benefits associated with their virtual care experiences in 2020 including convenience (73% of respondents), saving time (60%), feeling at ease in their own home/surroundings (37%) and saving money (30%). This increase in remote health care delivery has been reflected in the literature with a number of recent pieces, including a number looking at patient acceptance of or satisfaction. For example, the following items have all been published recently:</p> <p><i>Are Surgical Patients Satisfied With Remote Consultations? A Comparison of Remote Versus Conventional Outpatient Clinic Follow-Up for Surgical Patients: A Systematic Review and Meta-Analysis of Randomized Controlled Trials</i>      Oates EV, Lim GHC, Nevins EJ, Kanakala V.      Journal of Patient Experience. 2021;8:23743735211035916.  <a href="https://doi.org/10.1177%2F23743735211035916">https://doi.org/10.1177%2F23743735211035916</a></p> <p><i>How Satisfied Are Patients and Surgeons with Telemedicine in Orthopaedic Care During the COVID-19 Pandemic? A Systematic Review and Meta-analysis</i>      Chaudhry H, Nadeem S, Mundi R      Clinical Orthopaedics and Related Research. 2021;479(1):47-56.  <a href="https://journals.lww.com/clinorthop/Fulltext/2021/01000/How_Satisfied_Are_Patients_and_Surgeons_with.10.aspx">https://journals.lww.com/clinorthop/Fulltext/2021/01000/How_Satisfied_Are_Patients_and_Surgeons_with.10.aspx</a></p> <p><i>Rethinking Telerehabilitation: Attitudes of Physical Therapists and Patients</i>      Saaci F, Klappa SG      Journal of Patient Experience. 2021;8:23743735211034335.  <a href="https://doi.org/10.1177/23743735211034335">https://doi.org/10.1177/23743735211034335</a></p> <p><i>Telehealth uptake in general practice as a result of the coronavirus (COVID-19) pandemic</i>      Snoswell CL, Caffery LJ, Haydon HM, Thomas EE, Smith AC      Australian Health Review. 2020;44(5):737-740.  <a href="https://doi.org/10.1071/AH20183">https://doi.org/10.1071/AH20183</a></p> <p><i>What should primary care look like after the COVID-19 pandemic?</i>      Duckett S.      Australian Journal of Primary Health. 2020;26(3):207-211.  <a href="https://doi.org/10.1071/PY20095">https://doi.org/10.1071/PY20095</a></p>

	<p><i>Rapid Transition to Telehealth and the Digital Divide: Implications for Primary Care Access and Equity in a Post-COVID Era</i>  Chang JE, Lai AY, Gupta A, Nguyen AM, Berry CA, Shelley DR  The Milbank Quarterly. 2021;99(2):340-368.  <a href="https://doi.org/10.1111/1468-0009.12509">https://doi.org/10.1111/1468-0009.12509</a></p> <p><i>Moving towards value-based, patient-centred telehealth to support cancer care</i>  Deeble Institute Perspectives Brief No. 11  Slavova-Azmanova N, Millar L, Ives A, Codde J, Saunders C  Canberra: Australian Healthcare and Hospitals Association; 2020. p. 14.  <a href="https://ahha.asn.au/sites/default/files/docs/policy-issue/perspectives_brief_no.11_moving_towards_value-based_patient_centred_telehealth_to_support_cancer_care9197_0.pdf">https://ahha.asn.au/sites/default/files/docs/policy-issue/perspectives_brief_no.11_moving_towards_value-based_patient_centred_telehealth_to_support_cancer_care9197_0.pdf</a></p> <p><i>Mental Health and COVID-19: Implications for the Future of Telehealth</i>  Pfender E  Journal of Patient Experience. 2020;7(4):433-435.  <a href="https://doi.org/10.1177/2374373520948436">https://doi.org/10.1177/2374373520948436</a></p> <p>There are also a number of related items in the latest issue of <i>Australian Health Review</i> described below.</p>
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*A Global Perspective on Elevating the Human Experience in Healthcare*

Wolf JA

Nashville: The Beryl Institute; 2021. p. 16.

URL	<a href="https://www.theberylinstitute.org/page/WhitePapers">https://www.theberylinstitute.org/page/WhitePapers</a>
Notes	<p>This is the first report from the Beryl Institute’s “Global Council”. The Council brings together patient experience practitioners from around the world, including Australia and New Zealand, to offer their perspectives on patient experience and what matters to patients. The report offers a framework for action, calling on global experience practitioners to:</p> <ul style="list-style-type: none"> <li>• Establish a clear strategy and engage champions to reinforce the vision</li> <li>• Increase the understanding of experience for people across the organization through relentless communication and formal training</li> <li>• Strengthen the organization by caring for and supporting those who deliver care</li> <li>• Seek the voice of patients, families and care partners with a commitment to hearing all voices</li> <li>• Measure experience openly and transparently, acknowledging that the pursuit of experience excellence is a journey.</li> </ul>

For information on the Commission’s work on partnering with consumers, including person-centred care, see <https://www.safetyandquality.gov.au/our-work/partnering-consumers>

*Mirror, Mirror 2021: Reflecting Poorly*  
*Health Care in the U.S. Compared to Other High-Income Countries*  
 Schneider EC, Shah A, Doty MM, Tikkanen R, Fields K, Williams RD II  
 New York: The Commonwealth Fund; 2021.

URL	<a href="https://www.commonwealthfund.org/publications/fund-reports/2021/aug/mirror-mirror-2021-reflecting-poorly">https://www.commonwealthfund.org/publications/fund-reports/2021/aug/mirror-mirror-2021-reflecting-poorly</a>																																				
Notes	<p>The Commonwealth Fund in the USA conducts an annual survey of aspects of the health care system in the USA and a group of 10 peer nations, including Australia. This year’s results have been published in this report and tell a familiar story of a US health care system that has high costs and mixed results. The image of Australia’s system from this year’s report is also similar to that of previous years, i.e. moderate proportion of GDP spent on health (in comparison with the US) apparently better coverage but a somewhat mixed set of results on issues such as affordability and access. On some measures Australia rates highly while on others it is not so. This year’s report examined 71 performance measures across five domains — access to care, care process, administrative efficiency, equity, and health care outcomes. The <b>top-performing countries</b> overall are <b>Norway</b>, the <b>Netherlands</b>, and <b>Australia</b>. The United States ranks last overall, despite spending far more of its gross domestic product on health care. The U.S. ranks last on access to care, administrative efficiency, equity, and health care outcomes, but second on measures of care process.</p> <p><b>EXHIBIT 4</b>  <b>Health Care System Performance Compared to Spending</b></p> <table border="1"> <caption>Approximate data points from Exhibit 4</caption> <thead> <tr> <th>Country</th> <th>Health Care Spending (% of GDP)</th> <th>Performance Score (Standard Deviation)</th> </tr> </thead> <tbody> <tr><td>AUS</td><td>9.5</td><td>0.20</td></tr> <tr><td>NETH</td><td>10.5</td><td>0.25</td></tr> <tr><td>NOR</td><td>11.0</td><td>0.25</td></tr> <tr><td>NZ</td><td>9.0</td><td>0.05</td></tr> <tr><td>UK</td><td>10.5</td><td>0.10</td></tr> <tr><td>GER</td><td>11.5</td><td>0.05</td></tr> <tr><td>SWE</td><td>10.5</td><td>-0.05</td></tr> <tr><td>FRA</td><td>11.0</td><td>-0.15</td></tr> <tr><td>SWIZ</td><td>11.5</td><td>-0.20</td></tr> <tr><td>CAN</td><td>11.0</td><td>-0.45</td></tr> <tr><td>US</td><td>17.0</td><td>-1.25</td></tr> </tbody> </table> <p>Note: Health care spending as a percent of GDP. Performance scores are based on standard deviation calculated from the 10-country average that excludes the US. See <a href="#">How We Conducted This Study</a> for more detail.</p> <p>Data: Spending data are from OECD for the year 2019 (updated in July 2021).</p> <p>Source: Eric C. Schneider et al., <i>Mirror, Mirror 2021 – Reflecting Poorly: Health Care in the U.S. Compared to Other High-Income Countries</i> (Commonwealth Fund, Aug. 2021). <a href="https://doi.org/10.26099/01DV-H208">https://doi.org/10.26099/01DV-H208</a></p>	Country	Health Care Spending (% of GDP)	Performance Score (Standard Deviation)	AUS	9.5	0.20	NETH	10.5	0.25	NOR	11.0	0.25	NZ	9.0	0.05	UK	10.5	0.10	GER	11.5	0.05	SWE	10.5	-0.05	FRA	11.0	-0.15	SWIZ	11.5	-0.20	CAN	11.0	-0.45	US	17.0	-1.25
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## Journal articles

*Enablers and Barriers to Accessing Healthcare Services for Aboriginal People in New South Wales, Australia*  
 Nolan-Isles D, Macniven R, Hunter K, Gwynn J, Lincoln M, Moir R, et al  
 International Journal of Environmental Research and Public Health. 2021;18(6).

DOI	<a href="https://doi.org/10.3390/ijerph18063014">https://doi.org/10.3390/ijerph18063014</a>
Notes	<p>There is some disagreement as to whether access to health care is a safety and quality issue. However, for many it is a significant dimension. This piece examined issues around access for Aboriginal people in New South Wales. Based on semi-structured interviews with healthcare delivery staff and stakeholders focussed on three communities with high proportion of Aboriginal people and diverse regional and remote locations, the study identified six themes that were often present as both barriers and enablers to healthcare access for Aboriginal people:</p> <ol style="list-style-type: none"> <li>1. Improved <b>coordination</b> of healthcare services</li> <li>2. Better <b>communication</b> between services and patients</li> <li>3. <b>Trust</b> in services and cultural safety</li> <li>4. Importance of <b>prioritizing health services</b> by Aboriginal people</li> <li>5. Importance of <b>reliable, affordable and sustainable services</b></li> <li>6. <b>Distance and transport</b> availability.</li> </ol>

*Medication incident recovery and prevention utilising an Australian community pharmacy incident reporting system: the QUMwatch study*

Adie K, Fois RA, McLachlan AJ, Chen TF  
 European Journal of Clinical Pharmacology. 2021 [epub].

DOI	<a href="https://doi.org/10.1111/bcp.14924">https://doi.org/10.1111/bcp.14924</a>
Notes	<p>Paper reporting on the nature and causes of medication incidents (MIs) in the community using a pharmacy incident reporting programme. The programme involved 30 community pharmacies in Sydney and saw 1013 incidents reported over 30 months, 831 of which were near misses while 165 reports involved patient harm. The programme found:</p> <ul style="list-style-type: none"> <li>• The largest proportion of cases pertained to <b>patients aged &gt;65 years</b> (35.7%).</li> <li>• Most incidents involved errors during the <b>prescribing</b> stage (<b>61.1%</b>), followed by <b>dispensing</b> (<b>25.7%</b>) and <b>administration</b> (<b>23.5%</b>), while some errors occurred at multiple stages (17.9%).</li> <li>• <b>Systemic antibacterials</b> (12.2%), <b>analgesics</b> (11.8%) and <b>renin-angiotensin medicines</b> (11.7%) formed the majority of implicated classes.</li> <li>• Participants identified diverse and interrelating contributing factors: those concerning healthcare providers included violations to procedures/guidelines (75.6%), rule-based mistakes (55.6%) and communication (50.6%); those concerning patients included cognitive factors (31.9%), communication (25.5%) and behaviour (6.1%).</li> </ul>

For information on the Commission's work on medication safety, see <https://www.safetyandquality.gov.au/our-work/medication-safety>

URL	<a href="https://www.publish.csiro.au/ah/issue/10151">https://www.publish.csiro.au/ah/issue/10151</a>
Notes	<p>A new issue of <i>Australian Health Review</i> has been published. Articles in this issue of <i>Australian Health Review</i> include:</p> <ul style="list-style-type: none"> <li>• Editorial: The more things change, the more they stay the same: <b>enduring inequity in Indigenous health</b> (Alex Brown)</li> <li>• Editorial: Growing and supporting the <b>Aboriginal and Torres Strait Islander health workforce</b> (Janine Mohamed)</li> <li>• <b>Achieving cultural safety for Australia’s First Peoples</b>: a review of the Australian Health Practitioner Regulation Agency-registered health practitioners’ Codes of Conduct and Codes of Ethics (Eleanor Milligan, Roianne West, Vicki Saunders, Andrea Bialocerkowski, Debra Creedy, Fiona Rowe Minniss, Kerry Hall and Stacey Vervoort)</li> <li>• Addressing the <b>oral health workforce needs of Aboriginal and Torres Strait Islander Australians</b> (Christopher J Bourke, Andrew McAuliffe and Lisa M Jamieson)</li> <li>• Exploring experiences and perceptions of <b>Aboriginal and Torres Strait Islander peoples readmitted to hospital with chronic disease</b> in New South Wales, Australia: a qualitative study (Amanda Jayakody, Mariko Carey, Jamie Bryant, Stephen Ella, Paul Hussein, Eloise Warren, Shanell Bacon, Belinda Field and Rob Sanson-Fisher)</li> <li>• Comparison of <b>costs related to infant hospitalisations for spontaneous, induced and Caesarean births</b>: population-based cohort study (Katherine B Owen, Ibinabo Ibiebele, Judy M Simpson, Rachael L Morton, Jonathan M Morris and Siranda Torvaldsen)</li> <li>• Prioritising <b>models of healthcare service delivery for a more sustainable health system</b>: a Delphi study of Australian health policy, clinical practice and management, academic and consumer stakeholders (Polina Putrik, Rebecca Jessup, Rachelle Buchbinder, Paul Glasziou, J Karnon and D A O’Connor)</li> <li>• Implementation of a <b>virtual ward as a response to the COVID-19 pandemic</b> (Katherine Schultz, Helen Vickery, Katrina Campbell, Mary Wheeldon, Leah Barrett-Beck and Elizabeth Rushbrook)</li> <li>• Use of <b>telehealth mental health services</b> during the COVID-19 pandemic (Danusha Jayawardana and Brenda Gannon)</li> <li>• Characterising the nature of <b>clinical incidents reported across a tertiary health service</b>: a retrospective audit (Brigid M Gillespie, Wendy Chaboyer, Rhonda J Boorman, Ishtar Sladdin, Teresa Withers and Carl de Wet)</li> <li>• Enabling <b>clinician engagement in safety and quality improvement</b> (Sarah Fischer, Karen Patterson and Carrie Marr)</li> <li>• Australia’s persistently high rate of <b>early-term prelabour Caesarean delivery</b> (Nicole Adams and David Tudehope)</li> <li>• Consumer experiences of <b>care coordination for people living with chronic conditions</b> and other complex needs: an inclusive and co-produced research study (Robert B Pereira, Timothy L Brown, Alison Guida, Nerida Hyett, Mary Nolan, Lidia Oppedisano, Kayla Riley and Grace Walker)</li> <li>• What predicts <b>consumer experience in residential aged care</b>? An analysis of consumer experience report data (Kane Norman Solly and Yvonne Wells)</li> </ul>



	<ul style="list-style-type: none"> <li>• What is learned from an Australian <b>older person health assessment</b>? (Sai Ram Ramisetty, Angelo D'Amore, Ruth Chantler, Jane Greacen, David Campbell and Eleanor Katherine Louise Mitchell)</li> <li>• <b>Within-unit bed moves</b> in a short-stay in-patient unit are associated with <b>increased falls</b> (Mui Kin Kok, Philip Vlaskovsky, Evelyn Low, Rae Shim and Alwin Lian)</li> <li>• <b>Medicine shortages</b>: there are solutions! Actions to take to reduce medicine shortages (Michael J Ryan)</li> <li>• Regulating <b>autologous stem cell interventions</b> in Australia: updated review of the direct-to-consumer advertising restrictions (Chris Rudge, Narcyz Ghinea, Megan Munsie and Cameron Stewart)</li> <li>• The estimated <b>effect of reducing the maternal smoking rate on neonatal intensive care unit costs</b> in Victorian public hospitals (N McCaffrey, G Dowling and S L White)</li> <li>• Private health insurance reforms: impact of the <b>psychiatric care waiting period exemption policy</b> (Catherine Keating, Sarah Rowley and A Wilson)</li> <li>• 'Nothing beats the doctor's face to impart trust in their judgement': the role of <b>telehealth in cancer care</b> (Neli S Slavova-Azmanova, Lesley Millar, Angela Ives and Christobel M Saunders)</li> <li>• Funding models for <b>clinical education in allied health</b> (Jonathan Foo, Sharon Downie, Donna Markham and Stephen Maloney)</li> </ul>
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*Health Affairs*

Volume 40, Number 8, August 2021

URL	<a href="https://www.healthaffairs.org/toc/hlthaff/40/8">https://www.healthaffairs.org/toc/hlthaff/40/8</a>
Notes	<p>A new issue of <i>Health Affairs</i> has been published with the theme of “<b>Prescription Drugs, Global Health and more</b>”. Articles in this issue of <i>Health Affairs</i> include:</p> <ul style="list-style-type: none"> <li>• <b>Legal Counsel: A Health Care Partner</b> For Immigrant Communities (Rebecca Gale)</li> <li>• Competition From Biosimilars Drives <b>Price Reductions For Biologics</b> In The French Single-Payer Health System (James C Robinson, and Q Jarrion)</li> <li>• Barriers To <b>US Biosimilar Market</b> Growth: Lessons From Biosimilar Patent Litigation (Victor L. Van de Wiele, Aaron S. Kesselheim, and A Sarpatwari)</li> <li>• Quantifying The <b>Economic Burden Of Drug Utilization Management</b> On Payers, Manufacturers, Physicians, And Patients (Scott Howell, Perry T. Yin, and James C. Robinson)</li> <li>• <b>Trust In Governments And Health Workers Low Globally</b>, Influencing Attitudes Toward Health Information, Vaccines (Corrina Moucheraud, Huiying Guo, and James Macinko)</li> <li>• <b>Pandemic Fatigue</b>: The Effects Of The COVID-19 Crisis On Public Trust And Compliance With Regulations In Israel (Moran Bodas, and Kobi Peleg)</li> <li>• Democracies Linked To Greater <b>Universal Health Coverage</b> Compared With Autocracies, Even In An Economic Recession (Tara Templin, Joseph L Dieleman, Simon Wigley, John Everett Mumford, Molly Miller-Petrie, Samantha Kiernan, and Thomas J. Bollyky)</li> <li>• <b>US Tropical Disease Priority</b> Review Vouchers: Lessons In Promoting Drug Development And Access (David B Ridley, Pranav Ganapathy, and Hannah E Kettler)</li> </ul>



	<ul style="list-style-type: none"> <li>• Estimated <b>Mortality Increases During The COVID-19 Pandemic</b> By Socioeconomic Status, Race, And Ethnicity (Sarah Miller, Laura R Wherry, and Bhashkar Mazumder)</li> <li>• <b>Larger Nursing Home Staff Size Linked To Higher Number Of COVID-19 Cases</b> In 2020 (Brian E McGarry, Ashvin D Gandhi, David C Grabowski, and Michael Lawrence Barnett)</li> <li>• Iowa School Districts Were More Likely To Adopt <b>COVID-19 Mask Mandates</b> Where Teachers Were Unionized (Adam Dean, Jamie McCallum, Simeon Kimmel, and Atheendar Venkataramani)</li> <li>• Public <b>Payment Rates For Hospitals</b> And The Potential For Consolidation-Induced Cost Shifting (Michael E. Chernew, Hongyi He, Harrison Mintz, and Nancy Beaulieu)</li> <li>• Hospital Participation Decisions In <b>Medicare Bundled Payment Program</b> Were Influenced By Third-Party Conveners (Nicholas L Berlin, Timothy A Peterson, Zoey Chopra, Baris Gulseren, and Andrew M Ryan)</li> <li>• <b>Medicaid Expansion</b> Reduced Uninsured Surgical Hospitalizations And Associated Catastrophic Financial Burden (Benjamin B Albright, Fumiko Chino, Junzo P Chino, Laura J Havrilesky, Emeline M Aviki, and H A Moss)</li> <li>• Changes In Health Services Use After Receipt Of Medications For <b>Opioid Use Disorder</b> In A Statewide Correctional System (Benjamin A Howell, Rosemarie A Martin, Rebecca Lebeau, Ashley Q Truong, Emily A Wang, Josiah D Rich, and Jennifer G Clarke)</li> <li>• Comparing <b>Complication Rates After Elective Total Knee Arthroplasty</b> Delivered Or Purchased By The VA (Alex H S Harris, Erin E Beilstein-Wedel, Amy K Rosen, Michael Shwartz, T H Wagner, M E Vanneman, and N J Giori)</li> <li>• Evidence Of <b>Respiratory Infection Transmission Within Physician Offices</b> Could Inform Outpatient Infection Control (Hannah T Neprash, Bethany Sheridan, Anupam B Jena, Yonatan H Grad, and Michael L Barnett)</li> <li>• Olive Garden's <b>Expansion Of Paid Sick Leave During COVID-19 Reduced The Share Of Employees Working While Sick</b> (Daniel Schneider, Kristen Harknett, and Elmer Vivas-Prtillo)</li> </ul>
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*BMJ Quality & Safety* online first articles

URL	<a href="https://qualitysafety.bmj.com/content/early/recent">https://qualitysafety.bmj.com/content/early/recent</a>
Notes	<p><i>BMJ Quality &amp; Safety</i> has published a number of 'online first' articles, including:</p> <ul style="list-style-type: none"> <li>• <b>Days alive and at home after hip fracture:</b> a cross-sectional validation of a <b>patient-centred outcome measure</b> using routinely collected data (Daniel I McIsaac, Robert Talarico, Angela Jerath, Duminda N Wijeyesundera)</li> <li>• <b>Variation in Hospital Performance Measures</b> from the Turkey Ministry of Health (Mehmet Saluvan, Carly E Milliren, Dionne A Graham, Mecit Can Emre Simsekler, Merve Babacan Akın, Pınar Koçatakan, Mustafa Gören, Al Ozonoff)</li> </ul>

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

URL	<a href="https://academic.oup.com/intqhc/advance-articles">https://academic.oup.com/intqhc/advance-articles</a>
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"> <li>• Provider Experience and Satisfaction with a Novel <b>'Virtual Team Rounding'</b> Program During the COVID-19 Pandemic (Nora V Becker, Mallika L Mendu, Kate L Martin, Jesse P Hirner, Salina Bakshi, Narath Carlile)</li> </ul>

## Online resources

### *My Health Record emergency access guidance*

<https://www.oaic.gov.au/privacy/privacy-for-health-service-providers/my-health-record/my-health-record-emergency-access-function/>

The Office of the Australian Information Commissioner (OAIC) has developed privacy guidance to help healthcare providers understand their privacy obligations when using the My Health Record emergency access function. This guidance includes general advice, case studies, and tips on when and how to use the emergency access function. They have also developed FAQs and a flowchart to help healthcare providers decide whether to use the emergency access function, which can be printed and posted in the workplace. These are available from <https://www.oaic.gov.au/privacy/privacy-for-health-service-providers/my-health-record/my-health-record-emergency-access-function-faqs-and-flowchart/>

### *Abuse of the Older Person: eLearning Program for Health and Aged Care Professionals*

<https://learninghub.opan.org.au/opan/health-and-aged-care-professionals>

A new online training program for health and aged care professionals to enhance their skills to support older people experiencing abuse has been developed by the Older Persons Advocacy Network, Australia's peak body for aged care advocacy. The training contains three modules:

- Module 1: Understanding abuse of the older person and their rights
- Module 2: Identifying, responding to, and preventing abuse of the older person
- Module 3: Rights of older people, Power of Attorney and the law and organisational governance.

### *[USA] AHRQ Perspectives on Safety*

The US Agency for Healthcare Research and Quality (AHRQ) publishes Perspectives on Safety essays. Recent essays include:

- ***EMS Patient Safety in the Field***  
<https://psnet.ahrq.gov/perspective/ems-patient-safety-field>
- ***Safety Culture in EMS***  
<https://psnet.ahrq.gov/perspective/safety-culture-ems>
- ***Patient Safety in Home Dialysis***  
<https://psnet.ahrq.gov/perspective/patient-safety-home-dialysis>

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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>

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, using soap and water, or maximal-dry fraying alcohol-based hand rub.
- 2 Put on your gown**  
Put on a fluid-resistant long sleeve gown or apron.
- 3 Put on a P2/N95 respirator mask**
  - Hold the mask by its straps, then put the loops around your head.
  - 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.
  - Continue to adjust the mask along the outside until you feel you have achieved a good and comfortable fit.
- 4 Check the fit of the P2/N95 respirator mask**
  - Gently place hands around the edge of the mask to "feel" if any air is escaping.
  - 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.
  - Check the seal of the mask by breathing in gently. If the mask comes out, comes in toward your face, or it leaks around the face seal, readjust the mask and repeat.  
You may need to check the mask for defects if air keeps leaking.
  - Finally, completely cover the mask with both hands before breathing in sharply 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.**

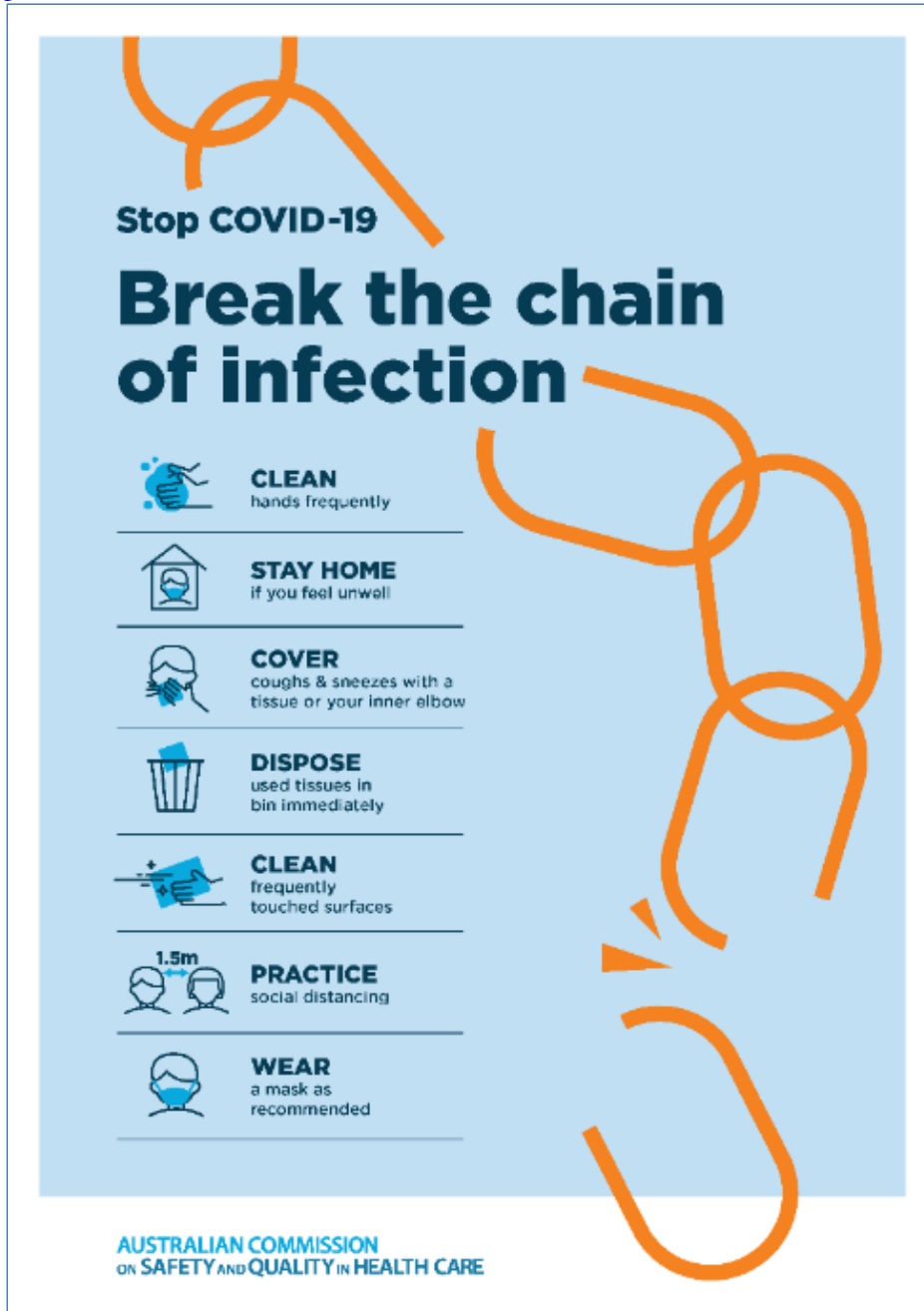
\*Aged care home staff should implement infection prevention and control precautions recommended by their local/jurisdictional health department. Guidance issued by the Infection Control Expert Group will also be of assistance. See [www.health.gov.au/committees-and-groups/infection-control-expert-group-icge](http://www.health.gov.au/committees-and-groups/infection-control-expert-group-icge)

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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 of the NSW Clinical Excellence Commission.

- *Environmental Cleaning and Infection Prevention and Control*  
[www.safetyandquality.gov.au/environmental-cleaning](http://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>
- *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>
- *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**.

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