AUSTRALIAN COMMISSION ON SAFETY AND QUALITY IN HEALTH CARE

On the Radar

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18 October 2021

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On the Radar
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Consultation on draft intellectual disability fact sheet series
https://www.safetyandquality.gov.au/our-work/cognitive-impairment/intellectual-disability-consultation

The Australian Commission on Safety and Quality in Health Care is seeking feedback on a draft fact sheet series to highlight specific strategies for improvement in the safety and quality of health care for people living with intellectual disability.

This fact sheet series is designed to support implementation of the cognitive impairment actions in the National Safety and Quality Health Service (NSQHS) Standards. People with intellectual disability are included in the definition of cognitive impairment for the NSQHS Standards so existing implementation resources are relevant. These additional fact sheets provide specific, targeted strategies and resources to support health service organisations to better respond to the specific needs of people with intellectual disability.

View the consultation at https://www.safetyandquality.gov.au/our-work/cognitive-impairment/intellectual-disability-consultation

Consultation is open until 5.00pm Monday **22 November.**

National Safety and Quality Primary and Community Healthcare Standards
https://www.safetyandquality.gov.au/pchs

Last week, the Australian Commission on Safety and Quality in Healthcare launched the *National Safety and Quality Primary and Community Healthcare Standards*. The Standards aim to protect Australians from harm and improve the quality of health care that people receive in these settings.

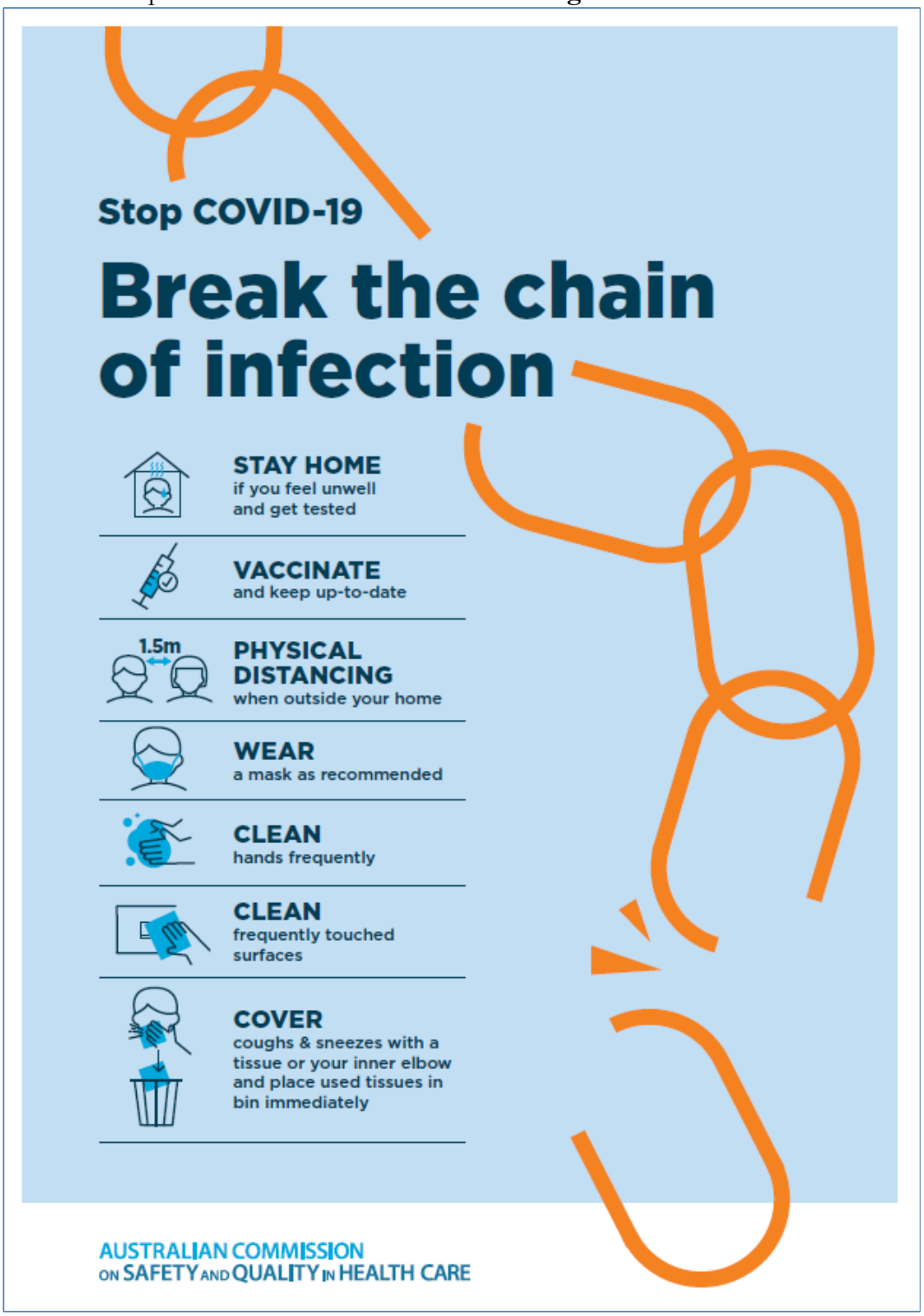
The Standards are person-centred, and describes the processes and structures in healthcare services that help keep people safe. They comprise of three key standards. The *Clinical Governance Standard* and the *Partnering with Consumers Standard* set the overarching requirements, or clinical governance framework, for the effective implementation of the third *Clinical Safety Standard*. The *Clinical Safety Standard* aims to ensure common clinical safety risks in healthcare services are identified and mitigated, including preventing and controlling infections; medication safety; comprehensive care; communicating for safety and recognising and responding to serious deterioration and minimising harm.

All Australian primary and community healthcare services directly involved in patient care will be encouraged to implement the standards. Accreditation will be voluntary, unless required by a healthcare service's regulator or funder, and is due to commence in mid-2022. For more information, access to the Standards and accompanying fact sheets, or to watch the launch video recording, visit https://www.safetyandquality.gov.au/pchs

Infection Prevention and Control Week 2021
www.safetyandquality.gov.au/ipcweek
Infection prevention and control is safe health care, for everyone, all the time.
Infection Prevention and Control (IPC) Week is celebrated in the third week of October each year. IPC Week highlights the important role of IPC in protecting patients, healthcare workers and the community from infection, and the work of IPC professionals in all health service organisations
The overarching theme for IPC Week in Australia is "***Infection prevention and control is safe health care, for everyone, all the time***".
IPC week 2021 will focus on practical actions that prevent the spread of infection, particularly COVID-19.

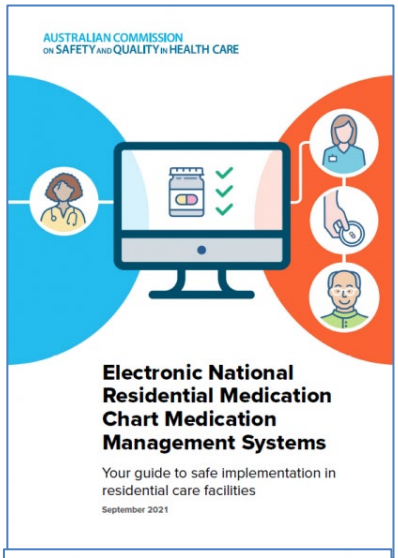
The key messages for IPC week 2021 are

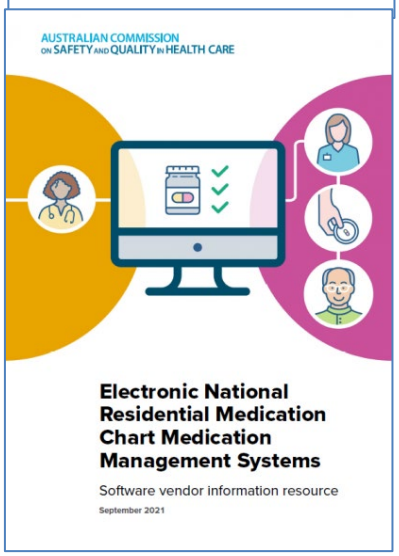
- Infection prevention and control includes **respiratory hygiene and cough etiquette**
- Infection prevention and control includes **a clean, hygienic environment**
- Infection prevention and control includes **hand hygiene**
- Infection prevention and control includes **getting vaccinated**
- Infection prevention and control means **breaking the chain of infection.**



Information and resources to promote IPC Week can be found at www.safetyandquality.gov.au/ipcweek

New electronic National Residential Medication Chart resources
https://www.safetyandquality.gov.au/our-work/medication-safety/electronic-medication-charts/electronic-national-residential-medication-chart





Practical new resources are now available for the electronic National Residential Medication Chart (eNRMC).

In addition to supporting electronic prescribing of medicines for consumers in residential care facilities, eNRMC systems have a number of other potential advantages and opportunities for streamlining medication management.

The Australian Commission on Safety and Quality in Health Care has developed two resources; one to support residential care providers with the planning, procurement and safe implementation of eNRMC systems, and another to support software vendors optimise the safety and quality features of their eNRMC systems.

- *Electronic National Residential Medication Chart Medication Management Systems: Your guide to safe implementation in residential care facilities*
  https://www.safetyandquality.gov.au/publications-and-resources/resource-library/electronic-national-residential-medication-chart-medication-management-systems-your-guide-safe-implementation-residential-care-facilities
- *Electronic National Residential Medication Chart Medication Management Systems: Software vendor information resource*
  https://www.safetyandquality.gov.au/publications-and-resources/resource-library/electronic-national-residential-medication-chart-medication-management-systems-software-vendor-information-resource

Reports

Universal Healthcare in Australia: Professor John Deeble's legacy more relevant than ever
Deeble Institute Perspectives Brief No. 18
Haddock R
Canberra: Australian Healthcare and Hospitals Association; 2021. p. 10.

URL	https://ahha.asn.au/publication/deeble-institute-perspective-briefs/deeble-institute-perspectives-brief-no-18-universal
Notes	This Perspectives Brief from the Australian Healthcare and Hospitals Association's Deeble Institute marks the third anniversary of the death of John Deeble with a reflection on the importance and significance of universal health care in Australia. John Deeble was one of the authors of the original proposals for universal health insurance in Australia in 1968; proposals that led to the establishment of Medibank and then Medicare. The brief examines universal healthcare in Australia in light of COVID-19, the potential impacts of "long COVID" and on non-COVID health care.

Comparing Nations on Timeliness and Coordination of Health Care
Findings from the 2021 Commonwealth Fund International Health Policy Survey of Older Adults
Doty MM, Shah A, Fields K, FitzGerald M, Williams II RD
New York: Commonwealth Fund; 2021.

URL	https://doi.org/10.26099/sdxp-wq12
Notes	The last issue of *On the Radar* included an item on the Commonwealth Fund's survey findings on costs as a barrier to care. This week we have another report from the Commonwealth Fund multi-nation survey of older patients, but here the focus is on the timeliness and coordination of care. Whereas Australia did not rank so well on costs as a barrier, the experience of older Australians in terms of timeliness and coordination of care tended to fall in the middle of rankings. However, this is not to say that the results are particularly positive and there are issues, such as access to after-hours care. There were more positive findings, such as access to telehealth, medication reviews and patients having chronic condition treatment plans and that feeling that they could control and manage their chronic conditions.

The Contribution of Diagnostic Errors to Maternal Morbidity and Mortality During and Immediately After Childbirth: State of the Science
Issue Brief 6
Bajaj K, de Roche A, Goffman D
Rockville MD: Agency for Healthcare Research and Quality; 2021.

URL	https://www.ahrq.gov/patient-safety/reports/issue-briefs/maternal-mortality.html
Notes	The United States continues to have higher rates of maternal mortality than many other wealthy nations, particularly among certain populations. Much of this is considered preventable. This Issue Brief from the US Agency for Healthcare Research and Quality (AHRQ), suggests that diagnostic error may play a role in severe maternal morbidity and maternal mortality. The Issue Brief authors outline how to address delays in recognizing risk factors and escalating emergency obstetric care. The authors have identified gaps in the diagnostic process, and opportunities for improvement and outline the research agenda needed to make progress.

Journal articles

Inappropriate antibiotic prescribing: understanding clinicians' perceptions to enable changes in prescribing practices
Laka M, Milazzo A, Merlin T
Australian Health Review. 2021 [epub].

DOI	https://doi.org/10.1071/AH21197
Notes	Paper reporting on a survey of 180 Australian clinicians that sought to identify perceived barriers to appropriate antibiotic prescribing across different healthcare settings. The authors report that 'Diagnostic uncertainty and limited access to prescribing information, including guidelines, formulary restrictions and antibiotic resistance patterns, can limit appropriate antibiotic prescribing. Clinicians' years of experience, the healthcare settings and clinician use of guidelines are important predictors of antibiotic prescribing behaviour.'

For information on the Commission's work on antimicrobial stewardship, see https://www.safetyandquality.gov.au/our-work/antimicrobial-stewardship

Looking back on the history of patient safety: an opportunity to reflect and ponder future challenges
Schiff G, Shojania KG
BMJ Quality & Safety. 2021 [epub]

Making Healthcare Safe: The Story of the Patient Safety Movement
Leape LL
Cham: Springer; 2021.

DOI	Schiff and Shojania http://dx.doi.org/10.1136/bmjqs-2021-014163 Leape https://doi.org/10.1007/978-3-030-71123-8
Notes	In reviewing Lucien Leape's recent book, *Making healthcare safe: the story of the patient safety movement*, Schiff and Shojania also assess where the patient safety "movement" is and what has been achieved – and what challenges persist.

Table 1 Current challenges to improving patient safety*

Health system	Fiscal constraints	'Business case for safety' not straightforward, and financial losses and care backlogs due to pandemic will make safety even harder to prioritise
	Competing priorities to improve equity and reduce health disparities	Hard to justify investing in marginal reductions in harms in face of massive disparities in life expectancy and other basic health outcomes across socioeconomic groups—disparities highlighted and exacerbated by pandemic
	Misguided metrics	Metrics often lack validity and fail to guide improvement
	Superficial approaches to thorny problems	Many problems reflect complex interplays of deeply rooted processes and pressures[36 37]
	Expecting local solutions to unsolved safety problems	Existing evidence often furnishes no clear solutions for common problems, yet we expect institutions to analyse reported incidents and develop prevention strategies
	Inaction on better staffing	Compelling evidence for improved nurse staffing ratios and pharmacists in clinical settings rarely acted on. Leaves onus on frontline staff and safety personnel to reduce harms while staffing shortfalls persist
	Equipment design issues	Minimal progress in applying human factors engineering to medical devices at either design or procurement stages
Settings of care	Persistence of fear and blame culture	Removing blame and fear is fundamental, yet still largely absent when staff are surveyed
	Improvement efforts consumed by measurement	Resources focused/exhausted by perpetual surveillance, effort to collect data, rather than cycles of measurement and improvement
	Overlooking qualitative inquiry	Disproportionate emphasis on numbers rather than richer understanding afforded by qualitative data and analysis
	Electronic health records	Disappointing benefits from computerised alerts and more complex decision support; resulting alert fatigue High institutional hurdles to improve existing systems, especially commercial ones Clinical documentation issues and related challenges in performing manual chart reviews[38]
	Loop-closing failures	Poor infrastructures, processes, and inattention to closing loops to reliably track tests results, referrals, symptoms
	Relative neglect of cross-cutting interventions (eg, teamwork, culture)	Effective interventions[39] not disseminated because perceived as too intensive; effects on patient outcomes also harder to capture,[40] so focus mostly on simpler, more marginal process improvements
	Problems in isolation	'Whack-a-mole' approach to numerous specific safety problems becomes exhausting and has borne little fruit[25]
Staff	Shortages of nurses, primary care and other essential workers	Pre-existing shortages substantially worsened by increased departures during pandemic
	Lack of time and support	For both doing clinical jobs and improvement work
	Burnout	Burnout, demoralisation, and change fatigue are already issues pre-pandemic and even more so during/after
	Little authentic interest in input from frontline staff or patients	Some organisational leaders may truly appreciate input from frontlines but feel constrained by resources to do anything other than manage dialogue and appearance of action
	Detachment from patients	Boundaries and barriers that keep patients and staff apart rather than more deeply and personally connecting and collaborating[41 42]

Table 1 lists some of the major challenges to progress in patient safety, organised into categories for the health system, the settings in which care occurs (hospitals, clinics, care homes, etc) and the staff who work in these settings. These challenges provide an agenda for where to direct quality and safety efforts in the future.
*Original table created by authors.

Leape's book, described as 'a compelling and ground-breaking account of the patient safety movement in the United States' is available as an open access free download at https://doi.org/10.1007/978-3-030-71123-8

Who needs, receives and misses out on palliative and end-of-life care? A population-based study to identify needs and gaps in a regional health service
Westley-Wise V, Moules S, Masso M, Barclay G, Nangati Z, Allingham S, et al
Australian Health Review. 2021 [epub].

DOI	https://doi.org/10.1071/AH21052
Notes	Good quality palliative and end-of-life care can have a significant impact on the quality of life for patients. However, access to these can be inconsistent. This Australian study sought to assess the unmet need for palliative and other end-of-life care, as well as the sociodemographic and diagnostic factors associated with suboptimal access, among residents in an Australian region. Examining a population of 3175 patients aged ≥15 years who died in hospital in 2016 and 2017, the study found: • An estimated 74.8% of decedents needed palliative or other end-of-life care in the year before death. • Approximately 13.3% did not receive any end-of-life care despite its potential benefit. • The highest proportions with 'unmet need' were decedents with chronic obstructive pulmonary disease (31.0%) and heart failure (26.3%). • Adjusting for sociodemographic and diagnostic factors, access was lowest among those aged <65 years and those with heart failure.

For information on the Commission's work on end-of-life care, see
https://www.safetyandquality.gov.au/our-work/end-life-care

Pediatric Quality & Safety
Vol. 6, No. 5, September/October 2021

URL	https://journals.lww.com/pqs/toc/2021/09000
Notes	A new issue of *Pediatric Quality & Safety* has been published. Articles in this issue of *Pediatric Quality & Safety* include: • Quality Improvement Initiative to Improve Healthcare Providers' **Attitudes towards Mothers with Opioid Use Disorder** (Susan Ford, Leslie Clarke, M C Walsh, P Kuhnell, M Macaluso, M Crowley, R McClead, S Wexelblatt, C Lannon, H C Kaplan, for the Ohio Perinatal Quality Collaborative) • Contextual Factors Affecting Implementation of **In-hospital Pediatric CPR** Quality Improvement Interventions in a Resuscitation Collaborative (Maya Dewan, Allison Parsons, Ken Tegtmeyer, Jesse Wenger, Dana Niles, Tia Raymond, A Cheng, S Skellett, J Roberts, P Jani, V Nadkarni, H Wolfe, for the Pediatric Resuscitation Quality (pediRES-Q) Collaborative Investigators) • Application of the Improving **Pediatric Sepsis** Outcomes Definition for Pediatric Sepsis to Nationally Representative Emergency Department Data (Sriram Ramgopal, Mark D Adler, Christopher M. Horvat) • The Relationship between High-reliability practice and **Hospital-acquired conditions** among the Solutions for Patient Safety Collaborative (Kelly H Randall, Donna Slovensky, Robert Weech-Maldonado, Paul Sharek) • **Healthcare Quality for Acute Illness during the COVID-19 Pandemic**: A Multisite Qualitative Analysis (JoAnna K Leyenaar, Corrie E McDaniel, Kimberly C Arthur, Cathryn A Stevens, Amanda R St Ivany) • Improving **Physical Abuse Documentation** and Photography through a Remote Peer Review Intervention (Rebecca L Moles, John Melville, Kim Martinez, Vincent Palusci)

	• A QI Partnership to Decrease **CT Use for Pediatric Appendicitis** in the Community Hospital Setting (Michael P Goldman, William Lynders, Michael Crain, Mariann Nocera Kelley, Daniel M Solomon, Syed A J Bokhari, Gunjan Tiyyagura, Marc A Auerbach, Beth L Emerson) • Improving Discharge Instructions Following a **Concussion Diagnosis** in the Pediatric Emergency Department: A Pre-post Intervention Study (Aaron M Yengo-Kahn, Natalie Hibshman, Michael Bezzerides, Michael J Feldman, Adam A Vukovic, Nishit Mummareddy, Shilin Zhao, Cody H Penrod, Christopher M Bonfield, E Haley Vance) • Improving **Antibiotic Stewardship among Asymptomatic Newborns** Using the Early-onset Sepsis Risk Calculator (Marty Ellington, Kavita Kasat, Kim Williams, Victoria Reichman, Guillaume Stoffels, Tung Ming Leung, Ana Degoy, R Fisk, L Gonzalez-Ballesteros, D Peralta-Reich, A Potash, K Rao) • Confidence-weighted Testing as an Impactful Education Intervention within a **Pediatric Sepsis** Quality Improvement Initiative (Emma D Nathaniel, H F Scott, B Wathen, S K Schmidt, E Rolison, C Smith, M J Hays, J M Lockwood) • Improving Compliance and Quality of Documentation of **Cerebral Function Monitoring** in a Neonatal Neurocritical Care Unit (Ipsita Goswami, Panadda Chansarn, Jose A Aguirre, F Taher, D Wilson, C Hahn, A ElShahed, K-S Lee) • An Opioid-free Anesthesia Protocol for **Pediatric Strabismus Surgery**: A Quality Improvement Project (Jennifer L Chiem, Laura D Donohue, Lynn D Martin, Daniel K Low) • **Culture Ordering for Patients with New-onset Fever**: A Survey of Pediatric Intensive Care Unit Clinician Practices (Lauren D Booth, Anna C Sick-Samuels, Aaron M Milstone, J C Fackler, L K Gnazzo, D C Stockwell) • Education and Visual Reminders Fail to **Reduce Overuse and Waste in Interhospital Transfers to a Pediatric Intensive Care Unit** (Bernadette L O'Neil, Jason M Kane) • Effect of Time of Daily Data Collection on the Calculation of **Catheter-associated Urinary Tract Infection Rates** (Lane F Donnelly, Matthew Wood, Ling Loh, Natasa Tekic, Andrew Y Shin, David Scheinker) • A Prospective Study of Family Engagement for Prevention of **Central Line-associated Blood Stream Infections** (Tracy B Chamblee, Darryl K Miles) • A Quality Initiative to Decrease Time Until **Analgesic for Fracture-associated Pain** in the Pediatric Emergency Department (Justin Davis, Kristin Kappler, Skye Stoker) • A Quality Improvement Project to Delay **Umbilical Cord Clamping Time** (Amanda N Pauley, Amy Roy, Y Balfaqih, E Casey, R Marteney, J E Evans) • Initiative to Increase the Rate of **Emergency Department Physician Preprocedure Time-out Documentation** (Arjun Sarin, N Sharma, S Jain) • Using a **Communication Passport within a Multidisciplinary Genetics Clinic** (Stephanie L Santoro, Diana Brenner-Miller, Clorinda Cottrell, Joy Bress, Amy Torres, Brian G Skotko) • Use of Lean Healthcare to Improve **Hospital Throughput and Reduce LOS** (Christopher D Mangum, Rachel L Andam-Mejia, Leslie R Hale, Ana Mananquil, Kyle R Fulcher, Jason L Hall, Laura Anne C McDonald, Karl N Sjogren, F D Villalon, A Mehta, K Shomaker, E A Johnson, S A Godambe) • Cost Effectiveness and Impact in Quality of Care of a **Pediatric Multidisciplinary Stone Clinic** (Jessica M Ming, Roberto I Lopes, Elizabeth

	A Harvey, Michael E Chua, Megan A Saunders, Mina Matsuda-Abedini, Darius J Bägli, Walid A Farhat, Joana Dos Santos) • Improving Care Delivery: Location Timestamps to Enhance Process **Measurement of a Clinical Workflow** (Lindsey Barrick, Danny T Y Wu, Theresa Frey, Derek Shu, Ruthvik Abbu, Stephen C Porter, K M Overmann) • Improving **Lead Screening Rates** in a Large Pediatric Primary Care Network (Joel R Davidson, David R Karas, Michael T Bigham) • Initiative to Reduce **Antibiotic Exposure of Asymptomatic Infants Born to Mothers with Intraamniotic Infection** (Katherine J Weiss, Richard S Song, Nikole M DeVries, Amy L McLean, Laurel B Moyer) • Complex Care Program Enrollment and Change in ED and Hospital Visits from **Medical Device Complications** (Christina B Barreda, Mary L Ehlenbach, Allison Nackers, Michelle M Kelly, Kristin A Shadman, Daniel J Sklansky, M Bruce Edmonson, Qianqian Zhao, Gemma Warner, R J Coller) • A Quality Improvement Initiative Addressing Provider Prescription of **Weight Management Follow-up in Primary Care** (Roohi Y Kharofa, Robert M Siegel, John F Morehous)

International Journal for Quality in Health Care
Volume 33 Issue 3

URL	https://academic.oup.com/intqhc/issue/33/3
Notes	A new issue of the *International Journal for Quality in Health Care* has been published. . Many of the papers in this issue have been referred to in previous editions of *On the Radar* (when they were released online). Articles in this issue of the *International Journal for Quality in Health Care* include: • The cross-national applicability of **lean implementation measures and hospital performance measures**: a case study of Finland and the USA (Elina Reponen, Thomas G Rundall, Stephen M Shortell, Janet C Blodgett, Ritva Jokela, Markku Mäkijärvi, Paulus Torkki) • Understanding **complaints made about surgical departments** in a UK district general hospital (Oliver Claydon, Barrie Keeler, Achal Khanna) • Evaluating health-related quality of life and emotions in **Muslim and Jewish kidney transplant patients** (Mahdi Tarabeih, Ya'arit Bokek-Cohen, P Azuri) • **Improving accuracy of American Society of Anesthesiologists Physical Status** using audit and feedback and artificial intelligence: a time-series analysis (Dan M Drzymalski, Sonika Seth, Jeffrey R Johnson, Agnieszka Trzcinka) • Implementation research on **measuring quality in primary care**: balancing national needs with learning from the Eastern Mediterranean Region (Mondher Letaief, Lisa R Hirschhorn, Sheila Leatherman, Alaa A Sayed, Aziz Sheikh, Sameen Siddiqi) • Express check-in: developing a **personal health record for patients admitted to hospital with medical emergencies**: a mixed-method feasibility study (Christian P Subbe, Hawys Tomos, Gwenlli Mai Jones, Paul Barach) • North-south inequalities in healthcare response to **Covid-19 in Italy** (Pasquale Gallina, Saverio Caini) • A predictive model for identifying patients at **risk of delayed transfer of care**: a retrospective, cross-sectional study of routinely collected data (Andrew Davy, Thomas Hill, Sarahjane Jones, Alisen Dube, Simon C Lea, Keiar L Watts, M D Asaduzzaman)

	• Predictors of **job satisfaction and intention to stay in the job among health-care providers** in Uganda and Zambia (Min Kyung Kim, Catherine Arsenault, Lynn M Atuyambe, Margaret E Kruk) • Telling the story of complex change: an **Impact Framework for the real world** (Jo Willett, Michelle Barclay, Felix Mukoro, Grace Sweeney) • Characteristics of **quality activities in a tertiary teaching hospital** in Western Australia (Qun Catherine Li, Jonathan Karnon, Simon Towler, Jim Codde) • Addressing overestimation and insensitivity in the **85% target for average bed occupancy** (Adrian C Pratt, Richard M Wood) • **Patient coaching in secondary care**: healthcare professionals' views on target group, intervention and coach profile (Irène M R Alders, Sandra Van Dulmen, Carolien H M Smits, Anne Esther Marcus-Varwijk, Leontine Groen-Van de Ven, Paul L P Brand) • Reducing **postoperative opioid pill prescribing** via a quality improvement approach (Kristian D Stensland, Peter Chang, David Jiang, David Canes, Aaron Berkenwald, Adrian Waisman, Kortney Robinson, Gabriel Brat, Catrina Crociani, Kyle Mcanally, Sarah Hyde, Brian Holliday, Jodi Mechaber, Analesa Baraka, Alireza Moinzadeh, Andrew A Wagner) • Research on **obstetric ward planning** combining lean thinking and mixed-integer programming (Dongmei Mu, Hua Li, Danning Zhao, Yuanhong Ju, Yuewei Li) • Factors associated with **self-reported medical errors among healthcare workers**: a cross-sectional study from Oman (Amal Ahmed Al Balushi, Mohamad Alameddine, Moon Fai Chan, Muna Al Saadoon, Karen Bou-Karroum, Samir Al-Adawi) • Appropriateness of **imaging decisions for low back pain** presenting to the emergency department: a retrospective chart review study (Adrian C Traeger, Gustavo C Machado, Sally Bath, Martin Tran, Lucinda Roper, Crystian Oliveira, Aimie Peek, Danielle Coombs, Amanda Hall, Elise Tcharkhedian, Chris G Maher) • Improving **primary care access to respirologists** using eConsult (Jean-Grégoire Leduc, Erin Keely, Clare Liddy, Amir Afkham, Misha Marovac, Sheena Guglani) • Quality gap in **venous thromboembolism prophylaxis practices in inpatients**: Assessment of prophylaxis practices in a University Hospital (Alper Tuna Güven, Sabri Engin Altintop, Murat Özdede, Oğuz Abdullah Uyaroğlu, Mine Durusu Tanriöver) • Home before Hospital: a whole of system re-design project to improve rates of **home-based dialysis therapy**: Experience and outcomes over 8 years (Omar Tombocon, Peter Tregaskis, Catherine Reid, Daniella Chiappetta, Kethly Fallon, Susannah Jackson, Fiona Frawley, Dianne Peart, Ann Weston, Kim Wong, Leanne Palaster, Robert Flanc, Sandra Macdonald, Scott Wilson, Rowan Walker) • **Variation in hospital performance measures** from the Turkey Ministry of Health (Mehmet Saluvan, Carly E Milliren, Dionne A Graham, Mecit Can Emre Simsekler, Merve Babacan Akin, Pinar Koçatakan, Mustafa Gören, Al Ozonoff) • Impact of an **educational intervention on WHO surgical safety checklist and pre-operative antibiotic use** at a referral hospital in southwestern

	Uganda (Joseph Ngonzi, Lisa m Bebell, Adline a Boatin, Aspihas Owaraganise, Leevan Tiibajuka, Yarine Fajardo, Henry mark Lugobe, Blair j Wylie, Yves Jacquemyn, Celestino Obua, Jessica e Haberer, Jean-pierre van Geertruyden) • Provider experience and satisfaction with a **novel 'virtual team rounding'** program during the COVID-19 pandemic (Nora V Becker, Mallika L Mendu, Kate L Martin, Jesse P Hirner, Salina Bakshi, Narath Carlile) • Predictors of **patient-reported quality of care in low- and middle-income countries**: a four-country survey of person-centered care (June-Ho Kim, Griffith A Bell, Hannah L Ratcliffe, Leah Moncada, Stuart Lipsitz, Lisa R Hirschhorn, Asaf Bitton, Dan Schwarz) • A retrospective single-site data-linkage study comparing manual to **electronic data abstraction for routine post-operative nausea and vomiting audit** (M Miller, E Strazdins, S Young, N Kalish, K Congreve) • Effect of nationwide concurrent drug utilization review program on **drug–drug interactions and related health outcome** (Dong-Sook Kim, Nam Kyung Je, Juhee Park, Sukhyang Lee) • **Combined lumbar spine MRI and CT appropriateness checklist**: a quality improvement project in Saskatchewan, Canada (Maryam Madani larijani, Amir Azizian, Tracey Carr, Scott j Adams, Gary Groot) • Extended roles in primary care when **physiotherapist-initiated referral to X-ray** can save time and reduce costs (Gunnel Peterson, Marie Portström, Jens Frick) • Improving first-pass success rates during **emergency intubation** at an academic emergency department: a quality improvement initiative (Abdullah Bakhsh, Ahd Alharbi, Raghad Almehmadi, Sara Kamfar, Arwa Aldhahri, Ahmed Aledeny, Yasmeen Ashour, Imad Khojah) • Using telemedicine to improve the quality of life of **parents of infants with CHD surgery** after discharge (Qi-Liang Zhang, Yu-Qing Lei, Jian-Feng Liu, Hua Cao, Qiang Chen) • Overcoming **telemental health disparities** during the COVID-19 pandemic (Feng Qian, Julia F Hasting, Rukhsana Ahmed) • How is the Theoretical Domains Framework applied in designing interventions to support **healthcare practitioner behaviour change**? A systematic review (Judith Dyson, Fiona Cowdell) • **What makes a good quality indicator set?** A systematic review of criteria (Laura Schang, Iris Blotenberg, Dennis Boywitt) • A meta-review of methods of **measuring and monitoring safety in primary care** (Paul O'Connor, Caoimhe Madden, Emily O'Dowd, D Byrne, S Lydon) • How to effectively **engage patients and families in quality improvement**: a deep, transparent partnership (Meena Seshamani, A Nahum, J Decosmo) • Editorial: Multi-prong quality improvement initiatives improve **sepsis prevention and reduce surgical site infection after childbirth** (Emma Sacks, Katherine E A Semrau) • Editorial: Boxed in but out of the box: novel approaches to **addressing obstacles to specialty care** (Hilary J Goldberg) • Quo Vadis? **Face-to-face visits** (Paolo T Pianosi) • The intersection of **big data and epidemiology** for epidemiologic research: The impact of the COVID-19 pandemic (Chunlei Tang, Joseph M Plasek, Suhua Zhang, Yun Xiong, Yangyong Zhu, Jing Ma, L I Zhou, David W Bates)

BMJ Quality & Safety online first articles

URL	https://qualitysafety.bmj.com/content/early/recent
Notes	*BMJ Quality &Safety* has published a number of 'online first' articles, including: • Editorial: **Value of a value culture survey for improving healthcare quality** (Sara J Singer) • Looking back on the **history of patient safety**: an opportunity to reflect and ponder future challenges (Gordon Schiff, Kaveh G Shojania) • Impact of **COVID-19 restrictions on diabetes health** checks and prescribing for people with type 2 diabetes: a UK-wide cohort study involving 618 161 people in primary care (Matthew J Carr, Alison K Wright, Lalantha Leelarathna, Hood Thabit, Nicola Milne, Naresh Kanumilli, Darren M Ashcroft, Martin K Rutter) • Editorial: Reaching 95%: **decision support tools** are the surest way to **improve diagnosis** now (Mark L Graber)

International Journal for Quality in Health Care online first articles

URL	https://academic.oup.com/intqhc/advance-articles
Notes	*International Journal for Quality in Health Care* has published a number of 'online first' articles, including: • Effect of a Waiting Room Communication Strategy on Imaging Rates and Awareness of Public Health Messages for **Low Back Pain** (Sweekriti Sharma, Adrian C Traeger, Elise Tcharkhedian, Paul M Middleton, Louise Cullen, Chris G Maher) • **How Safe is Prehospital Care?** A Systematic Review (Paul O'Connor, Roisin O'Malley, Kathryn Lambe, Dara Byrne, Sinéad Lydon)

Online resources

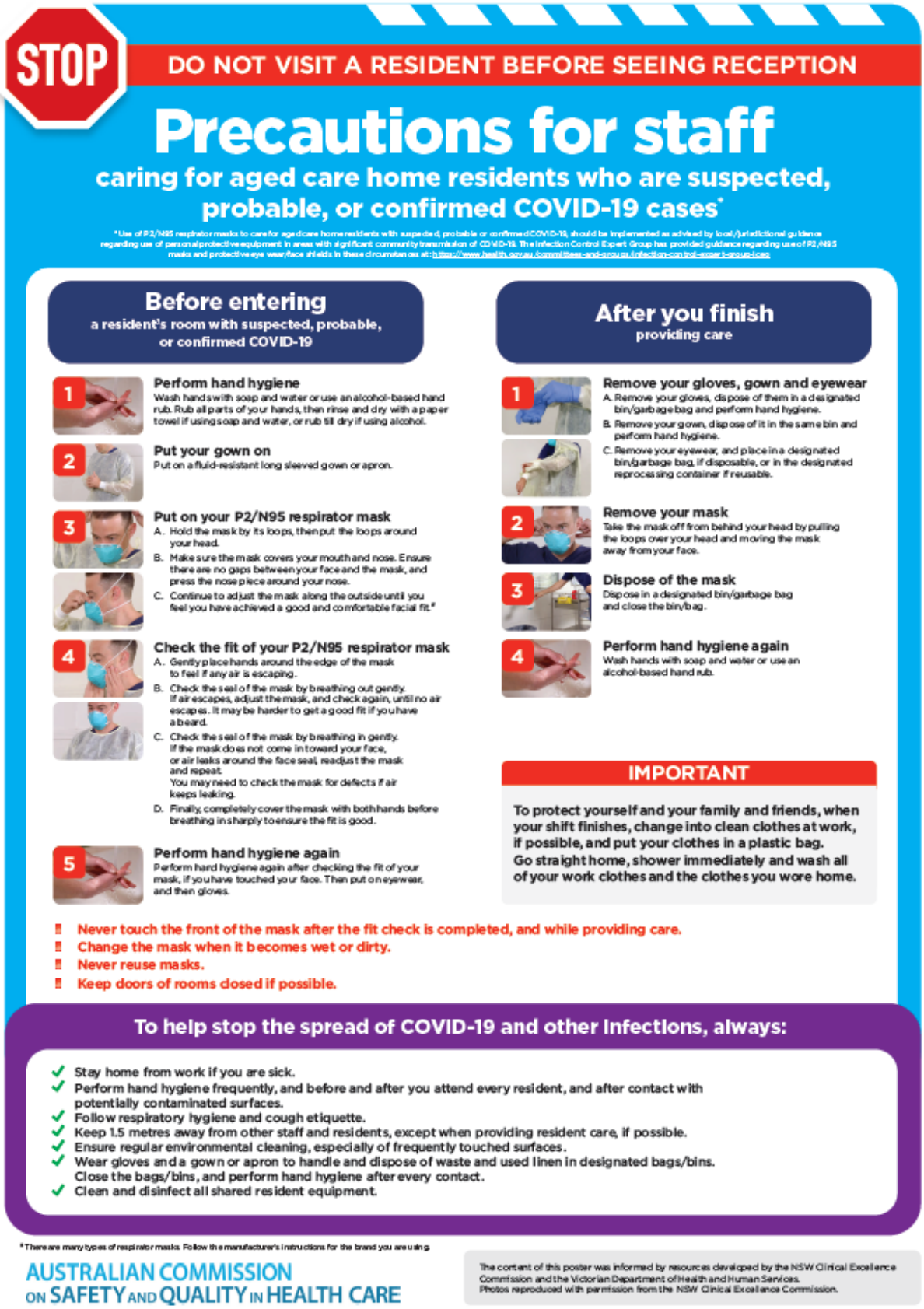
[USA] Effective Health Care Program reports
https://effectivehealthcare.ahrq.gov/
The US Agency for Healthcare Research and Quality (AHRQ) has an Effective Health Care (EHC) Program. The EHC has released the following final reports and updates:

- ***Malnutrition in Hospitalized Adults***
  https://effectivehealthcare.ahrq.gov/products/malnutrition-hospitalized-adults/research

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 infection prevention and control risk management***
  https://www.safetyandquality.gov.au/publications-and-resources/resource-library/covid-19-infection-prevention-and-control-risk-management-guidance

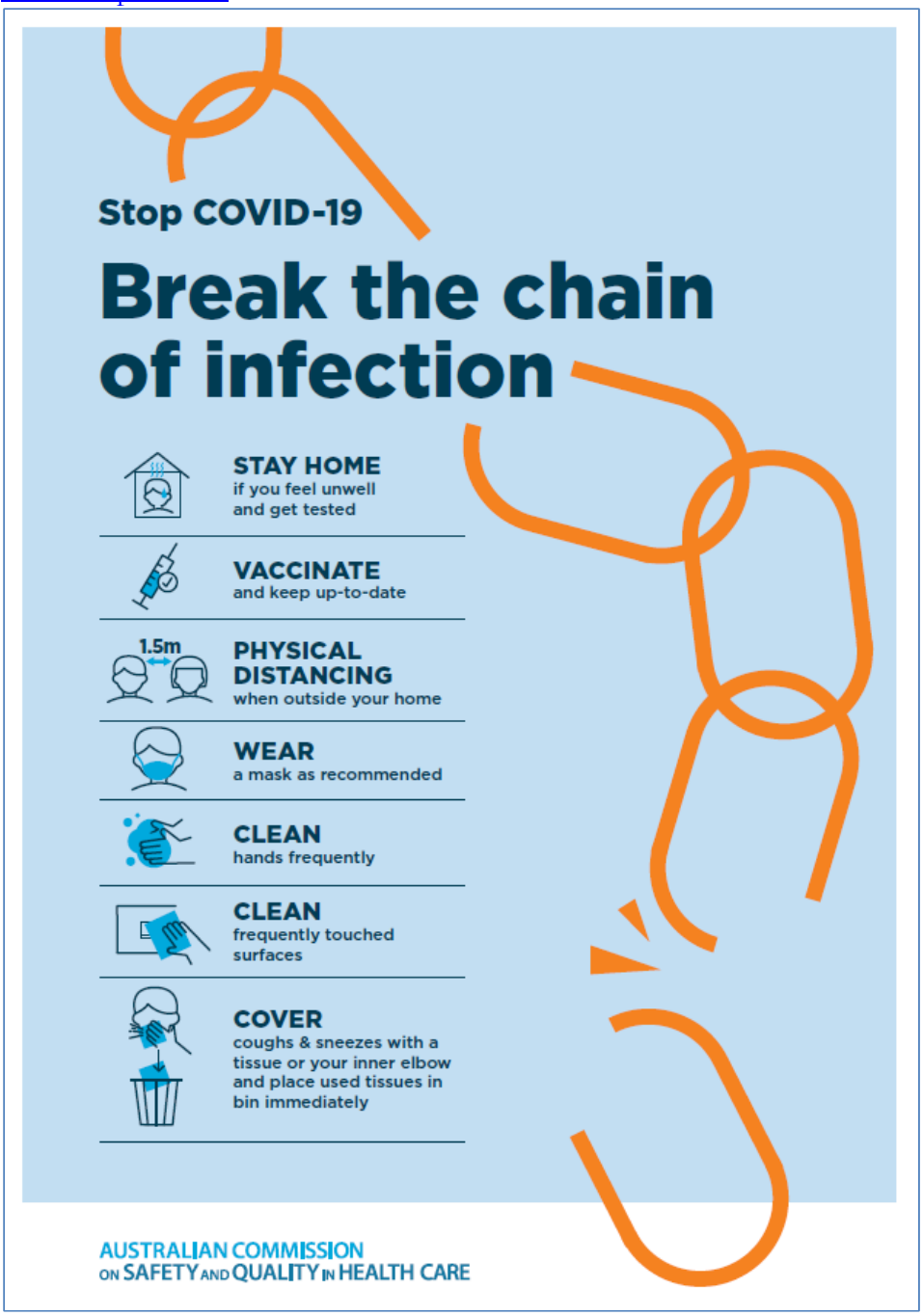
- *Poster - PPE use for aged care staff caring for residents with COVID-19* https://www.safetyandquality.gov.au/publications-and-resources/resource-library/poster-ppe-use-aged-care-staff-caring-residents-covid-19



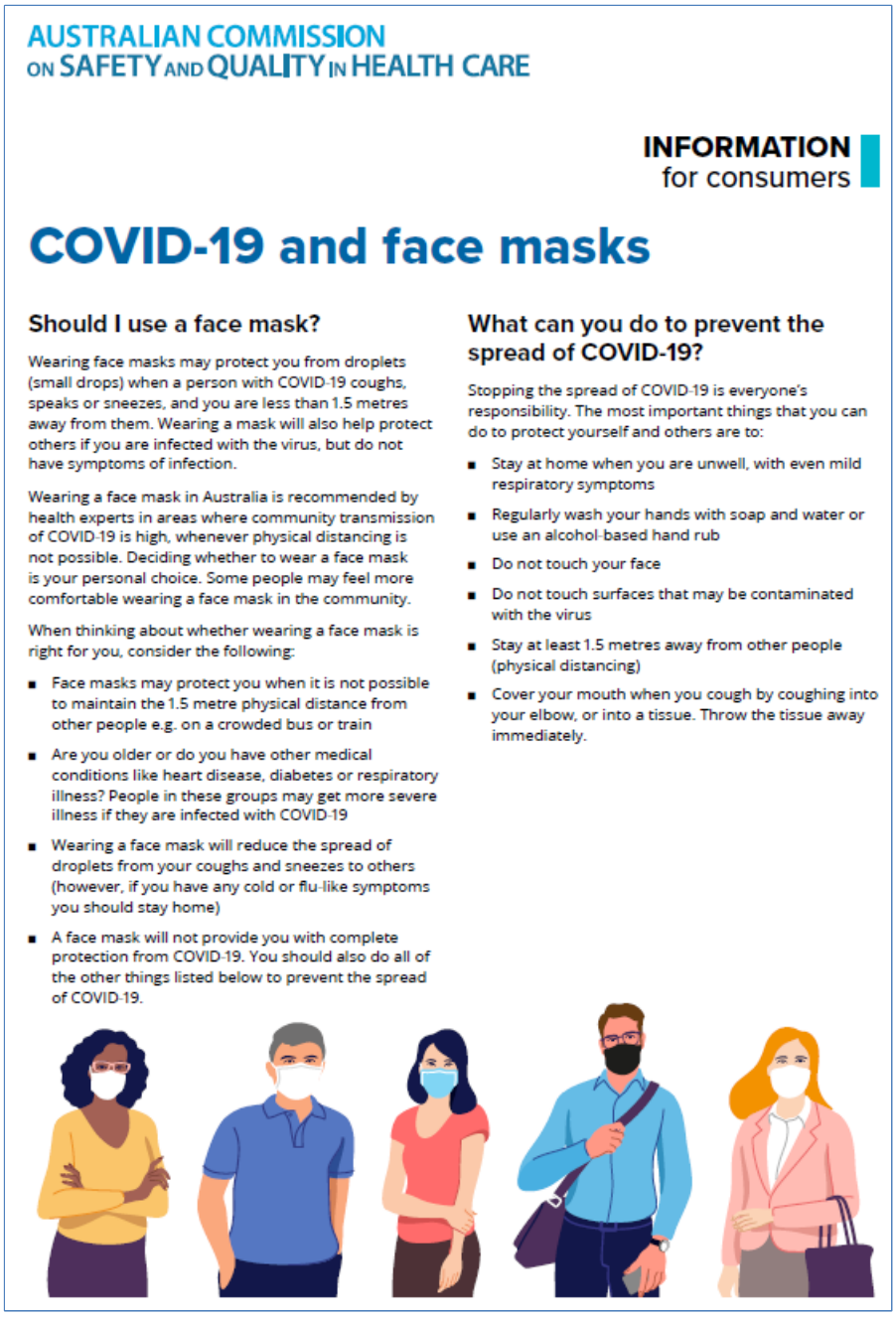
- *Poster – Combined contact and droplet precautions*
  https://www.safetyandquality.gov.au/publications-and-resources/resource-library/poster-combined-contact-and-droplet-precautions

- *Poster – Combined airborne and contact precautions*
  https://www.safetyandquality.gov.au/publications-and-resources/resource-library/poster-combined-airborne-and-contact-precautions

- *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
- *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-infection-poster-a3



- *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**. The most recent updates include:

- ***Acute mental health inpatient unit risk mitigation and models*** – What are the published risk mitigation and models of care for COVID-19 positive people in an acute mental health inpatient unit or in the community
- ***COVID-19 vaccine booster shots*** – Evidence check on COVID-19 vaccine booster shots
- ***Molnupiravir*** – What is the evidence for and regulatory context of molnupiravir for treatment of COVID-19?
- ***Test, trace, isolate and quarantine*** – What is the evidence for and jurisdictional policies on test, trace, isolate and quarantine strategies for COVID-19?
- ***COVID-19 vaccines in Australia*** – What is the latest evidence on COVID-19 vaccines in Australia?

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