



## On the Radar

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### On the Radar

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## National Safety and Quality Health Service Standards user guide for acute and community mental health services

Australian Commission on Safety and Quality in Health Care  
Sydney: ACSQHC; 2022. p. 140.

<https://www.safetyandquality.gov.au/publications-and-resources/resource-library/national-safety-and-quality-health-service-standards-user-guide-acute-and-community-mental-health-services>

The Commission has released the *National Safety and Quality Health Service Standards User Guide for Acute and Community Mental Health Services* (the user guide).

This user guide supports implementation of the National Safety and Quality Health Service (NSQHS) Standards. The user guide does not contain any new actions, but provides additional, sector-specific guidance for mental health services including:

- Community mental health services provided by Local Hospital Networks
- Mental health units in public and private hospitals
- Standalone mental health public and private hospitals
- Hospital in the home services.

The user guide was developed in close consultation with stakeholders, including consumers, carers and families, who told us what is important to them, as well as service providers who described how they have implemented actions from the [NSQHS Standards](#) in their own services.

The user guide features a number of spotlight issues. These focus on key safety and quality aspects in the delivery of mental health care, including working with carers, reducing restrictive practices and preventing suicide. The spotlight issues demonstrate how implementing the [NSQHS Standards](#) in an integrated way provides a rigorous framework that supports mental health services to address specific safety and quality concerns.

## Reports

*Women's Health Strategy for England*

Department of Health and Social Care

London: Department of Health and Social Care; 2022. p. 128.

URL	<a href="https://www.gov.uk/government/publications/womens-health-strategy-for-england">https://www.gov.uk/government/publications/womens-health-strategy-for-england</a>
Notes	The UK government has released this document setting out how they 'will improve the way in which the health and care system listens to women's voices, and boost health outcomes for women and girls.' The strategy details 'a range of commitments to improve the health of women everywhere, including a plan to transform women's health content on the NHS website, a definition of trauma-informed practice for the health sector and plans to increase female participation in vital research.' There is also a recognition of the importance of aspects of female lives that can be medically important, including menstruation, endometriosis, contraception, miscarriage, menopause, etc., as well as how conditions that affect both men and women impact them in different ways, for example cardiovascular disease, dementia, or mental health conditions.

## Journal articles

*Influence of a general practice pharmacist on medication management for patients at risk of medicine-related harm: A qualitative evaluation*

Jordan M, Young-Whitford M, Mullan J, Stewart A, Chen TF

Australian Journal for General Practitioners. 2022;51(7):521-528.

DOI	<a href="https://doi.org/10.31128/AJGP-09-21-6187">https://doi.org/10.31128/AJGP-09-21-6187</a>
Notes	A further addition to the literature on the contribution pharmacists can make. This Australian project saw a general practice pharmacist (GPP) embedded into a practice. This was ‘an opportunity to explore the influence of this role on medication management for a target ‘at-risk’ population, particularly those transitioning through care, from the perspectives of participants.’ Analysis of 28 interviews with general practitioners, practice personnel, patients and carers identified key themes, including ‘enhanced medication and patient safety, collegiality and teamwork, and the pharmacist’s influence throughout the continuum of prescribing. Activities highlighted by participants were of deprescribing, interprofessional shared decision making and challenging the prescribing status quo for specific medicines.’

For information on the Commission’s work on medication safety, see

<https://www.safetyandquality.gov.au/our-work/medication-safety>

*A retrospective cohort study of factors associated with severity of falls in hospital patients*

Ghosh M, O’Connell B, Afrifa-Yamoah E, Kitchen S, Coventry L

Scientific Reports. 2022;12(1):12266.

DOI	<a href="https://doi.org/10.1038/s41598-022-16403-z">https://doi.org/10.1038/s41598-022-16403-z</a>
Notes	Paper reporting on a Western Australian study that sought ‘to identify factors associated with the severity of falls in hospitalised adult patients in Western Australia’. The study included retrospective cohort analysis of inpatient falls records extracted from a teaching hospital’s Clinical Incident Database for the period May 2014 to April 2019. From 3705 complete reported cases of falls, 3545 patients suffered low level severity, 142 suffered medium level severity and 18 suffered high severity falls. The average age of the patients was $68.5 \pm 17.0$ years, with 40.2% identified female. The authors identify a wide range of contributing factors to falls and the severity of falls. However, they wonder if ‘It may be that preventing falls is a difficult task unless there is the capacity for twenty-four-hour supervision, which is unrealistic.’ This leads to the suggestion that ‘the focus should be on how nurses and clinicians reduce severity of falls in hospitals.’

For information on the Commission’s work on falls prevention, see

<https://www.safetyandquality.gov.au/our-work/comprehensive-care/related-topics/falls-prevention>

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>BMJ <i>Quality &amp; Safety</i> has published a number of ‘online first’ articles, including:</p> <ul style="list-style-type: none"> <li>• Helping <b>healthcare teams to debrief effectively</b>: associations of debriefers’ actions and participants’ reflections during team debriefings (Michaela Kolbe, Bastian Grande, Nale Lehmann-Willenbrock, Julia Carolin Seelandt)</li> <li>• <b>Quality improvement as a primary approach to change in healthcare</b>: a precarious, self-limiting choice? (Keith E Mandel, Steven H Cady)</li> <li>• Editorial: We don’t talk about communication: why technology alone cannot save <b>clinically deteriorating patients</b> (Milisa Manojlovich, Sarah L Krein)</li> <li>• Editorial: <b>Improving health equity through clinical innovation</b> (Myrte de Alfred, Kristin P Tully)</li> <li>• Framework to <b>optimise learning network activities</b> for long-term success (Katherine E Bates, Nicolas L Madsen, Anne Lyren, Paige Krack, Jeffrey B Anderson, Carole M Lannon, Sharyl Wooton)</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>• Exploring the Impact of <b>Employee Engagement and Patient Safety</b> (Grace Scott, Anne Hogden, Robyn Taylor, Emily Mauldon)</li> <li>• Careggi Re-Engineered Discharge (CaRED) Project: <b>Standardize Discharge and Improve Care Coordination Between Healthcare Professionals</b> (Diana Paolini, Guglielmo Bonaccorsi, Chiara Lorini, Silvia Forni, Michela Tanzini, Giulio Toccafondi, Sara D’Arienzo, Bassam Dannaoui, Fabrizio Niccolini, Matteo Tomaiuolo, Alessandro Bussotti, Alessandra Petrioli, Alessandro Morettini)</li> <li>• The Cost of a First and Second <b>Hospital-Wide Accreditation</b> in Flanders, Belgium (Jonas Brouwers, Deborah Seys, Fien Claessens, Astrid Van Wilder, Luk Bruyneel, Dirk De Ridder, Kristof Eeckloo, Kris Vanhaecht, Katrien Kesteloot)</li> <li>• <b>Redesigning Patient Flow in Orthopedics and Radiology Clinics</b> via a 3-Phase ‘Kaizen’ Improvement Approach and Interrupted Time Series Analysis (Kali Sullivan, Langley Topper, Aliya Rajwani)</li> <li>• Public Expectations on Regulatory Requirements for Management of <b>Hospital “Never Events”</b> in Germany (David Schwappach, Hardy Müller, Beate S Müller)</li> <li>• <b>Trends of in-Hospital and ICU Mortality in COVID-19 Patients</b> Over the Fourth and Fifth COVID-19 Surges in Iran: A Retrospective Cohort Study from Iran (Sepideh Abdi, Saeed Nemati, Nader Naderi Darbaghshahi, Mehdi Mohammadi, Elnaz Saedi, Parnian Naji, Negar Taheri, Ali Qandian, Narges Joshang, Pedram Fattahi, Peyman Namdar, Mojtaba Vand Rajabpour)</li> </ul>

## Online resources

### *[UK] Decision support tools*

<https://www.england.nhs.uk/shared-decision-making/decision-support-tools/>

The NHS in England has produced a number of decision support tools or patient decision aids. These tools support shared decision making by making treatment, care and support options explicit. The latest tools include:

1. Making a decision about **Dupuytren's contracture**
2. Making a decision about **carpal tunnel syndrome**
3. Making a decision about **hip osteoarthritis**
4. Making a decision about **knee osteoarthritis**
5. Making a decision about further treatment for **atrial fibrillation**
6. Making a decision about **cataracts**
7. Making a decision about **glaucoma**
8. Making a decision about **wet age-related macular degeneration**.

For information on the Commission's work on decision support tools, see

<https://www.safetyandquality.gov.au/our-work/partnering-consumers/shared-decision-making/decision-support-tools-consumers>

### *[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 NG14 **Melanoma: assessment and management**  
<https://www.nice.org.uk/guidance/ng14>
- NICE Guideline NG224 **Urinary tract infection in under 16s: diagnosis and management**  
<https://www.nice.org.uk/guidance/ng224>
- Quality Standard QS36 **Urinary tract infection in children and young people**  
<https://www.nice.org.uk/guidance/qs36>
- Quality Standard QS130 **Skin cancer** <https://www.nice.org.uk/guidance/qs130>
- Quality Standard QS64 **Fever in under 5s** <https://www.nice.org.uk/guidance/qs64>

### *[Canada] Depression during pregnancy and the postpartum period guideline*

<https://canadiantaskforce.ca/guidelines/published-guidelines/depression-during-pregnancy-and-the-postpartum-period/>

The Canadian Task Force on Preventive Health Care has published its *Depression during pregnancy and the postpartum period* (2022) guideline. This guideline on screening for depression during pregnancy and the postpartum period 'recommends against instrument-based depression screening using a questionnaire with cut-off score to distinguish "screen positive" and "screen negative" administered to all individuals during pregnancy and the postpartum period (up to 1 year after childbirth) (conditional recommendation, very low-certainty evidence).' The guidelines, tools and additional documents are available from the Task Force's website.

### *[Canada] Providing safe and high-quality virtual care: A guide for new and experienced users. Clinician Change Virtual Care Toolkit*

<https://www.infoway-inforoute.ca/en/component/edocman/6378-clinician-change-virtual-care-toolkit/view-document>

Healthcare Excellence Canada and Canada Health Infoway have developed this toolkit to support clinicians with their use and implementation of virtual care.



## 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 resources include:

- ***OVID-19 infection prevention and control risk management*** This primer provides an overview of three widely used tools for investigating and responding to patient safety events and near misses. Tools covered in this primer include incident reporting systems, Root Cause Analysis (RCA), and Failure Modes and Effects Analysis (FMEA).  
<https://www.safetyandquality.gov.au/publications-and-resources/resource-library/covid-19-infection-prevention-and-control-risk-management-guidance>
- ***Poster – Combined contact and droplet precautions***  
<https://www.safetyandquality.gov.au/publications-and-resources/resource-library/infection-prevention-and-control-poster-combined-contact-and-droplet-precautions>

**STOP VISITOR RESTRICTIONS MAY BE IN PLACE**

**For all staff**  
**Combined contact & droplet precautions\***  
In addition to standard precautions

**Before entering room/care zone**

- 1 Perform hand hygiene
- 2 Put on gown
- 3 Put on surgical mask
- 4 Put on protective eyewear
- 5 Perform hand hygiene
- 6 Put on gloves

**At doorway prior to leaving room/care zone**

- 1 Remove and dispose of gloves
- 2 Perform hand hygiene
- 3 Remove and dispose of gown
- 4 Perform hand hygiene
- 5 Remove protective eyewear
- 6 Perform hand hygiene
- 7 Remove and dispose of mask
- 8 Leave the room/care zone
- 9 Perform hand hygiene

**What else can you do to stop the spread of infections?**

- Consider patient placement
- Minimise patient movement
- Appropriate bed allocation.

\*e.g. Acute respiratory tract infection with unknown aetiology, seasonal influenza and Respiratory syncytial virus (RSV)  
For more detail, refer to the Australian Guidelines for the Prevention and Control of Infection in Healthcare and your state and territory guidance.

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

STOP

VISITOR RESTRICTIONS IN PLACE

For all staff

## Combined airborne & contact precautions

in addition to standard precautions

Before entering room/care zone

- 1



Perform hand hygiene
- 2



Put on gown
- 3



Put on a particulate respirator (e.g. P2/N95) and perform fit check
- 4



Put on protective eyewear
- 5



Perform hand hygiene
- 6



Put on gloves

At doorway prior to leaving room/care zone


- 1



Remove and dispose of gloves
- 2




Perform hand hygiene
- 3




Remove and dispose of gown
- 4




Leave the room/care zone
- 5



Perform hand hygiene (in an anteroom/outside the room/care zone)
- 6




Remove protective eyewear (in an anteroom/outside the room/care zone)
- 7



Perform hand hygiene (in an anteroom/outside the room/care zone)
- 8



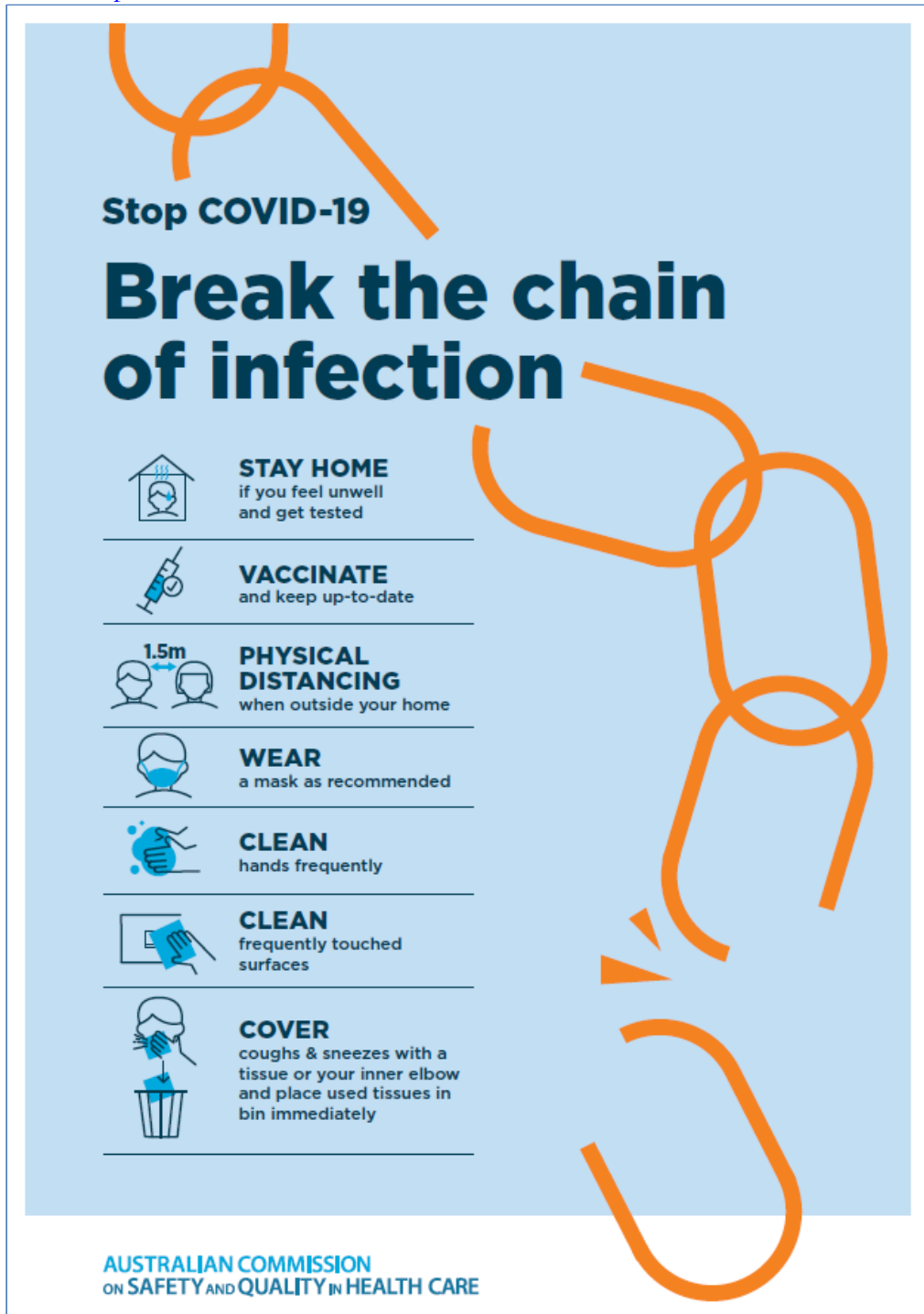
Remove and dispose of particulate respirator (in an anteroom/outside the room/care zone)
- 9



Perform hand hygiene

KEEP DOOR CLOSED AT ALL TIMES

- *Environmental Cleaning and Infection Prevention and Control*  
[www.safetyandquality.gov.au/environmental-cleaning](http://www.safetyandquality.gov.au/environmental-cleaning)
- *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>
- *COVID-19 and face masks – Information for consumers*  
<https://www.safetyandquality.gov.au/publications-and-resources/resource-library/covid-19-and-face-masks-information-consumers>

**AUSTRALIAN COMMISSION  
ON SAFETY AND QUALITY IN HEALTH CARE**

**INFORMATION**  
for consumers

## COVID-19 and face masks

### Should I use a face mask?

Wearing face masks may protect you from droplets (small drops) when a person with COVID-19 coughs, speaks or sneezes, and you are less than 1.5 metres away from them. Wearing a mask will also help protect others if you are infected with the virus, but do not have symptoms of infection.

Wearing a face mask in Australia is recommended by health experts in areas where community transmission of COVID-19 is high, whenever physical distancing is not possible. Deciding whether to wear a face mask is your personal choice. Some people may feel more comfortable wearing a face mask in the community.

When thinking about whether wearing a face mask is right for you, consider the following:

- Face masks may protect you when it is not possible to maintain the 1.5 metre physical distance from other people e.g. on a crowded bus or train
- Are you older or do you have other medical conditions like heart disease, diabetes or respiratory illness? People in these groups may get more severe illness if they are infected with COVID-19
- Wearing a face mask will reduce the spread of droplets from your coughs and sneezes to others (however, if you have any cold or flu-like symptoms you should stay home)
- A face mask will not provide you with complete protection from COVID-19. You should also do all of the other things listed below to prevent the spread of COVID-19.

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

Stopping the spread of COVID-19 is everyone's responsibility. The most important things that you can do to protect yourself and others are to:

- Stay at home when you are unwell, with even mild respiratory symptoms
- Regularly wash your hands with soap and water or use an alcohol-based hand rub
- Do not touch your face
- Do not touch surfaces that may be contaminated with the virus
- Stay at least 1.5 metres away from other people (physical distancing)
- Cover your mouth when you cough by coughing into your elbow, or into a tissue. Throw the tissue away immediately.

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, a COVID status monitor, a risk monitoring dashboard 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:

- ***Oseltamivir (Tamiflu) use in healthcare settings*** – What is the evidence that use of oseltamivir in healthcare workers with a symptomatic influenza diagnosis result in an earlier return to work and reduced absenteeism? What is the evidence that use of oseltamivir in adults and children with symptomatic influenza reduces influenza transmission in health care settings?
- ***Alternative models of care for acute medical conditions*** – What is the evidence on alternative models of care for managing patients with acute medical conditions outside of emergency or inpatient hospital settings?
- ***Long COVID*** – What is the evidence on the prevalence, presentation and management of long-COVID?
- ***Exercise and long COVID*** – Is exercise helpful in individuals with long COVID? Is post-exertional symptom exacerbation a risk in long COVID?
- ***Influenza and seasonal prophylaxis with oseltamivir*** – What is the place or evidence for seasonal influenza prophylaxis (such as taking oseltamivir for 10 to 12 weeks continuously) in healthcare and aged care settings?
- ***Rapid access models of care for respiratory illnesses*** – What is the evidence for rapid access models of care for respiratory illnesses, especially during winter seasons, in emergency departments?
- ***Current and emerging patient safety issues during COVID-19*** – What is the evidence on the current and emerging patient safety issues arising from the COVID-19 pandemic?
- ***Post-acute sequelae of COVID-19*** – What is the evidence on the post-acute sequelae of COVID-19?
- ***Emerging variants*** – What is the available evidence for emerging variants?
- ***Chest pain or dyspnoea following COVID-19 vaccination*** – What is evidence for chest pain or dyspnoea following COVID-19 vaccination?
- ***Cardiac investigations and elective surgery post-COVID-19*** – What is evidence for cardiac investigations and elective surgery post-COVID-19?
- ***Breathlessness post COVID-19*** – How to determine those patients who present with ongoing breathlessness in need of urgent review or intervention due to suspected pulmonary embolus?

- ***COVID-19 pandemic and influenza*** – What is the evidence for COVID-19 pandemic and influenza?
- ***Budesonide and aspirin for pregnant women with COVID-19*** – What is the evidence for the use of Budesonide for pregnant women with COVID-19? What is the evidence for aspirin prophylaxis for pre-eclampsia in pregnant women with a COVID-19 infection?
- ***COVID-19 vaccines in Australia*** – What is the evidence on COVID-19 vaccines in Australia?
- ***COVID-19 pandemic and wellbeing of critical care and other healthcare workers*** – Evidence in brief on the impact of the COVID-19 pandemic on the wellbeing of critical care and other healthcare workers.
- ***Surgery post COVID-19*** – What is the evidence for the timing of surgery, and outcomes following surgery, for people who have recovered from COVID-19?
- ***Disease modifying treatments for COVID-19 in children*** – What is the evidence for disease modifying treatments for COVID-19 in children?
- ***Mask type for COVID-19 positive wearer*** – What is the evidence for different mask types for COVID-19 positive wearers?
- ***Post acute and subacute COVID-19 care*** – What published advice and models of care are available regarding post-acute and subacute care for COVID-19 patients?
- ***Hospital visitor policies*** – What is the evidence for hospital visitor policies during and outside of the COVID-19 pandemic?
- ***Surgical masks, eye protection and PPE guidance*** – What is the evidence for surgical masks in the endemic phase in hospitals and for eyewear to protect against COVID-19?

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