



## On the Radar

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### On the Radar

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### Journal articles

*Patient Safety Performance: Reversing Recent Declines through Shared Profession-Wide System-Level Solutions*

James BC, Savitz L, Fairbanks RJF, Bisognano MB, Pronovost P

NEJM Catalyst. 2022.

URL	<a href="https://catalyst.nejm.org/doi/full/10.1056/CAT.22.0318">https://catalyst.nejm.org/doi/full/10.1056/CAT.22.0318</a>
Notes	This commentary piece was prompted by the apparent ‘patient safety performance decline precipitously as the SARS-CoV-2 pandemic evolved’ that the authors observed in the USA. The authors review trends and progress in patient safety over the last couple of decades before identifying some of the issues that were brought out as the COVID-19 pandemic peaked. The authors recognise that there are effective patient safety practices but argue that there needs to be a more co-ordinated systematic application to ensure these practices are implemented along with standardised measurement and training. But in recognising how much context matters, they also call for ‘local-level redevelopment and reinforcement of robust systems-level support for staffing and processes to sustain those patient safety practices.’ They conclude that ‘It is time to ensure that patient safety builds on the design of safe systems, rather than relying on just the heroism of clinicians.’

*Interventions to Increase Patient Safety in Long-Term Care Facilities—Umbrella Review*

Świtalski J, Wnuk K, Tataro T, Miazga W, Wiśniewska E, Banaś T, et al

International Journal of Environmental Research and Public Health. 2022; 19(22).

DOI	<a href="https://doi.org/10.3390/ijerph192215354">https://doi.org/10.3390/ijerph192215354</a>
Notes	The safety and quality of long-term care has become the subject of much attention in recent years, e.g. the Royal Commission in aged care in Australia. This review piece sought to examine 10 secondary studies of interventions that can contribute to increasing patient safety in long-term care facilities. The authors report that the studies ‘concerned three main areas: promoting safety culture, reducing the level of occupational stress and burnout, and increasing the safety of medication use.’

*Surgical Site Infection Prevention: A Review*

Seidelman JL, Mantyh CR, Anderson DJ

Journal of the American Medical Association. 2023;329(3):244-252.

DOI	<a href="https://doi.org/10.1001/jama.2022.24075">https://doi.org/10.1001/jama.2022.24075</a>
Notes	This review piece in <i>JAMA</i> on surgical site infections (SSIs) observes that ‘Approximately 0.5% to 3% of patients undergoing surgery will experience infection at or adjacent to the surgical incision site. Compared with patients undergoing surgery who do not have a surgical site infection, those with a surgical site infection are hospitalized approximately 7 to 11 days longer.’ However, these may be largely preventable and the authors discuss various aspects including the factors associated with SSI, clinical presentation, surveillance and prevention (including preoperative, intraoperative and postoperative). The authors suggest that ‘Avoiding razors for hair removal, maintaining normothermia, use of chlorhexidine gluconate plus alcohol-based skin preparation agents, decolonization with intranasal antistaphylococcal agents and antistaphylococcal skin antiseptics for high-risk procedures, controlling for perioperative glucose concentrations, and using negative pressure wound therapy can reduce the rate of surgical site infections.’

For information on the Commission’s work on healthcare-associated infection, see

<https://www.safetyandquality.gov.au/our-work/healthcare-associated-infection-program>

*Show me the money: how do we justify spending health care dollars on digital health?*

Woods L, Eden R, Canfell OJ, Nguyen K-H, Comans T, Sullivan C

Medical Journal of Australia. 2023;218(2):53-57.

DOI	<a href="https://doi.org/10.5694/mja2.51799">https://doi.org/10.5694/mja2.51799</a>
Notes	Many aspects of our lives have seen the adoption of digital technologies. Health care has perhaps seen this in a less comprehensive fashion to date with some domains adopting digital methods extensively while others have maintained previous approaches to a greater extent. This piece in the <i>Medical Journal of Australia</i> suggests that the recognition and evaluation of the possible benefits of digital health can be narrow in their focus. The authors suggest that a recognition of the safety and quality benefits can be understated as they ‘despite being significant and meaningful to clinicians and consumers, are difficult to cost, rarely deliver a rapid financial benefit to the funder, and are traditionally not measured in financial evaluations.’ The piece goes on to discuss how ‘The quadruple aim of health care — better population health outcomes, improved care experience for patients, improved work life of health professionals, and reduced health care costs <sup>6</sup> — is a straightforward and increasingly adopted approach for evaluating quality improvement interventions in health care.’

*The journey to a learning health system in primary care: a qualitative case study utilising an embedded research approach*  
 Dammerly G, Ellis LA, Churruca K, Mahadeva J, Lopez F, Carrigan A, et al  
 BMC Primary Care. 2023;24(1):22.

DOI	<a href="https://doi.org/10.1186/s12875-022-01955-w">https://doi.org/10.1186/s12875-022-01955-w</a>
Notes	<p>The concept of a learning health system (LHS) has been around for some time. One definition of an LHS, as quoted in this piece, is a health system in which ‘science, informatics, incentives and culture are aligned for continuous improvement and innovation’. Such approaches have tended to be adopted in large health systems, often around acute care. This paper describes the development of an LHS approach in a primary care setting. The setting was a general practice that operates in two sites but, perhaps significantly, is a department of a university-owned not-for-profit health enterprise in Sydney.</p> <p>The authors of this piece also draw on the quadruple aim noting that for many of the participants ‘there was a considerable overlap between the dimensions of the LHS framework and the quadruple aim framework.’ They conclude that ‘This research presents a case study of an LHS in primary care, showing how the LHS serves as a tool to assist organisations in making progress toward fulfilling the quadruple aim, as well as presenting the utility of using an embedded research approach. Our findings show the potential for a collaborative, strategically focused organisation to operate as an LHS.’</p>

*Journal of Patient Safety*  
 Volume 19, Issue 2, March 2023

URL	<a href="https://journals.lww.com/journalpatientsafety/toc/2023/03000">https://journals.lww.com/journalpatientsafety/toc/2023/03000</a>
Notes	<p>A new issue of the <i>Journal of Patient Safety</i> has been published. Articles in this issue of the <i>Journal of Patient Safety</i> include:</p> <ul style="list-style-type: none"> <li>• Near-Miss Events Detected Using the <b>Emergency Department Trigger Tool</b> (Richard T Griffey, Ryan M Schneider, Alexandre A Todorov)</li> <li>• Race Differences in a <b>Malpractice Event</b> Database in a Large Healthcare System (Angela D Thomas, Chinmay Pandit, Seth A Krevat)</li> <li>• Evaluation of <b>Policies Limiting Opioid Exposure</b> on Opioid Prescribing and Patient Pain in Opioid-Naive Patients Undergoing Elective Surgery in a Large American Health System (Lior Rennert, Kerry A Howard, Kevin B Walker, Douglas L Furmanek, D W Blackhurst, V A Cancellaro, A H Litwin)</li> <li>• <b>Hospital Mortality and Trainee Experiences:</b> How General Medical Council Survey Findings Correlate With Summary Hospital-Level Mortality Indicator (Jack Charles Barton, Daniel Richardson, Amber Elyse Corrigan, Ashvin Kuri, Jonathan Round)</li> <li>• Impact of Variations in the <b>Nursing Care Supply-Demand Ratio on Postoperative Outcomes and Costs</b> (Fabio Agri, Fabian Grass, Sophie Kasmi, Nicolas Demartines, Markus Schäfer, Marc-Olivier Sauvain)</li> <li>• Closed-Loop <b>Communication in Interprofessional Emergency Teams:</b> A Cross-Sectional Observation Study on the Use of Closed-Loop Communication Among Anesthesia Personnel (Kristin Gjøvikli, B T Valeberg)</li> <li>• The Government as Plaintiff: An Analysis of <b>Medical Litigation Against Healthcare Providers</b> in the Eastern Province of the Kingdom of Saudi Arabia (Sama’a Hamed AlMubarak, Fatimah Ali Alshatti)</li> <li>• Understanding Patient and Clinician Reported <b>Nonroutine Events in Ambulatory Surgery</b> (Megan E Salwei, Shilo Anders, Jason M Slagle, Gina Whitney, Amanda Lorinc, Susan Morley, Jessica Pasley, Josh DeClercq, Matthew S Shotwell, Matthew B Weinger)</li> </ul>

	<ul style="list-style-type: none"> <li>• Exploration of Ward-Based Nurses’ Perspectives on Their Preparedness to Recognize <b>Clinical Deterioration</b>: A Scoping Review (John Mikhail, Lindy King)</li> <li>• <b>Control Charts</b> Usage for Monitoring Performance in Surgery: A Systematic Review (My-Anh Le Thien, Quentin Cordier, Jean-Christophe Lifante, Matthew J Carty, Antoine Duclos)</li> <li>• Evaluating <b>Patient Identification Practices During Intrahospital Transfers</b>: A Human Factors Approach (Stefanie Suclupe, Joanne Kitchin, Rajhkumar Sivalingam, Peter McCulloch)</li> <li>• <b>Automated Detection of Patient Harm</b>: Implementation and Prospective Evaluation of a Real-Time Broad-Spectrum Surveillance Application in a Hospital With Limited Resources (Melody Saikali, Gariné Békarian, José Khabouth, Charbel Mourad, Antoine Saab)</li> <li>• <b>Communicating Patient Safety Information</b> Through Video and Oral Formats—A Comparison (Margareta Bännsgård, Arazoo Nouri, Caterina Finizia, My Engström, Johanna Moreno, Ulrika Roos, Bojan Tubic)</li> <li>• <b>Identifying Safety Practices Perceived as Low Value</b>: An Exploratory Survey of Healthcare Staff in the United Kingdom and Australia (Daisy Halligan, Gillian Janes, Mark Conner, Abigail Albutt, Deborah Debono, Jane Carland, Suzanne Sheppard-Law, Natalie Taylor, Sandy Middleton, Elizabeth McInnes, Caleb Ferguson, Rebecca Lawton)</li> <li>• Impact of the <b>COVID-19 Pandemic on the Experiences of Hospitalized Patients</b>: A Scoping Review (Franciely Daiana Engel, Grazielle Gorete Portella da Fonseca, Caroline Cechinel-Peiter, Chantal Backman, Diovane Ghignatti da Costa, Ana Lúcia Schaefer Ferreira de Mello)</li> </ul>
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*Healthcare Quarterly*

Volume 25, Number 4, January 2023

URL	<a href="https://www.longwoods.com/publications/healthcare-quarterly/27016/1/vol.-25-no.-4-2023">https://www.longwoods.com/publications/healthcare-quarterly/27016/1/vol.-25-no.-4-2023</a>
Notes	<p>A new issue of <i>Healthcare Quarterly</i> has been published with a theme of ‘Supporting Underserved Communities’. Articles in this issue of <i>Healthcare Quarterly</i> include:</p> <ul style="list-style-type: none"> <li>• The Impact of Sex and Gender on <b>Prescribing Cascades in Older Adults</b> (Paula Rochon, Misty Pratt and Razan Rawdat)</li> <li>• <b>Overuse of Tests and Treatments</b>: Has Canada Made Progress? (Alicia Costante, Xi-Kuan Chen, Alexey Dudevich, Antony Dennis Christy, Lyricy Francis and Cheryl Chui)</li> <li>• The <b>Childhood Mental Health</b> of One (Neil Seeman)</li> <li>• <b>Social Prescribing</b> in Canada: A Tool for Integrating Health and Social Care for Underserved Communities (Kate Mulligan, Sonia Hsiung, Gary Bloch, Grace Park, Abby Richter, Lisa Stebbins and Samina Talat)</li> <li>• Mapping the Newcomer Journey for <b>More Equitable Population Health</b>: Insights from an Ontario Health Team (Élizabeth Côté-Boileau, Ashnoor Rahim, Brenda Vollmer, Nichola Harrilall and Suellen Robertson)</li> <li>• TAIBU Community Health Centre’s <b>Proportionate Response to a Disproportionate Pandemic</b> (Sara Bhatti, Josephine Pham, Amna Iqbal and Liben Gebremikael)</li> <li>• <b>Cybersecurity</b>: Guiding Principles and Risk Management Advice for Healthcare Boards, Senior Leaders and Risk Managers (Arun Dixit, Jennifer Quaglietta, Kopiha Nathan, Leo Dias and Duke Nguyen)</li> </ul>

	<ul style="list-style-type: none"> <li>• <b>Primary and Community Care Mapping:</b> Helping Communities Collaboratively Plan Health Services in a Patient-Centred Manner (Morgan Price, Amanda Frazer, Aleah Ross, Sarah Fletcher and Elka Humphrys)</li> <li>• One System, Multiple Hospitals: <b>A Unified Paediatric Healthcare System Response to the COVID-19 Pandemic</b> (Kayla Esser, Paul Davis, Bryn Badour, Kate Langrish, Judy Van Cleef, Andrew Baker and Julia Orkin)</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>• Editorial: <b>High cost of broken relationships</b> (Christine A Sinsky, James Morrow)</li> </ul>

## 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:

- **COVID-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>

**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

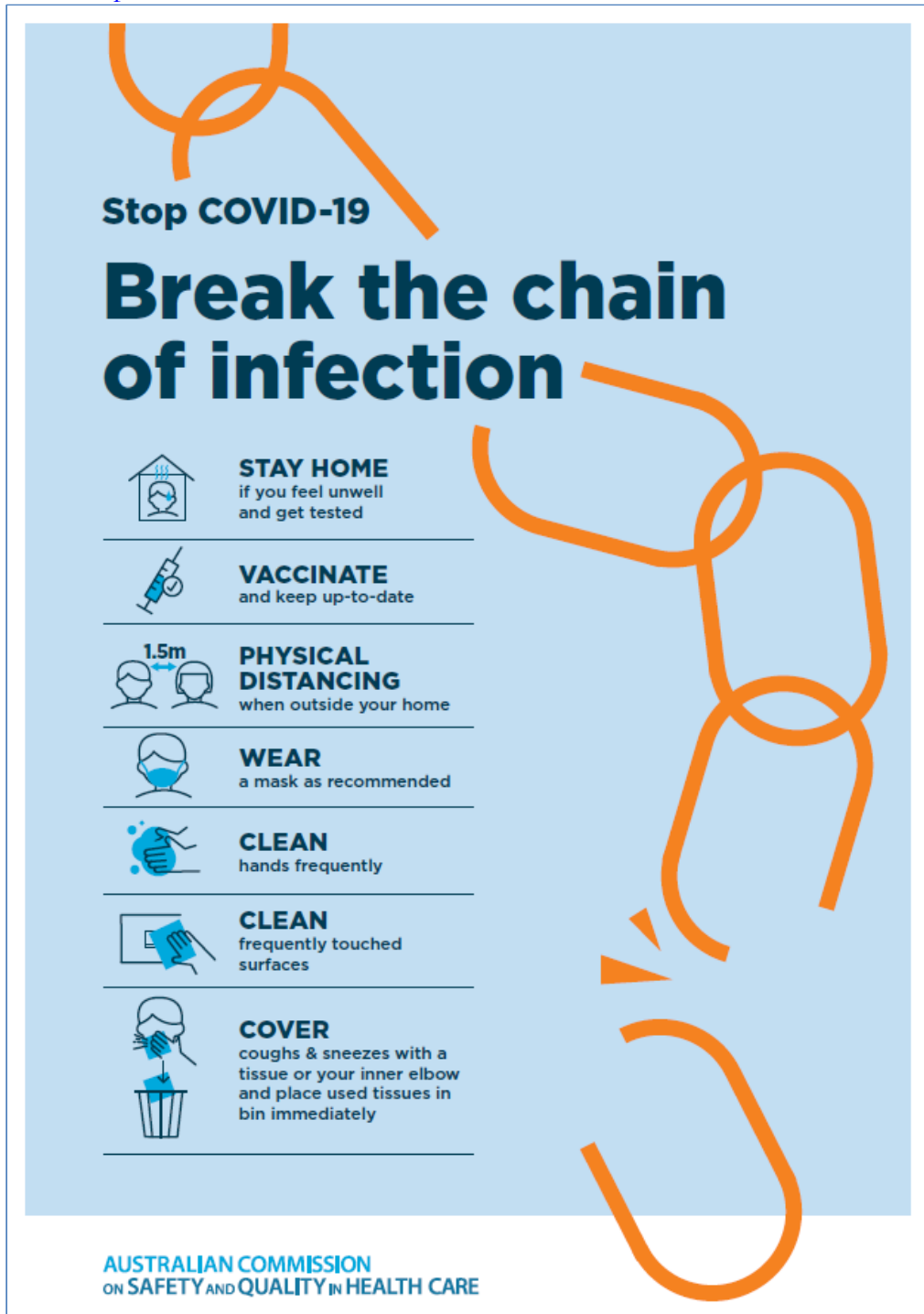
**Perform hand hygiene (in an anteroom/outside the room/care zone)**
- 8

**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>





- *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:

- ***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?
- ***Bivalent COVID-19 vaccines*** – What is the available regulatory and research evidence for bivalent COVID-19 vaccines?
- ***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?
- ***Paxlovid*** – What is the evidence for Paxlovid for treatment of COVID-19?
- ***Molnupiravir*** – What is the evidence for and regulatory context of molnupiravir for treatment of COVID-19?
- ***Eating disorders and COVID-19*** – What is the impact of the COVID-19 pandemic on the prevalence of eating disorders?
- ***Long COVID*** – What is the evidence on the prevalence, presentation and management of long-COVID?
- ***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?
- ***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?
- ***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.
- ***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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