



## On the Radar

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### On the Radar

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### *Case study shows how analgesic stewardship promotes appropriate care*

<https://www.safetyandquality.gov.au/our-work/healthcare-variation/user-guide-reviewing-clinical-variation/case-studies/collaboration-key-factor-analgesic-stewardship-impact>

The Commission has published a case study on Alfred Health's Analgesic Stewardship Program, as part of the *User Guide for Reviewing Clinical Variation*.

Alfred Health's Analgesic Stewardship Pharmacist Thuy Bui shares insights about why the project worked and what they learnt along the way, including the impact of collaboration across the hospital. "The biggest success of the program is that it's a multidisciplinary initiative backed up with local data," she said.

The program is an example of how health services can implement the [\*Opioid Analgesic Stewardship in Acute Pain Clinical Care Standard\*](#).

The case study joins others at <https://www.safetyandquality.gov.au/our-work/healthcare-variation/user-guide-reviewing-clinical-variation/case-studies> that showcase best practice and innovation in the review of clinical variation. Topics include reducing unplanned tonsillectomy readmissions, reducing preterm and planned early term births and improving end-of-life care.

## Reports

*Recommendations for Global Implementation of Safe Oxytocin Use Practices*

Oxytocin Safety Interest Group

International Medication Safety Network, 2023.

URL	<a href="https://www.intmedsafe.net/wp-content/uploads/2023/05/IMSN-OxytocinSIG-Recommendations-2023-1.pdf">https://www.intmedsafe.net/wp-content/uploads/2023/05/IMSN-OxytocinSIG-Recommendations-2023-1.pdf</a>
Notes	The Oxytocin Safety Interest Group of the International Medication Safety Network has developed these recommendations to ‘n help avoid errors and significant patient harm related to the use of oxytocin through all phases of the medication-use process’

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

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

## Journal articles

*Safety, effectiveness, and cost-effectiveness of immediate versus delayed sequential bilateral cataract surgery in the Netherlands (BICAT-NL study): a multicentre, non-inferiority, randomised controlled trial*

Spekreijse L, Simons R, Winkens B, van den Biggelaar F, Dirksen C, Bartels M, et al.

The Lancet. 2023. [epub].

*Immediate versus delayed sequential bilateral cataract surgery*

Dmuchowska DA, Obuchowska I, Konopinska J

The Lancet. 2023. [epub].

DOI	Spekreijse et al <a href="https://doi.org/10.1016/S0140-6736(23)00525-1">https://doi.org/10.1016/S0140-6736(23)00525-1</a> Dmuchowska et al <a href="https://doi.org/10.1016/S0140-6736(23)00692-X">https://doi.org/10.1016/S0140-6736(23)00692-X</a>
Notes	A paper and related commentary in <i>The Lancet</i> reporting on timing of bilateral cataract surgery. The Dutch study (Spekreijse et al) was ‘a multicentre, non-inferiority, randomised controlled trial, which included participants from ten Dutch hospitals’ involving 865 patients that sought to evaluate ‘the safety, effectiveness, and cost-effectiveness of immediate sequential bilateral cataract surgery (ISBCS) versus delayed sequential bilateral cataract surgery (DSBCS).’ The authors observe that ‘Our results showed non-inferiority of ISBCS versus DSBCS regarding effectiveness outcomes, comparable safety, and superior cost-effectiveness of ISBCS.’ They also note that for the Netherlands, ‘cost savings could amount to €27·4 million (US\$34·5 million) annually’ with  The Australian Commission on Safety and Quality in Health Care published their <i>Cataract Clinical Care Standard</i> in 2021. The Cataract Clinical Care Standard and associated resources are available at <a href="https://www.safetyandquality.gov.au/our-work/clinical-care-standards/cataract-clinical-care-standard">https://www.safetyandquality.gov.au/our-work/clinical-care-standards/cataract-clinical-care-standard</a>

*Thematic reviews of patient safety incidents as a tool for systems thinking: a quality improvement report*

Machen S

BMJ Open Quality. 2023;12(2):e002020.

DOI	<a href="https://dx.doi.org/10.1136/bmjoc-2022-002020">https://dx.doi.org/10.1136/bmjoc-2022-002020</a>
Notes	This paper suggests that ‘themed reviews of patient safety incidents’ as a more effective means of learning from such incidents. The author also ‘provides an illustrative template for theming incidents using a human factors classification tool’. The use of the tool includes characterisation of incidents, identifying the safety systems, contributing factors, and possible solutions. The paper describes the use of the template in the context of the deteriorating patient.

*Potential costs and consequences associated with medication error at hospital discharge: an expert judgement study*

Kirwan G, O’Leary A, Walsh C, Briggs R, Robinson V, Rodzlan R, et al

European Journal of Hospital Pharmacy. 2023;30(2):86-91.

DOI	<a href="https://dx.doi.org/10.1136/ejhpharm-2021-002697">https://dx.doi.org/10.1136/ejhpharm-2021-002697</a>
Notes	Transitions of care, such as discharge from hospital, are known to have safety and quality risks. This paper reports on the use of ‘expert judgement’ to ascertain costs and consequences of medication error at hospital discharge. In this Irish study, the experts assessed 81 cases and found that 75 ‘were judged to have potential clinical consequences’, with the majority requiring ‘remedial healthcare utilisation’. The authors report that: <ul style="list-style-type: none"> <li>• The mean calculated cost per case (representing an individual patient), based on all 81 cases, was €1009.58</li> <li>• The mean QALY loss was 0.03.</li> </ul>

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

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

*BMJ Quality & Safety*

Volume 32, Issue 6, June 2023

URL	<a href="https://qualitysafety.bmj.com/content/32/6">https://qualitysafety.bmj.com/content/32/6</a>
Notes	A new issue of <i>BMJ Quality &amp; Safety</i> has been published. Many of the papers in this issue have been referred to in previous editions of <i>On the Radar</i> (when they were released online). Articles in this issue of <i>BMJ Quality &amp; Safety</i> include: <ul style="list-style-type: none"> <li>• Editorial: <b>Advancing equity, diversity and inclusion at BMJ Quality and Safety</b> (Bryony Dean Franklin, Eric J Thomas, Christine Soong)</li> <li>• Editorial: Measuring what matters: refining our approach to <b>quality indicators</b> (Perla J Marang-van de Mheen, Charles Vincent)</li> <li>• Editorial: Understanding the consequences of <b>GP referral thresholds</b>: taking the instrumental approach (Jen Lewis, Christopher Burton)</li> <li>• Editorial: Making it happen: engaging the power of many in <b>translating research into practice</b> (Lillian S Kao, Clifford Y Ko)</li> <li>• Editorial: <b>Prescribing medications with indications</b>: time to flip the script (Gordon D Schiff, Bruce L Lambert, Adam Wright)</li> <li>• Approach to systematically examine the <b>usefulness of quality measures in practice</b>: Minnesota’s nursing home quality indicators and scoring approach (Dongjuan Xu, Teresa Lewis, Marissa Rurka, Greg Arling)</li> </ul>

	<ul style="list-style-type: none"> <li>• Impact of altering <b>referral threshold from out-of-hours primary care to hospital</b> on patient safety and further health service use: a cohort study (Ellen Rabben Svedahl, Kristine Pape, Bjarne Austad, Gunnhild Åberge Vie, Kjartan Sarheim Anthun, Fredrik Carlsen, Neil M Davies, Johan Håkon Bjørngaard)</li> <li>• <b>Surgical implementation gap</b>: an interrupted time series analysis with interviews examining the impact of surgical trials on surgical practice in England (Kelly Ann Schmidtke, Felicity Evison, Amy Grove, Laura Kudrna, Olga Tucker, Andy Metcalfe, Andrew W Bradbury, Aneel Bhangu, R Lilford)</li> <li>• <b>Indication documentation and indication-based prescribing</b> within electronic prescribing systems: a systematic review and narrative synthesis (Calandra Feather, Nicholas Appelbaum, Ara Darzi, Bryony Dean Franklin)</li> </ul>
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*Nursing Leadership*

Volume 35, Number 4, April 2023

URL	<a href="https://www.longwoods.com/publications/nursing-leadership/27071/1/vol-35-no-4-2023">https://www.longwoods.com/publications/nursing-leadership/27071/1/vol-35-no-4-2023</a>
Notes	<p>A new issue of <i>Nursing Leadership</i> has been published with a theme of <b>Nurse Retention</b>. Articles in this issue of <i>Nursing Leadership</i> include:</p> <ul style="list-style-type: none"> <li>• Editorial: <b>Nurse Retention: Multiple Strategies</b> to Change Course in a Sea of Challenges (Ruth Martin-Misener)</li> <li>• Smashing the “Black Ceiling”: The <b>Black Nurses Leadership Institute</b> (Shelly Philip LaForest and Saudia Jadunandan)</li> <li>• <b>Sustaining the Canadian Nursing Workforce</b>: Targeted Evidence-Based Reactive Solutions in Response to the Ongoing Crisis (Houssem Eddine Ben-Ahmed and Ivy Lynn Bourgeault)</li> <li>• From Recruitment to Retention: Evaluating the <b>Experiences of Internationally Educated Nurses</b> in the Supervised Practice Experience Partnership (Kimberly Lawrence, K Boyd, L Rashleigh and T DasGupta)</li> <li>• Utilizing an <b>Informatics Engagement Strategy as an Approach to Sustain and Retain the Nursing Workforce</b> (Gillian Strudwick, Tania Tajirian, Jessica Kemp, Noelle Coombe, Uzma Haider, Satinder Kaur, Susan Murphy, Hwayeon Danielle Shin, Sara Ling and Damian Jankowicz)</li> <li>• Nursing the Nuu-chah-nulth Way: <b>Communities Driving Nursing Policy Priorities</b> (Jeannette Watts, Lisa Bourque Bearskin, Daniel Blackstone, Samantha Christiansen, Kristen Young, Joy Charleson, Ruth Charleson, Joanna Fraser, Esther Sangster-Gormley, V Dick, S Duncan and N Whyte)</li> <li>• Pathways for Healthcare Organizations to Strengthen <b>Indigenous Nurse Retention</b> (Michelle Monkman and Jacqueline Limoges)</li> </ul>

*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>• Types and effects of <b>feedback for emergency ambulance staff</b>: a systematic mixed studies review and meta-analysis (Caitlin Wilson, Gillian Janes, Rebecca Lawton, Jonathan Benn)</li> <li>• Effects of <b>ethical climate</b> in association with tenure on work addiction, quality of care and staff retention: a cross-sectional study (Francis Maisonneuve, Patrick Groulx, Denis Chênevert, Colleen Grady, Angela Coderre-Ball)</li> </ul>

## Online resources

### [UK] NICE Guidelines and Quality Standards

<https://www.nice.org.uk/guidance>

The UK's National Institute for Health and Care Excellence (NICE) has published new (or updated) guidelines and quality standards. The latest reviews or updates include:

- NICE Guideline NG198 *Acne vulgaris: management* <https://www.nice.org.uk/guidance/ng198>
- NICE Guideline NG232 *Head injury: assessment and early management* <https://www.nice.org.uk/guidance/ng232>
- Quality Standard QS74 *Head injury* <https://www.nice.org.uk/guidance/qs74>

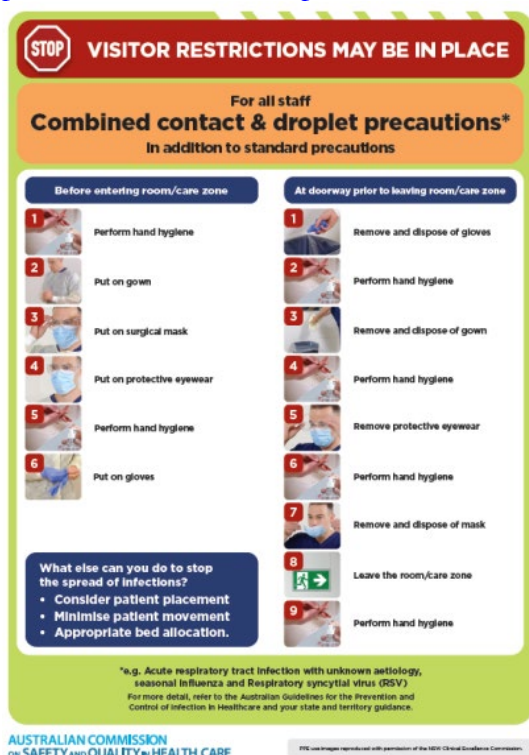
## COVID-19 resources

<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>



- *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**

**At doorway prior to leaving 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**

- 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

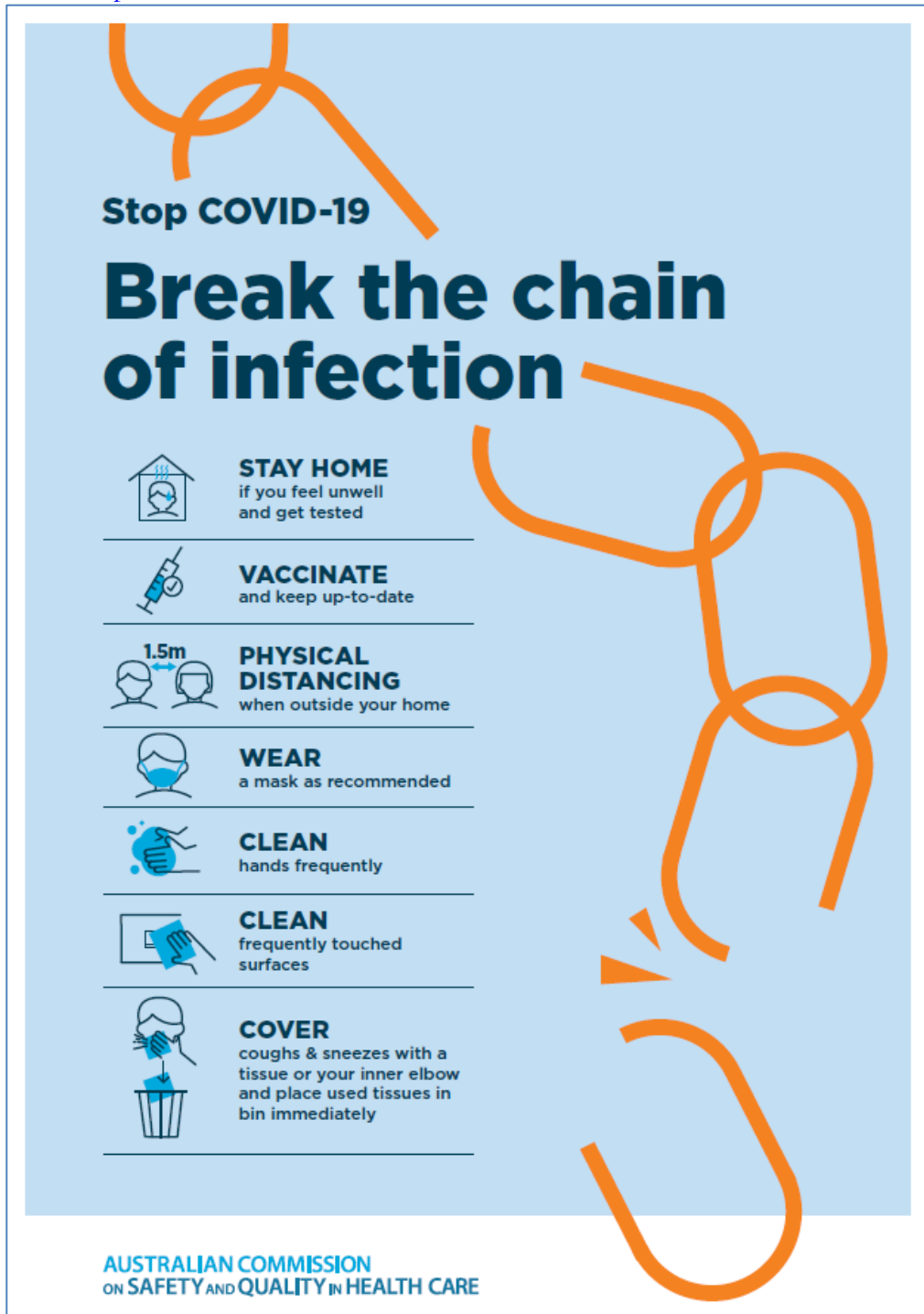
**Perform hand hygiene (in an anteroom/outside the room/care zone)**
- 8

**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:

- **SARS-CoV-2 variants - retired living evidence** – What is the evidence on SARS-CoV-2 variants that are under monitoring by the World Health Organization?
- **COVID-19 vaccines - retired living evidence** – What is the evidence on COVID-19 vaccine effectiveness and safety?
- **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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