



On the Radar

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On the Radar

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Journal articles

Clinical practice guideline for deprescribing opioid analgesics: summary of recommendations
Langford AV, Lin CCW, Bero L, Blyth FM, Doctor J, Holliday S, et al
Medical Journal of Australia. 2023.

DOI	https://doi.org/10.5694/mja2.52002
Notes	<p>This piece published early online by the <i>Medical Journal of Australia</i> summarises the evidence-based clinical guidelines for opioid deprescribing. The authors provide eleven recommendations on when, how and for whom opioid deprescribing may be considered. The <i>Evidence-based Guidelines for Deprescribing Opioid Analgesics</i> are available from https://www.opioiddeprescribingguideline.com/</p> <p>These guidelines complement the <i>Opioid Analgesic Stewardship in Acute Pain Clinical Care Standard</i> released by the Australian Commission on Safety and Quality in Health Care in 2022. The clinical care standard is available from https://www.safetyandquality.gov.au/standards/clinical-care-standards/opioid-analgesic-stewardship-acute-pain-clinical-care-standard</p>

Association between surgeon volume and patient outcomes after elective shoulder replacement surgery using data from the National Joint Registry and Hospital Episode Statistics for England: population based cohort study
 Valsamis EM, Collins GS, Pinedo-Villanueva R, Whitehouse MR, Rangan A, Sayers A, et al
 BMJ. 2023;381:e075355.

Surgeon volume and patient outcomes in shoulder replacement surgery
 Karbowski M, Siddiqui N
 BMJ. 2023;381:p1334.

DOI	Valsamis et al https://doi.org/10.1136/bmj-2023-075355 Karbowski and Siddiqui https://doi.org/10.1136/bmj.p1334
Notes	The debate over the connect between volume and quality is not a recent phenomenon. This article, and related editorial, in the <i>BMJ</i> are the latest addition. Here data from the UK's National Joint Registry contributed to an examination of association between surgeon volume and patient outcomes after elective shoulder replacement surgery. This is an example of how the use of registry data can inform understanding of care and outcomes. In this case, the registry data were linked with the Hospital Episode Statistics Admitted Patient Care. Using data on 39 281 shoulder replacement procedures undertaken by 638 consultant surgeons at 416 surgical units in the UK in the period 2012–2020, Valsamis et al report that ‘an association was found between surgeons who averaged more than 10.4 shoulder replacements yearly and lower rates of revision surgery and reoperation, lower risk of serious adverse events, and shorter hospital stays’

For information on the Commission’s work on clinical quality registries, see <https://www.safetyandquality.gov.au/our-work/health-and-human-research/national-arrangements-clinical-quality-registries>

Safeguarding privacy and efficacy in e-mental health: policy options in the EU and Australia
 Steindl E
 International Data Privacy Law. 2023:ipad009.

DOI	https://doi.org/10.1093/idpl/ipad009
Notes	This article examines the importance of incorporating a strong framework for e-mental health to address data protection and privacy practices in the European Union and notes that Australia is ‘leading the way with its regulatory regime’. The author observes that the National Safety and Quality Digital Mental Health (NSQDMH) Standards complement the Therapeutic Goods Agency’s regulation of software as a medical device, and praises the Standards’ detailed guidance on safeguarding privacy and data protection. The author had engaged with the Commission to obtain information about the NSQDMH Standards.

For information on the National Safety and Quality Digital Mental Health Standards, see <https://www.safetyandquality.gov.au/standards/national-safety-and-quality-digital-mental-health-standards>

Strategic Masking to Protect Patients from All Respiratory Viral Infections

Klompas M, Baker MA, Rhee C, Baden LR

New England Journal of Medicine. 2023.

DOI	https://doi.org/10.1056/NEJMp2306223
Notes	<p>The COVID-10 pandemic saw the widespread, if not universal, adoption of masking in health care settings. With the “emergency” phase of the pandemic now passed, many settings have reduced or removed the need for masks and other precautions. The authors of this Perspective piece in the <i>New England Journal of Medicine</i> suggest that strategic masking may still have a role. They observe that ‘hospitalized patients are different from nonhospitalized populations. Hospitals, by definition, aggregate some of the most vulnerable people in society when they are at heightened vulnerability (i.e., when they have an acute illness)’ Further, ‘nosocomial infections caused by respiratory viruses other than SARS-CoV-2 are common and underappreciated, as are the possible adverse health effects associated with these viruses in vulnerable patients.’ These lead them to suggest that ‘health care facilities could reimagine masking policies to protect patients from the full array of nosocomial respiratory viral infections, using masking to protect all patients from all viruses when viral activity is elevated and the most vulnerable patients year-round.’</p>

Australian Prescriber

Volume 46, Issue 1, June 2023

URL	https://www.tg.org.au/australianprescriber-temporarywebpage/
Notes	<p>A new issue of <i>Australian Prescriber</i> has been published by its new publisher, Therapeutic Guidelines. Content in this issue of <i>Australian Prescriber</i> includes:</p> <ul style="list-style-type: none">• Editorial: <i>Australian Prescriber</i>: a new chapter (L Claise)• Prescribing and peritoneal dialysis (F Reimann, M Tomlins)• Treatments for atopic dermatitis (G Ross)• Testing for COVID-19: a 2023 update (EM Meumann, JMB Robson)• Treosulfan for acute myeloid leukaemia and myelodysplastic syndrome in adults, and malignant and non-malignant haematological diseases in children

Health Affairs Scholar

Volume 1, Issue 1, July 2023

URL	https://academic.oup.com/healthaffairsscholar/issue/1/1
Notes	<p>The inaugural issue of <i>Health Affairs Scholar</i> is now available. Articles in this first issue of <i>Health Affairs Scholar</i> include:</p> <ul style="list-style-type: none">• Introducing the inaugural issue of <i>Health Affairs Scholar: Emerging and Global Health Policy</i> (HAS) (Kathryn A Phillips)• Perspectives of private payers on multicancer early-detection tests: informing research, implementation, and policy (Julia R Trosman and others)• The Better Care Plan: a blueprint for improving America's healthcare system (Stephen M Shortell and others)• A race to net zero—early lessons from healthcare's decarbonization marathon (Kyle Lakatos and others)• Ten health policy challenges for the next 10 years (Kathryn A Phillips and others)• Why is it so hard for academic medical centers to succeed in value-based care? (Bob Kocher and Robert M Wachter)• A holistic view of innovation incentives and pharmaceutical policy reform (Rachel Sachs and others)

URL	https://bmjleader.bmj.com/content/7/2
Notes	<p>A new issue of <i>BMJ Leader</i> has been published. Articles in this issue of <i>BMJ Leader</i> include:</p> <ul style="list-style-type: none"> • Blaming, naming and a just culture (Adam Tasker) • Reflections and intersections: disability, ‘ableism’ and metamodern leadership (Chloe Orkin) • Holistic strategy for promoting effective handoffs (Joseph Roland Keebler, Elizabeth Lazzara, Andrew Griggs, Scott Tannenbaum, Rosemarie Fernandez, Philip Greulich, Eduardo Salas) • Leadership to improve nurse engagement and empowerment: evidences to improve the training of nurses (Rosa García-Sierra, Fermín Martínez-Zaragoza, Jordi Fernández-Castro) • “See us as humans. Speak to us with respect. Listen to us.” A qualitative study on UK ambulance staff requirements of leadership while working during the COVID-19 pandemic (Peter James Eaton-Williams, Julia Williams) • Identification of the ideal recruitment situation in pandemic research: learning from the RECOVERY trial in Northern England: a qualitative study (Dorothy Coe, Sharon Dorgan, Justine Smith, Caroline Wroe) • Leadership practices and behaviours that enable and inhibit a continuous improvement culture in an NHS trust (Claire Benjamin, Daisy Chung) • Investigating physician leadership competencies in rural and remote areas of the province of Aceh, Indonesia (Fury Maulina, Mubasysyir Hasanbasri, Fedde Scheele, Jamiu O Busari) • What I wish I’d known: How experienced physician managers diagnose, treat and prevent disruptive behaviour (Christian Goodwin, Susan Haas, William Berry) • Role of medical leaders in integrated care systems: what can be learnt from previous research? (Lorelei Jones, Kirsten Armit, Andy Haynes, Peter Lees) • Responding to the systemic inequalities experienced by ethnic minority-led GP providers (Annabelle Stigwood, Devina Maru, Emma Hadley, Aoife Molloy, Rosie Benneyworth, Bola Owolabi) • Biggest shake-up in health and social care leadership in a generation to improve patient care: comment from report coauthor Dame Linda Pollard (Ben Claxton, Sophie Barlett) • Addressing the challenges restoring clinical services during the COVID-19 pandemic by harnessing the alignment of clinical and management leadership: an example from a large colorectal service (Henry Simon Tilney, Sally Vaughan, Timothy Ho) • Leadership experiences of elite football team physicians during the COVID-19 pandemic: a pilot study (Sean Carmody, Gurneet Brar, Andrew Massey, Craig Rosenbloom, Vincent Gouttebauge, Mike Davison) • Medical students as health workers during the COVID-19 pandemic (Adam Boggon, Ashley Poole, Sarah Smith, Aine Burns, Paul Dilworth) • Clinical research nurse and midwife as an integral member of the Trial Management Group (TMG): much more than a resource to manage and recruit patients (Clare Pye, Linda Tinkler, Mostafa Metwally)

	<ul style="list-style-type: none"> • Closing the empathy gap towards equitable outcomes: gender equity in the medical workforce (Aleem Bharwani, Shannon M Ruzycski) • Leadership, teamwork and technology enabling the largest free and accessible event worldwide on COVID-19 management (Daniella Nunes Pereira, Milena Soriano Marcolino)
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BMJ Quality & Safety online first articles

URL	https://qualitysafety.bmj.com/content/early/recent
Notes	<p><i>BMJ Quality & Safety</i> has published a number of ‘online first’ articles, including:</p> <ul style="list-style-type: none"> • Editorial :The opioid prescribing problem: an opportunity to embed rigorous evaluation within initiatives to improve population healthcare (Sarah Alderson, Noah Michael Ivers, Robbie Foy) • Editorial: Progressing patient safety in the Emergency Medical Services (Sinéad Lydon, Siobhán Masterson, Conor Deasy, Paul O'Connor) • Editorial: Five golden rules for successful measurement of improvement (Edward Etchells, Patricia Trbovich)

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 NG191 *COVID-19 rapid guideline: **managing COVID-19***
<https://www.nice.org.uk/guidance/ng191>
- Quality Standard QS8 *Depression in adults* <https://www.nice.org.uk/guidance/qs8>

[USA] Toolkit for Improving Surgical Care and Recovery

<https://www.ahrq.gov/hai/tools/enhanced-recovery/index.html>

The US Agency for Healthcare Research and Quality (AHRQ) has developed this toolkit that addresses common surgical complications such as surgical site and urinary tract infections, and venous thromboembolism. The toolkit, created for surgical teams by surgeons, was tested in more than 300 US hospitals and includes evidence-based enhanced recovery pathways for colorectal, gynaecologic, hip and knee replacement, hip fracture and emergency general surgery.

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 Wear gloves, in accordance with standard precautions

At doorway prior to leaving room/care zone

- 1 Remove and dispose of gloves if worn
- 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?

- Always change gloves and perform hand hygiene between different care activities and when gloves become soiled to prevent cross contamination of body sites
- Consider patient placement
- Minimise patient movement

*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

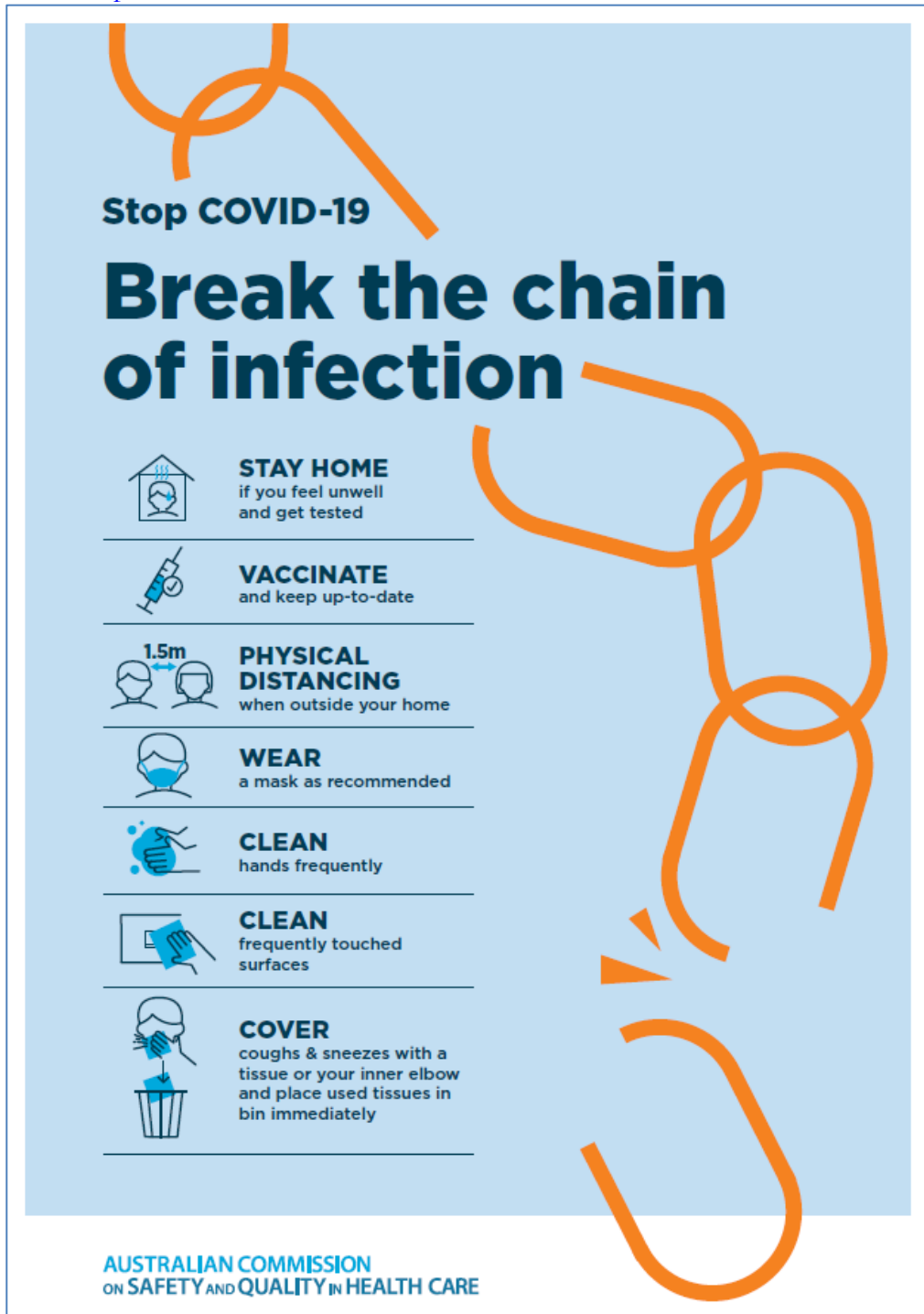
Perform hand hygiene (in an anteroom/outside the room/care zone)
- 8

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
- *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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