



On the Radar

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On the Radar

Editor: Dr Niall Johnson niall.johnson@safetyandquality.gov.au

Contributors: Niall Johnson

Reports

Final Report on Prioritization of Patient Safety Practices for a New Rapid Review or Rapid Response. Making Healthcare Safer IV

Rosen M, Dy SM, Stewart CM, Shekelle P, Tsou A, Treadwell J, et al

Rockville, MD: AHRQ; 2023. p. 99.

DOI	https://doi.org/10.23970/AHRQEPC_MHS4PRIORITIZATION
Notes	<p>This report produced for the USA's Agency for Healthcare Research and Quality (AHRQ) is the latest iteration of determining patient safety priorities for including in the Making Healthcare Safer series of reviews. The Patient safety practices identified as high priority for a Rapid Response, Rapid Review, or systematic review by the Making Healthcare Safer Team include:</p> <ul style="list-style-type: none"> • Antimicrobial stewardship • Handoff protocols • Opioid stewardship • Transmission-based precautions

	<ul style="list-style-type: none"> • Clinical decision support • Rapid response systems • Sepsis prediction, recognition, and intervention • Engaging family caregivers • Supply chain disruption • High reliability • Interventions to prevent non-ventilator-associated pneumonia for inpatients • Patient monitoring systems • Barcode verification • Implicit bias training • Post-event communication program • Protocols for high-risk drugs: reducing adverse drug events related to anticoagulants • Person and family engagement • Use of report cards and outcome measurements to improve safety of surgical care • Test result notification systems • Automated medication dispensing devices and dose drug distribution systems • Staff shortage • Deprescribing • Hours of service, fatigue, and sleepiness • Infection surveillance and testing • Performance review and feedback focused on diagnostic errors • Prevention of pressure ulcers in older patients • Capnography.
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Journal articles

What are Effective Strategies to Reduce Low-Value Care? An Analysis of 121 Randomized Deimplementation Studies
 Heus P, van Dulmen SA, Weenink J-W, Naaktgeboren CA, Takada T, Verkerk EW, et al
 The Journal for Healthcare Quality (JHQ). 2023.

DOI	https://doi.org/10.1097/JHQ.0000000000000392
Notes	Value in health care has attracted increasing interest. This has included interest in issues of waste and what’s been termed ‘low value’ care. This paper reports on a review of trails of deimplementation strategies. The study examined 121 randomised clinical trials the examined deimplementation strategies. While the authors report that ‘Most deimplementation strategies achieved a considerable reduction of low-value care’, they also note that they ‘found no signs that a particular type or number of interventions works best for deimplementation’.

Randomized-controlled trial assessing a digital care program versus conventional physiotherapy for chronic low back pain
 Cui D, Janela D, Costa F, Molinos M, Areias AC, Moulder RG, et al
 npj Digital Medicine. 2023;6(1):121.

Hospital stays and costs of telemedical monitoring versus standard follow-up for diabetic foot ulcer: an open-label randomised controlled study

Dardari D, Franc S, Charpentier G, Orlando L, Bobony E, Bouly M, et al
 The Lancet Regional Health – Europe. 2023;32.

DOI	Cui et al https://doi.org/10.1038/s41746-023-00870-3 Dardari et al https://doi.org/10.1016/j.lanepe.2023.100686
Notes	<p>A pair of articles that demonstrate how technologies can aid in providing remote or digital care..</p> <p>Cui et al report on a trial comparing the clinical outcomes of patients with chronic low back pain (CLBP) following a digital intervention versus evidence-based in-person physiotherapy. With 140 patients split equally between the two approaches, the authors report that both groups had similar patient satisfaction, ‘significant improvements in disability (primary outcome), with no differences between groups in change from baseline ...or program-end score’ or ‘secondary outcomes (namely pain, anxiety, depression, and overall productivity impairment).’ The authors assert that this ‘demonstrates that a remote digital intervention for CLBP can promote the same levels of recovery as evidence-based in-person physiotherapy,’</p> <p>Dardari et al report on a French trial that sought to examine if ‘telemonitoring, provided by an expert nurse (with extensive experience in DFU and trained in remote monitoring), reduces the hospital stay and the associated costs’ in patients with diabetic foot ulcer. The study involved 180 patients randomly allocated to either a control group receiving standard care or an intervention group. The authors report that ‘The implementation of a telemedical intervention with an expert nurse could lead to a length of hospitalization and direct costs that were two times lower compared to conventional follow-up. This lower medical and economic burden was obtained without losing effectiveness on the rate of healing, nor increasing the amputation rate.’</p>

Australian Health Review

Volume 47, Number 4, August 2023

URL	https://www.publish.csiro.au/ah/issue/11460
Notes	<p>A new issue of the <i>Australian Health Review</i> has been published. Articles in this issue of <i>Australian Health Review</i> include:</p> <ul style="list-style-type: none"> • Supply and demand – a health economic perspective on the Australian hospital and elective surgery crisis (Jeffrey C L Looi, Stephen Allison, Tarun Bastiampillai, Stephen R Kisely and Stephen J Robson) • Diverse and vulnerable: experiences of private allied health practices managing through the coronavirus (COVID-19) pandemic. Implications for the financial viability of Australian primary care (M John Petrozzi, Michael Wright, Rebekah Hoffman, Brendan Goodger and Sarah Wise) • Out-of-pocket payments: impacts on healthcare decision-making and system and individual level measures to minimise the burden (Amanda L Neil) • Obstacles in establishing a national disease registry in Australia: lessons from the development of the CHAANZ Congenital Heart Disease Registry (Larissa K Lloyd, Reeja Nasir, C Nicholson, G Strange and D S Celermajer) • Learning and development needs for successful staff and consumer partnerships on healthcare quality improvement committees: a co-

	<p>produced cross-sectional online survey (Ruth Cox, Melissa Kendall, Matthew Molineux, Bernadette Tanner and Elizabeth Miller)</p> <ul style="list-style-type: none"> Public health service board members' understanding of care quality in residential aged care services (Jo-Anne Rayner, Deirdre Fetherstonhaugh and Linda McAuliffe) General practitioners' perspectives on discharge summaries from a health network of three hospitals in South Australia (Nicholas L Scarfo, Sayeh Dehghanian, Mai Duong, R J Woodman, P Shetty, H Lu and C J Phillips) Evaluating the impact of junior doctors in quality improvement – a 10-year review (Charlotte Anne O'Leary, Laura Piu and George Braitberg) Factors associated with emergency department service outcomes for people with a mental health problem brought in by police: a retrospective cohort study (Rachel Wardrop, Jamie Ranse, Wendy Chaboyer, Jesse T Young, Stuart A Kinner and Julia Crilly) Reverse triage in COVID surge planning: a case study of an allied health supported clinical care pathway in an acute hospital setting (Toni Dianne Withiel, Rachel Blance-Palmer, Cassandra Plant, Genevieve Juj, Carly Louise McConnell, Melissa Kate Rixon, Mark Putland, Nicola Walsham and M Klaic) Qualitative evaluation of an integrated respiratory and palliative care service: patient, caregiver and general practitioner perspectives (Julie McDonald, Euan Fox, Laura Booth and Jennifer Weil) Optimal cancer care pathways – the ideal versus reality for patient-centric cancer care during COVID-19 (Shanuka Samaranyake, Daniel Barker and Apsara Windsor) Assessing the quality of care for people dying of cancer in hospital: development of the QualDeath framework (Peter Hudson, Hannah Gould, David Marco, Megan Mclean, Wendy Benson, Maria Coperchini, Brian Le, Sue-Anne McLachlan, Jennifer Philip, Mark Boughey and Fiona McKinnon) Hospital policies on falls in relation to patients with communication disability: a scoping review and content analysis (Rebecca Sullivan, Bronwyn Hemsley, Ian Skinner and Katherine Harding) Exploring interdisciplinary communication pathways for escalating pre-medical emergency team deterioration: a mixed-methods study (Stephanie K Sprogis, Judy Currey, Daryl Jones and Julie Considine) The contribution of rural primary health care to the coronavirus (COVID-19) vaccination program (Kate McIntosh and Nerida Hyett) Assessing the research capacity and culture of allied health workforce in a national private healthcare organisation (Sangeeta Rathi, Rachel Resuggan and Dave Parsons)
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Patient Experience Journal

Volume 10, Issue 2, August 2023

URL	https://pxjournal.org/journal/vol10/iss2/
Notes	<p>A new issue of the <i>Patient Experience Journal (PXJ)</i> has been published. Articles in this issue of the <i>Patient Experience Journal</i> include:</p> <ul style="list-style-type: none"> Editorial: The frontier for human experience is closer than we think (J A Wolf) Whose party is it anyway? An invitation from a patient experience advocate (Geoffrey A Silvera) Leveraging patient experience measures as surrogate outcomes to evaluate health care interventions (Layla Parast)

- The journey **from provider to patient**: Lessons learned (Jane E Sullivan)
- **Patient-centered care frameworks, models and approaches**: An environmental scan (Aghna Wasim, Maria Sajan, and Umair Majid)
- **Caregiver burden**: Support needed for those who support others and the National Health Service (Michael Stephanou)
- ‘Making it Meaningful’: **Co-designing an intervention to improve medication safety** for people from culturally and linguistically diverse backgrounds accessing cancer services (Ashfaq Chauhan, Bronwyn Newman, Elsa Roberto, Ramesh Lahiru Walpola, Holly Seale, M Chin, and R Harrison)
- “Feedback is indeed a dainty dish to set before the Trust”: Comparing how **online patient feedback** is responded to and used across three hospital Trusts in England (Lauren P Ramsey, Laura Sheard, R Lawton, and J O’Hara)
- The initial psychometric evaluation of a new **Emergency Department Patient-Reported Experience Measure (ED PREM)** (Claudia Bull, Julia Crilly, Sharon Latimer, Emma Hall, and Brigid M Gillespie)
- How are the vibes? Patient and family experiences of rapport during **telehealth calls in palliative care** (Wendy English, J Robinson, and M Gott)
- Psychometric properties of the **Impact Index** in patients with chronic conditions (KD Valentine, Suzanne Brodney, Carol Cosenza, J Lee Hargraves, Karen Sepucha, Susan Edgman-Levitan, and Michael Barry)
- Identifying sources of **patient dissatisfaction** when seeking care for a chronic and complex disease (Katharine J Head, Anna K Forster, Amanda Harsin, and Rebecca J Bartlett Ellis)
- **Doctor behaviors** that impact patient satisfaction (Bryan Lilly, Michael J Tippins, Katharine Tippins, and Julia Lilly)
- The role of **patient-centered communication** scale in patients’ satisfaction of healthcare providers before and during the COVID-19 pandemic (Mohammad A Tabatabai, Patricia Matthews-Juarez, Nader Bahri, Robert Cooper, Donald Alcendor, A Ramesh, D Wilus, K Singh, and P Juarez)
- How COVID-19 changed **frontline healthcare workers’ experiences**: A narrative inquiry into the impact of chronic burnout on a surgical physician assistant’s wellness (Lihua Dishman and Rhionna J Smith)
- Leveraging telehealth supportive oncology services to combat **COVID-19 isolation** in breast cancer patients: A cancer center’s perspective (Jake R Erickson, Maranda K Pahlkotter, Paul D Thielking, Jane M Porretta, Regina Rosenthal, Cindy B Matsen, and Kirstyn E Brownson)
- Perceptive responses and familiar staff facilitate meaningful engagement of older adults and family/care partners in **long-term care home implementation science research** during COVID-19 (Marie-Lee Yous, Denise M Connelly, Ruthie Zhuang, Melissa E Hay, Anna Garnett, Lillian Hung, Nancy Snobelen, Harrison Gao, Ken Criferg, Cherie Furlan-Craievich, Shannon Snelgrove, Melissa Babcock, and Jacqueline Ripley)
- A multi-stakeholder perspective on **quality of care among residents, family members and nursing staff in nursing homes**: A Balanced Centricity approach (Sil Aarts, Erica De Vries, Hilde Verbeek, Gaby Odekerken, and Katya Y J Sion)
- Leveraging the intersectionality of healthcare and hospitality to **diversify workforce talent and enhance patient experience** (Sven Gierlinger, Nicole Giammarinaro, Mallory Tuomey, and Leah Petrosino)

URL	https://www.longwoods.com/publications/healthcare-quarterly/27138/1/vol.-26-no.2-2023
Notes	<p>A new issue of <i>Healthcare Quality</i> has been published. Articles in this issue of <i>Healthcare Quality</i> include:</p> <ul style="list-style-type: none"> • Access to Palliative Care in Canada (Ben Reason and Geoff Paltser) • Re-Imagining Care for Older Adults with Heart Failure and Other Serious Illnesses (Kieran Quinn, Sarina R. Isenberg, Susanna Mak and Leah Steinberg) • Improving Health Systems: There Is No App for That (Neil Seeman) • Creating Health Equity in Cancer Screening: Developing Outreach Strategies for Under-Screened Populations through Community Engagement (Céline Boothby, Kara Patterson, Shainur Premji, Rachel Talavlikar, Samina Khan, Sneha Sebastian, Michael R Youssef and Huiming Yang) • Hospital Care for Patients Uninsured due to Immigration Status during the COVID-19 Pandemic in Toronto: Lessons from Front-Line Knowledge Translation (Amy Katz, Nadjla Agahbanaei, Rebecca Cheff, Tysa Harris, Stephen W. Hwang and Catherine Schmidt) • Critical Success Factors of Street Haven’s Residential Addictions Treatment Program for Women (Siu Mee Cheng and Hayley Bloom) • A Clinical Consensus Approach to Developing a New Funding Model for Radiation Services in Ontario (Suzanna Apostolovski, Farzana McCallum, Carina Simniceanu, Julie Kraus, Eric Gutierrez, Brian Liszewski, Emma Esselink, Jean-Pierre Bissonnette, Margaret Hart, Michael Brundage, Pdraig Warde and Jason Pantarotto) • A Systems-Level Evaluation Framework for Virtual Care (Meaghan Lunney, Mary V. Modayil, Judith Krajnak, Katie Woo, Shy Amlani, Kris Gray, Tracy Wasylak, Braden Manns, Jonathan Choy and Judy Seidel) • Ethics in Quality Improvement Projects: Experiences of a Human Factors Team (Jared Dembicki and Jason Laberge)

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 NG158 *Venous thromboembolic diseases: diagnosis, management and thrombophilia testing* <https://www.nice.org.uk/guidance/ng158>

[UK] NIHR Evidence

<https://evidence.nihr.ac.uk/>

The UK's National Institute for Health Research (NIHR) has posted new evidence alerts on its site. Evidence alerts are short, accessible summaries of health and care research which is funded or supported by NIHR. This is research which could influence practice and each Alert has a message for people commissioning, providing or receiving care. The latest alerts include:

- Increasing **thrombolysis use after stroke**: lessons from machine learning
- Can AI help paramedics reduce the **number of ambulance journeys**?
- How to tackle **vaccine misinformation**: what works and what doesn't?
- Virtual reality could help people with **psychosis and agoraphobia**
- How to **identify dementia** in people with hearing loss.

The NIHR has also compiled a number of collections of research evidence

(https://evidence.nihr.ac.uk/browse-content/?_sft_articletype=collection). These include:

- **Artificial intelligence**: 10 promising interventions for healthcare
- **Promoting vaccination**: the right approach for the right group
- **Digital technology** in the NHS: reducing staff pressures, improving care
- **Maternity services**: evidence to support improvement
- Supporting the **physical health of people with severe mental illness**.

[USA] AHRQ Perspectives on Safety

<https://psnet.ahrq.gov/psnet-collection/perspectives>

The US Agency for Healthcare Research and Quality (AHRQ) publishes occasional Perspectives on Safety essays. Recent essays include:

- *Building Capacity for Patient Safety* – the importance of building the capacity of the workforce and organizations for patient safety using patient safety education.

<https://psnet.ahrq.gov/perspective/building-capacity-patient-safety>

[USA] Toolkits To Reduce Hypertension in Pregnancy and Obstetric Hemorrhage

<https://www.ahrq.gov/patient-safety/settings/labor-delivery/perinatal-care-2/index.html>

The US Agency for Healthcare Research and Quality (AHRQ) has released two new toolkits to improve the safety culture of labour and delivery units and decrease maternal and neonatal adverse events resulting from poor communication and system failures. The *Toolkits to Reduce Hypertension in Pregnancy and Obstetric Hemorrhage* are designed to reduce obstetric haemorrhage and severe high blood pressure during pregnancy.

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>

The poster features a red header with a white octagonal 'STOP' sign and the text 'VISITOR RESTRICTIONS MAY BE IN PLACE'. Below this is an orange section with the text 'For all staff Combined contact & droplet precautions* in addition to standard precautions'. The main content is divided into two columns: 'Before entering room/care zone' and 'At doorway prior to leaving room/care zone'. Each column contains a numbered list of steps with corresponding images. A blue box at the bottom left provides additional advice on stopping the spread of infections. At the bottom, there is a note about the types of infections covered and a reference to the Australian Guidelines for the Prevention and Control of Infection in Healthcare.

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



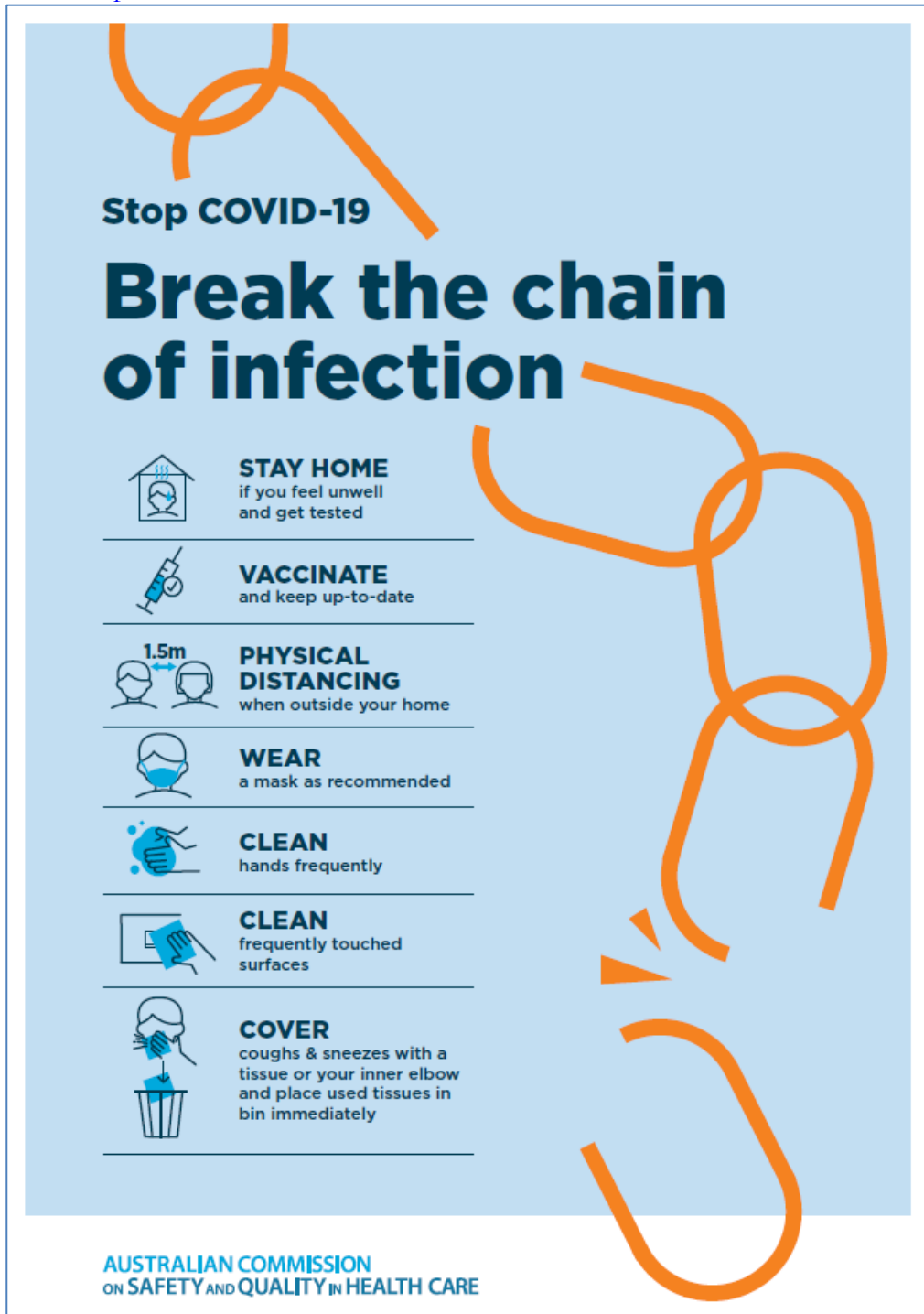
Remove and dispose of particulate respirator (in an anteroom/outside the room/care zone)
- 9



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 Clinical Evidence Taskforce

<https://clinicalevidence.net.au/>

The National Clinical Evidence Taskforce is a multi-disciplinary collaboration of 35 member organisations – Australia’s medical colleges and peak health organisations – who share a commitment to provide national evidence-based treatment guidelines for urgent and emerging diseases.

This alliance established the world’s first ‘living guidelines’ for the care of people with COVID-19 and MPX.

Funding has now been discontinued for the National Clinical Evidence Taskforce and the COVID-19 guidelines as of 30 June 2023.

These guidelines are no longer continually updated but will remain online until the guidance becomes inaccurate and/or no longer reflects the evidence or recommended practice.

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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