



## On the Radar

Issue 615

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### On the Radar

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*The practice of collaborative leadership: Across health and care services*

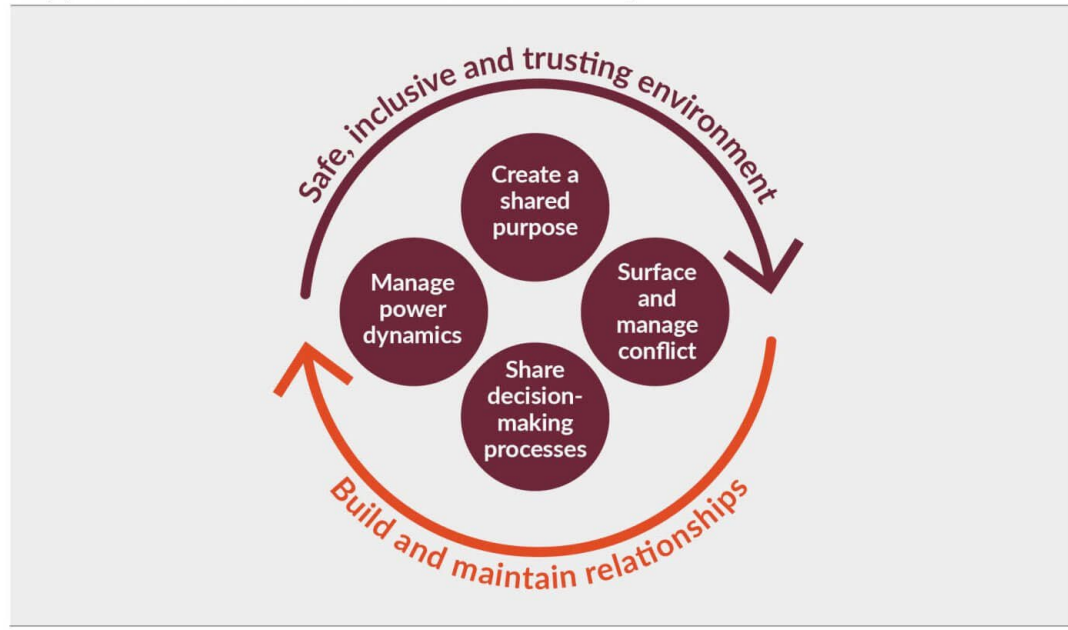
Walsh N, de Sarandy S

London: The King's Fund; 2023. p. 49.

URL	<a href="https://www.kingsfund.org.uk/publications/practice-collaborative-leadership">https://www.kingsfund.org.uk/publications/practice-collaborative-leadership</a>
Notes	The King's Fund in the UK has published this report examining the issues and challenges of collaborative leadership across services. This has been prompted in part by the increased emphasis on integrated care and the need for co-ordination of care across services. The authors observe that 'More co-ordinated care requires organisations and staff to collaborate well across organisational and professional boundaries.' From the research, including interviews and survey data from senior leaders working in integrated care boards, NHS providers, local government and the voluntary, community and social enterprise sector, the authors consider that 'health and care leaders at all levels have a critical role in modelling and rewarding collaborative behaviours but this is insufficient on its own'. They identify six key leadership practices:

- creating a safe, inclusive and trusting environment in which everyone can contribute fully
- building healthy relationships
- developing a shared purpose and shared group identity
- actively managing any power dynamics
- surfacing and managing any conflict
- developing shared decision-making processes.

**Key practices for effective collaborative leadership**



**Reports**

*Rapid Literature Review: The characteristics of safety cultures*

RSM UK Consulting, Vincent C

Care Quality Commission; 2023. p. 60.

*Improvement cultures in health and adult social care settings: A Rapid Literature Review for the Care Quality Commission*

SQW, Kings Fund Library Service

Care Quality Commission; 2023. p. 83.

URL	RSM and Vincent <a href="https://www.cqc.org.uk/about-us/transparency/external-reports-research/rapid-literature-review-safety-cultures">https://www.cqc.org.uk/about-us/transparency/external-reports-research/rapid-literature-review-safety-cultures</a> SQW et al <a href="https://www.cqc.org.uk/about-us/transparency/external-reports-research/rapid-literature-review-improvement-cultures">https://www.cqc.org.uk/about-us/transparency/external-reports-research/rapid-literature-review-improvement-cultures</a>
Notes	The Care Quality Commission (CQC) in the UK has released two rapid literature reviews that both looked at aspects of culture. The CQC commissioned RSM UK Consulting and Professor Charles Vincent to ‘conduct a rapid literature review of safety cultures in the health and care sector’. The review identifies ‘five inter-related key features associated with <b>good safety culture</b> ’ <ul style="list-style-type: none"> <li>• Behaviours and relationships of staff;</li> <li>• Open communication;</li> <li>• Psychological safety;</li> <li>• Organisation practices; and</li> <li>• Involvement of those who use services.</li> </ul>

	<p>The review also identified a range of enablers and barriers to good safety culture and examined a number of examples of good safety culture.</p> <p>The CQC commissioned SQW and the Kings Fund Library Service to review the literature on improvement cultures in health and adult social care settings. Based on full text review of 40 documents, the review noted some limitations to the literature. Notwithstanding this, the authors identified a number of characteristics of a <b>good improvement culture</b> that were grouped into themes of:</p> <ul style="list-style-type: none"> <li>• Reassurance and safety</li> <li>• Quality and effective:</li> <li>• Caring and person-centred:</li> <li>• Learning organisations</li> <li>• Leadership.</li> </ul>
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## Journal articles

*Vitamin D testing in children and adolescents in Victoria, Australia: are testing practices in line with global recommendations?*

Yvonne Z, Craig Frank M, Gorkem S, Chisato I, Andrew G  
Archives of Disease in Childhood. 2023 [epub].

DOI	<a href="http://dx.doi.org/10.1136/archdischild-2022-325000">http://dx.doi.org/10.1136/archdischild-2022-325000</a>
Notes	Paper reporting on a study of vitamin D testing in Australia over the period 2003–2018. Using data on GP ordering of serum 25-hydroxyvitamin D (25OHD) tests in children across three Primary Health Networks (PHN) in Victoria, the authors report ‘Testing volumes increased 30-fold, but the odds of detecting low 25OHD remained steady.’ The authors also observe that ‘Current Australian policy and the Global Consensus Recommendations for the prevention and management of nutritional rickets do not support routine 25OHD testing.’

*Lower urgency care in the emergency department, and the suitability of general practice care as an alternative: a cross-sectional study*

Wu HS, Malloys JL

Medical Journal of Australia. 2023 [epub].

DOI	<a href="https://doi.org/10.5694/mja2.52034">https://doi.org/10.5694/mja2.52034</a>
Notes	Research letter in the <i>Medical Journal of Australia</i> reporting on a study that examined presentations in a single Australian hospital’s ED department. The study critiques the definition of lower urgency care (“GP-type” patients). The authors argue that many of these patients do actually require hospital services. The study involved retrospective chart reviews for all such patients who presented to the Nepean Hospital ED during 1–30 June 2021 and estimated how many could have been managed in general practice. Of the 6483 people who presented to the ED in the study period, 1995 (30.8%) met the definition of GP-type patients. The reviewers consider that 77.5% of these were ‘potentially unsuitable for GP care.’

URL	<a href="https://www.healthaffairs.org/toc/hlthaff/42/8">https://www.healthaffairs.org/toc/hlthaff/42/8</a>
Notes	<p>A new issue of <i>Health Affairs</i> has been published with the themes ‘Prescription Drugs, Hospitals And More’. Articles in this issue of <i>Health Affairs</i> include:</p> <ul style="list-style-type: none"> <li>• How <b>Communities Are Building Power To Improve Health</b> (J Bylander)</li> <li>• How Industrial Policy Could Accelerate <b>Innovation In The Life Sciences</b> (James C Robinson )</li> <li>• A US Industrial <b>Policy For Global Health</b> (Thomas J Bollyky)</li> <li>• Drugs Are Not Microchips: Whither <b>Industrial Policy In The Life Sciences?</b> (J Stephen Morrison and Michaela Simoneau)</li> <li>• Changes In <b>Net Prices And Spending For Pharmaceuticals</b> After The Introduction Of New Therapeutic Competition, 2011–19 (Sean Dickson, Nico Gabriel, and Inmaculada Hernandez)</li> <li>• <b>Authorized Generics In The US: Prevalence, Characteristics, And Timing, 2010–19</b> (Annabelle C Fowler, Ruben Jacobo-Rubio, and Jing Xu)</li> <li>• Early <b>OxyContin Marketing</b> Linked To Long-Term Spread Of Infectious Diseases Associated With Injection Drug Use (Julia M Dennett and Gregg S Gonsalves)</li> <li>• An Estimate Of The <b>Return On Investment Of A Malaria Vaccine</b> In 20 Sub-Saharan African Countries, 2021–30 (Joshua Mak, Salin Sriudomporn, William J Moss, and Bryan N Patenaude)</li> <li>• <b>COVID-19 Provider Relief Fund Payments</b> Were Appropriately Targeted And Did Not Boost Selected Hospitals’ Profits (Anuj Gangopadhyaya, Fredric Blavin, and Teresa A Coughlin)</li> <li>• <b>Hospital Prices For Commercial Plans</b> Are Twice Those For Medicare Advantage Plans When Negotiated By The Same Insurer (Mark Katz Meiselbach, Yang Wang, Jianhui Xu, Ge Bai, and Gerard F Anderson)</li> <li>• Price Increases Versus Upcoding As Drivers Of <b>Emergency Department Spending Increases, 2012–19</b> (Vivian Ho, Sasathorn Tapaneeyakul, and Heidi Voelker Russell)</li> <li>• Who’s Accountable? <b>Low-Value Care Received By Medicare Beneficiaries</b> Outside Of Their Attributed Health Systems (Ishani Ganguli, Maia L Crawford, Benjamin Usadi, Kathleen L Mulligan, A James O’Malley, Ching-Wen Wendy Yang, Elliott S Fisher, and Nancy E Morden)</li> <li>• Effects Of An <b>Employee COVID-19 Vaccination Mandate</b> At A Long-Term Care Network (Aleksandra M Golos, Alison M Bутtenheim, Ashley Z Ritter, Elizabeth F Bair, and Gretchen B Chapman)</li> <li>• <b>COVID-19 Vaccine Strategy</b> Left Small Primary Care Practices On The Sidelines (Shiying Hao, David H Rehkopf, Esther Velasquez, Ayin Vala, Andrew W Bazemore, and Robert L Phillips)</li> <li>• Home Visits With A Registered Nurse Did Not Affect <b>Prenatal Care In A Low-Income Pregnant Population</b> (Rebecca A Gourevitch, Chloe Zera, Michelle W Martin, Ruohua Annetta Zhou, Mary Ann Bates, Katherine Baicker, and Margaret McConnell)</li> <li>• Removing Michigan’s <b>Lead Water Service Lines: Economic Savings, Health Benefits, And Improved Health Equity</b> (Corwin Rhyan, George Miller, Elin Betanzo, and Mona Hanna-Attisha)</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>BMJ <i>Quality &amp; Safety</i> has published a number of 'online first' articles, including:</p> <ul style="list-style-type: none"><li>• Comparing <b>secondary prevention for patients with coronary heart disease and stroke attending Australian general practices</b>: a cross-sectional study using nationwide electronic database (Jason Yue, Samia Kazi, Tu Nguyen, Clara Kayei Chow)</li><li>• Common <b>contributing factors of diagnostic error</b>: A retrospective analysis of 109 serious adverse event reports from Dutch hospitals (Hooftman, Aart Cornelis Dijkstra, Ilse Suurmeijer, Akke van der Bij, Ellen Paap, Laura Zwaan)</li><li>• Economic analysis of <b>surgical outcome monitoring</b> using control charts: the SHEWHART cluster randomised trial (Sarah Skinner, Léa Pascal, Stéphanie Polazzi, François Chollet, Jean-Christophe Lifante, Antoine Duclos On behalf of the SHEWHART Trial Group)</li></ul>

### International Journal for Quality in Health Care online first articles

URL	<a href="https://academic.oup.com/intqhc/advance-articles">https://academic.oup.com/intqhc/advance-articles</a>
Notes	<p>International Journal for Quality in Health Care has published a number of 'online first' articles, including:</p> <ul style="list-style-type: none"><li>• The Optimal Control Chart Selection for <b>Monitoring COVID-19 Phases</b>: A Case Study of Daily Deaths in the USA (Muhammad Waqas et al)</li></ul>

## Online resources

### *Health outcomes for adults with cognitive impairment*

<https://www.safetyandquality.gov.au/publications-and-resources/resource-library/health-outcomes-adults-cognitive-impairment>

The data analytics team at the Commission have recently completed a comprehensive national analysis of health outcomes for patients with and without cognitive impairment.

This analysis highlights long-term, persistent disparity in health outcomes for adults with cognitive impairment admitted to public hospitals in Australia.

After adjusting for patient risk factors, the rates of in-hospital mortality and hospital-acquired complications were still twice as high for this vulnerable population.

A summary of these findings was presented at the 2023 Independent Hospital and Aged Care Pricing Authority (IHACPA) Conference in August.

Visit <https://www.safetyandquality.gov.au/publications-and-resources/resource-library/health-outcomes-adults-cognitive-impairment> to view the analysis report, an infographic, and conference presentation slides.

For further information, email [sqis@safetyandquality.gov.au](mailto:sqis@safetyandquality.gov.au)

### *[NZ] Healing, learning and improving from harm policy*

<https://www.hqsc.govt.nz/our-work/system-safety/healing-learning-and-improving-from-harm-policy/>

The Health Quality & Safety Commission in New Zealand have produced resources to support their National Adverse Events Policy. These include a user guide and a suite of templates and resources organised under the eight principles of the policy.

## 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

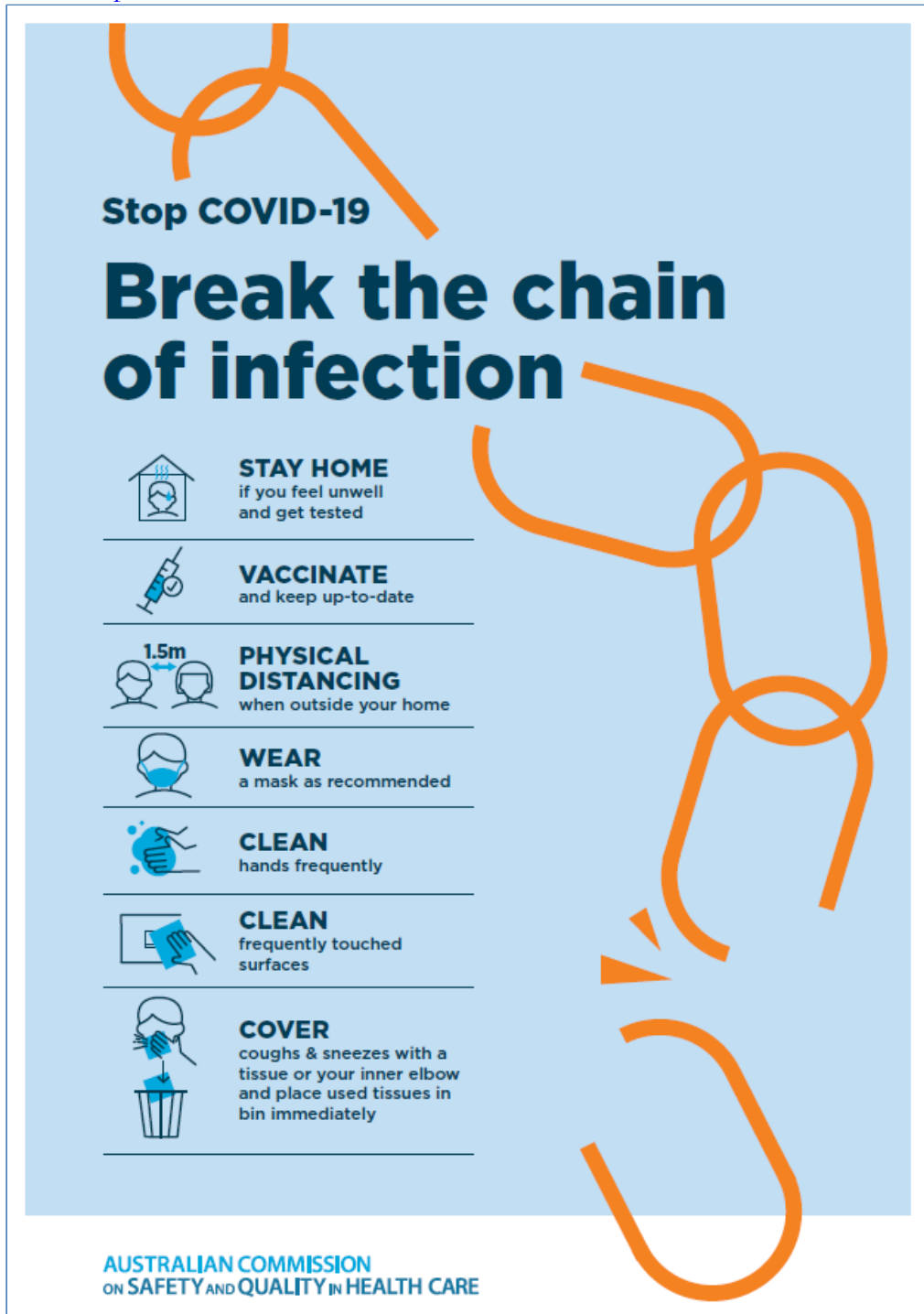
**Perform hand hygiene (in an anteroom/outside the room/care zone)**
- 8

**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](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 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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