AUSTRALIAN COMMISSION ON SAFETY AND QUALITY IN HEALTH CARE



On the Radar

Issue 617 28 August 2023

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On the Radar

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Reports

Cambridge Elements: Improving Quality and Safety in Healthcare

THIS Institute, Cambridge

URL	https://www.cambridge.org/core/publications/elements/elements-of-improving-
	quality-and-safety-in-healthcare
Notes	The THIS Institute (The Healthcare Improvement Studies Institute) at the University of Cambridge has developed this series of open access publications. The series seeks to offer 'a comprehensive and authoritative set of overviews of the different improvement approaches available, exploring the thinking behind them, examining evidence for each approach, and identifying areas of debate'. Elements that have been published include: • Workplace Conditions • Simulation as an Improvement Technique • Reducing Overuse • Implementation Science • Making Culture Change Happen

Co-Producing and Co-Designing
Collaboration-Based Approaches
The Positive Deviance Approach
Forthcoming Elements include:
Approaches to Spread, Scale-Up, and Sustainability
Health Economics

Harm caused by delays in transferring patients to the right place of care
Independent report by the Healthcare Safety Investigation Branch NI-004133
Healthcare Safety Investigation Branch

Governance and Leadership

Reading: HSIB; 2023. p. 42.

URL transferring-patients-to-the-right-place-of-care/ The Healthcare Safety Investigation Branch in England has published the of an investigation examining the systems that are in place to manage the patients through and out of hospitals and the interactions between the hospital care systems. The report observes that 'Issues relating to patient from ambulance crews' ability to hand over patient care to ED [emergency determined].	ne flow of health and flow affect
of an investigation examining the systems that are in place to manage the patients through and out of hospitals and the interactions between the basecial care systems. The report observes that 'Issues relating to patient for the patient of the pa	ne flow of health and flow affect
patients through and out of hospitals and the interactions between the base social care systems. The report observes that Issues relating to patient for	nealth and flow affect
social care systems. The report observes that Issues relating to patient f	flow affect
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ambulance crews' ability to hand over patient care to FD lemergency de	epartment]
ambulance crews ability to hand over patient care to ED [chicigency de	
staff. EDs are routinely at, or exceeding, their maximum capacity and the	nis has an
impact on their ability to provide safe care. The management of patient	
further impacts across the healthcare system; these include delayed resp	
emergency calls and to calls that require an ambulance response, cano	cellation of
elective (planned) surgery, and people staying in hospital longer than the	ey need to.'
Among the finding of this and the interim reports are:	
The movement of patients into, through and out of hospitals had	ıs a direct
impact on ambulances queuing at emergency departments and c	reates patient
safety risks and issues throughout the healthcare system	
 Patient safety is managed differently across the UK healthcare s 	ystem and does
not consider the 'air gap' between health and social care	
There is not a patient safety accountability framework which ide	entifies
Notes individuals accountable and responsible for patient safety	
 Poor staff wellbeing due to stress, moral injury, incivility and bu 	rnout
 Health services not being able to accept new patients because the 	
full despite a significant number of patients being medically ft for	or discharge.
This means patients in hospital who no longer need to be there	but are unable
to be safely discharged to the right place of care.	
When hospitals are unable to accept new patients, this has a direction of the directio	ect impact on
flow on other hospitals who will see these patients in addition to	o their own.
 Planned procedures may be delayed and/or cancelled due to the 	e number of
emergency procedures.	
 Initiatives to improve patient flow have focussed on performance 	ce targets in
Eds rather than changes to the whole system to facilitate patient	t flow
The criteria to reside tool (a tool that helps clinicians determine)	appropriate
discharge pathways) expects that patients on general wards shou	ıld be reviewed
twice daily to determine suitability for discharge (or need for car	
This has not been consistently implemented across healthcare so	ettings in
England.	

Journal articles

Reducing low value care: opportunities and challenges for Choosing Wisely campaigns Grimshaw JM, Levinson W

BMJ Evidence-Based Medicine 2023.

DOI	https://doi.org/10.1136/bmjebm-2023-112271
	Choosing Wisely (CW) campaigns in many countries have achieved remarkable
	penetration in healthcare organisations and professionals as well as citizens and
	patients. However, it's difficult to quantify specific benefit at a population level leading
	to criticisms that Choosing Wisely campaigns have not achieved their goals. To
	address this criticism and maintain momentum, the authors of this article suggest, it is
	essential that CW campaigns focus on de-implementation of low value care to achieve
Notes	the population and healthcare system benefits.
	The authors of this piece occupy senior roles with Choosing Wisely Canada.
	In Australia, Choosing Wisely has come under the auspices of the Australian
	Commission on Safety and Quality in Health Care. For further information about
	Choosing Wisely and the other Quality Use of Medicines (QUM) functions, see
	https://www.safetyandquality.gov.au/our-work/transition-quality-use-medicines-
	programs

The Joint Commission Journal on Quality and Patient Safety Volume 49, Issue 9, September 2023

URL	https://www.sciencedirect.com/journal/the-joint-commission-journal-on-quality-and-
UKL	patient-safety/vol/49/issue/9
	A new issue of The Joint Commission Journal on Quality and Patient Safety has been
	published. Articles in this issue of <i>The Joint Commission Journal on Quality and Patient</i>
	Safety include:
	Anesthesia Risk Alert Program: A Proactive Safety Initiative (Brent Lee, L. M. 1. I'll H. L. B. 1. P.
	Julie Marhalik-Helms, Leo Penzi)
	Virtual Multidisciplinary Rounds to Reduce Length of Stay, Decrease
	Variation, and Promote Accountability (Krishna Nimmagadda, Susan Pancrazi,
	Anthony Martino, Eric Coleman, Narasa Madam, Nicole Goekler, Claudia
	Rodriguez, Sarah Kramer, Bharat Magu, Deb Aders)
	Longitudinal Patterns in Testosterone Prescribing After US FDA Safety
	Communication in 2014 (Ashwini Sankar, Alexander O Everhart, Anupam B
	Jena, Molly M Jeffery, Joseph S Ross, Nilay D Shah, Pinar Karaca-Mandic)
Notes	The Positive Predictive Value of Hospital Discharge Data for Identifying Severe Maternal Morbidity With and Without Blood Transfusion (Sonya P)
	Fabricant, Karen N Opara, Julianna V Paul, Gabriella Blissett, Alesandra R
	Rau, Jessica D White, Alodia Girma, I Sriprasert, L M Korst, E N Mitchell)
	Optimizing PROM Implementation in Orthopedic Clinics for Longitudinal Outcome Monitoring: Lessons from a Multisite Study (Christina Pavetto,
	Martha Burla, Danielle C Lavallee, Timothy J Levison, Anthony M DiGioia,
	Patricia D Franklin)
	Sociotechnical Work System Approach to Occupational Fatigue (Taylor L
	Watterson, Linsey M Steege, David A Mott, James H ord, Edward C Portillo, Michelle A Chui)
	A Novel Web-Based and Mobile Application to Measure Real-Time Moral
	Distress: An Initial Pilot and Feasibility Study (Vanessa Amos, Nicholas Phair,
	Kevin Sullivan, Lucia D Wocial, Beth Epstein)
	Preventing Light Source-Related Burns from Laparoscopy and Arthroscopy
	Territoria Englis course remies Burns from Emparoscopy and Trumoscopy

Journal of Patient Safety Volume 19, Number 6, October 2023

URL	https://journals.lww.com/journalpatientsafety/toc/2023/10000
	A new issue of the Journal of Patient Safety has been published. Articles in this issue of
	the Journal of Patient Safety include:
	Status of Patient Safety Culture in Community Pharmacy Settings: A
	Systematic Review (Kyoung-Eun Kwon, Dal Ri Nam, Mo-Se Lee, Su-Jin Kim,
	Jae-Eun Lee, Sun-Young Jung)
	• Using Failure Mode and Effect Analysis to Identify Potential Failures in a
	Psychiatric Hospital Emergency Department (Sharon Gur-Arieh, Shlomo
	Mendlovic, Ronen Rozenblum, Racheli Magnezi)
	• Patient Safety Perception Within Hospitals: An Examination of Job Type,
	Handoffs and Information Exchange, and Hospital Management Support (Yue Ming, Rebecca Meehan)
	The Additional Cost of Perioperative Medication Errors (Marin E Langlieb,
	Pranav Sharma, Mark Hocevar, Karen C Nanji)
	Risk Factors for Opioid-Related Adverse Drug Events Among Older
	Adults After Hospitalization for Major Orthopedic Procedures (Shoshana J
	Herzig, Timothy S Anderson, Richard D Urman, Yoojin Jung, Long H Ngo,
Notes	Ellen P McCarthy)
TVOICS	The Impact of a Patient Participating in Evaluating Patient Safety by Using
	the Patient Measure of Safety in Saudi Arabia: A Cross-Sectional Study (Amani
	K Al Zahrani, Yasser A Alaska, Nawaf M Alqahtani, Faisal Alotaibi, Mecciya
	Majrashi, Lamya Alhazani, Samar Binkheder, Fatemah Alghadheeb, Ghadah Alkhaldi, Abdullah B Hamdan, Rabab B Alkutbe)
	Patient Safety 2.0: Slaying Dragons, Not Just Investigating Them (Alan J.)
	Card)
	A Comprehensive Analysis of Risk Factors Associated With Inpatient Falls
	(Carley Warren, Eduardo Rizo, Edward Decker, Adam Hasse)
	Patient Safety Climate, Quality of Care, and Intention of Nursing
	Professionals to Remain in Their Job During the COVID-19 Pandemic
	(Claire Nierva Herrera, Edinêis de Brito Guirardello)
	Incorporating Patient Safety and Quality Course Into the Nursing
	Curriculum: An Assessment of Student Gains (Fasih Ali Ahmed, Roha
	Ahmad Choudhary, Hamza Khan, Farwa Ayub, Syed Sabih ul Hassan, Tahir
	Munir, Fozia Asif, Khairulnissa Ajani, Mehtab Jaffer, Zahra Tharani, Hanan J
	Aboumatar, Adil Haider, Asad Latif)

BMJ Quality & Safety online first articles

URL	https://qualitysafety.bmj.com/content/early/recent
	BMJ Quality & Safety has published a number of 'online first' articles, including:
Notes	Patient and family contributions to improve the diagnostic process through
	the OurDX electronic health record tool : a mixed method analysis (Sigall K
	Bell, Kendall Harcourt, Joe Dong, Catherine DesRoches, Nicholas J Hart,
	Stephen K Liu, Long Ngo, Eric J Thomas, Fabienne C. Bourgeois)

International Journal for Quality in Health Care online first articles

URL	https://academic.oup.com/intqhc/advance-articles
Notes	International Journal for Quality in Health Care has published a number of 'online first'
	articles, including:
	A scoping review of clinical handover mnemonic devices (Amos Yung et al)
	A comparison of end-of-shift reports to an incident reporting system for
	reporting incidents in the Intensive Care Unit (Ishita Gupta et al)
	Barcode and radio-frequency identification utilization varied across
	Korean hospitals (Noor Afif Mahmudah et al)
	Leveraging collaborative learning for improved heart failure care: Insights
	from Argentina (Mohummad Hassan Raza Raja et al)

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 NG12 *Suspected cancer:* recognition and referral https://www.nice.org.uk/guidance/ng12
- NICE Guideline NG192 Caesarean birth https://www.nice.org.uk/guidance/ng192
- NICE Guideline NG126 *Ectopic pregnancy and miscarriage*: diagnosis and initial management https://www.nice.org.uk/guidance/ng126

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



VISITOR RESTRICTIONS MAY BE IN PLACE

For all staff

Combined contact & droplet precautions*

in addition to standard precautions

Before entering room/care zone



Perform hand hygiene



Put on gown



Put on surgical mask



Put on protective eyewear



Wear gloves, in accordance with standard precautions

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

At doorway prior to leaving room/care zone



Remove and dispose of gloves if worn



Perform hand hyglene



Remove and dispose of gown



Perform hand hyglene



Remove protective eyewear



Perform hand hygiene



Remove and dispose of mask



Leave the room/care zone



Perform hand hyglene

*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.

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PPE use Images reproduced with permission of the NSW Clinical Excellence Commission.

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



Perform hand hygiene



Put on gown



Put on a particulate respirator (e.g. P2/N95) and perform fit check



Put on protective eyewear



Perform hand hygiene



Put on gloves

At doorway prior to leaving room/care zone



Remove and dispose of gloves



Perform hand hygiene



Remove and dispose of gown



Leave the room/care zone



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



Remove protective eyewear (in an anteroom/outside the room/care zone)



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



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



Perform hand hygiene

KEEP DOOR CLOSED AT ALL TIMES

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The content of this poster was informed by resources developed by the NSW Clinical Excellence Commission and the Australian Government Infection Control Expert Group Photos reproduced with permission of the NSW Clinical Box elence Commission.

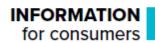
- Environmental Cleaning and Infection Prevention and Control www.safetyandquality.gov.au/environmental-cleaning
- COVID-19 infection prevention and control risk management Guidance
 https://www.safetyandquality.gov.au/publications-and-resources/resource-library/covid-19-infection-prevention-and-control-risk-management-guidance
- 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



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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