



On the Radar

Issue 629

20 November 2023

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On the Radar

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AURA 2023: fifth Australian report on antimicrobial use and resistance in human health

Australian Commission on Safety and Quality in Health Care

Sydney: ACSQHC; 2023. p. 296.

<https://www.safetyandquality.gov.au/our-work/antimicrobial-resistance/antimicrobial-use-and-resistance-australia-aura/aura-2023-fifth-australian-report-antimicrobial-use-and-resistance-human-health>

The Australian Commission on Safety and Quality in Health Care has released *AURA 2023: Fifth Australian report on antimicrobial use and resistance in human health*, showing trends and analyses in hospitals, aged care and primary care settings.

The report reveals high levels of antimicrobial prescribing and use, which are causing risk of harm to individuals and the broader community, despite a decline during the pandemic.

Key findings include:

- Community antimicrobial use has declined 18% overall in the three years since 2019; with a significant 25% fall from 2019 to 2021, followed by a 10% upswing in 2022.
- Hospital use of antimicrobials remains high – it is estimated to be higher than similar European countries and Canada – with continued inappropriate use for surgical prophylaxis, and lower compliance with prescribing guidelines in private hospitals.

- Rates of critical antimicrobial resistances (CARs) in hospitals are rising, particularly carbapenemase-producing Enterobacterales (CPE).
- Aged care homes have seen sustained high rates of inappropriate antimicrobial use, with 35% prescribed 'just in case' and 42% prescribed for greater than six months.

While rates of antimicrobial resistance (AMR) for many organisms have not changed substantially since 2019, there have been some concerning changes in patterns of resistance and sources of infection. AURA 2023 highlights the importance of continuing surveillance of AMR and infections, along with antimicrobial stewardship and infection prevention and control.

Books

Health at a Glance 2023

OECD

Paris: OECD Publishing; 2023.

DOI / URL	https://doi.org/10.1787/7a7afb35-en https://www.oecd.org/health/health-at-a-glance/																																																																																																								
Notes	<p>The (OECD) has released its 2023 edition of <i>Health At a Glance</i> summarising a range of health indicators across the OCED member states. As is typically the case with such comparisons, the Australian health system compares rather well on many indicators, but less so in some areas. These can be in areas of rates of avoidable or preventable hospitalisations and access to care, including cost barriers. <i>Health at a Glance 2023</i> also includes a focus on digital health and its potential to transform health systems.</p> <p>Australia: ● Better ● Worse ● Higher ● Lower ● OECD average ● Other OECD countries</p> <table border="1"> <thead> <tr> <th>Indicator</th> <th>Australia</th> <th>OECD average</th> <th>Other OECD countries</th> </tr> </thead> <tbody> <tr> <td>Health status</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Life expectancy at 65 (g10.3)</td> <td>21.7</td> <td>19.5</td> <td>22.3</td> </tr> <tr> <td>Change in life expectancy '19-'21 (g3.2)</td> <td>0.4</td> <td>-0.7</td> <td></td> </tr> <tr> <td>Poor self-reported health prevalence (g3.22)</td> <td>3.7</td> <td>7.9</td> <td>13.8</td> </tr> <tr> <td>Treatable mortality rate (g3.8)</td> <td>47.0</td> <td>79.3</td> <td>230.0</td> </tr> <tr> <td>Risk factors</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Obesity prevalence (measured) (g4.13)</td> <td>30.4</td> <td>25.7</td> <td>42.8</td> </tr> <tr> <td>150 min of physical activity (g4.11)</td> <td>71.3</td> <td>40.3</td> <td>76.0</td> </tr> <tr> <td>Heavy drinking prevalence (g4.5)</td> <td>25.7</td> <td>19.2</td> <td>37.0</td> </tr> <tr> <td>Smoking prevalence (g4.1)</td> <td>11.2</td> <td>16.0</td> <td>28.0</td> </tr> <tr> <td>Quality of care</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Avoidable admissions: asthma/COPD (g6.9)</td> <td>271.0</td> <td>129.1</td> <td>277.2</td> </tr> <tr> <td>Avoidable admissions: diabetes (g6.11)</td> <td>156.6</td> <td>102.4</td> <td>230.9</td> </tr> <tr> <td>30-day AMI mortality (g6.23)</td> <td>3.3</td> <td>7.0</td> <td>23.7</td> </tr> <tr> <td>PREMs: patient involvement (g6.16)</td> <td>91.2</td> <td>83.6</td> <td>94.0</td> </tr> <tr> <td>Access to care</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Satisfaction with coverage (g5.2)</td> <td>71.0</td> <td>66.8</td> <td>94.0</td> </tr> <tr> <td>Expenditure by compulsory prepayment (%) (g1.4)</td> <td>71.9</td> <td>75.9</td> <td>86.4</td> </tr> <tr> <td>Catastrophic spending (g5.10)</td> <td>3.2</td> <td>5.3</td> <td>15.2</td> </tr> <tr> <td>Waiting times: cataracts (after specialist) (g5.33)</td> <td>61.8</td> <td>41.8</td> <td>70.6</td> </tr> <tr> <td>Health system resources</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Employment in health sector vs total (g8.1)</td> <td>13.3</td> <td>10.5</td> <td>21.4</td> </tr> <tr> <td>Practising nurses per 1 000 (g8.13)</td> <td>12.8</td> <td>9.2</td> <td>18.9</td> </tr> <tr> <td>Nursing graduates (g8.22)</td> <td>115.7</td> <td>42.8</td> <td></td> </tr> <tr> <td>Share of female doctors (g8.7)</td> <td>43.8</td> <td>50.0</td> <td>74.2</td> </tr> </tbody> </table>	Indicator	Australia	OECD average	Other OECD countries	Health status				Life expectancy at 65 (g10.3)	21.7	19.5	22.3	Change in life expectancy '19-'21 (g3.2)	0.4	-0.7		Poor self-reported health prevalence (g3.22)	3.7	7.9	13.8	Treatable mortality rate (g3.8)	47.0	79.3	230.0	Risk factors				Obesity prevalence (measured) (g4.13)	30.4	25.7	42.8	150 min of physical activity (g4.11)	71.3	40.3	76.0	Heavy drinking prevalence (g4.5)	25.7	19.2	37.0	Smoking prevalence (g4.1)	11.2	16.0	28.0	Quality of care				Avoidable admissions: asthma/COPD (g6.9)	271.0	129.1	277.2	Avoidable admissions: diabetes (g6.11)	156.6	102.4	230.9	30-day AMI mortality (g6.23)	3.3	7.0	23.7	PREMs: patient involvement (g6.16)	91.2	83.6	94.0	Access to care				Satisfaction with coverage (g5.2)	71.0	66.8	94.0	Expenditure by compulsory prepayment (%) (g1.4)	71.9	75.9	86.4	Catastrophic spending (g5.10)	3.2	5.3	15.2	Waiting times: cataracts (after specialist) (g5.33)	61.8	41.8	70.6	Health system resources				Employment in health sector vs total (g8.1)	13.3	10.5	21.4	Practising nurses per 1 000 (g8.13)	12.8	9.2	18.9	Nursing graduates (g8.22)	115.7	42.8		Share of female doctors (g8.7)	43.8	50.0	74.2
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Reports

Making the most of virtual wards, including Hospital at Home. Practical guidance for clinicians to maximise use of virtual wards for the benefit of patients

NHS England
2023.

URL	https://gettingitrightfirsttime.co.uk/advice-for-heart-failure-patients-added-to-girfts-virtual-wards-guidance/
Notes	The COVID-19 pandemic saw significant changes in the use of virtual care. The Getting It Right First Time and Virtual Ward programmes of NHS England have developed this guide that seeks to provide practical guidance on the use of virtual wards. In addition to definitions, potential benefits and principles for virtual wards, the guidance includes information on providing acute level care at home using virtual wards, frailty virtual wards, managing acute respiratory infection and heart failure.

Investigation report: Risks to medication delivery using ambulatory infusion pumps – design and usability in inpatient settings

Health Services Safety Investigation Body
Poole: HSSIB; 2023.

URL	https://www.hssib.org.uk/patient-safety-investigations/risks-to-medication-delivery-using-ambulatory-infusion-pumps/investigation-report/
Notes	The Health Services Safety Investigation Body in the UK has released their latest investigation report. This report examines the use of ambulatory infusion pumps for medication delivery. The investigation was triggered by an event in which a patient's ambulatory infusion pump was blocked and a series of alerts had not been recognised and responded to. The report includes a number of findings, observations and recommendations.

For information on the Commission's work on medication safety, see
<https://www.safetyandquality.gov.au/our-work/medication-safety>

Journal articles

Alarm burden and the nursing care environment: a 213-hospital cross-sectional study

Halley R, Maura D, Christopher PB, Karen BL
BMJ Open Quality 2023;12(4):e002342.

DOI	https://dx.doi.org/10.1136/bmjoc-2023-002342
Notes	The burden of alarms, or “alarm fatigue”, has been recognised for some time. This study used survey data survey ‘from 3986 hospital-based direct-care registered nurses in 213 acute care hospitals in New York and Illinois, USA’ to examine ‘the association between nurse-reported alarm burden, appraisals of patient safety, quality of care and hospital characteristics.’ In the survey cohort, 83% ‘reported feeling overwhelmed by alarms (83%), delaying their response to alarms because they were unable to step away from another patient/task (76%), and experiencing situations where a patient needed urgent attention but no one responded to an alarm (55%).’ Further, ‘Alarm burden items were significantly associated with poorer nurse-reported patient safety, quality of care, staffing and work environment.’

An Exploratory Analysis of the Association between Hospital Quality Measures and Financial Performance
 Beauvais B, Dolezel D, Ramamonjariavelo Z
 Healthcare. 2023; 11(20).

DOI	https://doi.org/10.3390/healthcare11202758
Notes	Paper on a US study that sought to ‘examine if efforts to improve quality in the hospital setting have a corresponding association with hospital profitability’. Based on the assessment of eight quality measures and net patient revenue per adjusted discharge (as a measure of hospital profitability), the authors report that ‘improving quality was significantly associated with our targeted measure of hospital profitability’.

International Journal for Quality in Health Care online first articles

URL	https://academic.oup.com/intqhc/advance-articles
Notes	<i>International Journal for Quality in Health Care</i> has published a number of ‘online first’ articles, including: <ul style="list-style-type: none"> • Association between patient choice of provider and patient-reported experience (Do Hee Kim et al) • Are adverse events related to the completeness of clinical records? Results from a retrospective records review using Global Trigger Tool (Scarpis Enrico et al)

Online resources

Critical Intelligence Unit

<https://aci.health.nsw.gov.au/statewide-programs/critical-intelligence-unit>

The Critical Intelligence Unit of the Agency for Clinical Innovation in New South Wales provides evidence-based insights for clinical innovation. Their site offer ‘Living evidence’ summaries and rapid review ‘Evidence checks’. They also offer a weekly Evidence digest. Recently published or updated evidence checks include:

- Post-tonsillectomy bleeding in children
- Surgery post COVID-19
- COVID-19 vaccines - retired living evidence
- SARS-CoV-2 variants - retired living evidence.

[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 NG237 **Suspected acute respiratory infection in over 16s: assessment at first presentation and initial management** <https://www.nice.org.uk/guidance/ng237>
- Clinical Guideline CG164 **Familial breast cancer: classification, care and managing breast cancer and related risks in people with a family history of breast cancer** <https://www.nice.org.uk/guidance/cg164>

[USA] Effective Health Care Program reports

<https://effectivehealthcare.ahrq.gov/>

The US Agency for Healthcare Research and Quality (AHRQ) has an Effective Health Care (EHC) Program. The EHC has released the following final reports and updates:

- ***Cervical Degenerative Disease Treatment: A Systematic Review***
<https://effectivehealthcare.ahrq.gov/products/cervical-degenerative-disease/research>

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>

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.

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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

- 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

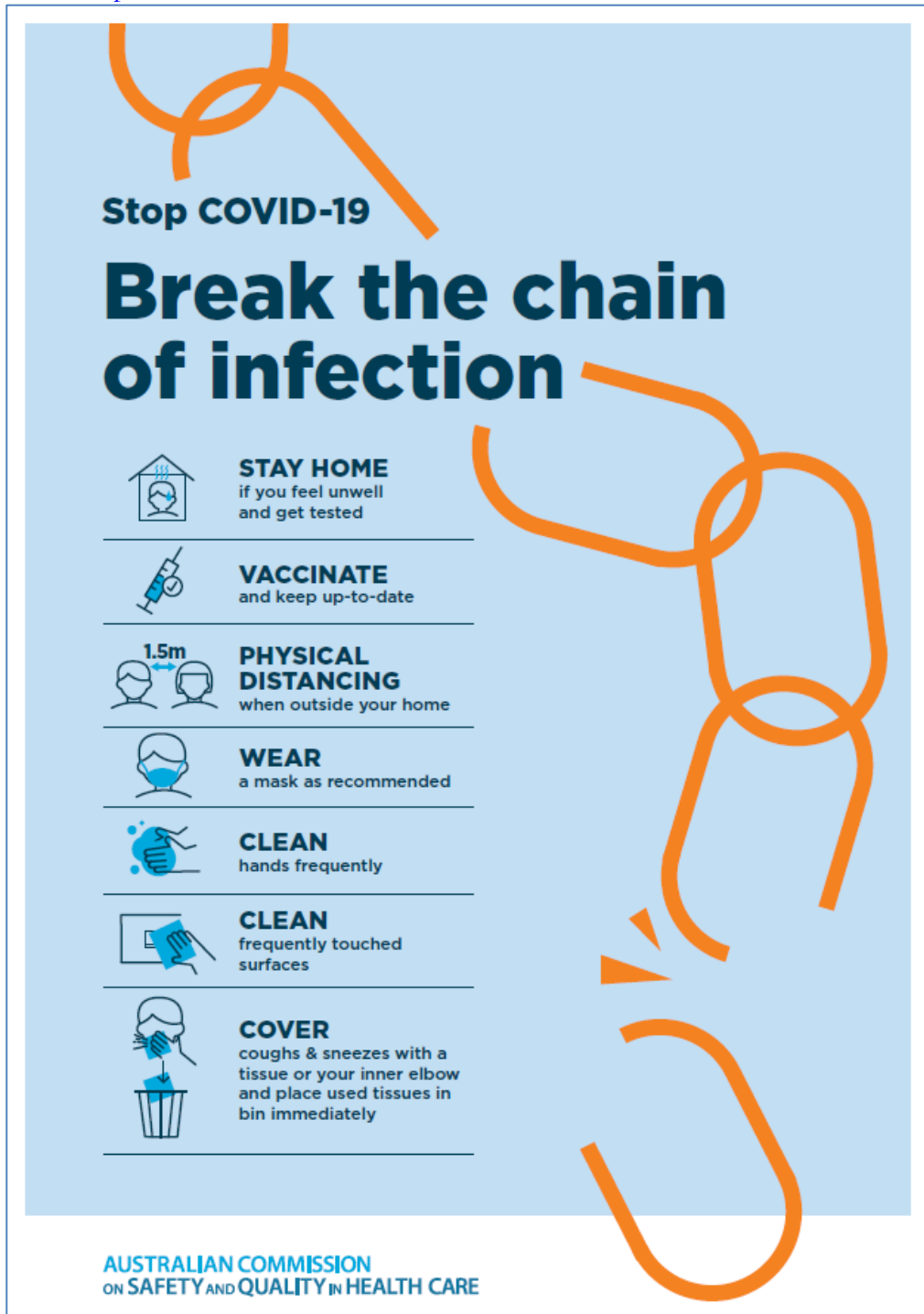
Perform hand hygiene (in an anteroom/outside the room/care zone)
- 8

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.

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