# Australian COmmission on Safety and Quality in Health Care logo with Radar imageOn the Radar

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**On the Radar**

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**COVID-19 resources**

<https://www.safetyandquality.gov.au/coronavirus-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/coronavirus-covid-19> The resources include:

* ***COVID-19 Medicines management: Position statements on medicine-related issues***, including sections on
  + Treatment of coronavirus (COVID-19)
  + Managing fever associated with COVID-19
  + Managing a sore throat associated with COVID-19
  + ACE inhibitors and ARBs in COVID-19
  + Clozapine in COVID-19
  + Oral anticoagulant therapy in COVID-19
  + Ascorbic acid: Intravenous high dose
  + Treatment in acute care, including oxygen therapy and medicines to support intubation
  + Nebulisation and COVID-19
  + Ongoing medicine management in high-risk patients
  + Medicines shortages.
* **Potential medicines to treat COVID-19**, including sections on
  + Monoclonal antibodies
  + Antiretrovirals
  + Antimalarials
  + Antimicrobials/Antiseptics/Antinematodal agents
  + Others
  + Further resources and treatment summaries.
* **COVID-19 Web resources**, including resources and websites from:
  + Australian governments
  + Peak professional bodies
  + International sites, including the World Health Organization, ISQua, government agencies and peak bodies, and publications
  + Consumer medical associations
  + Media, eHealth sites and Apps.

**Resources for Medication Management in Cancer Care**

The Australian Commission on Safety and Quality in Health Care is pleased to announce the publication of a range of resources to support cancer care services implement the National Safety and Quality Health Service (NSQHS) Standards. The resources include:

* *NSQHS Standards User Guide for Medication Management in Cancer Care* <https://www.safetyandquality.gov.au/publications-and-resources/resource-library/nsqhs-standards-user-guide-medication-management-cancer-care>
* *NSQHS Standards User Guide for Medication Management in Cancer Care for clinicians* <https://www.safetyandquality.gov.au/publications-and-resources/resource-library/nsqhs-standards-user-guide-medication-management-cancer-care-clinicians>
* *Fact sheet on Clinical Governance for pharmacists in cancer care* <https://www.safetyandquality.gov.au/publications-and-resources/resource-library/fact-sheet-clinical-governance-pharmacists-cancer-care>
* *Fact sheet on Clinical Governance for medical oncologists and haematologists in cancer care* <https://www.safetyandquality.gov.au/publications-and-resources/resource-library/fact-sheet-clinical-governance-medical-oncologists-and-haematologists-cancer-care>
* *Fact sheet on Clinical Governance for nurses in cancer care* <https://www.safetyandquality.gov.au/publications-and-resources/resource-library/fact-sheet-clinical-governance-nurses-cancer-care>
* *Fact sheet on Clinical Governance for managers and clinician managers in cancer care* <https://www.safetyandquality.gov.au/publications-and-resources/resource-library/fact-sheet-clinical-governance-managers-and-clinician-managers-cancer-care>
* *Fact Sheet for Consumers: What to expect when receiving medication for cancer care* <https://safetyandquality.gov.au/publications-and-resources/resource-library/what-expect-when-receiving-medication-cancer-care>

These resources focus on key safety and quality areas in medication management in cancer care. They have been designed for use by governing bodies, safety and quality managers, clinical leaders, medical oncologists, haematologists, nurses and pharmacists working in cancer care. The User guides provide practical strategies to implement safe and effective cancer care services, that are linked to actions in the NSQHS Standards. It is expected these resources will be key resources for accrediting agencies and assessors when assessing cancer services.

If you have any queries in relation to these resources, please contact [accreditation@safetyandquality.gov.au](mailto:accreditation@safetyandquality.gov.au)

**National Infection Control Guidance Non-tuberculous Mycobacterium associated with heater-cooler devices**

Australian Commission on Safety and Quality in Health Care

Sydney: ACSQHC; 2020. p. 5.

<https://safetyandquality.govcms.gov.au/publications-and-resources/resource-library/national-infection-control-guidance-non-tuberculous-mycobacterium-associated-heater-cooler-devices>

The Australian Commission on Safety and Quality in Health Care has updated the *National Infection Control Guidance - Non-tuberculous Mycobacterium associated with heater-cooler devices* to ensure currency with the latest information from the Therapeutic Goods Administration (TGA) and current literature. Consultation with state and territory health authorities informed the update of the guidance.

Australian health service organisations should continue to be aware of the infection risks associated with devices that have built-in water reservoirs. This guidance should be used in conjunction with safety notices, alerts and other local advice provided by state and territory health authorities and the *Australian Guidelines for the Prevention and Control of Infection in Health Care* (available from <https://www.nhmrc.gov.au/health-advice/public-health/preventing-infection>).

**Reports**

*Operational Measurement of Diagnostic Safety: State of the Science*

Singh H, Bradford A, Goeschel C

Rockville, MD: AHRQ; 2020. p. 30.

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| URL | <https://www.ahrq.gov/sites/default/files/wysiwyg/topics/op-measuremnt-state-of-science.pdf> |
| Notes | The Agency for Healthcare Research and Quality (AHRQ) in the USA has released this issue brief looking at the state of play in measuring diagnostic safety. The authors make the case for healthcare organisations to monitor diagnostic safety for learning and improvement. According to the brief, healthcare organisations can begin to measure diagnostic performance by creating learning opportunities from past events with potential and real harm and by proactively monitoring for high-risk conditions, according to the authors. The issue brief includes a “call to action” for healthcare organizations to begin measurement efforts using data sources currently available to them to identify and learn from diagnostic errors. |

**Journal articles**

*Interventions to improve team effectiveness within health care: a systematic review of the past decade*

Buljac-Samardzic M, Doekhie KD, van Wijngaarden JDH

Human Resources for Health. 2020;18(1):2.

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| DOI | <http://doi.org/10.1186/s12960-019-0411-3> |
| Notes | The delivery of health care is rarely a solo activity; more often it is a team activity and thus teamwork and effective working in teams is a significant determinant in the quality and safety of care. This paper reports on a systematic review that updated a previous (2008) review on team interventions to improve team performance outcomes. The review found that interventions tended to be training (either based on predefined principles, such as Crew Resource Management or TeamSTEPPS), tools to structure, facilitate or trigger teamwork, organisational re-design or a combination of these. The authors observe that ‘Principle-based training (i.e. CRM and TeamSTEPPS) and simulation-based training seem to provide the greatest opportunities for reaching the improvement goals in team functioning.’ |

*Personal protective equipment for preventing highly infectious diseases due to exposure to contaminated body fluids in healthcare staff*

Verbeek JH, Rajamaki B, Ijaz S, Sauni R, Toomey E, Blackwood B, et al

Cochrane Database of Systematic Reviews. 2020 (4).

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| DOI | <https://doi.org/10.1002/14651858.CD011621.pub4> |
| Notes | This Cochrane review has been updated in light of the current pandemic of coronavirus. The review sought to evaluate which type of full‐body personal protective equipment (PPE) and which method of donning or doffing PPE have the least risk of contamination or infection for healthcare workers, and which training methods increase compliance with PPE protocols. The review found:  **Types of PPE**  Covering more of the body leads to better protection. However, as this is usually associated with increased difficulty in putting on and removing PPE, and the PPE is less comfortable, it may lead to more contamination. Coveralls are the most difficult PPE to remove but may offer the best protection, followed by long gowns, gowns and aprons. Respirators worn with coveralls may protect better than a mask worn with a gown, but are more difficult to put on. More breathable types of PPE may lead to similar levels of contamination but be more comfortable. Contamination was common in half the studies despite improved PPE.  **Modified PPE**  owns that have gloves attached at the cuff, so that gloves and gown are removed together and cover the wrist area, and gowns that are modified to fit tightly at the neck may reduce contamination. Also, adding tabs to gloves and face masks may lead to less contamination. However, one study did not find fewer errors in putting on or removing modified gowns.  **Guidance on PPE use**  Following CDC guidance for apron or gown removal, or any instructions for removing PPE compared to an individual’s own preferences may reduce self‐contamination. Removing gown and gloves in one step, using two pairs of gloves, and cleaning gloves with bleach or disinfectant (but not alcohol) may also reduce contamination.  **User training**  Face‐to‐face training, computer simulation and video training led to fewer errors in PPE removal than training delivered as written material only or a traditional lecture. |

*Healthcare Papers*

Volume 19 Number 1, 2020

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| URL | <https://www.longwoods.com/publications/healthcarepapers/26152/> |
| Notes | A new issue of *Healthcare Papers* has been published with a theme of ‘**Value from healthcare: No silver bullet**’. Articles in this issue of *Healthcare Papers* include:   * **Value from Healthcare**: No Silver Bullet (Jason M Sutherland) * **Towards Value in an Integrated Care Environment**: Early Lessons from an Ontario Health Team (Sarah Downey, Sandra McKay and Patrick Feng) * **Working Toward Healthcare Integration**: A Broad-Based Community Effort in Muskoka, Ontario (David J Mathies) * **Integrated Care in Ontario**: Unicorn or Black Swan? (Paul Woods) * Is Canada Ready to **Partner for Value-Based Healthcare**? (Jason Vanderheyden and Gabriela Prada) * Value for Who? **Value-Based Healthcare for Children and Families** (Jennifer Zwicker) * Value in Healthcare: **Designing an Integrated Value-Based Healthcare System** (Richard Lewanczuk, Anderson Chuck, Kathryn Todd and Verna Yiu) * **Rushing the Value Cockpit** (Peter W Vaughan) |

*Journal of Patient Safety and Risk Management*

Volume 25, Number 2, April 2020

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| URL | <https://journals.sagepub.com/toc/cric/25/2> |
| Notes | A new issue of the *Journal of Patient Safety and Risk Management* has been published. Articles in this issue of the *Journal of Patient Safety and Risk Management* include:   * Editorial: **COVID-19**: Will there be a **silver lining for patient safety and public health**? (Albert W Wu) * **Overcoming COVID-19**: What can human factors and ergonomics offer? (Ayse P Gurses, Megan M Tschudy, Sharon McGrath-Morrow, Amyna Husain, Barry S Solomon, Kylee A Gerohristodoulos, and Julia M Kim) * A pragmatic randomized controlled trial of a **cardiac hospital-to-home transitional care program** in a Singapore academic medical center (Yanying Chen, Yi Jin Tan, Ya Sun, Cheng Zhan Chua, Jeffrey Kwang Sui Yoo, Shing Hei Wong, Helen Chen, John Chee Meng Wong, and Phillip Phan) * An evaluation of Datix implementation for **incident reporting** at Johns Hopkins Aramco Healthcare (Hayat Mushcab, David Bunting, Saeed Yami, Ali Abandi, and Catherine Hunt) * **Sonographer negligent** in patient discussion: Mordel v Royal Berkshire NHS Foundation Trust (High Court, 08/10/2019 – Jay J) (John Mead) * **Medical accidents**: A Socratic resolution? (Charles Feeny, Gus Baker, and Sam Irving) * The Lilypond: An integrated model of **Safety II principles in the workplace**. A quantum shift in patient safety thinking (Paul Stretton) |

*BMJ Quality & Safety* online first articles

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| URL | <https://qualitysafety.bmj.com/content/early/recent> |
| Notes | *BMJ Quality &Safety* has published a number of ‘online first’ articles, including:   * **Influence of bedspacing on outcomes** of hospitalised medicine service patients: a retrospective cohort study (Rachel Kohn, Michael O Harhay, Brian Bayes, Hummy Song, Scott D Halpern, Meeta Prasad Kerlin, S Ryan Greysen) * Implementing receiver-driven **handoffs to the emergency department** to reduce miscommunication (Kathleen Huth, Anne M Stack, Jonathan Hatoun, Grace Chi, Robert Blake, Robert Shields, Patrice Melvin, Daniel C West, Nancy D Spector, Amy J Starmer) * Evaluating the **influence of data collector training for predictive risk of death models**: an observational study (Arvind Rajamani, Stephen Huang, Ashwin Subramaniam, Michele Thomson, Jinghang Luo, Andrew Simpson, Anthony McLean, Anders Aneman, Thodur Vinodh Madapusi, Ramanathan Lakshmanan, Gordon Flynn, Latesh Poojara, Jonathan Gatward, Raju Pusapati, Adam Howard, Debbie Odlum) |

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

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| 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:   * Prospectively **identifying adults with serious mental illness at risk for poor physical health**: The role of **person reported outcomes** (Limor Hochman, Galia S Moran, Marc Gelkopf, David ROE, Efrat Shadmi) * Exploring the **association between diabetes and breast cancer morbidity**: considerations for quality care improvements among Latinas (Kimlin Tam Ashing, Lily Lai, Eva Meyers, Mayra Serrano, Marshalee George) |

**Online resources**

*Clinical Communiqué*

<https://www.thecommuniques.com/post/clinical-communiqu%C3%A9-volume-7-issue-1-covid-2020>

Volume 7 Issue 1, 2020

This issue of *Clinical Communiqué* looks at various patient safety issues through the lens of **COVID-19**. This issue includes sections on:

* Clinical Decision-Making
* Working in Teams
* Transferring Critically Unwell Patients
* Communication in the Workplace
* Fixation Errors
* Learning from Influenza Epidemics
* The Polygon of Patient Safety.

The (potential) impact of **coronavirus** in **aged care** is a grave concern. The team behind the *Clinical Communiqué* (and the *Residential Aged Care* *Communiqué* and the *Future Leaders Communiqué*) – led by Professor Joseph Ibrahim at Monash University – have developed a podcast and a webpage of resources for managers and leaders of aged care.

The COVID-19 podcasts are at <https://www.profjoe.com.au/>

The COVID-19 resources page is at <https://www.profjoe.com.au/covid-19-resources>

*Coronavirus (COVID-19) - Cochrane resources and news*

<https://www.cochrane.org/coronavirus-covid-19-cochrane-resources-and-news>

The Cochrane organisation has developed this webpage collating content relating to the coronavirus (COVID-19) pandemic and the various related activities that Cochrane is undertaking in response. This is a living resource with updates and additions made as evidence and resources emerge. The pages includes information and resources for:

* Public, patients, and carers
* Healthcare workers
* Researchers
* Policy and guideline developers; and
* The Cochrane Community.

The Healthcare workers section includes Special Collections, including links to relevant Cochrane Clinical Answers, including:

* **Coronavirus (COVID-19): evidence relevant to critical care** - This Special Collection brings together Cochrane Reviews identified as most directly relevant to the management of people hospitalized with severe acute respiratory infections. <https://www.cochrane.org/special-collection-coronavirus-covid-19-evidence-relevant-critical-care>
* **Coronavirus (COVID-19): infection control and prevention measures** - This Special Collection brings together Cochrane Reviews identified as most directly relevant to the prevention of infection. <https://www.cochrane.org/special-collection-coronavirus-covid-19-infection-control-and-prevention-measures>
* **Cochrane Clinical Answers related to COVID-19** have been rounded-up onto one landing page – these are readable, clinically-focused, actionable answers to inform point-of-care decision-making for health professionals. <https://www.cochrane.org/news/cochrane-clinical-answers-related-covid-19>
* **COVID-19, fertility, and pregnancy** - resources, guidance and advice statements from international organizations and societies.
* **COVID-19 resources for oral and dental care teams** - Relevant Cochrane evidence and important resources, guidance and advice statements from international organizations and societies.
* **COVID-19 resources for dermatology** - Guidelines, evidence-based resources, and relevant patient information.
* **COVID-19, ENT, Hearing and Balance** - Important resources, guidance and advice statements from international organizations and societies related to COVID-19, and the management of patients with ENT, hearing and balance problems by ENT and Audiology professionals.
* **COVID-19 resources for the management of patients with gynaecological cancers or neuro-oncology** - Important resources, guidance, and advice statements from international organizations and societies related to COVID-19, and the management of patients with gynaecological cancers or neuro-oncology.

*[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 are:

* NICE Guideline NG168 ***COVID-19*** *rapid guideline:* *community-based care of patients with* ***chronic obstructive pulmonary disease (COPD)***<https://www.nice.org.uk/guidance/ng168>
* NICE Guideline NG169 ***COVID-19*** *rapid guideline:* ***dermatological conditions*** *treated with drugs affecting the immune response* <https://www.nice.org.uk/guidance/ng169>
* NICE Guideline NG170 ***COVID-19*** *rapid guideline:* ***cystic fibrosis***<https://www.nice.org.uk/guidance/ng170>
* Evidence Summary ES23 ***COVID-19*** *rapid evidence summary: acute use of* ***non-steroidal anti-inflammatory drugs (NSAIDs)*** *for people with or at risk of COVID-19* <https://www.nice.org.uk/advice/es23>

*[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:

* *Treatment of* ***Depression in Children and Adolescents***<https://effectivehealthcare.ahrq.gov/products/childhood-depression/research>
* *Opioid Treatments for* ***Chronic Pain***<https://effectivehealthcare.ahrq.gov/products/opioids-chronic-pain/research>
* *Nonopioid Pharmacologic Treatments for* ***Chronic Pain***<https://effectivehealthcare.ahrq.gov/products/nonopioid-chronic-pain/research>
* *Noninvasive Nonpharmacological Treatment for* ***Chronic Pain***<https://effectivehealthcare.ahrq.gov/products/noninvasive-nonpharm-pain-update/research>

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