On the Radar

Issue 472
13 July 2020

On the Radar is a summary of some of the recent publications in the areas of safety and quality in health care. Inclusion in this document is not an endorsement or recommendation of any publication or provider. Access to particular documents may depend on whether they are Open Access or not, and/or your individual or institutional access to subscription sites/services. Material that may require subscription is included as it is considered relevant.

On the Radar is available online, via email or as a PDF or Word document from
https://www.safetyandquality.gov.au/publications-and-resources/newsletters/radar

If you would like to receive *On the Radar* via email, you can subscribe on our website
https://www.safetyandquality.gov.au/publications-and-resources/newsletters
or by emailing us at mail@safetyandquality.gov.au.
You can also send feedback and comments to mail@safetyandquality.gov.au.

For information about the Commission and its programs and publications, please visit
https://www.safetyandquality.gov.au
You can also follow us on Twitter @ACSQHC.

On the Radar
Editor: Dr Niall Johnson niall.johnson@safetyandquality.gov.au
Contributors: Niall Johnson, Kathy Meleady

COVID-19 resources
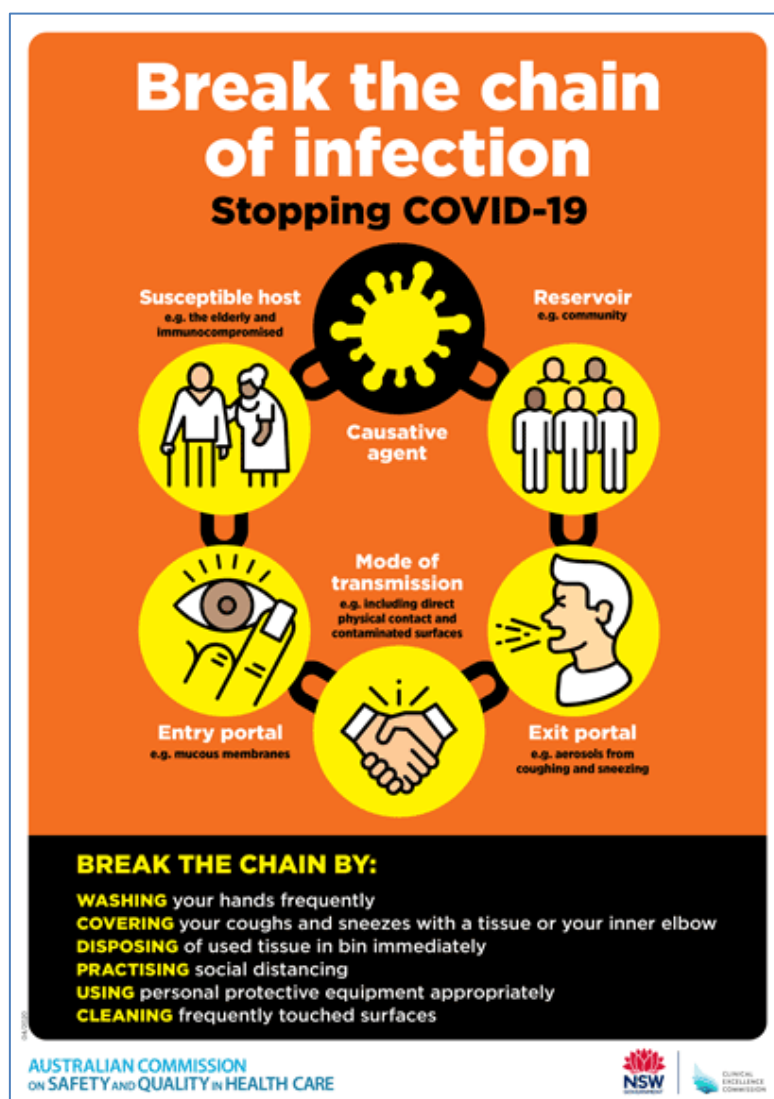https://www.safetyandquality.gov.au/covid-19
The Australian Commission on Safety and Quality in Health Care has developed a number of resources to assist healthcare organisations, facilities and clinicians. These and other material on COVID-19 are available at https://www.safetyandquality.gov.au/covid-19
The latest additions include:
- **Medicines Management COVID-19** https://www.safetyandquality.gov.au/our-work/medication-safety/medicines-management-covid-19, including position statements on medicine-related issues
  - *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*
  - *Management of patients on oral anticoagulants during COVID-19*
  - *Ascorbic Acid: Intravenous high dose in COVID-19*
  - *Treatment in acute care, including oxygen therapy and medicines to support intubation*
  - *Nebulisation and COVID-19*

- o *Ongoing medicines management in high-risk patients*
- o *Medicines shortages*
- *Potential medicines to treat COVID-19*
  https://www.safetyandquality.gov.au/publications-and-resources/resource-library/potential-medicines-treat-covid-19
- *Break the chain of infection: Stopping COVID-19* poster
  https://www.safetyandquality.gov.au/publications-and-resources/resource-library/break-chain-poster-a3
- *COVID-19: Elective surgery and infection prevention and control precautions*
  https://www.safetyandquality.gov.au/publications-and-resources/resource-library/covid-19-elective-surgery-and-infection-prevention-and-control-precautions
- *FAQs for clinicians on elective surgery* https://www.safetyandquality.gov.au/node/5724
- *FAQs for consumers on elective surgery* https://www.safetyandquality.gov.au/node/5725
- *Infection prevention and control Covid-19 PPE* poster
  https://www.safetyandquality.gov.au/publications-and-resources/resource-library/infection-prevention-and-control-covid-19-personal-protective-equipment
- *Special precautions for Covid-19 designated zones* poster
  https://www.safetyandquality.gov.au/publications-and-resources/resource-library/special-precautions-covid-19-designated-zones

Australian Commission on Safety and Quality in Health Care and the Council of Presidents of Medical Colleges (CPMC) Joint Statement - Antimicrobial Prescribing
https://www.safetyandquality.gov.au/our-work/antimicrobial-stewardship/australian-commission-safety-and-quality-health-care-and-council-presidents-medical-colleges-cpmc-joint-statement-antimicrobial-prescribing
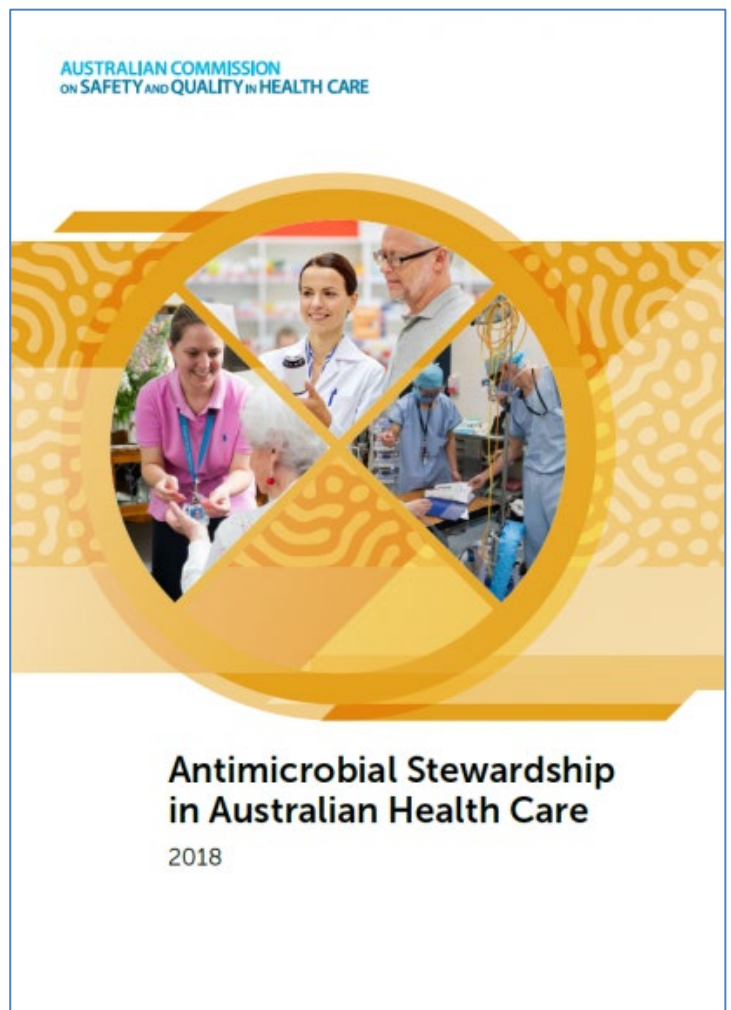
The Australian Commission on Safety and Quality in Health Care and the Council of Presidents of Medical Colleges (CPMC) have worked together to prepare a joint statement on the importance of compliance with guidelines for prescribing antimicrobials. Improved prescribing is key to enhancing the safety and quality of care, and in the fight against antimicrobial resistance. The concluding sentence in the joint statement observes that '**All clinicians have a role to play in promoting safe and effective prescribing of antimicrobials**.'

Antimicrobial Stewardship in Australian Health Care Book – Role of general practice in antimicrobial stewardship – Chapter 13
https://www.safetyandquality.gov.au/publications-and-resources/resource-library/antimicrobial-stewardship-australian-health-care-2018

Australian Commission on Safety and Quality in Health Care
Role of general practice in antimicrobial stewardship
Antimicrobial Stewardship in Australian Health Care
Sydney: ACSQHC; 2020.

A new chapter has been added to *Antimicrobial Stewardship in Australian Health Care.* This new chapter, *Role of general practice in antimicrobial stewardship*, covers antimicrobial resistance and use in the community, factors that influence antimicrobial prescribing in general practice, antimicrobial stewardship strategies for general practice and considerations for clinical governance and leadership

Hospital in the home: needed now more than ever
Dickson HG
Medical Journal of Australia. 2020 2020/07/01;213(1):14-15.

Has the Time Finally Come for Hospital at Home?
Hostetter M, Klein S
New York: The Commonwealth Fund; 2020

The effectiveness of Virtual Hospital models of care
A Rapid Evidence Scan brokered by the Sax Institute for Sydney Local Health District
Moore G, Du Toit A, Jameson B, Liu A, Harris M
Sydney: Sax Institute; 2020. p. 47.

DOI	Dickson https://doi.org/10.5694/mja2.50662 Hostetter and Klein https://www.commonwealthfund.org/publications/newsletter-article/2020/jul/has-time-finally-come-hospital-home Moore et al https://www.saxinstitute.org.au/news/virtual-hospitals-a-new-way-to-ease-healthcare-burdens/
Notes	During the COVID-19 pandemic there have been many changes in the delivery of health care, such as the large increase in the use of telehealth via either telephone or video. There have also been changes in the delivery of hospital care with the use of hospital in the home (HITH) and 'virtual hospitals'. For example, the Royal Adelaide Hospital tripled the number of patients cared for through its Hospital in the Home (HITH) service with a total of 118 COVID-19 patients receiving care through HITH, and at the peak the service was providing care for 96 patients at one time (https://www.rah.sa.gov.au/news/hospital-in-the-home-patients-triple-at-covid-height). Dickson's editorial in the *Medical Journal of Australia* describes how telehealth and HITH, while not novel, are 'experiencing a predictable surge in activity as the epidemic advances, and the two methods can be combined.' Hostetter and Klein also note that HITH is a concept that has existed in various forms for decades and summarises some of the evidence and experiences, including from the current COVID-19 pandemic. They examine a number of health systems that have adapted and adopted the hospital-at-home approach to help them respond to the pandemic while still ensuring access for all patients. Early in 2020, (prior to the eruption of the COVID-19 pandemic), the Sax Institute at the University of Sydney was commissioned to produce a Rapid Evidence Scan on Virtual Hospital models of care. This can possibly be regarded as that combination of telehealth (as patients are provided with various technologies for monitoring and communication) and the HITH. The RPA Virtual Hospital offered a model of care that using video, telephone, SMS and real-time data transmission technology to provide in-home nursing care to over 1,000 patients. The rapid evidence scan found that the strongest evidence for effective virtual care was for heart disease patients (especially those with heart failure), as well as people with diabetes and those undergoing stroke rehabilitation. There was less evidence available for virtual cancer treatment, and the evidence for respiratory conditions remains inconclusive. The Chief Executive of Sydney Local Health District, Teresa Anderson, discussed the RPA Virtual Hospital and the COVID-19 pandemic in a Deeble Institute for Health Policy Research podcast in June 2020. The podcast is available at https://soundcloud.com/ahhapodcast/rpa-virtual-hospital-care-during-the-pandemic

Journal articles

Managing teamwork in the face of pandemic: evidence-based tips
Tannenbaum SI, Traylor AM, Thomas EJ, Salas E
BMJ Quality & Safety. 2020 (epub]

DOI	http://dx.doi.org/10.1136/bmjqs-2020-011447
Notes	Health care is a team sport and perhaps never more so than during a pandemic. The authors offer 'several evidence-based recommendations to help clinical teams that work directly with patients during COVID-19 and in future crises. Tips are included for clinical care team leaders and team members, as well as for members of management who support or oversee clinical teams (senior leaders, middle managers, crisis management teams).' These include: 1. Recognise wins and successes—large and small 2. Ensure the team sustains shared mental models 3. Don't forget the people behind the scenes 4. Emphasise and promote team mutual monitoring 5. Take actions that build and sustain psychological safety 6. Help team members address concerns with their 'home team' (if possible) 7. Consciously boost team resilience.

Maximising the value of clinical registry information through integration with a health service clinical governance framework: a case study
Ahern S, Feiler R, Sdrinis S
Australian Health Review 44(3) 421-426

DOI	https://doi.org/10.1071/AH19004
Notes	The potential of clinical quality registries for use in safety and quality measurement has been recognised for some time. This awareness figured in the Commission's work on clinical registries, including developing operating principles and technical standards for clinical quality registries (2008), the Framework for Australian clinical quality registries (2014), a prioritised list of clinical domains for clinical quality registry development (2016) and the recently launched register of registries. The strengths of registry data include the clinical focus and the acceptance and use of that information by clinicians. This study is an indication of how such information can be used to aid a health system – from the unit level up – in improving the safety and quality of care through timely feedback of clinically relevant information. This paper describes how one health service, Alfred Health in Melbourne, went about identifying all the clinical registries that their clinicians were engaging with and then understanding and using the registry feedback to better understand and monitor their own services. In the course of the effort, Alfred Health identified 69 clinical registries in which its units participated. The paper describes how engagement with clinicians led to the establishment of a registry interest group, a calendar of clinical quality registry reports, and a guideline and reporting template and dashboard. The authors note that clinician engagement and medical leadership were critical to the development of this initiative. The reporting tool and dashboard have had initial success, with long-term success ultimately being measured by the routine incorporation of registry outcomes into clinical governance reporting over time.

For information on the Commission's work on clinical quality registries, see
https://www.safetyandquality.gov.au/our-work/national-arrangements-clinical-quality-registries

Journal of Patient Safety and Risk Management
Volume: 25, Number: 3 (July 2020)

URL	https://journals.sagepub.com/toc/cric/25/3
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: Supporting the Emotional **Well-being of Health Care Workers During the COVID-19 Pandemic** (Albert W. Wu, Peter Buckle, Elliott R. Haut, Tomasso Bellandi, Shunzo Koizumi, Alpana Mair, John Øvretveit, Chris Power, Hugo Sax, Eric J. Thomas, David Newman-Toker, and C Vincent) **Coronavirus and clinical negligence** (Nigel Poole) - Noise and turn-taking impact **postanesthesia care unit handoff efficiency** (Kristen LW Webster, Elizabeth H Lazzara, Joseph R Keebler, Laura L Roberts, and James H Abernathy) - A cross-sectional study of **patient safety culture in acute-care hospitals in Greece** (Vassilis H Aletras, Spyridon Klinis, Afentoula G Mavrodi, Despina Kakalou, Asimenia Ntantana, Anastasia A Mallidou, and Dimitris A Niakas) - Extendable mirrors to improve **anesthesia provider comfort** for eye and positioning checks in prone patients: A pilot study (Sophia Lin, LaSharVeA Bailey, Thai Nguyen, Cyrus Mintz, and Kate Rosenblatt) - Determining the optimal **human reliability analysis** (HRA) method in healthcare systems using Fuzzy ANP and Fuzzy TOPSIS (Asghar Abbaspour, Mahnaz Saremi, Ahmad Alibabaei, and Pedram S Moghanlu)

Health Affairs
Volume 39, No. 7, July 2020

URL	https://www.healthaffairs.org/toc/hlthaff/39/7
Notes	A new issue of *Health Affairs* has been published with the themes of **Food, Income, Work & More**. Articles in this issue of *Health Affairs* include: - Community Workers Lend **Human Connection To COVID-19 Response** (Rob Waters) - Tackling **Social Determinants Of Health** Around The Globe (Alan R Weil) - Impact Of The Healthy, Hunger-Free Kids Act On **Obesity Trends** (Erica L Kenney, J L Barrett, S N Bleich, Z J Ward, A L Cradock, and S L Gortmaker) - The Association Of A **Sweetened Beverage Tax** With Changes In Beverage Prices And Purchases At Independent Stores (Sara N Bleich, Hannah G Lawman, Michael T LeVasseur, Jiali Yan, Nandita Mitra, Caitlin M Lowery, Ana Peterhans, Sophia Hua, Laura A Gibson, and Christina A Roberto) - Cost-Effectiveness Of A Workplace Ban On **Sugar-Sweetened Beverage Sales**: A Microsimulation Model (Sanjay Basu, Laurie M Jacobs, Elissa Epel, Dean Schillinger, and Laura Schmidt) - The **Health Effects Of Expanding The Earned Income Tax Credit**: Results From New York City (Emilie Courtin, Kali Aloisi, Cynthia Miller, Heidi L Allen, Lawrence F Katz, and Peter Muennig) - Among Low-Income Women In San Francisco, Low Awareness Of Paid **Parental Leave Benefits** Inhibits Take-Up (Julia M Goodman, Holly Elser, and William H Dow) - Increases In Women's Political Representation Associated With Reductions In **Child Mortality** In Brazil (Philipp Hessel, María José González Jaramillo, Davide Rasella, Ana Clara Duran, and Olga L Sarmiento)

	• **EMS Access Constraints And Response Time Delays For Deprived Critically Ill Patients** Near Paris, France (Matthieu Heidet, Thierry Da Cunha, Elise Brami, Eric Mermet, Michel Dru, Béatrice Simonnard, Eric Lecarpentier, Charlotte Chollet-Xémard, Corinne Bergeron, Mohamed Khalid, Brian Grunau, Jean Marty, and Etienne Audureau) • Lessons From The Impact Of **Price Regulation On The Pricing Of Anticancer Drugs** In Germany (Victoria D Lauenroth, Aaron S Kesselheim, Ameet Sarpatwari, and Ariel D Stern) • A Medicaid Alternative Payment Model Program In Oregon Led To **Reduced Volume Of Imaging Services** (Stephan Lindner, Menolly R Kaufman, Miguel Marino, Jean O'Malley, Heather Angier, Erika K Cottrell, K John McConnell, Jennifer E DeVoe, and John R Heintzman) • Abandoning List Prices In **Medicaid Drug Reimbursement** Did Not Affect Spending (Benedic Ippolito, Joseph F Levy, and Gerard F Anderson) • **Prices And Cost Sharing For Psychotherapy** In Network Versus Out Of Network In The United States (Nicole M Benson and Zirui Song) • Pharmacist-Prescribed And Over-The-Counter **Hormonal Contraception** In Los Angeles County Retail Pharmacies (Dima Mazen Qato, G Caleb Alexander, Jenny S Guadamuz, Sun Choi, R Trotzky-Sirr, and S T Lindau) • Estimating The **Infection Fatality Rate Among Symptomatic COVID-19 Cases** In The United States (Anirban Basu) • Strong **Social Distancing** Measures In The United States Reduced The **COVID-19** Growth Rate (Charles Courtemanche, Joseph Garuccio, Anh Le, Joshua Pinkston, and Aaron Yelowitz) • Thousands Of Lives Could Be Saved In The US During The **COVID-19** Pandemic If States Exchanged **Ventilators** (Daniel Adelman) • **Disparities In Outcomes Among COVID-19 Patients** In A Large Health Care System In California (Kristen M J Azar, Zijun Shen, Robert J Romanelli, Stephen H Lockhart, Kelly Smits, S Robinson, S Brown, and A R Pressman) • Finding Time For **Compassion In A Busy Emergency Department** (Angela D Blood)

BMJ Quality & Safety online first articles

URL	https://qualitysafety.bmj.com/content/early/recent
Notes	*BMJ Quality & Safety* has published a number of 'online first' articles, including: • Identifying and encouraging **high-quality healthcare**: an analysis of the content and aims of patient **letters of compliment** (Alex Gillespie, Tom W Reader) • From kamishibai card to key card: a family-targeted quality improvement initiative to reduce **paediatric central line-associated bloodstream infections** (Ranjith Kamity, Melissa Grella, Maureen L Kim, Meredith Akerman, Maria Lyn Quintos-Alagheband)

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: • The Care and Keeping of **Clinicians in Quality Improvement** (Ulfat Shaikh, Peter Lachman, Andrew J Padovani, Siobhán E McCarthy) • Qualitative Exploration of Factors Associated With **Shared Decision Making In Diabetes Management**: A Health care Provider's Perspective (Amena Moazzam Baig, Ayesha Humayaun, Sara Mehmood, Muhammed Waqar Akram, Syed Abbass Raza, Tania Shakoori)

Online resources

National COVID-19 Clinical Evidence Taskforce
https://covid19evidence.net.au/
The National COVID-19 Clinical Evidence Taskforce is a collaboration of peak health professional bodies across Australia whose members are providing clinical care to people with COVID-19. The taskforce is undertaking continuous evidence surveillance to identify and rapidly synthesise emerging research in order to provide national, **evidence-based guidelines and clinical flowcharts for the clinical care of people with COVID-19**. The guidelines address questions that are specific to managing COVID-19 and cover the full disease course across mild, moderate, severe and critical illness. These are 'living' guidelines, updated with new research in near real-time in order to give reliable, up-to-the minute advice to clinicians providing frontline care in this unprecedented global health crisis.

Disclaimer

On the Radar is an information resource of the Australian Commission on Safety and Quality in Health Care. The Commission is not responsible for the content of, nor does it endorse, any articles or sites listed. The Commission accepts no liability for the information or advice provided by these external links. Links are provided on the basis that users make their own decisions about the accuracy, currency and reliability of the information contained therein. Any opinions expressed are not necessarily those of the Australian Commission on Safety and Quality in Health Care.