



On the Radar

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On the Radar

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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*

- *Managing intranasal administration of medicines during COVID-19*
- *Ongoing medicines management in high-risk patients*
- *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>
- **FAQs on community use of face masks** <https://www.safetyandquality.gov.au/faqs-community-use-face-masks>
- **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.

Reports

First Do No Harm. The report of the Independent Medicines and Medical Devices Safety Review

Independent Medicines and Medical Devices Safety Review

London: Independent Medicines and Medical Devices Safety Review; 2020. p. 277.

Government must apologise to those affected by Primodos, valproate, and mesh, says review

Mahase E

BMJ. 2020;370:m2726.

URL / DOI	Review https://www.immdsreview.org.uk/report.html Mahase https://doi.org/10.1136/bmj.m2726
Notes	<p>The UK government commissioned an Independent Medicines and Medical Devices Safety Review in 2018 to assess the use of the three medical interventions across the NHS. The interventions were Primodos, sodium valproate, and pelvic mesh. As Mahase notes, ‘Primodos was a hormone pregnancy test taken by more than 1.5 million women between the 1950s and its withdrawal in 1978. It is claimed to have led to miscarriages and birth defects. Sodium valproate has been definitively linked to autism and learning disabilities in children when taken during pregnancy to treat epilepsy. Pelvic mesh has been used to treat stress urinary incontinence and pelvic organ prolapse in women, many of whom have suffered badly from complications.’ The review found that patients concerns had been ignored, suffered avoidable harm and that ‘healthcare system – in which I include the NHS, private providers, the regulators and professional bodies, pharmaceutical and device manufacturers, and policymakers – is disjointed, siloed, unresponsive and defensive.’</p> <p>The recommendations are largely patient-focused and include:</p> <ol style="list-style-type: none"> 1. The Government should immediately issue a fulsome apology on behalf of the healthcare system to the families affected by Primodos, sodium valproate and pelvic mesh. 2. The appointment of a Patient Safety Commissioner who would be an independent public leader with a statutory responsibility. The Commissioner would champion the value of listening to patients and promoting users’ perspectives in seeking improvements to patient safety around the use of medicines and medical devices. 3. A new independent Redress Agency for those harmed by medicines and medical devices should be created based on models operating effectively in other countries. The Redress Agency will administer decisions using a non-adversarial process with determinations based on avoidable harm looking at systemic failings, rather than blaming individuals. 4. Separate schemes should be set up for each intervention – HPTs, valproate and pelvic mesh – to meet the cost of providing additional care and support to those who have experienced avoidable harm and are eligible to claim. 5. Networks of specialist centres should be set up to provide comprehensive treatment, care and advice for those affected by implanted mesh; and separately for those adversely affected by medications taken during pregnancy. 6. The Medicines and Healthcare products Regulatory Agency (MHRA) needs substantial revision particularly in relation to adverse event reporting and medical device regulation. It needs to ensure that it engages more with patients and their outcomes. It needs to raise awareness of its public protection roles and to ensure that patients have an integral role in its work.

	<p>7. A central patient-identifiable database should be created by collecting key details of the implantation of all devices at the time of the operation. This can then be linked to specifically created registers to research and audit the outcomes both in terms of the device safety and patient reported outcomes measures.</p> <p>8. Transparency of payments made to clinicians needs to improve. The register of the General Medical Council (GMC) should be expanded to include a list of financial and non-pecuniary interests for all doctors, as well as doctors' particular clinical interests and their recognised and accredited specialisms. In addition, there should be mandatory reporting for the pharmaceutical and medical device industries of payments made to teaching hospitals, research institutions and individual clinicians.</p> <p>9. The Government should immediately set up a task force to implement this Review's recommendations. Its first task should be to set out a timeline for their implementation.</p>
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Evidence-Based Practice for Public Health Emergency Preparedness and Response

National Academies of Sciences, Engineering, and Medicine

Washington, DC: The National Academies Press; 2020.

URL / DOI	https://www.nationalacademies.org/our-work/evidence-based-practices-for-public-health-emergency-preparedness-and-response-assessment-of-and-recommendations-for-the-field https://doi.org/10.17226/25650
Notes	<p>This report reviews the state of the evidence on public health emergency preparedness and response (PHEPR) practices and the improvements necessary to move the field forward and to strengthen the PHEPR system. This publication evaluates PHEPR evidence to understand the balance of benefits and harms of PHEPR practices. The report includes recommendations intended to transform the infrastructure, funding, and methods of PHEPR research and provides evidence-based practice recommendations and/or implementation guidance for PHEPR practitioners on:</p> <ul style="list-style-type: none"> • Engaging with and training community-based partners to improve the outcomes of at-risk populations after public health emergencies • Activating a public health emergency operations centre • Communicating public health alerts and guidance with technical audiences during a public health emergency • Implementing quarantine to reduce or stop the spread of a contagious disease.

Journal articles

Patient safety concerns in COVID-19–related events: a study of 343 event reports from 71 hospitals in Pennsylvania

Taylor MA, Kepner S, Gardner LA, Jones R

Patient Safety. 2020;2.

Protecting children from iatrogenic harm during COVID19 pandemic

Camporesi A, Díaz-Rubio F, Carroll CL, González-Dambraskas S

Journal of Paediatrics and Child Health. 2020 [epub].

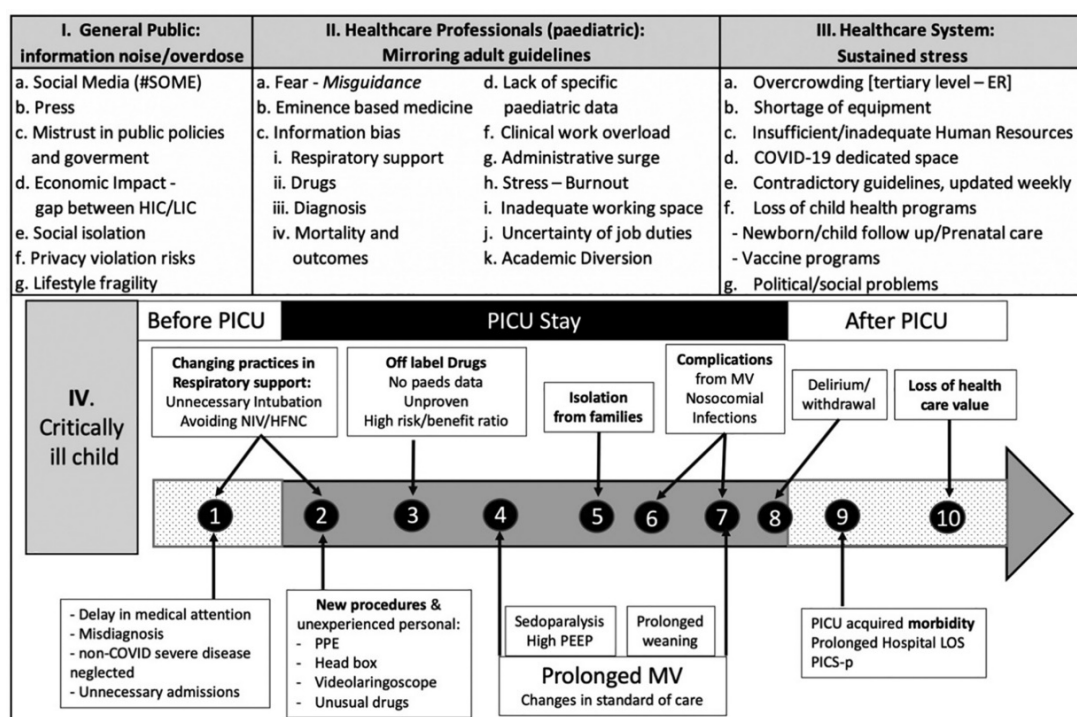
DOI	<p>Taylor et al http://doi.org/10.33940/data/2020.6.3 Camporesi et al http://doi.org/10.1111/jpc.14989</p>
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In times of emergency or crisis, such as a pandemic, practices and behaviours can be disrupted. This may be necessary but can also have consequences. These two pieces examine issues of patient safety arising in the current COVID-19 pandemic.

Taylor et al examined COVID-19–related adverse events that were reported in Pennsylvania between 1 January and 15 April 2020 to the state’s Patient Safety Authority. Having identified 343 relevant event reports from 71 hospitals the authors conducted a descriptive study to identify the prevalence of and relationships between 13 categories of associated factors and six categories of event outcomes. The most frequently identified **factors** were **Laboratory Testing** (47%; 161 of 343), **Process/Protocol** (25%; 87 of 343), and **Isolation Integrity** (22%; 74 of 343). The two most frequent **outcomes** were **Exposure to COVID-19 Positive or Suspected Positive Patient** (50%; 173 of 343) and **Missed/Delayed Test or Result** (31%; 108 of 343). The authors report that ‘seven of the associated factors had a notable impact on the frequency of Exposure to COVID-19 Positive or Suspected Positive Patient outcome’.

Camporesi et al observe that the pandemic has ‘encouraged the widespread use of non-tested pharmacological and aggressive respiratory support therapies, even in intensive care units (ICUs)’ and while the pandemic has ‘predominantly affected adult populations,’ they examine ‘several potential iatrogenic causes of the detrimental effects of the current pandemic to children and highlight the risks underlying a sudden change of clinical practice.’ They identify a range of factors that may affect the optimal care of acutely ill children.



Implementation of an antimicrobial stewardship programme and reduction in carbapenemase-producing Enterobacteriales in an Australian local health district

Cipko K, Cuenca J, Wales E, Harris J, Bond S, Newton P, et al
JAC-Antimicrobial Resistance. 2020;2(3).

DOI	https://doi.org/10.1093/jacamr/dlaa041
Notes	<p>Paper describing the development and impact of an antimicrobial stewardship (AMS) in an Australian local health district and the impact on carbapenemase-producing Enterobacteriaceae (CPE). The local health district implemented a multi-site computer-supported AMS programme in 2012. The authors report a number of results, including:</p> <ul style="list-style-type: none"> • Numbers of CPE isolates and carbapenem use both showed a strong downward trend during the study period; the decreases were strongly correlated ($r = 0.80$, $P = 0.006$). • The positive relationship between carbapenem use and CPE isolation was maintained while adjusting for time ($b = 0.05$, $P < 0.001$). • Average yearly consumption of carbapenems fell by 20%, from 18.4 to 14.7 DDD/1000 OBD following implementation of the AMS programme. • Hand hygiene compliance rates remained high throughout.

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

For information on the Commission's resources on carbapenemase-producing Enterobacteriaceae (CPE), see <https://www.safetyandquality.gov.au/publications-and-resources/aura-reports-and-resources>

Journal of Patient Experience

Volume 7, Number 3 (June 2020)

URL	https://journals.sagepub.com/toc/jpxa/7/3
Notes	<p>A new issue of the <i>Journal of Patient Experience</i> has been published. Articles in this issue of the <i>Journal of Patient Experience</i> include:</p> <ul style="list-style-type: none"> • Editorial: Trust and Communication: Responding to Uncertainty (L Cooley) • Communication for Equity in the Service of Patient Experience: Health Justice and the COVID-19 Pandemic (Daniella M Cordero and D L Davis) • Community Pharmacy and COVID-19—The Unsung Heroes on Our High Streets (Caroline Parkhurst, Gurinder Singh Purewal, and Parastou Donyai) • Creating Virtual Presence During a Pandemic (Jeffrey H Millstein and Krisda H Chaiyachati) • Turned Upside Down: The Role of New York Patient Experience Leaders During COVID-19 (Sven Gierlinger, Agnes Barden, and N Giammarinaro) • Medical Abortion Care During a Pandemic (I Cori Baill) • Over the Rainbow: Navigating the COVID-19 Pandemic While Living With PTSD (Marie Vigouroux) • The COVID-19 Crisis: A Mental Health Perspective and Response Using Telemedicine (Amy B Sullivan, Alexa Kane, Alicia J Roth, Bryan E Davis, Michelle L Drerup, and Leslie J Heinberg) • Transforming the Orthopaedic Patient Experience Through Telemedicine (David N Bernstein, Judith F Baumhauer, James D Kang, and M C Makhni) • Renewing Empathy With Imagery and Metaphor (Jeffrey H Millstein)

	<ul style="list-style-type: none"> • Can Type 2 Diabetes Sufferers Actually Estimate Serum Glucose Level From Interstitial Fluid Glucose Level: A Diabetes Patient's Experience (Dennis A Fried and Robert Fried) • Understanding the Process of Procedural Sedation for Orthopedic Injuries in the Pediatric Emergency Department (Adam A Vukovic, Elizabeth Keiner, and Holly R Hanson) • Social Relationship Quality Among Patients With Chronic Pain: A Population-Based Sample (Lindsey M Philpot, Matthew E Schumann, and Jon O Ebbert) • Decoding the Role of Companions in Supporting the Health Communication of Older African-American Men With Cancer (Jamie Mitchell, Jaclynn Hawkins, Ed-Dee G Williams, S Eggly, and T L Albrecht) • Engaging Patient and Family Advisors in Health-Care System Planning: Experiences and Recommendations (Sarah Wheeler, Jenna MacKay, Lesley Moody, Junell D'Souza, and Julie Gilbert) • Evaluation of Counseling Practices and Patient's Satisfaction Offered by Pharmacists for Diabetics Attending Outpatient Pharmacies in Al Ahsa (Promise M Emeka, Manea Fares AlMunjem, Sahibzada Tasleem Rasool, and Noor Kamil) • Experiences of an Emergency Department Visit Among Older Adults and Their Families: Qualitative Findings From a Mixed-Methods Study (Deniz Cetin-Sahin, Francine Ducharme, Jane McCusker, Nathalie Veillette, Sylvie Cossette, T. T. Minh Vu, Alain Vadeboncoeur, Paul-André Lachance, Rick Mah, and Simon Berthelot) • Experiences With Chiropractic Care for Patients With Low Back or Neck Pain (Ron D Hays, Cathy D Sherbourne, Karen L Spritzer, Lara G Hilton, Gery W Ryan, Ian D Coulter, and Patricia M Herman) • Parental Stress as a Child With Diabetes Transitions From Adolescence to Emerging Adulthood (Alisa Tomette, J Neil Henderson, Amanda Hass, Linda D. Carson, and Kama King) • Patient-Reported Experiences After Hysterectomy: A Cross-Sectional Study of the Views of Over 2300 Women (Monika Janda, Nigel R Armfield, Gayle Kerr, Suzanne Kurz, Graeme Jackson, Jason Currie, Katie Page, Edward Weaver, Anusch Yazdani, and Andreas Obermair) • Patients' Perspectives on the Quality and Safety of Intravenous Infusions: A Qualitative Study (Carly Wheeler, Dominic Furniss, Galal H Galal-Edeen, Ann Blandford, and Bryony Dean Franklin) • Perception of Physician Empathy Varies With Educational Level and Gender of Patients Undergoing Low-Yield Computerized Tomographic Imaging (Jeffrey A Kline, Michelle P Lin, Cassandra L Hall, Michael A Puskarich, Erin Dehon, Damon R Kuehl, Ralph C Wang, Erik P Hess, Michael S Runyon, Hao Wang, and D Mark Courtney) • Readability of Information on Smartphone Apps for Total Hip Replacement and Total Knee Replacement Surgery Patients (Shayan Bahadori, Thomas W Wainwright, and Osman H Ahmed) • Sharing the Patient Experience: A "Talk Story" Intervention for Heart Failure Management in Native Hawaiians (Tetine Sentell, Fiona Kennedy, T Seto, M Vawer, G Chiriboga, C Valdez, L M Garrett, D Paloma, and D Taira) • The Hospital Experience Through the Patients' Eyes (Haverly J Snyder and Kathlyn E Fletcher)
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BMJ Quality & Safety online first articles

URL	https://qualitysafety.bmj.com/content/early/recent
Notes	<p><i>BMJ Quality & Safety</i> has published a number of ‘online first’ articles, including:</p> <ul style="list-style-type: none"> • Changing hospital organisational culture for improved patient outcomes: developing and implementing the leadership saves lives intervention (Erika Linnander, Zahirah McNatt, Kasey Boehmer, Emily Cherlin, Elizabeth Bradley, Leslie Curry) • Cutting edge or blunt instrument: how to decide if a stepped wedge design is right for you (Richard Hooper, Sandra M Eldridge) • Fighting a common enemy: a catalyst to close intractable safety gaps (Hardeep Singh, Dean F Sittig, Tejal K Gandhi) • Weekly variation in quality of care for acute ST-segment elevation myocardial infarction by day and time of admission: a retrospective observational study (Chao Wang, Xi Li, Wantong Sun, Jingkun Li, Yupeng Wang, Xiaoqiang Bao, Meina Liu, Qiuju Zhang)

International Journal for Quality in Health Care online first articles

URL	https://academic.oup.com/intqhc/advance-articles
Notes	<p><i>International Journal for Quality in Health Care</i> has published a number of ‘online first’ articles, including:</p> <ul style="list-style-type: none"> • Bundle interventions including nontechnical skills for surgeons can reduce operative time and improve patient safety (Daisuke Koike, Yukihiro Nomura, Motoki Nagai, Takashi Matsunaga, Ayuko Yasuda) • Psychometric evaluation of instruments measuring the work environment of healthcare professionals in hospitals: a systematic literature review (Susanne M Maassen, Anne Marie J W Weggelaar Jansen, Gerard Brekelmans, Hester Vermeulen, Catharina J van Oostveen) • Identifying psychiatric diagnostic errors with the Safer Dx Instrument (Terri L Fletcher, Ashley Helm, Viralkumar Vaghani, Mark E Kunik, Melinda A Stanley, Hardeep Singh) • Sequential implementation of the EQUIPPED geriatric medication safety program as a learning health system (Ann E Vandenberg, Michelle Kegler, S Nicole Hastings, Ula Hwang, Daniel Wu, Melissa B Stevens, Carolyn Clevenger, Stephanie Eucker, Nick Genes, Wennie Huang, Edidiong Ikpe-Ekpo, Denise Nassisi, Laura Preville, Sandra Rodriguez, Martine Sanon, David Schlientz, Debbie Vigliotti, Camille P Vaughan) • Improving knowledge and confidence in foundation doctors during specialty changeover (Madhav Sanatkumar Dave, Shahd Mobarak, Harry V M Spiers, Munir Tarazi, Saurabh Jamdar)

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.

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 and evidence checks on a discrete topic or question relating to the current COVID-19 pandemic.

Recent evidence checks date include:

- *Resuming elective surgery*
- *Resuming elective surgery – low-value care*
- *Resuming elective surgery - Post-surgery innovations: enhanced recovery after surgery, early mobilisation and discharge*
- *Resuming elective surgery – productivity and efficiency approaches*

[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:

- Quality Standard QS193 *Specialist **neonatal respiratory care** for babies born preterm*
<https://www.nice.org.uk/guidance/qs193>

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