On the Radar

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On the Radar
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COVID-19 resources
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 http://www.safetyandquality.gov.au/covid-19
The latest additions include:

  - 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

Break the chain of infection: Stopping COVID-19 poster

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

Special precautions for Covid-19 designated zones poster

FAQs on community use of face masks

COVID-19 and face masks – Information for consumers

AUSTRALIAN COMMISSION ON SAFETY AND QUALITY IN HEALTH CARE

COVID-19 and face masks

Should I use a face mask?

Wearing a face mask may protect you from droplets (small drops) when you are with a person with COVID-19 (coughs, sneezes or sneezes, and you are less than 1.5 metres away from them). You may also protect others if you are infected with the virus, but do not have symptoms of infection.

When deciding whether to wear a face mask, consider the following:

• Face masks may protect you when it is not possible to maintain the 1.5 metres of physical distance from others, even when wearing a mask.
• If you are older or you have other medical conditions that can lead to symptoms of COVID-19 (including diabetes or respiratory illness), you may benefit most from wearing a mask.
• If you have a chronic medical condition 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 coughing and sneezing 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 to everyone’s responsibility. The most important things that you can do to protect yourself and others are to:

• Stay at home when you look unwell, have cold or flu 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 a tissue. Throw the tissue away immediately.
Reports

Providing telehealth in general practice during COVID-19 and beyond
Deeble Institute Perspectives Brief No. 10
Bollen C, Haddock R


| Notes | The coronavirus pandemic has wrought many changes to healthcare delivery. In Australia, one of the more apparent changes has been the rapid escalation in the use of telehealth. This Perspectives Brief from the Australian Healthcare and Hospitals Association’s Deeble Institute offers six case studies that demonstrate how telehealth can benefit GPs, maximise equity of access to healthcare, and support patients in developing their own health knowledge and skills. |

Journal articles

The Registry of Senior Australians (ROSA) Outcome Monitoring System: Quality and Safety Indicators for Residential Aged Care
International Journal for Quality in Health Care. 2020 [epub].

| DOI | https://doi.org/10.1093/intqhc/mzaa078 |
| DOI | |

| Notes | The quality and safety of care in aged care has been come under intense scrutiny in recent years, leading to and the focus of the current Royal Commission. This paper described the development of a set of indicators and a system for monitoring safety and quality in residential aged care. Twelve quality and safety indicators have been developed for monitoring aged care based on the synthesis of existing literature and expert advisory input. The indicators measure high sedative load, antipsychotic use, chronic opioid use, antibiotic use, premature mortality, falls, fractures, medication-related adverse events, weight loss/malnutrition, delirium and/or dementia hospitalisations, emergency department presentations, and pressure injuries. Five of the indicators were estimated nationally:

- antibiotic use (67.5%, 95% confidence interval (CI) 67.3–67.7%)
- high sedative load (48.1%, 95% CI 47.9–48.3%)
- chronic opioid use (26.8%, 95% CI 26.6–26.9%)
- antipsychotic use (23.5%, 95% CI 23.4–23.7%), and
- premature mortality (0.6%, 95% CI 0.6–0.7%).

Seven indicators were estimated in South Australia:

- emergency department presentations (19.1%, 95% CI 18.3–20.0%)
- falls (10.1%, 95% CI 9.7–10.4%)
- fractures (4.8%, 95% CI 4.6–5.1%)
- pressure injuries (2.9%, 95% CI 2.7–3.1%)
- delirium and/or dementia related hospitalisations (2.3%, 95% CI 2.1–2.6%)
- weight loss/malnutrition (0.7%, 95% CI 0.6–0.8%), and
- medication-related events (0.6%, 95% CI 0.5–0.7%). |
A new issue of *BMJ Quality & Safety* has been published. Many of the papers in this issue have been referred to in previous editions of *On the Radar* (when they were released online). Articles in this issue of *BMJ Quality & Safety* include:

- Editorial: Challenge of ensuring **access to high-quality emergency surgical care** for all (John W Scott, Justin B Dimick)
- Editorial: REMS in pregnancy: system perfectly designed to get the results it gets (Jonathan Zipursky)
- Editorial: Nothing soft about ‘soft skills’: core competencies in quality improvement and patient safety education and practice (Joanne Goldman, Brian M Wong)
- Hospital-level evaluation of the **effect of a national quality improvement programme**: time-series analysis of registry data (Timothy J Stephens, Carol J Peden, Ryan Haines, Mike P W Grocott, Dave Murray, David Cromwell, Carolyn Johnston, Sarah Hare, Jose Lourtie, Sharon Drake, Graham P Martin, Rupert M Pearse)
- Comparative effectiveness of risk mitigation strategies to prevent fetal exposure to mycophenolate (Amir Sarayani, Yasser Albogami, Mohannad Elkhider, Juan M Hincapie-Castillo, Babette A Brumback, A G Winterstein)
- Demonstrating the value of postgraduate fellowships for physicians in quality improvement and patient safety (Jennifer S Myers, Meghan Brooks Lane-Fall, Angela Ross Perfetti, Kate Humphrey, Luke Sato, Kathy N Shaw, April M Taylor, Anjala Tess)
- Cautionary study on the effects of **pay for performance on quality of care**: a pilot randomised controlled trial using standardised patients (Ellen Green, Katherine S Peterson, Kathy Markiewicz, Janet O'Brien, Noel M Arring)
- Does team reflexivity impact teamwork and communication in interprofessional hospital-based healthcare teams? A systematic review and narrative synthesis (Siobhan Kathleen McHugh, Rebecca Lawton, Jane Kathryn O'Hara, Laura Sheard)
- Learning from complaints in healthcare: a realist review of academic literature, policy evidence and front-line insights (Jackie van Dael, Tom W Reader, Alex Gillespie, Ana Luisa Neves, Ara Darzi, Erik K Mayer)
- Evaluating improvement interventions using routine data to support a learning health system: research design, data access, analysis and reporting (Christopher J Weir, Alexander E P Heazell, Sonia Whyte, Jane E Norman)
A new issue of the *International Journal for Quality in Health* has been published. Many of the papers in this issue have been referred to in previous editions of *On the Radar* (when they were released online). Articles in this issue of the *International Journal for Quality in Health* include:

- Quality assessment of **weekend discharge**: a systematic review and meta-analysis (Chia-Yu Chiu, David Oria, Peter Yangga, Dasol Kang)
- Development of a guideline for the treatment of **generalized anxiety disorder** with the ADAPTE method (María M Hurtado, Eva V Nogueras, Nazaret Cantero, Luis Gálvez, José M García-Herrera, J M Morales-Asencio)
- Can social accountability mechanisms using community scorecards improve **quality of pediatric care** in rural Cambodia? (Anbrasi Edward, Younghee Jung, Chea Chhorvann, Annette E Ghee, Jane Chege)
- Associations of types of primary care facilities with **adult vaccination and cancer screening in Japan** (Takuya Aoki, Shunichi Fukuhara)
- The influence and added value of a Standardized Assessment and Reporting System for functioning outcomes upon **national rehabilitation quality reports** (Roxanne Maritz, C Ehrmann, B Prodinger, A Tennant, G Stucki)
- Implementing a quick **Sequential (Sepsis-Related) Organ Failure Assessment sepsis screening tool**: an interrupted times series study (Laura Alberto, Leanne M Aitken, Rachel M Walker, Fernando Pálizas, A P Marshall)
- Psychometric properties of the **Bulgarian version of Hospital Survey on Patient Safety Culture** (Donka Keskinova, Rositsa Dimova, R Stoyanova)
- Identifying **psychiatric diagnostic errors** with the Safer Dx Instrument (Terri L Fletcher, Ashley Helm, Viralkumar Vaghani, Mark E Kunik, Melinda A Stanley, Hardeep Singh)
- Optimization strategies for the **organization of mental healthcare** (Mihajlo Rabrenovic, Perisa Simonovic, Dusan Cogoljevic)

A new issue of *Healthcare Papers* has been published. Articles in this issue of *Healthcare Papers* include:

- The Search for **Improving Value in Canadian Healthcare**: Holy Grail or Steady Progress? (Jason M Sutherland)
- **Improving Value Means Increasing Population Health and Equity** (Walter P Wodchis and Robert J Reid)
- “You Can’t Get There from Here”: Is There a Future for **Value-Based Healthcare** in Canada? (Erin Strumpf)
- Moving from Volume to **Value with Hospital Funding** Policies in Canada (Logan Trenaman and Jason M Sutherland)
- The **Value of Health Policy** (Pierre-Gerlier Forest)
BMJ Quality & Safety online first articles

URL: https://qualitysafety.bmj.com/content/early/recent

Notes

- Editorial: Devil in the details: understanding the effects of providing electronic health record access to patients and families (Urmimala Sarkar, Courtney Lyles)
- Observational study assessing changes in timing of readmissions around postdischarge day 30 associated with the introduction of the Hospital Readmissions Reduction Program (Ashwin S Nathan, Joseph R Martinez, Jay Giri, Amol S Navathe)

International Journal for Quality in Health Care online first articles

URL: https://academic.oup.com/intqhc/advance-articles

Notes

- The Registry of Senior Australians (ROSA) Outcome Monitoring System: Quality and Safety Indicators for Residential Aged Care (Maria C Inacio, Catherine Lang, Gillian E Caughey, Sarah C E Bray, Stephanie L Harrison, Craig Whitehead, Renuka Visvanathan, Keith Evans, Megan Corlis, Victoria Cornell, Steve Wesselingh)
- Quality in practice: Applying the patient inventory method at a Danish psychiatric hospital (Sabina Bay Hermansen, Jens Holmskov, Søren Paaske Johnsen, Jan Mainz, Søren Valgreen Knudsen)
- Variation between hospitals and reviewers in detection of adverse events identified through medical record review in Korea (Sukyeong Kim, Ho Gyun Shin, Ae Jeong Jo, Ari Min, Minsu Ock, Jee-In Hwang, Youngjin Jeong, Moon Sung Park, Jong Bouk Lee, Tae Ik Chang, Eunhyang Song, HeungSeon Kim, Sang-II Lee)
- Development and evaluation of a quality improvement framework for healthcare (Hamilton Samantha, Alan J Forster, Jennings Alison)

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.
COV2D-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:

- **Face masks and COVID-19 transmission in the community**
- **Risks associated with surgery in people with COVID-19**
- **Cardiac stress testing.**

[USA] Patient Safety Primers
https://psnet.ahrq.gov/primers/

The Patient Safety Primers from the (US) Agency for Healthcare Research and Quality (AHRQ) discuss key concepts in patient safety. Each primer defines a topic, offers background information on its epidemiology and context, and provides links to relevant materials.

- **Coronavirus Disease 2019 (COVID-19) and Diagnostic Error** – Amid a global pandemic of infection due to a novel coronavirus (SARS-CoV-2), delayed diagnosis of COVID-19 may lead to preventable transmission to other individuals, including exposed family members and health care workers, and delayed initiation of effective treatment. Perhaps even more importantly, other treatable diagnoses may be missed as clinicians focus on suspected or confirmed cases of COVID-19. This Primer is an early review; it applies well-established principles of diagnostic error and improvement of diagnostic accuracy to the topic of COVID-19. It will be updated over time to incorporate new information and evidence in this rapidly evolving field.

https://store.nejm.org/signup/covid19response


[UK] The road to renewal: five priorities for health and care

This post on The King’s Fund website offers five priorities to help guide the approach to renewal across health and care after the COVID-19 pandemic. The five priorities the authors identify are:

1. A step change on inequalities and population health
2. Lasting reform for social care
3. Putting the workforce centre stage
4. Embedding and accelerating digital change
5. Reshaping the relationship between communities and public services.

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