



On the Radar

Issue 475

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On the Radar

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COVID-19 resources

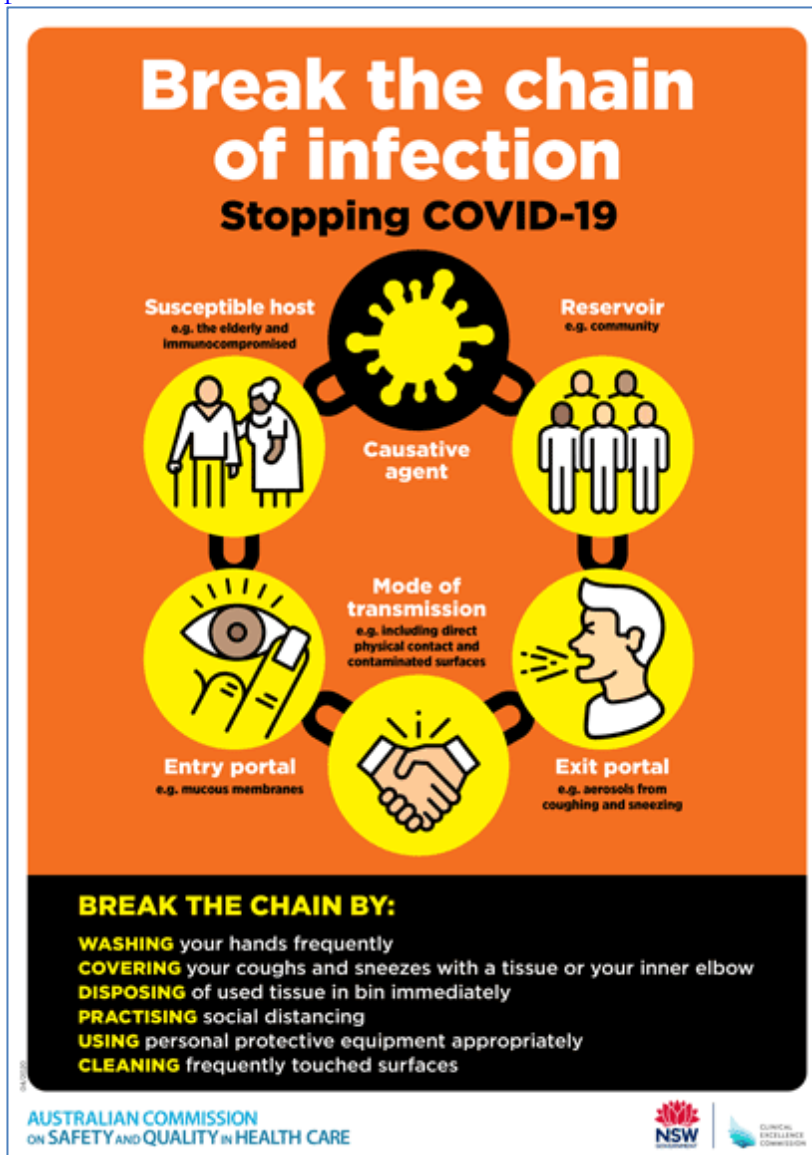
<https://www.safetyandquality.gov.au/covid-19>

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.



Books

The Cut

Kennedy M

Melbourne: Arex Press; 2020.

The Point of Care

Balding C

Ashburton: Cathy Balding Qualityworks; 2018.

URL	The Cut https://marcuskennedy.net/ The Point of Care https://www.cathybalding.com/the-point-of-care
Notes	<i>The Cut</i> is an ‘educational novel’ written by a retired Emergency Physician. The story focuses on an emergency physician that explores issues of health care in a ‘medicopolitical drama’. Among the issues raised are health governance, quality, safety philosophies of health, etc. The proceeds of the e-book sales are to be donated to programs supporting health promotion and well-being for emergency department staff. This ‘educational novel’ brought to mind Cathy Balding’s book, <i>The Point of Care</i> . That was in a similar vein, using a fictional story as a vehicle for communicating about safety and quality and health care delivery. Here the story revolves around the CEO of a rural health service who has just taken over the helm of an organisation that ranks last in the state for both consumer and staff satisfaction.

Journal articles

The safety of health care for ethnic minority patients: a systematic review

Chauhan A, Walton M, Manias E, Walpole RL, Seale H, Latanik M, et al

International Journal for Equity in Health. 2020;19(1):118.

DOI	http://doi.org/10.1186/s12939-020-01223-2
Notes	Safety and quality issues affect everyone, but some patients may be more vulnerable than others for a number of factors. This review examined safety issues in terms of ethnic minorities, from how ethnic minority populations are conceptualised in the international literature through the evidence of patient safety events arising among ethnic minority healthcare consumers and to the individual, service and system factors that contribute to unsafe care. Based on 45 studies, the authors report: <ol style="list-style-type: none"> 1. ‘those from ethnic minority backgrounds were conceptualised variably; 2. people from ethnic minority backgrounds had higher rates of hospital acquired infections, complications, adverse drug events and dosing errors when compared to the wider population; and 3. factors including language proficiency, beliefs about illness and treatment, formal and informal interpreter use, consumer engagement, and interactions with health professionals contributed to increased risk of safety events amongst these populations.’

Sideline guilt

Reuben DB

JAMA Internal Medicine. 2020.

DOI	https://doi.org/10.1001/jamainternmed.2020.2746
Notes	<p>Perspective piece in <i>JAMA Internal Medicine</i> reflecting on how some clinicians may be experiencing ‘sideline guilt’ during the COVID-19 pandemic as they are not personally delivering frontline care to pandemic patients. Somewhat akin to survivor guilt, sideline guilt ‘is a feeling of dysphoria because I am not doing all I possibly could do on the front line of care delivery’. The author offers some advice, including:</p> <ol style="list-style-type: none">1. Acknowledging it as a normal reaction2. Supporting colleagues who are on the front line3. Recognising that what you do is contributing4. Supporting frontline colleagues by being an information conduit and helping the inpatient team5. Staying away.

Prevalence and Nature of Medication Errors and Medication-Related Harm Following Discharge from Hospital to Community Settings: A Systematic Review

Alqenae FA, Steinke D, Keers RN

Drug Safety. 2020;43(6):517-537.

DOI	https://doi.org/10.1007/s40264-020-00918-3
Notes	<p>Medication errors are acknowledged to be among the most common of errors. This systematic review, based on 54 studies, found that more than half of patients experienced a medication error or unintentional medication discrepancy after hospital discharge. The review found that the ‘Drug classes most commonly implicated with adverse drug events were antibiotics, antidiabetics, analgesics and cardiovascular drugs.’</p>

Medication Order Errors at Hospital Admission Among Children With Medical Complexity

Blaine K, Wright J, Pinkham A, O’Neill M, Wilkerson S, Rogers J, et al

Journal of Patient Safety. 2020 [epub].

DOI	https://doi.org/10.1097/PTS.0000000000000719
Notes	<p>This prospective cohort study was undertaken at 2 children’s hospitals and examined 1233 hospitalisations for children with medical complexity. The study sought to characterize the nature and prevalence of medication order errors (MOE) occurring at admission. In this cohort of 1233, 75 (6.1%) had ≥ 1 medication order error occurring at admission (with a total of 112 errors). The most common MOEs were incorrect dose (41.1%) and omitted medication (34.8%). Baclofen and clobazam were the medications most commonly associated with MOEs.</p>

Predictors of Serious Opioid-Related Adverse Drug Events in Hospitalized Patients

Minhaj FS, Rappaport SH, Foster J, Gashlin LZ

Journal of Patient Safety. 2020 [epub].

DOI	https://doi.org/10.1097/PTS.0000000000000735
Notes	<p>This study looked at adverse events involving opioids in hospitalized patients. This retrospective case-control study involved 275 cases and 592 control patients as it sought to identify risk factors that predispose inpatients to develop opioid-related adverse drug events requiring the use of naloxone. The authors report that ‘Variables that were associated with greater odds of naloxone administration included age of 65 years or older, female, length of stay, pulmonary diagnoses, use of gabapentinoids, and patient-controlled analgesia use.’</p>

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

What Do Patients Want? A Qualitative Analysis of Patient, Provider, and Administrative Perceptions and Expectations About Patients’ Hospital Stays

Nepal S, Keniston A, Indovina KA, Frank MG, Stella SA, Quinzanos-Alonso I, et al
Journal of Patient Experience. 2020;2374373520942403.

What do consumers with chronic conditions expect from their interactions with general practitioners? A qualitative study of Australian consumer and provider perspectives

Song HJ, Dennis S, Levesque J-F, Harris MF
Health Expectations. 2020 Jun;23(3):707-716.

DOI	Nepal et al https://doi.org/10.1177/2374373520942403 Song et al https://doi.org/10.1111/hex.13050
Notes	<p>A pair of articles using detailed interview responses to examine what patients/consumers want from their health care and the individuals and organisations delivering that care. Perhaps further examples of telling us what we (think) we know</p> <p>Nepal et al report on a study that used semi-structured interviews with 45 hospitalised English and Spanish-speaking patients at a large, urban hospital in the USA. The authors report 4 main themes as being important to these patients:</p> <ol style="list-style-type: none"> 1. the hospital environment including cleanliness and how hospital policies and procedures impact patients’ perceived autonomy 2. whole-person care 3. communication with and between care teams and utilizing words that patients can understand, and 4. responsiveness and attentiveness to needs. <p>Song et al interviewed 18 Australians living with chronic conditions about their interactions with general practitioners (GPs), along with 10 GPs and 3 GP registrars in order to ‘identify key consumer expectations in clinical interactions in Australian general practice based on consumer and GP perspectives.’ In this work the themes identified included:</p> <ol style="list-style-type: none"> 1. the importance of longevity and continuity of the relationship 2. having good rapport 3. GP’s respect for consumer opinions and expertise 4. having effective communication; and 5. addressing mental health.

For information on the Commission’s work on person-centred care, see <https://www.safetyandquality.gov.au/our-work/partnering-consumers/person-centred-care>

Maximum emergency department overcrowding is correlated with occurrence of unexpected cardiac arrest

Kim J-s, Bae H-J, Sohn CH, Cho S-E, Hwang J, Kim WY, et al
Critical Care. 2020;24(1):305.

DOI	https://doi.org/10.1186/s13054-020-03019-w
Notes	Some studies appear to draw conclusions that appear self-evident; but it can be useful to have the empirical evidence. In this case, over-crowded emergency departments (EDs) can have unwelcome outcomes. However, the authors of this study report that while maximum ED occupancy rates in this single site were correlated with in-hospital cardiac arrest, occupancy rates were not correlated with ED mortality.

The State of Health Care Quality Measurement in the Era of COVID-19: The Importance of Doing Better
Austin JM, Kachalia A

Journal of the American Medical Association. 2020;324(4):333-334.

DOI	https://doi.org/10.1001/jama.2020.11461
Notes	A number of otherwise routine activities, such as reporting quality measures and accreditation, have been in abeyance during the COVID-19 pandemics in many locations or jurisdictions. This Viewpoint piece in the <i>Journal of the American Medical Association</i> , speculates on health care quality measurement in the USA and how it could be improved in light of the pandemic. Lamenting the labour required, the lack of timeliness and standardisation in US quality reporting the authors call for these to be addressed so that timely, accurate and comparable data can be collected ‘during both times of stability and times of crisis. During a crisis, health care is still being delivered, and the need to understand the quality and safety of that care becomes more important as the care processes continue to rapidly change.’

BMJ Quality & Safety online first articles

URL	https://qualitysafety.bmj.com/content/early/recent
Notes	<i>BMJ Quality & Safety</i> has published a number of ‘online first’ articles, including: <ul style="list-style-type: none"> • Editorial: Leveraging big data to guide better nurse staffing strategies (Joanne Spetz) • Editorial: Simulation: a key tool for refining guidelines and demonstrating they produce the desired behavioural change (Mark Fan, Patricia Trbovich)

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"> • Improving the quality of mortality review equity reporting: Development of an Indigenous Māori responsiveness rubric (Denise Wilson, Sue Crengle, Fiona Cram) • Expanding frontiers of risk management: care safety in nursing home during COVID-19 pandemic (Matteo Scopetti, Alessandro Santurro, Riccardo Tartaglia, Paola Frati, Vittorio Fineschi)

Online resources

Future Leaders Communiqué

<https://www.thecommunicates.com/post/future-leaders-communicu%C3%A9-volume-5-issue-3-july-2020>

Volume 5 Issue 3 July 2020

This issue of the *Future Leaders Communiqué* focuses on how health care professionals can provide better care for individuals of culturally and linguistically diverse (CALD) backgrounds. The case presented here is a sobering example of patient harm due to communication failures. Given Australia’s diverse population our health care systems and professionals need to be able to deliver culturally safe practice.

For information on the Commission’s work on communicating for safety, see

<https://www.safetyandquality.gov.au/our-work/communicating-safety>

For resources, see the Communicating for Safety resource portal at

<https://c4sportal.safetyandquality.gov.au/>

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.

[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 NG167 **COVID-19 rapid guideline: rheumatological autoimmune, inflammatory and metabolic bone disorders** <https://www.nice.org.uk/guidance/ng167>
- NICE Guideline NG179 **COVID-19 rapid guideline: arranging planned care in hospitals and diagnostic services** <https://www.nice.org.uk/guidance/ng179>
- Quality Standard QS195 **Renal and ureteric stones** <https://www.nice.org.uk/guidance/qs195>

[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:

- **Masks for Prevention of COVID-19 in Community and Healthcare Settings: A Living Rapid Review** <https://effectivehealthcare.ahrq.gov/products/masks-covid/rapid-review>

[UK] NIHR Evidence alert

<https://evidence.nihr.ac.uk/>

The UK’s National Institute for Health Research (NIHR) has posted new evidence alerts on its site. Evidence alerts are short, accessible summaries of health and care research which is funded or supported by NIHR. This is research which could influence practice and each Alert has a message for people commissioning, providing or receiving care. The latest alerts include:

- Combined drug and psychological therapies may be most effective for **depression**
- Loneliness in people with **dementia** is linked to social isolation and depression
- Most people caring for relatives with **dementia** experience loneliness
- Some antidepressants can help people **quit smoking**, but other medications may offer greater benefits
- New research supports the move to raise the **blood pressure target** for frail older people
- **Drug users** who lack access to clean water use dangerous alternatives to prepare injections
- **Asthma patients** with a history of opioid use have worse outcomes
- Most patients undergoing planned surgery do not need **compression stockings**.

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