



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:

- **COVID-19: Aged care staff infection prevention and control precautions poster**
<https://www.safetyandquality.gov.au/publications-and-resources/resource-library/covid-19-aged-care-staff-infection-prevention-and-control-precautions-poster>

STOP DO NOT VISIT A RESIDENT BEFORE SEEING RECEPTION

Precautions for staff

caring for aged care home residents who are suspected, probable, or confirmed COVID-19 cases*

*This PDF (P2020) provides a guide to aged care home residents with the latest evidence to inform COVID-19 infection prevention and control measures as advised by CSIRO. It includes general guidance on infection prevention and control measures in care with significant community transmission of COVID-19. The Infection Control Team Group has provided guidance regarding use of P2/N95 masks and provides key work flow events in care environments in terms of care levels and an infection prevention and control considerations document.

Before entering
a resident's room with suspected, probable, or confirmed COVID-19

- 1 Perform hand hygiene**
Wash hands with soap and water or use an alcohol-based hand rub. Rub all parts of your hands, then rinse and dry with a paper towel if using soap and water, or rub till dry if using alcohol.
- 2 Put your gown on**
Put on a fluid-resistant long sleeved gown or apron.
- 3 Put on your P2/N95 respirator mask**
A. Hold the mask by its loops, then put the loops around your head.
B. Make sure the mask covers your mouth and nose. Ensure there are no gaps between your face and the mask, and press the nose piece around your nose.
C. Continue to adjust the mask along the outside until you feel you have achieved a good and comfortable facial fit.
- 4 Check the fit of your P2/N95 respirator mask**
A. Gently place hands around the edge of the mask to feel for any air or leakage.
B. Check the seal of the mask by breathing out gently. If an exhalation is felt, readjust the mask and seal again, until no air escapes. It may be harder to get a good fit if you have a beard.
C. Check the seal of the mask by breathing in gently. If the mask does not come inward your face, or air leaks around the face seal, readjust the mask and seal again.
D. Finally, completely cover the mask with both hands before breathing in to help resecure the fit is good.
- 5 Perform hand hygiene again**
Perform hand hygiene again after checking the fit of your mask, if you have touched your face. Then put on eyewear, and then gloves.

After you finish providing care

- 1 Remove your gloves, gown and eyewear**
A. Remove your gloves, dispose of them in a designated bin/garbage bag and perform hand hygiene.
B. Remove your gown, dispose of it in the same bin and perform hand hygiene.
C. Remove your eyewear, and place in a designated bin/garbage bag, if disposable, or in the designated recycling container if reusable.
- 2 Remove your mask**
Take the mask off from behind your head by pulling the loops over your head and moving the mask away from your face.
- 3 Dispose of the mask**
Dispose in a designated bin/garbage bag and close the bin/lid.
- 4 Perform hand hygiene again**
Wash hands with soap and water or use an alcohol-based hand rub.

IMPORTANT

To protect yourself and your family and friends, when your shift finishes, change into clean clothes at work, if possible, and put your clothes in a plastic bag. Go straight home, shower immediately and wash all of your work clothes and the clothes you wore home.

To help stop the spread of COVID-19 and other infections, always:

- ✓ Stay home from work if you are sick.
- ✓ Perform hand hygiene frequently, and before and after you attend every resident, and after contact with potentially contaminated surfaces.
- ✓ Follow respiratory hygiene and cough etiquette.
- ✓ Keep 1.5 metres away from other staff and residents, except when providing resident care, if possible.
- ✓ Ensure regular environmental cleaning, especially of frequently touched surfaces.
- ✓ Wear gloves and a gown or apron to handle and dispose of waste and use linen in designated bags/bins.
- ✓ Close the bags/bins, and perform hand hygiene after every contact.
- ✓ Clean and disinfect all shared resident equipment.

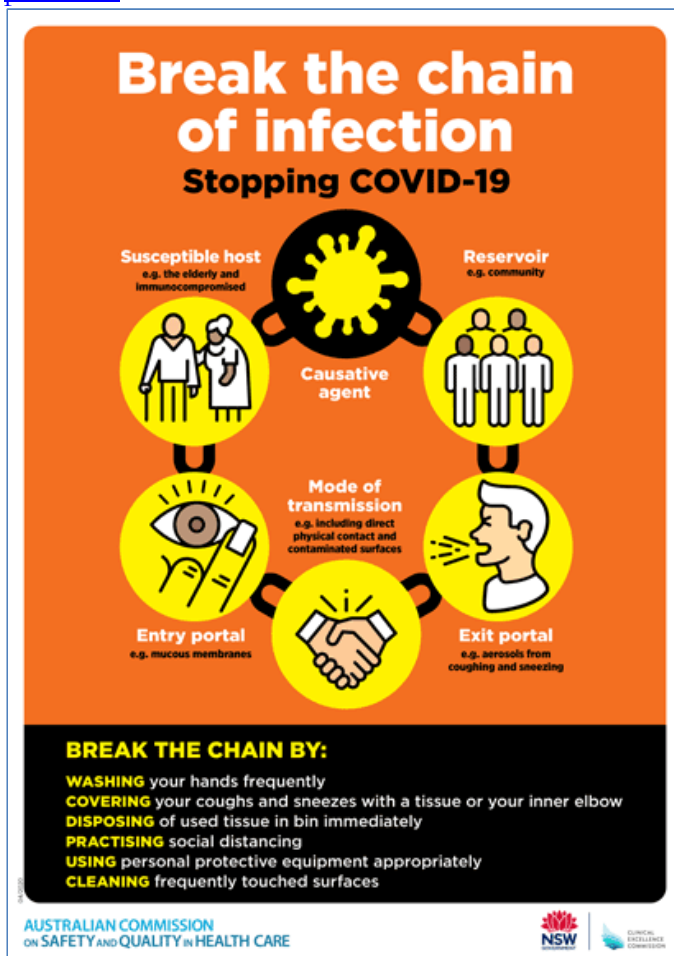
*There are many types of respirator masks. Follow the manufacturer's instructions for the brand you are using.

AUSTRALIAN COMMISSION ON SAFETY AND QUALITY IN HEALTH CARE

The content of this poster was informed by resources developed by the NSW Clinical Excellence Commission and the Victorian Department of Health and Human Services. Photos reproduced with permission from the NSW Clinical Excellence Commission.

- **Environmental Cleaning and Infection Prevention and Control**
www.safetyandquality.gov.au/environmental-cleaning
- **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>
- **COVID-19 infection prevention and control risk management – Guidance**
<https://www.safetyandquality.gov.au/publications-and-resources/resource-library/covid-19-infection-prevention-and-control-risk-management-guidance>
- **Safe care for people with cognitive impairment during COVID-19**
<https://www.safetyandquality.gov.au/our-work/cognitive-impairment/cognitive-impairment-and-covid-19>

- **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*
 - *Conserving medicines*
 - *Intravenous medicines administration in the event of an infusion pump shortage*
- **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>
- **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>

The Commission’s fact sheet on use of face masks in the community to reduce the spread of COVID-19 is now available in Easy English and 10 other community languages from <https://www.safetyandquality.gov.au/wearing-face-masks-community>.

The factsheet was developed to help people understand when it is important to wear a mask to reduce the risk of the spread of COVID-19, and to explain how to safely put on and remove face masks. It also reinforces the importance of staying home if you have symptoms, physical distancing, hand hygiene and cough etiquette.

**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.

***Clostridioides difficile* infection 2018 Data Snapshot**

Australian Commission on Safety and Quality in Health Care
Sydney: ACSQHC; 2020. p. 14.

<https://www.safetyandquality.gov.au/publications-and-resources/resource-library/clostridium-difficile-infection-2018-data-snapshot>

The third data snapshot report on the prevalence of *Clostridioides difficile* infection (CDI) in Australian public hospitals has been published on the Commission's website, along with an infographic to highlight the key findings from the report (<https://www.safetyandquality.gov.au/publications-and-resources/resource-library/clostridium-difficile-infographic>)

This report provides an overview of the burden of CDI in Australian public hospitals in 2018.

The report's analyses support review and assessment of the CDI burden nationally. State and territory health authorities and health service organisations should consider the use of timely local patient administrative data, such as the model presented in this report, in conjunction with other relevant surveillance information to evaluate the local epidemiology of CDI and inform local strategies for the control of potential CDI outbreaks.

In 2018, the average rate for all CDI diagnoses (principal and non-principal combined) was 4.05 diagnoses per 10,000 patient bed days. From 2016 to 2018, there was an upward trend in the average yearly rate for all CDI diagnoses.

An amalgam report that summarises the findings from the three CDI data snapshot reports from 2016, 2017 and 2018, as well as discussion on the case validation used for CDI surveillance and the future directions for CDI surveillance in Australia will be released later 2020.

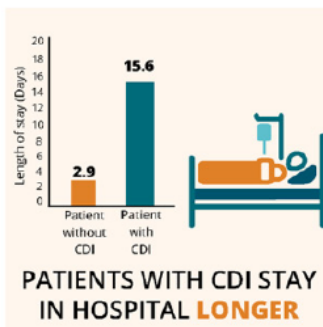
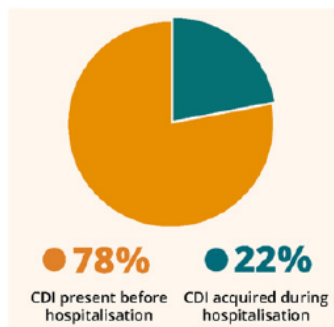
How do you manage *Clostridioides difficile* Infection (CDI) in your hospital?



The number of patients in Australian public hospitals with CDI **increased** between 2017 and 2018



There were **61,297** healthcare-associated infections (HAIs) reported in Australia in 2018*



Reports

Aboriginal Community Controlled Health Organisations in practice: sharing ways of working from the ACCHO sector
 The Centre of Research Excellence in Aboriginal Chronic Disease Knowledge Translation and Exchange
 Adelaide: Wardliparingga Aboriginal Health Equity Theme and the South Australian Health and Medical Research Institute.; 2020.

URL	https://create.sahmri.org/
Notes	<p>This resource showcases the Aboriginal Community Controlled Health Organisation (ACCHO) sector. It highlights ACCHO ways of working and has been developed for workforce within ACCHOs and other Indigenous primary health care organisations. The resource may be used to support evaluation of existing programs and service delivery models, induction of new staff, workforce capacity building, strategic planning processes, funding applications or future research endeavours.</p> <p>The resource contains ten chapters that each describe ACCHO practices in one domain. Policy briefs have also been developed to summarise the challenges and policy implications related to each chapter of the resource, with the exception of Chapter 2 (Governance chapter). The chapters include:</p> <ol style="list-style-type: none"> 1. Characteristics of ACCHO Comprehensive Primary Health Care Service Delivery 2. Doing it Our Way: Governance in ACCHOs 3. Strengthening ACCHO Workforce 4. Addressing the Social Determinants of Health: ACCHO practices and principles 5. ACCHO Comprehensive Health Promotion 6. Caring for Elders in practice: Aged Care in ACCHOs 7. Approaches to Funding in newly established ACCHOs 8. A Health Check for the service: ACCHO approaches to accreditation 9. It's everyone's business: Continuous Quality Improvement in ACCHOs 10. National Key Performance Indicators and ACCHOs.

Journal articles

Leadership during the COVID-19 pandemic: building and sustaining trust in times of uncertainty
 Ahern S, Loh E
 BMJ Leader. 2020;leader-2020-000271.

DOI	https://dx.doi.org/10.1136/leader-2020-000271
Notes	<p>The(SARS-CoV-2/COVID-19 pandemic has brought many things, including a literature reflecting on many aspects of life in a pandemic. This commentary piece reflects on the importance of trust as it applies to healthcare. This include trust at various levels including the system, organisational and individual. The authors reflect on developing and sustaining trust through preparedness, planning, action, being adaptive, responsibility, accountability, connection, authenticity, etc. They also suggest that ‘As COVID-19 continues to play out over the globe, it is becoming clear that trust ultimately also requires leaders to offer hope, a credible vision of our lives for the future and guidance on how it can be achieved.’</p> <p>It could be said that perhaps this is not just true of leading in a pandemic but simply trust is central to leadership.</p>

What safety events are reported for ambulatory care? Analysis of incident reports from a patient safety organization
 Sharma AE, Yang J, Del Rosario JB, Hoskote M, Rivadeneira NA, Stakeholder Research Advisory Council, et al
 The Joint Commission Journal on Quality and Patient Safety. 2020 [epub].

DOI	https://doi.org/10.1016/j.jcjq.2020.08.010
Notes	<p>Paper reporting on a study of patient safety reports in ambulatory care settings collected from a ‘patient safety organization’ covering 400 hospitals in 10 US states in the period May 2012 to October 2018. The 2,071 events analysed included 51 deaths, 159 severe harm events, 1,180 moderate harm, 926 mild harm, 384 no harm events. The findings include:</p> <ul style="list-style-type: none"> • Most were from outpatient subspecialty care, while 5.2% were from home/community, and 2.1% were from primary care • Medication-related events were most common (45.3%) • Diagnostic errors, patient/caregiver challenges, and events in the home/community and in psychiatric settings were associated with higher harm.

Nursing Leadership
 Volume 33, Number 3, 2020

URL	https://www.longwoods.com/publications/nursing-leadership/26318/1/vol.-33-no.-3-2020
Notes	<p>A new issue of <i>Nursing Leadership</i> has been published with a special focus on Introduction To Crisis Leadership. Articles in this issue of <i>Nursing Leadership</i> include:</p> <ul style="list-style-type: none"> • Editorial: A Cockeyed Optimist (Lynn M Nagle) • Letter to the Editor: Re: CJNL 32.4 - Special Focus on the NCLEX-RN Experience in Canada (David Byres, Natasha Prodan-Bhalla and R Lynn Stevenson) • Weathering Pandemic Turbulence: It’s All about Relationships (Mary McAllister) • The Impact of COVID-19 within Academic Settings: A High-Speed Pivot (Joan Almost) • Community Care and COVID-19: A Case Study (Barbara Mildon) • Using the Synergy Tool to Determine Regina Emergency Department Staffing Needs (Maura MacPhee, Joan Wagner, Sonia A Udod, Lois Berry, Glen Perchie and Aidan Conway) • Implementation of a Preparedness Program to Address Violent Situations in Healthcare (Jacqueline J Johnson-Howell and Della J Derscheid) • Book Review: A Knapsack Full of Dreams: Memoirs of a Street Nurse (Natalie Stake-Doucet)

URL	https://qualitysafety.bmj.com/content/29/11
Notes	<p>A new issue of <i>BMJ Quality & Safety</i> has been published. Many of the papers in this issue have been referred to in previous editions of <i>On the Radar</i> (when they were released online). Articles in this issue of <i>BMJ Quality & Safety</i> include:</p> <ul style="list-style-type: none"> • Editorial: Making communication and resolution programmes mission critical in healthcare organisations (Thomas H Gallagher, Richard C Boothman, Leilani Schweitzer, Evan M Benjamin) • Editorial: Making MAGIC: how to improve the use of peripherally inserted central catheters (Vineet Chopra) • Association of open communication and the emotional and behavioural impact of medical error on patients and families: state-wide cross-sectional survey (Julia C Prentice, Sigall K Bell, Eric J Thomas, Eric C Schneider, Saul N Weingart, Joel S Weissman, Mark J Schlesinger) • Ensuring successful implementation of communication-and-resolution programmes (Michelle M Mello, Stephanie Roche, Yelena Greenberg, Patricia Henry Folcarelli, Melinda Biocchi Van Niel, Allen Kachalia) • Appropriateness of peripherally inserted central catheter use among general medical inpatients: an observational study using routinely collected data (Amol A Verma, Alexander Kumachev, Sonam Shah, Yishan Guo, Hae Young Jung, Shail Rawal, Lauren Lapointe-Shaw, Janice L Kwan, Adina Weinerman, Terence Tang, Fahad Razak) • Reduction of paediatric head CT utilisation at a rural general hospital emergency department (Jeffrey Paul Louie, Joseph Alfano, Thuy Nguyen-Tran, Hai Nguyen-Tran, Ryan Shanley, Tara Holm, Ronald A Furnival) • Cluster randomised controlled trial evaluating the clinical and humanistic impact of a pharmacist-led minor ailment service (Sarah Dineen-Griffin, Shalom I Benrimoj, Kris Rogers, Kylie A Williams, Victoria Garcia-Cardenas) • Out of sight, out of mind: a prospective observational study to estimate the duration of the Hawthorne effect on hand hygiene events (Alon Vaisman, Grace Bannerman, John Matelski, Kathryn Tinckam, Susy S Hota) • CODE: a practical framework for advancing patient-centred code status discussions (Alec Petersen, James A Tulskey, Mallika Mendu) • To improve quality, keep your eyes on the road (Marc Philip T Pimentel, John Matthew Austin, Allen Kachalia) • Improving access in a VA primary care clinic using an innovative Panel Retention Tool: a quality improvement report (Andrew T Harris, Catherine Hoover, Brendan Cmolik, Mariel Zaun, Corinna Falck-Ytter, Mamta K Singh)

URL	https://journals.lww.com/pqs/toc/2020/09000
Notes	<p>A new issue of <i>Pediatric Quality & Safety</i> has been published. Articles in this issue of <i>Pediatric Quality & Safety</i> include:</p> <ul style="list-style-type: none"> • Physician Burnout at a Children’s Hospital: Incidence, Interventions, and Impact (Gogi Kumar, Adam Mezoff) • A Quality Improvement Initiative to Improve Perioperative Hypothermia Rates in the NICU Utilizing Checklists (Morcos Hanna, Zeyar Htun, Shahidul Islam, Nazeeh Hanna, Ulka Kothari, Amrita Nayak) • Plan-Do-Study-Act Methodology: Refining an Inpatient Pediatric Sepsis Screening Process (Kathryn E Nuss, Jillian S Kunar, Erin A. Ahrens) • Diurnal Variation in Medical Emergency Team Calls at a Tertiary Care Children’s Hospital (Susan R Conway, Ken Tegtmeier, Derek S Wheeler, Allison Loechtenfeldt, Erika L Stalets, Patrick W Brady) • Nurse-driven Clinical Pathway Based on an Innovative Asthma Score Reduces Admission Time for Children (Machtelt H Sjoerdsma, Thom H G Bongaerts, Lidy van Lente, Arvid W A Kamps) • Learning by Doing: Design and Evaluation of a Quality Improvement Curriculum for Pediatric Hospitalists (John Szymusiak, A McCormick) • Prospective Evaluation of the Safety and Efficacy of THRIVE for Children Undergoing Airway Evaluation (Tyler S Okland, George S Liu, Thomas J Caruso, Douglas R Sidell) • Quality Improvement Analyses Revealed a Hidden Shift Following a Retrospective Study on Breastfeeding Rates (Jennifer Sedler, I Sheevaun Khaki, Carrie A Phillipi, Dmitry Dukhovny, Kenneth DeVane, L Gievers) • Transitions to Postsecondary Education in Young Adults with Hemoglobinopathies: Perceptions of Patients and Staff (Brooke A Allemang, James Bradley, Rosemary Leone, Megan Henze) • A Quality Improvement Approach to Reduce Unplanned Extubation in the NICU While Avoiding Sedation and Restraints (C Briana Bertoni, Thomas Bartman, Gregory Ryshen, Brandon Kuehne, Marissa Larouere, Leslie Thomas, Erin Wishloff, Edward Shepherd, J Dillard, L R Pavlek, M Moallem) • Perioperative Temperature Management in Children: What Matters? (Shu Ying Lee, Sharon Yuan Kwan Wan, Chin Lin Tay, Zi Hui Tan, Irene Wong, Maureen Chua, John C Allen) • Seventy-two-hour Return Initiative: Improving Emergency Department Discharge to Decrease Returns (Nidhya Navanandan, Sarah K Schmidt, Natasha Cabrera, Irina Topoz, Michael C DiStefano, Rakesh D Mistry) • The Type 1 Diabetes Composite Score: An Innovative Metric for Measuring Patient Care Outcomes Beyond Hemoglobin A1c (Justin A Indyk, Don Buckingham, K S Obrynba, C Servick, K K Gandhi, A Kramer, M K Kamboj) • Optimizing Rapid Sequence Intubation for Medical and Trauma Patients in the Pediatric Emergency Department (Berkeley L Bennett, Daniel Scherzer, Delia Gold, Don Buckingham, Andrew McClain, Elaise Hill, Adjoa Andoh, Joseph Christman, Andrew Shonk, Sandra P Spencer) • Screening Social Determinants of Health in a Multidisciplinary Severe Asthma Clinical Program (Sydney Leibel, Bob Geng, Wanda Phipatanakul, Euyhyun Lee, Phyllis Hartigan)

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">• Variation in the design of Do Not Resuscitate orders and other code status options: a multi-institutional qualitative study (Jason N Batten, Jacob A Blythe, Sarah Wieten, Miriam Piven Cotler, Joshua B Kayser, Karin Porter-Williamson, Stephanie Harman, Elizabeth Dzung, David Magnus)• Work systems analysis of sterile processing: assembly (Myrte Alfred, Ken Catchpole, Emily Huffer, Larry Fredendall, Kevin M Taaffe)

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">• Innovating Health Care: Key Characteristics of Human-Centered Design (Marijke Melles, Armagan Albayrak, Richard Goossens)• Hospital medication errors: a cross sectional study (Anton N Isaacs, Kenneth Ch’ng, Naaz Delhiwale, Kieran Taylor, Bethany Kent, Anita Raymond)• The efficiency-thoroughness trade-off after implementation of electronic medication management: a qualitative study in pediatric oncology (Melissa T Baysari, Bethany A Van Dort, Mirela Prgomet, Wu Yi Zheng, Magdalena Z Raban)

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.

[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 QS47 **Heavy menstrual bleeding** <https://www.nice.org.uk/guidance/qs47>

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