AUSTRALIAN COMMISSION ON SAFETY AND QUALITY IN HEALTH CARE

# On the Radar

Issue 489
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*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.

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**On the Radar**
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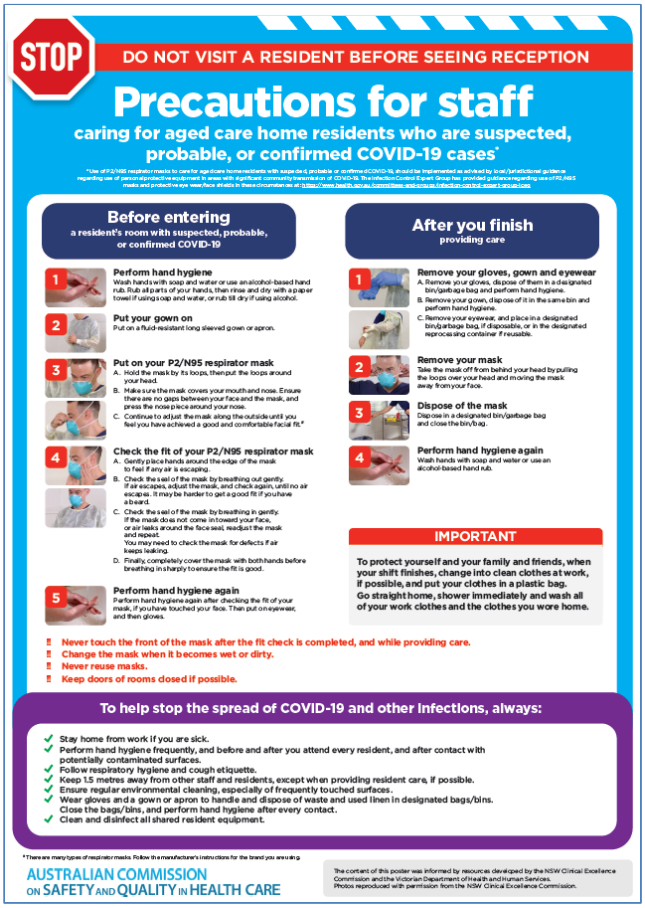
**COVID-19 resources**

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

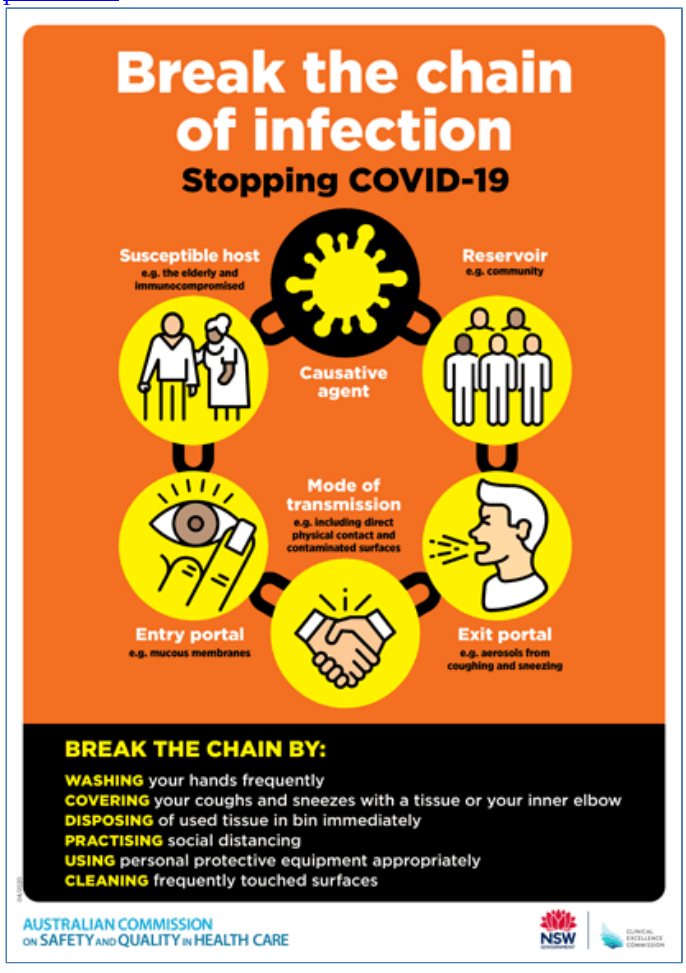
The latest additions include:

- *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

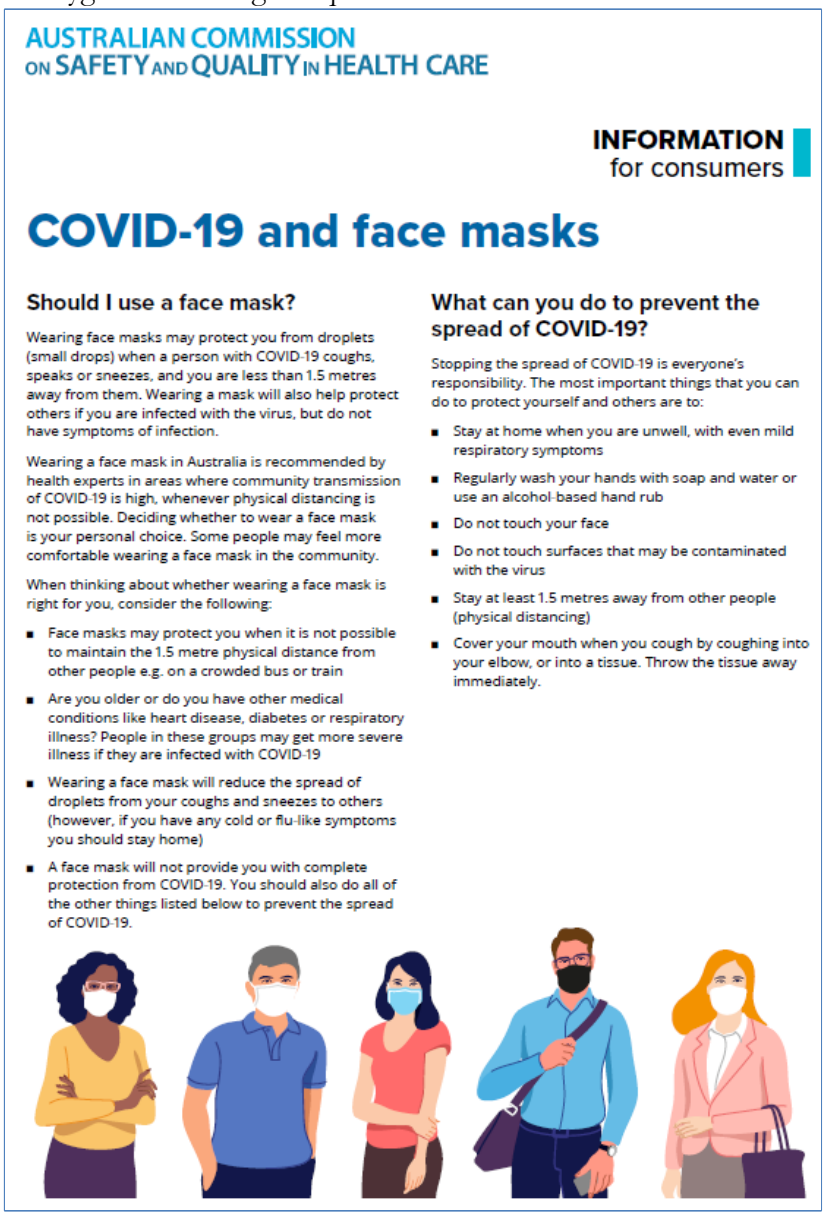



- *Environmental Cleaning and Infection Prevention and Control*
  www.safetyandquality.gov.au/environmental-cleaning
- *Infection prevention and control Covid-19 PPE* poster
  https://www.safetyandquality.gov.au/publications-and-resources/resource-library/infection-prevention-and-control-covid-19-personal-protective-equipment
- *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.


**Draft Acute Anaphylaxis Clinical Care Standard consultation**
https://www.safetyandquality.gov.au/standards/clinical-care-standards/consultations-clinical-care-standards

The Australian Commission on Safety and Quality in Health Care has released the draft *Acute Anaphylaxis Clinical Care Standard* for public consultation.

The *Acute Anaphylaxis Clinical Care Standard* will support a national approach to the treatment of anaphylaxis, which is the most severe form of allergic reaction, and potentially life-threatening if not treated immediately.

More than four million Australians live with allergies and in the past five years, anaphylaxis hospital admissions in Australia increased 46% to 11,856 in 2018-19.

The draft clinical care standard includes:

- Six quality statements that describe the care that should be offered to people experiencing anaphylaxis, and
- A set of indicators to support health service organisations with local monitoring of quality improvement activities.

There are four documents available for comment

- *Acute Anaphylaxis Clinical Care Standard - Consultation Draft*
- *Acute Anaphylaxis Clinical Care Standard - Consumer Fact Sheet - Consultation draft*
- *Acute Anaphylaxis Clinical Care Standard - Clinician Fact Sheet - Consultation draft*
- *Anaphylaxis discharge checklist and discussion guide - Consultation draft.*

The Commission is keen to receive comments on the draft clinical care standard from healthcare professionals, peak healthcare and consumer organisations, consumers and any other interested parties. If you or your health service organisation provide care to people who may require anaphylaxis treatment — or you are personally affected by anaphylaxis — you are invited to comment on the draft *Acute Anaphylaxis Clinical Care Standard.*

Please share the link with anyone in your network who may like to comment. The public consultation will close at 11:59pm (AEDT) on Sunday 13 December 2020.

For more information, contact the Clinical Care Standards team at ccs@safetyandquality.gov.au or visit our website at https://www.safetyandquality.gov.au/standards/clinical-care-standards

**Reports**

*Enabling Person Centred, Team Based Care*
Australian Healthcare and Hospitals Association
Canberra: AHHA; 2020. p. 14.

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| URL | https://ahha.asn.au/supplement-enabling-person-centred-team-based-care |
| Notes | The Australian Healthcare and Hospitals Association (AHHA) has issued this addendum or supplement to their 2017 Healthy people, healthy systems blueprint for Australian health care. In this supplement, the AHHA argues that to implement person-centred, team-based care effectively, action is needed in some key areas:<br>• Population health planning and data driven models of care, with practices and services engaged in this process at the local level.<br>• Clinical governance, with frameworks that span and link jurisdictional and professional boundaries, and provide local ownership and shared agreement of the care to be provided.<br>• A cultural shift towards person-centred care, with purposeful and active inclusion of the patient, family and carers as essential components of the team.<br>• Person-centred data and interoperable technology, with the use of indicators and measures embedded in clinical workflows, enabling real-time, shared goal-setting and decision-making with the patient and across sectors.<br>• Investment in physical infrastructure, creating environments where teams can share and collaborate.<br>• Workforce development, fostering capabilities such as in co-design, data analysis and quality improvement, and technology that supports team-based care, with student placements available to experience how high-functioning teams work.<br>• Funding models, which incentivise the use of indicators and measures in routine clinical practice, support participation in population health planning, and provide greater flexibility in how teams achieve the desired outcomes. |

*COVID-19 transmission in hospitals: management of the risk – a prospective safety investigation*
Healthcare Safety Investigation I2020/018
Healthcare Safety Investigation Branch
Farnborough: HSIB; 2020. p. 98.

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| URL | https://www.hsib.org.uk/news/national-report-charts-challenges-managing-covid-19-transmission-hospitals/ |
| Notes | The Healthcare Safety Investigation Branch in the UK has produced this report following concern that patients were contracting COVID-19 after being admitted to hospital in the UK. The investigation sought to understand the factors that could contribute to the risk of transmission, how the NHS operates to reduce that risk and where there may be opportunities to reduce that risk even further. A number of factors are involved in understanding and addressing the risks, including people, equipment, tasks, environment and organisation. The report details a number of findings, safety recommendations and observations. A summary report is also available. |

**Journal articles**

*Health Outcomes and Healthcare Efficiencies Associated with the Use of Electronic Health Records in Hospital Emergency Departments: a Systematic Review*
Mullins A, O'Donnell R, Mousa M, Rankin D, Ben-Meir M, Boyd-Skinner C, et al
Journal of Medical Systems. 2020;44(12):200.

*Association of Electronic Health Record Use Above Meaningful Use Thresholds With Hospital Quality and Safety Outcomes*
Murphy ZR, Wang J, Boland MV
JAMA Network Open. 2020;3(9):e2012529-e2012529.

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| DOI | Mullins et al https://doi.org/10.1007/s10916-020-01660-0<br>Murphy et al https://doi.org/10.1001/jamanetworkopen.2020.12529 |
| Notes | Mullins et al reports on a systematic review of evidence of health outcomes and efficiency benefits of Electronic Health Records (EHR) use in the emergency department setting. Recently, substantial investments have been made by governments to design and implement EHRs. EHRs also play a role in transforming the quality, outcomes and cost of care, particularly in an unanticipated emergency event.<br>The authors of this systematic review note this is the first to summarise the cost efficiencies associated with EHR use outside of just the United States of America.<br>The key findings include:<br>• Wide reported variation regarding EHR access in the ED (1.46–56.6%), yet was most frequently reported as less than 20%.<br>• Seven different types of health outcomes and three different types of efficiency improvements associated with EHR use in the emergency department were identified through the review.<br>• The most frequently reported findings were efficiencies, including those leading to reductions in diagnostic tests, imaging and associated costs.<br>• This review is the first to report moderate to significant increases in admission rates are associated with EHR use in the emergency department, contrasting the findings of previous reviews.<br>The authors of the review suggest that further research is required to examine the impact of EHR implementation and system design on the findings reported, in order to ensure return on investment for stakeholders and optimised consumer care. This is in part due to the variation in methodologies employed across the papers included for review. Future research may also focus on continuing to evaluate the extent to which EHR use in the emergency department can deliver these improvements across different stages of system implementation.<br>Murphy et al provide a recent addition to the use of EHR in American hospitals. They identify that over US$30bn has been spent by Medicare on encouraging EHR adoption up to 2018 through the 'Meaningful Use' (MU) program, with the view that it would improve safety and quality benefits in health care. By applying MU performance measures, this paper sets out to determine whether EHR implementation above MU performance thresholds is associated with changes in hospital patient satisfaction, efficiency and safety.<br>Murphy et al undertook quantile regression analysis of cross-sectional data using publicly available data sets from 2362 acute care hospitals in the United States. Associations between meaningful use performance measures and Hospital Value-Based Purchasing (HVBP) Program measures of patient satisfaction, spending and safety were evaluated. The authors also examined seven program performance measures including: |

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| | • medication and laboratory orders placed through the EHR<br>• online health information availability and access rates,<br>• medication reconciliation through the EHR<br>• patient-specific educational resources and;<br>• electronic health information exchange.<br>Murphy et al found mixed associations depending on whether the hospital was in the lower, middle, or upper quantiles of the Hospital Value-Based Purchasing Program outcome. Increasing EHR implementation, as measured by MU criteria, was not straightforwardly associated with increased HVBP measures of patient satisfaction, spending and safety in this study. The results call for a critical evaluation of the criteria by which HER implementation is measured, including increased attention to how different EHR products may lead to differential outcomes. |

For information on the Commission's work on e-health safety, including the My Health Record in Emergency Departments project, see https://www.safetyandquality.gov.au/our-work/e-health-safety

*A Program to Provide Clinicians with Feedback on Their Diagnostic Performance in a Learning Health System*
Meyer AND, Upadhyay DK, Collins CA, Fitzpatrick MH, Kobylinski M, Bansal AB, et al
The Joint Commission Journal on Quality and Patient Safety. 2020.

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| DOI | https://doi.org/10.1016/j.jcjq.2020.08.014 |
| Notes | Issues around diagnosis, including delayed diagnosis, misdiagnosis and diagnostic error, have attracted much interest (and a growing literature). However, what practical measures can be taken to address these issues has been rather less obvious. This paper describes how one health system in the USA developed a 'a learning health system around diagnostic safety'. The systems included 'identifying potential missed opportunities in diagnosis (MODs) from various sources (for example, risk management, clinician reports, patient complaints); confirming MODs through chart review; and having trained facilitators provide feedback to clinicians about MODs as learning opportunities.' Facilitators and participants both considered it positive and 'believed discussions would improve future diagnostic safety'. |

*Changes in weekend and weekday care quality of emergency medical admissions to 20 hospitals in England during implementation of the 7-day services national health policy*
Bion J, Aldridge C, Girling AJ, Rudge G, Sun J, Tarrant C, et al
BMJ Quality & Safety. 2020 [epub].

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| DOI | https://dx.doi.org/10.1136/bmjqs-2020-011165 |
| Notes | The existence (or not) of a weekend effect and what the drivers may be has been contested. This article reports on a study that sought to determine whether the quality of care of emergency medical admissions is worse at weekends, and whether this has changed during implementation of 7-day services in England. The study's 79 clinical reviewers reviewed 4000 admissions, 800 in duplicate, from 20 acute hospital trusts in England for two periods identifying clinical errors as well as error-related adverse event rates, global quality of care and four indicators of good practice. The study found that 'Errors, adverse events and care quality were not significantly different between weekend and weekday admissions, but all improved significantly between epochs'. These results led to the conclusion that 'Hospital care quality of emergency medical admissions is not worse at weekends and has improved during implementation of the 7-day services policy. Causal pathways for the weekend effect may extend into the prehospital setting.' |

*Opioid stewardship can reduce inappropriate prescribing of opioids at hospital discharge*
Schug SA
Medical Journal of Australia. 2020;213(9):409-410.

*Educating junior doctors and pharmacists to reduce discharge prescribing of opioids for surgical patients: a cluster randomised controlled trial*
Hopkins RE, Bui T, Konstantatos AH, Arnold C, Magliano DJ, Liew D, et al.
Medical Journal of Australia. 2020;213(9):417-423.

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| DOI | Schug https://doi.org/10.5694/mja2.50818<br>Hopkins et al https://doi.org/10.5694/mja2.50812 |
| Notes | This article (Hopkins et al) and accompanying editorial (Schug) in the *Medical Journal of Australia* reflect on ways of reducing the negative impacts of opioids for patients leaving hospital.<br>Schug provides a brief overview on the increasing use of opioids, for both chronic pain and acute pain, notable at hospital discharge, before discussing the need and rationale for 'opioid stewardship'. Schug observes that 'The responsibility lies with the doctors discharging patients requiring analgesia, including anaesthetists in acute pain services. The underlying principles of opioid stewardship are the identification of risk factors for misuse, the assessment of analgesia requirements, the provision of appropriate but limited amounts of discharge opioids, and communication with the patient and, importantly, their general practitioner.'<br>Hopkins et al report that educating junior hospital doctors and hospital pharmacists improved discharge opioid prescribing in terms of reducing the numbers of opioids prescribed, particularly slow release opioids, and improving the frequency of providing de-prescribing recommendations for GPs. This study was a cluster randomised controlled trial, undertaken during the first half of 2019 at the Alfred Hospital, a major Melbourne teaching hospital. |

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

*Characterising the types of paediatric adverse events detected by the global trigger tool – CareTrack Kids*
Hibbert PD, Runciman WB, Carson-Stevens A, Lachman P, Wheaton G, Hallahan AR, et al.
Journal of Patient Safety and Risk Management. 2020:2516043520969329.

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| DOI | https://doi.org/10.1177/2516043520969329 |
| Notes | This latest paper from the CareTrack Kids project shifts the focus from the incidence of adverse events (AE) experienced by children to look more at the types of AE. Using a sample of 6,689 medical records of children aged 0–15 from 2012–2013 from hospital inpatients, emergency departments, general practice and specialist paediatric practices in three Australian states, the study used the global trigger tool (GTT) to detect AEs. A total of 232 AEs were detected with the findings including:<br>• Over four-fifths of the AEs (193/232, 83%) resulted in minor harm<br>• Nearly half (112/232, 48%) related to medication/intravenous (IV) fluids. Of these, 83% (93/112) were adverse drug reactions.<br>• Problems with medical devices/equipment were the next most frequent with nearly two-thirds (32/51, 63%) of these related to intravenous devices.<br>• Problems associated with clinical processes/procedures comprise one in six AEs (38/232, 16%), of which diagnostic problems (12/38, 32%) and procedural complications (11/38, 29%) were the most frequent. |

*Health Affairs*
Volume 39, No. 11, November 2020

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| URL | https://www.healthaffairs.org/toc/hlthaff/39/11 |
| Notes | A new issue of *Health Affairs* has been published with the themes of 'Health Spending, Medicaid & More'. Articles in this issue of *Health Affairs* include:<br>• **After A COVID-19 Vaccine**: Collaboration Or Competition? (Harris Meyer)<br>• Confronting An **Opioid Crisis** And Promoting Health From All Angles (Charlotte Huff)<br>• Getting The Price Right: How Some Countries Control **Spending In A Fee-For-Service System** (Michael K Gusmano, Miriam Laugesen, Victor G Rodwin, and Lawrence D Brown)<br>• **Geographic Variation In Medicare Per Capita Spending** Narrowed From 2007 To 2017 (Yongkang Zhang and Jing Li)<br>• Medicaid Expansion Increased **Preconception Health Counseling, Folic Acid Intake, And Postpartum Contraception** (Rebecca Myerson, Samuel Crawford, and Laura R Wherry)<br>• Indiana's Section 1115 Medicaid Waiver And Interagency Coordination Improve Enrollment For **Justice-Involved Adults** (Justin Blackburn, Connor Norwood, Dan Rusyniak, Amy Lewis Gilbert, J Sullivan, and N Menachemi)<br>• Changes In **Coverage And Access To Dental Care** Five Years After ACA Medicaid Expansion (Hawazin W Elani, B D Sommers, and I Kawachi)<br>• Trends In **State Medicaid Eligibility**, Enrollment Rules, And Benefits (Ashley M Fox, Wenhui Feng, Jennifer Zeitlin, and Elizabeth A Howell)<br>• Racial/Ethnic And Income-Based **Disparities In Health Savings Account Participation** Among Privately Insured Adults (Jacqueline Ellison, Paul Shafer, and Megan B Cole)<br>• **Racial/Ethnic Differences In COVID-19** Screening, Hospitalization, And Mortality In Southeast Wisconsin (Leonard E Egede, Rebekah J Walker, Emma Garacci, and John R Raymond)<br>• **Cognitive Assessment At Medicare's Annual Wellness Visit** In Fee-For-Service And Medicare Advantage Plans (Mireille Jacobson, Johanna Thunell, and Julie Zissimopoulos)<br>• Variation In The Effectiveness Of **Collaborative Care For Depression**: Does It Matter Where You Get Your Care? (Jürgen Unützer, Andrew C Carlo, Robert Arao, Melinda Vredevoogd, John Fortney, Diane Powers, and J Russo)<br>• **Universal Health Coverage**: Are Older Adults Being Left Behind? Evidence From Aging Cohorts In Twenty-Three Countries (James Macinko, Flavia Cristina Drumond Andrade, Fabiola Bof de Andrade, and M F Lima-Costa)<br>• The Macroeconomic Consequences Of **Firearm-Related Fatalities In OECD Countries**, 2018–30: A Value-Of-Lost-Output Analysis (Alexander W Peters, Rachel R Yorlets, Mark G Shrime, and Blake C Alkire)<br>• Net Spending On **Retail Specialty Drugs** Grew Rapidly, Especially For Private Insurance And Medicare Part D (S C Hill, G E Miller, and Yao Ding)<br>• **Meaningful Use And Medical Home Functionality** In Primary Care Practice (Diane R Rittenhouse, James A Wiley, Lars E Peterson, Lawrence P Casalino, and Robert L Phillips)<br>• Community-Level Factors Associated With **Racial And Ethnic Disparities In COVID-19** Rates In Massachusetts (Jose F Figueroa, Rishi K Wadhera, Dennis Lee, Robert W Yeh, and Benjamin D Sommers) |

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| | • Mortality Rates From **COVID-19** Are Lower In **Unionized Nursing Homes** (Adam Dean, Atheendar Venkataramani, and Simeon Kimmel)<br>• The Risk Of Severe **COVID-19 Within Households Of School Employees And School-Age Children** (T M Selden, T A Berdahl, and Zhengyi Fang)<br>• The Impact Of The **COVID-19 Pandemic On Hospital Admissions** In The United States (John D. Birkmeyer, Amber Barnato, Nancy Birkmeyer, Robert Bessler, and Jonathan Skinner)<br>• Health Benefits In 2020: **Premiums In Employer-Sponsored Plans Grow** 4 Percent; Employers Consider Responses To Pandemic (Gary Claxton, Anthony Damico, Matthew Rae, G Young, D McDermott, and H Whitmore)<br>• This, Too, Is **What Racism Feels Like** (Brooke A Cunningham) |

*BMJ Quality & Safety* online first articles

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| URL | https://qualitysafety.bmj.com/content/early/recent |
| Notes | *BMJ Quality &Safety* has published a number of 'online first' articles, including:<br>• A realist synthesis of **pharmacist-conducted medication reviews in primary care after leaving hospital**: what works for whom and why? (Karen Luetsch, Debra Rowett, Michael J Twigg)<br>• Impact of **trauma centre accreditation** on mortality and complications in a Canadian trauma system: an interrupted time series analysis (Brice Batomen, Lynne Moore, Erin Strumpf, Howard Champion, Arijit Nandi)<br>• How sensitive are **avoidable emergency department attendances** to primary care quality? Retrospective observational study (Beth Parkinson, Rachel Meacock, Kath Checkland, Matt Sutton)<br>• **Vulnerability of the medical product supply chain**: the wake-up call of COVID-19 (Fiona A Miller, Steven B Young, Mark Dobrow, Kaveh G Shojania)<br>• **Mortality and pulmonary complications in patients undergoing upper extremity surgery at the peak of the SARS-CoV-2 pandemic** in the UK: a national cohort study (Benjamin John Floyd Dean The Corona Hands Collaborative) |

**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 include:

- ***Infection control recommendations in the emergency department according to local transmission risk***
- ***Respirator fit testing***
- ***Second spike in COVID-19 cases.***

[*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 NG184 *Human and animal bites:* ***antimicrobial prescribing***
  https://www.nice.org.uk/guidance/ng184

*[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:

- *Prevention, Diagnosis, and Management of* ***Opioids, Opioid Misuse, and Opioid Use Disorder in Older Adults*** https://effectivehealthcare.ahrq.gov/products/opioids-older-adults/report
- *Testing a Machine Learning Tool for Facilitating Living Systematic Reviews of* ***Chronic Pain Treatments***
  https://effectivehealthcare.ahrq.gov/products/machine-learning-tool/methods-report
- *Pharmacologic and Nonpharmacologic Treatments for* ***Posttraumatic Stress Disorder***
  https://effectivehealthcare.ahrq.gov/products/ptsd-repository-expanded/research
- *Roadmap for Narratively Describing Effects of Interventions in* ***Systematic Reviews***
  https://effectivehealthcare.ahrq.gov/products/roadmap-interventions/white-paper

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