AUSTRALIAN COMMISSION ON SAFETY AND QUALITY IN HEALTH CARE

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
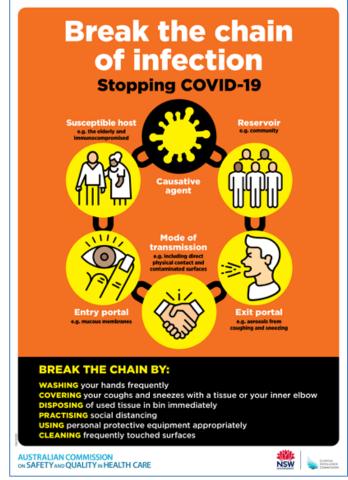These resource include:

- *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.

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. There is also a 'Living evidence' section summarising key studies and emerging evidence on **COVID-19 vaccines** and **SARS-CoV-2 variants**. Recent evidence check updates include:
- *Mental health models to support children and young people*
- *Self-collected and saliva test evidence check*
- *Emerging evidence about COVID-19 vaccines.*

Journal articles

The impact of critical incidents on nurses and midwives: a systematic review
Buhlmann M, Ewens B, Rashidi A
Journal of Clinical Nursing. 2021 [epub].

Supporting recovery after adverse events: an essential component of surgeon well-being
Berman L, Rialon KL, Mueller CM, Ottosen M, Weintraub A, Coakley B, et al
Journal of Pediatric Surgery. 2021 [epub].

DOI	Buhlmann et al https://doi.org/10.1111/jocn.15608 Berman et al https://doi.org/10.1016/j.jpedsurg.2020.12.031
Notes	There is no disputing that the patients who endure errors, adverse events or critical incidents bear the greatest (potential) impact of such events. However, the health care workers who are involved can also be greatly affected. These two papers look at the experiences of two groups: paediatric surgeons and nurses and midwives. Buhlmann et al report on a systematic review that sought to examine the qualitative literature on the experiences of adverse events by nurses and midwives, including how they were supported. Focussed on 11 studies, the authors discuss emotional, physical, and professional impacts and the reported perceptions of personal, peer and workplace support. The authors observe that 'This review illuminated that moving-on after critical incidents is a complex and wearisome journey for nurses and midwives.' Berman et al looked specifically at the paediatric surgeons and conducted a survey of American Pediatric Surgical Association members in order to 'measure frequency of personal experience with medical errors resulting in significant patient harm, describe coping mechanisms, and explore surgeon satisfaction with institutional support in the wake of an error.'

	Of the paediatric surgeons who responded to the survey, 80% had personally experienced a significant medical error and less than 25% of these were satisfied with the support offered by their institution.
	The authors suggest that institutions and professional societies can help by:
	• Promoting openness and supportiveness rather than shame and blame
	• Providing education for surgeons on how to support each other
	• Developing peer-support programs
	• Integrating support into automated adverse event response pathways.

Wrong-Site Surgery in Pennsylvania During 2015–2019: A Study of Variables Associated With 368 Events From 178 Facilities
Yonash R, Taylor M
Patient Safety. 2020 12/17;2(4):24-39.

DOI	https://patientsafetyj.com/index.php/patientsaf/article/view/wrong-site-surgery
Notes	Wrong site surgery is a type of medical error which can have a very high degree of patient harm. This study examined wrong site surgery events that occurred in the US state of Pennsylvania (2019 population 12.8 million) over a five-year period. In that period, 178 healthcare facilities reported a total of 368 wrong site surgery events –an average of 1.42 events per week. The authors report finding that **76%** (278 of 368) of the events contributed to or resulted in **temporary harm or permanent harm to the patient**. They also report that the frequency of wrong site surgery varied 'according to a range of variables, including error type (e.g., wrong side, wrong site, wrong procedure, wrong patient); year; facility type; hospital bed size; hospital procedure location; procedure; body region; body part; and clinician specialty.' Frequency of Wrong-Site Surgery by Body Region During 2015–2019 Head/Neck – 63 (17%) Chest/Thorax– 28 (8%) Digestive System – 7 (2%) Breast – 17 (5%) Spine – 90 (24%) Abdomen – 10 (3%) Urinary System – 31 (8%) Extremity, Upper – 47 (13%) Hip/Pelvis – 8 (2%) Reproductive System, Male and Female – 9 (2%) Unspecified – 5 (1%) Extremity, Lower – 53 (14%)

URL	https://journals.lww.com/pqs/toc/2021/01000
Notes	A new issue of *Pediatric Quality & Safety* has been published. Articles in this issue of *Pediatric Quality & Safety* include: • A Quality Improvement Learning Collaborative for **Human Papillomavirus Vaccination** (Oliver, Kristin; Beskin, Kera; Noonan, Laura; Shah, Amy; Perkins, Rebecca; Humiston, Sharon) • Improving Preventive Care for Children With **Sickle Cell Anemia**: A Quality Improvement Initiative (Cabana, Michael D; Marsh, Anne; Treadwell, Marsha J; Stemmler, Peggy; Rowland, Michael; Bender, M A; Bhasin, Neha; Chung, Jong H; Hassell, Kathryn; Abdul Rashid, N F Nik; Wong, T E; Bardach, N S) • An Initiative to Reduce **Preterm Infants Pre-discharge Growth Failure** Through Time-specific Feeding Volume Increase (Chu, Sherman S; White, Heather O; Rindone, Shannon L; Tripp, Susan A; Rhein, Lawrence M) • Practice Improvement for Standardized Evaluation and Management of **Acute Tracheitis in Mechanically Ventilated Children** (Ormsby, Jennifer; Conrad, Paula; Blumenthal, Jennifer; Carpenter, Jane; Jones, Sarah; Sandora, T J; Vaughan, A; Vincuilla, J; McAdam, A J; Fogg, L F; Flett, K; Kelly, D P) • Quality Improvement Methodology to Optimize **Safe Early Mobility in a Pediatric Intensive Care Unit** (Gupta, Neha; Sones, Amber; Powell, Maegan; Robbins, Johanna; Wilson, Stephanie; Hill, Amy; Thomas, Christy; Ledbetter, Sara; Schmidtke, Anne Grace; Rutledge, Chrystal; Hayes, Leslie) • **Vaping**: Impact of Improving Screening Questioning in Adolescent Population: A Quality Improvement Initiative (Cano Rodriguez, Zoila; Chen, Yingying; Siegel, Janet H.; Rousseau-Pierre, Thaina) • Improvement Initiative to Ensure **Quality Instrumentation in the OR** (Palo, Renda J.; Dulaney Bumpers, Qran; Mohsenian, Yasamin) • Improving Patient Outcomes by Addressing Provider **Variation in Emergency Department Asthma Care** (Hartford, Emily Altick; Klein, Eileen J; Migita, Russell; Richling, Stephanie; Chen, Jingyang; Rutman, Lori E) • Simulation to Train Pediatric ICU Teams in **Endotracheal Intubation of Patients with COVID-19** (Balikai, Shilpa C; Badheka, Aditya; Casey, Andrea; Endahl, Eric; Erdahl, Jennifer; Fayram, Lindsay; Houston, Amanda; Levett, Paula; Seigel, ; Howard; Vijayakumar, Niranjan; Cifra, Christina L) • **CPR during COVID-19**: Use of Expert-driven Rapid Cycle Deliberate Practice to Implement PALS Guidelines (Nichols, Blake E; McMichael, Ali B V; Volk, A Paige Davis; Bhaskar, Priya; Bowens, Cindy Darnell) • Optimizing **Professional Practice Evaluation** to Enable a Nonpunitive Learning Health System Approach to Peer Review (Sandborg, Christy I; Hartman, Gary E; Su, Felice; Williams, Glyn; Teufe, Beate; Wixson, Nina; Larson, David B; Donnelly, Lane F) • Rapid Improvement Project: Improving **Caregivers' Understanding of Safety Recommendations for Neurosurgical Devices** (Anokwute, Miracle C; Seibold, Dianne; Jea, Andrew; Ackerman, Laurie L; Raskin, Jeffrey S) • Better Outcomes for Hospitalized Children through **Safe Transitions**: A Quality Improvement Project (Pritt, Audra; Johnson, Anthony; Kahle, Jordan; Preston, Deborah L; Flesher, Susan)

	• Using Quality Improvement Methodology to Standardize **Doppler Acquisition in a Pediatric Cardiology Echocardiography Laboratory** (Hahn, Eunice; Taylor, M; Duncan, N; Statile, A; Brown, J; Hill, G; Statile, C) • Questionnaires to Measure Process and Structure of **Quality Indicators for Pediatric Nursing** (Forsner, Maria; Mörelius, Evalotte; Hanberger, Lena)

BMJ Quality & Safety online first articles

URL	https://qualitysafety.bmj.com/content/early/recent
Notes	*BMJ Quality &Safety* has published a number of 'online first' articles, including: • Editorial: **Paving the PICC journey**: building structures, process and engagement to improve outcomes (Mohamad Fakih, Lisa Sturm) • Editorial: **Moving beyond the weekend effect**: how can we best target interventions to improve patient care? (Perla J Marang-van de Mheen, Charles Vincent) • **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) • Rethinking **standardised infection rates and risk adjustment in the COVID-19 era** (Hojjat Salmasian, Jennifer Beloff, Andrew Resnick, Chanu Rhee, Meghan A Baker, Michael Klompas, Marc P Pimentel) • Visual mapping of **team dynamics and communication patterns on surgical ward rounds**: an ethnographic study (Candice Bonaconsa, Oluchi Mbamalu, Marc Mendelson, Adam Boutall, Claire Warden, Shreya Rayamajhi, Tim Pennel, Mark Hampton, Ivan Joubert, Carolyn Tarrant, Alison Holmes, Esmita Charani Groote Schuur Hospital Antimicrobial Stewardship and Surgical Study Group) • Editorial: Harnessing **choice architecture to improve medical care** (Donald A Redelmeier, Mian-Mian Kao) • Systematic review and meta-analysis of interventions for **operating room to intensive care unit handoffs** (Joanna Abraham, Alicia Meng, Sanjna Tripathy, Michael S Avidan, Thomas Kannampallil) • Systematically capturing and acting on insights from front-line staff: the **'Bedside Learning Coordinator'** (Jenny Shand, Dominique Allwood, Nicole Lee, Noor Elahi, Iain McHenry, Karen Chui, Sophie Tang, Zoe Dawson-Couper, James Mountford, Richard Bohmer) • **Improving surgical quality in low-income and middle-income countries**: why do some health facilities perform better than others? (Shehnaz Alidina, Pritha Chatterjee, Noor Zanial, Sakshie Sanjay Alreja, Rebecca Balira, David Barash, Edwin Ernest, Geofrey Charles Giiti, Erastus Maina, Adelina Mazhiqi, Rahma Mushi, Cheri Reynolds, Meaghan Sydlowski, Florian Tinuga, Sarah Maongezi, John G Meara, Ntuli A Kapologwe, Erin Barringer, Monica Cainer, Isabelle Citron, Amanda DiMeo, Laura Fitzgerald, Hiba Ghandour, Magdalena Gruendl, Augustino Hellar, Desmond T Jumbam, Adam Katoto, Lauren Kelly, Steve Kisakye, Salome Kuchukhidze, Tenzing N Lama, Gopal Menon, Stella Mshana, Chase Reynolds, Hannington Segirinya, Dorcas Simba, Victoria Smith, Steven J Staffa, Christopher Strader, Leopold Tibyehabwa, Alena Troxel, John Varallo, Taylor Wurdeman, David Zurakowski)

International Journal for Quality in Health Care online first articles

URL	https://academic.oup.com/intqhc/advance-articles
Notes	*International Journal for Quality in Health Care* has published a number of 'online first' articles, including: • Mitigating Imperfect Data Validity in Administrative Data PSIs: a Method for **Estimating True Adverse Event Rates** (Bastien Boussat, Hude Quan, Jose Labarere, Danielle Southern, Chantal M Couris, William A Ghali)

Online resources

[*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 NG164 *COVID-19 rapid guideline: haematopoietic stem cell transplantation* https://www.nice.org.uk/guidance/ng164

[USA] Diagnostic Safety Issue Briefs
https://www.ahrq.gov/patient-safety/reports/dxsafety-issuebriefs.html
The US Agency for Healthcare Research and Quality (AHRQ) has been developing a series of papers on different diagnostic safety issues. Current briefs include:

- *Health Information Technology for* **Engaging Patients in Diagnostic Decision Making in Emergency Departments**
- *Evidence on Use of* **Clinical Reasoning Checklists** *for Diagnostic Error Reduction*
- **Telediagnosis for Acute Care***: Implications for the Quality and Safety of Diagnosis*
- **Operational Measurement of Diagnostic Safety***: State of the Science.*

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