AUSTRALIAN COMMISSION ON SAFETY AND QUALITY IN HEALTH CARE

# On the Radar

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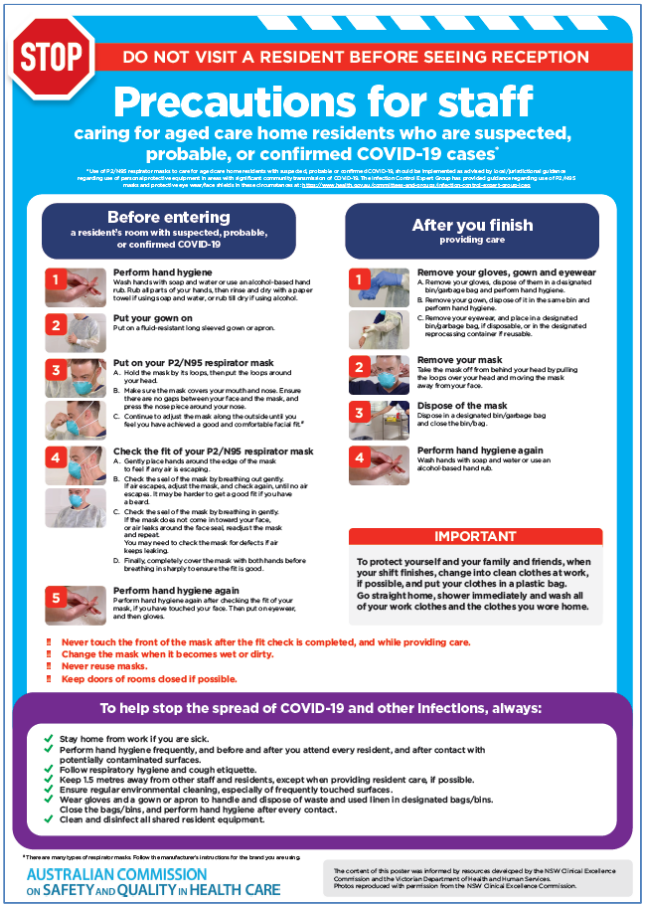
**COVID-19 resources**

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

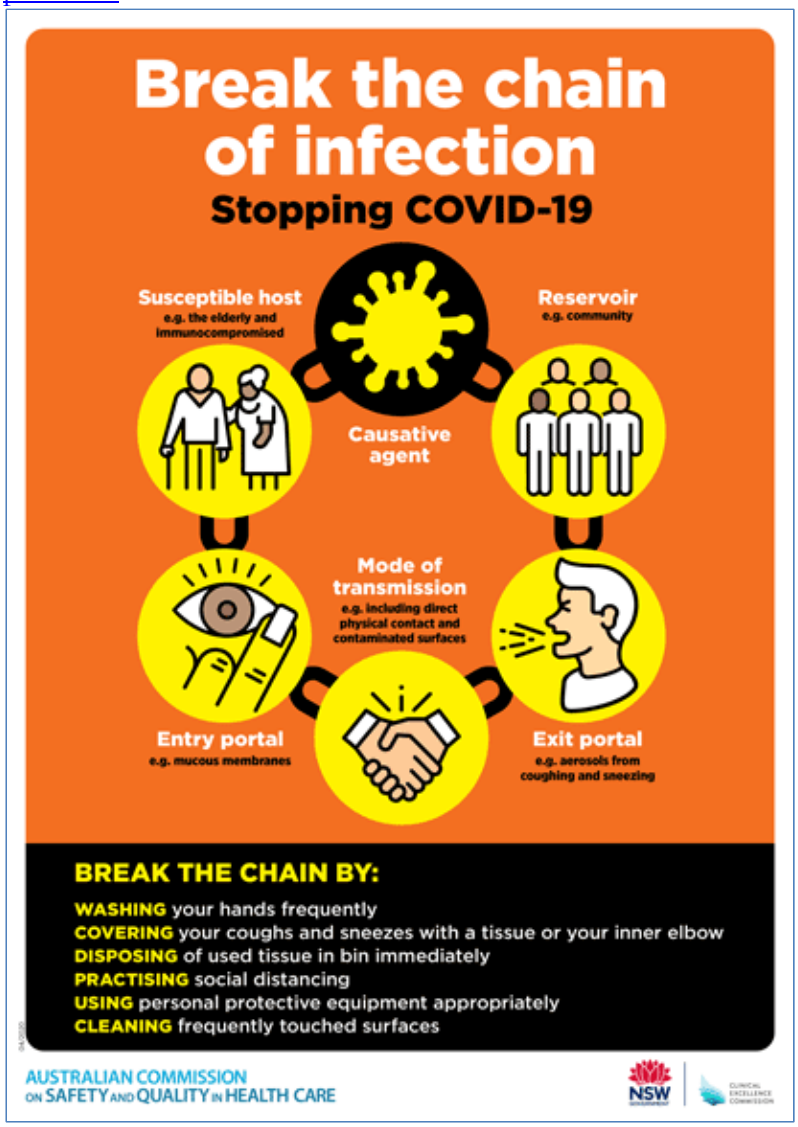
These resource include:

- *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

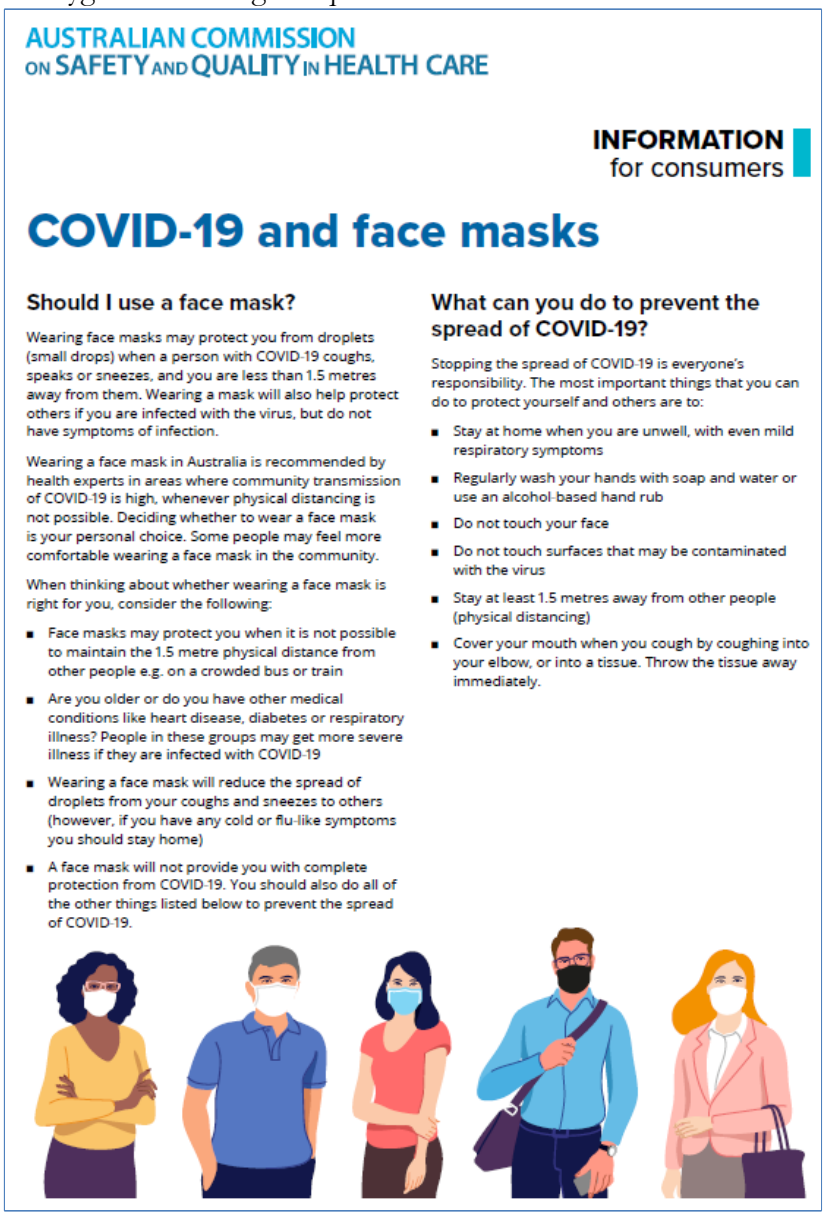



- *Environmental Cleaning and Infection Prevention and Control*
  www.safetyandquality.gov.au/environmental-cleaning
- *Infection prevention and control Covid-19 PPE* poster
  https://www.safetyandquality.gov.au/publications-and-resources/resource-library/infection-prevention-and-control-covid-19-personal-protective-equipment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

## Reports

*Innovations in care for chronic health conditions. Productivity Reform Case Study*
Productivity Commission
Canberra: Productivity Commission; 2021. p. 214.

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| URL | https://www.pc.gov.au/research/completed/chronic-care-innovations |
| Notes | Every so often the Productivity Commission ventures into the realm of health care. While such 'intrusions' may not always be welcomed by some in the health sector, they can include some interesting observations. This latest report from the Productivity Commission looked into chronic disease, particularly innovative approaches to managing chronic health conditions. Many Australians have chronic conditions and they can come at a high cost to individuals and the health system (and those who fund it). This report uses a number of case studies to examine how chronic disease may be better managed for both better outcomes, less complications and lower costs. The Productivity Commission considers that these innovations improve people's wellbeing and reduce the need for intensive forms of health care, such as hospital admission. They achieve this through improved responsiveness to consumer preferences, greater recognition of the skills of health professionals, effective collaborative practices, better use of data for decision making by clinicians and governments, and new funding models that create incentives for better management or prevention of disease. One of the points of the report is that these case studies reflect local highlights and that, as the William Gibson quote has it, "The future is already here – it's just not evenly distributed." The hope of the report then is that these particular futures are more widely distributed. The report notes that substantial barriers exist to the development and broader diffusion of healthcare innovations. These include that innovation too often relies on dedicated individuals and that funding does not always encourage investment in innovation and improvement. |

**Journal articles**

*How much and what local adaptation is acceptable? A comparison of 24 surgical safety checklists in Switzerland*
Fridrich A, Imhof A, Schwappach DLB
Journal of Patient Safety. 2021;17(3):217-222.

*Time out! Rethinking surgical safety: more than just a checklist*
Weinger MB
BMJ Quality & Safety. 2021 [epub].

*Timeout procedure in paediatric surgery: effective tool or lip service? A randomised prospective observational study*
Muensterer OJ, Kreutz H, Poplawski A, Goedeke J
Timeout procedure in paediatric surgery: effective tool or lip service? A randomised prospective observational study
BMJ Quality & Safety. 2021 [epub].

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| DOI | Fridrich et al https://doi.org/10.1097/PTS.0000000000000802<br>Weinger https://dx.doi.org/10.1136/bmjqs-2020-012600<br>Muensterer et al https://dx.doi.org/10.1136/bmjqs-2020-012001 |
| Notes | Checklists have been widely used in many industries and settings to address quality (and safety) and consistency and reliability issues. The last few decades has seen checklists brought into address health care safety and quality issues. There has often been an argument about whether such standardisation tools are quite right for various settings. This has seen the rise of "**flexible standardisation"** or the local tweaking of the standard tools with the view to making them better suited to local context.<br>Fridrich et al suggest that such tweaking may have its limits. Their paper reports on the analysis of 24 surgical safety checklists used in 18 Swiss hospitals, including a comparison of these checklists with those and the WHO Surgical Safety Checklist and the Swiss Patient Safety Foundation. The analysis revealed major differences between the hospitals' checklists and the WHO/Swiss Patient Safety Foundation checklists. The authors observe that these differences 'raise doubts about the comparability of checklists' and call for more caution and more resources in adapting safety tools for local condition.<br>Checklists do not exist outside the world and as, Weinger observes in an editorial reflecting on a study that deliberately introduced errors into the surgical safety checklist process in order to see how well they were detected (Muensterer et al), there is the continued problem of **hierarchical culture** and the attendant difficulty for many to **speak up**. Weinger also touches on the **design** and **implementation** issues around tools such as checklists. As Weinger concludes, 'Checklists and other safety tools are potentially valuable tools to advance perioperative safety. However, when used in isolation or implemented incorrectly, checklists have significant limitations. Safety initiatives that take a systems-oriented multimodal approach to design and implementation can, with organisational leadership and determination, produce both targeted and more general safety improvement.'<br>Muensterer et al report on a study in which deliberate errors were randomly and clandestinely introduced into the timeout routine for elective surgical procedures by the surgeon. Over a 16-month period, '1800 operations and timeouts were performed. Errors were randomly introduced in 120 cases (6.7%). Overall, 54% of the errors were reported; the remainder went unnoticed. Errors were pointed out most frequently by anaesthesiologists (64%), followed by nursing staff (28%), residents-in-training (6%) and medical students (1%).' |

*Modifications to medical emergency team activation criteria and implications for patient safety: a point prevalence study*
Sprogis SK, Street M, Currey J, Jones D, Newnham E, Considine J
Australian Critical Care. 2021 [epub].

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| DOI | https://doi.org/10.1016/j.aucc.2021.01.004 |
| Notes | While the items above raised concerns about adjusting standardisation tools, this is not to say that adjusting to local context is always inappropriate. **Context matters** and the implementation of interventions should take into consideration the local context, whether that's patients' views, the local environment, resources and expertise or a whole range of potentially relevant factors. This paper looked at whether altering the criteria for activating a medical emergency team (MET) would have implications for patient safety. The authors observe that 'Medical emergency team (MET) activation criteria are sometimes modified to minimise unnecessary MET calls in patients who have chronic physiological derangements, have limitation of medical treatment orders in place, or have recently received treatment for clinical deterioration.' This study sought to examine the safety of modifying MET activation criteria. The study covered 430 patients admitted to 14 wards on 7 November 2018, at two acute-care hospitals in Melbourne. For these 430 patients, there were 30 modifications to MET activation criteria in 26 (6.0%) patients. The authors report that 'Of patients with modifications, none were admitted to an intensive care unit, had a cardiac arrest, or died in the hospital. There were no differences in hospital length of stay or discharge destination between patients with and without modifications.' These findings suggest that 'modifications to MET activation criteria were infrequent and not associated with negative patient safety outcomes'. However, clearly modifications to activation criteria need to be considered and appropriate for each individual patient. |

*Relationships between comprehensive characteristics of nurse work schedules and adverse patient outcomes: a systematic literature review*
Bae S-H
Journal of Clinical Nursing. 2021 [epub].

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| DOI | https://doi.org/10.1111/jocn.15728 |
| Notes | Study reviewing the literature on relationship between nurse work schedules and patient safety, particularly the effect of extended or excessive nurse schedules on patient outcomes. Based on 22 studies, the authors report that 'Working **more than 12 hours in a day had an adverse effect on patient outcomes**, as was working **more than 40 hours per week**.' |

*Journal of Patient Safety*
April 2021 Volume 17 Issue 3

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| URL | https://journals.lww.com/journalpatientsafety/toc/2021/04000 |
| Notes | A new issue of the *Journal of Patient Safety* has been published. Articles in this issue of the *Journal of Patient Safety* include:<br>• **Preoperative Anticoagulation Management** in Everyday Clinical Practice: An International Comparative Analysis of Work-as-Done Using the Functional Resonance Analysis Method (Damen, Nikki L; de Vos, Marit S; Moesker, Marco J; Braithwaite, Jeffrey; de Lind van Wijngaarden, Rob A F; Kaplan, Jason; Hamming, Jaap F; Clay-Williams, Robyn)<br>• The Incidence and Preventability of **Adverse Events in Older Acutely Admitted Patients**: A Longitudinal Study With 4292 Patient Records (Schouten, Bo; Merten, Hanneke; Spreeuwenberg, Peter M M; Nanayakkara, Prabath W B; Wagner, Cordula) |

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| | • **Patient Safety Culture** in Mutual Insurance Companies in Spain (Manzanera, Rafael; Mira, José Joaquín; Plana, Manel; Moya, Diego; Guilabert, M; Ortner, J)<br>• Using Broken Windows Theory as the Backdrop for a Proactive Approach to **Threat Identification in Health Care** (Boquet, Albert J; Cohen, Tara N; Cabrera, Jennifer S; Litzinger, Tracy L; Captain, Kevin A; Fabian, Michael A; Miles, Steven G; Shappell, Scott A)<br>• Physical Design Factors Contributing to **Patient Falls** (Pati, Debajyoti; Valipoor, Shabboo; Cloutier, Aimee; Yang, James; Freier, Patricia; Harvey, Thomas E.; Lee, Jaehoon)<br>• **Medication Reconciliation** During Hospitalization and in Hospital-Home Interface: An Observational Retrospective Study (Volpi, Elisabetta; Giannelli, Alessandro; Toccafondi, Giulio; Baroni, Monica; Tonazzini, Sara; Alduini, Stefania; Biagini, Stefania; Gini, Rosa; Bellandi, Tommaso; Emdin, Michele)<br>• From the Patient Perspective, **Consent Forms** Fall Short of Providing Information to Guide Decision Making (Manta, Christine J; Ortiz, Jacqueline; Moulton, Benjamin W; Sonnad, Seema S)<br>• Hearing Impairment and the Amelioration of **Avoidable Medical Error**: A Cross-Sectional Survey (Henn, Patrick; O'Tuathaigh, C; Keegan, D; Smith, S)<br>• Separate **Medication Preparation Rooms** Reduce Interruptions and Medication Errors in the Hospital Setting: A Prospective Observational Study (Huckels-Baumgart, S; Baumgart, A; Buschmann, U; Schüpfer, G; Manser, T)<br>• **Classifying Patients' Complaints** for Regulatory Purposes: A Pilot Study (Bouwman, Renée; Bomhoff, Manja; Robben, Paul; Friele, Roland)<br>• Identifying Risks and Opportunities in **Outpatient Surgical Patient Safety**: A Qualitative Analysis of Veterans Health Administration Staff Perceptions (Mull, Hillary J; Rosen, Amy K; Charns, Martin P; Itani, K M F; Rivard, P E)<br>• Predictors of **At-Home Arterial Oxygen Desaturation** Events in Ambulatory Surgical Patients (Biddle, Chuck; Elam, Charles; Lahaye, Laura; Kerr, Gordon; Chubb, Laura; Verhulst, Brad)<br>• **Misuse of Pediatric Medications and Parent-Physician Communication**: An Interactive Voice Response Intervention (Walsh, Kathleen E; Bacic, Janine; Phillips, Barrett D; Adams, William G)<br>• Variations in **Patient Safety Climate in Chinese Hospitals** (Zhu, Junya; Li, Liping; Zhou, Zehui; Lou, Qingqing; Wu, Albert W)<br>• Multicenter Study of **Device-Associated Infection Rates, Bacterial Resistance, Length of Stay, and Mortality in Intensive Care Units** of 2 Cities of Vietnam: International Nosocomial Infection Control Consortium Findings (Viet Hung, Nguyen; Hang, Phan Thi; Rosenthal, Victor D.; Thi Anh Thu, Le; Thi Thu Nguyet, Le; Quy Chau, Ngo; Anh Thu, Truong; Anh, Dinh Pham Phuong; Hanh, Tran Thi My; Hang, Tran Thi Thuy; Van Trang, Dang Thi; Tien, Nguyen Phuc; Hong Thoa, Vo Thi; Minh, Đao Quang)<br>• Nurses' Views Highlight a Need for the Systematic Development of **Patient Safety Culture in Forensic Psychiatry Nursing** (Kuosmanen, Anssi; Tiihonen, Jari; Repo-Tiihonen, Eila; Eronen, Markku; Turunen, Hannele)<br>• **Room Traffic in Orthopedic Surgery**: A Prospective Clinical Observational Study of Time of Day (Patel, Priya G; DiBartola, Alex C; Phieffer, Laura S; Scharschmidt, Thomas J; Mayerson, Joel L; Glassman, Andrew H; Moffatt-Bruce, Susan D; Quatman, Carmen E)<br>• Does One Size Fit All? Assessing the Need for **Organizational Second Victim Support Programs** (Edrees, Hanan H; Wu, Albert W) |

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| | • **Communication and Resolution Programs** in the COVID-19 Era: A Unique Opportunity to Enhance Patient Safety (and Save Money) (Foti, Federica; De-Giorgio, Fabio; Vetrugno, Giuseppe)<br>• **Hospital Pressure Injury Metrics**, an Unfulfilled Need of Paramount Importance (Kavanagh, Kevin T; Dykes, Patricia C) |

*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>• Editorial: **Crisis checklists in emergency medicine**: another step forward for cognitive aids (Yun-Yun K Chen, Alexander Arriaga)<br>• Editorial: Time out! **Rethinking surgical safety**: more than just a checklist (Matthew B Weinger) |

*International Journal for Quality in Health Care* online first articles

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| 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:<br>• **Conversion of a Colorectal Cancer Guideline into Clinical Decision Trees** with Assessment of Validity (Lotte Keikes, Milan Kos, Xander A A M Verbeek, Thijs van Vegchel, Iris D Nagtegaal, Max J Lahaye, Alejandra Méndez Romero, Sandra de Bruijn, Henk M W Verheul, Heidi Rütten, Cornelis J A Punt, Pieter J Tanis, Martijn G H van Oijen)<br>• **Second Victim Support Structures** in Anaesthesia: a Cross-Sectional Survey in Belgian Anaesthesiologists (Kristof Nijs, Deborah Seys, Steve Coppens, Marc Van de Velde, Kris Vanhaecht)<br>• Consecutive **Cycles of Accreditation and Quality of in-Hospital Care** – A Danish Population-Based Study (Anne Mette Falstie-Jensen, Søren Bie Bogh, Søren Paaske Johnsen)<br>• Science-Informed Practice: An Essential Epistemologic Contributor to **Healthcare Coproduction** (Paul Batalden, Anais Ovalle, Tina Foster, Glyn Elwyn)<br>• Benefits and Risks of **Non-Slip Socks in Hospitals**: A Rapid Review (Dana Jazayeri, Hazel Heng, Susan C Slade, Brent Seymour, Rosalie Lui, Daniele Volpe, Cathy Jones, Meg E Morris) |

**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 NG80 ***Asthma:*** *diagnosis, monitoring and chronic asthma management*
  https://www.nice.org.uk/guidance/ng80
- NICE Guideline NG144 ***Cannabis-based medicinal products***
  https://www.nice.org.uk/guidance/ng144
- NICE Guideline NG191 *COVID-19 rapid guideline:* ***managing COVID-19***
  https://www.nice.org.uk/guidance/ng191

*[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:

- *Living Systematic Review on* ***Cannabis and Other Plant-Based Treatments for Chronic Pain*** *– Second Quarterly Progress Report* https://effectivehealthcare.ahrq.gov/products/plant-based-chronic-pain-treatment/living-review#toc_js_2
- ***Cervical Ripening*** *in the Outpatient Setting*
https://effectivehealthcare.ahrq.gov/products/cervical-ripening/research
- *Standardized Library of* ***Lumbar Spondylolisthesis*** *Outcome Measures*
https://effectivehealthcare.ahrq.gov/products/lumbar-spondylolisthesis/white-paper

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