On the Radar

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On the Radar
Editor: Dr Niall Johnson niall.johnson@safetyandquality.gov.au
Contributors: Niall Johnson

Journal articles

Factors Related to Serious Safety Events in a Children’s Hospital Patient Safety Collaborative
Burrus S, Hall M, Tooley E, Conrad K, Bettenhausen JL, Kemper C

<table>
<thead>
<tr>
<th>DOI</th>
<th><a href="https://doi.org/10.1542/peds.2020-030346">https://doi.org/10.1542/peds.2020-030346</a></th>
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<td>Notes</td>
<td>Paper reporting on the examination of four years of data submitted to the Child Health Patient Safety Organization (CHILDPSO) in the USA. The data related to serious safety events (SSEs) and the 44 hospitals reported 830 such events. The analysis revealed that the majority were patient care management events (including subgroups of missed, delayed, or wrong diagnosis or treatment); medication errors; and suboptimal care coordination. The most common contributing factor was lack of situational awareness (17.9%, n = 382), which contributed to 1 in 5 (20%) high-severity SSEs.</td>
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Taylor MA, Reynolds CM, Jones R

DOI: https://doi.org/10.33940/infection/2021.6.4

Some clinical settings can pose greater risk than others. One such setting is when patients are in infectious agent isolation. The COVID-19 pandemic has necessarily meant patients have had to be isolated. This study from the Patient Safety Authority in the US state of Pennsylvania examined 484 COVID-19 related events from 94 hospitals in order to examine the relationship between the various types of events that occur in an isolation environment and the associated factors. From the 484 reports, the authors found that ‘patients in isolation were frequently impacted by safety events and the events were frequently influenced by factors related to the environment, equipment, and/or supplies. In particular, we found that events were frequently associated with staff’s time to don PPE, equipment/supplies use error, equipment/supplies nonoptimal conditions of use, and inability to hear alarms. The most frequent among the seven event types identified in our study were skin integrity (e.g., pressure injury, skin tear), fall, and medication-related.’

Notes

International Journal for Quality in Health Care online first articles

URL: https://academic.oup.com/intqhc/advance-articles

International Journal for Quality in Health Care has published a number of ‘online first’ articles, including:

- Adopting System Models for Multiple Incident Analysis: Utility and Usability (Jayne L Wheway, Gyuchan Thomas Jun)
- The Intersection of Big Data and Epidemiology for Epidemiologic Research: The Impact of the COVID-19 Pandemic (Chunlei Tang, Joseph M Plasek, Suhua Zhang, Yun Xiong, Yangyong Zhu, Jing Ma, Li Zhou, David W Bates)
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

- After you finish providing care
  1. Remove your glasses and remove outer layer of mask
  2. Remove your mask
  3. Wash hands with soap and water or hand sanitiser
  4. After washing hands, place outer mask on clean side
  5. Place outer layer of mask on your mouth and nose
  6. Replace the inner layer of mask on your mouth and nose

IMPRESS IT! Specify that you have properly washed your hands, when entering and leaving the facility, before and after you attend every resident, and after removing outer layer of mask

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

- Wash hands with soap and water for at least 20 seconds or use alcohol rub hand sanitizer
- Cover your mouth and nose with your flexed elbow or tissue when coughing or sneezing
- Avoid touching your eyes, nose, or mouth
- Practice physical distancing with people outside your household
- Arrange for personal protective equipment (PPE) use
- Avoid contact with people who are unwell

COVID-19 resources

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:

- **Poster - PPE use for aged care staff caring for residents with COVID-19**
  
• **Poster – Combined contact and droplet precautions**

**VISITOR RESTRICTIONS IN PLACE**

For all staff

**Combined contact & droplet precautions**

*in addition to standard precautions*

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1. **Before entering room/care area**
   - Perform hand hygiene
   - Put on gown
   - Put on a surgical mask
   - Put on protective eyewear
   - Perform hand hygiene
   - Put on gloves

2. **At doorway prior to leaving room/care area**
   - Remove and dispose of gloves
   - Perform hand hygiene
   - Remove and dispose of gown
   - Remove protective eyewear
   - Perform hand hygiene
   - Remove and dispose of mask
   - Leave the room/care area
   - After leaving the room/care area perform hand hygiene

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*e.g. Acute respiratory tract infection with unknown aetiology (low COVID-19 risk), seasonal influenza and RSV*

For more detail, refer to the Australian Guidelines for the Prevention and Control of Infection in Healthcare, your state and territory guidelines and https://www.health.gov.au/committee-s-and-groups/infection-control-expert-group-icg

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**On the Radar Issue 529**
• **Poster – Combined airborne and contact precautions**
Stop COVID-19
Break the chain of infection

CLEAN
Hands frequently

STAY HOME
If you feel unwell

COVER
Coughs & sneezes with a tissue or your inner elbow

DISPOSE
Used tissues in bin immediately

CLEAN
Frequently touched surfaces

1.5m
PRACTICE
Social distancing

WEAR
A mask as recommended

AUSTRALIAN COMMISSION ON SAFETY AND QUALITY IN HEALTH CARE
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
COVID-19 and face masks – Information for 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.

**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, and in situations where breathing is laboured. 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.

**On the Radar Issue 529**
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
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**.

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