On the Radar
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On the Radar
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Managing acute anaphylaxis
Webcast launch of the Acute Anaphylaxis Clinical Care Standard

The Australian Commission on Safety and Quality in Health Care will launch the new Acute Anaphylaxis Clinical Care Standard on Wednesday 24 November 2021.

Anaphylaxis presentations to emergency departments in public hospitals grew by 51% in the five years to 2019–20. Outside the emergency department, paramedics, GPs and other community-based clinicians also play a key role in safe patient care.

Webcast event and panel discussion
Join host Associate Professor Amanda Walker and panel of experts as they discuss how the Acute Anaphylaxis Clinical Care Standard will provide a national approach to the treatment of anaphylaxis and improve patient safety in and outside of healthcare settings.

Webcast: Wednesday 24 November, 1:00pm – 2:00pm AEDT

Journal articles

The critical role of health information technology in the safe integration of behavioral health and primary care to improve patient care
Segal M, Giuffrida P, Possanza L, Bucciferro D
DOI http://doi.org/10.1007/s11414-021-09774-0

Notes

The effective integration and coordination of an individual’s health care has been seen as means to improve the appropriateness, timeliness and quality of that care. This item observes the importance of health information and the efficient creation, delivery and sharing of information in achieving integration. While focused on the integration of mental health (‘behavioral health’) and primary care, the observations and recommendations made in this item can presumably be applied more generally. This item stems from a workgroup convened by The Partnership for Health IT Patient Safety and the HIMSS Electronic Health Record Association (EHRA) to examine the use of information technology to facilitate integration. The authors suggest that the ‘positive benefits for behavioral health of such an approach are.

- Improved communications and relationships among clinicians and their patients
- Enhanced continuity of care
- Better care for patients
- More complete reflection of patient preferences for information sharing.’

For information on the Commission’s work on e-health safety, see https://www.safetyandquality.gov.au/our-work/e-health-safety
People are different and how their body responds to treatments vary. A criticism of biomedicine is that it has tended to not appreciate this heterogeneity and has overlooked important variation, including by gender and sex. These two pieces—a study of opioid prescribing behaviour and an editorial reflecting on that piece—are two recent additions to the literature exploring the nature and impacts of such “blindness”. These behaviours cover the gamut of medical practice and range from how patients are viewed, to how treatment decisions are made, what treatments are delivered, and (as another recent study has shown) even to how referrals are done. Dossa et al found that male physicians tend to refer to male surgeons. Using a dataset of nearly 40 million referrals and 5,660 surgeons, they found that although male surgeons accounted for 77.5 per cent of all surgeons in the sample, they received 79 per cent of referrals sent by female physicians and 87 per cent of referrals sent by other male physicians. Female physicians were slightly (1.6 per cent) more likely to refer patients to a female surgeon, however male physicians were much more likely (32 per cent) to refer patients to a male surgeon.

Rochon et al observe in their editorial, that ‘Women are more likely than men to experience the chronic conditions that cause pain’, and that Tamblyn et al study found ‘the odds of prescribing an opioid for non-cancer chronic conditions was 11% higher for male physicians’. They continue that ‘this study contributes to recent evidence from different clinical settings and specialties, suggesting that patients cared for by female physicians may have better clinical outcomes compared with their male colleagues.’ In their conclusion they note ‘This study has highlighted the importance of considering patient and prescriber [my emphasis] sex, gender and other key identity factors including age and culture’.

A new issue of Healthcare Papers has been published with a theme of “Rethinking Long-Term Care”. Articles in this issue of Healthcare Papers include:

- Editorial: Rethinking Long-Term Care (Audrey Laporte and Arjumand Siddiqi)
- Our Values Are Showing: Long-Term Care and the Pandemic (Pat Armstrong)
- Long-Term Care’s Financial Sustainability (Don Drummond and Duncan G Sinclair)
- Federalism and Long-Term Care in Canada: A New Approach (Carolyn Hughes Tuohy)
- Excellent Long-Term Care for Canadians and Federal Legislation (Colleen M Flood, Bryan Thomas and Kelli White)
- Socialize, De-Commodify and De-Financialize Long-Term Care (Martine August)
- Staffing for Quality in Canadian Long-Term Care Homes (Carole A Estabrooks)
- There Is No Place Like Home ... But Things Could Be Better (Whitney Berta and Alison Dawson)
- Moving beyond More of the Same, but Better – How Campuses of Care Can Transform Long-Term Care (Frances Morton-Chang and Paul A Williams)
- Caregivers at the Heart of Re-Imagined Long-Term Care Delivery in Canada: Beyond the Pandemic (Carol Fancott, Tanya MacDonald, Kim Neudorf and Maggie Keresteci)
- Deaths in Nursing Homes during the COVID-19 Pandemic – Lessons from Japan (Kazuhiro Abe and Ichiro Kawachi)

Public Health Research & Practice
Volume 31, Issue 4, November 2021


A new issue of Public Health Research & Practice has been published with the theme “Strengthening health systems globally: a lingering challenge of funding”. Articles in this issue of Public Health Research & Practice include:

- Editorial: Strengthening health systems globally: a lingering challenge of funding (Vivian Lin, Abdul Ghaffar, Swee Kheng Khor, K Srinath Reddy)
- Are we making the same mistakes in fighting COVID-19 as in past pandemics? Lessons from HIV show the urgent need to invest in HPSR (David Stuckler, Martin McKee, Alexander Kentikelenis)
- Domestic funding for health policy and systems research: why is it invisible? (Geetanjali Lamba, Livia Dal Zennaro, Solip Ha, Sonam Yangchen)
- Health policy and systems research: an inconsistent priority in South East Asia (Manu Raj Mathur, Aayushi Gurung, Sakhthivel Selvaraj, K Srinath Reddy)
- Funding for health policy and systems research in the Eastern Mediterranean region: amount, source and key determinants (Maha El Rabbat, Fadi El-Jardali, Racha Fadlallah, Sameh Soror, Elham Ahmadnezhad, Elsheikh Badr, Jennifer Dabis)
- Soviet legacy is still pervasive in health policy and systems research in the post-Soviet states (George Gotsadze, Akaki Zoidze)
- Politics and political determinants of health policy and systems research funding in Latin America and the Caribbean (Francisco Becerra-Posada, Laura dos Santos Boeira, Bárbara García-Godoy, Elizabeth Lloyd, Héctor Xavier Martínez-Sánchez, Carolina O'Donnell, Ulysses de Barros Panisset, Donald T Simeon, Diana Salazar-Barragán, Patricia Villa-Maldonado, Mauricio Bustamante-Garcia)
- Challenges and opportunities for health policy and systems research funding in the Western Pacific region (Swee Kheng Khor)
| 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:  
- Interruption of Initial Patient Assessment in the Emergency Department and its Effect on Patient Perception of Care Quality (Kimberly D Johnson, Christopher J Lindsell, Craig Froehle, Gordon Lee Gillespie) |
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:

- **COVID-19 infection prevention and control risk management**

- **Poster - PPE use for aged care staff caring for residents with COVID-19**

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

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

1. Perform hand hygiene
   - Wash hands with soap and water for at least 20 seconds. Allow hands to dry. Use eye contact with residents if unable to perform hand hygiene.

2. Put on your gown
   - Put on a fluid-resistant, long-sleeved gown or apron.

3. Put on your P2/N95 respirator mask
   - Adjust the mask to be comfortable and fit securely.

4. Check the fit of your P2/N95 respirator mask
   - Put on your hand sanitizer and check the mask fit by placing the back of your hand in the mask valve.

5. Perform hand hygiene again
   - Wash hands with soap and water or use alcohol hand rub.

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**After you finish providing care**

1. Remove your gloves, gown and eyewear
   - Remove gloves and other PPE before leaving the resident's room.

2. Remove your mask
   - Remove your mask before leaving the resident's room.

3. Dispose of the mask
   - Dispose of the mask in the designated container.

4. Perform hand hygiene again
   - Thoroughly wash your hands and wear your mask.

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**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. Do not wash home, shower immediately and wash all of your work clothes and the clothes you wore home.

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

- Wash hands frequently and thoroughly.
- Use alcohol hand sanitiser if soap and water are not available.
- Cover mouth and nose when coughing, sneezing, or speaking.
- Use elbow when coughing.
- Avoid close contact with others.
- Stay home from work if you are sick.
- Follow respiratory hygiene and cough etiquette.
- Use mask if unable to perform hand hygiene.
- Wear a mask if in close contact with others.
- Use a mask if you live in a shared household.
- Keep your distance from others.
- Wear a mask if you have respiratory symptoms.
- Keep doors of rooms closed if possible.
- Stay home from work if you are sick.
- Perform hand hygiene frequently, before and after you attend every resident, and after contact with potentially contaminated surfaces.
- Follow respiratory hygiene and cough etiquette.
- Use mask if unable to perform hand hygiene.
- Use mask if you live in a shared household.
- Use mask if you have respiratory symptoms.
- Keep your distance from others.
- Wear a mask if you have respiratory symptoms.
- Keep doors of rooms closed if possible.

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AUSTRALIAN COMMISSION ON SAFETY AND QUALITY IN HEALTH CARE

The content of this poster was informed by resources developed by the NSW Health Executive Committee and the Victorian Department of Health and Human Services. Resources, including guidelines, are available on the Health and Safety Commission.
• **Poster – Combined contact and droplet precautions**

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**VISITOR RESTRICTIONS IN PLACE**

For all staff

**Combined contact & droplet precautions in addition to standard precautions**

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

- **At doorway prior to leaving room/care area**
  1. Remove and dispose of gloves
  2. Perform hand hygiene
  3. Remove and dispose of gown
  4. Perform hand hygiene
  5. Remove protective eyewear
  6. Perform hand hygiene
  7. Remove and dispose of mask
  8. Leave the room/care area
  9. After leaving the room/care area perform hand hygiene

*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

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*Developed by the NSW Clinical Excellence Commission, Australia. Adapted with permission.*
**Poster – Combined airborne and contact precautions**

- *Environmental Cleaning and Infection Prevention and Control*

- **COVID-19 infection prevention and control risk management – Guidance**

- **Safe care for people with cognitive impairment during COVID-19**

- **Stop COVID-19: Break the chain of infection** poster
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.

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
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, a COVID status monitor, a risk monitoring dashboard 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. The most recent updates include:

- **COVID-19 vaccines in Australia** – What is the evidence on COVID-19 vaccines in Australia?

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