



## On the Radar

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### On the Radar

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# Primary and Community Healthcare Standards

## National Safety and Quality Primary and Community Healthcare Standards Guide for Healthcare Services consultation

<https://www.safetyandquality.gov.au/standards/primary-and-community-healthcare/guide-primary-and-community-healthcare-standards>

The Australian Commission on Safety and Quality in Health Care is seeking feedback on the draft *National Safety and Quality Primary and Community Healthcare Standards Guide for Health Services* (the Guide). Feedback for the Guide is closing soon on **28 February 2023**.

The Guide provides support for healthcare services implementing the National Safety and Quality Primary and Community Healthcare Standards. It includes practical guidance and examples of evidence that can be used to implement the actions in a way that is appropriate to the healthcare service.

Visit the Commission's website at <https://www.safetyandquality.gov.au/standards/primary-and-community-healthcare> before **28 February 2023** to review the Guide and provide feedback by completing the online survey, or providing a written submission via [pchs@safetyandquality.gov.au](mailto:pchs@safetyandquality.gov.au)

For questions on the Primary and Community Healthcare Standards please contact the Commission's Safety and Quality Advice Centre at [AdviceCentre@safetyandquality.gov.au](mailto:AdviceCentre@safetyandquality.gov.au)

## Reports

*Electronic prescribing systems in hospitals to improve medication safety: a multimethods research programme*

Sheikh A, Coleman J, Chuter A, Williams R, Lilford R, Slee A, et al

Programme Grants for Applied Research. 2022;10(7).

DOI	<a href="https://doi.org/10.3310/KSRS2009">https://doi.org/10.3310/KSRS2009</a>
Notes	This 196-page report comes from a (UK) National Institute for Health and Care Research funded project that 'sought to describe the procurement, implementation and adoption of basic and advanced ePrescribing systems; to estimate their effectiveness and cost-effectiveness; and to develop a toolkit for system integration into hospitals'. Based on six longitudinal case studies that included 242 interviews and 32.5 hours of observations, the authors report 'Implementation was difficult, particularly in relation to integration and interfacing between systems.' However, while implementation posed challenges, the authors found 'when fully implemented the <b>ePrescribing systems were associated with a reduction in clinically important prescribing errors</b> and our model suggests that such an effect is likely to be more cost-effective when clinical decision support is available. Careful system configuration considering clinical processes and workflows is important to achieving these potential benefits and, therefore, our findings may not be generalisable to all system implementations.'

	The research project also produced an NHS ePrescribing Toolkit that is available at <a href="https://www.eprescribingtoolkit.com/">https://www.eprescribingtoolkit.com/</a>
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For information on the Commission’s work on medication safety, see <https://www.safetyandquality.gov.au/our-work/medication-safety>

For information on the Commission’s work on electronic medication management, including the *Electronic Medication Management Systems – A guide to safe implementation*, see <https://www.safetyandquality.gov.au/our-work/medication-safety/electronic-medication-management>

## Journal articles

*Indication documentation and indication-based prescribing within electronic prescribing systems: a systematic review and narrative synthesis*

Feather C, Appelbaum N, Darzi A, Franklin BD  
BMJ Quality & Safety. 2023 [epub].

DOI	<a href="http://dx.doi.org/10.1136/bmjqs-2022-015452">http://dx.doi.org/10.1136/bmjqs-2022-015452</a>
Notes	The issue of whether the indication for a medication (clinical reason for prescribing) should be documented has been considered as a safety-enhancing mechanism. By documenting the indication, the prescribing clinician provides other members of the clinical team with the reason for their decision. This allows the pharmacist, nurse or other clinician to confirm that the medication is appropriate. The documentation of indication has been used when it comes to antimicrobials. This study sought to ‘identify, describe and synthesise the literature relating to effectiveness of interventions aimed at improving indication documentation and/or indication-based prescribing in both primary and secondary healthcare’ and then identify barriers and facilitators to these interventions and make recommendations for both practice and research. From the examination of 21 studies, the authors report ‘ <b>Indication documentation has the potential to improve appropriate prescribing and reduce prescribing errors.</b> ’ They also observe, ‘However, further benefits to the prescriber, multidisciplinary team and patient may only be realised by developing methods of indication documentation that integrate more efficiently with prescriber workflows.’

*Association Between Antimicrobial Stewardship Programs and Antibiotic Use Globally: A Systematic Review and Meta-Analysis*

Zay Ya K, Win PTN, Bielicki J, Lambiris M, Fink G  
JAMA Network Open. 2023;6(2):e2253806-e2253806.

DOI	<a href="https://doi.org/10.1001/jamanetworkopen.2022.53806">https://doi.org/10.1001/jamanetworkopen.2022.53806</a>
Notes	Paper reporting on a systematic review and meta-analysis of the literature on antibiotic stewardship that covered 52 studies involving more than 1.7 million patients in a both high-income (40 studies) and low to middle income (12 studies) nations. The principal question that the study sought to address was ‘What is the association between antimicrobial stewardship programs (ASPs) implemented across multiple health care settings and antibiotic use?’ The findings reported include that ASPs were associated with: <ul style="list-style-type: none"> <li>• a 10% (95% CI, 4%-15%) reduction in antibiotic prescriptions</li> <li>• a 28% reduction in antibiotic consumption (rate ratio, 0.72; 95% CI, 0.56-0.92)</li> <li>• a 21% (95% CI, 5%-36%) reduction in antibiotic consumption in pediatric hospitals</li> </ul>

	<ul style="list-style-type: none"> <li>• a 28% reduction in World Health Organization watch groups antibiotics (rate ratio, 0.72; 95% CI, 0.56-0.92).</li> </ul> <p>The authors report that ‘<b>ASPs were associated with reduced consumption of antibiotics overall</b> as well as of antibiotics in the World Health Organization Watch group.’ They conclude that ‘The findings of this study support the use of ASPs to reduce antibiotic use in both hospital and nonhospital settings’</p>
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For information on the Commission’s work on antimicrobial stewardship, including the *Antimicrobial Stewardship in Australian Health Care* book, see <https://www.safetyandquality.gov.au/our-work/antimicrobial-stewardship>

*Australian Journal of Primary Health*

Volume 29, Number 1, February 2023

URL	<a href="https://www.publish.csiro.au/py/issue/11374">https://www.publish.csiro.au/py/issue/11374</a>
Notes	<p>A new issue of the <i>Australian Journal of Primary Health</i> has been published. Articles in this issue of the <i>Australian Journal of Primary Health</i> include:</p> <ul style="list-style-type: none"> <li>• <b>A framework for conducting policy-relevant primary care research: a COVID-19 case study in Australia</b> (Judith Thomas, Chisato Imai, Gorkem Sezgin, Rae-Anne Hardie, Stephen Weeding, Christopher Pearce, Adam McLeod, Precious McGuire, Shirmilla Datta, Julie Li, Nasir Wabe, Guilherme S. Franco, Zhaoli Dai, Gihan de Mel, Emma Gault, Muhammad Kashif Sheikh and Andrew Georgiou)</li> <li>• <b>The development of Future Health Today: piloting a new platform for identification and management of chronic disease in general practice</b> (Barbara Hunter, Karyn Alexander, Ruby Biezen, Christine Mary Hallinan, Anna Wood, Craig Nelson and Jo-Anne Manski-Nankervis)</li> <li>• <b>Cancer screening in prisons: lessons for health providers</b> (Sarah Hesse, Kim Williamson, Deborah Bonney, Marie Finley and Tom Meehan)</li> <li>• <b>Uptake of Team Care Arrangements for adults newly diagnosed with cancer</b> (Oscar Perez-Concha, David Goldstein, Mark F Harris, Maarit A Laaksonen, Mark Hanly, Sue Suchy and Claire M Vajdic)</li> <li>• <b>Enhancing interprofessional practice through the co-design of a holistic culturally and developmentally informed First Nations child health assessment</b> (Natasha Reid, Wei Liu, Shirley Morrissey, Marjad Page, Theresa McDonald, Erinn Hawkins, Andrew Wood, Michelle Parker-Tomlin, Grace Myatt, Heidi Webster, Bridget Greathead, Doug Shelton, Sarah Horton, Mary Katsikitis and Dianne Shanley)</li> <li>• <b>Engaging with a rural Aboriginal community to identify strategies to improve oral health within their community: a qualitative study</b> (David Walker, Anna Tynan, Taygan Tucker, Barry Fisher and Tarita Fisher)</li> <li>• <b>‘We are largely left out’: workplace and psychosocial experiences of Australian general practitioners during the initial months of the COVID-19 pandemic</b> (Allen Gu, Karen Willis, Margaret Kay, Kathryn Hutt and Natasha Smallwood)</li> <li>• <b>General wellbeing and work impacts among community pharmacists during crisis management</b> (Hanan Khalil, Chaojie Liu, Leila Karimi, J Adamm Ferrier, Zhanming Liang and Sandra Leggat)</li> <li>• <b>Older adults’ experiences of a community wellness program (Connect 60+)</b> that focused on physical activity and social connections: a qualitative</li> </ul>

	<p>exploratory study (Tammy Weselman, Chiara Naseri, Sharmila Vaz, Janet Beilby, Luke Garswood, Hilary O’Connell and Anne-Marie Hill)</p> <ul style="list-style-type: none"> <li>• <b>Partial meal replacement for people with type 2 diabetes:</b> 2-year outcomes from an Australian general practice (Chee L Khoo, Ritesh Chimoriya, David Simmons and Milan K Piya)</li> <li>• <b>Cost-sharing reduction and health service utilisation, health-related lifestyles, and obesity:</b> evidence from the Australian health concession card policy (Qin Zhou and Wei Du)</li> <li>• <b>Community antibiotic management of skin infections</b> in the Torres Strait (Allison Hempenstall, Pelista Pilot, Malcolm McDonald, Simon Smith and Josh Hanson)</li> </ul>
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*BMJ Quality & Safety* online first articles

URL	<a href="https://qualitysafety.bmj.com/content/early/recent">https://qualitysafety.bmj.com/content/early/recent</a>
Notes	<p><i>BMJ Quality &amp; Safety</i> has published a number of ‘online first’ articles, including:</p> <ul style="list-style-type: none"> <li>• <b>Indication documentation and indication-based prescribing</b> within electronic prescribing systems: a systematic review and narrative synthesis (Calandra Feather, Nicholas Appelbaum, Ara Darzi, Bryony Dean Franklin)</li> <li>• <b>Patient safety and hospital visiting at the end of life during COVID-19</b> restrictions in Aotearoa New Zealand: a qualitative study (Aileen Collier, Deborah Balmer, Eileen Gilder, Rachael Parke)</li> </ul>

**Online resources**

*Future Leaders Communiqué*

Volume 8 Issue 1 January 2022

<https://www.thecommuniques.com/post/future-leaders-communicu%C3%A9-volume-8-issue-1-january-2023>

This issue of *Future Leaders Communiqué* focuses on a case study of a patient who died following an elective neurosurgical operation. This issue reflects on the challenges faced by junior doctors engaging in locum work and the chain of communication in medical imaging reports. The editorial observes ‘Locum work is a perfect stress-test on a number of key healthcare systems: orientation programs, assessment and management protocols; escalation pathways for the deteriorating patient; the communication systems for clinical data. Without robust systems in place, essential clinical practices will inevitably falter when faced with a rapid turnover of staff.’

*[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 include:

- Clinical Guideline CG181 **Cardiovascular disease: risk assessment and reduction, including lipid modification** <https://www.nice.org.uk/guidance/cg181>
- Quality Standard QS22 **Antenatal care** <https://www.nice.org.uk/guidance/qs22>
- Quality Standard QS90 **Urinary tract infections in adults** <https://www.nice.org.uk/guidance/qs90>



## 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 resources include:

- ***OVID-19 infection prevention and control risk management*** This primer provides an overview of three widely used tools for investigating and responding to patient safety events and near misses. Tools covered in this primer include incident reporting systems, Root Cause Analysis (RCA), and Failure Modes and Effects Analysis (FMEA).  
<https://www.safetyandquality.gov.au/publications-and-resources/resource-library/covid-19-infection-prevention-and-control-risk-management-guidance>
- ***Poster – Combined contact and droplet precautions***  
<https://www.safetyandquality.gov.au/publications-and-resources/resource-library/infection-prevention-and-control-poster-combined-contact-and-droplet-precautions>

**STOP VISITOR RESTRICTIONS MAY BE IN PLACE**

**For all staff**  
**Combined contact & droplet precautions\***  
In addition to standard precautions

**Before entering room/care zone**

- 1 Perform hand hygiene
- 2 Put on gown
- 3 Put on surgical mask
- 4 Put on protective eyewear
- 5 Perform hand hygiene
- 6 Put on gloves

**At doorway prior to leaving room/care zone**

- 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 zone
- 9 Perform hand hygiene

**What else can you do to stop the spread of Infections?**

- Consider patient placement
- Minimise patient movement
- Appropriate bed allocation.

\*e.g. Acute respiratory tract infection with unknown aetiology, seasonal influenza and Respiratory syncytial virus (RSV)  
For more detail, refer to the Australian Guidelines for the Prevention and Control of Infection in Healthcare and your state and territory guidance.

- *Poster – Combined airborne and contact precautions*  
<https://www.safetyandquality.gov.au/publications-and-resources/resource-library/poster-combined-airborne-and-contact-precautions>

VISITOR RESTRICTIONS IN PLACE

For all staff

## Combined airborne & contact precautions

in addition to standard precautions

**Before entering room/care zone**

- 1

**Perform hand hygiene**
- 2

**Put on gown**
- 3

**Put on a particulate respirator (e.g. P2/N95) and perform fit check**
- 4

**Put on protective eyewear**
- 5

**Perform hand hygiene**
- 6

**Put on gloves**

**At doorway prior to leaving room/care zone**

- 1

**Remove and dispose of gloves**
- 2

**Perform hand hygiene**
- 3

**Remove and dispose of gown**
- 4

**Leave the room/care zone**
- 5

**Perform hand hygiene (in an anteroom/outside the room/care zone)**
- 6

**Remove protective eyewear (in an anteroom/outside the room/care zone)**
- 7

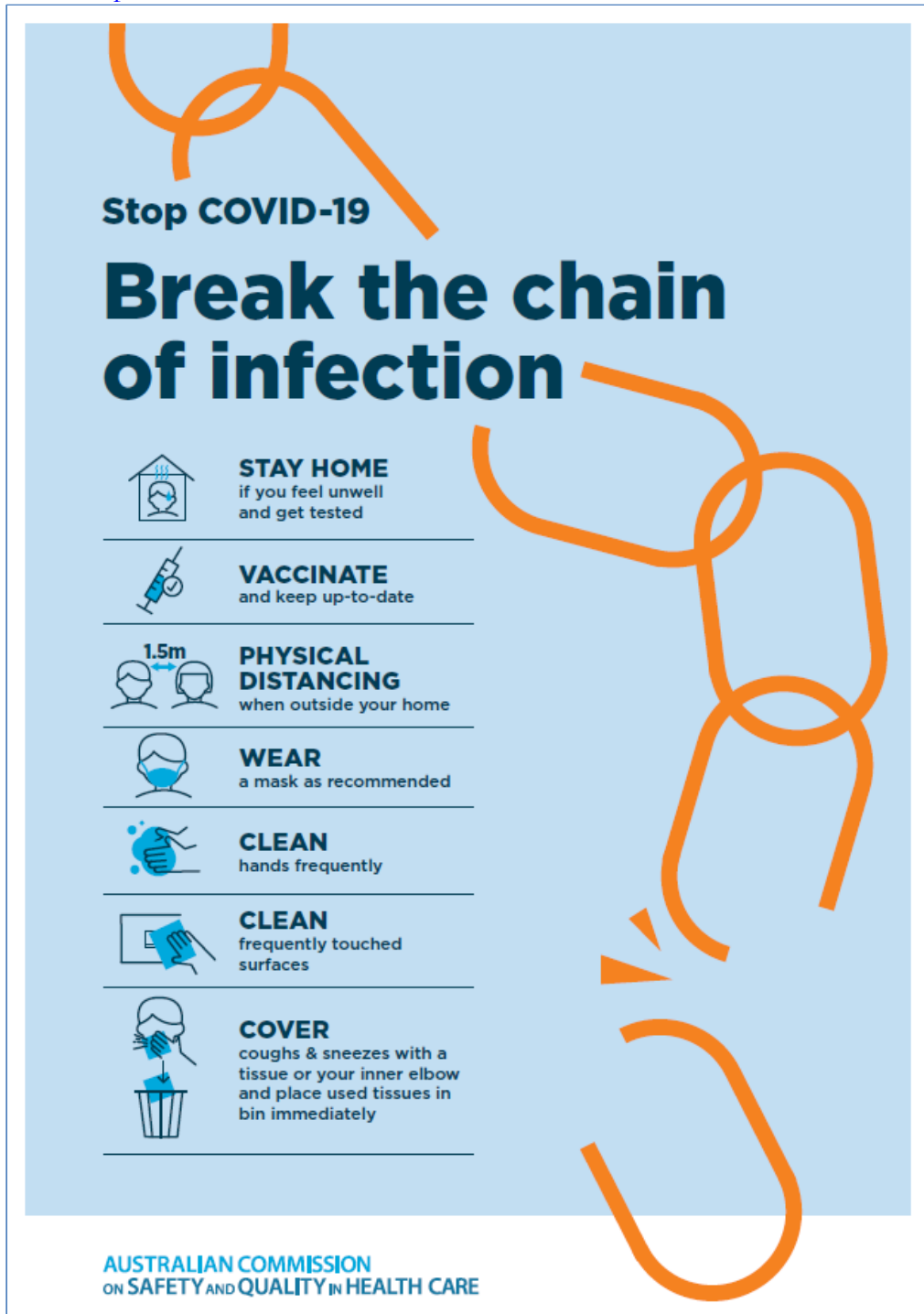
**Perform hand hygiene (in an anteroom/outside the room/care zone)**
- 8

**Remove and dispose of particulate respirator (in an anteroom/outside the room/care zone)**
- 9

**Perform hand hygiene**

KEEP DOOR CLOSED AT ALL TIMES

- *Environmental Cleaning and Infection Prevention and Control*  
[www.safetyandquality.gov.au/environmental-cleaning](http://www.safetyandquality.gov.au/environmental-cleaning)
- *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>
- *Stop COVID-19: Break the chain of infection* poster  
<https://www.safetyandquality.gov.au/publications-and-resources/resource-library/break-chain-infection-poster-a3>





- *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>

**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, 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:

- ***Current and emerging patient safety issues during COVID-19*** – What is the evidence on the current and emerging patient safety issues arising from the COVID-19 pandemic?
- ***Bivalent COVID-19 vaccines*** – What is the available regulatory and research evidence for bivalent COVID-19 vaccines?
- ***Surgery post COVID-19*** – What is the evidence for the timing of surgery, and outcomes following surgery, for people who have recovered from COVID-19?
- ***Paxlovid*** – What is the evidence for Paxlovid for treatment of COVID-19?
- ***Molnupiravir*** – What is the evidence for and regulatory context of molnupiravir for treatment of COVID-19?
- ***Eating disorders and COVID-19*** – What is the impact of the COVID-19 pandemic on the prevalence of eating disorders?
- ***Long COVID*** – What is the evidence on the prevalence, presentation and management of long-COVID?
- ***Oseltamivir (Tamiflu) use in healthcare settings*** – What is the evidence that use of oseltamivir in healthcare workers with a symptomatic influenza diagnosis result in an earlier return to work and reduced absenteeism? What is the evidence that use of oseltamivir in adults and children with symptomatic influenza reduces influenza transmission in health care settings?
- ***Alternative models of care for acute medical conditions*** – What is the evidence on alternative models of care for managing patients with acute medical conditions outside of emergency or inpatient hospital settings?
- ***Exercise and long COVID*** – Is exercise helpful in individuals with long COVID? Is post-exertional symptom exacerbation a risk in long COVID?
- ***Influenza and seasonal prophylaxis with oseltamivir*** – What is the place or evidence for seasonal influenza prophylaxis (such as taking oseltamivir for 10 to 12 weeks continuously) in healthcare and aged care settings?
- ***Rapid access models of care for respiratory illnesses*** – What is the evidence for rapid access models of care for respiratory illnesses, especially during winter seasons, in emergency departments?
- ***Post-acute sequelae of COVID-19*** – What is the evidence on the post-acute sequelae of COVID-19?

- ***Emerging variants*** – What is the available evidence for emerging variants?
- ***Chest pain or dyspnoea following COVID-19 vaccination*** – What is evidence for chest pain or dyspnoea following COVID-19 vaccination?
- ***Cardiac investigations and elective surgery post-COVID-19*** – What is evidence for cardiac investigations and elective surgery post-COVID-19?
- ***Breathlessness post COVID-19*** – How to determine those patients who present with ongoing breathlessness in need of urgent review or intervention due to suspected pulmonary embolus?
- ***COVID-19 pandemic and influenza*** – What is the evidence for COVID-19 pandemic and influenza?
- ***Budesonide and aspirin for pregnant women with COVID-19*** – What is the evidence for the use of Budesonide for pregnant women with COVID-19? What is the evidence for aspirin prophylaxis for pre-eclampsia in pregnant women with a COVID-19 infection?
- ***COVID-19 vaccines in Australia*** – What is the evidence on COVID-19 vaccines in Australia?
- ***COVID-19 pandemic and wellbeing of critical care and other healthcare workers*** – Evidence in brief on the impact of the COVID-19 pandemic on the wellbeing of critical care and other healthcare workers.
- ***Disease modifying treatments for COVID-19 in children*** – What is the evidence for disease modifying treatments for COVID-19 in children?
- ***Mask type for COVID-19 positive wearer*** – What is the evidence for different mask types for COVID-19 positive wearers?
- ***Post acute and subacute COVID-19 care*** – What published advice and models of care are available regarding post-acute and subacute care for COVID-19 patients?
- ***Hospital visitor policies*** – What is the evidence for hospital visitor policies during and outside of the COVID-19 pandemic?
- ***Surgical masks, eye protection and PPE guidance*** – What is the evidence for surgical masks in the endemic phase in hospitals and for eyewear to protect against COVID-19?

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