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## Thorough documenting of COVID-19 patient screening in Australian hospitals is urgently needed, says new study

New Australian research on COVID-19 screening of hospital patients during the first wave of the pandemic found that the documentation of patient screening procedures before surgery could be improved.

The study, which has been accepted for publication in the *Australian Health Review,* highlights important communication gaps in documenting results of coronavirus patient screening before surgery.

Without documented screening, clinicians had to assume, but couldn't know, if a patient had a low risk of COVID whilst under their care.

The *COVID Screen Audit* analysed the admission records of 2197 patients who underwent elective and non-elective surgery at two major Melbourne hospitals. The study looked at cases between 1 April to 10 May 2020, during the Federal Government's mandated restricted surgery arrangements under the national lockdown to stem the SARS-CoV-2 pandemic.

Severe acute respiratory syndrome coronavirus 2 (*SARS-CoV-2*) is the strain of coronavirus that causes coronavirus disease 2019 (COVID-19).

The *COVID Screen Audit* was funded by research grants from the Australian and New Zealand College of Anaesthetists (ANZCA) Research Foundation and the Medibank Better Health Foundation.

The study was led by Professor David Story, Foundation Chair of Anaesthesia at the University of Melbourne and the Deputy Director of the Centre for Integrated Critical Care (CICC) at the University of Melbourne.

"Despite the national imperative to screen for COVID and communicate the results, the documenting of COVID-19 screening fell short of our proposed lower acceptable limit of 85 per cent in almost all surgical groups," Professor Story said.

"However, we are not saying screening wasn't done, rather that the information wasn't readily available for clinical teams caring for some patients. We would assume patients have been screened, probably several times, but we really need to know for sure. We need it in writing," he added.

The study concluded, "better understanding of implementing screening practices in pandemics and other crises, particularly for non-elective patients, is warranted."

Dr Linda Swan – Medibank's Chief Medical Officer and executive lead of the Medibank Better Health Foundation – has welcomed the findings of this research on improved documentation.

"Currently, there's no national government policy surrounding the documentation of COVID-19 screening prior to surgery. As COVID questions and temperature checks are an important part of ensuring the safety of hospital staff and patients, they need to be appropriately documented," said Dr Swan.

The screening process conducted during the time of the research involved the checking of patients' temperatures and a questionnaire about possible COVID symptoms and contacts. It did not involve a swab of the mouth or nasal cavity. Both hospitals in the study had specific COVID-19

questionnaires as part of the patients' electronic or scanned medical record. In the absence of COVID-19 questionnaires being recorded, the patient's admission, medical and nursing notes were searched for evidence of COVID-19 related history.

"An important finding from this study is that the percentages of surgery patients observed to have had both COVID-19 screening and temperature documented could be improved, from 72 per cent among elective and 38 per cent among non-elective patients," Professor Story explained.

"Patients, health care workers, and the public will benefit if COVID screening is systematically documented in hospitals for patients before and after surgery," he said.

The results of the study have been sent to Safer Care Victoria.

"With the challenges of implementing any new safety and quality initiatives in healthcare already well-established, these findings provide new evidence to support greater attention to implementation strategies as part of pandemic responses."

Professor Story said most Australian hospitals had introduced screening for COVID-19 for patients before surgery as an important tool for patient safety, staff safety, public health, and hospital resources.

However, he said little was known about the efficacy and results of the screening programs and this could be a concern for patients undergoing surgery with an undiagnosed SARS-CoV-2 infection.

"We found that documenting screening varied markedly across surgical groups. In particular we found that non-elective surgical patients had the lowest rate of documenting and also the highest rate of COVID-19 related history and signs."

Identifying surgical patients with SARS-CoV-2 and COVID-19 disease is important for several reasons, including that patients with COVID-19 may have more complications and greater mortality after surgery. COVID-19 may also further increase the already increased risks for complications and mortality among non-elective patients.

Patients with undetected SARS-CoV-2 infection may infect both patients and staff if admitted to hospital and patients with known or suspected SARS-CoV-2 require different levels of personal protective equipment (PPE) for perioperative care than those not suspected of SARS-CoV-2 infection.

Professor Story said the results of the *COVID Screen Audit* study were likely to apply to other Australian hospitals, and noted that both hospitals had instituted far more rigorous documenting during Victoria's second wave of the pandemic.

Dr Linda Swan said she hoped these important findings from the *COVID Screen Audit* helped inform policy to improve elective surgery safety, especially with a high backlog to clear.

"Relying on only swabbing all patients undergoing elective surgery is not the solution, as it's not 100 per cent accurate in determining all COVID positive patients. Plus, with urgent (non-elective) cases, surgeons don't have time to wait for a lab result. This study highlights the importance of thorough documentation of questionnaires and temperature checks for all surgeries," Dr Swan concluded.

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