



## On the Radar

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### On the Radar

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Contributors: Niall Johnson, Jan Gralton

### ***Updated Basic microbiology and multidrug-resistant organisms eLearning module*** <https://nhhi.southrock.com>

The Australian Commission on Safety and Quality in Health Care continues to develop and support online learning for infection prevention and control (IPC) and hand hygiene for healthcare workers through its centralised online Learning Management System (LMS).

The Commission has recently updated the *Basic microbiology and multidrug-resistant organisms* eLearning module to ensure consistency with the *National Safety and Quality Health Service Standards*, specifically the *Preventing and Controlling Infections Standard*, and the *Australian Guidelines for the Prevention and Control of Infection in Healthcare*. The module has also been enhanced to improve the learner experience.

The updated module is available in the National Hand Hygiene Initiative (NHHI) LMS at <https://nhhi.southrock.com>. Access to the NHHI LMS is free for all users and modules can be accessed after a learner has registered a profile on the system.



## Reports

*Transforming the genomics workforce to sustain high value care*

Deeble Institute Perspectives Brief No 20

Long JC, Gaff C, Clay C

Canberra: Australian Healthcare and Hospitals Association; 2022. p. 17.

URL	<a href="https://ahha.asn.au/news/supporting-genomics-workforce-critical-ensure-high-value-care">https://ahha.asn.au/news/supporting-genomics-workforce-critical-ensure-high-value-care</a>
Notes	This Perspectives brief from the Australian Healthcare and Hospitals Association's Deeble Institute examines some of the challenges facing the growing area of genomics, particularly those around workforce. The authors suggest for a coordinated national genomics workforce strategy to ensure that all Australians can benefit from genomics into the future. There is an argument that as the demand for genomics increases there is not only a need to manage the workforce but to ensure that 'A sustainable workforce must also sit within a system that supports equitable access.'

*Kotahitanga. Uniting Aotearoa against infectious disease and antimicrobial resistance*

A report from the Prime Minister's Chief Science Advisor, Kaitohutohu Mātanga Pūtaiao Matua ki te Pirimia  
Auckland: The University of Auckland; 2021. p. 408.

*Call for good practices*

AMR Stakeholder Network

European Public Health Alliance 2022.

URL	<a href="https://www.pmcsa.ac.nz/2022/03/03/amr/">https://www.pmcsa.ac.nz/2022/03/03/amr/</a> <a href="https://epha.org/report-good-practices-to-tackle-antimicrobial-resistance/">https://epha.org/report-good-practices-to-tackle-antimicrobial-resistance/</a>
Notes	A pair of reports further emphasising the importance and urgency of the issue of antimicrobial resistance, one from a New Zealand perspective, the other a European perspective. The Office of the Prime Minister's Chief Science Advisor in New Zealand has produced this report detailing the infectious disease and antimicrobial resistance challenges facing Aotearoa New Zealand across human, animal, plant, and environmental health. The report includes a set of clear recommendations to improve the health and wellbeing of all New Zealanders and enable Aotearoa to play its part in global efforts to keep our medicines working for as long as possible.

	<p>The European Public Health Alliance (EHPA) reports that its AMR Stakeholder Network has identified that actual action, pragmatic interventions, and implemented practices have the clear potential to reduce or slow down the development of resistant bacteria. The AMR Stakeholder Network brings together more than 60 leading organisations and individuals committed to tackling Antimicrobial Resistance (AMR) at national, regional and European level. The Network launched a call for good practices to offer practical solutions within a one health framework. This report draws together the identified practices.</p>
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For information on the Commission’s work on antimicrobial resistance, including access to the *National Antimicrobial Resistance Strategy*, see <https://www.safetyandquality.gov.au/our-work/antimicrobial-resistance>

## Journal articles

*My Five Moments’: understanding a user-centred approach to hand hygiene improvement within a broader implementation strategy*

Allegranzi B, Kilpatrick C, Sax H, Pittet D  
 BMJ Quality & Safety. 2022;31(4):259-262.

*The problem with ‘My Five Moments for Hand Hygiene’*

Gould D, Purssell E, Jeanes A, Drey N, Chudleigh J, McKnight J  
 BMJ Quality & Safety 2022;31 (4):322-6.

DOI	<p>Allegranzi et al <a href="https://dx.doi.org/10.1136/bmjqs-2021-013680">https://dx.doi.org/10.1136/bmjqs-2021-013680</a>          Gould et al <a href="https://dx.doi.org/10.1136/bmjqs-2020-011911">https://dx.doi.org/10.1136/bmjqs-2020-011911</a></p>
Notes	<p>The <a href="#">National Hand Hygiene Initiative</a> (NHHI) is part of a suite of Commission actions to prevent and reduce healthcare-associated infections in Australia. The NHHI promotes hand hygiene at five critical points during the provision of health care to prevent the spread of infection to patients and healthcare workers and to limit contamination of the healthcare environment. These critical points are known in Australia as the <a href="#">‘5 Moments for Hand Hygiene’</a>, a local adaptation of the WHO’s ‘My Five Moments’ model for hand hygiene, which developed between 2006 and 2009. Historically, the ‘5 Moments’ have been considered to be construct to enable direct observation auditing of hand hygiene compliance. However, the ‘5 Moments’ have become common lexicon in many Australian hospitals, clinics and day procedures units, with the health workforce becoming adept at recognising the need for hand hygiene at these points in patient care.</p> <p>The Commission continues to monitor and refine the ‘5 Moments for Hand Hygiene’ model, as needed. The current focus is <a href="#">promoting the moments as part of routine medical practice</a>, and highlighting the moments as fundamental to the implementation of other elements of standard precautions (e.g. as part of aseptic technique, as part of correct use of personal protective equipment, as part of effective environmental cleaning).</p> <p>These two recent articles (Allegranzi et al and Gould et al) reflect on the current challenges associated with implementation of the ‘My Five Moments’ module, providing an impetus for health service organisations to refocus hand hygiene as part of a broader infection prevention and control approach, rather than as a standalone strategy.</p>

*Preliminary development of recommendations for the inclusion of patient-reported outcome measures in clinical quality registries*

Ruseckaite R, Maharaj AD, Dean J, Kryszynska K, Ackerman IN, Brennan AL, et al  
 BMC Health Services Research. 2022;22(1):276.

DOI	<a href="https://doi.org/10.1186/s12913-022-07657-4">https://doi.org/10.1186/s12913-022-07657-4</a>
Notes	<p>Paper suggesting that two directions of concerted research and activity over recent years are combining with the potential to improve information about and feedback to improve health care. The two areas are clinical quality registries (CQRs) and Patient Reported Outcome Measures (PROMs).</p> <p>The interest in PROMs in recent years has seen many clinical quality registries consider the inclusion of PROMs in their datasets. This paper reports on an effort to develop a core set of recommendations for PROMs inclusion of in CQRs. The authors suggest that recommendations or guidance on the implementation of PROMS ‘to assure meaningful PROMs data capture, use, interpretation, and reporting to improve health outcomes and healthcare value.’</p>

For information on the Commission’s work on clinical quality registries, see <https://www.safetyandquality.gov.au/our-work/health-and-human-research/national-arrangements-clinical-quality-registries>

For information on the Commission’s work on PROMs, see <https://www.safetyandquality.gov.au/our-work/indicators-measurement-and-reporting/patient-reported-outcome-measures>

*Towards a national perioperative outcomes registry: A survey of perioperative electronic medical record utilisation to support quality assurance and research at Australian and New Zealand College of Anaesthetists Clinical Trials Network hospitals in Australia*

Reilly JR, Deng C, Brown WA, Brown D, Gabbe BJ, Hodgson CL, et al  
 Anaesthesia and Intensive Care. 2022:0310057X211030284.

DOI	<a href="https://doi.org/10.1177/0310057X211030284">https://doi.org/10.1177/0310057X211030284</a>
Notes	<p>Paper reporting on the advent of another clinical quality registry. In this instance it is the development of a national perioperative outcomes registry. This paper looks at the rationale for such a registry as well as the current and potential uses of perioperative electronic medical record data for research and quality assurance and possible barriers. The authors consider that there is a case for ‘establishing a national perioperative outcomes registry to lead high-quality multicentre registry research and quality assurance in Australia.’</p>

*Drug-related deaths among inpatients: a meta-analysis*

Patel TK, Patel PB, Bhalla HL, Kishore S  
 European Journal of Clinical Pharmacology 2022;78:267-78.

DOI	<a href="https://doi.org/10.1007/s00228-021-03214-w">https://doi.org/10.1007/s00228-021-03214-w</a>
Notes	<p>Paper describing an effort to estimate the prevalence of drug-related deaths with regard to total hospital mortality. Based on just 23 studies, the authors arrived at an estimate that drug-related deaths contributed to 5.6% of all inpatient hospital deaths, with a significant proportion being considered preventable.</p>

For information on the Commission’s work on medication safety, see <https://www.safetyandquality.gov.au/our-work/medication-safety>

URL	<a href="https://journals.sagepub.com/toc/hsrb/27/2">https://journals.sagepub.com/toc/hsrb/27/2</a>
Notes	<p>A new issue of the <i>Journal of Health Services Research &amp; Policy</i> has been published. Articles in this issue of the <i>Journal of Health Services Research &amp; Policy</i> include:</p> <ul style="list-style-type: none"> <li>• Editorial: <b>Person-centred care and measurement:</b> The more one sees, the better one knows where to look (Brendan McCormack)</li> <li>• What counts as a voiceable concern in decisions about <b>speaking out in hospitals:</b> A qualitative study (Mary Dixon-Woods, Emma LAveling, Anne Campbell, Akbar Ansari, Carolyn Tarrant, Janet Willars, Peter Pronovost, Imogen Mitchell, David W Bates, C Dankers, J McGowan, and G Martin)</li> <li>• Are <b>advanced clinical practice roles</b> in England’s National Health Service a remedy for workforce problems? A qualitative study of senior staff perspectives (Vari M Drennan, Linda Collins, Helen Allan, Neil Brimblecombe, Mary Halter, and Francesca Taylor)</li> <li>• The contribution of professions to the <b>governance of integrated care:</b> Towards a conceptual framework based on case studies from Denmark (Viola Bureau, Ellen Kuhlmann, and Loni Ledderer)</li> <li>• Comparison of <b>inpatient spending and readmission rates for patients treated by male versus female physicians</b> in China: An observational study (Menghan Shen, Linyan Li, Yushan Wu, and Yuanfan Yang)</li> <li>• An evaluation of five regional <b>health information technology-based programmes to improve health and social care coordination:</b> A quasi-experimental controlled before/after mixed design (Louis-Rachid Salmi, Tamara Roberts, Thomas Renaud, Sophie Buffeteau, Sandrine Cueille, Emmanuelle Fourneyron, Aurélie Gaillard, Maelys Abraham, Nora Arditi, Mathieu Castry, Fabien Daniel, N'deye Fatou N'gom, Orlane Guéry, Yannick L'Horty, Stéphane Pincemail, Sonia Purgues, Franz Thiessard, Viviane Ramel, Emmanuel Langlois, Florence Saillour-Glénisson, M Sibé, and J Wittwer)</li> <li>• Barriers to <b>early detection and management of oral cancer</b> in the Asia Pacific region (Sin Wi Ng, Sharifah Nur Syamim Syed Mohd Sobri, Rosnah binti Zain, Thomas George Kallarakkal, Rahmi Amtha, Felix A Wiranata Wong, Jyotsna Rimal, Callum Durward, Chanbora Chea, Ruwan Duminda Jayasinghe, Patravoot Vatanasapt, Nor Saleha binti Ibrahim Tamin, Lai Choo Cheng, Siti Mazlipah binti Ismail, Chher Tepirou, Zainal Ariff bin Abdul Rahman, Senthilmani Rajendran, Jananezvary Kanapathy, Chee Sun Liew, and Sok Ching Cheong)</li> <li>• ‘It’s possibly made us feel a little more alienated’: <b>How people from ethnic minority communities conceptualise COVID-19</b> and its influence on engagement with testing (Tushna Vandrevala, Lailah Alidu, Jane Hendy, Shuja Shafi, and Aftab Ala)</li> <li>• <b>Measuring with quality:</b> the example of <b>person-centred care</b> (Alan Cribb and Thomas Woodcock)</li> <li>• Strategies to reduce <b>waiting times in outpatient rehabilitation services</b> for adults with physical disabilities: A systematic literature review (Frédérique Dupuis, Julien Déry, Fabio Carlos Lucas de Oliveira, Ana Tereza Pecora, Rose Gagnon, Katherine Harding, Chantal Camden, Jean-Sébastien Roy, Josiane Lettre, Anne Hudon, Marie Beauséjour, Anne-Marie Pinard, Brenna Bath, Simon Deslauriers, Marie-Ève Lamontagne, Debbie Feldman, François Routhier, François Desmeules, Luc J Hébert, J Miller, A Ruiz, and K Perreault)</li> </ul>

URL	<a href="https://www.longwoods.com/publications/nursing-leadership/26747/1/vol.-35-no.-1-2022">https://www.longwoods.com/publications/nursing-leadership/26747/1/vol.-35-no.-1-2022</a>
Notes	<p>A new issue of the <i>Canadian Journal of Nursing Leadership</i> has been published. Articles in this issue of the <i>Canadian Journal of Nursing Leadership</i> include:</p> <ul style="list-style-type: none"> <li>• Editorial: <b>Leadership in – and Despite – Troubled Times</b> (Ruth Martin-Misener)</li> <li>• Case Study: Achieving “Hands-On” Practice for Remote Family Caregivers and Homecare Nurses of <b>Children with Medical Complexity</b> (Krista Keilty, Stephanie Chu, Adal Bahlibi, Sandra McKay and Matt Wong)</li> <li>• <b>Influencing Work Culture: A Strengths-Based Nursing Leadership and Management Education Program</b> (Pam Hubley, Laurie N. Gottlieb and Michele Durrant)</li> <li>• Enhancing <b>Nurse Practitioner Students’ Understanding of Political Processes</b> through Stakeholder Collaboration Using Deliberative Dialogue (Sharon E. Hamilton)</li> <li>• Optimizing the <b>Nursing Role in Abortion Care: Considerations for Health Equity</b> (Andrea Carson, Martha Paynter, Wendy V. Norman, Sarah Munro, Josette Roussel, Sheila Dunn, Denise Br...)</li> <li>• A Scoping Review of <b>Followership in Nursing</b> (Deena M. Honan, Gerri Lasiuk and Noelle Rohatinsky)</li> </ul>

*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>• The problem with <b>making Safety-II work in healthcare</b>, Merel J Verhagen,</li> <li>• <b>Sustaining interventions in care homes</b> initiated by quality improvement projects: a qualitative study (Reena Devi, Graham P Martin, Jaydip Banerjee, John RF Gladman, Tom Dening, Atena Barat, Adam Lee Gordon)</li> <li>• Use of e-triggers to identify <b>diagnostic errors in the paediatric ED</b> (Daniel Lam, Fidelity Dominguez, Jan Leonard, Alexandria Wiersma, Joseph A Grubenhoff)</li> </ul>

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

URL	<a href="https://academic.oup.com/intqhc/advance-articles">https://academic.oup.com/intqhc/advance-articles</a>
Notes	<p><i>International Journal for Quality in Health Care</i> has published a number of ‘online first’ articles, including:</p> <ul style="list-style-type: none"> <li>• Recognising and Responding to <b>Clinical Deterioration</b> in Adult Patients in Isolation Precautions for Infection Control: A Retrospective Cohort Study (D Berry, M Street, K Hall, S K Sprogis, J Considine)</li> <li>• <b>Accreditation and Clinical Outcomes: Shorter Length of Stay After First-Time Hospital Accreditation in the Faroe Islands</b> (Maria Daniella Bergholt, Christian von Plessen, Søren Paaske Johnsen, Peter Hibbert, Jeffrey Braithwaite, Jan Brink Valentin, Anne Mette Falstie-Jensen)</li> <li>• A Qualitative Study Exploring <b>Patient Shadowing as a Method to Improve Patient-Centred Care: Ten Principles for a New Gold Standard</b> (Joanna Goodrich, Damien Ridge, Tina Cartwright)</li> <li>• Development of a <b>Professional Competency Framework for Australian Sonographers – Perspectives for Developing Competencies Using a Delphi</b></li> </ul>

	<p>Methodology (Jessie Childs, Kerry Thoires, Ann Quinton, Brooke Osborne, Christopher Edwards, Paul Stoodley, Paul Lombardo, Sandra McDonald, Debbie Slade, Amanda Chandler, Lucy Taylor, Jodie Long, Karen Pollard, Toni Halligan)</p> <ul style="list-style-type: none"> <li>• Occurrence and Outcome of <b>Blood-Contaminated Percutaneous Injuries among Anesthesia practitioners</b>: A Cross-sectional Study (Reine Zbeidy, Joshua Livingstone, Vadim Shatz, Yehuda Raveh, Rofayda Gad, Ramona Nicolau-Raducu, Fouad G Souki)</li> </ul>
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## 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 NG136 *Hypertension in adults: diagnosis and management*  
<https://www.nice.org.uk/guidance/ng136>
- Quality Standard QS205 *Neonatal parenteral nutrition*  
<https://www.nice.org.uk/guidance/qs205>

### *[USA] Toolkit for Decolonization of Non-ICU Patients with Devices*

<https://www.ahrq.gov/hai/tools/abate/index.html>

The Agency for Healthcare Research and Quality (AHRQ) in the USA has released this toolkit to help hospital infection prevention programs implement a decolonization protocol that was found to reduce bloodstream infections by more than 30 percent in adult inpatients who were not in intensive care units (ICUs) and who had specific medical devices. It includes implementation instructions, demonstration videos, and customizable tools.

## 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:

- *COVID-19 infection prevention and control risk management*  
<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/poster->



## VISITOR RESTRICTIONS IN PLACE

For all staff

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

#### 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

#### At doorway prior to leaving room/care area

-  Remove and dispose of gloves
-  Perform hand hygiene
-  Remove and dispose of gown
-  Perform hand hygiene
-  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

\*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 guidance and <https://www.health.gov.au/committees-and-groups/infection-control-expert-group-ic-eg>



- *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

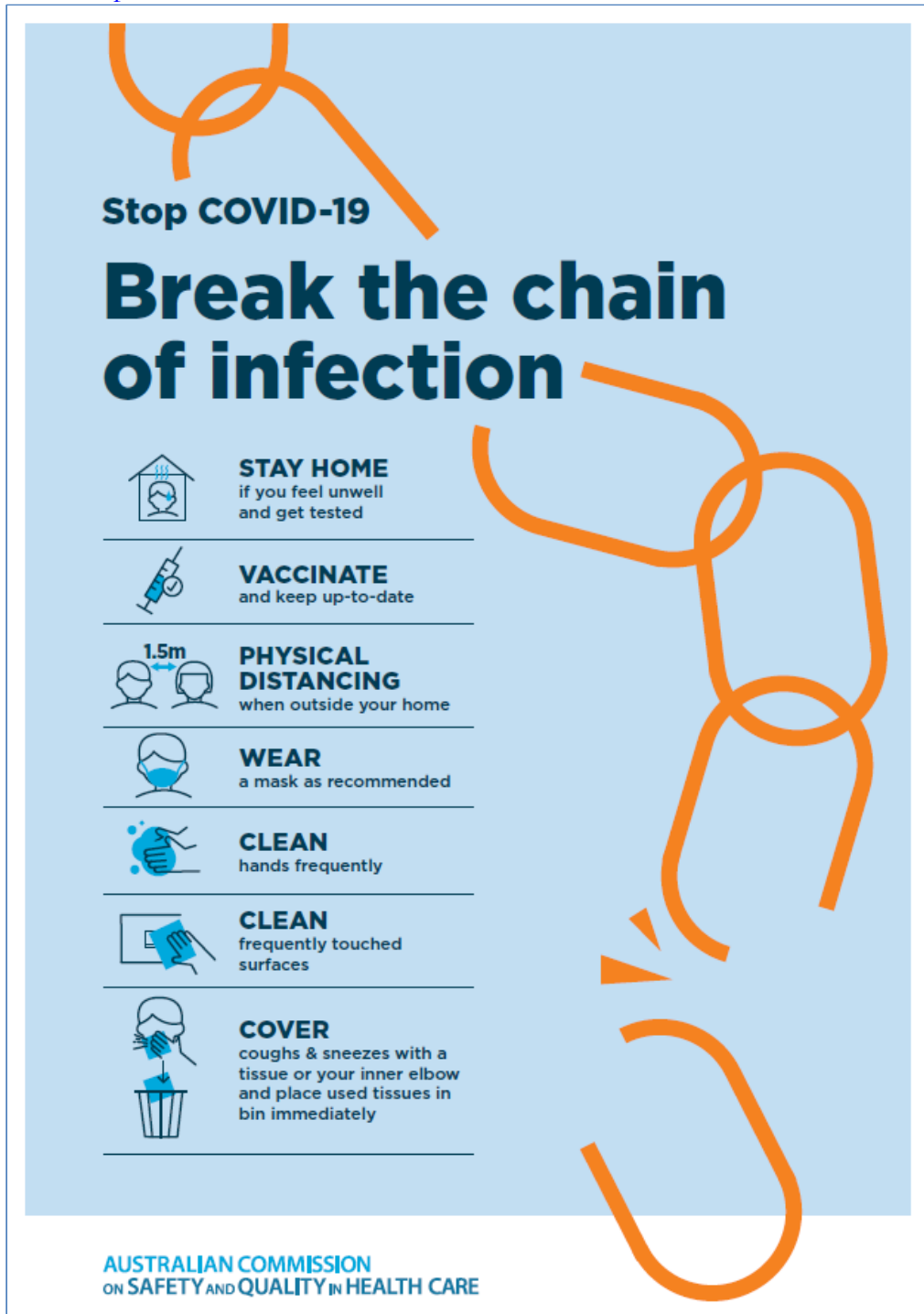
**Perform hand hygiene (in an anteroom/outside the room/care zone)**
- 8

**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>



- *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*  
<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:

- ***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?
- ***Omicron (BA.2 sub-lineage)*** – What is the available evidence for the BA.2 sub-lineage of the Omicron variant of concern?
- ***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.
- ***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?
- ***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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