



## On the Radar

Issue 583

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### On the Radar

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### Online launch of the National Safety and Quality Mental Health Standards for Community Managed Organisations

<https://safetyandquality.tv/mh-cmos/>

The new National Safety and Quality Mental Health #NSQMH Standards for Community Managed Organisations will be released later this month.

Join our webcast event on Wednesday **23 November** at **12pm AEDT** to find out how the standards will make a difference to the #CMOs sector. <https://safetyandquality.tv/mh-cmos/> #mentalhealth

The Standards are a significant step in providing safety and quality assurance for consumers, their families and carers who use mental health services, and best practice guidance for community managed service providers.

The Commission is releasing the Standards following extensive consultation with consumers, families and carers, community managed organisations, peak bodies, healthcare providers, professional bodies, Primary Health Networks and funders.

Join the launch to hear from guest speakers during our 30-minute webcast on how the new Standards will benefit consumers, why mental health community organisations should implement them and next steps for accreditation.

**When:** Wednesday **23 November, 12:00pm–12:30pm AEDT.**



**Journal articles**

*Patient-reported experiences and outcomes following hospital care are associated with risk of readmission among adults with chronic health conditions*

Watson DE, Marashi-Pour S, Tran B, Witchard A  
 PLOS ONE. 2022;17(11):e0276812.

DOI	<a href="https://doi.org/10.1371/journal.pone.0276812">https://doi.org/10.1371/journal.pone.0276812</a>
Notes	<p>Paper from the Bureau of Health Information in New South Wales (NSW) looking at the use of patient reported measures (PRM) and readmissions to hospital. This was a retrospective, cross-sectional study involving adult patients had chronic obstructive pulmonary disease (COPD) or congestive heart failure (CHF) and were admitted for acute care in a public hospital in NSW in 2018–2020 for any reason. The authors report that ‘Ninety-day readmission rates for respondents with COPD or CHF were 17% and 19%.’</p> <p>The authors state that ‘PRMs are strong predictors of readmission even after accounting for risk related to age and co-morbidities’. It would appear more the case that <i>negative</i> PRMS are predictors. It is not the reporting by a patient that in itself predicts readmission, it is more that when they reported ‘unfavourable ratings of overall care, understandable explanations, organised care, or preparedness for discharge’ that there was a ‘1.5 to more than two times higher risk of readmission’.</p> <p>The converse message is perhaps the key one, as the authors observe ‘increasing each patient’s positive experiences progressively reduces the risk of adults with chronic conditions returning to acute care.’ Providing quality care that addresses patient needs and expectations reduces the risk of readmission.</p>

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

*Daily Low-Dose Aspirin and Risk of Serious Falls and Fractures in Healthy Older People: A Substudy of the ASPREE Randomized Clinical Trial*

Barker AL, Morello R, Thao LTP, Seeman E, Ward SA, Sanders KM, et al  
 JAMA Internal Medicine. 2022 [epub].

DOI	<a href="https://doi.org/10.1001/jamainternmed.2022.5028">https://doi.org/10.1001/jamainternmed.2022.5028</a>
Notes	A further paper from the large Australian-led ASPREE study. This paper reports on a substudy that sought to examine the question of whether daily low-dose (100mg) aspirin reduces fractures and serious falls in healthy older people. The substudy involved 16703 older adult men and women in 16 major sites across south-eastern Australia. The authors report ‘s no difference in the risk of first fracture between the intervention and control participants (hazard ratio, 0.97; 95% CI, 0.87-1.06; P = .50), aspirin was associated with a higher risk of serious falls (total falls 884 vs 804; incidence rate ratio, 1.17; 95% CI, 1.03-1.33; P = .01).’ These results led the authors to conclude ‘the <b>failure of low-dose aspirin to reduce the risk of fractures while increasing the risk of serious falls</b> adds to evidence that this agent provides little favorable benefit in a healthy, White older adult population.’

*Polypharmacy and medicine regimens in older adults in residential aged care*

Page AT, Potter K, Naganathan V, Hilmer S, McLachlan AJ, Lindley RI, et al  
 Archives of Gerontology and Geriatrics. 2022:104849.

DOI	<a href="https://doi.org/10.1016/j.archger.2022.104849">https://doi.org/10.1016/j.archger.2022.104849</a>
Notes	<p>Paper reporting on a study that examined the medication regimens of 303 residents of 17 Australian residential aged care facilities. The 303 residents ‘(76% female) with a mean age of 85.0 ± 7.5 years, of whom the majority were living with dementia (72%)’ ‘were prescribed an average of 10.3 ± 4.5 regular medicines daily’.</p> <p>The authors report:</p> <ul style="list-style-type: none"> <li>• 85% had highly complex regimens</li> <li>• 92% were exposed to polypharmacy (five or more medicines)</li> <li>• 98% had at least one marker of potentially suboptimal prescribing.</li> <li>• At least one instance of potential under-prescribing was identified in 86% of residents.</li> <li>• At least one instance of high-risk prescribing was identified in 81% of residents including 16% of participants with at least one potential prescribing cascade.</li> </ul> <p>The authors concluded ‘Potentially suboptimal prescribing affected almost all residents in this study, and most had highly complex medicines regimens. If generalisable, these findings indicate most older people in RACFs may be at risk of medicines-related harm from suboptimal prescribing, in addition to the burden of administration of complex medicines regimens for facility staff and residents.’</p>

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

Which strategies support the effective use of clinical practice guidelines and clinical quality registry data to inform health service delivery? A systematic review

Dempsey K, Ferguson C, Walczak A, Middleton S, Levi C, Morton RL, et al  
 Systematic Reviews. 2022;11(1):237.

DOI	<a href="https://doi.org/10.1186/s13643-022-02104-1">https://doi.org/10.1186/s13643-022-02104-1</a>
Notes	<p>Clinical practice guidelines and clinical quality registries are sources of information for guiding and informing clinical activity. The authors of this piece observe that ‘Empirical evidence suggests data and insights from the clinical practice guidelines and clinical quality registries are not being fully utilised, leaving health service managers, clinicians and providers without clear guidance on how best to improve healthcare delivery. This lack of uptake of existing research knowledge represents low value to the healthcare system and needs to change.’ From their systematic review of the literature, they identified ‘Five complementary strategies ... (1) feedback and transparency, (2) intervention sustainability, (3) clinical practice guideline adherence, (4) productive partnerships and (5) whole-of-team approach.’</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>

URL	<a href="https://www.healthaffairs.org/toc/hlthaff/41/11">https://www.healthaffairs.org/toc/hlthaff/41/11</a>
Notes	<p>A new issue of <i>Health Affairs</i> has been published with the theme “<b>COVID-19 Economic Supports &amp; More</b>”. Articles in this issue of <i>Health Affairs</i> include:</p> <ul style="list-style-type: none"> <li>• <b>Financial Coaching</b> Offers New Paths To A Healthy Future (M C Marill)</li> <li>• <b>Pandemic And Recession Effects On Mortality</b> In The US During The First Year Of COVID-19 (Christopher J. Ruhm)</li> <li>• <b>Excess Deaths In A Time Of Dual Public Health Crises:</b> Parsing The Effects Of The Pandemic, Drug Overdoses, And Recession (Ellen Meara)</li> <li>• <b>Excess Deaths Will Continue</b> In The United States Until The Root Causes Are Addressed (Steven H Woolf)</li> <li>• <b>Higher COVID-19 Vaccination And Narrower Disparities In US Cities With Paid Sick Leave</b> Compared To Those Without (Alina S Schnake-Mahl, Gabriella O’Leary, Pricila H Mullachery, Alexandra Skinner, Jennifer Kolker, Ana V Diez Roux, Julia R Raifman, and Usama Bilal)</li> <li>• <b>Mandates Narrow Gender Gaps In Paid Sick Leave Coverage</b> For Low-Wage Workers In The US (Kristen Harknett, and Daniel Schneider)</li> <li>• <b>State Eviction Moratoriums</b> During The COVID-19 Pandemic Were Associated With Improved Mental Health Among People Who Rent (Abdinasir K Ali, and George L Wehby)</li> <li>• <b>Easing Cash Assistance Rules During COVID-19</b> Was Associated With Reduced Days Of Poor Physical And Mental Health (Emily C Dore, Melvin D Livingston III, and Paul R Shafer)</li> <li>• <b>Racial And Ethnic Disparities In Pandemic-Era Unemployment Insurance Access:</b> Implications For Health And Well-Being (Elizabeth Oltmans Ananat, Becca Daniels, John Fitz-Henley II, and Anna Gassman-Pines)</li> <li>• No Evidence The <b>Child Tax Credit Expansion Had An Effect On The Well-Being And Mental Health Of Parents</b> (Benjamin Glasner, Oscar Jiménez-Solomon, Sophie M Collyer, Irwin Garfinkel, and Christopher T Wimer)</li> <li>• Grocery Purchase Changes Were Associated With A North Carolina <b>COVID-19 Food Assistance Incentive Program</b> (Caitlin M Lowery, Richard Henderson, Neal Curran, Sam Hoeffler, Molly De Marco, and Shu Wen Ng)</li> <li>• <b>Racial And Ethnic Inequalities In COVID-19 Mortality Within Carceral Settings:</b> An Analysis Of Texas Prisons (Neal Marquez, Destiny Moreno, Amanda Klonsky, and Sharon Dolovich)</li> <li>• Little To No Correlation Found Between <b>Immigrant Entry And COVID-19 Infection Rates</b> In The United States (Joseph Nwadiuko, and Arturo Vargas Bustamante)</li> <li>• Use Of And Willingness To Use <b>Video Telehealth Through The COVID-19 Pandemic</b> (Shira H Fischer, Zachary Predmore, Elizabeth Roth, Lori Uscher-Pines, Matthew Baird, and Joshua Breslau)</li> <li>• The Rise Of <b>Cross-Market Hospital Systems</b> And Their Market Power In The US (Brent D Fulton, Daniel R Arnold, Jaime S King, Alexandra D Montague, Thomas L Greaney, and Richard M Scheffler)</li> <li>• <b>Medicare’s Bundled Payments For Care Improvement Advanced Model:</b> Impact On High-Risk Beneficiaries (Karen E Joynt Maddox, E John Orav, Jie Zheng, and Arnold M Epstein)</li> </ul>

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|  | <ul style="list-style-type: none"> <li>• <b>Health Benefits In 2022:</b> Premiums Remain Steady, Many Employers Report Limited Provider Networks For Behavioral Health (Gary Claxton, Matthew Rae, Anthony Damico, Emma Wager, Gregory Young, and Heidi Whitmore)</li> <li>• <b>Confronting Racism In Pediatric Care</b> (Benjamin Danielson)</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 include:

- NICE Guideline NG227 *Advocacy services for adults with health and social care needs*  
<https://www.nice.org.uk/guidance/ng227>

### *[USA] Effective Health Care Program reports*

<https://effectivehealthcare.ahrq.gov/>

The US Agency for Healthcare Research and Quality (AHRQ) has an Effective Health Care (EHC) Program. The EHC has released the following final reports and updates:

- *Antibody Response Following SARS-CoV-2 Infection and Implications for Immunity: A Living Rapid Review*  
<https://effectivehealthcare.ahrq.gov/products/immunity-after-covid/rapid-review>

### *[Canada] Press Play on Safety Conversations. Resources and opportunities*

<https://www.healthcareexcellence.ca/en/what-we-do/all-programs/canadian-patient-safety-week/press-play-on-safety-conversations/>

Healthcare Excellence Canada has developed material to support 'safety conversations'. According to the website 'Safety conversations are a respectful discussion about safety between two or more people involved in organizing, delivering, seeking, and/or receiving care, including healthcare workers, patients, residents, clients and essential care partners. These conversations are an important step in building a positive patient safety culture, and evidence confirms that organizations with a positive patient safety culture have less harm'

## 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.

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- *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

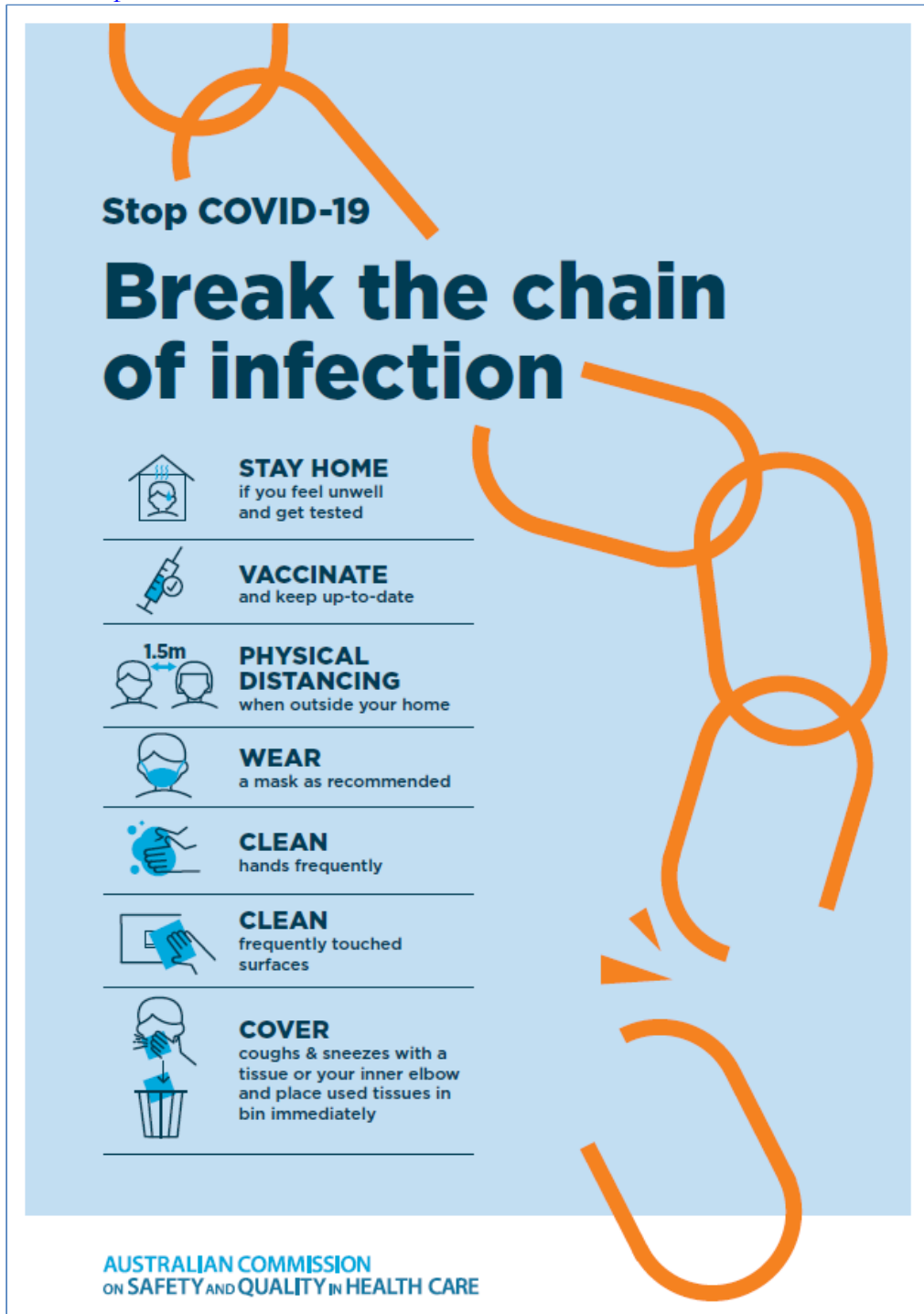
**Remove and dispose of particulate respirator (in an anteroom/outside the room/care zone)**
- 9

**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  
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**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:

- ***Molnupiravir*** – What is the evidence for and regulatory context of molnupiravir for treatment of COVID-19?
- ***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?
- ***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?
- ***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?
- ***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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