



## On the Radar

Issue 642

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### On the Radar

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### Reports

*Health Q32: First Nations first strategy 2032*

Queensland Health

Brisbane, State of Queensland (Queensland Health), 2024, p.44.

URL	<a href="https://www.health.qld.gov.au/system-governance/strategic-direction/plans/first-nations-first-strategy-2032">https://www.health.qld.gov.au/system-governance/strategic-direction/plans/first-nations-first-strategy-2032</a>
Notes	Within <i>HEALTHQ32: A vision for Queensland's health system</i> there are a number of priorities. Supporting these are strategies that outline focus areas and outcomes sought to deliver the strategy. The First Nations First Strategy is described as 'one of the system priorities that will drive the future direction for health in Queensland'. The strategy is described as 'the next stage of our journey to create an integrated health system in Queensland that sees more of our First Nations peoples across the system, listens to First Nations voices in the system, supports a more culturally capable, better integrated and coordinated system with First Nations peoples; and lays the foundation for a more equitably funded system.'

*Queensland Women and Girls' Health Strategy 2032*

Queensland Health

Brisbane, State of Queensland (Queensland Health), 2024, p.52.

URL	<a href="https://www.health.qld.gov.au/system-governance/strategic-direction/plans/women-and-girls-health-strategy">https://www.health.qld.gov.au/system-governance/strategic-direction/plans/women-and-girls-health-strategy</a>
Notes	<p>Reflecting another priority for Queensland Health is their <i>Queensland Women and Girls' Health Strategy 2032</i>. The overall aim is that ‘All women and girls are well and healthy throughout their lives and can participate in social, economic, and cultural activities.’</p> <p>The priority health actions areas in the strategy include:</p> <ul style="list-style-type: none"> <li>● Healthy lifestyles and bodies</li> <li>● Mental health</li> <li>● Sexual and reproductive health</li> <li>● Maternal health</li> <li>● Health response to domestic and family violence, and sexual violence</li> <li>● Chronic health conditions and cancer.</li> </ul>

*Medication without harm: Policy brief*

World Health Organization

Geneva: WHO; 2024. p. 36.

Global burden of preventable medication-related harm in health care: a systematic review

World Health Organization

Geneva: WHO; 2023. p. 32..

URL	<p>Policy brief <a href="https://www.who.int/publications/i/item/9789240062764">https://www.who.int/publications/i/item/9789240062764</a></p> <p>Systematic review <a href="https://www.who.int/publications/i/item/9789240088887">https://www.who.int/publications/i/item/9789240088887</a></p>
Notes	<p>Policy brief from the WHO on the Medication without harm global patient safety challenge. The brief is intended to support successful implementation of the third WHO Global Patient Safety Challenge: Medication Without Harm, and to advocate for prioritizing medication safety in health care. It also seeks to support implementation of the <i>Global Patient Safety Action Plan 2021-2030</i>, on policies relating to eliminating avoidable harm in health care and ensuring the safety of clinical processes. The brief notes that ‘Patient harm due to unsafe care is a leading cause of death and disability worldwide, and most of such harm is avoidable. Harm due to medicines and therapeutic options accounted for nearly 50% of the overall preventable harm in medical care.’</p> <p>The Commission has developed <i>Medication without harm – WHO Global Patient Safety Challenge: Australia's response</i> and continues to partner with the WHO in this area. For further information see <a href="https://www.safetyandquality.gov.au/our-work/medication-safety/who-global-patient-safety-challenge-medication-without-harm">https://www.safetyandquality.gov.au/our-work/medication-safety/who-global-patient-safety-challenge-medication-without-harm</a></p> <p>Also released by WHO as part of the Medication without harm global patient safety challenge is this systematic review that provides ‘an updated systematic review and meta-analysis of studies of the prevalence, nature and severity of preventable medication-related harm in the international literature including in low- and middle income countries (LMICs). A total of 100 studies were included in the review, involving 487 162 patients.’</p>

Clinical quality registries

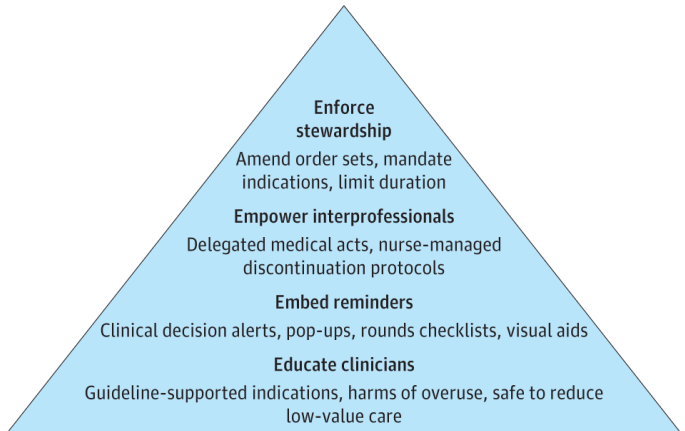
Notes	<p>Following the Commission’s work on clinical quality registries, including the <i>Framework for Australian clinical quality registries</i>, the Department of Health and Aged Care is overseeing a National Clinical Quality Registry Program (<a href="https://www.health.gov.au/our-work/national-clinical-quality-registry-program">https://www.health.gov.au/our-work/national-clinical-quality-registry-program</a>). A number of clinical quality registries participating in this program have released their annual reports recently, including:</p> <ul style="list-style-type: none"> <li>• <b>National Cardiac Registry (NCR)</b> – collects information about the care and outcomes for Australians undergoing cardiac procedures, specifically Percutaneous Coronary Interventions (PCI). <a href="https://nationalcardiacregistry.org.au/2023-annual-status-report/">https://nationalcardiacregistry.org.au/2023-annual-status-report/</a></li> <li>• <b>Australian Cystic Fibrosis Data Registry (ACFDR)</b> – provides a comprehensive insight into the care and outcomes for people with cystic fibrosis (CF) in Australia. <a href="https://www.cysticfibrosis.org.au/wp-content/uploads/2024/02/ACFDR_2022_Annual-Report.pdf">https://www.cysticfibrosis.org.au/wp-content/uploads/2024/02/ACFDR_2022_Annual-Report.pdf</a></li> <li>• <b>Australasian Pelvic Floor Procedure Registry (APFPR)</b> – captures outcomes related to the safety and efficacy of pelvic floor procedures in women, specifically procedures to address Stress Urinary Incontinence (SUI) and Pelvic Organ Prolapse (POP) which may or may not include an implant or device such as mesh. <a href="https://apfpr.org.au/apfpr-2023-annual-report-published-today/">https://apfpr.org.au/apfpr-2023-annual-report-published-today/</a></li> <li>• <b>Australian Breast Device Registry (ABDR)</b> – monitors the long-term safety and performance of breast devices including breast implants, breast tissue expanders, acellular dermal matrices and other meshes. <a href="https://abdr.org.au/wp-content/uploads/2023/12/ABDR_2022_Annual-Report_Spreads_Screen.pdf">https://abdr.org.au/wp-content/uploads/2023/12/ABDR_2022_Annual-Report_Spreads_Screen.pdf</a></li> </ul>
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Journal articles

“4 E’s” Ways That Clinicians Can Reduce Low-Value Care on Medical Wards

Silverstein WK, Leis JA, Moriates C.

JAMA Internal Medicine. 2024;184(3):322-323.

Notes	<p>DOI <a href="https://doi.org/10.1001/jamainternmed.2023.7632">https://doi.org/10.1001/jamainternmed.2023.7632</a></p> <p>Piece in <i>JAMA Internal Medicine</i> suggesting an approach that clinicians may adopt ‘as a quality improvement approach modeled after the hierarchy of effectiveness that addresses known drivers of low-value care’. The 4 E’s proposed are:</p> <ul style="list-style-type: none"> <li>• Enforce stewardship</li> <li>• Empower interprofessionals</li> <li>• Embed reminders</li> <li>• Educate clinicians.</li> </ul> 
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*“Good Care Is Slow Enough to Be Able to Pay Attention”*: Primary Care Time Scarcity and Patient Safety  
 Satterwhite S, Nguyen M-LT, Honcharov V, McDermott AM, Sarkar U  
 Journal of General Internal Medicine. 2024.

DOI	<a href="https://doi.org/10.1007/s11606-024-08658-1">https://doi.org/10.1007/s11606-024-08658-1</a>
Notes	Paper reflecting on interviews with 25 US primary care clinicians that examined near-miss events. From these interviews it emerged that the clinicians ‘identified several types of near-miss events in which taking extra time during visits changed their clinical management.’ The authors argue that ‘Current healthcare policy and organization create time scarcity. Interventions to address time scarcity and to measure its prevalence and implications for care quality and safety are urgently needed.’ This admonition to “take your time” may not always be well received by clinicians struggling with their workloads.

*The Impact of Digital Hospitals on Patient and Clinician Experience: Systematic Review and Qualitative Evidence Synthesis*  
 Canfell OJ, Woods L, Meshkat Y, Krivit J, Gunashanhar B, Slade C, et al.  
 Journal of Medical Internet Research. 2024;26:e47715.

DOI	<a href="https://doi.org/10.2196/47715">https://doi.org/10.2196/47715</a>
Notes	Paper from an Australian group that conducted a systematic review and qualitative evidence synthesis to assess the clinician and patient experience of digital hospitals. Examining 61 studies, the group note that most ‘(55/61, 90%) investigated clinician experiences, whereas few (10/61, 16%) investigated patient experiences.’ From their analyses, the authors concluded that ‘Clinicians’ experience of digital hospitals appears positive according to high-level indicators (eg, overall satisfaction and data accessibility), but the qualitative evidence synthesis revealed substantive tensions. There is insufficient evidence to draw a definitive conclusion on the patient experience within digital hospitals, but indications appear positive or agnostic’. As digital technologies become routine in health care, at some point the “digital” will fall away from “digital health” as health just adopts digital means and tools as “business as usual”. However, innovations and new technologies will continue to emerge with the promise of addressing given issues, and potentially giving rise to new ones.

*Creating a Just Culture in the Perioperative Setting*  
 Hooven K, Altmiller G  
 AORN Journal. 2024;119(2):152-160.

DOI	<a href="https://doi.org/10.1002/aorn.14074">https://doi.org/10.1002/aorn.14074</a>
Notes	Many organisations can be hierarchical and territorial and thus stifle discussion, innovation and reporting of difficult issues. The value of a safe and just culture in health care settings has been recognised for some time. This piece looks at just culture in the perioperative setting. The authors observe that this setting may have features that ‘may discourage personnel from speaking up for fear of retribution and punishment’. The authors suggest a just culture ‘that focuses on improving patient care processes and safety rather than placing blame after an adverse event.’ They go on to suggest that ‘Strategies for just culture implementation include leader support, policies and procedures for reporting, accessibility of reporting systems, provision of information for staff members, identification of support champions, and creation of a good catch program.’

*How Would We Know Whether Joint Replacements Are Successful if We Do Not Ask Patients?*

Weir-Seeley S, Sandoval C, Turner M

Healthcare Quarterly. 2024;26(4):10-13.

DOI	<a href="https://doi.org/10.12927/hcq.2024.27260">https://doi.org/10.12927/hcq.2024.27260</a>
Notes	Over recent years a number of countries have used clinical quality registries as a mechanism to examine the performance of joint replacements. In many instances this has led to changes in practice. This Canadian paper provides an example of how Patient Reported Outcome Measures (PROMs) are adding an important element and ‘can help identify factors that lead to better care and opportunities to further understand what contributes to a patient's perception of surgical success’. Many clinical quality registries around the world have adopted PROMs as one of their inputs.

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>

*Pediatric Quality & Safety*

Volume 9, Supplement 2, January/February 2024

URL	<a href="https://journals.lww.com/pqs/toc/2024/01002">https://journals.lww.com/pqs/toc/2024/01002</a>
Notes	<p>A new issue of <i>Pediatric Quality &amp; Safety</i> has been published. Articles in this issue of <i>Pediatric Quality &amp; Safety</i> include:</p> <ul style="list-style-type: none"> <li>• Decreasing Ambulatory <b>CLABSIs in Oncology Patients</b> (Angie Blackwell, Brittney K Anderson)</li> <li>• Skin in the Game: Implementation of Weekly <b>Active Surveillance in a Pediatric ICU</b> (Erica Eberhard, Grace Brooks, Julie LeBlanc, Natalie Lu)</li> <li>• The Integration of an Oral Health Educator Enhances Prevention of <b>Mucosal Barrier Injury Central Line-associated Bloodstream Infections</b> for Pediatric BMT Patients (Kandice R Bledsaw, Zachary D Prudowsky, Janet DeJean, Sharon Staton, Jenell Robins, David Steffin, Claudia X Harriehausen, Esther Yang, Alexandra M Stevens)</li> <li>• Beyond the Bundle: Reducing <b>Unplanned Extubation</b> Rates after Implementation of SPS Factors (Heda Dapul, Carla Basile, Sourabh Verma, Samantha Alessi, Rebecca Malizia, Elizabeth Haines)</li> <li>• Diaper Duty: a <b>CAUTI</b> Reduction Initiative (Hadassah L Little)</li> <li>• <b>CLABSI</b> Reduction Strategies in a Cardiovascular ICU (Heidi Shafland, Lia Johnson, Nicole Johnson, Sarah Murphy)</li> <li>• It Takes Two: Reduction of <b>Unplanned Extubations</b> in a Pediatric Intensive Care Unit through Continuous Quality Improvement (Mandeep Chadha, Alex Golchehreh, Anna Konstantin)</li> <li>• All Hands on Deck: How Multidisciplinary Implementation of <b>CLABSI Countermeasures</b> Cut Our Rate in Half (Elizabeth M Chang, Sarah Brunner, Lacey Bergerhofer)</li> <li>• Reducing <b>Central Line-associated Bloodstream Infections</b> Using a Frontline Staff-driven Approach (Joanne Pasinski, Johanna Young, Nicole Leone, Kaitlyn Philips)</li> </ul>

	<ul style="list-style-type: none"> <li>Implementing Standard <b>HAC Data</b> Collection, Storage, and Display to Promote Informed Decisions (John J Forbus, Giri Jaya Shankar)</li> </ul>
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*Healthcare Quarterly*

Volume 26, Number 4, 2024

URL	<a href="https://www.longwoods.com/publications/healthcare-quarterly/27251/1/vol-26-no.-4-2024">https://www.longwoods.com/publications/healthcare-quarterly/27251/1/vol-26-no.-4-2024</a>
Notes	<p>A new issue of <i>Healthcare Quarterly</i> has been published. Articles in this issue of <i>Healthcare Quarterly</i> include:</p> <ul style="list-style-type: none"> <li>Our Data, Our Question: <b>Public-Centric Approaches to Administrative Data Analysis</b> (Elise Leong-Sita, Sabella Yussuf-Homenautha, Jerome Johnsonb, Simisola Johnson, Jenny Kirk, Nicola Samuels, Laura Ferreira-Legere, Michael Campitelli, Michael J Paterson and Michael J Schull)</li> <li>How Would We Know Whether <b>Joint Replacements</b> Are Successful if We Do Not Ask Patients? (Shannon Weir-Seeley, Carolyn Sandoval and M Terner)</li> <li><b>Ombuds AI</b> (Neil Seeman)</li> <li>Emerging Perspectives on Quality Improvement: Health Quality 5.0: The <b>Global Health Workforce Crisis</b> – First Things First (Leslee J Thompson)</li> <li>Innovations in People-Centred Care: The Price of Love: Understanding the Financial and Psychosocial <b>Costs of Caring for Children with Medical Complexities</b> (Chantal Krantz, Michele Hynes, Amélie DesLauriers, Lillian L. Kitcher, Teresa MacMillan, Diane Paradis, Susan Mendelsohn and S Curry)</li> <li>Innovations in People-Centred Care: Utilizing <b>Experience Bundles</b>: A Novel Approach to Improving Quality of Care in Long-Term Care (Lara Gurney, Florence Yip, Maura MacPhee and Serena Bertoli-Haley)</li> <li>Innovations in People-Centred Care: If Not NOW, When? A People-Focused Change Model to Improve <b>Patient Flow</b> (Laurie Zimmer, Samer Abou-Sweid, Linda Morrison, Kim Kraeft and Julie Acker)</li> <li>Care in the Community: The <b>Community Paramedicine at Clinic Program</b>: Improving Participant Health while Preserving Healthcare System Resources (Leena AlShenaiber, Guneet Mahal, Ricardo Angeles, Francine Marzanek-Lefebvre, Melissa Pirrie, Amelia Keenan and Gina Agarwal)</li> <li>Learnings From the Pandemic: Using Reddit Data to Refine <b>Vaccine Messaging</b> for a Plan-Do-Study-Act Communications Approach (Neil Seeman, Alex Luscombe and Jamie Duncan)</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>Editorial: <b>Variation in quality of care between hospitals</b>: how to identify learning opportunities (Bottle A, Kristensen PK)</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>How are we handling <b>protein drugs in hospitals</b>? A Human Factors and Systems Engineering Approach to compare two hospitals and suggest a best practice (Clàudia Sabaté-Martínez, Mattias Paulsson, Silvia González-Suárez, Ulla Elofsson, Anna Millqvist Fureby et al)</li> </ul>

## Online resources

### *Health Innovation Series - e-Medication Safety*

<https://www.mq.edu.au/research/research-centres-groups-and-facilities/healthy-people/centres/australian-institute-of-health-innovation/our-projects/Health-Innovation-Series/health-innovation-series-e-medication-safety>

The Health Innovation Series from the Australian Institute of Health Innovation at Macquarie University has had a number of recent issues, including:

- Does your drop-down menu present safe options?
- What time is the next dose due? Avoid errors by updating the schedule!
- Is your administration documentation accurate? Check fields that auto-populate!
- A mix of prescribing systems may be a recipe for disaster
- Default first dose times can cause deadly double doses
- How free-text fields can lead to medication errors.

For information on the Commission's work on medication safety, see

<https://www.safetyandquality.gov.au/our-work/medication-safety>

### *[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 NG122 **Lung cancer**: diagnosis and management  
<https://www.nice.org.uk/guidance/ng122>
- NICE Guideline NG191 *COVID-19 rapid guideline: **managing COVID-19***  
<https://www.nice.org.uk/guidance/ng191>

### *[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:

- *Adverse Events Associated With COVID-19 Pharmaceutical Treatments*  
<https://effectivehealthcare.ahrq.gov/products/COVID-19-pharmaceutical-treatments/rapid-research>

## 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*** 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>



## 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




Wear gloves, in accordance with standard precautions

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


- Always change gloves and perform hand hygiene between different care activities and when gloves become soiled to prevent cross contamination of body sites
- Consider patient placement
- Minimise patient movement

At doorway prior to leaving room/care zone


- 1




Remove and dispose of gloves if worn
- 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

**\*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



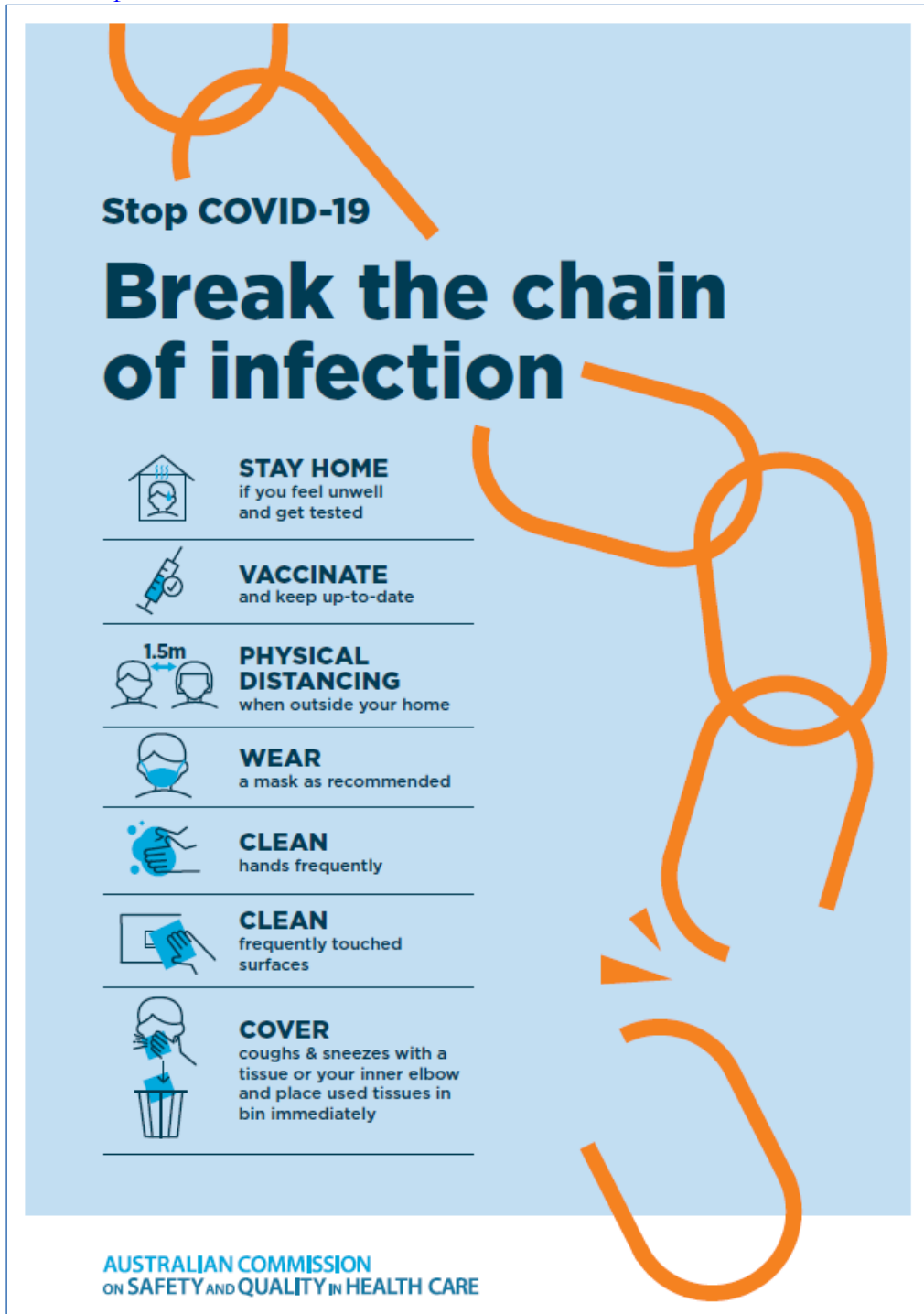
Remove and dispose of particulate respirator (in an anteroom/outside the room/care zone)
- 9



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 Clinical Evidence Taskforce*

<https://clinicalevidence.net.au/>

The National Clinical Evidence Taskforce is a multi-disciplinary collaboration of 35 member organisations – Australia’s medical colleges and peak health organisations – who share a commitment to provide national evidence-based treatment guidelines for urgent and emerging diseases.

This alliance established the world’s first ‘living guidelines’ for the care of people with COVID-19 and MPX.

Funding has now been discontinued for the National Clinical Evidence Taskforce and the COVID-19 guidelines as of 30 June 2023.

These guidelines are no longer continually updated but will remain online until the guidance becomes inaccurate and/or no longer reflects the evidence or recommended practice.

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