



## On the Radar

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### On the Radar

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### Reports

*Patchy protection: How to boost GPs' patient vaccination rates*

Breadon P, Stobart A

Melbourne: Grattan Institute; 2024.

URL	<a href="https://grattan.edu.au/report/patchy-protection/">https://grattan.edu.au/report/patchy-protection/</a>
Notes	This report from the Grattan Institute examined patterns of vaccination rates in Australia. The report examined vaccination rate of adult patients by GP and found that these vary across Australia. The 'report shows that some GPs have very low adult vaccination rates, and others outperform their peers. GP patient vaccination rates...range from a two-fold difference for flu to a 13-fold difference for pneumococcal.' The report includes a number of recommendations aimed at improving vaccination rates, including changes to funding and the role of Primary Health Networks (PHNs).

For information on the Commission's work on healthcare variation, including the *Australian Atlas of Healthcare Variation* series, see <https://www.safetyandquality.gov.au/our-work/healthcare-variation>

*Comparative assessment of patient safety culture performance in OECD countries: Findings based on the Hospital Survey on Patient Safety Culture versions 1 and 2*

OECD Health Working Papers, No. 168

de Bienassis K, Klazinga N

Paris: OECD Publishing; 2024.

DOI	<a href="https://doi.org/10.1787/d0552328-en">https://doi.org/10.1787/d0552328-en</a>
Notes	<p>Report from the OECD looking at patient safety culture in 14 OECD nations. Australia is not among the nations surveyed and reported on. The 2022-2023 data collection included information from ‘almost 650,000 (648,262) health care workers, from 3,387 different sites/hospitals, across 14 countries’ with nursing staff being the most likely respondents to the survey. The authors note:</p> <ul style="list-style-type: none"> <li>• the domain of staffing and work pace remains the lowest scoring domain on average for countries</li> <li>• high levels of perceived punitive response to error in hospital work environments remain</li> <li>• highest scoring domains related to interpersonal relationships in the workplace</li> <li>• significant international variation in the performance across countries remains</li> <li>• Patient safety culture appears to be reaching a tipping point, with potential to be used as an indicator for international benchmarking.</li> <li>• The results of national-level assessments show that there is ample room for improving safety culture in OECD countries, and that the need to assess patient safety culture through sustained and ongoing survey monitoring continues.</li> </ul>

*Enhancing radiation safety culture in health care: guidance for health care providers*

World Health Organization

Geneva: WHO; 2024. p. 80.

URL	<a href="https://www.who.int/publications/i/item/9789240091115">https://www.who.int/publications/i/item/9789240091115</a>
Notes	<p>From the document’s executive summary: ‘This publication focuses on radiation safety culture in health care, which encompasses all uses of radiation for the improvement of health via the prevention, diagnosis, treatment, recovery or palliation of disease, illness and injury. It provides a framework to establish, maintain and enhance safety culture in health care. It is primarily addressed to health professionals and other stakeholders having an interest in radiation protection’</p> <p>The document includes:</p> <ul style="list-style-type: none"> <li>• ten traits describing patterns of organizational and individual thinking/behaving, which define a positive safety culture</li> <li>• a proposed set of tools to assess the existing level and quality of radiation safety culture</li> <li>• case studies/good practice examples from different settings and regions.</li> </ul> <p>This publication was developed by the World Health Organization (WHO) jointly with the International Atomic Energy Agency (IAEA), the International Organization for Medical Physics (IOMP) and the International Radiation Protection Association (IRPA).</p>

*Realising the potential of integrated care systems. Developing system-wide solutions to workforce challenges*  
 Naylor C, Cream J, Chikwira L, Gowar C  
 London: The King's Fund; 2024. p. 60.

URL	<a href="https://www.kingsfund.org.uk/insight-and-analysis/reports/integrated-care-systems-workforce">https://www.kingsfund.org.uk/insight-and-analysis/reports/integrated-care-systems-workforce</a>
Notes	The UK introduced integrated care systems (ICSs) to increase collaboration in the health and social care sector. This report from The King’s Fund examines how these systems have faced the workforce challenges as these systems often include a range of organisation with various functions. The research found ‘evidence of ICSs beginning to build a ‘whole-system’ approach to workforce, in which local organisations work together more closely to tackle shared workforce issues and develop new solutions that better meet the needs of the local population.’

### Journal articles

*Effectiveness and cost-effectiveness of an individualised, progressive walking and education intervention for the prevention of low back pain recurrence in Australia (WalkBack): a randomised controlled trial*

Pocovi NC, Lin C-WC, French SD, Graham PL, van Dongen JM, Latimer J, et al.  
 The Lancet. 2024;404(10448):134-144.

DOI	<a href="https://doi.org/10.1016/S0140-6736(24)00755-4">https://doi.org/10.1016/S0140-6736(24)00755-4</a>
Notes	Low back pain is a condition that afflicts many people and for which there have been a range of treatments that have varying efficacy and cost. Pocovi et al in <i>The Lancet</i> reports on an Australian study looking at the prevention of low back pain recurrence. The study investigated ‘the clinical effectiveness and cost-effectiveness of an individualised, progressive walking and education intervention to prevent the recurrence of low back pain.’ Involving 701 participants (351 randomly assigned to the intervention group and 350 to the no treatment control group), the authors reported ‘An individualised, progressive walking and education intervention significantly reduced low back pain recurrence. This accessible, scalable, and safe intervention could affect how low back pain is managed.’

*Public Perceptions of the Australian Health System During COVID-19: Findings From a 2021 Survey Compared to Four Previous Surveys*

Ellis LA, Dammary G, Gillespie J, Ansell J, Wells L, Smith CL, et al.  
 Health Expectations. 2024;27(4):e14140.

DOI	<a href="https://doi.org/10.1111/hex.14140">https://doi.org/10.1111/hex.14140</a>
Notes	Study reporting on a nationwide survey that asked a representative sample of more than 500 Australians about their perceptions of the health system in 2021. This survey was taken during the COVID-19 pandemic and allowed for comparisons with perceptions reported in four previous surveys (2008, 2010, 2012 and 2018). It’s reported that ‘There was an increase in the proportion of respondents reporting positive perceptions at each survey between 2008 and 2021, with a significantly higher proportion of respondents expressing a more positive view of the Australian healthcare system in 2021 compared to previous years’. But it is also noted that ‘concerns were raised about inadequate workforce capacity and the cost of healthcare, with differences identified by age groups and geographical location.’

*Top 10 Signs and Symptoms of Psychotropic Adverse Drug Events to Monitor in Residents of Long-Term Care Facilities*

McInerney BE, Cross AJ, Alderman CP, Bhat R, Boyd CM, Brandt N, et al  
Journal of the American Medical Directors Association. 2024;25(9).

DOI	<a href="https://doi.org/10.1016/j.jamda.2024.105118">https://doi.org/10.1016/j.jamda.2024.105118</a>
Notes	Paper reporting on the development of a ‘a consensus list of the top 10 signs and symptoms suggestive of adverse drug events (ADEs) for monitoring in residents of long-term care facilities (LTCFs) who use antipsychotics, benzodiazepines, or antidepressants.’ This Australian-led work also saw the development of an <a href="#">adverse event monitoring tool</a> designed for use by residential care nurses or care workers to detect signs and symptoms of adverse events in residents who use psychotropic medications.

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

For information on the *Psychotropic Medicines in Cognitive Disability or Impairment Clinical Care Standard* see  
<https://www.safetyandquality.gov.au/standards/clinical-care-standards/psychotropic-medicines-cognitive-impairment-and-disability-clinical-care-standard>

*Health Policy*

Volume 146, August 2024

URL	<a href="https://www.sciencedirect.com/journal/health-policy/vol/146/">https://www.sciencedirect.com/journal/health-policy/vol/146/</a>
Notes	<p>A new issue of <i>Health Policy</i> has been published Articles in this issue of <i>Health Policy</i> include:</p> <ul style="list-style-type: none"> <li>• Extending the discussion and updating information on <b>social prescribing in Australia</b> (J.R. Baker, Leanne Wells, Michelle Bissett, Christina Aggar, Genevieve A. Dingle, Rosanne Freak-Poli)</li> <li>• The <b>WHO Pandemic Agreement</b> should be more specific about when and how to enable global access to technology (Susi Geiger, Barbara Prainsack, Hendrik Wagenaar)</li> <li>• Preconditions for <b>efficiency and affordability in competitive healthcare markets</b>: Are they fulfilled in Belgium, Germany, Israel, the Netherlands and Switzerland? Ten years later (Wynand P.M.M. van de Ven, Konstantin Beck, Florian Buchner, Erik Schokkaert, Frederik T. Schut, Amir Shmueli, J.Wasem)</li> <li>• Private sector expansion and the <b>widening NHS treatment gap</b> between rich and poor in England: Admissions for NHS-funded elective primary hip and knee replacements between 1997/98 and 2018/19 (Graham Kirkwood, Allyson M Pollock, Peter Roderick)</li> <li>• With a little help from my (neighbouring) friends. <b>‘Border region patient mobility’</b> in the European Union: A policy analysis (M Frischhut, R Levaggi)</li> <li>• <b>Digital health technologies and inequalities</b>: A scoping review of potential impacts and policy recommendations (Janine Badr, Aude Motulsky, J-L Denis)</li> <li>• <b>Gender diversity and healthcare performance</b>: A quantitative analysis from the Italian health system (D. Trinchese, M. Vainieri, P. Cantarelli)</li> <li>• Long-term impact of <b>unhealthy food tax</b> on consumption and the drivers behind: A longitudinal study in Hungary (Zombor Berezvai, József Vitrai, Gergely Tóth, Zoltán Brys, Márta Bakacs, Tamás Joó)</li> <li>• International guideline comparison of lifestyle management for <b>acute coronary syndrome and type 2 diabetes mellitus</b>: A rapid review (Bridie J</li> </ul>

	<p>Kemp, David R Thompson, Vivien Coates, Sarah Bond, Chantal F Ski, Monica Monaghan, Karen McGuigan)</p> <ul style="list-style-type: none"> <li>• Governance related factors influencing the implementation of <b>sustainability in hospitals</b>: A systematic literature review (Vera van Schie)</li> <li>• <b>Personal protective equipment for healthcare workers during COVID-19</b>: Developing and applying a questionnaire and assessing associations between infection rates and shortages across 19 countries (Madelon Kroneman, Gemma A Williams, Juliane Winkelmann, Peter Spreuuenberg, Krisztina Davidovics, Peter P Groenewegen)</li> <li>• <b>Surgical reorganization during the COVID-19 pandemic</b> and impact on case-mix and surgical site infections: A multicenter cohort study in Italy (Costanza Vicentini, Elettra Ugliono, Heba Safwat Mhmoued Abdo Elhadidy, Giovanni Paladini, Alessandro Roberto Cornio, Federico Cussotto, Mario Morino, Carla Maria Zotti)</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>• Editorial: <b>Direct-to-consumer telemedicine</b>: navigating the implications for quality and safety of care (Ana Luisa Neves)</li> <li>• Editorial: What’s in a name? On the rhetorical harm of <b>‘never events’</b> (Julia Szymczak)</li> <li>• The problem with <b>‘never events’</b> (Joanna Zaslów, Jacqueline Fortier, Gary Garber)</li> <li>• Longitudinal cohort study of discrepancies between prescribed and administered polypharmacy rates: implications for <b>National Aged Care Quality Indicator Programs</b> (Nasir Wabe, Rachel Urwin, Karla Seaman, Johanna I Westbrook)</li> <li>• Components of <b>pharmacist-led medication reviews</b> and their relationship to outcomes: a systematic review and narrative synthesis (Miriam E. Craske, Wendy Hardeman, Nicholas Steel, Michael J Twigg)</li> <li>• Investigating a novel population health management system to increase <b>access to healthcare for children</b>: a nested cross-sectional study within a cluster randomised controlled trial (Elizabeth Cecil, Julia Forman, James Newham, Nan Hu, Raghu Lingam, Ingrid Wolfe)</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>• What does the <b>future of quality improvement</b> look like? (Amar Shah and Rosa Sunol)</li> <li>• <b>Control Charts in Healthcare Quality Monitoring</b>: A Systematic Review and Bibliometric Analysis (Muhammad Waqas et al)</li> <li>• Formal and informal <b>hospital emergency management practices</b>: Managing for safety and performance amid crisis (Tuna Cem Hayirli et al)</li> <li>• A study of <b>prehospital EMS response time</b> and influencing factors in the main urban area of Chongqing, China (Saijuan Chen et al)</li> <li>• <b>People-centered Primary Care Measures (PCPCM)</b> and health equity: a perspective of urban-rural comparison in Beijing, China (Yingchun Peng et al)</li> </ul>

## Online resources

*Australian Living Evidence Collaboration*

<https://livingevidence.org.au/>

## 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:

- *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 Wear gloves, in accordance with standard precautions

**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

**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

\*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/infection-prevention-and-control-poster-combined-airborne-and-contact-precautions>

## VISITOR RESTRICTIONS MAY BE 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** Wear gloves in accordance with standard precautions

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

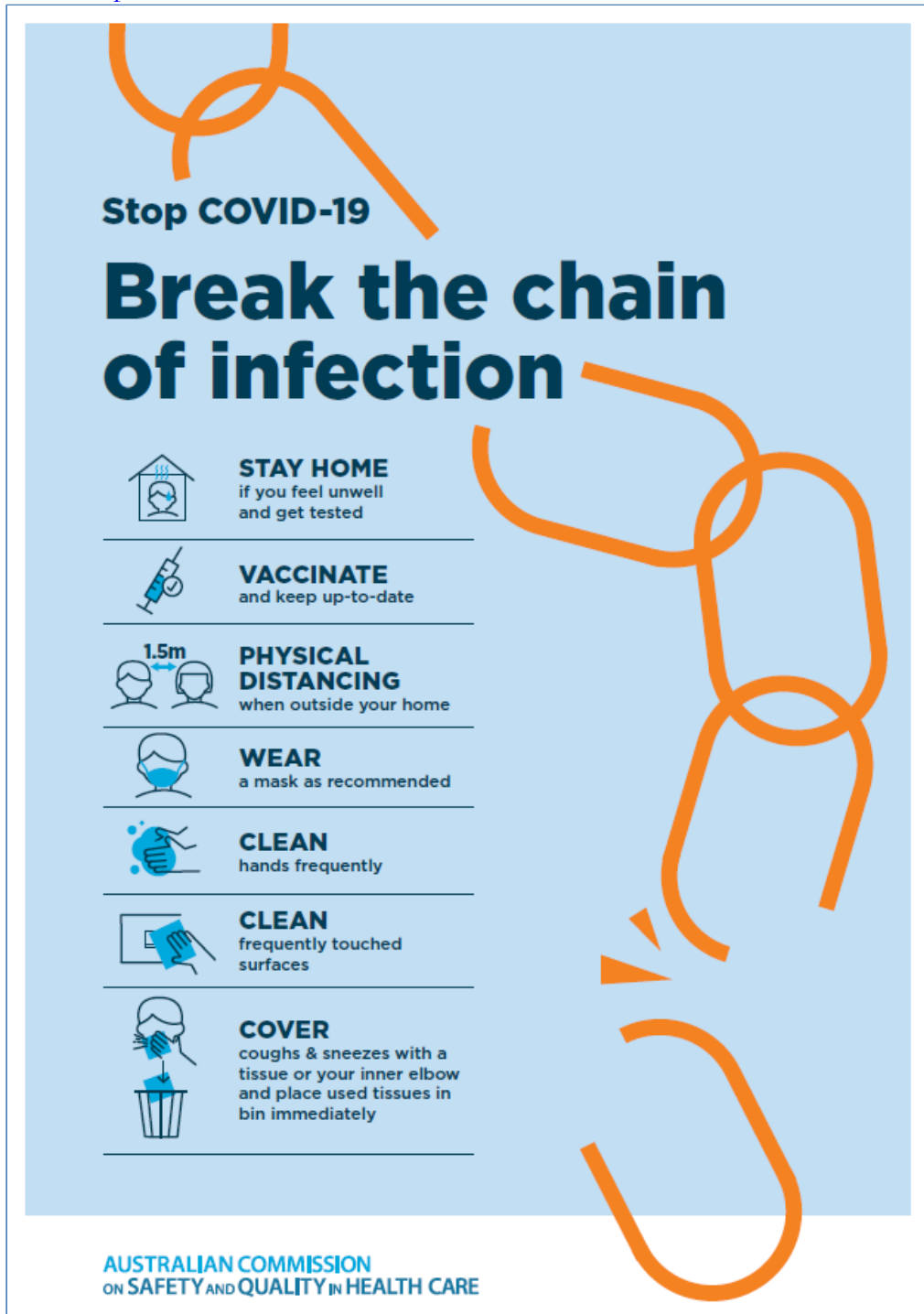
- Always change gloves and perform hand hygiene between different care activities and when gloves become soiled to prevent cross contamination of body sites
- Consider patient placement
- Minimise patient movement

**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** 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>

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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.



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