



On the Radar

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On the Radar

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Osteoarthritis of the Knee Clinical Care Standard

Australian Commission on Safety and Quality in Health Care

Sydney: ACSQHC; 2024. p. 58.

<https://www.safetyandquality.gov.au/standards/clinical-care-standards/osteoarthritis-knee-clinical-care-standard>

Osteoarthritis of the knee is a common cause of pain and disability that affects up to 1.2 million Australians, including many people aged over 45 years.

The Commission has released a revised *Osteoarthritis of the Knee Clinical Care Standard* (2024), offering the latest guidance on how to proactively manage the condition to ease symptoms, including pain, joint stiffness and reduced mobility.

Key changes include:

- Limiting the use of imaging for diagnosis, unless clinically warranted
- Stronger focus on non-surgical interventions, such as physical activity and weight management
- Communication tips on how to talk with patients about osteoarthritis, and
- Strengthened medication advice, including avoiding the use of opioids.

First released in 2017, the Standard was developed by the Commission to improve how people with knee osteoarthritis were reviewed and managed.

Each year, 53,500 knee replacements are performed to treat osteoarthritis in Australia and the figure is rising. By 2030, knee replacements are expected to increase by 276%.

The Commission partnered with experts across all healthcare disciplines to develop the revised Standard and implementation resources.

Antimicrobial use in the community: 2023

Australian Commission on Safety and Quality in Health Care
Sydney; ACSQHC, 2024. p. 42

<https://safetyandquality.gov.au/community-antimicrobial-use-2023>

The Australian Commission on Safety and Quality in Health Care has released *Antimicrobial use in the community: 2023*, which analyses data on antimicrobials supplied under the Pharmaceutical Benefits Scheme (PBS) and Repatriation Pharmaceutical Benefits Scheme (RPBS) from 2015 to 2023. The report features analyses of aged care data and local area data by Statistical Area 3 (SA3) and Primary Health Network (PHN).

Key findings include:

- There were 22.1 million antimicrobial prescriptions supplied in 2023 – an increase of 1.3% from 2022, but still 17.0% lower than 2019 and 24.4% lower than 2015
- Despite overall usage remaining stable from 2022 to 2023, there was an 11.1% increase in use by residents of aged care homes during that same period
- Antimicrobial use is notably higher for older Australians who reside in aged care homes than for those who reside in the community; almost three-quarters of aged care home residents received at least one antimicrobial prescription in 2023
- Overall use across states and territories, local areas and aged groups in 2023 remained comparable with previously published data.

The overall decline in antimicrobial dispensing in the community is encouraging and indicates that lower levels of antimicrobial use are achievable in the long term. There is an opportunity to improve prescribing locally, as it is likely that prescriber preference is a major influence on antimicrobial use. Furthermore, there is opportunity to address high inappropriateness and usage of antimicrobials in aged care.

Staying healthy: Preventing infectious diseases in early childhood education and care services. 6th Edition
 National Health and Medical Research Council
 Canberra: NHMRC; 2024.

URL	https://www.nhmrc.gov.au/about-us/publications/staying-healthy-guidelines
Notes	<p>The National Health and Medical Research Council (NHMRC) has released <i>Staying healthy: Preventing infectious diseases in early childhood education and care services (Staying healthy)– 6th edition</i>. <i>Staying healthy</i> is a best-practice resource that provides simple and effective ways for educators and other staff to help limit the spread of illness and infectious diseases in education and care settings.</p> <p>The 6th edition of <i>Staying healthy</i> combines new evidence and perspectives from the past 10 years to inform the update of the guidelines. General service practices remain unchanged between editions, but additional guidance has been updated and expanded throughout to capture new evidence.</p> <p>This edition also includes updated scenarios based on real-life situations that illustrate the key messages and appropriate actions to take. Fact sheets on symptoms and diseases have also been added to the new guideline.</p>

AS 85000:2024 Australian Community Pharmacy Standard
 Standards Australia
 Sydney: Standards Australia; 2024. p. 31.

URL	https://store.standards.org.au/product/as-85000-2024
Notes	<p>Standards Australia has released the updated <i>AS 85000:2024 Australian Community Pharmacy Standard</i>. The updated Standard aligns with the <i>National Safety and Quality Primary and Community Healthcare Standards</i> (https://www.safetyandquality.gov.au/standards/primary-and-community-healthcare).</p>

Pharmacists in 2030
 Pharmaceutical Society of Australia
 Canberra: PSA; 2024. p. 06.

URL	https://www.psa.org.au/advocacy/working-for-our-profession/pharmacists_in_2030/
Notes	<p>Pharmaceutical Society of Australia released this report at their recent annual conference. The report identifies a number of areas as key to achieving a vision of pharmacists reaching their full potential in supporting the health and wellbeing of Australians. These include:</p> <ol style="list-style-type: none"> 1. Medicine safety 2. Medicines stewardship 3. Access to care 4. Equity 5. Workforce development 6. Sustainability.

Electronic Test Result Communication in the Era of the 21st Century Cures Act. Issue Brief 19
 Bradford A, Ehsan S, Shahid U, Blackall L, Singh H
 Rockville, MD: Agency for Healthcare Research and Quality; 2024. p. 33.

URL	https://www.ahrq.gov/diagnostic-safety/resources/issue-briefs/dxsafety-test-result-communication.html
Notes	The Agency for Healthcare Research and Quality (AHRQ) in the USA has published this Issue Brief summarising the evidence and best practices to inform patient-centred implementation of test result delivery through patient portals under the USA's <i>21st Century Cures Act</i> . This Act removed many restrictions to patients' access of their electronic health information. Healthcare organizations in the USA now routinely make test results available within patient portals when results are finalised.

Consultation Briefing: Review of General Practice Incentives
 Department of Health and Aged Care
 Canberra: DOHAC; 2024. p. 15.

URL	https://www.health.gov.au/resources/publications/consultation-paper
Notes	<p>As part of the Review of General Practice Incentives to assess the effectiveness and efficiency of existing general practice incentives, the Department of Health and Aged Care established an Expert Advisory Panel. This Consultation Briefing paper sets out the views of the Panel. The department is consulting on the proposed recommendations on behalf of the Panel. The Panel developed a shared vision for the future of general practice. The vision diagram (Figure 1 in the briefing) sets out the elements of an ideal general practice for both patients and providers by 2032.</p> <p>Figure 1. Long term vision for practices and patients</p> <p>The diagram illustrates the vision for general practice in 2032, structured into several interconnected components:</p> <ul style="list-style-type: none"> In 2032, what general practice looks like for...: <ul style="list-style-type: none"> A general practice: <ul style="list-style-type: none"> Funding: Blended funding from MBS and non-FFS payments; Flexible funding to serve needs of community and their remoteness. Access: Access to timely multidisciplinary primary care for all patients; Access to diagnostic, pathology and referral services; In areas with accessibility challenges, different models of care are provided; Care is equitable, affordable, culturally-safe and person-centred. Quality: Quality services are provided and achieve value for money; Quality improvement activities; Clinical governance; Patient-reported measures; Accreditation; Improved patient outcomes. Collaborative & Multidisciplinary Teams: Includes GPs, Allied Health, Nurses, NPs & midwives, Social support services, Non-clinical staff, and Collaboration and case conferencing. Notes: Some care team members might sit outside the practice but collaborate closely; Team composition will vary between practices based on patient population; Links with UCCs, aged care, non-GP specialists state/territory services, family and carers. Enablers: MyMedicare; Primary Health Networks (PHNs); Data and digital (Digital health records, including My Health Record; Digital tools to support team care; Shared data for quality improvement; Analytics capacity); healthdirect; Practice data used to identify practice population needs. Workforce: Empowered to work full scope of practice; Geographically well distributed; Future workforce is nurtured. A person: <ul style="list-style-type: none"> Can have a primary care 'home' through MyMedicare for continuity of care Has a coordinated multidisciplinary care team Receives appropriate care each visit, which could be from a GP or other health professional in their team Can access care which is affordable, timely, a reasonable distance from home and culturally safe Is confident their team provides high quality care Can access care in flexible ways, such as through telehealth and healthdirect May consent to share their records with their care team so they don't need to repeat their story When receiving care from a different provider (e.g. a specialist or hospital emergency department), they can consent to sharing this information with their care team to enable follow up care Is reporting their own experience and perceived health outcomes (patient reported measures) Is supported to improve their health literacy and be an active participant in their care Experiences improved health outcomes

Journal articles

Medication errors in emergency departments: a systematic review and meta-analysis of prevalence and severity

Nguyen PTL, Phan TAT, Vo VBN, Ngo NTN, Nguyen HT, Phung TL, et al.

International Journal of Clinical Pharmacy. 2024.

DOI	https://doi.org/10.1007/s11096-024-01742-w
Notes	<p>Paper reporting on a systematic review and meta-analysis that sought to examine the prevalence and severity of medication errors in emergency departments. Focusing on 24 studies, the authors report:</p> <ul style="list-style-type: none"> • ‘The meta-analysis gave a pooled prevalence of medication errors in emergency departments of 22.6%’ • ‘The estimated proportion of patients experiencing medication errors was 36.3% (95% CI 28.3–44.3%, I² = 99.8%, p < 0.001). Of these errors, 42.6% (95% CI 5.0–80.1%) were potentially harmful but not life-threatening, while no-harm errors accounted for 57.3% (95% CI 14.1–100.0%).’

For information on the Commission’s work on medication safety see

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

Physicians’ perspectives on clinical indicators: Systematic review and thematic synthesis

Renker-Darby A, Ameratunga S, Jones P, Grey C, Harwood M, Peiris-John R, et al

International Journal for Quality in Health Care. 2024:mzae082.

DOI	https://doi.org/10.1093/intqhc/mzae082
Notes	<p>Paper reporting on a review that focused on 14 studies that examined physicians’ perspectives on the development and use of clinical indicators. Among the findings that authors noted:</p> <ul style="list-style-type: none"> • Indicators can play an important motivating role for physicians to improve the quality of care and show where changes need to be made. • For indicators to be effective, physicians should be involved in indicator development, recording relevant data should be straightforward, indicator feedback must be meaningful to physicians, and clinical teams need to be adequately resourced to act on findings. • Effective indicators need to focus on the most important areas for quality improvement, be consistent with good medical care, and measure aspects of care within the control of physicians.

Pediatric Quality & Safety

Volume 9, Number 4, July/August 2024

URL	https://journals.lww.com/pqs/toc/2024/07000
Notes	<p>A new issue of <i>Pediatric Quality & Safety</i> has been published. Articles in this issue of <i>Pediatric Quality & Safety</i> include:</p> <ul style="list-style-type: none"> • A Quality Improvement Project to Improve After-visit Summary Patient Instructions in a Pediatric Multidisciplinary Neuromuscular Program (Agathe M de Pins, Dorothy Adu-Amankwah, Kristin A Shadman, Skylar M Hess, Cordelia R Elaiho, Liam R Butler, S C Ranade, B J Shah, R Fields, E P Lin) • Combating Disparities in a Pandemic: Increasing Dissemination of Coronavirus Disease 2019 Resources in Spanish (Romina L Barral, Nicholas A Clark, Fernando Zapata, Lines M Vargas Collado, July J Cuevas, C Fernandez)

	<ul style="list-style-type: none"> • Substance Use Screening in a Large Pediatric Primary Care Network: A Quality Improvement Project (Dave Karas, Lisa Eggleston, William Goldman, Mike Bigham, P Cooper White) • Improving Pediatric Hypertension Screening in an Academic Primary Care Setting (Vildan Tas, Esma Birisci, Rachel Achor Jones, John J Forbus, Richard T Blaszak, Brendan Crawford, Mohammad Ilyas, J S Magee, L L Sisterhen) • Improving Evidence-based Management of Children and Adolescents with Elevated Blood Pressure during a Well-Child Encounter: A Quality Initiative (Krista M Ray, Christopher J Stille, M Bunik, H Smith, M Lenssen, C Fishbein) • Increasing Screening Rates for Comorbidities in Adolescents with Elevated Body Mass Index in Pediatric Primary Care (David R Karas, Sharon Juszli, Marnie Walston, April Love, Michael T Bigham) • Improving Interpreter Access in the Pediatric Emergency Department: A Quality Improvement Initiative (Katherine E Douglas, Miriam T Fox, Christine C Cheston, M Laxmi Behara, Kyle A Schoppel) • Improving Safety through a Virtual Learning Collaborative (J P Durney, K M Catalano, D M Miller, A J Starmer, K Humphrey, C Perron, A M Stack) • An Emergency Department Quality Improvement Project to Decrease Lumbar Puncture Rates in Febrile Infants 22 to 28 Days Old (Jessica M Kelly, Brandon C Ku, Payal Gala, Bobbie Hawkins, Brian Lee, Salvatore Corso, Rebecca Green, Richard Scarfone, J M Lavelle, E R Kane, L F Sartori) • A Quality Improvement Project to Decrease Fractures Secondary to Metabolic Bone Disease of Prematurity (Nicole M Rau, Lisa J Monagle, Ashley M Fischer)
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JBI Evidence Synthesis

Volume 22, Issue 8, August 2024

URL	https://journals.lww.com/jbisrir/toc/2024/08000
Notes	<p>A new issue of <i>JBI Evidence Synthesis</i> has been published. Articles in this issue of <i>JBI Evidence Synthesis</i> include:</p> <ul style="list-style-type: none"> • Editorial: The time to act is now! The imperative of resident quality of life in long-term care (Matthias Hoben, Charlotte Berendonk) • Long-term care home residents' experiences with socially assistive technologies and the effectiveness of these technologies: a mixed methods systematic review (Marilyn Macdonald, Allyson Gallant, Lori Weeks, Alannah Delahunty-Pike, Elaine Moody, Damilola Iduye, Melissa Rothfus, Chelsea States, Ruth Martin-Misener, Melissa Ignaczak, Julie Caruso, J Simm, A Mayo) • Effectiveness of physical rehabilitation for physical functioning and quality of life in long-term care residents with dementia: a systematic review and meta-analysis (Caitlin McArthur, Niousha Alizadehsaravi, Rebecca Affoo, Karen Cooke, Natalie Douglas, Marie Earl, Trudy Flynn, Parisa Ghanouni, S Hunter, M Kalu, L Middleton, E Moody, C Smith, L Verlinden, L Weeks) • Residents' and spouses' experiences of loneliness and depression after separation due to long-term care placement: a qualitative systematic review (Madison A Robertson, Erika E Petersen, Amanda Ross-White, Pilar Camargo-Plazas, Melissa Andrew, Rylan Egan) • Nurses' perceptions of reasons for missed nursing care in hospitals: a qualitative systematic review protocol (Sara Mandahl Ellehave, Siri Lygum Voldbjerg, Philippa Rasmussen, Britt Laugesen)

	<ul style="list-style-type: none"> • Characteristics, enablers, and barriers to the community health and well-being assessment component of the health promotion practice cycle: a scoping review protocol (Tara Gamble, Jane Taylor, Lily O’Hara, Rachel Cole)
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BMJ Quality & Safety online first articles

URL	https://qualitysafety.bmj.com/content/early/recent
Notes	<p><i>BMJ Quality & Safety</i> has published a number of ‘online first’ articles, including:</p> <ul style="list-style-type: none"> • Preventing urinary tract infection in older people living in care homes: the ‘StOP UTP’ realist synthesis (Jacqui Prieto, Jennie Wilson, Alison Tingle, Emily Cooper, Melanie Handley, Jo Rycroft Malone, Jennifer Bostock, Heather Loveday) • Optimising antibacterial utilisation in Argentine intensive care units: a quality improvement collaborative (Facundo Jorro-Baron, Cecilia Inés Loudet, Wanda Cornistein, Inés Suarez-Anzorena, Pilar Arias-Lopez, Carina Balasini, Laura Cabana, Eleonora Cunto, Pablo Rodrigo Jorge Corral, Luz Gibbons, Marina Guglielmino, Gabriela Izzo, Marianela Lescano, Claudia Meregalli, Cristina Orlandi, Fernando Perre, Maria Elena Ratto, Mariano Rivet, Ana Paula Rodriguez, Viviana Monica Rodriguez, Jacqueline Vilca Becerra, Paula Romina Villegas, Emilse Vitar, Javier Roberti, Ezequiel García-Elorrio, COST Collaborative Group, Viviana Rodriguez)

International Journal for Quality in Health Care online first articles

URL	https://academic.oup.com/intqhc/advance-articles
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"> • Physicians’ perspectives on clinical indicators: Systematic review and thematic synthesis (Ana Renker-Darby et al) • A Comparative Study of Home Healthcare Quality in Urban and Rural Home Health Agencies throughout the United States (2010-2022) (Yili Zhang and Güneş Koru) • Quality criteria and certification for paediatric oncology centres: An international cross-sectional survey (Sarah P Schladerer et al) • Applying models of co-production in the context of health and wellbeing. A narrative review to guide future practice (Glenn Robert et al) • The relationship between person-centred care and well-being and satisfaction with care of patients living with obesity (Paige I Crompvoets et al) • Potentially avoidable hospitalizations and associated factors among older people in French Guiana using the French National Health data system (L Clarke et al)

Online resources

Australian Living Evidence Collaboration

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

[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 NG242 ***Diabetic retinopathy: management and monitoring***
<https://www.nice.org.uk/guidance/ng242>

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.

- *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

At doorway prior to leaving room/care zone

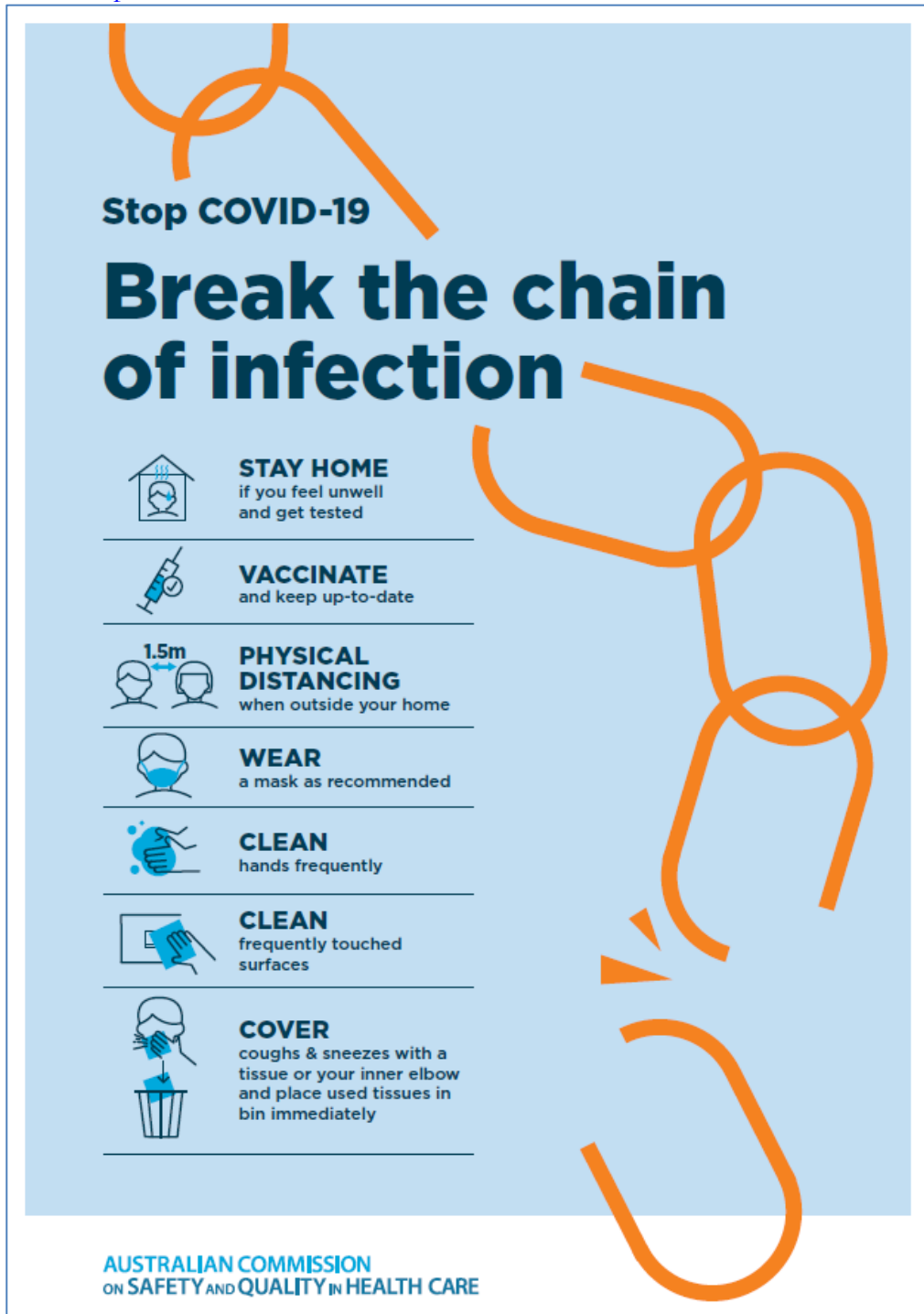
- 1** Remove and dispose of gloves if worn
- 2** Perform hand hygiene
- 3** Remove and dispose of gown
- 4** Leave the room/care zone
- 5** Perform hand hygiene (In an anteroom/outside the room/care zone)
- 6** Remove protective eyewear (In an anteroom/outside the room/care zone)
- 7** Perform hand hygiene (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

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

KEEP DOOR CLOSED AT ALL TIMES

- *Environmental Cleaning and Infection Prevention and Control*
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.



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