AUSTRALIAN COMMISSION ON SAFETY AND QUALITY IN HEALTH CARE



On the Radar

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On the Radar

Editor: Dr Niall Johnson

Reports

Safety management: accountability across organisational boundaries

Investigation report

Health Services Safety Investigation Body

Poole: HSSIB; 2025.

URL	https://www.hssib.org.uk/patient-safety-investigations/safety-
	management/investigation-report/
Notes	This latest report from the Health Services Safety Investigation Body (HSSIB) in the
	UK 'explores how patient safety is managed across different organisational
	boundaries, such as multiple providers within an integrated care system.' The report
	observes that 'Everyone working in health and care has some measure of
	responsibility for patient safety. When an organisation is accountable for patient safety,
	it should ensure that systems and processes are in place to effectively manage safety.
	Organisations should be able to proactively manage recurring or emerging safety risks
	and should not rely on waiting for harm to occur before taking action.' This
	investigation looked particularly at the issues for the UK's integrated care boards
	(ICBs). HSSIB reports include a number of recommendations, observations and
	suggestions.

Journal articles

FUTURE-AI: international consensus guideline for trustworthy and deployable artificial intelligence in healthcare Lekadir K, Frangi AF, Porras AR, Glocker B, Cintas C, Langlotz CP, et al. BMJ. 2025;388:e081554.

AI in the Health Sector: Systematic Review of Key Skills for Future Health Professionals Gazquez-Garcia J, Sánchez-Bocanegra CL, Sevillano JL JMIR Med Educ. 2025;11:e58161.

int Med Da	IN Med Educ. 2023,11.636101.	
DOI	Lekadir https://doi.org/10.1136/bmj-2024-081554	
DOI	Gazquez-Garcia et al https://doi.org/10.2196/58161	
Notes	The potential uses of AI across health care are many. Some AI applications are already	
	being widely used in health care. AI is used to assess images in areas such as	
	dermatology and diagnostic imaging, in ambient scribes that document consultations,	
	and in analysing patient satisfaction data. There are also many other uses that are being	
	actively investigated and developed. Some of the potential uses engender less risk than	
	others and the real and potential benefits of AI in health care is recognised. However,	
	there are also potential risks in the use of AI in health care.	
	There are various efforts to shepherd the beneficial uses of AI in health, including the	
	Australian Alliance for Artificial Intelligence in Healthcare	
	(https://aihealthalliance.org/) the Trustworthy and Responsible AI Network	
	(TRAIN) (https://doi.org/10.1001/jama.2025.1331), the European TRAIN Initiative	
	(https://doi.org/10.1001/jama.2025.1335) and many others.	
	Gazquez-Garcia et al offer a review of the skills future health professionals may need	
	to realise AI in health care (https://doi.org/10.2196/58161)	
	Lekadir et al present the output of a two-year effort of the FUTURE-AI Consortium.	
	The Consortium 'comprises 117 interdisciplinary experts from 50 countries'. Through	
	a process that has been based on six guiding principles—fairness, universality,	
	traceability, usability, robustness, and explainability', the Consortium has defined 'a set	
	of 30 best practices addressing technical, clinical, socioethical, and legal dimensions'.	
	These 'recommendations cover the entire lifecycle of healthcare AI, from design,	
	development, and validation to regulation, deployment, and monitoring.'	

JBI Evidence Synthesis

Volume 23, Issue 2, February 2025

<u> </u>	June 23, 1880c 2, 1 columny 2023		
URL	https://journals.lww.com/jbisrir/toc/2025/02000		
Notes	 A new issue of JBI Evidence Synthesis has been published. Articles in this issue of JBI Evidence Synthesis include: Prophylactic embolization vs observation for high-grade blunt trauma splenic injury: a systematic review with meta-analysis (Silas Nann, Molly Clark, Joshua Kovoor, Shivangi Jog, Edoardo Aromataris) Parental experiences of caring for their preschool children after declining vaccines: a qualitative systematic review (Christine Huel, Karen MacKinnon, Jillian Harding, Roya Haghiri-Vijeh, Carol Gordon, Shannon E. MacDonald) Experiences of African women who migrate to a developed country and encounter intimate partner violence: a systematic review of qualitative evidence (Olayide Ogunsiji, Jann Foster, Heidi Green, Nqobile Sikhosana, Patricia Gauci, Naomi Kayesa, Ritin Fernandez) Effectiveness of cognitive behavioral therapy vs conservative pain management for occupational performance in patients with low back pain: a 		

- systematic review protocol (Gemiele Elaine Delasas, Ninfa Mae Delgado, Isabelle Kezia Mojica, Stepanie Ragasa, Valentin Dones III, D Manlapaz)
- Early introduction of oral feeding and its impact on **full oral feeding and discharge in preterm infants**: a systematic review protocol (Maki Fujitsuka, Kenji Takao, Shingo Ueki, Seiichi Morokuma)
- Effect of aspiration during intramuscular injection on the occurrence of adverse effects in adults: a systematic review protocol (Marluce Rodrigues Godinho, Fábio da Costa Carbogim, Angélica da Conceição Oliveira Coelho, Gabriela Do Nascimento Martins de Araujo, Amanda Damasceno de Souza, Helen Vaz da Silva Gomes, Alice Maria Das Graças de Sousa, Herlander Jesus Borges Tomás Rodrigues, Kelli Borges Dos Santos, Rui Pedro Gomes Pereira)
- Fathers' lived experiences of fatherhood during the child's first 1000 days: a
 qualitative systematic review protocol (Telma Vidinha, Diana Santos, Daniela
 Pinto, Filipa Margarida Duque, Daniela Cardoso, Ana Filipa Cardoso, Maria
 José Magalhães, Tatiana Moura, Maria Neto)
- Online peer-to-peer health communities for individuals affected by chronic kidney disease: a scoping review protocol (Neil Coulson, Sarah Beach, Heather Buchanan)
- Characteristics of advanced practice nurses' clinical competence in primary health care settings: a scoping review protocol (Bernardita Troncoso-Valenzuela, Diná de Almeida Lopes Monteiro da Cruz, Natalia Quiroga Toledo)
- Growth curve models for weight among infants: a scoping review protocol (Marta Alves, Sofia Serra, Teresa Costa, Carlos Brás-Geraldes, Ana Luisa Papoila, Bruno Heleno)
- Children's involvement in the development and evaluation of parent-focused mental health interventions: a scoping review protocol (Rebecca Nowland, Danielle L. Christian, Georgia Aspinall, Kathryn Berzins, Sundus Khalid, Shalini Ahuja, Lucy Gallagher, Brioney Gee, Ella Mickleburgh, Blossom Fernandes, Afra Kelsall, Becca Randell, Daniel Michelson)

BMI Quality & Safety online first articles

URL	https://qualitysafety.bmj.com/content/early/recent
Notes	BMJ Quality & Safety has published a number of 'online first' articles, including:
	 Problem with the existing reporting standards for adverse event and
	medical error research (Christopher R Carpenter, Richard T. Griffey, Anne
	W S Rutjes, Maria Unbeck, Lee M Adler, David C Stockwell, David Classen
	SESAME Statement Development Team)
	• Investigators are human too: outcome bias and perceptions of individual
	culpability in patient safety incident investigations (William Lea, Luke
	Budworth, Jane O'Hara, Charles Vincent, Rebecca Lawton)

International Journal for Quality in Health Care online first articles

URL	https://academic.oup.com/intqhc/advance-articles
	International Journal for Quality in Health Care has published a number of 'online first' articles, including:
Notes	Indirect Effects of the COVID-19 Pandemic on Healthcare Contacts,
	Quality of Care, and Social Disparities Across Essential Healthcare Domains
	(Søren Valgreen Knudsen et al)

- Applying the Human Factors Analysis and Classification System (HFACS) within Root Cause Analysis (RCA) to Prevent Medical Errors and Enhancing Patient Safety Culture: Insights from a Medical Center (Jiun-Yih Lee et al)
- Factors associated with harm in reported patient safety incidents and characteristics during **health screenings** in Korea: a secondary data analysis (Jeongin Choe and Kyungmi Woo)

Online resources

Australian Living Evidence Collaboration

https://livingevidence.org.au/

Guidance

A number of guidelines or guidance have recently been published or updated. These include:

- Australian and New Zealand Living Clinical Guidelines for Stroke Management
 https://informme.org.au/guidelines/living-clinical-guidelines-for-stroke-management
- Australian Pregnancy Care Guidelines https://app.magicapp.org/#/guideline/9584
- Australian Postnatal Care Guidelines https://app.magicapp.org/#/guideline/9582
- Consensus recommendations on multiple sclerosis management in Australia and New Zealand: part 1 https://doi.org/10.5694/mja2.52578

[USA] AHRQ PSNet Curated libraries

https://psnet.ahrq.gov/curated-article-libraries

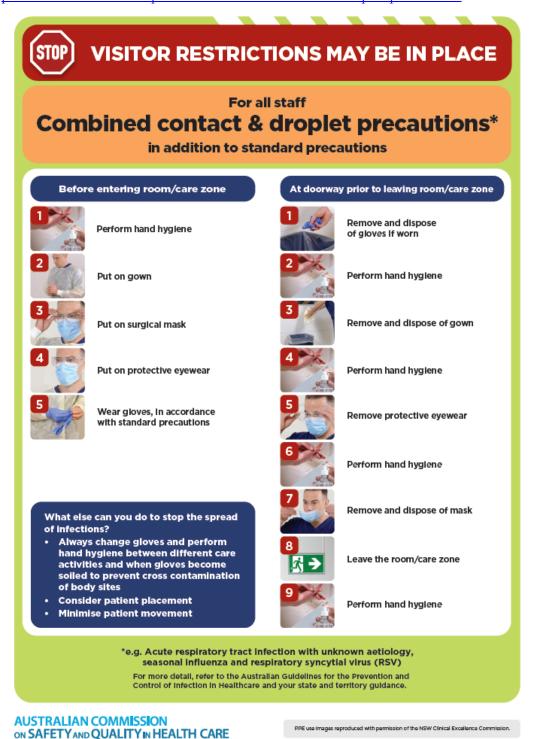
The US Agency for Healthcare Research and Quality (AHRQ) PSNet (Patient Safety Network) has created a number of 'curated libraries' on various topics. More recent additions include:

- National Pharmacist Day 2025 (9 articles)
- Patient as a Team Member in Clinical Care (19 articles)

Infection prevention and control and COVID-19 resources

The Australian Commission on Safety and Quality in Health Care has developed a number of resources to assist healthcare organisations, facilities and clinicians. 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



• *Poster – Combined airborne and contact precautions*https://www.safetyandquality.gov.au/publications-and-resources/resource-library/infection-

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



Perform hand hyglene



Put on gown



Put on a particulate respirator (e.g. P2/N95) and perform fit check



Put on protective eyewear



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



Remove and dispose of gloves if worn



Perform hand hygiene



Remove and dispose of gown



Leave the room/care zone



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



Remove protective eyewear (in an anteroom/outside the room/care zone)



Perform hand hyglene (In an anteroom/outside the room/care zone)



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



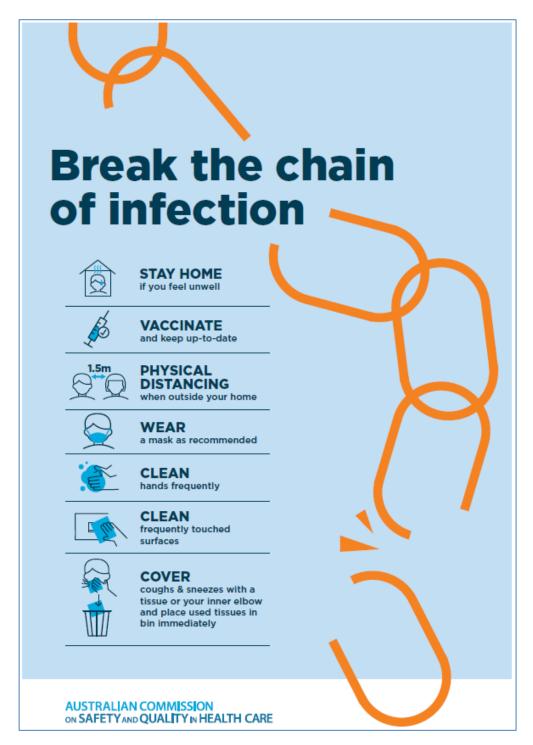
Perform hand hygiene

KEEP DOOR CLOSED AT ALL TIMES

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- Environmental Cleaning and Infection Prevention and Control www.safetyandquality.gov.au/environmental-cleaning
- Break the chain of infection poster https://www.safetyandquality.gov.au/publications-and-resources/resource-library/break-chain-infection-poster



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