# Australian COmmission on Safety and Quality in Health Care logo with Radar imageOn the Radar

Issue 370

21 May 2018

*On the Radar* is a summary of some of the recent publications in the areas of safety and quality in health care. Inclusion in this document is not an endorsement or recommendation of any publication or provider. Access to particular documents may depend on whether they are Open Access or not, and/or your individual or institutional access to subscription sites/services. Material that may require subscription is included as it is considered relevant.

*On the Radar* is available online, via email or as a PDF or Word document from <https://www.safetyandquality.gov.au/publications-resources/on-the-radar/>

If you would like to receive *On the Radar* via email, you can subscribe on our website <https://www.safetyandquality.gov.au/> or by emailing us at H[Umail@safetyandquality.gov.auU](mailto:mail@safetyandquality.gov.au).   
You can also send feedback and comments to H[Umail@safetyandquality.gov.auU](mailto:mail@safetyandquality.gov.au).

For information about the Commission and its programs and publications, please visit <https://www.safetyandquality.gov.au>

You can also follow us on Twitter @ACSQHC.

**On the Radar**

Editor: Dr Niall Johnson [niall.johnson@safetyandquality.gov.au](mailto:niall.johnson@safetyandquality.gov.au)

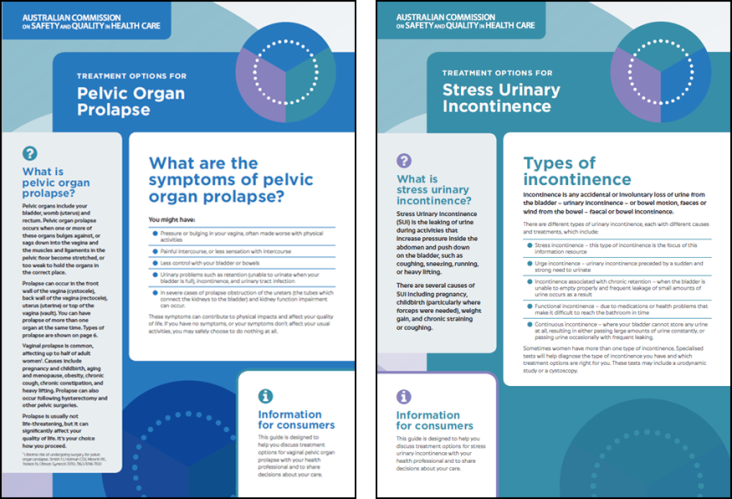
Contributors: Niall Johnson, Ruth Daniels

**Transvaginal Mesh – Information for Consumers resources**

<https://www.safetyandquality.gov.au/our-work/transvaginal-mesh/>

The Australian Commission on Safety and Quality in Health Care has developed the Information for Consumer resources to assist women considering treatment options in regard to Pelvic Organ Prolapse and Stress Urinary Incontinence, and provide support in discussions with their health care professionals.

The Commission is very grateful to the many women who contributed to the development of the resources through a number of meetings held across the country. The women brought to this process a range of experiences and important advice to inform the resources, and the personal information that they were willing to share was extremely valuable and appreciated.

****

**Books**

*Community-Based Health Literacy Interventions: Proceedings of a Workshop (2018)*

National Academies of Sciences, Engineering, Medicine

Alper J, editor

Washington, DC: The National Academies Press; 2018. 244 p.

|  |  |
| --- | --- |
| DOI | <https://doi.org/10.17226/24917> |
| Notes | The (US) National Academies of Sciences, Engineering, and Medicine convened a Roundtable on Health Literacy to host a workshop on community-based health literacy interventions. This publication summarises the presentations and discussions from the workshop. The workshop included examples of community-based health literacy programs, discussions on how to evaluate such programs, and the actions the field can take to embrace this larger view of health literacy. |

For further information on the Commission’s work on health literacy, see <https://www.safetyandquality.gov.au/our-work/patient-and-consumer-centred-care/health-literacy/>

**Reports**

*Guidance for boards on Freedom to Speak Up in NHS trusts and NHS foundation trusts*

NHS Improvement

London: NHS; 2018. p. 15.

|  |  |
| --- | --- |
| URL | <https://improvement.nhs.uk/resources/freedom-speak-guidance-nhs-trust-and-nhs-foundation-trust-boards> |
| Notes | NHS Improvement has produced this short guidance document to assist in developing a more **open and supportive culture** that encourages staff to **speak up** about any issues of patient care, quality or safety. The accompanying **self-review tool** supports the standards laid out in the guidance. |

*Transformational change in health and care: reports from the field*

Dougall D, Lewis M, Ross S

London: The King's Fund; 2018. p. 107.

|  |  |
| --- | --- |
| URL | <https://www.kingsfund.org.uk/publications/transformational-change-health-care> |
| Notes | Report from UK-based King’s Fund that describes and analyses four case studies of what they consider “transformational change”. The King’s Fund argues that transformational change is needed to respond to the growing pressures and demands in the health and care system. The case studies here – of The Bromley by Bow Centre’s Health Partnership program, Birmingham and Solihull NHS Mental Health Trust’s Rapid Assessment, Interface and Discharge (RAID) service, Northumbria Healthcare NHS Foundation Trust’s Northumbria Specialist Emergency Care Hospital and Buurtzorg Nederland’s nurse-led care model – demonstrate that **transformation is multi-layered, messy, fluid and emergent**. It is not just about changing how a service operates, but also about shifting mindsets, changing relationships and re-distributing power. The authors conclude that transformational change in health needs a focus on:   * strengthening understanding and approaches * creating effective ways of dealing with the barriers * unlocking the tremendous human potential of staff and communities, to optimise the environment to ensure it supports them * fostering collaborative leadership. |

*Anaesthesia, Surgery and Life-Threatening Allergic Reactions: Report and findings of the Royal College of Anaesthetists' 6th National Audit Project*

Cook T, Harper N, editors

London: Royal College of Anaesthetists; 2018.

|  |  |
| --- | --- |
| DOI | <http://www.nationalauditprojects.org.uk/NAP6Report#pt> |
| Notes | This report summarises (in more than 200 pages) the work of The Royal College of Anaesthetists’ 6th National Audit Project (NAP6): Perioperative Anaphylaxis. The report reminds us that anaphylaxis is ‘a severe life-threatening generalised or systemic hypersensitivity reaction’ and that while ‘The majority of anaphylactic reactions occur in the community, but more than a **third of all patients admitted to intensive care with severe anaphylaxis come from operating theatres** …In relation to anaesthesia, anaphylaxis can occur in the preoperative ward in response to premedication drugs, in the operating theatre, and in the recovery room.’ Further, ‘**perioperative anaphylaxis** is a **completely unexpected critical event** presenting suddenly and without warning, and may occur in patients with no chronic health problems. In severe cases, extremely low blood pressure, impaired circulation, and difficult ventilation of the lungs combine to starve the tissues of oxygen, and shock ensues. In extreme cases, there is rapid progression to cardiopulmonary arrest, which may be fatal despite prolonged attempts to resuscitate the patient.’ |

**Journal articles**

*A controlled before-after study to evaluate the effect of a clinician led policy to reduce knee arthroscopy in NSW*

Chen HY, Harris IA, Sutherland K, Levesque J-F

BMC Musculoskeletal Disorders. 2018 May 16;19(1):148.

|  |  |
| --- | --- |
| DOI | <https://doi.org/10.1186/s12891-018-2043-5> |
| Notes | There has been considerable debate about the value of knee arthroscopy. It has also been noted, for example in the *Australian Atlas of Healthcare Variation*, that there is considerable variation in the incidence of knee arthroscopy in and across Australia. Tis paper describes (and evaluates) a clinician-led evidence-based policy which was implemented in one local health district in New South Wales in 2012 to reduce the use of knee arthroscopy for patients aged 50 years or over so as to encourage more appropriate and effective care. While there was a state-wide decrease in knee arthroscopies after 2011, the greatest reduction (58%) was found in the intervention district, including the private sector. The authors suggest that policy to restrict knee arthroscopy for patients aged 50 years or over may explain the greater reduction seen in that district and that ‘significant reduction found at intervened hospitals proved the effect of the policy, suggesting that the implementation of a simple **clinical governance process may help reduce inappropriate surgery.**’ |

For information about and access to the *Australian Atlas of Healthcare Variation*, see <https://www.safetyandquality.gov.au/atlas/>

*Adapting improvements to context: when, why and how?*

Ovretveit J, Dolan-Branton L, Marx M, Reid A, Reed J, Agins B

International Journal for Quality in Health Care. 2018;30(Supplement 1):20-3.

|  |  |
| --- | --- |
| DOI | <https://doi.org/10.1093/intqhc/mzy013> |
| Notes | This article is a further paper from a recent Salzburg Global Seminar (which joined with the UK-based 21st Century Trust to create a joint fellowship some years ago) on the theme ‘Better Health Care: How do we learn about improvement?’ This particular paper reflects on discussions around adapting improvements/interventions from one setting to another and the critical role of context. In adapting an improvement, the need to bear context in mind and understand how an improvement could work in the new setting is essential, but often not fully understood and identifying how and what to adapt is not always obvious and may take repeated adaptations to resolve. The patience, resources and willingness to work through iterations are not always there and can lead to improvements not delivering the hoped for results. |

*Research priorities in health communication and participation: international survey of consumers and other stakeholders*

Synnot A, Bragge P, Lowe D, Nunn JS, O’Sullivan M, Horvat L, et al

BMJ Open. 2018;8(5).

|  |  |
| --- | --- |
| DOI | <https://doi.org/10.1136/bmjopen-2017-019481> |
| Notes | Paper reporting on a study that used an online survey to seek input from consumers and other stakeholders on identifying research priorities to inform Cochrane Reviews in the areas of in “health communication and participation” (including such concepts as patient experience, shared decision-making and health literacy). The 200 research ideas from 151 respondents in 12 countries were categories into 21 priority topics. The conclusions they came to are ‘Consumers and other stakeholders want research addressing **structural and cultural challenges in health services** (eg, lack of holistic, patient-centred, culturally safe care) and building **health professionals’ communication** skills. Solutions should be devised in partnership with consumers, and focus on the needs of vulnerable groups.’ |

For further information on the Commission’s work on patient and consumer centred care, see <https://www.safetyandquality.gov.au/our-work/patient-and-consumer-centred-care/>

*No more vetebroplasty for acute vertebral compression fractures?*

Davies E

BMJ. 2018;361:k1756.

*Vertebroplasty versus sham procedure for painful acute osteoporotic vertebral compression fractures (VERTOS IV): randomised sham controlled clinical trial*

Firanescu CE, de Vries J, Lodder P, Venmans A, Schoemaker MC, Smeet AJ, et al

BMJ. 2018;361:k1551.

|  |  |
| --- | --- |
| DOI | Davies <https://doi.org/10.1136/bmj.k1756>  Firanescu et al <https://doi.org/10.1136/bmj.k1551> |
| Notes | *BMJ* editorial referring to an article in the *BMJ* (Firanescu et al) that reported on a ‘a well constructed randomised trial of 180 older adults with 1-3 painful vertebral compression fractures of up to six (later nine) weeks’ duration’ that ‘confirmed that **vertebroplasty is no more effective for pain relief than local anaesthetic injections** into the same area (the sham procedure given to controls). Vertebroplasty had **no effect on quality of life or on disability**. All outcomes were measured over 12 months. The authors did not recruit an untreated control group, so both treatments are potentially better than nothing for pain relief. If so, local anaesthetic injections seem cheaper, are likely safer, and equally beneficial.’ |

*Medication prescribing for children: Progress and uncertainty*

Freed GL

Journal of the American Medical Association. 2018;319(19):1988-9.

*Trends in Prescription Medication Use Among Children and Adolescents—United States, 1999-2014*

Hales CM, Kit BK, Gu Q, Ogden CL

Journal of the American Medical Association. 2018;319(19):2009-20.

*Paediatric prescribing positioning statement*

Australian Commission on Safety and Quality in Health Care

Sydney: ACSQHC; 2018.

|  |  |
| --- | --- |
| DOI / URL | Freed <https://doi.org/10.1001/jama.2018.5731>  Hales et <https://doi.org/10.1001/jama.2018.5690>  Commission <https://www.safetyandquality.gov.au/our-work/medication-safety/paediatric-prescribing-positioning-statement/> |
| Notes | Editorial referring to an article in the same issue of *JAMA* examining trends in the use of prescription medications among children and adolescents in the USA over the period 1999 to 2014. That study (Hales et al) found that while the overall use of prescription medications in the last 30 days decreased from 24.6% in 1999-2002 to 21.9% in 2011-2014 there were some medications that had seen an increase in use (asthma medications, attention-deficit/hyperactivity disorder medications, proton pump inhibitors, and contraceptives increased among certain age groups). Antibiotics, antihistamines, and upper respiratory combination medications usage had decreased. Freed’s editorial draws out some of the limitations of the study and poses further questions.  The Australian Commission on Safety and Quality in Health Care has released its *Paediatric prescribing positioning statement*. The statement promotes best practice in prescribing, dispensing and administering of medicines for paediatric patients.  The statement includes recommendations to:   * document date of birth and current body weight, basis for dose calculation (mg/kg) and dose in units of mass (mg) in all paediatric prescriptions * check the appropriateness of the prescribed dose * verify all dose calculations and the total dose * discuss the dose with parents and carers. |

*Wide variation and patterns of physicians’ responses to drug–drug interaction alerts*

Cho I, Lee Y, Lee J-H, Bates DW

International Journal for Quality in Health Care. 2018 [epub].

|  |  |
| --- | --- |
| DOI | <https://doi.org/10.1093/intqhc/mzy102> |
| Notes | In a world of automated systems, bringing with it a myriad of alarms and pop-ups and the like, the response is often to simply click and keep moving rather than read and reflect. This is another form of alert fatigue. This paper looked at how more than 500 physicians in one (Korean) hospital responded to alerts about potentially harmful drug to drug interactions (DDIs) over a year.  The authors report finding ‘**significant variation** in both the number of alerts and **override rates** at the levels of physicians, departments and drug-class pairs.’ They found that they could categorise physicians into four groups: **inexperienced incautious** users, **inexperienced cautious** users, **experienced cautious** users and **experienced incautious** users based on their override behaviour. This categorisation may have use beyond this study  Nearly 90% of the overrides involved only five drug-class combinations:   |  |  |  | | --- | --- | --- | | **Object class** | **Precipitate class** | **Overall overrides  (n = 13 155)** | | QT-prolonging agents | Beta-adrenergic blockers/amphetamine and derivatives | 3949 (30.0%) | | NSAIDs | NSAIDs | 3738 (28.4%) | | Potassium-sparing diuretics | Potassium preparations | 3085 (23.5%) | | NSAIDs | Aspirin salicylates | 986 (7.5%) | | Subtotal | 11 758 (89.4%) | 237 (93.7%) | | Other combinations | 1397 (10.6%) | 16 (6.3%) | | Total | 13 155 (100%) | 253 (100%) |   Data are n (%) values. NSAIDs, non-steroidal anti-inflammatory drugs. |

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

*Effects of computerized decision support system implementations on patient outcomes in inpatient care: a systematic review*

Varghese J, Kleine M, Gessner SI, Sandmann S, Dugas M

Journal of the American Medical Informatics Association. 2018;25(5):593-602.

|  |  |
| --- | --- |
| DOI | <http://doi.org/10.1093/jamia/ocx100> |
| Notes | Computerised decision support systems (CDSSs) are designed to exactly as the name suggests – support the decision making of clinicians. This systematic review of such systems looking at patient outcomes in hospital care. From their review of 70 studies, the authors concluded that most ‘**CDSS** studies were associated with **positive patient outcomes effects**’. In the 70 studies, ‘Five (7%) reported reduced mortality, 16 (23%) reduced life-threatening events, and 28 (40%) reduced non–life-threatening events, 20 (29%) had no significant impact on patient outcomes, and 1 showed a negative effect (weighted κ: 0.72, P < .001). Six of 24 disease entity settings showed high effect scores with medium or low risk of bias: blood glucose management, blood transfusion management, physiologic deterioration prevention, pressure ulcer prevention, acute kidney injury prevention, and venous thromboembolism prophylaxis.’ |

*BMJ Quality and Safety*

May 2018 - Volume 27 – 5

|  |  |
| --- | --- |
| URL | <http://qualitysafety.bmj.com/content/27/5> |
| Notes | A new issue of *BMJ Quality and Safety* has been published. Many of the papers in this issue have been referred to in previous editions of *On the Radar* (when they were released online). Articles in this issue of *BMJ Quality and Safety* include:   * Editorial: **Low-value care**: an intractable global problem with no quick fix (John N Mafi, Michael Parchman) * Editorial: Advancing the science of **patient decision aids** through reporting guidelines (Robert J Volk, Angela Coulter) * Frequency of **low-value care** in Alberta, Canada: a retrospective cohort study (Finlay A McAlister, Meng Lin, Jeff Bakal, Stafford Dean) * Increasing the use of **patient decision aids** in orthopaedic care: results of a quality improvement project (Mahima Mangla, Thomas D Cha, Janet M Dorrwachter, Andrew A Freiberg, Lauren J Leavitt, Harry E Rubash, Leigh H Simmons, Emily L Wendell, Karen R Sepucha) * Precommitting to choose wisely about **low-value services**: a stepped wedge cluster randomised trial (Jeffrey Todd Kullgren, Erin Krupka, Abigail Schachter, A Linden, J Miller, Y Acharya, J Alford, R Duffy, J Adler-Milstein) * Development of the **Huddle Observation Tool** for structured case management discussions to improve **situation awareness** on inpatient clinical wards (Julian Edbrooke-Childs, Jacqueline Hayes, Evelyn Sharples, Dawid Gondek, Emily Stapley, Nick Sevdalis, Peter Lachman, Jessica Deighton) * Does early return to theatre add value to rates of revision at 3 years in assessing **surgeon performance** for elective hip and knee arthroplasty? National observational study (Alex Bottle, H E Chase, P P Aylin, M Loeffler) * **Standards for UNiversal reporting of patient Decision Aid Evaluation** studies: the development of SUNDAE Checklist (Karen R Sepucha, Purva Abhyankar, Aubri S Hoffman, Hilary L Bekker, Annie LeBlanc, Carrie A Levin, Mary Ropka, Victoria A Shaffer, Stacey L Sheridan, Dawn Stacey, Peep Stalmeier, Ha Vo, Celia E Wills, Richard Thomson) * Explanation and elaboration of the **Standards for UNiversal reporting of patient Decision Aid Evaluations** (SUNDAE) guidelines: examples of reporting SUNDAE items from patient decision aid evaluation literature (Aubri S Hoffman, Karen R Sepucha, Purva Abhyankar, Stacey Sheridan, Hilary Bekker, Annie LeBlanc, Carrie Levin, Mary Ropka, Victoria Shaffer, Dawn Stacey, Peep Stalmeier, Ha Vo, Celia Wills, Richard Thomson) * Quality measurement for ***Clostridium difficile*** infection: turning lemons into lemonade (Marc Philip Pimentel, Michael Klompas, Allen Kachalia) |

*BMJ Quality and Safety*

June 2018 - Volume 27 – 6

|  |  |
| --- | --- |
| URL | <http://qualitysafety.bmj.com/content/27/5> |
| Notes | A new issue of *BMJ Quality and Safety* has been published. Many of the papers in this issue have been referred to in previous editions of *On the Radar* (when they were released online). Articles in this issue of *BMJ Quality and Safety* include:   * Editorial: Using **report cards and dashboards to drive quality improvement**: lessons learnt and lessons still to learn (Noah M Ivers, Jon Barrett) * Editorial: Pathology of poverty: the need for **quality improvement** efforts to address **social determinants of health** (Andrew S Boozary, K G Shojania) * Effect of a population-level performance dashboard intervention on **maternal-newborn outcomes**: an interrupted time series study (Deborah Weiss, Sandra I Dunn, Ann E Sprague, Deshayne B Fell, Jeremy M Grimshaw, Elizabeth Darling, Ian D Graham, JoAnn Harrold, Graeme N Smith, Wendy E Peterson, Jessica Reszel, Andrea Lanes, Mark C Walker, Monica Taljaard) * Transportation characteristics associated with **non-arrivals to paediatric clinic** appointments: a retrospective analysis of 51 580 scheduled visits (David J Wallace, Kristin N Ray, Abbye Degan, K Kurland, D C Angus, A Malinow) * **Impact of out-of-hours admission on patient mortality**: longitudinal analysis in a tertiary acute hospital (Lu Han, Matt Sutton, Stuart Clough, Richard Warner, Tim Doran) * People’s experiences of **hospital care on the weekend**: secondary analysis of data from two national patient surveys (Chris Graham) * Evaluation of the association between **Nursing Home Survey on Patient Safety** culture (NHSOPS) measures and **catheter-associated urinary tract infections**: results of a national collaborative (Shawna N Smith, M Todd Greene, Lona Mody, Jane Banaszak-Holl, Laura D Petersen, J Meddings) * **Mortality, readmission and length of stay** have different relationships using hospital-level versus patient-level data: an example of the ecological fallacy affecting hospital performance indicators (Stefanie N Hofstede, Leti van Bodegom-Vos, Dionne S Kringos, E Steyerberg, P J Marang-van de Mheen) * Simplifying care: when is the **treatment burden** too much for patients living in poverty? (Joseph Nwadiuko, Laura D Sander) * Dynamics of **dignity and safety**: a discussion (Dawn Goodwin, Jessica Mesman, Marian Verkerk, Suzanne Grant) * Implementation of **diagnostic pauses** in the ambulatory setting (Grace C Huang, Gila Kriegel, Carolyn Wheaton, Scot Sternberg, Kenneth Sands, Jeremy Richards, Katherine Johnston, Mark Aronson) |

*BMJ Quality and Safety* online first articles

|  |  |
| --- | --- |
| URL | <https://qualitysafety.bmj.com/content/early/recent> |
| Notes | *BMJ Quality and Safety* has published a number of ‘online first’ articles, including:   * Scaffolding our systems? **Patients and families** ‘reaching in’ as a source of **healthcare resilience** (Jane K O’Hara, Karina Aase, Justin Waring) |

*International Journal for Quality in Health Care* online first articles

|  |  |
| --- | --- |
| URL | <https://academic.oup.com/intqhc/advance-access?papetoc> |
| Notes | *International Journal for Quality in Health Care* has published a number of ‘online first’ articles, including:   * Development of a Provincial initiative to improve **glucose control** in critically ill patients (Peter Dodek; Shari McKeown; Eric Young; Vinay Dhingra) * **Quality indicators and their regular use in clinical practice**: results from a survey among users of two cardiovascular National Registries in Sweden (Beatrix Algurén; Boel Andersson-Gäre; Johan Thor; Ann-Christine Andersson) * **Bed management** team with Kanban web-based application (Hermano Alexandre Lima Rocha; Ana Kelly Lima da Cruz Santos; Antônia Celia de Castro Alcântara; Carmen Sulinete Suliano da Costa Lima; Sabrina Gabriele Maia Oliveira Rocha; Roberto Melo Cardoso; Jair Rodrigues Cremonin) * **Quality measurement in physician-staffed emergency medical services**: a systematic literature review (Helge Haugland; Oddvar Uleberg; Pål Klepstad; Andreas Krüger; Marius Rehn) * Advancing the **health of women and newborns**: predictors of patient satisfaction among women attending antenatal and maternity care in rural Rwanda (Christine Mutaganzwa; Leah Wibecan; Hari S Iyer; Evrard Nahimana; Anatole Manzi; Francois Biziyaremye; Merab Nyishime; Fulgence Nkikabahizi; Lisa R Hirschhorn; Hema Magge) * The use of privacy-protected computer vision to measure the quality of **healthcare worker hand hygiene** (Sari Awwad; Sanjay Tarvade; Massimo Piccardi; David J Gattas) * Do **cost containment policies** save money and influence physicians’ **prescribing behavior**? Lessons from South Korea’s drug policy for diabetes medication (Shin-On Kang; Seung Ju Kim; Sohee Park; Sung-In Jang; Eun-Cheol Park) |

**Online resources**

*[UK] NICE Guidelines and Quality Standards*

<https://www.nice.org.uk>

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 are:

* Quality Standard QS167 *Promoting health and preventing* ***premature mortality in black, Asian and other minority ethnic groups*** <https://www.nice.org.uk/guidance/qs167>

*[UK] Improving staff retention*

<https://improvement.nhs.uk/resources/improving-staff-retention/>

NHS Improvement has developed and collated this collection of practical resources to help improve staff retention which will include a mixture of:

* retention improvement guides
* government policy documents
* case studies on trust initiatives to improve retention

These have been created with support from trust HR directors, directors of nursing, medical directors and NHS providers to help promote best practice and share learning.

*[UK] Fentanyl: preparing for a future threat*

<https://www.gov.uk/government/publications/fentanyl-preparing-for-a-future-threat>

Public Health England has produced this advice and resources for local areas to assist in preparing their response to incidents caused by fentanyl or other potent opioids. The plan should enable local partners to rapidly understand the scale of the threat and assess the risk, communicate the threat and take actions to mitigate the threat. The accompanying spreadsheet shows how much naloxone should be provided in local areas based on different scenarios and explains how the modelling was calculated.

*[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:

* *Psychological and Pharmacological Treatments for Adults With* ***Posttraumatic Stress Disorder****: A Systematic Review Update*<https://effectivehealthcare.ahrq.gov/topics/ptsd-adult-treatment-update/research-2018>

**Disclaimer**

On the Radar is an information resource of the Australian Commission on Safety and Quality in Health Care. The Commission is not responsible for the content of, nor does it endorse, any articles or sites listed. The Commission accepts no liability for the information or advice provided by these external links. Links are provided on the basis that users make their own decisions about the accuracy, currency and reliability of the information contained therein. Any opinions expressed are not necessarily those of the Australian Commission on Safety and Quality in Health Care.