



# On the Radar

## On the Radar

Issue 708

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### **On the Radar**

Editor: Dr Niall Johnson

Contributors: Niall Johnson

## Reports

### *An Aboriginal and Torres Strait Islander Systems Approach to Suicide Prevention: Framework and Implementation Guidelines*

Dudgeon P, Collova J, Schultz C, Darwin L, Chang E-P, McPhee R, et al  
Melbourne: Lowitja Institute; 2025.

DOI	<a href="https://www.lowitja.org.au/resource/an-aboriginal-and-torres-strait-islander-systems-approach-to-suicide-prevention-framework-and-implementation-guidelines/">https://www.lowitja.org.au/resource/an-aboriginal-and-torres-strait-islander-systems-approach-to-suicide-prevention-framework-and-implementation-guidelines/</a>
Notes	The authors of this resource published by the Lowitja Institute observe that ‘Aboriginal and Torres Strait Islander peoples experience disproportionately high rates of suicide and other health inequities. Suicide is the fifth-leading cause of death among Aboriginal and Torres Strait Islander people, and has increased by approximately 30 per cent from 2018 to 2023.’ In response to this they ‘outline the requirements of an Aboriginal and Torres Strait Islander systems approach to suicide prevention (Section 1) and propose a framework (Section 2) and implementation guidelines (Section 3) for such an approach.’

### *From ideas to reality: An introduction to generating and implementing innovation in health systems*

Fahy N, Mauer N, Panteli D

Copenhagen: European Observatory on Health Systems and Policies, WHO Regional Office for Europe; 2025. p. 138.

URL	<a href="https://eurohealthobservatory.who.int/publications/i/from-ideas-to-reality-an-introduction-to-generating-and-implementing-innovation-in-health-systems">https://eurohealthobservatory.who.int/publications/i/from-ideas-to-reality-an-introduction-to-generating-and-implementing-innovation-in-health-systems</a>
Notes	Innovation is challenging in almost any sector or industry. The authors of this report published by the European Observatory on Health Systems and Policies, WHO Regional Office for Europe, observe ‘With all the old and new challenges facing our health systems today, innovation seems the only way to address health needs and strengthen the overall wellbeing of our societies. However, while innovations in medicine and health service delivery have revolutionized health care, they have also put increasing strain on our health budgets. What’s more, a number of new technologies that promised to improve health outcomes have proven to be harmful, or ineffective and wasteful.’ They describe the book’s intent is ‘provide a concise walkthrough on how innovation and its implementation can be understood, what we need to do to get the innovations necessary to address the needs of our populations, how we can make the best use of the innovations we have, and how we can transform our health systems to ensure we are equipped to keep learning from the ground up and innovating to meet new challenges.’

### *The State of Human Experience 2025: Thriving in the Face of Change*

Wolf JA

Nashville: The Beryl Institute; 2025. p. 35.

URL	<a href="https://theberylinstitute.org/product/state-of-hx-2025-thriving-in-the-face-of-change/">https://theberylinstitute.org/product/state-of-hx-2025-thriving-in-the-face-of-change/</a>
Notes	The Beryl Institute in the USA has released the eighth iteration of their review of the patient/human experience landscape, particularly that of the USA. The report is informed by a survey of the Institute’s members with 300 respondents in 13 nations completing the survey. These respondents report that patient experience is a top priority for their organisations and patient experience programs are well established in most.

*Brain injury: A practitioner guide*  
 Women's Health NSW  
 Sydney: WHNSW; 2025.

URL	<a href="https://www.itleftnomarks.com.au/resources/brain-injury-a-practitioner-guide/">https://www.itleftnomarks.com.au/resources/brain-injury-a-practitioner-guide/</a>
Notes	The charity/peak body Women's Health NSW has developed this resource to support service providers to contextualise medical information about brain injuries for women living in violent and stressful domestic settings. There is also the <a href="#"><i>Recovering from brain injury</i></a> booklet that is designed to fill the gap in resources available to women who have a brain injury caused by domestic, family and sexual violence (DFSV).

*ME/CFS: the final delivery plan*

Department of Health and Social Care, Department for Education, Department for Work and Pensions  
 London 2025.

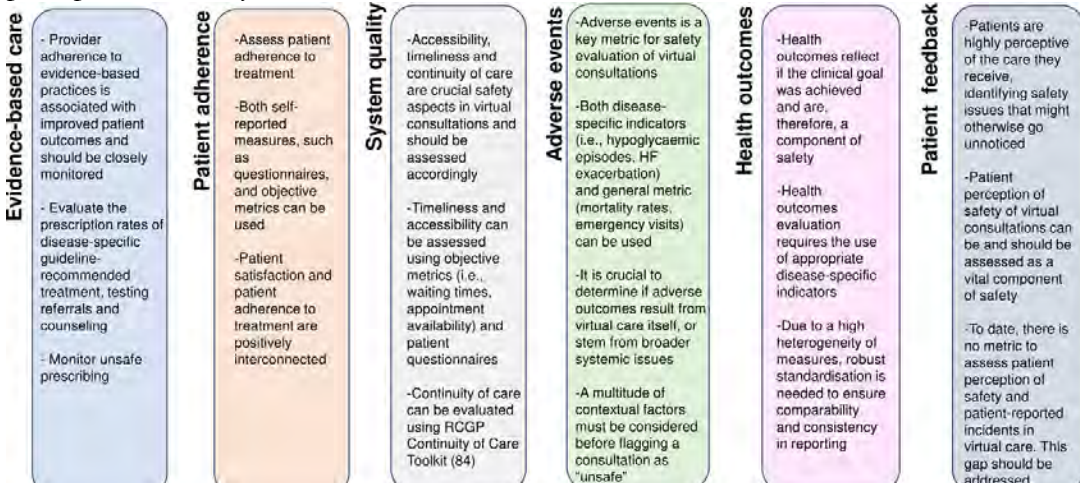
URL	<a href="https://www.gov.uk/government/publications/mecfs-the-final-delivery-plan">https://www.gov.uk/government/publications/mecfs-the-final-delivery-plan</a>
Notes	For many years myalgic encephalomyelitis/chronic fatigue syndrome (ME/CFS) has been rather contentious. The UK government has released this 'final delivery plan' that 'focuses on 3 main areas where we are seeking to drive change to improve care and support for those with ME/CFS including: <ul style="list-style-type: none"> <li>• research</li> <li>• attitudes and education</li> <li>• living with ME/CFS'.</li> </ul>

## Journal articles

*Continuity of care in general practice and patient outcomes in Denmark: a population-based cohort study*  
 Prior A, Rasmussen LA, Virgilsen LF, Vedsted P, Vestergaard M  
 The Lancet Primary Care. 2025.

DOI	<a href="https://doi.org/10.1016/j.lanprc.2025.100016">https://doi.org/10.1016/j.lanprc.2025.100016</a>
Notes	Paper reporting on a Danish 'population-based cohort study using data from multiple Danish national registers' for the period 1 January 2006 to 31 December 2021 that covered 4 530 293 adults who were 'listed with a general practice clinic on Jan 1, 2022'. The authors report that 'Compared with a patient listed with the same general practice clinic for 10 years or longer, a patient listed for 0–1 years had a higher risk of all-cause mortality (hazard ratio 1·21, 95% CI 1·17–1·25), lower degree of cross-sectoral continuity of care (odds ratio 1·20, 95% CI 1·13–1·27), more unplanned hospital contacts (incidence rate ratio 1·25, 95% CI 1·21–1·30), and more out-of-hours contacts (1·21, 1·17–1·26). More previous clinic changes were also associated with increased risk of these four outcomes. Some associations between frequent clinic changes and health outcomes were mitigated by long-term listing with the current clinic.' The authors conclude that 'continuity at the clinic level in general practice can potentially reduce adverse patient outcomes and improve continuity across health-care sectors'

*Patient safety measures for virtual consultations in primary care: a systematic review*  
Lunova T, Hurndall K-H, Kirk UB, Franklin BD, Darzi A, Neves AL  
BMJ Quality & Safety. 2025.

DOI	<a href="https://doi.org/10.1136/bmjqs-2025-018712">https://doi.org/10.1136/bmjqs-2025-018712</a>
Notes	<p>The authors of this review frame their work ‘With the growing adoption of virtual consultations in primary care, the need for tailored metrics to evaluate their safety became increasingly urgent. This systematic review seeks to identify and review existing safety measures that could be used for safety evaluation of virtual consultations in primary care.’ Based on 47 studies, the analysis, revealed safety measures that were grouped into two overarching themes: (1) factors that may influence safety of virtual consultations and (2) tangible outcomes of virtual consultation safety (online supplemental table 1). Factors that may influence safety included provider-related, patient-related and system-related factors. Tangible outcomes included adverse events, health outcomes and patient experience and perception of safety.’</p>  <p><b>Evidence-based care</b></p> <ul style="list-style-type: none"> <li>- Provider adherence to evidence-based practices is associated with improved patient outcomes and should be closely monitored</li> <li>- Evaluate the prescription rates of disease-specific guideline-recommended treatment, testing referrals and counseling</li> <li>- Monitor unsafe prescribing</li> </ul> <p><b>Patient adherence</b></p> <ul style="list-style-type: none"> <li>- Assess patient adherence to treatment</li> <li>- Both self-reported measures, such as questionnaires, and objective metrics can be used</li> <li>- Patient satisfaction and patient adherence to treatment are positively interconnected</li> </ul> <p><b>System quality</b></p> <ul style="list-style-type: none"> <li>- Accessibility, timeliness and continuity of care are crucial safety aspects in virtual consultations and should be assessed accordingly</li> <li>- Timeliness and accessibility can be assessed using objective metrics (i.e., waiting times, appointment availability) and patient questionnaires</li> <li>- Continuity of care can be evaluated using RCGP Continuity of Care Toolkit (84)</li> </ul> <p><b>Adverse events</b></p> <ul style="list-style-type: none"> <li>- Adverse events is a key metric for safety evaluation of virtual consultations</li> <li>- Both disease-specific indicators (i.e., hypoglycaemic episodes, HF exacerbation) and general metric (mortality rates, emergency visits) can be used</li> <li>- It is crucial to determine if adverse outcomes result from virtual care itself, or stem from broader systemic issues</li> <li>- A multitude of contextual factors must be considered before flagging a consultation as “unsafe”</li> </ul> <p><b>Health outcomes</b></p> <ul style="list-style-type: none"> <li>- Health outcomes reflect if the clinical goal was achieved and are, therefore, a component of safety</li> <li>- Health outcomes evaluation requires the use of appropriate disease-specific indicators</li> <li>- Due to a high heterogeneity of measures, robust standardisation is needed to ensure comparability and consistency in reporting</li> </ul> <p><b>Patient feedback</b></p> <ul style="list-style-type: none"> <li>- Patients are highly perceptive of the care they receive, identifying safety issues that might otherwise go unnoticed</li> <li>- Patient perception of safety of virtual consultations can be and should be assessed as a vital component of safety</li> <li>- To date, there is no metric to assess patient perception of safety and patient-reported incidents in virtual care. This gap should be addressed.</li> </ul>

*Epidemiology of community acquired sepsis in children in Australia and New Zealand: a multicentre prospective cohort study*  
Long E, Borland ML, George S, Jani S, Tan E, Phillips N, et al  
The Lancet Regional Health – Western Pacific. 2025;60:101608.

DOI	<a href="https://doi.org/10.1016/j.lanwpc.2025.101608">https://doi.org/10.1016/j.lanwpc.2025.101608</a>
Notes	<p>Report on a prospective observational study undertaken in 11 hospitals in Australia and New Zealand in April 2021 to December that sought to ‘describe the epidemiology of community acquired sepsis’. The study also examined the Phoenix sepsis criteria. The authors report ‘Of 822,072 children assessed, 6232 (0.8%) children had suspected sepsis and 306 (&lt;0.1%) met the Phoenix sepsis criteria.’ Children who met the Phoenix criteria had longer intensive care unit and hospital length of stay and higher rates of intensive care unit admission, vasoactive infusion, mechanical ventilation, and extracorporeal life support compared to the overall cohort. However, the authors observe ‘The Phoenix sepsis criteria identified children with more severe illness and worse outcomes, but underestimated the overall burden of sepsis.’</p>

For information on the Commission’s work on sepsis, including the National Sepsis Program and online education and resources, see <https://www.safetyandquality.gov.au/our-work/national-sepsis-program>

*Long-term clinical outcomes of delirium after hospital discharge: a systematic review and meta-analysis*

Tesfaye Y, Davis CR, Hull MJ, Greaves D, du Preez J, Johns S, et al

Age and Ageing. 2025;54(7):afaf188.

DOI	<a href="https://doi.org/10.1093/ageing/afaf188">https://doi.org/10.1093/ageing/afaf188</a>
Notes	Delirium is an acute change in mental status that is often triggered by acute illness, surgery, injuries or adverse effects of medicines. Despite being a serious condition that is associated with increased mortality, delirium has been poorly recognised in Australian hospitals and internationally. This paper reports on a systematic review and meta-analysis that sought ‘To synthesise evidence comparing post-discharge clinical outcomes in individuals who experienced delirium in hospital compared to those who did not.’ The study synthesised data ‘from 253 studies representing 29 814 participants who experienced delirium and 107 583 participants who did not experience delirium.’ From the analyses, the authors assert ‘ <b>those who experienced delirium in hospital showed higher objective cognitive decline</b> (OR = 1.58, P < .001), <b>greater subjective cognitive impairment</b> (OR = 2.11, P = .041), <b>greater functional decline</b> (g = -0.43, P = .001), <b>lower quality of life</b> (g = -0.44, P < .001), <b>higher burden of poor mental health</b> (OR = 1.69, P < .001), <b>increased risk of dementia</b> (OR = 5.37, P < .001), <b>higher likelihood of institutionalisation</b> (OR = 2.80, P < .001), <b>greater rates of hospital readmission</b> (OR = 1.70, P < .001) and <b>increased mortality</b> (OR = 2.55, P < .001) post-hospital discharge compared to those who did not experience delirium in hospital.’

For information on the Commission’s work on cognitive impairment, including the *Delirium Clinical Care Standard*, see <https://www.safetyandquality.gov.au/our-work/cognitive-impairment>

*Australian Health Review*

Value-Driven: Redefining Care for a Healthier Nation collection

URL	<a href="https://www.publish.csiro.au/ah/Collection/12990">https://www.publish.csiro.au/ah/Collection/12990</a>
Notes	<p>The <i>Australian Health Review</i> has released a collection of articles on the theme <b>Value-Driven: Redefining Care for a Healthier Nation</b>. Articles in this collection from <i>Australian Health Review</i> include:</p> <ul style="list-style-type: none"> <li>• The value equation: realising <b>value based-health care’s disruptive potential</b> (Adam G Elshaug)</li> <li>• Navigating ethical landscapes and resolving grievances: <b>cornerstones of value-based healthcare</b> (Grant Davies)</li> <li>• <b>Value</b>: in the eyes of the beholden (Daniel O’Halloran)</li> <li>• <b>‘Booking’ fees</b> for private hospital patients (Steve Robson)</li> <li>• Listening for meaning: <b>consumer voice</b> in a system built on value (E Deveny)</li> <li>• <b>Value-based health care definition and characteristics</b>: an evidence-based approach (H Khalil, M Ameen, C Davies, R Arunkumar and C Liu)</li> <li>• ‘True North Statement for Care’: charting the course to better care for all Australians (Rebecca K Golley, Georgia Middleton, Michael T Lawless, Lucy Anastasi, Alison L Kitson and Raymond J Chan)</li> <li>• <b>Enhancing digital healthcare</b>: aligning Australia’s digital health strategies with value-based healthcare principles (Paul Tait, Darren Daff, Pamela Everingham, Ashley Leahy, Rhys Parker, R Perry, M Smith and D Morris)</li> <li>• <b>Value-based health care for Aboriginal peoples with chronic conditions</b> in the Northern Territory: a cohort study (Maya Cherian, Yuejen Zhao, Antonio Ahumada-Canale, P Nihill, M VanBruggen, D Butler and P Burgess)</li> </ul>



	<ul style="list-style-type: none"> <li>• <b>The Living Well, Living Longer program:</b> an integrated care strategy to improve the health of people living with severe mental illness (Andrew Simpson, Lisa Parcsi and Andrew McDonald)</li> <li>• <b>Consumer involvement in health service research:</b> a cross-sectional survey of staff in an Australian public hospital and health service (Laura Ryan, Laetitia Hattingh, Joan Carlini, Kelly A Weir, Margaret Shapiro, Noela Baglot, Magnolia Cardona, G Tobiano, R Muir, S Roberts, S Sargeant and R Wenke)</li> <li>• <b>Lived Experience Advisor Program</b> initiative: harnessing consumer leadership for best care (Rebecca Barbara, J Lydeker, A Potter and D Kerr)</li> <li>• <b>Environmental, Social and Governance principles in Australian publicly funded healthcare:</b> an extension of value-based care (Aletha Ward, Mark E Holmes, Isabella Ward, Zerina Lokmic-Tomkins, L East and T Levett-Jones)</li> <li>• <b>Partnering with consumers and practising clinicians to establish research priorities</b> for public hospital maternity services (Roni Cole, Lauren Kearney, Bec Jenkinson, Imogen Kettle, Beng Ng, L Callaway and R Nugent)</li> <li>• The role of Medicare policy in <b>fertility treatment decisions:</b> perceptions of Australians considering, undertaking or who have undertaken medically assisted reproduction treatment (Lauren Jaensch, J A Grieger and M Oxlad)</li> </ul>
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### *Health Affairs*

Volume 44, Number 8, August 2025

URL	<a href="https://www.healthaffairs.org/toc/hlthaff/44/8">https://www.healthaffairs.org/toc/hlthaff/44/8</a>
Notes	<p>A new issue of <i>Health Affairs</i> has been published with themes of Medicare Advantage, Youth Mental Health &amp; More'. Articles in this issue of <i>Health Affairs</i> include:</p> <ul style="list-style-type: none"> <li>• <b>Health Technology Assessment</b>, Again: A Transparent, Evidence-Based Approach For CMS Drug Price Negotiations (Daniel A Ollendorf, Leah Z Rand, Alessandra Blonda, Helen Mooney, Marie Phillips and Anirban Basu)</li> <li>• Inside The Meteoric Rise Of <b>Medicare Advantage</b> (Steven M Lieberman and Rick Mayes)</li> <li>• <b>Medicare Advantage Enrollment</b> Since The ACA: What The Projections Did Not Foresee (Gretchen A Jacobson and Cori Uccello)</li> <li>• Fee-For-Service, Accountable Care Organizations, And <b>Medicare Advantage</b>: Why? (Michael E Chernew)</li> <li>• The <b>Youth Mental Health Crisis</b> In The US: Lack Of Political Will Poses The Greatest Barrier To Meaningful Action (Steven H Woolf)</li> <li>• Foreign-Born Workers Made Up Half The Increase In The <b>Direct Care Workforce</b> In Home And Community Settings, 2012–22 (Britainy Barnes and David C Grabowski)</li> <li>• Targeted Regulations Of Abortion Providers Associated With Significant Decreases In <b>OB-GYN Density</b>, 1993–2021 (Aline Vandebroek and Justin H Markowski)</li> <li>• Pay Gap Between Nonprofit <b>Hospital CEOs And Employees</b> Grew, 2009–23 (Cal Chengqi Fang, Sabrina D Wang, Jonathan Cantor, Christopher M Whaley, Brian Briscoe and Joseph Dov Bruch)</li> <li>• Sharp Rise In <b>Urban Hospitals With Rural Status</b> In Medicare, 2017–23 (Yang Wang, Jared Perkins, Christopher M Whaley, and Ge Bai)</li> <li>• Staying On <b>Peritoneal Dialysis</b>: A Qualitative Study On The Experiences Of Black And Latino Patients (Elina Serrano, Giana H Davidson, Matthew B Rivara, Andrew Oh, M Ramirez, M N Hantouli, A A S Dick and J L Bullock)</li> </ul>

	<ul style="list-style-type: none"> <li>Insurance Denials And Cost Sharing For <b>PrEP Among Sexual And Gender Minority People</b> (Alexa D'Angelo, Chloe Mirzayi, Naomi Zewde, Emma K Tsui, Adam W Carrico and Christian Grov)</li> <li>Changes In <b>Clinicians' Participation Across Medicare Value-Based Payment Models</b>, 2017–22 (Alexander O Everhart, Peter F Lyu, Karen E Joynt Maddox, Jason M Hockenberry and Kenton J Johnston)</li> <li>Trends In <b>Telehealth Initiation Of Prescription Stimulants</b> For Child And Adult Enrollees In Medicaid And CHIP During COVID-19 (Timothy B Creedon, Hefei Wen, Mir M Ali and Rebecca L Haffajee)</li> <li><b>Remote Physiologic Monitoring</b> Use Among Medicare Patients: Differences By Race, Ethnicity (Felippe Marcondes, Mitchell Tang, Jennifer S Haas, Ateev Mehrotra and Arturo Vargas Bustamante)</li> <li><b>Health Insurance Coverage</b> Varied By Children's Adoption Status In The US, 2018–22 (Jamie Lin Fleishman and Dahai Yue)</li> <li><b>Global Cancer Care: An Unfinished Promise</b> (Saroj Niraula)</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><b>Qling your QI</b>: a 13-year experience of a paediatric residency QI programme (Adolfo Leonel Molina, Michele K Nichols, Colm P Travers, Stephanie Berger, Emily A Smitherman, David P Galloway, Rachel Kassel, Samuel Gentle, Andrea Kennedy, Chang L Wu, Susan Walley)</li> <li>Examining variations in the <b>prevalence of hazardous opioid prescribing</b> across general practices in England: a cross-sectional study (Teng-Chou Chen, Alex M Trafford, Matthew J Carr, Neetu Bansal, Evangelos Kontopantelis, Anthony Avery, Li-Chia Chen, Darren M Ashcroft)</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>Improving therapeutic engagement and observations on <b>inpatient mental health wards</b> in the English NHS: Lessons from using QI to scale up interventions (Marco Aurelio et al)</li> <li><b>Quality Improvement and Workplace Wellbeing Capacity and Capability</b> in Aotearoa New Zealand Emergency Departments. A Nationwide Mixed Methods Survey (Mike Nicholls et al)</li> <li>A white paper to guide <b>patient safety strategies at the facility level</b> (Carsten Engel and Anuradha Pichumani)</li> <li>Impact of Early Interruption from <b>Pay-for-Performance</b> Program on Progression and Medical Utilization for Patients with Early Chronic Kidney Disease (Yeong-Ruey Chu et al)</li> <li>Using <b>FRAM Visualisations in quality improvement projects</b>: identifying and testing strategies to improve anticoagulant use in the perioperative process (Nienke M Luijckx et al)</li> </ul>

## Online resources

### *Australian Living Evidence Collaboration*

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

### *Trauma-informed care resource hub*

<https://www.gpmhsc.org.au/resourcehub>

The General Practice Mental Health Standards Collaboration has compiled information on implementing trauma-informed care in general practice.

### *Guidance*

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

- *Australasian Diabetes in Pregnancy Society (ADIPS) 2025 consensus recommendations for the screening, diagnosis and classification of **gestational diabetes*** <https://doi.org/10.5694/mja2.52696>
- *Guideline for newborn screening in **spinal muscular atrophy** in Australia and Aotearoa New Zealand* <https://www.unsw.edu.au/medicine-health/our-schools/clinical-medicine/research-impact/research-groups/womens-health-paediatrics-child-health/nbs-for-sma>
- *Safer Care Victoria, Prevention of surgical site infection complicating **colorectal surgery** – Statewide guidance for Victoria* <https://www.safercare.vic.gov.au/non-urgent-elective-surgery/prevention-of-surgical-site-infection-complicating-colorectal-surgery>
- *Consultative Council on Obstetric and Paediatric Mortality and Morbidity (CCOPMM) good practice points* (<https://www.safercare.vic.gov.au/councils/ccopmm/good-practice-points-and-recommendations>)

*Timing of birth*

*Supraglottic airway (laryngeal mask)*

*Uterotonics in the setting of placental abruption*

*Contact prophylaxis for invasive Group A streptococcus infections*

*Prescribing antidepressants in adolescence*

### *[UK] Balancing acts Navigating health and work in real life*

<https://www.health.org.uk/features-and-opinion/features/balancing-acts-navigating-health-and-work-in-real-life>

The Health Foundation in the UK has developed this interactive that 'explores people's experiences of work and health and calls for these perspectives to shape policy and workplace practice.'

### *[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:

- Quality Standard QS212 **Overweight and obesity management** <https://www.nice.org.uk/guidance/qs212>

### *[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:

- *Living Systematic Review on **Cannabis and Other Plant-Based Treatments for Chronic Pain*** <https://effectivehealthcare.ahrq.gov/products/plant-based-chronic-pain-treatment/living-review>

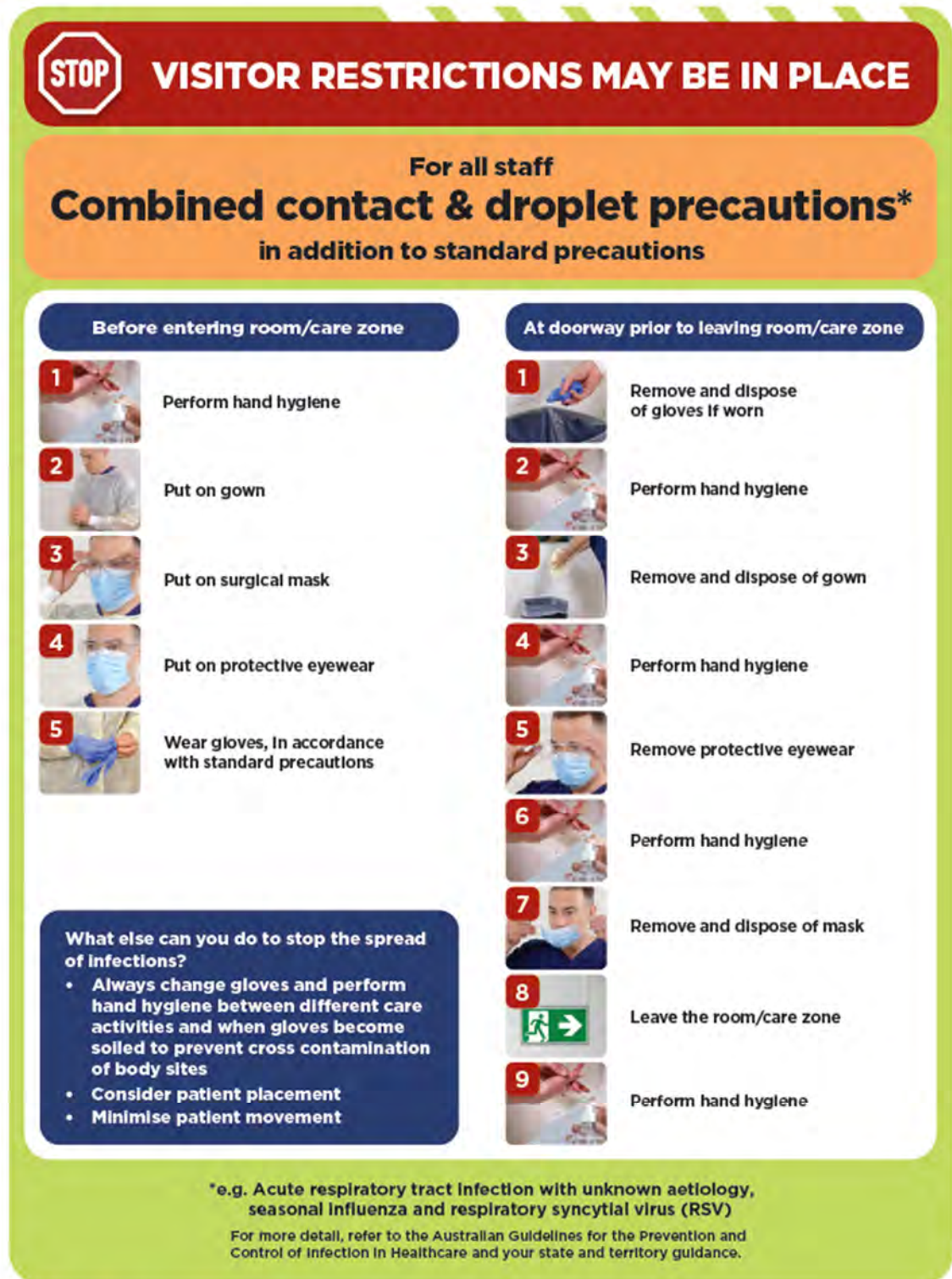


## Infection prevention and control and COVID-19 resources

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>



The poster is titled "VISITOR RESTRICTIONS MAY BE IN PLACE" in a red banner with a "STOP" sign icon. Below this, it says "For all staff" and "Combined contact & droplet precautions\*" in bold black text, followed by "in addition to standard precautions". The poster is divided into two main columns: "Before entering room/care zone" and "At doorway prior to leaving room/care zone". Each column contains a numbered list of steps with corresponding images. The "Before entering" column has 5 steps: 1. Perform hand hygiene, 2. Put on gown, 3. Put on surgical mask, 4. Put on protective eyewear, 5. Wear gloves. The "At doorway prior to leaving" column has 9 steps: 1. Remove and dispose of gloves, 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, 9. Perform hand hygiene. A blue box at the bottom left contains the text "What else can you do to stop the spread of infections?" followed by three bullet points: "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", and "Minimise patient movement". At the bottom, a note states: "\*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."

**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.

AUSTRALIAN COMMISSION  
ON SAFETY AND QUALITY IN HEALTH CARE

PPE use images reproduced with permission of the NSW Clinical Excellence Commission.

- *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**

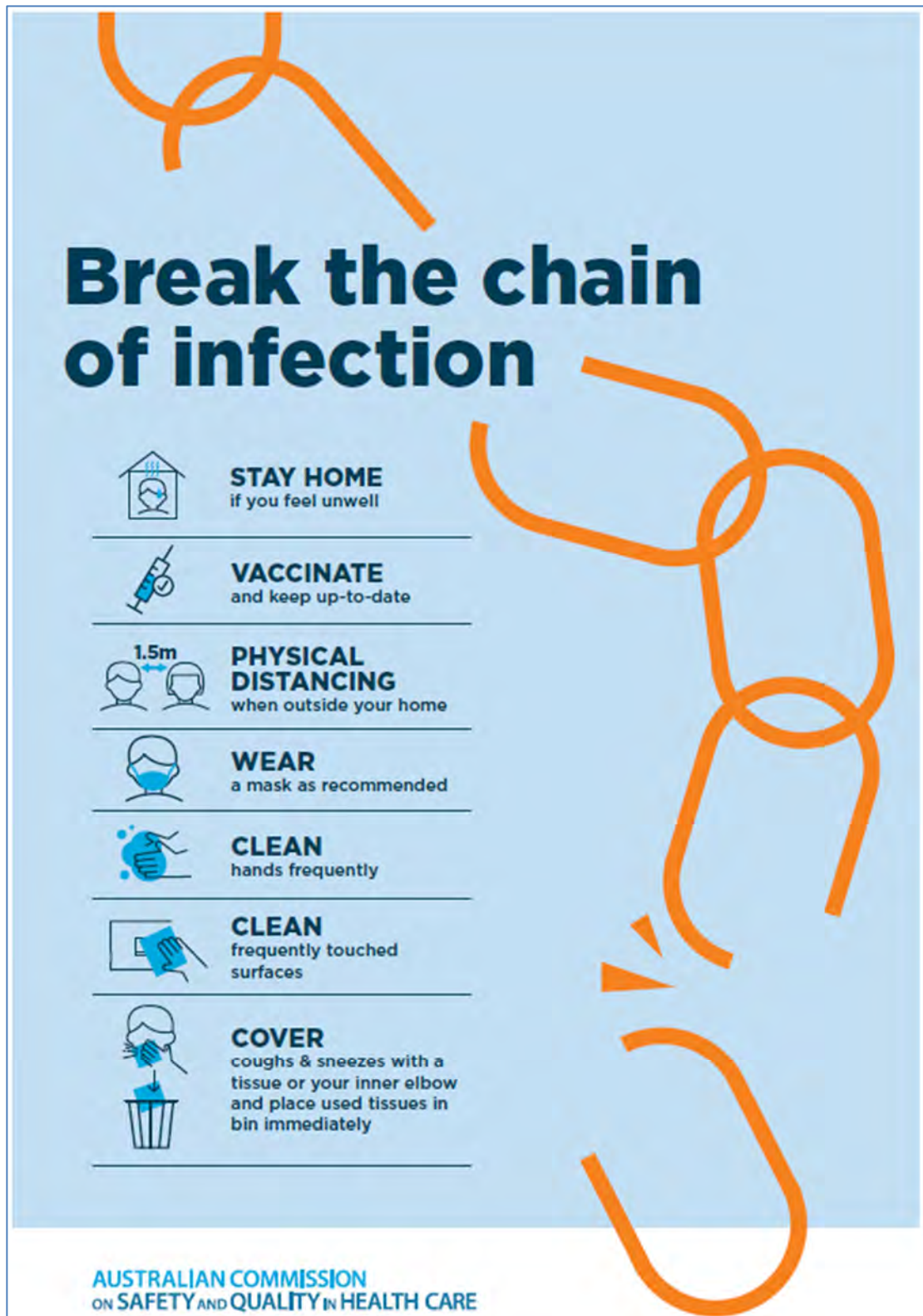
**For all staff**  
**Combined airborne & contact precautions**  
 In addition to standard precautions

Before entering room/care zone	At doorway prior to leaving room/care zone
<div style="display: flex; align-items: center;"> <div style="background-color: red; color: white; border-radius: 50%; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center; margin-right: 10px;">1</div>  <div>Perform hand hygiene</div> </div>	<div style="display: flex; align-items: center;"> <div style="background-color: red; color: white; border-radius: 50%; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center; margin-right: 10px;">1</div>  <div>Remove and dispose of gloves if worn</div> </div>
<div style="display: flex; align-items: center;"> <div style="background-color: red; color: white; border-radius: 50%; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center; margin-right: 10px;">2</div>  <div>Put on gown</div> </div>	<div style="display: flex; align-items: center;"> <div style="background-color: red; color: white; border-radius: 50%; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center; margin-right: 10px;">2</div>  <div>Perform hand hygiene</div> </div>
<div style="display: flex; align-items: center;"> <div style="background-color: red; color: white; border-radius: 50%; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center; margin-right: 10px;">3</div>  <div>Put on a particulate respirator (e.g. P2/N95) and perform fit check</div> </div>	<div style="display: flex; align-items: center;"> <div style="background-color: red; color: white; border-radius: 50%; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center; margin-right: 10px;">3</div>  <div>Remove and dispose of gown</div> </div>
<div style="display: flex; align-items: center;"> <div style="background-color: red; color: white; border-radius: 50%; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center; margin-right: 10px;">4</div>  <div>Put on protective eyewear</div> </div>	<div style="display: flex; align-items: center;"> <div style="background-color: red; color: white; border-radius: 50%; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center; margin-right: 10px;">4</div>  <div>Leave the room/care zone</div> </div>
<div style="display: flex; align-items: center;"> <div style="background-color: red; color: white; border-radius: 50%; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center; margin-right: 10px;">5</div>  <div>Wear gloves in accordance with standard precautions</div> </div>	<div style="display: flex; align-items: center;"> <div style="background-color: red; color: white; border-radius: 50%; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center; margin-right: 10px;">5</div>  <div>Perform hand hygiene (in an anteroom/outside the room/care zone)</div> </div>
<b>What else can you do to stop the spread of infections?</b> <ul style="list-style-type: none"> <li>Always change gloves and perform hand hygiene between different care activities and when gloves become soiled to prevent cross contamination of body sites</li> <li>Consider patient placement</li> <li>Minimise patient movement</li> </ul>	<div style="display: flex; align-items: center;"> <div style="background-color: red; color: white; border-radius: 50%; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center; margin-right: 10px;">6</div>  <div>Remove protective eyewear (in an anteroom/outside the room/care zone)</div> </div>
	<div style="display: flex; align-items: center;"> <div style="background-color: red; color: white; border-radius: 50%; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center; margin-right: 10px;">7</div>  <div>Perform hand hygiene (in an anteroom/outside the room/care zone)</div> </div>
	<div style="display: flex; align-items: center;"> <div style="background-color: red; color: white; border-radius: 50%; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center; margin-right: 10px;">8</div>  <div>Remove and dispose of particulate respirator (in an anteroom/outside the room/care zone)</div> </div>
	<div style="display: flex; align-items: center;"> <div style="background-color: red; color: white; border-radius: 50%; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center; margin-right: 10px;">9</div>  <div>Perform hand hygiene</div> </div>

**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)
- *Break the chain of infection* poster  
<https://www.safetyandquality.gov.au/publications-and-resources/resource-library/break-chain-infection-poster>



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