



On the Radar

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Issue 736

16 March 2026

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On the Radar

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Reports

Delivering quality care more efficiently

Inquiry report no. 112

Productivity Commission

Canberra: Productivity Commission; 2025. p. 126.

URL	https://www.pc.gov.au/inquiries-and-research/quality-care/report/
Notes	<p>Late in 2025 the Productivity Commission published its final <i>Delivering quality care more efficiently</i> report. The interim report had been noted in <i>On the Radar</i> in August. The Productivity Commission see that ‘the care and support economy is coming under increasing pressure to deliver high-quality services at a sustainable cost. Without decisive action, future generations will face deeper health inequities and a care system increasingly unable to meet their needs.’ Furthermore, ‘Now is the time for governments to shape the future of the care economy.’ The report includes a number of recommendations, including:</p> <ul style="list-style-type: none"> ● Reform of quality and safety regulation to support a more cohesive care economy <ul style="list-style-type: none"> ○ Recommendation 1.1 Align quality and safety regulation of workers across the care economy ○ Recommendation 1.2 Align quality and safety regulation of providers and services and assess the case for a single regulator ○ Recommendation 1.3 Lead the implementation process and provide relevant agencies with direction. ● Embed collaborative commissioning to increase the integration of care services <ul style="list-style-type: none"> ○ Recommendation 2.1 Establish stronger joint governance arrangements ○ Recommendation 2.2 Enable more flexible funding ○ Recommendation 2.3 Provide dedicated funding based on outcomes ○ Recommendation 2.4 Take a strategic leadership role and ensure sufficient capability. ● A national framework to support government investment in prevention and early intervention <ul style="list-style-type: none"> ○ Recommendation 3.1 Establish a National Prevention and Early Intervention Framework ○ Recommendation 3.2 Ensure better evaluation of prevention and early intervention ○ Recommendation 3.3 Enable collaboration between Australian, state and territory governments.

Top 10 Patient Safety Concerns for 2026

ECRI

Willow Grove, PA: ECRI; 2026.

Top 10 Health Technology Hazards for 2026

ECRI

Willow Grove, PA: ECRI; 2026.

URL	https://home.ecri.org/pages/top-10-patient-safety-concerns https://home.ecri.org/blogs/ecri-thought-leadership-resources/top-10-health-technology-hazards-for-2026-executive-brief
Notes	<p>ECRI (originally the Emergency Care Research Institute) in the USA produces an annual list of hazards. Their list of the top 10 patient safety concerns for the USA is 2026 is:</p> <ol style="list-style-type: none">1. Navigating the AI diagnostic dilemma2. Reduced access to rural healthcare increases health risks and disparities3. Increasing rates of preventable Acute Diseases in Communities and Healthcare Settings4. Effects of Federal Funding Cuts on Healthcare Operations and Patient Safety5. Lack of Recognition and Reporting of Harm Events6. Structural and Systemic Barriers Inhibit Equitable Pain Management for Women7. Persistent Workforce Shortages Continue to Burden Staff and Restrict Access to Care8. The Impact on System Improvement When a Culture of Blame Hinders Learning9. Emergency Department Boarding Contributes to Worse Patient Outcomes10. Persistent Gaps in Manufacturer Packaging and Labeling Design Continues to Undermine Medication Safety Efforts. <p>ECRI also produce a Top 10 Health Technology Hazards for 2026 list. That list includes:</p> <ol style="list-style-type: none">1. The Misuse of AI Chatbots in Healthcare2. Unpreparedness for a “Digital Darkness” Event3. The Growing Challenge of Combating Substandard and Falsified Medical Products4. Recall Communication Failures for Home Diabetes Management Technologies5. Tubing Misconnections Remain a Threat Amid Slow ENFit and NRFit Adoption6. Underutilizing Medication Safety Technologies in Perioperative Settings7. Deficient Device Cleaning Instructions Continue to Endanger Patients8. Cybersecurity Risks from Legacy Medical Devices9. Technology Designs or Configurations That Prompt Unsafe Clinical Workflows10. Water Quality Issues During Instrument Sterilization.

URL	https://www.health.gov.au/resources/publications/national-strategic-framework-for-chronic-conditions
Notes	<p>The Australian Government Department of Health, Disability and Ageing has released the <i>National Strategic Framework for Chronic Conditions 2026–35</i>. This Framework ‘sets out an approach to one of Australia’s most significant health challenges, chronic conditions’. The framework’s vision and purpose are given as:</p> <p>Vision All people living in Australia experience a healthier and improved quality of life through effective prevention, early detection and intervention, and management of all chronic conditions.</p> <p>Purpose To guide the development and prioritisation of policies, strategies, actions, and services to address chronic conditions in Australia.’</p> <div style="border: 1px solid #003366; padding: 5px; margin-bottom: 10px;"> <p>Vision</p> <p>All people living in Australia experience a healthier and improved quality of life through effective prevention, early detection and intervention, and management of all chronic conditions.</p> </div> <div style="border: 1px solid #003366; padding: 5px; margin-bottom: 10px;"> <p>Purpose</p> <p>To guide the development and prioritisation of policies, strategies, actions, and services to address chronic conditions in Australia.</p> </div> <div style="border: 1px solid #006666; padding: 5px; margin-bottom: 10px;"> <p>Guiding Principles</p> <div style="display: flex; flex-wrap: wrap; justify-content: space-between;"> <div style="width: 30%; text-align: center; padding: 5px;">  Equity </div> <div style="width: 30%; text-align: center; padding: 5px;">  Person-centred, multidisciplinary care </div> <div style="width: 30%; text-align: center; padding: 5px;">  Evidence based </div> <div style="width: 30%; text-align: center; padding: 5px;">  Collaboration and shared responsibility </div> <div style="width: 30%; text-align: center; padding: 5px;">  Sustainability </div> <div style="width: 30%; text-align: center; padding: 5px;">  Climate resilience </div> <div style="width: 30%; text-align: center; padding: 5px;">  Accountability and transparency </div> </div> </div> <div style="border: 1px solid #e67e22; padding: 5px;"> <p>Focus Areas</p> <div style="display: flex; flex-wrap: wrap; justify-content: space-between;"> <div style="width: 30%; padding: 5px;"> <p>1 Health promotion and education supporting self-management of risk factors and conditions</p>  </div> <div style="width: 30%; padding: 5px;"> <p>2 Embedding prevention, early detection and intervention in the continuum of care</p>  </div> <div style="width: 30%; padding: 5px;"> <p>3 Continuity of care</p>  </div> <div style="width: 30%; padding: 5px;"> <p>4 Managing multimorbidity</p>  </div> <div style="width: 30%; padding: 5px;"> <p>5 Enhanced and targeted support for priority populations</p>  </div> </div> </div>

Attitudes to technology and AI in health care
 Findings from our 2025 survey
 Binesmael A, Horton T, Marks T, Thornton N
 London: The Health Foundation; 2026.

URL	https://www.health.org.uk/reports-and-analysis/analysis/attitudes-to-technology-and-ai-in-health-care
Notes	<p>Recent (March 2026) analysis from The Health Foundation in the UK following surveying 8,000 members of the UK public and 2,000 NHS staff to explore attitudes to technology and AI in health care. Among the key findings:</p> <ul style="list-style-type: none"> • Sentiment towards technology in health care remains broadly positive... 55% of the public says technology improves care quality.... • Support for AI in health care has seen a small increase, with the balance of sentiment remaining broadly positive. 38% of the public says AI will improve care quality, up from 33% in 2024.... • NHS staff are more positive about tech and AI in health care than the public. For example, 80% of staff surveyed supported the use of AI for patient care compared with 54% of the public. • Public attitudes towards the regulation, oversight and use of AI in health care are generally cautious. <p>There are echoes here of what has been found in Australia. For example, the University of Melbourne and KPMG found in their Trust, attitudes and use of Artificial Intelligence: A global study 2025 project that in the global study ‘Trust in AI systems remains a significant challenge: over half (54%) are wary about trusting AI.’ Among the results for Australia it is noted that:</p> <ul style="list-style-type: none"> • 77% believe AI regulation is required • 10% aware of AI regulations and policies in their country • 30% believe current safeguards are sufficient • Australians expect oversight by government and existing regulators, co-regulation with industry, and international laws and regulations. <p>An article in the <i>Medical Journal of Australia</i> describing an earlier citizen jury exercise reported that ‘a diverse sample of Australian citizens recommended a national charter for health care AI and an independent decision-making body. They also emphasised that rigorous evaluation, fairness and patient rights, clinical governance and training, technical and data requirements, and community education and involvement were also critical areas requiring attention.’ It is essential for the successful deployment, implementation and scaling up of AI in Australian health care that a sense of trust and purpose be created and maintained.</p>

For information on the Commission’s work on the safe and responsible use of Artificial Intelligence (AI) in healthcare, see <https://www.safetyandquality.gov.au/our-work/e-health-safety/artificial-intelligence>

Action for climate change: Examples from the WHO Regions for Health Network
 World Health Organization Regional Office for Europe
 Copenhagen: WHO Regional Office For Europe; 2026. p. 20.

URL	https://www.who.int/europe/publications/i/item/WHO-EURO-2026-9634-49406-73902
Notes	Policy brief from the World Health Organization’s Regional Office for Europe that provides six case studies that ‘highlight regional approaches to, lessons learned about, and recommended actions on integrating health into climate action’. The brief notes that ‘Lessons learned from this analysis of regional policies on climate change underline that strategies must be tailored to regional realities, equity must be central, and health systems must act both as responders and leaders in climate action.’

For information on the Commission’s work on environmentally sustainable healthcare, see <https://www.safetyandquality.gov.au/our-work/environmentally-sustainable-healthcare>

Healthcare Quarterly, October to December 2025
 Bureau of Health Information
 St Leonards: BHI; 2026.

URL	https://www.bhi.nsw.gov.au/BHI_reports/healthcare_quarterly/Oct-Dec2025
Notes	The Bureau of Health Information (BHI) in New South Wales has released that latest activity and performance information for NSW public hospitals and ambulance services. <i>Healthcare Quarterly, October to December 2025</i> reports on activity and performance information for public hospital and ambulance services in NSW in late 2025. Also available are reports on seclusion and restraint in NSW public hospitals, a technical supplement and activity and performance profiles.

Journals

American Journal of Medical Quality
 Volume 41, Issue 2, March/April 2026

URL	https://journals.lww.com/ajmqonline/toc/2026/03000
Notes	A new issue of the <i>American Journal of Medical Quality</i> has been published. Articles in this issue of the <i>American Journal of Medical Quality</i> include: <ul style="list-style-type: none"> • Editorial: Inviting You to Submit Research and Stories, With More Article Types to Choose (Pranavi V Sreeramoju) • Physician Practices Promoting Effective Communication with Nurses: A Qualitative Study (Claire Howlett, Esther Y Hsiang, M A Kantor, S J Flynn) • Utilizing a Stakeholder Driven Approach in Developing a Regional Perinatal Psychiatry Access Program (Meredith Spada, Colleen Gianneski, Shivali Hariharan, Chiamaka Ejinaka, Shinnyi Chou, Elizabeth Krans, A Schlesinger, H M Joseph, J B Glance, B Sirianni, A Boast, R Ferguson, P Gopalan) • Best Practices for Diagnostic Evaluation of Unintentional Weight Loss (Goutham Rao, Kelsey Ufholz, Sarah Koopman-Gonzalez, Harry Menegay, Sunah Song, Beverly Koepf, Mark Beno) • Determining Causes of Insulin-Induced Hypoglycemia Using an Electronic-Based Trigger (Kamil Evy A Bantol, Yingchao Zhong, Joanne Bruno, Nandini Nair, Nathan Gollogly, Pradyuman Jhala, Brianna Knoll) • Advance Care Planning, Race, and Age (Rebecca E Berger, Monika M Safford, Jennifer I Lee, Mangala Rajan, M L McNairy, A Card, L M Kern)

	<ul style="list-style-type: none"> Automation in Surgical Adverse Event Documentation: Improving Completeness and Accuracy (Francis D Graziano, Charles Z Jiang, Bracha L Pollack, Arielle Roberts, Adana-Christine Campbell, Ronnie L Shammam, Lillian A Boe, Babak J Mehrara, Jonas A Nelson, Carrie S Stern) Pharmacoequity: What Should be Done to Improve It? (Elizabeth Sottung, Vietbao Phan, Willie H Oglesby, Vittorio Maio) Bridging the Methodological Gap: Integrating Implementation Science With HFACS to Move From Diagnosis to Intervention Design (Daren Zhao) Implementing High-Value Care with Daily Labs in Internal Medicine Resident Driven Hospital Medicine: A Quality Improvement Project (Nudar Bhuiya, Olivera Drobac, Kaynat Khalid, Maidah Raja, Madeline Stull, David Sullivan, Nagaraju Sarabu, William Cook) Quality Improvement Assessment on Diversity, Equity, and Inclusion Initiatives in US Medical Schools (Munifa King, Maryam Edris, Renee Bicaba, Zavia King, Byron Scott) Targeted Deprescribing of PPIs in Ambulatory Care: Outcomes From a Resident-Led, Pharmacist Supported Intervention (Himsikhar Khataniar, Hany Habib, Ikram Khaliq, Helene Bloom, Kevin Taffe)
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The Lancet Primary Care

Volume 2, Number 2, February 2026

URL	https://www.thelancet.com/issue/S3050514326X20027
Notes	<p><i>The Lancet Primary Care</i> is a relatively new open access journal. Articles in this issue of <i>The Lancet Primary Care</i> include:</p> <ul style="list-style-type: none"> Editorial: PEN-Plus: a first step to better care Point-of-care testing to support antimicrobial stewardship: contextualised strategies are needed (Andreas Plate, Oliver Senn) Frailty, polypharmacy, and the case for pragmatic prescribing in primary care (Peter Hanlon, Emma Wallace, Anthony J Avery, Kenneth Rockwood) Corporatisation of primary care: the need for critical analysis (Lisa Jansen, Michael Anderson, Lilian H D van Tuyl, Maximilian Schwarz, J De Maeseneer) Family physicians as key agents in integrating mental health services into primary care (Erin K Ferenchick, Larry A Green, Christopher Dowrick, Christos Lionis, Cindy L K Lam, S Randenikumara, B Jortberg, E Gilchrist) Our commitments to diversity and inclusion (Yaiza del Pozo Martín) Community health workers and tuberculosis services integration within primary health care: from adequate compensation to comprehensive, reliable support (Nadine Muller, Fortress Y Aku, O G Ravololohanitra, A Neumann) Increasing equity of access to mental health support: greater investment in community partners is needed (Samuel P Trethewey, T Newlove-Delgado) Prioritising primary care during ceasefire in Gaza (Richard Armitage) Point-of-care testing strategy versus usual care to safely reduce antibiotic prescribing for acute respiratory tract infections in primary care (PRUDENCE): a pragmatic, randomised controlled trial in 13 countries (Alike W van der Velden, Samuel Coenen, Emma Harper, Marilena Anastasaki, Sibyl Anthierens, Femke Böhmer, Emily Bongard, Julie Domen, Ana Garcia-Sangenis, Gail N Hayward, Bernadett Kovacs, Anna Kowalczyk, Carl Llor, Lile Malania, Fulvia Mazzaferri, Sam Mort, Joanna Moschandreas, L Rossignol,

	<p>B R Saville, M Shanyinde, E Tacconelli, S Tonkin-Crine, P J Turner, A Vellinga, M Wanat, L-M Yu, A Zerda, S Emmerich, H Goossens, C C Butler)</p> <ul style="list-style-type: none"> • Clinician and patient experiences with point-of-care testing for acute respiratory infections in primary care: a qualitative process evaluation of the PRUDENCE trial (Marta Wanat, Melanie E Hoste, Marilena Anastasaki, Femke Böhmer, Annelies Colliers, Maria Gkamaletsou, Herman Goossens, Christin Löffler, Christos Lionis, Lile Malania, Mala Shah, Anja Wollny, Akke Vellinga, C C Butler, A W van der Velden, S Anthierens, S Tonkin-Crine) • Defining recurrent urinary tract infections and quantifying bladder cancer risk in primary care in England: a nationwide case-control study (Sikhuphukile G Mahati, Jianhua Wu, Fiona M Walter, Yin Zhou) • Multiplex PCR testing for <i>Treponema pallidum</i> and herpes simplex virus in primary care to detect primary syphilis in Victoria, Australia: a prospective cohort study (Rebecca Wigan, Yasmin Hughes, Lynette Waring, Eric P F Chow, Shivani Pasricha, Jason J Ong, Marcus Maisano, Christopher K Fairley, M Temple-Smith, L Sancu, J S Hocking, J Tomnay, B Donovan, D Hewson, A Diprose, J Bilardi, D Williamson, J M Towns, N Ryder, J Kaldor, M Y Chen) • Evidence-based blood tests for monitoring adults with chronic kidney disease stage G3 in primary care: rapid review, routine data analysis, and consensus study (Martha M C Elwenspoek, Rachel O'Donnell, Catalina Lopez Manzano, Lewis Buss, Sarah Dawson, Katie Charlwood, Thomas A Harding, Christina Stokes, Francesco Palma, Alastair D Hay, Jessica Watson, P Whiting) • Safeguarding planetary health: the contribution of community health workers to climate stability, global equity, and social justice (Cornelia Junghans Minton, Cleo Baskin, Joerg Schmid, Matthew Harris)
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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"> • Does bypassing nearby hospitals for high-quality care reduce case fatality among inpatients who had a stroke? A retrospective study of 328 206 cases (Qingyu Wang, Lu Ao, Kun Tan, Xiang Yan, Jay Pan)

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"> • The Relationship Between Indigenous Health and Relevant Sector Standards in Aotearoa New Zealand, Australia and Canada: A Scoping Review (Dean Cowles, Jan Dewar, Catherine Cook) • Association between hospital accreditation and patient safety management systems in Japan: A secondary analysis of nationwide surveys, 2015—2023 (Ryo Onishi, Yosuke Hatakeyama, Kunichika Matsumoto, Ryosuke Hayashi, Kanako Seto, Tomonori Hasegawa)

Infection prevention and control 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>

 **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>

STOP
VISITOR RESTRICTIONS MAY BE IN PLACE

For all staff

Combined airborne & contact precautions

In addition to standard precautions

Before entering room/care zone

- 1



Perform hand hygiene
- 2



Put on gown
- 3



Put on a particulate respirator (e.g. P2/N95) and perform fit check
- 4



Put on protective eyewear
- 5



Wear gloves in accordance with standard precautions

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

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

At doorway prior to leaving room/care zone

- 1



Remove and dispose of gloves if worn
- 2



Perform hand hygiene
- 3



Remove and dispose of gown
- 4



Leave the room/care zone
- 5



Perform hand hygiene (in an anteroom/outside the room/care zone)
- 6



Remove protective eyewear (in an anteroom/outside the room/care zone)
- 7



Perform hand hygiene (in an anteroom/outside the room/care zone)
- 8



Remove and dispose of particulate respirator (in an anteroom/outside the room/care zone)
- 9



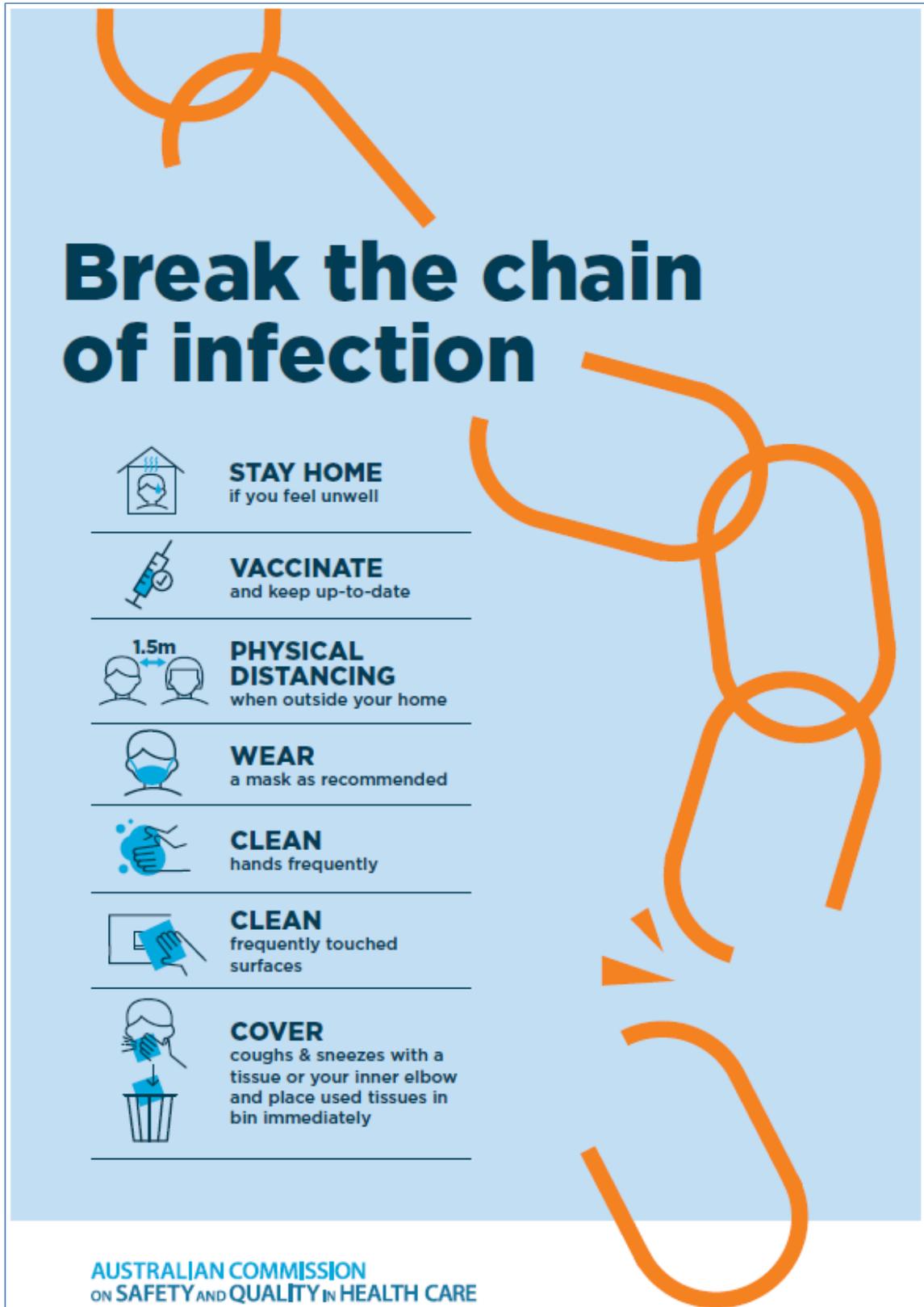
Perform hand hygiene

KEEP DOOR CLOSED AT ALL TIMES

AUSTRALIAN COMMISSION
ON SAFETY AND QUALITY IN HEALTH CARE

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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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