

**KEEPING ACCOUNTS**

A recurring theme in the Journal this year has been patient safety. Arguably, the first step towards improving this is to take a close look at adverse events (such as deaths), why they occurred and what might have prevented them. In keeping with these principles, Semmens et al established the Western Australian Audit of Surgical Mortality, in which the circumstances of deaths after surgery are peer reviewed and feedback is provided. On page 504 they report on the first 2½ years of the project which, according to Thompson et al (page 500), is a prototype for a national system of surgical audit.

Rubin and Leeder are also concerned about patient safety. In the wake of the recent Paterson review and the proposal for a new Australian Commission on Safety and Quality in Health Care, they outline the path ahead, including an essential first step (page 529).

In addition to these important articles our readers have a say about patient safety on page 543: in *Matters Arising* we publish the unprecedented volume of correspondence in response to our Editor's take on the Bundaberg Hospital scandal in the 19 September issue.

**THE SEX FACTOR**

For the first time ever, Australia has a National Sexually Transmissible Infections Strategy. According to Mindel and Kippax (page 502) the strategy is a good start, but stops far short of going all the way. Couldwell (page 525) is like-minded. Her *Update* on the management of unprotected sexual encounters, while an excellent guide to restraining the bolted horse, begins and ends with education, prevention and the mighty condom.

**TIMES-TEN**

N-Acetylcysteine can be life-saving stuff after paracetamol overdose, but beware the maths when calculating the dose, say Little et al (page 535).

**THE SECOND BIRTH**

As obstetricians are well aware, decisions made in the antenatal clinic or the delivery suite can have far-reaching implications for both mother and baby. Taylor et al point out that additional factors to consider when contemplating caesarean section are the mode of delivery and possible outcome of subsequent pregnancies (page 515).



**A TELLING CAPTION**

Most doctors would be confident about managing pneumonia, so the results of the Community-Acquired Pneumonia: Towards Improving Outcomes Nationally (CAPTION) study of Australian hospital emergency departments (page 520) might come as a bit of a surprise. Maxwell et al from the NSW Therapeutic Advisory Group provide suggestions for improvement.

**CLEANING UP**

In preparation for a move to a new campus earlier this year, Johnson et al knew they needed to do everything possible to reduce the rates of nosocomial methicillin-resistant *Staphylococcus aureus* infection in their hospital. Their strategy, Operation Clean Start (page 509), is now being rolled out across Victoria.

**IS EXERCISE REALLY GOOD FOR YOU?**

An overweight, middle-aged ex-footballer comes for your advice on a vigorous exercise program to get back in shape. You've wondered about doing the same yourself. But what about reports that exercise can be bad for you? In this instalment of our *Practice Essentials – Sports Medicine* series, Brukner and Brown explore the most important risks: joint injury and major cardiovascular events (yes, including sudden death). How seriously do we take these risks, can they be predicted, and what are the real benefits of exercise? Turn to page 538 for a review of the evidence and some practical advice.

**AN END TO THE CF LOTTERY?**

One in 25 Australians carries a genetic mutation that, given the right (or wrong) partner, could produce a child with cystic fibrosis. However, unless there is a family history of the disease, most couples embarking on a pregnancy are unaware of their risk. According to Massie et al (page 501) it's time to change the way we screen for this disease.

**THE CHANGE MERCHANTS**

Australians are great innovators, and Australian General Practice is no exception. How sustainable are the outcomes of the endless round of studies, projects and programs? This issue's supplement, *The sustainability of primary health care innovation*, from the Australian Primary Health Care Research Institute, details some of the efforts that are being made to effect positive, ongoing change in this most important of our health sectors.

**ANOTHER TIME ... ANOTHER PLACE**

When quality is pursued in the form of a search for deficient people, those being surveyed play defense.

Berwick, DM  
Continuous improvement as an ideal in health care  
N Engl J Med 1989; 320: 53-56.