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EDUCATIONAL QUALITY IMPROVEMENT REPORT: A REVISED MORBIDITY AND MORTALITY CONFERENCE THAT EMPHASISES SAFETY AND SYSTEM REDESIGN

Morbidity and mortality conferences (MMCs) provide a rich opportunity for emphasising safety and system redesign that can offer both improved patient care and better health professional education. This report describes changes in MMCs that resulted in root cause analyses of adverse events, but also coupled this with system interventions designed to prevent recurrence. Conference participants and subsequent improvement teams generally consisted of faculty clinicians and resident trainees. During this study 121 system improvement opportunities were identified, of which 39 were pursued because they offered likelihood of achieving high impact change. Of these, 87% were either completely or partially implemented. Resident trainees participated in many of the improvements and generally demonstrated positive attitudes toward opportunities for system improvement.

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A COMPARISON OF PATIENTS' ASSESSMENTS WITH AUDIT FINDINGS REGARDING STROKE CARE

A survey of stroke patients' experiences of their hospital care was compared with quality of services measured in a national audit. While the two perspectives of organisational quality were similar, they differed regarding process standards. This latter variance between patients' and clinicians' perceptions suggests the potential value of considering both views for a more complete assessment of stroke services in the future.

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QUALITY INDICATORS FOR OUTPATIENT ANTIBIOTIC USE IN EUROPE

Antibiotic consumption is increasingly recognised as the main driver for antibiotic resistance. Acting on the Council Recommendations on the Prudent Use of Antimicrobial Agents in Human Medicine, the European Surveillance of Antimicrobial Consumption (ESAC) was launched to collect reliable data on antibiotic use in Europe. One of the main objectives of ESAC was the development of valid quality indicators for outpatient antibiotic use in Europe. This report describes how 22 indicators proposed by experts from 15 European countries were assessed and narrowed to a set of 12 indicators that could be better used to describe antibiotic use in ambulatory care and assess the quality of national antibiotic prescribing patterns. In addition, this report features the indicator values for 28 European countries from 1997 to 2004. These indicators provide a potentially important first step in the systematic implementation of standards to further improve antibiotic use in Europe.

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PATIENT SATISFACTION AFTER SURGICAL OPERATIONS: MAKING THE CASE FOR BETTER INFORMATION AT DISCHARGE

Sicker patients are known generally to have lower satisfaction with healthcare. This study of 2145 surgical patients shows that patients with post-discharge adverse outcomes only, gave a less favourable overall evaluation of quality of care and were twice as likely to be dissatisfied than patients without adverse outcomes. They more often indicated that medical care could be improved, and felt they were discharged too early even though this perception was not supported by length-of-stay data. The effect of in-hospital adverse outcomes was not associated with lower satisfaction. Patients with both in-hospital and post-discharge adverse outcomes also assessed the quality of care as lower. These results suggest that providing better information at discharge on the possibility of post-discharge adverse outcomes and how to avoid or deal with them might serve to improve both care and patients' perception of that care.

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