QUALITY IN HEALTH CARE

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ISSN 0963 8172

Published by the BMJ Publishing Group and printed by Stott Brothers Ltd, Halifax.

QUALITY IN HEALTH CARE

Volume 1 · 1992

BMJ PUBLISHING GROUP

College of Physicians, has played a leading part in helping American physicians to keep up with and, in some instances, to stay ahead of external regulators, and its publications are impressive.

In *Providing Quality Care – the Challenge to Physicians* the college has now published a book that is essential reading not only for doctors but also for all those who are interested in quality and its improvement. It is particularly relevant to people working in the United Kingdom or Europe because the United States is five or ten years ahead in terms of litigation, purchaser pressure on clinicians and health service managers, and quality assurance.

Edited by physicians, the book contains nine chapters, including an excellent chapter on the patient's role in health care and quality assessment that reviews the evidence about the relations between clinical effectiveness and patient satisfaction. Lisa Iezzoni reviews the state of the art on measuring the severity of illness and case mix, and this leads on to a chapter by Robert Dubois on hospital mortality as an indicator of quality. Because of the book's pedigree the challenge to individual physicians is also faced squarely. In their introduction the editors record that, in Miami a "large trucking firm sends questionnaires to local physicians asking for detailed information about their training, fees and malpractice history." They emphasise the need for the profession to appreciate that this is not a manifestation of a "draconian" state health system but a facet of the pluralistic American system. In consequence, they have devoted one chapter to the measurement of the quality of office practice – namely, the behaviour of individual physicians. Three chapters deal with methods for regulating improvement. One of these focuses on industrial methods of quality improvement, the second on management information systems for quality, and the third on the work of the Joint Commission of Accreditation of Health Care Organisations. The subjects of malpractice, clinical risk management, and quality assessment are dealt with in a separate chapter, which serves as a useful reminder of the part that litigation has played in driving through changes in the practice of medicine and health care management.

The introductory chapter is written by the editors and is entitled "Information Needs of Purchasers" because they see the common theme among all people interested in the quality of health care – whether as patients, purchasers, or providers – as being access to information. It covers the different definition of quality, both public and professional, and it then considers different approaches to the purchase of health care – for example, corporate "Buy Right" programmes in which hospitals are required to release information on costs and quality directly to the representatives of the employees and the corporations laying contracts for health care. They also review a number of other approaches, but emphasise that in the final analysis the providers and clinicians must be at the forefront of the debate about quality and must be enthusiastic in helping purchasers find the best quality of care at reasonable cost. If they do not, it is argued, then others will happily step into the breach and do so.

This book is technically excellent, it provides both an insight into the American health care system and a vision of health care in the United Kingdom in the years to come.

J A MUIR GRAY
Director of Health Policy and Public Health

Making Sense of Audit. Irvine D, Irvine S, eds (pp162, £12.50). Oxford: Radcliffe Medical Press, ISBN 1-870905-12-1.

We are all supposed to take part in audit nowadays. Though there has been interminable discussion about audit in recent years, most general practitioners would not admit to either great enthusiasm for the idea or much understanding of the methods. The reasons for this apathy are easy to find. Audit requires the critical examination of our own performance and this is enough to offend many doctors to begin with. Then the descriptions of audit are cloaked in new jargon and difficult definitions which deter all but the most persistent. The technical aspects of audit are all too often made overwhelmingly boring. For those who overcome these obstacles there is the discouraging discovery that success through audit is not automatic. So it is hardly surprising to find that audit has got off to a shaky start.

To resolve some of these problems *Making Sense of Audit* is presented as a practical, down to earth description of audit for everyday general practice, and it is largely successful in this aim. The book has nine contributors, but I was unable to detect any changes in style or repetition in content. It is divided into two parts. The first is an introduction to the methods of audit and the second is a series of fifteen audits or case studies that have been undertaken by practice teams. The underlying message is that audit must be used as one component of efficient practice management if it is to help practices improve their quality of care.

I would strongly advise anyone unfamiliar with or suspicious about audit to begin this book by reading the second section. Even the most experienced audit afficionado will find some new ideas in these case studies. They range from simple audits of rubella immunisation or the care of patients with epilepsy to a fascinating audit of the management structure in a practice to discover why the appointment of a deputy practice manager failed to achieve the desired results. In another audit the reasons for frustration and irritation in a practice were investigated by means of practice activity analysis, a survey of patients, and a confidential inquiry of each member of staff. This is no more than an organised approach to problems, which in this case led to nine specific improvements that must have transformed the practice. I would like to try a similar approach in my own practice.

The first section of the book will interest those who want to know more about the techniques of audit. Though some car drivers are happy merely to sit behind the steering wheel, others have to get out and look under the bonnet, or even crawl under the car, and are most content when literally covered in oil. Audit enthusiasts are much the same, but their preference is for reams of data spilling from powerful new computers. The enthusiast will find the technical section undemanding, but for everyone else it provides a sensible introduction. Most topics are covered with clarity and without verbiage. No doubt some types of audit could be discussed in greater depth; the consideration of consultation analysis, for example, is rather cursory. However, there is a unique description of a method of confidential inquiry for general practice together with a case study that used this approach. This is clearly a type of audit worthy of greater use in the future.

I hope that many general practitioners who are beginning to undertake audit will read this book. It will also be invaluable to those with some experience, including members of the new medical audit advisory groups. Please read the case studies first. These show that audit, far from being a boring waste of time, is an indispensible method for helping us improve the quality of care and increasing our enjoyment of our work.

RICHARD BAKER
General Practitioner

DIARY

25 March
Birmingham: International Convention Centre. Association for Management Education for Clinicians conference. Auditing medical audit. Contact Ms Dee Lloyd, WMRHA, 1 Vernon Road, Edgbaston, Birmingham B16 9SA (tel 021 456 5566).

3–5 June
Eastbourne: Cavendish Hotel. British Association of Medical Managers conference. Quality is the key .... Contact Ms Nicola Whitworth, BAMM, Barnes Hospital, Kingsway, Cheadle, Cheshire SK8 2NY (tel 061 491 4229; fax 061 491 4254).

9–12 June
Karlstad, Sweden: European Healthcare Management Association annual conference. Improving health status: the managerial contribution. Contact Rena Dooley, European Healthcare Management Association, Vergemount Hall, Clonskeagh, Dublin 6, (tel +353 1 283 9299; fax +353 1 283 8653).

Health and the future

AUDIT IN ACTION

From a minority interest to an integral part of good medical practice, audit has come a long way. *Audit in Action* traces this development in a selection of articles originally published in the *BMJ*. Topics range from practical aspects of starting to audit to the wider aspects of achieving quality based on experience in the United States and Europe. The contributors are leaders in or experienced practitioners of audit. Covering audit both in hospitals and in general practice, *Audit in Action* is valuable reading for all those concerned to improve the quality of health care.

March 1992

UK £10·95; Abroad £13.00 (BMA members £9·95 or £12.00)

THE HEALTH DEBATE LIVE:
45 interviews for *Leading for Health*

When it set out to produce its manifesto for the National Health Service, the BMA sought a wide variety of perspectives. Representatives from hospitals, general practice, the BMA's craft committees, the royal colleges, parliament, regional health authorities, community and public health, education, health research, health economics, and management were interviewed on various issues integral to the health service. The resulting BMA document, *Leading for Health: a BMA Agenda for Health*, encompasses the often contrasting views and presents questions that need answering—a challenge for the association in the coming years. But what did people actually say in their interviews? The "off the top" thoughts of those interviewed can be more telling than formulated responses and carefully worked out positions on health issues, so the *BMJ* asked interviewees for permission to publish transcripts of their original comments. Most of them agreed, and this collection provides a lively and provocative contribution to the debate on the health service.

March 1992

UK £10.95; Abroad £13.00 (BMA members £9.95 or £12.00)

THE FUTURE OF GENERAL PRACTICE

General practitioners have recently had to cope with dramatic changes in their working conditions imposed on them by government policy. Like it or not, the pressure of constant change is going on, and general practitioners have to decide whether to influence its direction or simply to be overtaken by it. *The Future of General Practice* discusses what general practice should be and how it should be funded. Authors, who include general practitioners and health policy analysts, discuss topics at the heart of this debate, including research, audit, list sizes, fundholding, and general practitioners' educational needs.

March 1992

UK £7.95; Abroad £10.00 (BMA members £7.45 or £9.50)

THE HEALTH OF THE NATION: THE BMJ VIEW
Edited by Richard Smith, Editor, *BMJ*

". . . a strategy imposed by the government which takes no heed of the views of those who will have to implement it . . . is valueless".

So writes William Waldegrave, Secretary of State for Health, in his introduction to *The Health of the Nation*, the government's consultative document that sets out a strategy for improving the health of the English. Taking Mr Waldegrave at his word on wanting to listen to everybody, the *BMJ* commissioned a series of articles that explain the views of some of those most concerned. Contributors discuss each of the 16 key areas defined in the strategy and suggest other subjects that might qualify as key areas. Furthermore, the articles will be useful beyond the borders of England because most developed countries are now setting strategies to improve health.

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- All material submitted for publication is assumed to be submitted exclusively to the journal unless the contrary is stated.
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- The editor retains the customary right to style and if necessary to shorten material accepted for publication.
- Type all manuscripts (including letters) in double spacing with 5 cm margins at the top and left hand margin.
- Number the pages.
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Specific points

ARTICLES

Articles report research and studies relevant to quality of health care. They may cover any aspect, from clinical or therapeutic intervention, to promotion, to prevention. They should usually present evidence indicating that problems of quality of practice may exist, or suggest indications for changes in practice, or contribute towards defining standards or developing measures of outcome. Alternatively, they should contribute to developing approaches to measuring quality of care in routine practice. The journal is interprofessional and welcomes articles from anyone whose work is relevant, including health professionals, managers, practitioners, researchers, policy makers, or information technologists. Papers are usually up to 2000 words long with up to six tables or illustrations. Shorter practice reports, which may not be original in concept but must contain information sufficiently novel to be of importance to other units, are also invited. Articles of a discursive or debating nature, which do not conform to the criteria for original papers given above, will be considered.

- Give the authors' names, initials, and appointment at the time of the study.
- Articles should generally conform to the conventional format of structured abstract (maximum 250 words; see *BMJ* 1988;**297:**156), introduction, patients/materials and methods, results, discussion, and references.
- Whenever possible give numbers of patients/subjects studied (not percentages alone).
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LETTERS

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