

QUALITY IN HEALTH CARE

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QUALITY IN HEALTH CARE

EDITORIAL AIMS

The direction, scope, and readership of the journal were discussed by the editorial board of Quality in Health Care at its first meeting in April. The readership and aims were agreed and are printed below.

Readership

Quality in Health Care is for all health care staff and those whose work is related to health care. Though the primary readership may be working practitioners from all health care professions and managers, other important audiences include researchers, policy makers, and health economists.

Aims and scope

(1) Fundamental to all health care, including the debate about quality of care, are the views and needs of patients. The purpose of the journal is to contribute actively to the debate about the quality of health care by exploring subjects and ideas (from both routine clinical and managerial practice and research) which concern and inform this debate and which focus on benefit to patients.

This will be achieved through publishing a range of papers and articles.

- (i) Those with an academic base which increase and clarify the understanding of the wide range of issues pertinent to continuous quality improvement in health care;
- (ii) Those which describe practical and applied studies or audits of routine practice which are of wide applicability;
- (iii) Those of a more discursive nature which contribute to discussion about quality in health care;
- (iv) Series and commissioned papers which address specific issues or look at the quality of health care from particular perspectives;
- (v) Appropriate letters, book and conference reviews, and précis of national effectiveness bulletins.

(2) The journal will be easily accessible to a broad readership. Language and style will be clear and the use of "quality" jargon minimised. There will be editorial insistence on "translation" of unnecessary jargon.

(3) The board considers that the communication and collaboration between the different health care professions is of central importance for the improvement of quality in health care. This will be promoted by publishing papers which address a wide readership, which are written by authors from the different professional groups, which specifically address collaborative or interdisciplinary work and also by involving referees from different backgrounds in the assessment of each submitted paper. Studies or quality improvement reports which take account of the views of users of health care will be encouraged.

(4) The importance of considering the consequences of the quality debate on clinical education and management training is recognised. The huge gap between undergraduate medical education and the problems and concerns of practitioners is an area of interest. The papers published in the journal will be a potential source of educational material. Submitted papers that address this directly will be encouraged; when relevant, authors of other papers may be asked to comment on the educational aspects of research findings.

(5) The value of reporting and reflecting the experience of health professionals and researchers from the rest of Europe, North America, and other countries is recognised. Papers and other contributions about research into, and practical experience of, quality improvement in health care will be encouraged from those working outside the United Kingdom.

(6) The board believe that the publication of this journal should aim to create an environment which will encourage or inspire research and practical quality improvement work consistent with the journal's objectives.

Editor

DIARY

15-17 June

London: Royal Society of Medicine. Good clinical practice: a comprehensive course. A course to update and inform about current issues and procedures for professionals in the pharmaceutical industry who require an understanding of good clinical practice and its implications including monitors, medical advisors, regulatory staff, and clinical research associates. (£95 plus VAT per day (non-industrial delegates only).) Further information from Christine Bull, ROSTRUM, Lewis House, 1 Mildmay Road, Romford, Essex RM7 7DA (tel 0708 735191; fax 0708 734876).

22-23 June

London: Regency Hotel. Ensuring investigator compliance with good clinical practice. A course that explores the most effective methods of gaining the investigator's commitment to conduct clinical trials in accordance with good clinical practice and is aimed at clinical research professionals involved in producing protocols and monitoring the investigator. Further information from Christine Bull, ROSTRUM, Lewis

House, 1 Mildmay Road, Romford, Essex RM7 7DA (tel 0708 735191; fax 0708 734876).

23 June

London: Royal Society of Medicine. RSM Forum on Quality in Health Care. Inaugural meeting: clinical practice guidelines; discussion papers on examples of practical experience of national professional bodies, hospital and primary care, nursing, and medicolegal issues. (£20 (forum members; membership open to representatives of consumer groups, managers, clinicians, and other health professionals), £30 (non-members).) Further details from Nicole Aaron, Royal Society of Medicine, 1 Wimpole Street, London W1M 8AE.

24-25 June

Leeds: Nuffield Institute for Health Services Studies. Nursing information in context. A workshop targeted at distinct groupings of nursing staff organised by the Nuffield Institute for Health Services Studies, Leeds, with Huddersfield Health Authority, JDM Management Services, and Priority Search Limited. (£350 including accommodation.) Further details from Sally Sugden, Nuffield Institute for Health Services Studies, 71-75 Clarendon Road, Leeds LS2 9PL (tel 0532 4590234; fax 0532 460899).

2 July

London. Mastering audit techniques. An intensive and interactive course to help all clinical professionals learn the necessary skills to carry out audit. (£95 (excluding lunch) for individuals; group bookings at own district or trust by arrangement.) Further details from Mrs S Atkinson, Administrative Secretary, Clinical Audit Systems, University of Wales College of Medicine, Heath Park, Cardiff CF4 4XN (tel 0222 750435; fax 0222 762208).

16-18 September

Leeds: Nuffield Institute for Health Services Studies. Information specialists workshops for practising health service information specialists with at least one year's experience of information processing in a health authority or trust. (£400 including accommodation.) Further details from Sally Sugden (see above).

23-24 September

Leeds: Nuffield Institute for Health Services Studies. Resource management for doctors. A workshop to help maximise clinicians' freedom to provide a quality service within the current financial and political climate. (£350 including accommodation.) Further details from Sally Sugden (see above).

QUALITY QUOTES

"Did the patient die during the stay in hospital?"

Yes No Don't know
Item in a questionnaire for medical staff

[Quality] A commodity that is damaged if any changes whatsoever are made in the structure or financing of the current system of medical practice. - CAPER, 1988

Own your error past

And make every day a critick on the last.
- ALEXANDER POPE, *An Essay on Criticism*

To err is human, to forgive, divine.

- ALEXANDER POPE, *An Essay on Criticism*

Ever tried. Ever failed. No matter.

Try again. Fail again. Fail better. - SAMUEL BECKETT, *Worstward Ho*, from *Nohow On*

Amusing items relating to quality - including examples of "qualityspeak", cartoons, etc - are welcomed for publication and should be addressed to the editor



ROSS SCRIVENER

Instructions for authors

Papers should be sent in triplicate to the editor, *Quality in Health Care*, North West Thames Regional Health Authority, 40 Eastbourne Terrace, Paddington, London W2 3QR (tel 071 262 8011). They should be prepared according to the Uniform Requirements for Manuscripts Submitted to Biomedical Journals (Vancouver agreement) (*BMJ* 1991;302:338-41).

General

- All material submitted for publication is assumed to be submitted exclusively to the journal unless the contrary is stated.
- All authors must give signed consent to publication. (Guidelines on authorship are given in *BMJ* 1991;302:338-41.)
- 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.
- Give the name and address and telephone and fax numbers of the author to whom correspondence and proofs should be sent.
- Do not use abbreviations.
- Express all scientific measurements (except blood pressure (mm Hg)) in SI units.
- Permission to reproduce previously published material must be obtained in writing from the copyright holder (usually the publisher) and the author and acknowledged in the manuscript.
- Keep a copy of the manuscript for reference.
- An acknowledgement of receipt of the manuscript will be sent, with a manuscript reference number and the approximate time to receipt of a proof.

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).
- Any article may be submitted to outside peer review and assessment by the editorial board as well as statistical assessment; this may take up to eight weeks.
- Manuscripts rejected for publication will not be returned.

LETTERS

- Should normally be a maximum of 400 words and 10 references.
- Must be signed by all authors.
- Preference is given to those taking up points in articles published in the journal.
- Authors do not receive proofs.

Tables

- Should be on separate sheets from the text.
- Should not duplicate information given in the text of the article.
- Should have a title.
- Should give numbers of patients/subjects studied (not percentages alone) whenever possible and relevant.

Figures

- Should be used only when data cannot be expressed clearly in any other form.
- Should not duplicate information given in the text of the article.
- Should be accompanied by the numerical data in the case of graphs, scattergrams, and histograms (which may be converted into tables).
- Should include numbers of patients/subjects (not percentages alone) whenever possible and relevant.
- Legends should be given on a separate sheet.

LINE DRAWINGS

- Should be in Indian ink on heavy white paper or card or presented as photographic prints. One original and two photocopies of each must be submitted.

HALF TONES

- Should usually be submitted as prints, not negatives, transparencies, or x ray films.
- Should be no larger than 30x21 cm (A4).
- Should be trimmed to remove all redundant areas.
- The top should be marked on the reverse in pencil.
- Labelling should be on copies, not the prints.
- The identity of patients in photographs should be concealed or their written consent to publication obtained.

References

- Should be numbered sequentially in the text.
- Should be typed in double spacing.
- Should give the names and initials of all the authors (unless there are more than six, when the first six should be given followed by *et al*); the title of the article or chapter, and the title of the journal (abbreviated according to the style of *Index Medicus*), year of publication, volume number, and first and last page numbers or the names of any editors of the book, title of the book, place of publication, publisher, and year of publication, and first and last pages of the article.
- Information from manuscripts not yet in press, papers reported at meetings, or personal communications should be cited in the text, not as formal references.
- Authors are responsible for the accuracy of references.

Proofs and reprints

- Corrections to proofs should be kept to a minimum and should conform to the style shown in *Whitacker's Almanack*.
- Corrections other than printers' errors may be charged for.
- Justification for corrections, if necessary, should be given in a letter and not on the proof.
- Reprints are available; an order form and scale of charges are included when the proof is sent out.

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:

15 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

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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.

UK £9.95; Abroad £12.00 (BMA members £8.95 or £11.00)



THE UNIVERSITY OF BIRMINGHAM

Health Services Management Centre

Quality Assurance in Health Care

This is a part-time, postgraduate programme, leading to a Masters of Social Science or a Diploma. Course work is arranged in one, and two week study blocks at HSMC over a two year period. The course is based on self-directed learning supported by presentations from experts and the study of cases and problems. Participants will have challenging opportunities to integrate theory and practice.

Core Modules:

- Organisational Principles and Systems for QA
- The QA Cycle: Assessment & Management of Service Quality
- Managing QA

Options:

- Participative Methods for QA
- Consumer Research & Marketing
- Clinical & Medical Audit
- Contracts: Quality, Quantity & Cost

The course enrolment is limited to 25; interested candidates are advised to apply by June, for early consideration. The course commences each October.

Applications are welcomed from people with good degree qualifications, as well as those without but who have significant work experience and other types of qualifications.

Further details from:

Ms Sue Alleyne, Dept BMJ, HSMC, Park House, 40 Edgbaston Park Road, Birmingham B15 2RT. Tel: 021-455-7511.



THE UNIVERSITY OF BIRMINGHAM

Health Services Management Centre

Training for Total Quality Management in Health Care - 1992 Workshop Programme

HSMC is running a comprehensive workshop programme to help you plan, implement and keep going your quality improvement initiatives. The workshops are being led by Dr Hugh Koch, Associate of HSMC and Management Consultant in Health Care.

| | |
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| Empowerment of Staff to Provide Quality - | 26/27 May & 9/10 November 92 |
| Outcomes in Clinical Care: TQM & Audit - | 1/2 June & 23/24 November 92 |
| Quality Improvement Team, Circles & TQM - | 29/30 June & 3/4 December 92 |
| Effective Customer-Supplier Chains in Hospital & Community Services - | 13/14 July 92 |
| Maintaining Momentum in TQM - | 30/31 July & 10/11 December 92 |
| Starting TQM - | 17/18 September 92 |
| Total Quality Planning & Patient Trailing - | 28/29 September 92 |

Further information can be obtained from:

Ms Sue Kelly, HSMC, Park House, 40 Edgbaston Park Road, Birmingham B15 2RT. Tel: 021-455-7511.

