

QUALITY IN HEALTH CARE

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described by David Fry of the King's Fund, currently nine of the 40 hospitals in the programme are going through a second survey. The survey standards have been revised and the accreditation element of this approach may be given a higher profile. It is planned to extend the approach into community services and general practice and health centres.

Changing the culture within organisations was covered by Nancy Saldona, in outlining how Cigna Employee Benefits adopted a total quality management

approach by integrating into its corporate culture the phrase "do it, test it, fix it."

Steve Nixon, however, illustrated how success can bring its own problems. One of the dilemmas in his surgical unit is that of lengthening waiting lists as a result of advances in laparoscopic surgery. In his view, patients should have the choice of doctor, hospital, and appointment. He felt that more data bring better interaction between professionals and patients and should enable a balance to be achieved between the needs of patients, surgeons,

managers and training, research, and teaching.

The lessons of the commercial and industrial sectors are being repeated in health care. Gaining the most from quality improvement requires a strategy encompassing many organisations. There is still a long way to go, but the various elements of the health care sector can learn from each other, from international perspectives on health, and from the non-health care sectors.

NORMA DOHERTY
Vice Chair, Association for Quality in Healthcare

DIARY

19-21 October

Leeds: Nuffield Institute for Health Services Studies. Coming to grips with quality assurance. A workshop to help managers to develop strategies for implementing quality assurance. (£425, excluding accommodation.) Further details from Sally Sugden, Nuffield Institute for Health Services Studies, 71-75 Clarendon Road, Leeds LS2 9PL (tel 0532 459034; fax 0532 460899).

1 November

Deadline for abstracts. The Hague, Netherlands: WONCA (World

Organisation of National Colleges, Academies, and Academic Associations of General Practitioners/Family Physicians)/SIMG (International Society of General Practitioners) congress 13-17 June 1993. Quality of care in family medicine/general practice. Guidelines for abstracts, abstract forms, provisional programme from WONCA/SIMG Congress 1993, NHG, PO Box 3231, 3502 GE Utrecht, The Netherlands.

3 November

Leeds: Nuffield Institute for Health Services Studies. Techniques for identifying training and development needs. A workshop that introduces two different techniques for analysing individual development needs and strengths. (£105.) Further details from Sally Sugden (see above).

17 December

London: St Bartholomew's Hospital Medical College, London. National conference on public priorities for health care. (£78). Topics include: methods of consulting the public; results from surveys and focus group approaches in three DHAs in England, how to incorporate the results into planning and contracting for hospital, community and primary care services. Details from Dr Ann Bowling, Health Needs Assessment Unit, St Bartholomew's Hospital Medical College, Charterhouse Square, London, EC1M 6BQ (or telephone Lisa Burnett: 071 601 7747).

QUALITY QUOTES

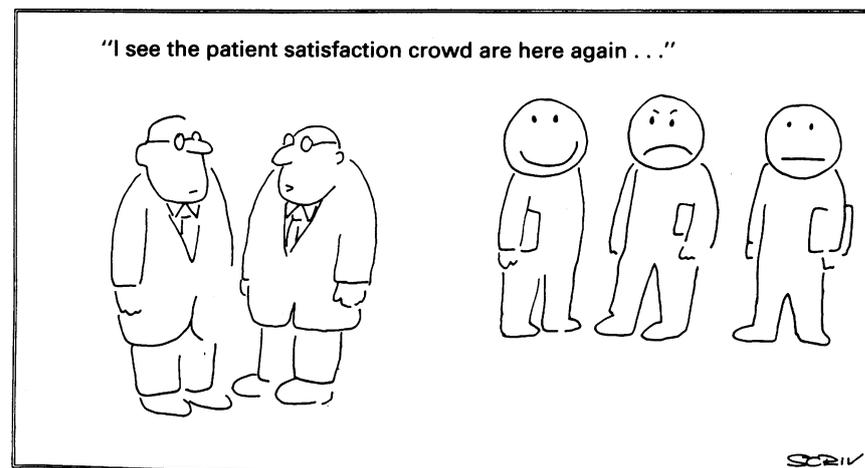
"One of the greatest pains to human nature is the pain of a new idea." - WALTER BAGEHOT (1826-1877)

"And how his audit stands who knows save heaven?" - SHAKESPEARE, *Hamlet*, verse 80

"We must show subscribers how their money was being spent and what amount of good was being done with it." - FLORENCE NIGHTINGALE, 1859

"Quality costs money; money does not necessarily buy quality; some improvements in quality are not worth the added cost." - DONABEDIAN, 1986

"Quality is like sex appeal; most people know what it is; some people think they manage it rather well; but they all have different notions about what it consists of and those notions vary from age to age and place to place." - DEPARTMENT OF TRADE AND INDUSTRY, Introduction, *The Quality Approach*, 1992



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

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.
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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).
- 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.
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LETTERS

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- Must be signed by all authors.
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- Authors do not receive proofs.

Tables

- Should be on separate sheets from the text.
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- Should give numbers of patients/subjects studied (not percentages alone) whenever possible and relevant.

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