



ACTION POINTS

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Note: The purpose of this page is to encourage dissemination of the findings in QSHC, particularly to managers. Please feel free to photocopy this page and pass it on.

Q: Should we be worried about people buying medicines on the internet?

Researchers in Australia surfed the web and found 104 sites in 13 different countries where they could obtain Sudafed and St John's wort products. The researchers later received products from 27 of these websites. They concluded that the quality of information was poor. Only 63 of the sites had any information, and there were some potentially dangerous omissions: only three suppliers of the St John's wort provided adequate warnings on the several known dangerous interactions. "We conclude that internet technologies should be used to develop ethical and innovative practice models that make the management of medications for consumers easier, simpler, and safer to achieve positive health outcomes, but surfing and self-medicating is currently not safe".

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Patients may be unaware of the dangers of the medicines they buy on the internet.

Q: Do hospitals have a culture of safety?

Investigators sent a questionnaire to 6312 employees (all attending physicians, all senior managers and 10% of other staff) in 15 hospitals in the California Patient Safety Consortium. The questionnaire looked at attitudes related to a

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safety culture and measured "problematic responses"—answers considered antithetical to patient care. A "substantial minority" (18%) of the answers were considered "problematic", with 39% of respondents saying they had witnessed a co-worker doing something unsafe, and 28% believing they would be disciplined if a mistake was discovered. The culture varied from hospital to hospital. Clinicians in general, and nurses in particular, gave more "problematic responses" than senior managers. "Non-clinician senior managers answered more often in ways consistent with a culture of safety than did personnel who actually take care of patients", say the authors.

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Senior managers need to do more if they want to introduce a culture of safety into their hospitals.

Q: How do health professionals feel about clinical practice guidelines?

A group of researchers in The Netherlands sent a questionnaire to 1656 dentists asking them what they thought of evidence-based clinical practice guidelines. Just over half (54%) agreed that it was "important that clinical practice guidelines should be developed to support dental general practitioners in clinical decision making". Slightly more (56%) said they were afraid that clinical practice guidelines would severely limit the freedom of choice for dentists. The authors write: "To achieve successful implementation of clinical practice guidelines it will be necessary to discuss the advantages and disadvantages with dentists continuously, to emphasise the positive aspects, and to ascertain that the proposed diagnostic and treatment strategies contained in a guideline will decrease the occurrence of the reported negative aspects."

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If clinical practice guidelines are to be effective, health professionals need to be convinced of their value.

Q: Can we use financial incentives to improve quality of care?

Increasingly, concerns have arisen about the quality of healthcare provision. Health workers are worried, costly errors keep occurring, and evidence is growing that many treatments are ineffective and inappropriate. In this review the authors argue that we need to improve processes, disseminate knowledge, and engage patients. Payment mechanisms and the use of financial incentives could be used to do this, but the authors warn that there will be "significant challenges". We do not yet have enough evidence on what works, direct and indirect costs will be daunting, and the complexity of the healthcare sector means that any approach is likely to have unintended consequences. The authors write: "Recognising the inherent limitations of any one method or strategy implies the need to use a blend of approaches with complementary effects".

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We have much to do if we are to use financial incentives to improve quality of health care.