Quality Lines

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WHAT FACILITATES SPREAD OF EVIDENCE-BASED CARE?

Effective translation of scientific evidence into clinical practice is central to improving the quality and safety of patient care. In this issue, Bradley and her colleagues provide a valuable case study of what facilitated and what impeded diffusion of an evidence-based programme to reduce delirium in hospitalised older patients. Perhaps it is not surprising that senior leadership and adequate financial support were two strong drivers for the successful spread of this care strategy. Even when these drivers were present, however, fidelity to the programme was variable. Clearly, effective implementation of evidence-based clinical strategies remains a most daunting challenge to healthcare systems

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SURGEONS' VIEWS OF WRONG-SITE SURGERY AND SURGICAL MARKING PRACTICES IN THE UK

The consequences of wrong-site surgery can be severe. Guidance from both the USA and more recently the UK has highlighted the importance of preventing error by marking patients prior to surgery. This study involved surgeons in orthopaedics, ophthalmology and urology in the UK and shows that surgeons have variable perspectives on the value of marking patients prior to surgery. There appeared to be problems implementing a system of marking in some cases. Some surgeons felt that marking was a limited method of preventing wrong-site surgery and may even increase the risk of wrong-site surgery. Attention to the incorporation of this practice at the microsystem level appears to be essential, if marking patients preoperatively is to be implemented widely and effectively.

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IMPROVING LUMBAR PUNCTURES IN CHILDREN

A child and a lumbar puncture (LP) generally make an unhappy combination. This report describes the use of a trio of strategies to improve the performance of LPs on children at a teaching hospital: simulation training for junior doctors, an LP sticker on the patient record, and a parent factsheet. The combination resulted in a significant increase in documentation and parental consent for the performance of the procedure. There was also a decreased trend in the number of unsuccessful LP attempts, although the number of blood stained taps remained unchanged. Following this project, paediatric LPs may only be performed at the study hospital by accredited medical officers who have achieved competency on the LP teaching mannequin.

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E-LEARNING AND REDUCING MEDICATION ERRORS

Medication administration errors (MAEs) occur in 3–8% of all non-intravenous doses given in UK hospitals; higher rates are reported for intravenous medication. Educational interventions are often advocated to reduce these rates. However, group education sessions are often not practical for ward-based staff. This paper describes the development of internet-based educational modules on medication safety, and the evaluation of their impact on MAEs on one hospital ward. There was a high rate of uptake of the educational package amongst nursing staff. While there was a significant reduction in non-intravenous medication administration errors following use of the package, there was no significant change in the overall error rate. An accompanying commentary further focuses on the advantages and drawbacks of using e-learning to hasten healthcare improvement and error reduction.

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EXPERIENCE-BASED DESIGN: CO-DESIGNING SERVICES WITH THE PATIENT

Leonardo da Vinci once famously described himself as a disciple of experience, claiming experience to be his mistress, his one true muse, the one thing that allowed him to paint, write or invent, despite his lack of formal education or academic training. So how does one become a disciple of experience in modern-day healthcare? This paper seeks to draw the attention of healthcare-improvement researchers and practitioners to the multidisciplinary field of user-centric design co-designing for user experience. These authors pose the question: what can be learned from design professions about how to design more effective patient-centered healthcare systems and thereby improve patient and staff experiences?

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