Innovation and Quality Improvement
Current Awareness Bulletin
March 2019

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**Quality improvement for patient safety: a chance to steady the ship**

Does the recommissioning of the Academic Health Science Networks' patient safety collaboratives mark a renewed commitment to quality improvement in the NHS? Ben Collins considers the NHS's relationship with quality improvement and the challenges it faces in bringing about real improvements in care.

**Characteristics of healthcare organisations struggling to improve quality: results from a systematic review of qualitative studies**

Identifying characteristics associated with struggling healthcare organisations may help inform improvement. This is a systematic review of the literature to identify organisational factors associated with struggling healthcare organisations and summarise these factors into actionable domains. It found that struggling healthcare organisations share characteristics that may affect their ability to provide optimal care.

**Journal Articles**

**Title:** A case study exploring the effectiveness of an innovative "5Q Care Test" to determine whether patients with complex needs require health or social care

**Citation:** Health & Social Care in the Community; Mar 2019; vol. 27 (no. 2); p. 409

**Author(s):** Crossman, Sue; Ohde, Ana

**Abstract:** A case study was conducted in 2016 to evaluate the effectiveness of an innovation to enable people with "complex" care requirements to be discharged from hospital to an appropriate service for their care, without using the NHS England Continuing Health Care (CHC) assessment. The setting was a rural district general hospital in England, where the quality outcomes and cost-effectiveness of the CHC assessment being conducted in hospital were giving cause for concern. The NHS CHC Framework advocates conducting these assessments in the community where a more accurate indication of long-term care can be determined. The "5Q Care Test" was collaboratively developed with health and social care partners, care providers, and CHC interest groups, including users of the services. It was implemented as a tool to support moving the CHC assessment into the community, as it enabled practitioners to swiftly determine patients' appropriate initial care pathway out of hospital. A full economic impact analysis was conducted 7 months after the tool was introduced. The results showed significant improvement in the quality and cost-effectiveness of the "5Q Care Test," with a reduction in the hospital length of stay, which is known to be associated with improved outcomes for patients and financial savings.

**Title:** Attend: A Two-Pronged Trial to Eliminate No Shows in Diagnostic Imaging at a Community-Based Hospital.

**Citation:** Journal of Medical Imaging & Radiation Sciences; Mar 2019; vol. 50 (no. 1); p. 36-42

**Author(s):** Mikhaeil, John S.; Celo, Erdit; Shanahan, Jessica; Harvey, Brian; Sipos, Bonnie; Law, Madelyn P.
Purpose: Diagnostic imaging (DI) at Niagara Health, like other hospitals, experiences challenges with patients who do not attend their scheduled appointments, resulting in a "no show." Reducing no show percentages presents an opportunity to improve upon wait lists within specific modalities such as magnetic resonance imaging (MRI) and to reduce the loss of productivity for this high-demand resource. Aim To reduce the MRI no-show percent in DI at two community hospitals from 6.5% to 5% through patient engagement via mailed reminder letters and education at the primary care level.

Methods: Our two-pronged approach included interventions at community hospitals and at the primary care level. Reminder letters were mailed to patients with their appointment time and other pertinent information to allow for an increased number of patients reminded about appointments and a second means of reminder. At the primary care level, an information package was sent to various independent physicians for distribution to patients requiring an MRI scan, outlining benefits of showing up to the scheduled appointment to educate patients and improve attendance at DI.

Results: The mailing letter resulted in a significant reduction from 7.1% to 6.3% in overall no shows across two community hospitals (P =.04). The true effect of the letter was likely masked by increased wait times during the study period, which correlates with increased no-show percentages. The first trial of the information pamphlet among five practices for 1 month resulted in a nonsignificant reduction of no shows from 19% to 3% (P =.125). The second trial among 19 practices for 3 months led to a significant reduction of no shows from 7.7% to 4.2% (P =.007).

Conclusions: Both the methods, the mailing letter and patient-information pamphlet, provide promising results in regard to reducing the no-show percentage among patients seen in DI for MRI appointments.

Sources Used:
A number of different databases and websites are used in the creation of this bulletin.

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