



## Quality Lines

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# Quality Lines

## EDITOR'S CHOICE

Most health care training is about caring for and treating individual patients. Much less time is spent on "generic" skills that are also essential for safe and effective care. Communication skills, included in most curriculums, focus on the patient-professional interface. Communication within teams is important too and failures here put patients at unnecessary risk. Lingard et al (*see p 330*) found failures of communication in one third of an operation room's team exchanges and one third of these jeopardised patient care. Crucial generic skills such as team training should be mandatory. It is time to review training and make sure that professionals have the essential skills for providing safe and effective care. A supplement to this issue explores the use of simulation and team training in health care. A classic paper, from 1969 (*see p 395*), re-published in this issue, is a reminder that these ideas are not new. It is time that use of techniques, which have proved invaluable in other settings, are incorporated into health care.

## ACHIEVING PROGRESS THROUGH CLINICAL GOVERNANCE

Freeman and Walshe draw general lessons for externally mandated quality improvement systems from the English experience of clinical governance, highlighting the risk of institutional symbolic compliance and distortion of policy goals resulting from an emphasis on strong performance management. Their national cross sectional study of board and directorate managers' perceptions of achievement in clinical governance suggests that NHS trusts have concentrated efforts on the structural mechanisms associated with the reforms rather than their substance, which appears to be hampering development of the long term quality improvement agenda. Their analysis shows that corporate managers assess achievement more optimistically than

their directorate level colleagues, which is suggestive of a symbolic element to the role of internal committee structures in corporate governance.

**See p 335**

## ACCEPTABILITY OF INTRODUCING IDENTIFICATION BRACELETS FOR ALL HOSPITALISED PATIENTS

Identification bracelets for all inpatients is accepted practice in all hospitals in many countries. But in countries where this is not established practice, some hospital staff believe that such bracelets are demeaning and that patients would refuse to wear them, despite the arguments about risk management and safety that support their use. What do patients themselves think about this? A study was performed at the Geneva University Hospitals, where it is not the practice to provide identification bracelets, to find out patients views' of the acceptability of identification bracelets and to explore whether patients would be keener on having identification bracelets if they were given a detailed explanation of the benefits. The study also asked patients if they would prefer a bracelet that used their name or an anonymous code. Over 90% of patients said they would wear an identification bracelet while in hospital. Even more were supportive of the use of identification bracelets when given examples of what can go wrong when patients are incorrectly identified. Patients did not seem to be too concerned whether the identification on their bracelet was their name or a code.

**See p 344**

## THE SAFETY OF ACUPUNCTURE: WHAT PATIENTS SAY

Evidence of patient safety has been called for following increasing acceptance of acupuncture as a complementary therapy, particularly when provided outside of the NHS. A study by the Foundation for Traditional Chinese Medicine and University of Sheffield analysed reports from 6348 acupuncture patients on the type and frequency of adverse effects associated with treatment. Ten per cent of patients reported at least one adverse effect as a result of acupuncture over a 3 month period; the two most common being severe tiredness and pain at the site of needling. Adverse reactions resulting from advice given about prescribed medication and from delayed conventional diagnosis were also recorded by patients. Only a few participants reported such adverse effects. The report did not find an increase in adverse effects resulting from treatment given outside of the NHS and concluded that acupuncture is a relatively safe intervention when practised by regulated practitioners.

**See p 349**

## THE RCGP QTD PROGRAMME: A QUALITATIVE EVALUATION

Policymakers increasingly seek quality initiatives that are locally owned and delivered, multi-professional, team focused, formative, flexible, professionally led, and draw on the known benefits of interpersonal influence and inter-organisational collaboration and networking. The Royal College of General Practitioners' Quality Team Development (QTD) programme is the first formal programme in England and Wales with all these key characteristics to have been systematically evaluated in a primary care setting. The results of this illuminative evaluation suggest that QTD is highly valued by participating organisations. Practice based respondents perceived it as acceptable and feasible, and reported positive changes in teamwork and patient services. Primary care organisations saw QTD as a method of delivering on prevailing national policies on clinical quality and modernisation agendas as well as promoting inter-organisational collaboration. The main concerns raised were the workload, particularly for assessors, and maintaining the quality of the assessments and the programme.

**See p 356**