



Quality Lines

David P Stevens

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David P Stevens, *Editor*

SAFETY BY DESIGN

A supplement accompanies this month's issue of QSHC—Safety by Design. It reflects the work of a group of scholars who assembled in Washington, DC, at the Second US/UK Patient Safety Methodology Workshop, which was jointly sponsored by the UK National Patient Safety Agency and the US Agency for Healthcare Research and Quality. The Guest Editor is QSHC Associate Editor James Battles, PhD, and the supplement is supported by a generous grant from AHRQ. The papers reflect the thinking of a series of inter-professional global experts. They advance the premise that greater progress in healthcare improvement and patient safety will be found in system design that is anchored in design elements with the patient at the centre. They range from theory to application and are intended to inform as well as challenge conventional thinking. Readers are invited to respond on the QSHC website or by letter.

CARE OF OLDER PEOPLE WHO FALL AT HOME: AN IMPROVEMENT OPPORTUNITY

During a 2-month period, older people who fell at home constituted 8 % of calls for emergency services to London ambulance crews. A little over one-third of them remained at home and, of these, about half requested health services within the 2 weeks following their fall. Of note, the standardised mortality rate for these people was 5.4 times greater than a comparable general population of the same age. A fall appears to be an indicator of vulnerability and provides an important opportunity for improvement of the health care for older people in the community. An accompanying commentary raises the imperative for scrutiny of the quality and safety implications when new health system policies are introduced.

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A NATIONAL PATIENT SAFETY EDUCATION FRAMEWORK

The Australians have embarked on identifying the patient safety competencies required of all healthcare workers. A framework was developed by an iterative process that included literature review, expert validation, and extensive consultation across the country, with wide circulation of a draft framework for review within the health delivery and education systems, and by community and patient groups. The result of this process—the Australian Patient Safety Education Framework—is evidence-based, patient-centred, and focused on a healthcare worker's level of patient responsibility rather than professional association.

See p 437

PATIENT SAFETY CULTURE IN NURSING HOMES

Patient safety culture has been studied extensively in hospitals; safety culture in nursing homes is less well defined but is of considerable importance, particularly given the frailty of such patients and their medical complexity. In this issue, two complementary reports from the same group of investigators explore patient safety culture in US nursing homes, using a survey instrument originally designed and validated for hospitals. One report is a survey of patient safety culture among health professionals in four nursing homes in Pittsburgh, Pennsylvania, and the second is a survey of administrators from 2717 nursing homes across the US. The results suggest safety culture measures are substantially lower in nursing homes than similar measures in hospitals. Health professionals are in general agreement about the safety characteristics of their facilities. Such studies in nursing homes may be particularly helpful in identifying targets for interventions to improve patient safety in these complex healthcare settings.

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