



Quality lines

David P Stevens

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Quality lines

David P Stevens, *Editor-in-Chief*

Perceptions of negative healthcare experiences by patients who don't speak the dominant language

Immigrant patients with poor language skills might not report problems with healthcare delivery. The experiences of patients with little or no English who had attended a hospital where English was the spoken language were explored in focus groups. Inability to communicate in English, poor patient and family involvement with staff, powerlessness, staff shortages, staff negligence, and treatment delays were reported by some patients. Others discounted or minimised the significance of similar experiences, suggesting a construct, called here "The Happy Migrant Effect" in which there is reluctance to assert healthcare rights. Patients appear "happy" and satisfied, despite problems with their hospital care. Explanatory factors for the construct include extreme powerlessness related to communication barriers, a positive comparison of health care in the new country compared with the old, patriotism, cultural norms that proscribe acceptance, politeness or social desirability, self-denigration for not having learned English, and a fear of reprisals if they spoke out in complaint. In this study problems with health care were considered to be largely preventable by appropriate language facilitation, patient and family involvement, and provider respect and compassion.

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Use of a structured falls incident report results in better medical documentation

Incident reports have been shown to improve quality in many sectors of health care. Nurses routinely complete an incident report when an adverse event such as a fall occurs. This study describes an interventional study, which tested the effect of a systematically guided menu-driven falls incident reporting system in nursing home settings. The authors found that the use of a structured incident report for falls resulted in more complete medical record care process documentation compared with nursing homes using traditional narrative methods. These results suggest an opportunity for nursing homes to improve their incident reporting systems.

See p 104



A qualitative study of causes of preventable drug-related hospital admissions

Preventable drug-related injuries in primary care are responsible for more than 4% of hospital admissions, but relatively little is known about their underlying causes. This article reports the results of a qualitative study that explored their underlying causes. Errors resulting in hospital admission occurred at most stages of the medication process (prescribing, dispensing, administering, monitoring and help seeking). The most prominent contributing factors were: communication problems between patients and healthcare professionals, and communication between different groups of healthcare professionals; gaps in patients' and healthcare professionals' knowledge about medication; and gaps in healthcare professionals' knowledge about patients' medical histories. Interventions designed to address serious drug-related injuries will benefit from taking account these underlying causes of medication errors.

See p 109

How do we decrease paediatric prescribing errors on the children's unit, without equipment for computerised prescribing?

Although we know that the National UK Programme for IT will mean computerised

prescribing in the long term, many children's units still do not have such equipment. This Quality Improvement Report (QIR) studied prescribing tutorials and bedside prescribing guidelines as a means of decreasing paediatric prescribing errors children's unit. The tutorial for junior doctors was associated with decreased prescribing errors by 46%, whereas the bedside guidelines were less successful. This local initiative, performed as a QIR, provides further evidence for wider implementation of explicit educational initiatives in this high-risk area of health care.

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Kaoru Ishikawa: from fishbones to world peace

Communication, clarity of objectives, and constant questioning of the data: these are but three of the tenets that Ishikawa emphasised over and over as one of the founders of the quality movement in Japan. His fishbone diagrams are but one of his many legacies. Perhaps the most important is his statement late in life: "I am convinced world peace and prosperity need quality control. This is why quality control will have to be taught and spread around the world."

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