



Quality lines

David P Stevens

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David P Stevens, *Editor-in-Chief*

Improving diabetes care in The Netherlands

Two reports from The Netherlands explore strategies for advancing improvement of care for patients with diabetes. To develop diabetes prescribing guidelines, 31 prescribing quality indicators were assessed by a panel of experts that used the RAND/UCLA Appropriateness Method. General practitioners and diabetes specialists tested the resulting guidelines in over 3200 patients. Fourteen of the quality indicators appear to have validity and deserve further analysis in practice. In a separate report, patient-focused interventions demonstrated added benefit when compared with standard evidence-based management. An accompanying commentary elaborates on methodological considerations for prescribing quality indicators and particularly addresses the use of dichotomous measures and the Delphi technique for guideline development. **See pages 315, 318 and 324**



System redesign improves care in stroke care units in Australia

A clinician-led initiative for system redesign in stroke care units (SCU) employed evidence-based hospital stroke care services and was effective for improving clinical practice and health outcomes when tested on 1587 patients in 15 hospitals. Most process of care indicators, as well as access to SCUs, increased significantly. Moreover, improvement in patient independence at discharge post-programme was significant compared with pre-programme outcomes when adjusted for patient clustering and case-mix. **See page 329**

Systems ambiguity gets in the way of prevention guidelines for ICU infections

Twenty semi-structured interviews with senior physicians, resident trainees, nurses, quality coordinators, infection control specialists, respiratory therapists and pharmacists explored underlying causes for non-compliance with evidence-based guidelines for prevention of care-induced infections in two US intensive care units (ICUs). Ambiguity related to tasks, responsibilities, methods, expectations and exceptions were

identified as hindrances to full compliance. These findings suggest strategies that might hold promise for improving compliance with guidelines to reduce healthcare associated infections in ICUs. **See page 351**

Incident reports and error reduction in two US hospitals

Little is known about how effective hospital incident reports are for identifying factors to reduce errors. Two thousand paper incident reports for 16 575 randomly selected patients discharged from two US hospitals in 2001 were studied. Overall, incident reports contained one or more contributing factors: patient, system or health professional factors (errors, mistakes and violations). Examples of common system factors included equipment problems, problems coordinating care, provider unavailability and difficult tasks. However, many reports contained insufficient detail to elucidate provider factors. More detailed descriptions of contributing factors—particularly provider factors—would make hospital incident reports more useful for improving patient safety. **See page 368**

Special QSHC supplement: SQUIRE guidelines

An accompanying supplement to QSHC is devoted to the Standards for Quality

Improvement Reporting Excellence (SQUIRE) guidelines. These guidelines were originally promulgated in QSHC in 2005 as draft guidelines to address the underlying theory of experiential learning that is central to much of healthcare improvement research. Subsequently, a consensus conference of editors and improvement scholars was conducted. The revision that resulted from that meeting was then circulated in three successive cycles for opinions and advice from some 50 improvement experts and editors. The resulting guidelines are now presented in this supplement. It is accompanied by an extensive explanation and elaboration report, which provides illustrative examples of SQUIRE components from the existing literature. An accompanying commentary discusses the continuum of reporting guidelines, from quality improvement reports—which offer guidance for reporting specific case examples of improvement projects—to SQUIRE, which is useful for reporting more extensive research into the effectiveness of improvement interventions. The utility of SQUIRE for making healthcare improvement research more accessible to a wider audience and the opportunity for clarity of scholarly improvement research reports can be readily tested by authors and editors. **See supplement http://qshc.bmj.com/cgi/content/full/17/suppl_1/i1-i32.**