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Working with healthcare organisations to improve quality of care and achieve efficiencies with tangible results

Dr Klara Brunnhuber
Clinical Engagement and Advocacy Manager

6 June 2016

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MEDICAL & SURGICAL JOURNAL

EDITED BY DR. GREEN AND DR. STREETEN.

No. 1. Vol. I.] LONDON, SATURDAY, OCTOBER 3, 1840. [PRICE SIXPENCE.

INTRODUCTORY ADDRESS.

In the commencement of an undertaking like the present, it is customary to make some prefatory statement, by which those who give it their support may be put in possession of the views and prospects under which it comes before them. The custom is in itself a harmless one, and as some advantages attend a formal introduction and commendation of a work to the regards of the reader, we shall follow in the beaten course, and shall endeavour, on the present occasion, to set forth the main objects for the promotion of which the Provincial Medical and Surgical Journal is established.

The most important of these are—1st, to use the words of the Address of the Provincial Medical Association, issued at the institution of that body,—The maintenance of the honour and respectability of the medical profession; 2nd, The affording a special means of communication for the several medical and branch associations which have been formed in various parts of the kingdom; 3rd, The promotion, as far as possible, of the interests of these admirable institutions, and more especially of those of the Provincial Association; 4th, The collecting and recording of the numerous facts observed in every part of the provinces, many of which are now diffused through various channels of information, and too often overlooked from the very causes which should render them of the greatest utility; and 5th, The working out of those rich mines of information and medical instruction—the County Hospitals, Infirmaries, and Dispensaries.

The maintenance of the respectability of the profession, as it will readily be perceived, necessarily involves the contemplation of those great questions of medical reform which are now engaging the attention of medical practitioners. In the consideration of these we shall at once take the highest ground,—that of public utility. The establishment of a system of competent medical education; the securing to the profession a wholesome form of government; the suppression of empiricism; the providing of prop medical attendance for those who are unable to procure for themselves; and the placing of these and other portio of medical police under the superintendence of those w are the best acquainted with the subject,—are all and ea of them but so many modes of advancing the welfare a guarding the interests of the community in general. At t same time, these measures have a direct tendency to mai tain medical practitioners, as a class, in that rank of socie which, by their intellectual acquirements, by their gener moral character, and by the importance of the duties e trusted to them, they are justly entitled to hold.

Of the utility of associated interests, both in giving uni to the efforts of the scattered members of the profession f the attainment of the preceding objects, and in encouragi and promoting scientific and practical inquiries, the pr ceedings of the Provincial Association, and of the sever societies which have been formed since the foundation that body, afford ample proof. The public mind is b coming better informed upon many of these great questio and more alive to their intrinsic importance. They a beginning to be considered, not merely in the light of personal struggle, on the part of the medical man, f his own individual rights and privileges, but also a part of the system of a wise and effective form government, in which the health and lives of the peop become equally objects of attention with the regulation a preservation of the rights of property. The direct beari of the exertions of these institutions in effecting measur of practical improvement, is evinced by the enactment the Small-Pox Prevention Act, and the exclusive confidi of the practice of vaccination to the hands of those w are, by education and practice, alone qualified for the ta We feel gratified in announcing that the effects of t Report on Vaccination are becoming more and mo manifest. That Report, together with the petition found upon it, directly led to the most beneficial legislative me sure that our profession has ever obtained from Parliame

B

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Online tools that can be easily integrated into existing electronic health record systems.

- BMJ Best Practice has **100,000** registered users and receives over **3 million** online visits a year.
- Sophisticated system allowing for CME tracking, localised translation and insertion of national guidelines.
- Website search enabled for over **60** languages.

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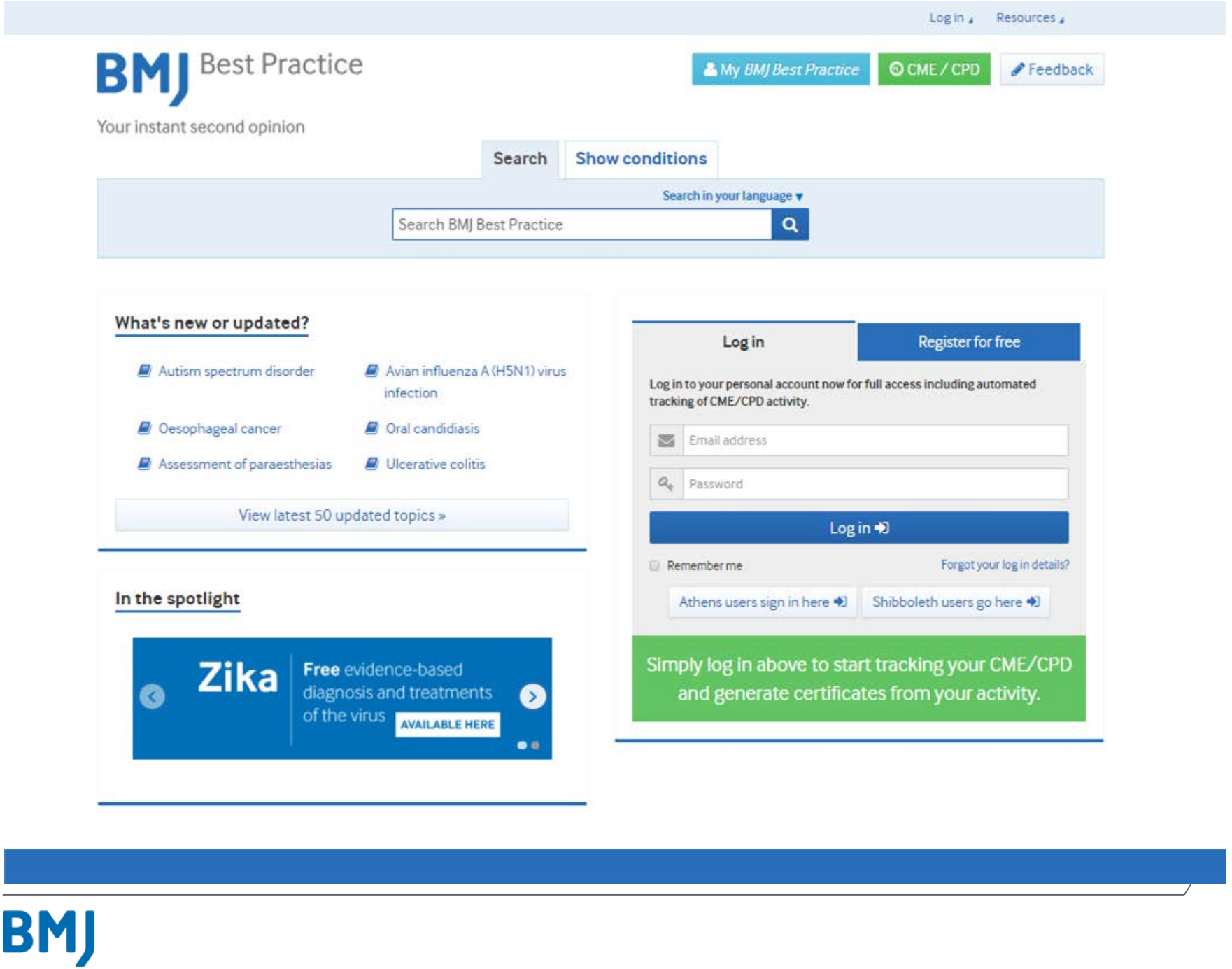
- The International Forum in Quality & Safety **attracts more that 4,000 delegates** to its annual events, now held in Singapore, Sweden, Paris, London and Hong Kong.

BMJ Best Practice recently ranked equal first for breadth of disease coverage, editorial quality, and evidence-based methodology in independent review.

Providing Doctors With High-Quality Information: An Updated Evaluation of Web-Based Point-of-Care Information Summaries Journal of Medical Internet Research Vol 18, No 1 (2016): January

BMJ Quality won 2014 E-Learning Gold award winner for 'Most innovative new learning product' and 'Best online distance learning programme.'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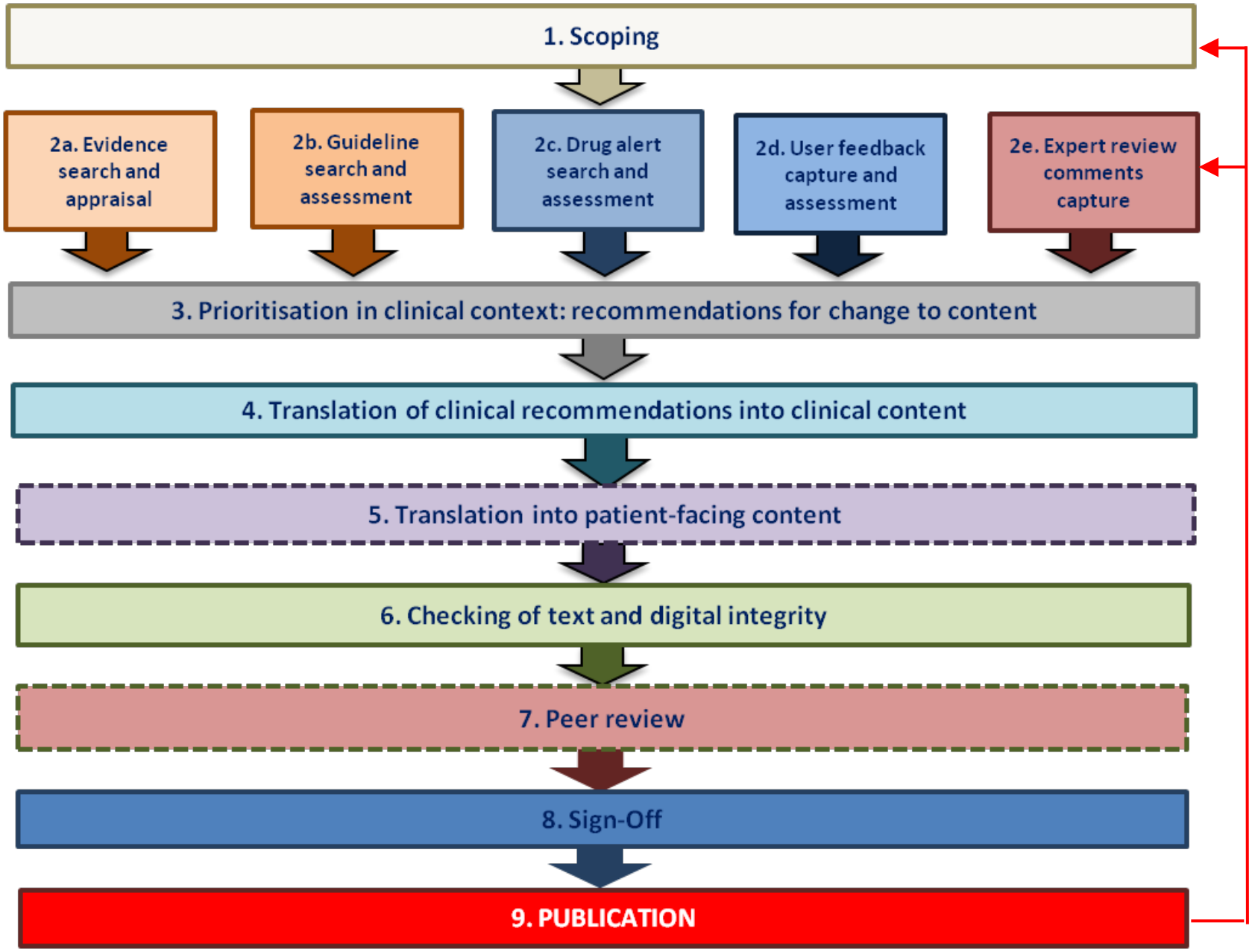
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2a. Evidence search and appraisal
2b. Guideline search and assessment
2c. Drug alert search and assessment
2d. User feedback capture and assessment
2e. Expert review comments capture
3. Prioritisation in clinical context: recommendations for change to content
4. Translation of clinical recommendations into clinical content
5. Translation into patient-facing content
6. Checking of text and digital integrity
7. Peer review
8. Sign-Off
9. PUBLICATION

Patellofemoral pain syndrome

Last updated: Jun 15, 2015

Highlights	Basics	Prevention	Diagnosis	Treatment	Follow Up	Resources
Summary	Definition	Primary	History & examination	Details	Recommendations	References
Overview	Epidemiology	Secondary	Tests	Step-by-step	Prognosis	Images
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Disclosures

JA declares that she has no competing interests.

>1,600 clinical expert authors and 2,500 international peer reviewers

Independent evaluation

Providing doctors with high-quality information: An updated evaluation of web-based point-of-care information summaries (Kwag et al. 2016)

1. Systematic literature search up to December 2014
2. Data extraction on general characteristics and content presentation
3. Quantitative assessment of
    a. Breadth of disease coverage
    b. Editorial quality
    c. Evidence-based methodology
    d. Potential relationships between categories a-c compared to previous assessment (2008)

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Independent evaluation

Providing doctors with high-quality information: An updated evaluation of web-based point-of-care information summaries (Kwag et al. 2016)

RESULTS:

1. Included 26 of 58 screened products (6/26 newly identified)
2. Analysed 23 products, all from developed countries
3. Main target audience physicians (nurses and physiotherapists increasingly represented)
4. Only few products excelled across all dimensions
5. Moderate correlation between editorial quality and evidence-based methodology
6. All dimensions improved since 2008

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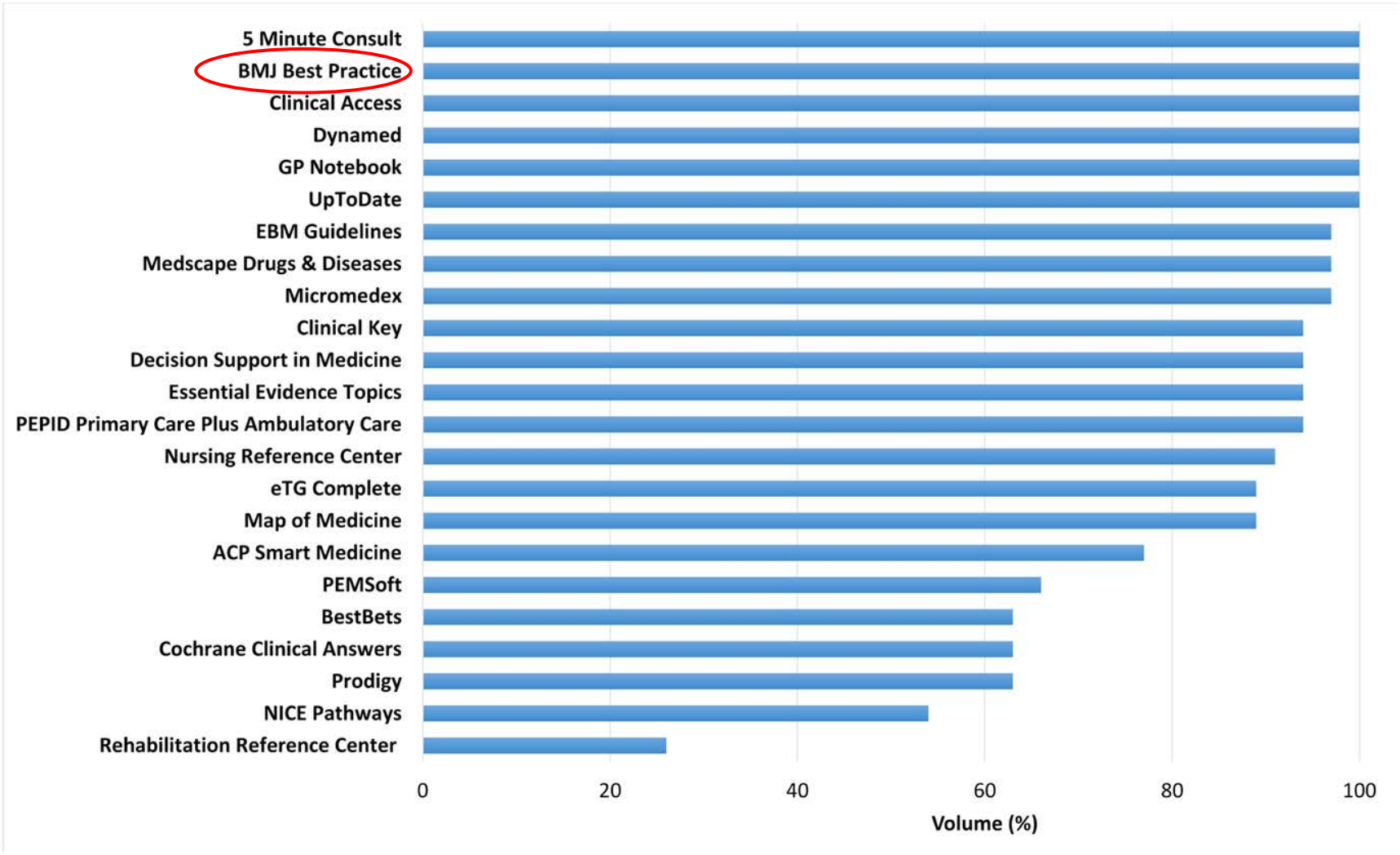
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PEPID Primary Care Plus Ambulatory Care
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Prodigy
NICE Pathways
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40
60
80
100
Volume (%)

Name of Product	Editorial Quality Score	Evidence-Based Methodology Score	Volume (%)
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ACP Smart Medicine			
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Clinical Key			
Cochrane Clinical Answers			
Decision Support in Medicine			
Dynamed			
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Essential Evidence Topics			
eTG Complete			
GP Notebook			
Map of Medicine			
Medscape Drugs & Diseases			
Micromedex			
NICE Pathways			
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Assessment of inflamed joint

Last updated: Jan 15, 2014

Overview | Emergencies | Diagnosis | Resources

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Aetiology

Urgent considerations

Step-by-step
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Summary

Inflammatory arthritis is a common term for several conditions that manifest as joint pain, swelling, and stiffness, with varying degrees of functional impairment. These diseases can be broadly categorised as:

- Infectious arthritis
- Immune-mediated arthritis
- Non-infectious and non-immune-mediated inflammatory arthritis
- Paraneoplastic arthritis
- Neoplastic arthritis.

In cases of pain and swelling in a single joint, acute infection is a relatively common cause - one that can result in rapid and irreversible damage. In contrast, the majority of patients with involvement of multiple joints tend to have disorders of chronic duration. The prognosis is good for those who remain unclassifiable, with nearly 50% of such patients undergoing remission requiring no pharmacological therapy on follow-up at 1 year. A multinational collaborative study on undifferentiated peripheral inflammatory arthritis summarised the diagnostic approach to this problem quite succinctly. [1] [2]

Differentiation of joint pain

Joint inflammation is not the only cause of joint pain. In addition to inflammatory joint diseases, pain can also be due to joint damage (e.g., osteoarthritis, or trauma leading to a fracture or internal abnormality), referred pain, or an altered pain threshold (as is seen in central sensitisation

Differential diagnosis

Sort by: **common/uncommon** or category

Common
- Septic non-gonococcal arthritis
- Gonococcal arthritis
- Rheumatoid arthritis
- Gout
- Pseudogout

Uncommon
- Indolent infections
- Parvoviral syndrome
- Lyme disease
- Juvenile idiopathic arthritis (pauci-articular type)
- Acute rheumatic fever (ARF)
- Sarcoidosis
- Spondyloarthropathy
- Systemic lupus erythematosus (SLE)
- Adult-onset Still's disease (AOSD)
- Psoriatic arthritis

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Rheumatoid arthritis

Last updated: Jun 25, 2013

Highlights | Basics | Prevention | Diagnosis | Treatment | Follow Up | Resources

Summary
Overview

Definition
Epidemiology
Aetiology
Pathophysiology

Primary
Secondary

History & examination
Tests
Differential
Step-by-step
Criteria
Guidelines
Case history

Details
Step-by-step
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History & exam

Key factors

- active symmetric arthritis lasting >6 weeks
- age 50 to 55 years
- female sex
- joint pain
- joint swelling
- rheumatoid nodules

Other diagnostic factors

Diagnostic tests

1st tests to order

- rheumatoid factor (RF)
- anti-cyclic citrullinated peptide (anti-CCP) antibody
- radiographs

Tests to consider

- disease activity score(s)

Diagnostic tests details

Treatment details

Acute

mild or moderate disease activity at initial presentation: not pregnant/planning pregnancy

- DMARD
- corticosteroids
- NSAID

high disease activity at initial

Independent evaluation

Evaluating online diagnostic decision support tools for the clinical setting (Pryor et al. 2012)

1. Assessment of 11 online DDSTs against 6 criteria (general information; content; quality control; search; clinical results and other features)
2. Development of 6 diagnostically challenging clinical case scenarios based on real patient experience that were commonly missed by junior medical staff
3. Two-phased evaluation:
    a. All identified tools
    b. Further evaluation of top 3 tools

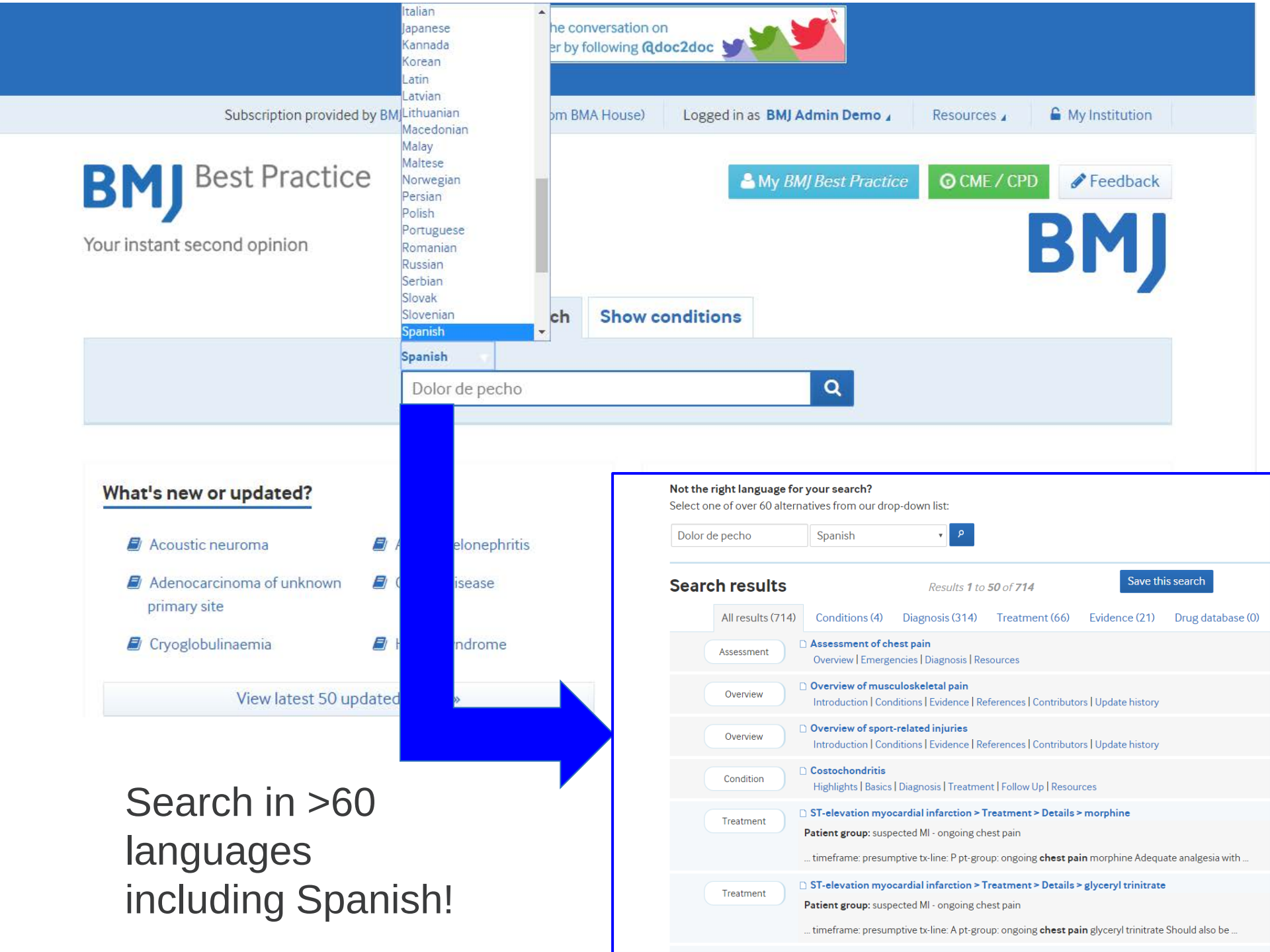
Table 1. Ranking of DDS tools using weighted scores

Rank	Content	Quality Control	Searching	Clinical Results
1	First Consult	Best Practice	Best Practice	First Consult
2	Best Practice	UpToDate	UpToDate	Isabel
3	Isabel	Essentials of Evidence	First Consult	Best Practice
4	Clin-eGuide	Zynx	Map of Medicine	Clin-eGuide
5	Map of Medicine	First Consult	Isabel	Map of Medicine
6	UpToDate	Dynamed	Dynamed	Dynamed
7	Trip	Isabel	Trip	Essentials of Evidence
8	Essentials of Evidence	Clin-eGuide	Visual DX	UpToDate
9	Dynamed	Map of Medicine	Essentials of Evidence	Zynx
10	Zynx	Trip	Zynx	Trip
11	Visual DX	Visual DX	Clin-eGuide	Visual DX

Table 2. Rank order for assessment against clinical scenarios

DDS tool	Scenario 1	Scenario 2	Scenario 3	Scenario 4	Scenario 5	Scenario 6
Best Practice	3	3	1	1	1	1
First Consult	2	2	3	2	3	2
Isabel	1	1	2	2	2	3

"It is important to note that, despite marketing claims, certain DDS products evaluated here were not designed to function as stand-alone DDS tools…"



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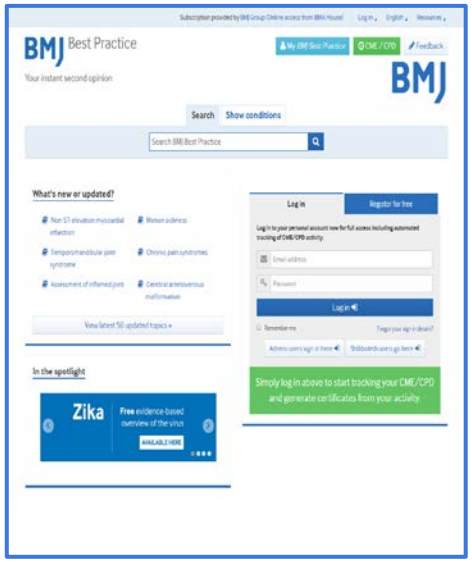
Topic PDF (NEW)	✔	
Bookmarking pages	✔	
Saving searches	✔	
Setting default drug formulary	✔	
CME/CPD (NEW)	✔	✔
Saving notes to any page	✔	✔
Managing all notes in a single interface	✔	✔
Enabling foreign-language searching		✔
Displaying institutional logo*		✔
Displaying links on the homepage to favourite sites / organisations		✔
Adding local guidelines		✔
Adding local patient leaflets		✔
Adding local care pathways (NEW)		✔
Managing local material in a single interface		✔



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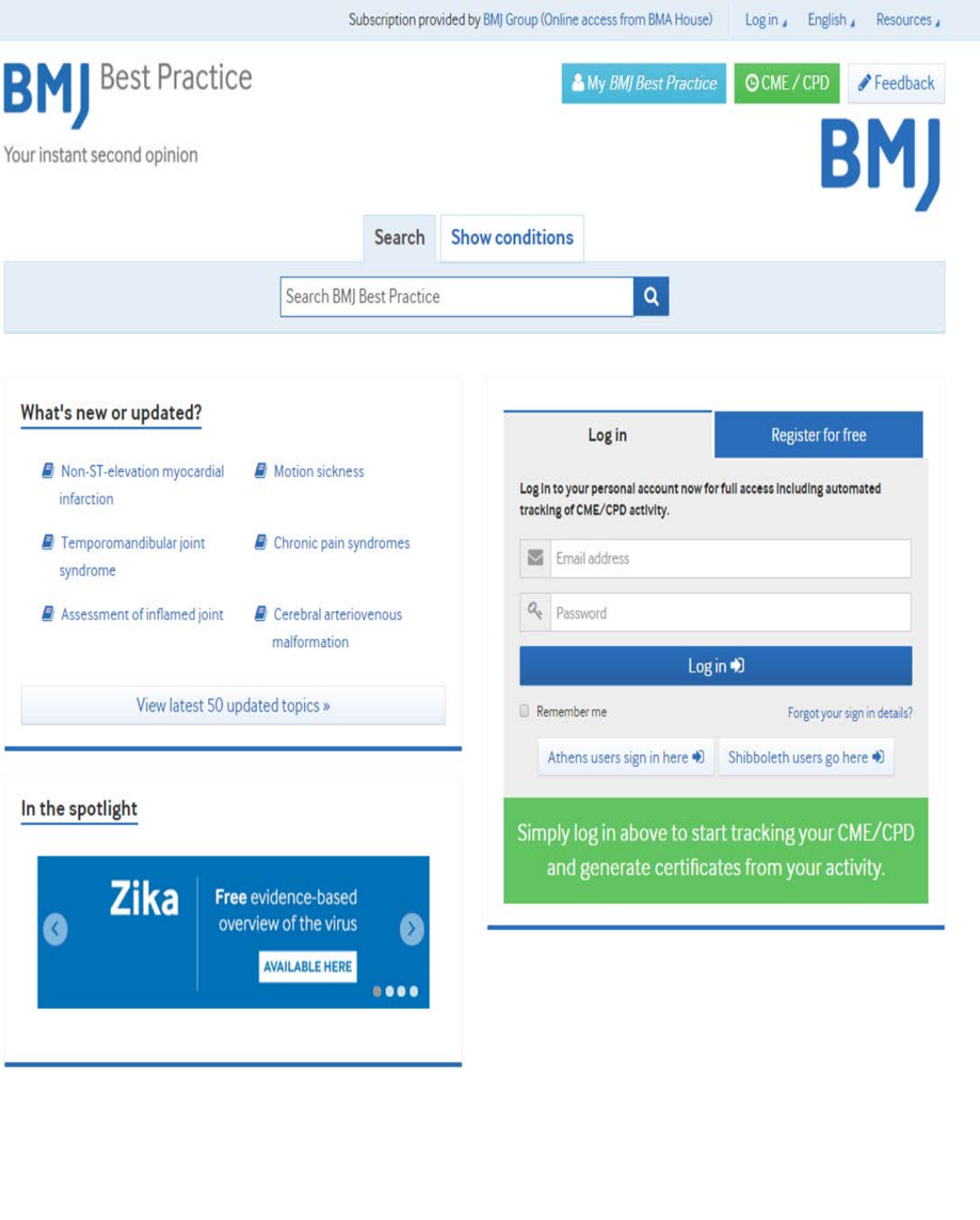
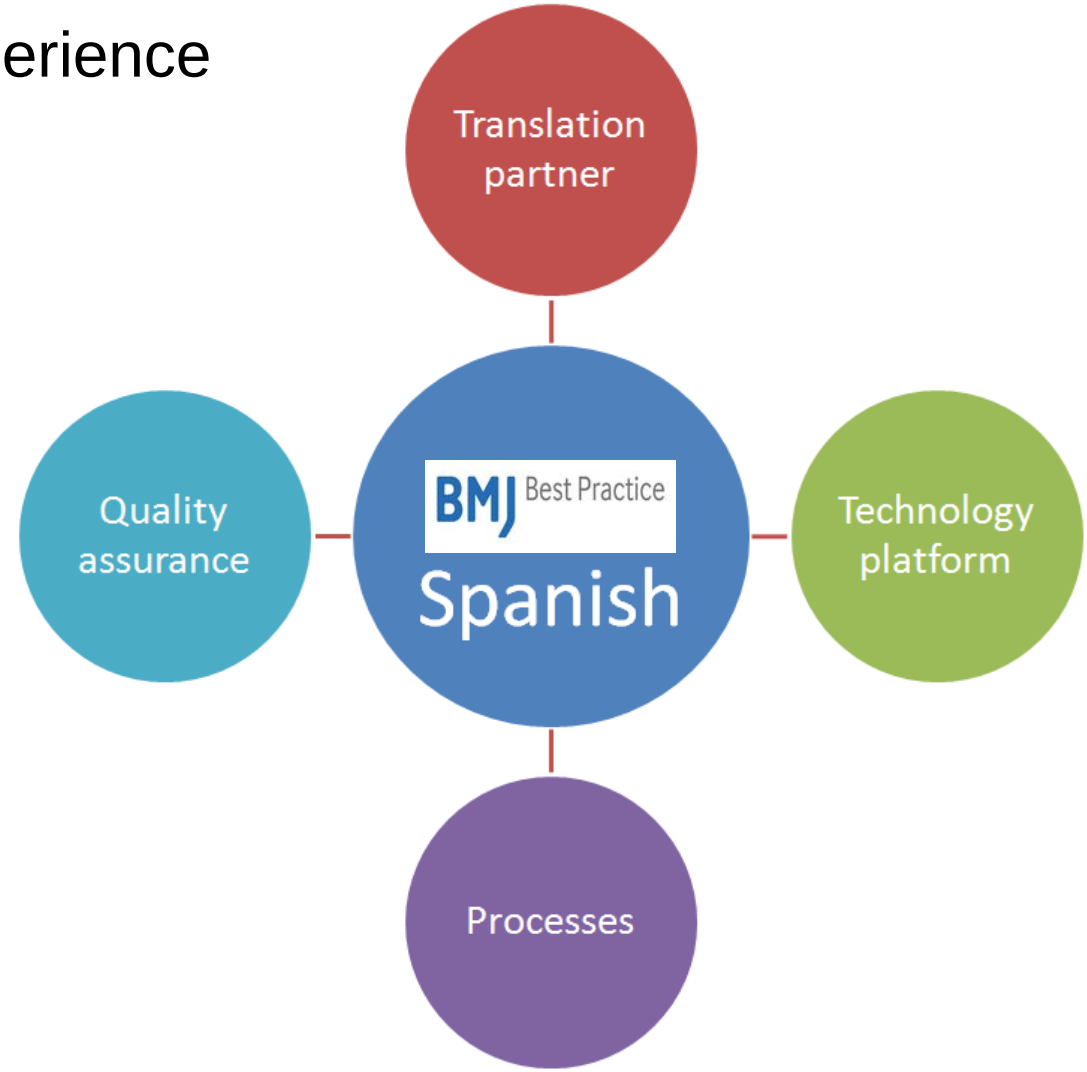
- >13,000 synonyms
- >5,800 words of ‘static content’
- Born digitally (XML)
- Online and Apps
- Continuously updated content
- >17 million page views
- Patient safety key!



Experience



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14 countries

6 professions

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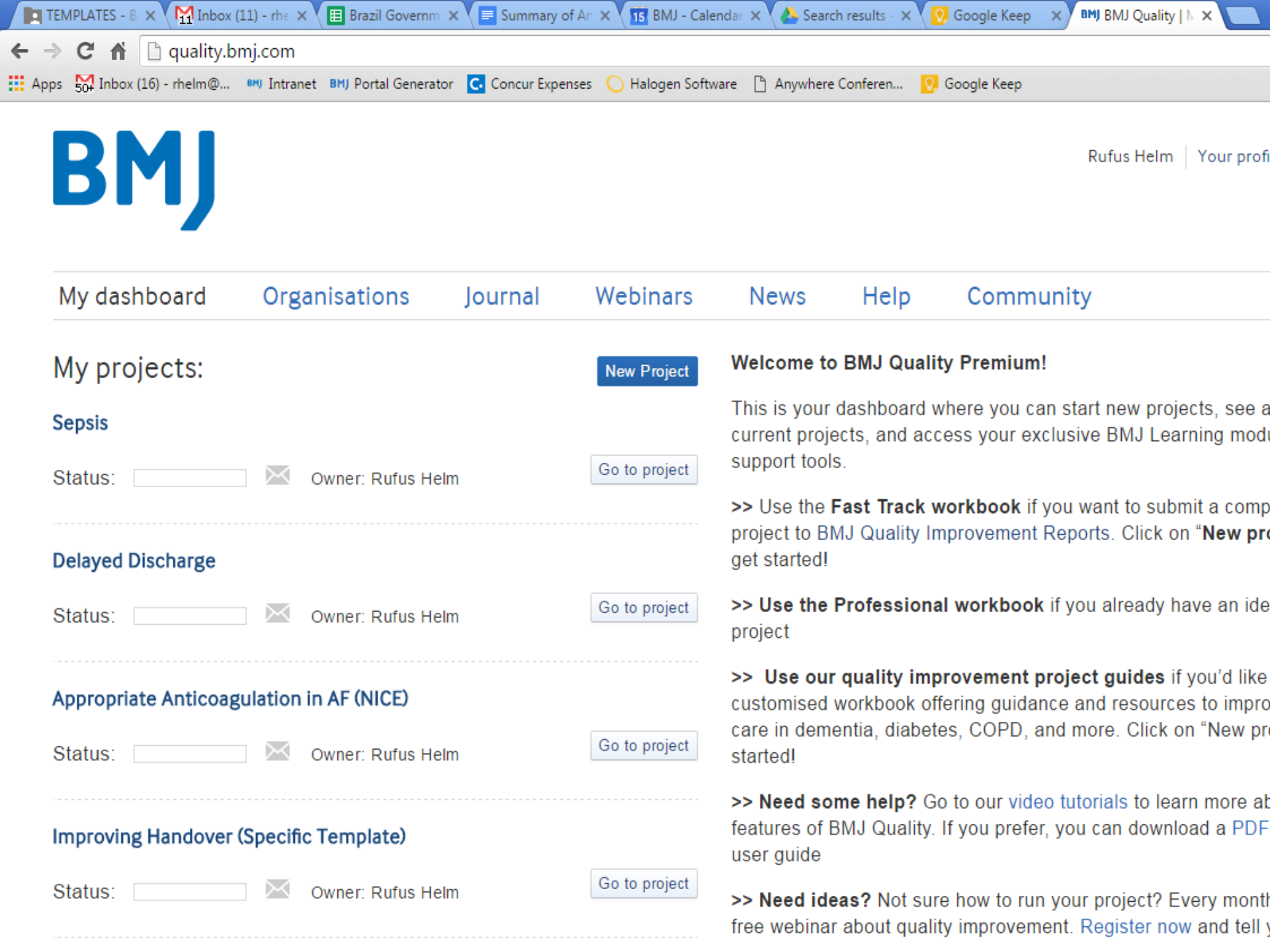
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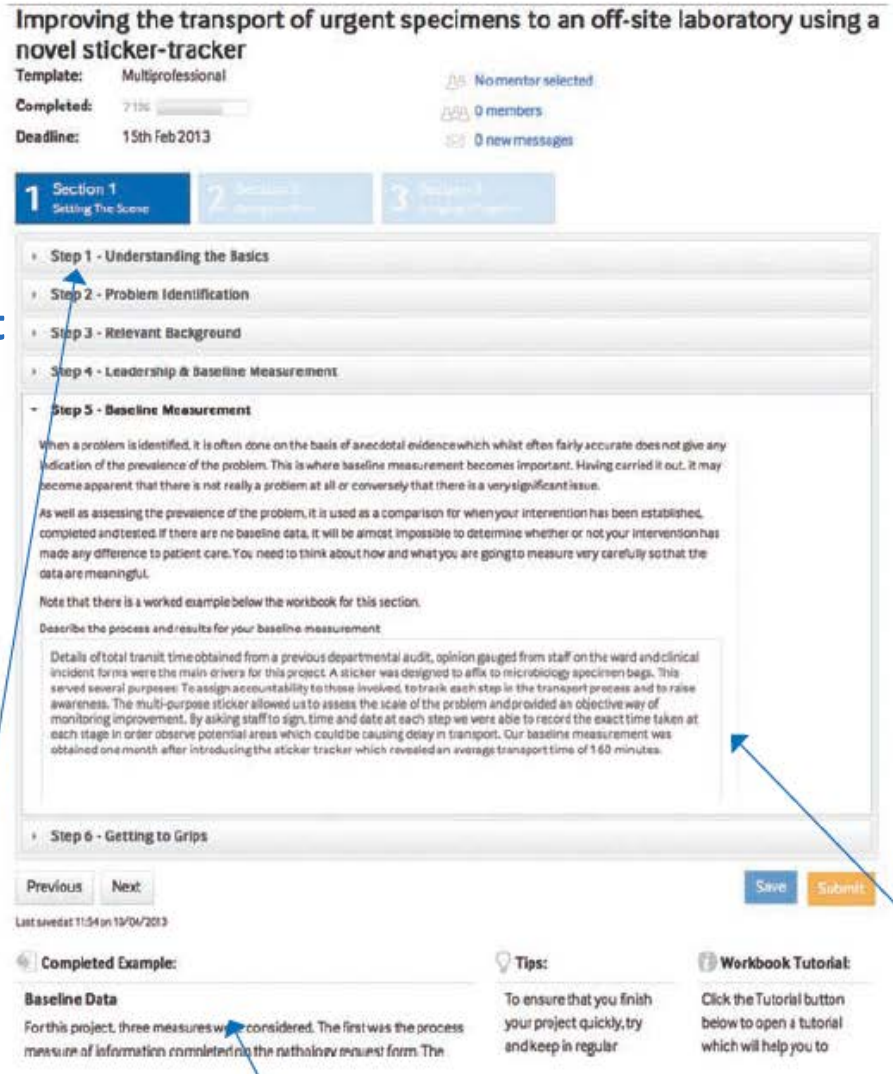

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Abdellatif Marini, RN, BSN, MSN, CPHQ **Country**: Lebanon, Saudi Arabia, and USA

Areas of expertise: Area of expertise: performance improvement, health informatics, patient safety, critical care nursing.

Abdellatif is a certified health care quality professional, and a registered nurse by profession. He has four year's experience in critical care nursing, and has been working in quality management and accreditation since 2009. He has a great depth of experience in delivering performance improvement projects as facilitator and project manager, and using different improvement methodology and tools to enhance the quality of patient care and services with sustainable results.

Dr Andy Carson-Stevens **Country**: UK and Ireland

Areas of expertise: health informatics, design of QI training programmes, and the evaluation of quality improvement initiatives.

Andy is a primary care doctor who leads a primary care patient safety research team at Cardiff University and the UK & Ireland region of the Institute for Healthcare Improvement (IHI) Open School. He is an IHI trained improvement advisor.

Dr Angelika Zarkali **Country**: UK and Ireland

Areas of expertise: quality improvement, patient safety, medical education.

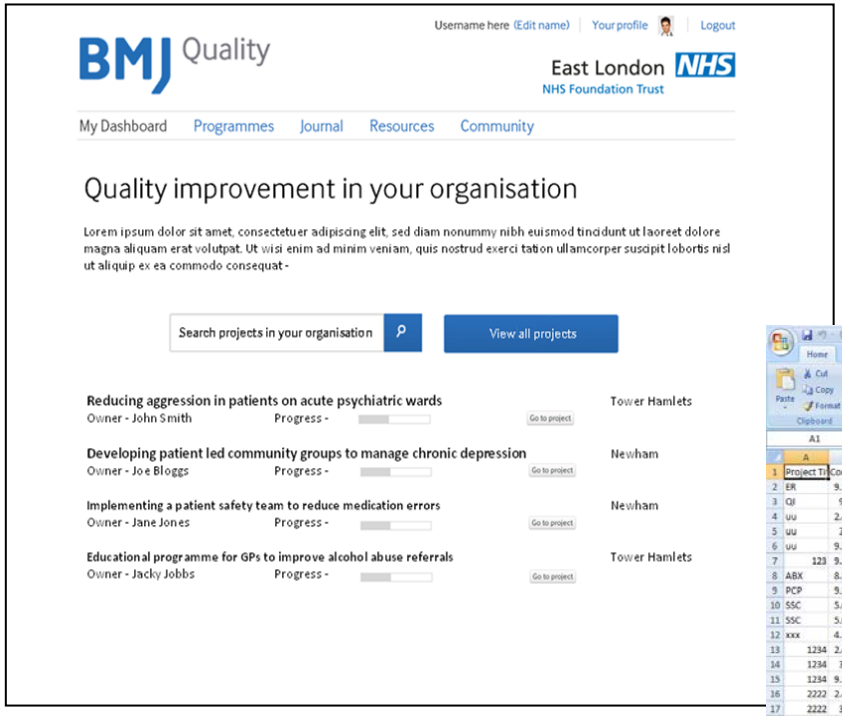
Angelika is a core medical trainee in Health Education East of England. She is currently an FMLM national medical director's clinical fellow at NHS England. She believes that clinicians should be the force of change and improvement in healthcare and is keen to share her experience in quality improvement.

Dr Avi Mehra **Country**: UK

Areas of expertise: Area of expertise: performance improvement, health informatics, patient safety, critical care nursing.

Avi is a junior doctor and currently the national medical director's clinical fellow at Bupa. He is an honorary associate in patient safety and quality improvement at Brighton & Sussex NHS Trust. As part of this role he launched various initiatives across the

Reporting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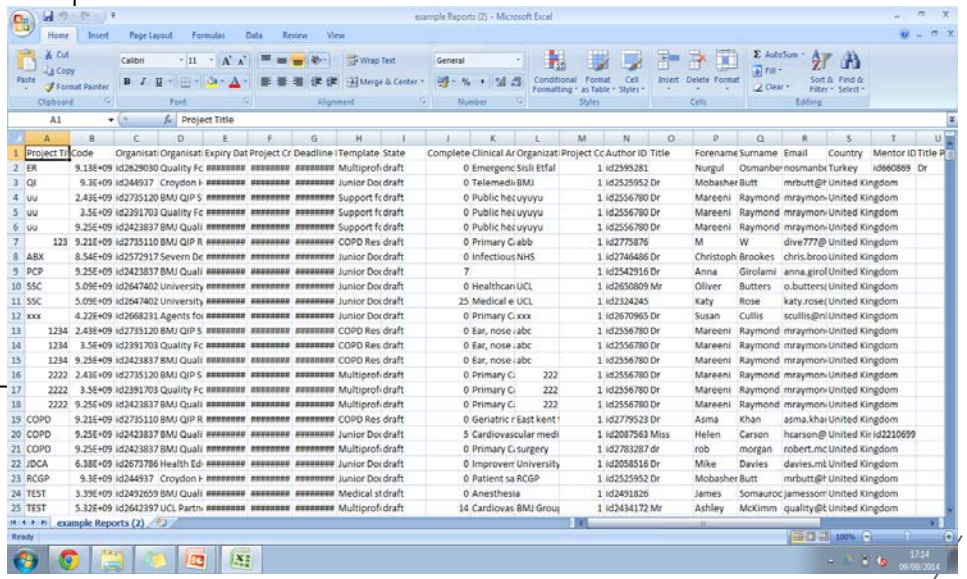
Progress -
Tower Hamlets


example Reports (2) - Microsoft Excel
example Reports (2)

Your own mini-journal

- Showcases success in your organisation
- Provides a public facing annual report of activity
- Includes your executive summary

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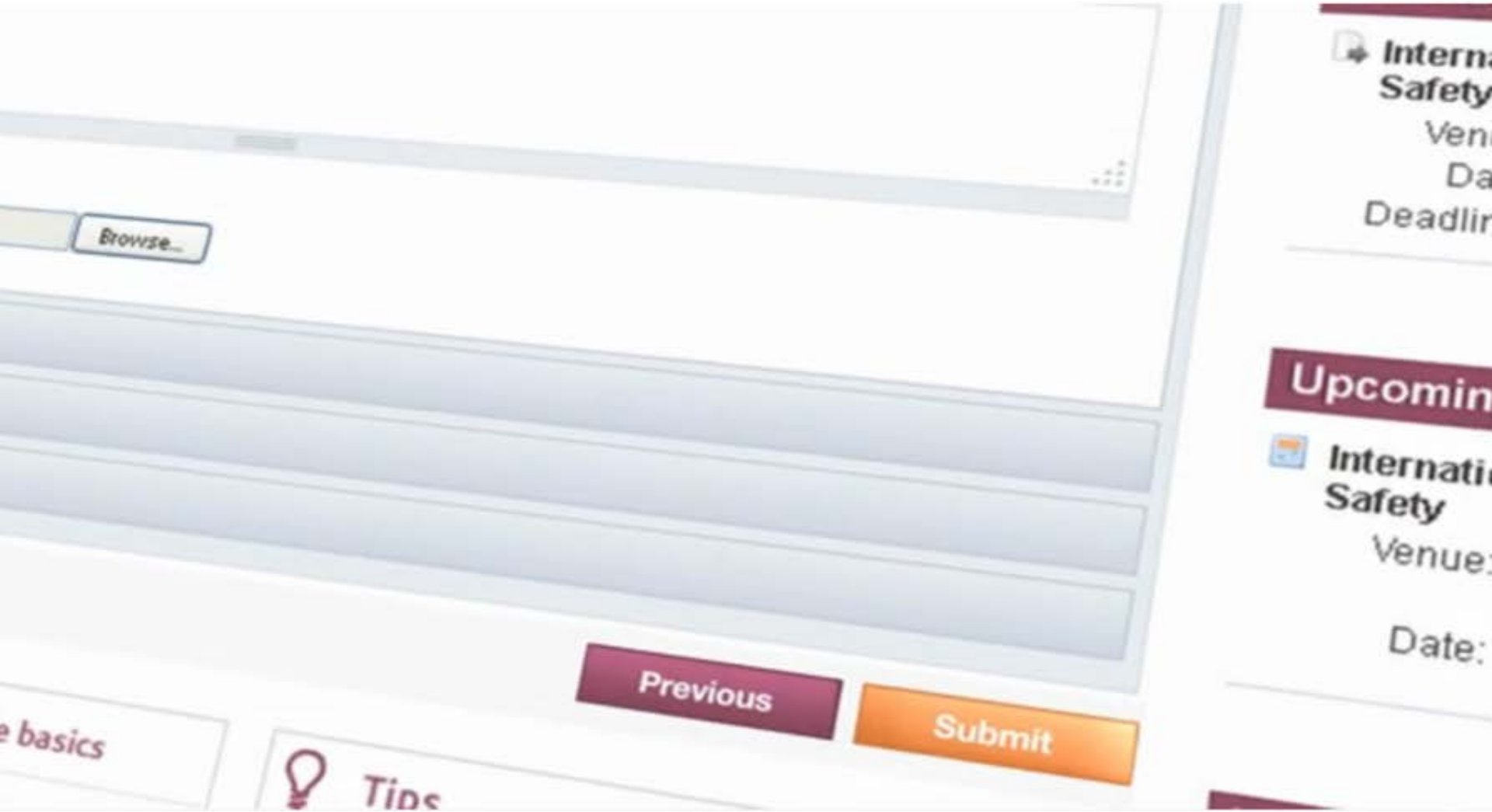
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Previous
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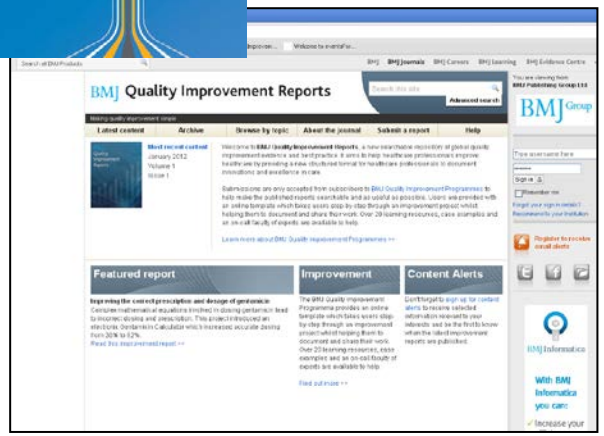
Upcomin
Safety
Venue:
Date:
basics
Tips

2. JOURNAL

BMJ Quality



- Aims to become the world's largest repository of quality improvement evidence
- Standardised SQUIRE guideline template to aid sharing projects and allow comparison
- Publishes both successes and projects which haven't worked
- Attach datasets, tools and checklists

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Implemented a Friday afternoon ward round to discharge patients before the weekend. Saved Trust £150k pa.

Reduced financial impact of cancelled operations in Trust by 41%

Reduced av. LoS for patients requiring social care package from 46 days to 16 days saving £6,750 per admission

Tripled 30-day compliance with medication after discharge from outpatients department.

Reduced weekend ICU mortality from 42% to 22% over 12 months

View the full repository at –

qir.bmj.com

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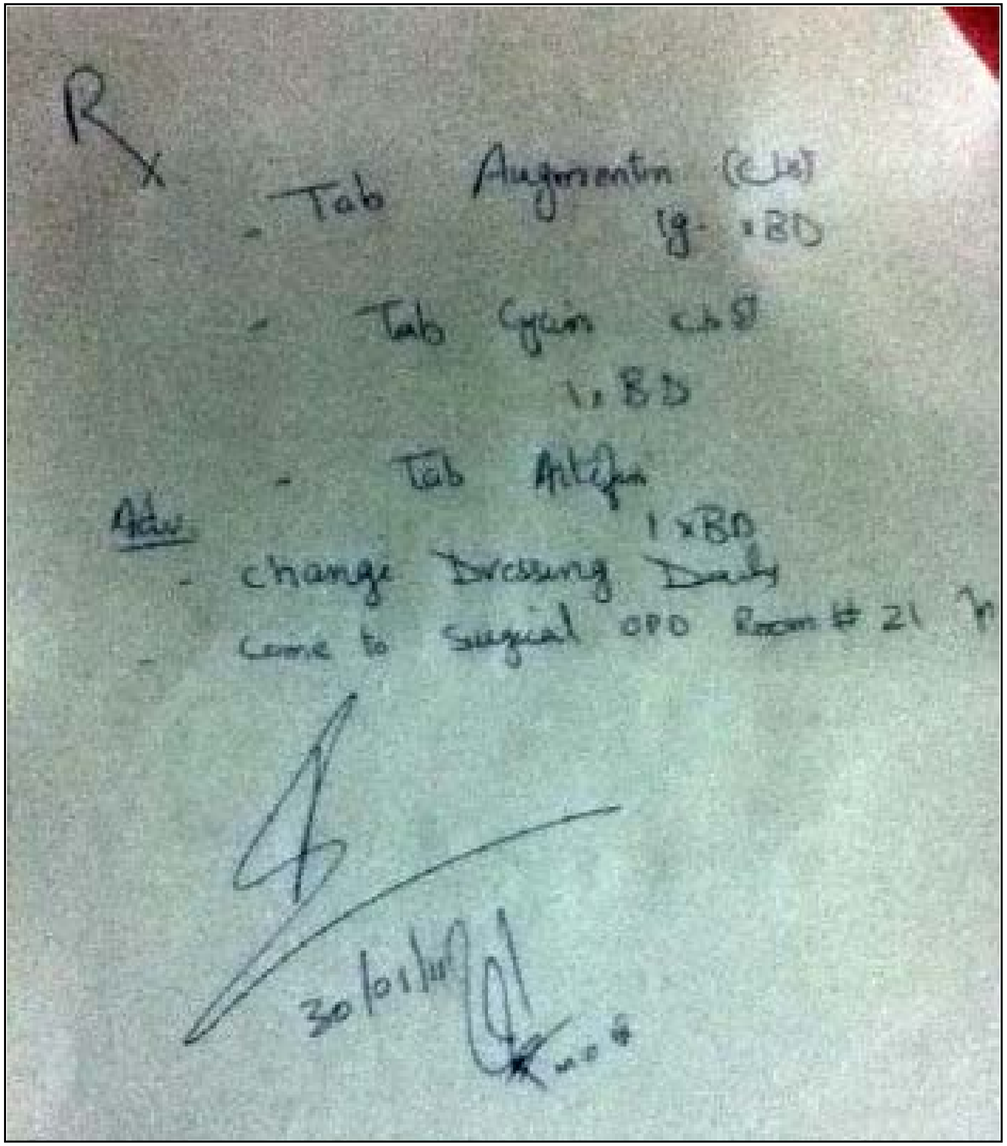
Lahore, Pakistan



Rx
- Tab Augmentin
1g 1xBD
- Tab Cycin
1xBD
- Tab Altefin
1xBD
Adv
- change Dressing Daily
- come to Surgical OPD Room # 21

مریضوں کو ادویات دینے کی ہدایات

Instructions for Dispensing Medications

1. Look at the number of the drug being prescribed. In this example, Paracetamol is number '1'

پرانے مہرانی دوائی حاصل کرنے سے پہلے اس کے ساتھ لکھا ہوا نمبر ضرور دیکھیں

2. Please write CLEARLY the number of the drug on the medication box or strip of tablets being given to the patient

دوائی کا نمبر دوائی کے پتے پر ضرور لکھیں

3. Kindly show the patient that the number written on the medication box or strip of tablets is the same as the number on the prescription chart

براہ مہربانی مریض کو دوائی دیتے وقت ضرور بتائیں کہ جو نمبر دوائی پر لکھا گیا ہے وہ وہی ہے جو نسخہ پر دوائی کے لئے مخصوص تھا

Remember to write on the prescription chart for double the number of tablets at each time of day if you are only dispensing half the strength of the prescribed medication.

اگر دوائی کی مقدار کو تبدیل کریں تو پرچی پر بھی ضرور لکھیں

Medication Prescription Sheet

ادویات کی پرچی

PLEASE WRITE IN BLOCK CAPITALS

	DRUG دوا	صبح	دوپہر	شام	رات		کتنے دن
1	Paracetamol 1g tds	1	1	0	1		14
2	Diclofan 50mg bd	1	0	1	0		7
3	Augmentin 625mg tds	1	1	0	1		5
4							
5							
6							
7							
8							

Additional information: مزید معلومات

Pharmacy instructions

Please mark medications as per numbers on the left thank you

براہ مہربانی ادویات کے پتے پر وہی نمبر لکھیں جیسا کہ بائیں طرف کالم میں لکھا ہے

Chain of improvement
Pakistan → Toronto

Services Hospital Lahore

مریضوں کو ادویات دینے کی ہدایات

Instructions for Dispensing Medications

1. Look at the number of the drug being prescribed. In this example, Paracetamol is number '1'

پرانے سپرانی دوائی حاصل کرنے سے پہلے اس کے ساتھ لکھا ہوا نمبر ضرور دیکھیں

2. Please write CLEARLY the number of the drug on the medication box or strip of tablets being given to the patient

دوائی کا نمبر دوائی کے پتے پر ضرور لکھیں

3. Kindly show the patient that the number written on the medication box or strip of tablets is the same as the number on the prescription chart

براہ مہربانی مریض کو دوائی دیتے وقت ضرور بتائیں کہ جو نمبر دوائی پر لکھا گیا ہے وہ وہی ہے جو نسخہ پر دوائی کے لئے مخصوص تھا

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اگر دوائی کی مقدار کو تبدیل کریں تو پرچی پر بھی ضرور لکھیں

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براہ مہربانی ادویات کے پتے پر دی نمبر لکھیں جیسا کہ بائیں طرف کالم میں لکھا ہے

Our achievements

Improvement reports published by our community have been accessed over

545,772

times

We've been joined by

17

expert mentors

At least

1144

new healthcare improvement projects are underway right now

383

projects published so far

BMJ Quality Improvement teams are active in

89

countries and rising

The five most popular improvement areas are:

1. Sepsis
2. Falls
3. Length of hospital stay
4. Handover
5. Delirium

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Thank you
Any questions?

kbrunnhuber@bmj.com

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