The Research Scan – November 2015

Fast access to research about improving quality in healthcare

We've searched more than 40,000 journals to select the most interesting and relevant articles for people working to improve healthcare. Access the research scan online by clicking here.

PERSON-CENTRED CARE

People are happy to receive test results by email

In the *Journal of the American Board of Family Medicine*, LaRocque and colleagues surveyed more than 400 people in the US about their preferences for receiving test results. People preferred to receive test results by personal e-mail and password-protected websites. They did not prefer for results to be left on their home voicemail or delivered by mobile phone text message.

Cost, motivation and culture influence self-care

In *Implementation Science*, Harvey and others reviewed 58 articles and concluded that it may be too simplistic to merely consider 'barriers' and 'facilitators' for implementing self-management solutions. Particular attention needs to be paid to cost, the extent to which people will adhere because they want to be 'good' patients, and how people integrate new skills into routines.

Electronic records can distract during consultations

In the *Journal of the American Medical Information Association*, Zhang and colleagues interviewed 21 primary care professionals. They found that using electronic records during consultations could be distracting. More user-centred record design is needed.

A number of other interesting studies were published. **Click on any of the hyperlinks** to see a description.

Supporting self-management

- *Motivational interviewing was linked to increased activity*
- *Self-management support helps dementia carers*
- *Food banks can support self-management*
- *Professionals should refer to the voluntary sector*
- *Posting information about services may increase uptake*
- *People may not see the need for self-management support*
- *Achieving care goals may improve patient satisfaction*

Shared decision-making

- *Combining decision aid with education was beneficial*
- *Shared decision-making reduces antibiotic prescribing*
- *It is possible to share decision-making with children*
- *Decision aids may improve shared decisions, not outcomes*
- *Decision aids could be more aligned to patient values*
- *Labelling drugs on decision aids influences decisions*

PATIENT SAFETY

Targeting individual prescribers may be worthwhile

It is uncertain whether high-risk prescribing in primary care is driven by individual GPs or by practices having higher or lower risk prescribing cultures. In *BMJ Open*, Guthrie and colleagues examined data about more than 26,000 patients and 398 GPs from 38 Scottish general practices. They found more variation in high-risk prescribing between GPs than between practices so only targeting practices with higher than average rates for interventions would miss most high-risk prescribing.

Huddles and SBAR improved A&E teamwork

Huddles and the SBAR communication framework are simple and inexpensive ways to improve communication in the emergency department. In the *Journal of Emergency Nursing*, Martin and others from the US described how a children's hospital implemented these approaches to improve communication, safety and efficiency.

In-hospital exercise could help to prevent falls

In the *International Journal of Rehabilitation Research*, Villafane and colleagues from Italy examined the effectiveness of three rehabilitation programmes for elderly people in hospital: group exercise, individual core stability training or balance training with a platform tool. All of the interventions were associated with improved balance and mobility, which may reduce falls.

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Harms
- *Older people are at risk of prescribing errors*
- *People who fall in hospital have longer length of stay*
- *Software updates can cause incidents in primary care*
- *Hospital and primary care sometimes have poor handovers*

Intervention approaches
- *Electronic risk assessment prompts do not reduce falls*
- *Managers need to explicitly support error reporting*

Infection control
- *Whole health economy approach needed for infection control*

VALUE FOR MONEY

Triage service can reduce use of ambulances

A telephone triage service was set up in Australia for people who called an ambulance when it may not be an emergency. In *Australian Health Review*, Eastwood and colleagues described how the service provided alternatives to dispatching an ambulance. One third of calls were referred to other providers. Of the remaining two thirds, most went to the emergency department using their own transport or non-emergency transport.

Ward discharge coordinator reduced length of stay

In the *Journal of Pediatric Health Care*, Petitgout described how a US children's hospital tested a unit-based discharge coordinator role on a general medicine ward. There was an increase in patient satisfaction with the discharge process and decreased length of stay.

Structured approaches improve patient flow

In the *Journal of Critical Care*, Cohen and colleagues described how one hospital used clinical microsystems and PDSA approaches to reduce the time taken to transfer critically ill people between the emergency department and the medical intensive care unit from four hours to two hours. Average hospital length of stay decreased from ten to eight days.

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Workforce

- *Nurse follow-up visits more cost-effective than consultants*
- *Team-based care is cost-effective for blood pressure control*
- *Pharmacist care reduced blood pressure cost-effectively*

Organisation of care

- *Specialist asthma clinic is cost-effective*
- *Intensive support is cost-effective for greatest needs*
- *Disease management is not always cost-effective*
- *Increasing pay-for-performance does not improve quality*

Cost-effectiveness

- *High intensity promotional strategies may be cost-effective*
- *Online tool shows cost-effectiveness of disease management*
- *Patient portal did not reduce costs*

APPROACHES TO IMPROVEMENT

Coloured dots help people understand information

In *BMJ Quality and Safety*, Damman and others from the Netherlands looked at how different presentation formats influenced patients' comprehension and use of comparative performance information. Displaying an overall performance score and using coloured dots and word icons improved people's understanding. Coloured dots were particularly useful when comparing across a large range of providers, even more so than star ratings.

Management support has varying impacts

Role-changing innovations alter what workers do. Time-changing innovations alter when tasks are performed or for how long. In *Medical Care Research Review*, Nembhard and others from the US found that senior management support may be important for altering when and for how long things are done (time-changing innovations), but not for innovations targeting changes in roles.

Frontline staff view changes differently to managers

In the *Journal of Health Organisation Management,* Liberati and colleagues described how frontline clinicians may have different views and experiences to senior managers when organisational changes are implemented. These differences may be stronger than any divisions between disciplines or professional boundaries. Recognising the differences between frontline and managerial perspectives may help to find solutions.

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Improvement initiatives

- *Involving patients in quality improvement is beneficial*
- *Placement of electronic prompts influences their use*
- *Judging research quality may be a barrier to using in practice*

Feedback

- *Feedback reports helped improve data quality*
- *Real-time audiovisual feedback did not improve processes*

Data collection tools

- *Tool assesses barriers to self-management*
- *Tools to measure older people's quality of life explored*
- *EQ-5D detects change in some conditions, not others*

The research scan is produced by The Evidence Centre and commissioned by The Health Foundation, an independent charity working to continuously improve the quality of healthcare in the UK.