

The Research Scan – September 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

Short video increases patient involvement

In *Health Expectations*, Shepherd and colleagues from Australia reported that screening a short video about asking questions whilst people wait for their appointments may help improve patient [engagement in decision-making](#). This is a simple and feasible approach to help service users become more involved in their care.

Cards with staff photos improve patient perceptions

In the *Journal of Surgical Education*, Demehri and others from the US found that giving out 'baseball cards' containing the names, roles and photographs of staff members might improve the extent to which patients think care is [person-centred and co-ordinated](#) in hospital.

Structured tools enhanced person-centred care

In Denmark, adults with diabetes took part in three consultations and a telephone call with the same professional, using structured tools. In *Patient Preferences and Adherence*, Varming and colleagues reported that this approach may enhance person-centred consultations and [shared decision-making](#).

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

Supporting self-management

- [Taxonomy](#) of self-management support available
- Search skills may get in the way of [accessing online info](#)
- [Peer support](#) barriers and facilitators explored

Engagement

- Patient enablement may [improve outcomes](#)
- [Families](#) could help with hands on care in hospital
- Doctors support [shared decision-making](#)

Relationships

- [Sharing stories](#) about patients may improve teamwork
- Professionals in [17 countries](#) surveyed about diabetes care

PATIENT SAFETY

Free online incident reporting for primary care

In the *European Journal of General Practice*, Klemm and colleagues from Germany described how incident reporting systems in primary care should have a clear purpose, use simple formats and have [feedback mechanisms](#). They developed a free safety incident reporting system for primary care based on research evidence.

MAPSAF tool has wide applicability in primary care

Another article in the *European Journal of General Practice* identified tools that practitioners can use to measure patient safety culture in primary care. Parker and colleagues reported how experts from across the European Union said that the [two most valuable tools](#) were the qualitative Manchester Patient Safety Framework (MaPSAF primary care version) and the quantitative Agency for Healthcare Research and Quality survey (medical office version).

Trigger tool identifies complications after surgery

In *Langenbeck's Archives of Surgery*, Visser and others from the Netherlands reported using a trigger tool to detect complications in hospital after surgery. The triggers were selected based on a systematic review and pragmatic choices about what was available on the hospital database. The trigger tool was just as accurate as a verbal inventory and may be even [more accurate for detecting major complications](#).

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Improvement initiatives

- [Sepsis care bundles](#) reduce mortality odds 40%
- Primary care staff unsure about [monitoring safety](#)

Technology

- Technology reduces [medication errors](#) in primary care
- [Diagnostic decision support](#) needs to be well designed

Safety culture

- Hospital safety culture is linked to [patient outcomes](#)
- [Continuous improvement](#) enhances safety culture
- [Professionals' attitudes](#) are barrier to patient involvement

VALUE FOR MONEY

Text message reminders reduce missed appointments

In the *Journal of Telemedicine and Telecare*, Rohman and colleagues reported how a hospital outpatient clinic in England sent text message reminders to patients a week in advance of their appointments. The [Did Not Attend rate reduced by 12%](#). Over a two year period, there was a cost saving of £19,853.

Improving patient flow reduced length of stay

A hospital in Australia redesigned general medical services to improve patient flow. In the *Internal Medicine Journal*, Gilfillan and colleagues described using ward-based teams, routinely [offering services seven-days per week](#) and 'pull systems' for all transfers and referrals. During the first year, average length of stay reduced by almost one day and weekend discharges increased by 55%.

Physical therapists provide efficient care in A&E

Another hospital in Australia tried physical therapists working in the emergency department. In *Physical Therapy*, de Gruchy and others reported that physical therapists could work independently in emergency departments, providing fast and safe care. This may free clinicians' capacity to focus on people needing more urgent help. [Physical therapists took less time](#) than emergency department doctors to see similar groups of patients.

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Cost-effectiveness

- [Automated drug dispensing systems](#) are value for money
- Self-care support is cost-effective for [comorbidities](#)
- [Telephone support](#) may reduce healthcare costs
- [Teleglaucoma screening](#) is cost-effective for rural areas
- [Singing groups](#) for older people are cost-effective
- Financial incentives support [smoking cessation](#) in pregnancy

Productivity

- [Transitional care](#) from nurses reduces costs
- [Rapid access A&E unit](#) improved flow more than expansion
- [Lean](#) approach needs resource investment
- [Combined A&E triage](#) is not cost-effective in daytime

Influencing factors

- Better communication may [reduce readmissions](#)
- [Guidelines and QOF](#) can influence prescribing

APPROACHES TO IMPROVEMENT

Short workshops can help plan for improvement

In *BMC Health Services Research*, Vachon and others described how primary care practices in Canada participated in a structured programme to improve the quality of care for people with diabetes. Each practice took part in a three-hour workshop comprising feedback about performance indicators, reflection and action planning. Short workshops helped teams [develop improvement ideas and action plans](#).

Twitter can help identify concerns and solutions

In *BMC Public Health*, Hays and colleagues from England analysed tweets about sharing medical records in a centralised database for analysis. They found that social media can be used to understand what some people are saying about key topics, and that it is feasible to extract themes from such content. Analysing the tweets helped to [identify concerns](#) and think about how to address them.

Line graphs are best for displaying PROMS

In *Quality of Life Research*, Brundage and colleagues from North America compared 10 different formats for providing feedback on patient reported outcome measures to patients and professionals. For both individual and group-level data, patients and professionals thought that simple [line graphs were easiest to understand](#). Professionals preferred line graphs to display confidence limits or norms and to mention p-values. However patients said they found these things confusing.

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Improvement approaches

- [Financial incentives](#) may increase technology adoption
- [Hospital accreditation](#) can be costly for smaller hospitals

Targeting teams

- [Multidisciplinary meetings](#) have benefits for professionals
- [Training and systems approach](#) enhanced safety

Tools

- New tool measures [person-centred doctor behaviour](#)