

Quality improvement in health care matters

Quality improvement in health care is a structured process, which seeks to systematically improve outcomes for patients. Achieving both translatable and sustainable health-care improvements is seen as the responsibility of not only individuals but also of institutions, and it has rightly been given prominence in the development of the modern NHS. This edition of *BJHM* contains a symposium on improving outcomes for patients. Two of the articles within this symposium introduce the concept of quality improvement and the quality improvement project, which complements the function of medical audit and effects change in practice.

What is quality improvement?

In 2000, the NHS Plan (Department of Health, 2000) proposed a comprehensive programme of quality improvement, which is now at the heart of the NHS governance structure. Clinical audit has been shown to effect change in everyday patient care and it is therefore an integral component of quality improvement.

In this edition Cain and Ackland (p. 262) bring prominence to one such example of high-quality medical work. The National Confidential Enquiry into Patient Outcome and Death (NCEPOD) is considered of national importance and continues lead to improvements in care for patients in the perioperative period. The most recent NCEPOD report *Knowing the Risk* (NCEPOD, 2011) pulls no punches, and the content will be of interest to any doctor caring for patients undergoing surgery.

Including effective audit

Less well recognized are the contributions of small departmental audits, which often effect change locally and allow such services to benchmark activity against other organizations. The recent history of medical audit, however, has not always been a story of success. Enthusiastic and well-

intentioned health-care professionals have often failed to deliver on good audit. Junior doctors seeking to 'pad their back page' have often been devolved audit projects by seniors and then left largely unsupported. Without the guidance of experienced clinicians and or managers this has often lead to inaction, even when data has been at variance with recognized national standards.

The other articles offer an insight into quality improvement and its application in the clinical workplace. Gill and Mountford (p. 252) discuss the relevance of quality improvement in modern medicine and the barriers, both historical and cultural, to its wholesale adoption. Complementing this work Arasaratnam (p. 257) traces the roots of quality improvement from industry to its delivery in modern medicine and offers a practical approach to succeeding in this goal. Together both articles provide a framework and reference resource to those unfamiliar with this emerging area and the topics of debate.

Translating findings into practice

Recognizing the positive benefits of both good audit and quality improvement projects, the *BJHM* is seeking to publish works of a high quality. The *BJHM* wants to ensure that new ideas are disseminated and best practice, translating into improved patient experiences and outcomes, are shared more widely in the medical community.

Those authors considering a manuscript submission should address four key areas within their article:

1. Contributors should demonstrate a clear understanding of the methodological principles that lie behind high-quality audits and quality improvement projects and the required steps needed to implement them.
2. Those embarking upon a project should not do so in isolation, but be sure to involve the local audit lead/senior clinician in the process. Where appropriate, patients and non-clinical staff should also be widely consulted and included in the multidisciplinary audit team.
3. Audit and quality improvement projects should focus upon areas that are 'high risk, high volume or high cost' and reflect national clinical audit standards, national service frameworks or National Institute for Health and Clinical Excellence guidance.
4. Where appropriate projects should have sufficient sample size to draw meaningful conclusions.

BJHM anticipates that audits and quality improvement projects that address these specific issues will be most suitable for publication. For a comprehensive account of the audit process and guidance on delivering quality improvement, readers are referred to the new *BJHM* guidance to authors for this section (www.bjhm.co.uk/BJHM/Brochure/157) and the references cited below. **BJHM**

KEY POINTS

- Quality improvement is an important and evolving aspect of patient care.
- All health professionals are duty-bound to deliver such work.
- The development of a unique methodology to better conduct and report such works has been identified.
- An understanding of such methodology is key to delivering meaningful and better outcomes for patients.

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Outcome and Death (2011) *Knowing the Risk.*

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Further reading

Clinical Governance Support Team (2005) *A
Practical Handbook for Clinical Audit.* www.wales.nhs.uk/sites3/Documents/501/Practical_Clinical_Audit_Handbook_v1_1.pdf (accessed 20 April 2012)

Department of Health (2010) *The NHS quality,
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National Clinical Audit & Registries. (www.hqip.org.uk/national-clinical-audit-registries/ (accessed 20 April 2012))

Institute for Healthcare Improvement (2012) www.ihp.org.uk/knowledge/Pages/default.aspx (accessed 20 April 2012)

National Institute for Clinical Excellence (2002)
Principles for Best Practice in Clinical Audit. [www.nice.org.uk/media/796/23/
BestPracticeClinicalAudit.pdf](http://www.nice.org.uk/media/796/23/BestPracticeClinicalAudit.pdf) (accessed 20 April 2012)

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