Quality and Quality Improvement in Healthcare

View Online

[1]

Aveling, E. et al. 2012. Quality improvement through clinical communities: eight lessons for practice. Journal of Health Organization and Management. 26, 2 (May 2012), 158–174. DOI:https://doi.org/10.1108/14777261211230754.

[2]

Bate, S.P.1Robert, G.1 2002. Knowledge management and communities of practice in the private sector: lessons for modernizing the National Health Service in England and Wales. Public Administration. 80, 4 (2002), 643–663.

[3]

Benneyan, J.C. 2003. Statistical process control as a tool for research and healthcare improvement. Quality and Safety in Health Care. 12, 6 (Dec. 2003), 458–464. DOI:https://doi.org/10.1136/qhc.12.6.458.

[4]

BEVAN, G. and HOOD, C. 2006. WHAT'S MEASURED IS WHAT MATTERS: TARGETS AND GAMING IN THE ENGLISH PUBLIC HEALTH CARE SYSTEM. Public Administration. 84, 3 (Aug. 2006), 517–538. DOI:https://doi.org/10.1111/j.1467-9299.2006.00600.x.

[5]

Bryman, A. 2012. Social research methods. Oxford University Press.

[6]

Buchanan, D. et al. 2005. No going back: A review of the literature on sustaining organizational change. International Journal of Management Reviews. 7, 3 (Sep. 2005), 189–205. DOI:https://doi.org/10.1111/j.1468-2370.2005.00111.x.

[7]

But the Limits Are Too Wide! | Quality Digest: https://www.qualitydigest.com/inside/quality-insider-column/limits-are-too-wide.html.

[8]

Catchpole, K.R. 2010. A multicenter trial of avaiation-style training for surgical teams. Journal of patient Safety. 6, 3 (2010). DOI:https://doi.org/10.1097/PTS.0b013e3181f100ea.

[9]

Dena M Bravata 2007. Methods. (2007).

[10]

Dixon-Woods, M. et al. 2012. Ten challenges in improving quality in healthcare: lessons from the Health Foundation's programme evaluations and relevant literature: Table 1. BMJ Quality & Safety. 21, 10 (Oct. 2012), 876–884. DOI:https://doi.org/10.1136/bmjqs-2011-000760.

[11]

Dixon-Woods, M. et al. 2011. Why is UK medicine no longer a self-regulating profession? The role of scandals involving "bad apple" doctors. Social Science & Medicine. 73, 10 (Nov. 2011), 1452–1459. DOI:https://doi.org/10.1016/j.socscimed.2011.08.031.

[12]

Evaluation: what to consider | The Health Foundation: http://www.health.org.uk/publication/evaluation-what-consider. Gabe, J. et al. 2012. Towards a Sociology of Disclosure: The Case of Surgical Performance. Sociology Compass. 6, 11 (Nov. 2012), 908–922. DOI:https://doi.org/10.1111/j.1751-9020.2012.00490.x.

[14]

Goodman, D. et al. 2016. Explanation and elaboration of the SQUIRE (Standards for Quality Improvement Reporting Excellence) Guidelines, V.2.0: examples of SQUIRE elements in the healthcare improvement literature. BMJ Quality & Safety. 25, 12 (Dec. 2016), e7–e7. DOI:https://doi.org/10.1136/bmjqs-2015-004480.

[15]

Hammersley, M. and Atkinson, P. 2007. Ethnography: principles in practice. Routledge.

[16]

Hoffmann, T.C. et al. 2014. Better reporting of interventions: template for intervention description and replication (TIDieR) checklist and guide. BMJ. 348, mar07 3 (Mar. 2014), g1687-g1687. DOI:https://doi.org/10.1136/bmj.g1687.

[17]

How to Determine the Best Interventions for Clinical Quality Improvement Projects: https://www.healthcatalyst.com/best-clinical-interventions.

[18]

Institute for Healthcare Improvement: How to Improve: http://www.ihi.org/resources/Pages/HowtoImprove/default.aspx.

[19]

lyer, S.B. et al. 2011. Use of Quality-Improvement Methods to Improve Timeliness of Analgesic Delivery. PEDIATRICS. 127, 1 (Jan. 2011), e219–e225. DOI:https://doi.org/10.1542/peds.2010-0632.

James Cane 2012. Validation of the theoretical domains framework for use in behaviour change and implementation research. Implementation Science : IS. 7, (2012). DOI:https://doi.org/doi: 10.1186/1748-5908-7-37.

[21]

Kaplan, H.C. et al. 2012. The Model for Understanding Success in Quality (MUSIQ): building a theory of context in healthcare quality improvement. BMJ Quality & Safety. 21, 1 (Jan. 2012), 13–20. DOI:https://doi.org/10.1136/bmjqs-2011-000010.

[22]

Laura J Damschroder 2009. Fostering implementation of health services research findings into practice: a consolidated framework for advancing implementation science. Implementation Science : IS. 4, (2009). DOI:https://doi.org/doi: 10.1186/1748-5908-4-50.

[23]

Loes M T Schouten 2008. Evidence for the impact of quality improvement collaboratives: systematic review. BMJ: British Medical Journal. 336, 7659 (2008). DOI:https://doi.org/doi: 10.1136/bmj.39570.749884.BE.

[24]

Mary Dixon-Woods 2013. Explaining Matching Michigan: an ethnographic study of a patient safety program. Implementation Science : IS. 8, (2013). DOI:https://doi.org/doi: 10.1186/1748-5908-8-70.

[25]

Maxine Power 2014. Did a quality improvement collaborative make stroke care better? A cluster randomized trial. Implementation Science : IS. 9, (2014). DOI:https://doi.org/doi: 10.1186/1748-5908-9-40.

[26]

McLaughlin, K. et al. 2002. New public management: current trends and future prospects. Routledge.

[27]

Michie, S. et al. 2011. The behaviour change wheel: A new method for characterising and designing behaviour change interventions. Implementation Science. 6, 1 (Dec. 2011). DOI:https://doi.org/10.1186/1748-5908-6-42.

[28]

Mohammed, M.A. 2004. Using statistical process control to improve the quality of health care. Quality and Safety in Health Care. 13, 4 (Aug. 2004), 243–245. DOI:https://doi.org/10.1136/qshc.2004.011650.

[29]

NADEEM, E. et al. 2013. Understanding the Components of Quality Improvement Collaboratives: A Systematic Literature Review. Milbank Quarterly. 91, 2 (Jun. 2013), 354–394. DOI:https://doi.org/10.1111/milq.12016.

[30]

Ogrinc, G. et al. 2016. SQUIRE 2.0 (: revised publication guidelines from a detailed consensus process: Table 1. BMJ Quality & Safety. 25, 12 (Dec. 2016), 986–992. DOI:https://doi.org/10.1136/bmjqs-2015-004411.

[31]

Pam Carter 2014. How collaborative are quality improvement collaboratives: a qualitative study in stroke care. Implementation Science : IS. 9, (2014). DOI:https://doi.org/doi: 10.1186/1748-5908-9-32.

[32]

Perla, R.J. et al. 2013. Seven Propositions of the Science of Improvement. Quality Management in Health Care. 22, 3 (2013), 170–186. DOI:https://doi.org/10.1097/QMH.0b013e31829a6a15.

[33]

Perspectives on context | The Health Foundation: http://www.health.org.uk/publication/perspectives-context.

[34]

Plsek, P.E. and Greenhalgh, T. 2001. Complexity science: The challenge of complexity in health care. BMJ. 323, 7313 (Sep. 2001), 625–628. DOI:https://doi.org/10.1136/bmj.323.7313.625.

[35]

Power, M. et al. 2016. Multimethod study of a large-scale programme to improve patient safety using a harm-free care approach. BMJ Open. 6, 9 (Sep. 2016). DOI:https://doi.org/10.1136/bmjopen-2016-011886.

[36]

Power, M. et al. 2010. Reducing Clostridium difficile infection in acute care by using an improvement collaborative. BMJ. 341, jul21 2 (Jul. 2010), c3359–c3359. DOI:https://doi.org/10.1136/bmj.c3359.

[37]

Quality Measurement: Beginner's Guide to Performance Quality Improvement Using the Model for Improvement - ClinicalKey: https://www.clinicalkey.com/#!/content/playContent/1-s2.0-S1546144014005110?returnurl =null&referrer=null.

[38]

Result List: (SO (Harvard business review.))AND(DT 2000)AND(TI "communities...: EBSCOhost:

http://web.b.ebscohost.com/ehost/results?sid=044469a5-943a-44be-96c4-1e3a9c6de052 %40sessionmgr120&vid=0&hid=124&bquery=(SO+(Harvard+business+re view.))AND(DT+2000)AND(TI+%22communities+of+practice%3a+the+organizational+fro ntier%22)&bdata=JmRiPWJ1aCZ0eXBIPTEmc2I0ZT1IaG9zdC1saXZI.

[39]

Siri H. Steinmo 2015. Bridging the gap between pragmatic intervention design and theory:

using behavioural science tools to modify an existing quality improvement programme to implement "Sepsis Six". Implementation Science : IS. 11, (2015). DOI:https://doi.org/doi: 10.1186/s13012-016-0376-8.

[40]

Siri Steinmo 2015. Characterising an implementation intervention in terms of behaviour change techniques and theory: the 'Sepsis Six' clinical care bundle. Implementation Science : IS. 10, (2015). DOI:https://doi.org/doi: 10.1186/s13012-015-0300-7.

[41]

Smith, C.D. et al. 2013. Re-Engineering the Operating Room Using Variability Methodology to Improve Health Care Value. Journal of the American College of Surgeons. 216, 4 (Apr. 2013), 559–568. DOI:https://doi.org/10.1016/j.jamcollsurg.2012.12.046.

[42]

Sutcliffe, K.M. et al. 2017. Re-examining high reliability: actively organising for safety. BMJ Quality & Safety. 26, 3 (Mar. 2017), 248–251. DOI:https://doi.org/10.1136/bmjqs-2015-004698.

[43]

The Spread and Sustainability of QI in Healthcare : Quality Improvement – East London NHS Foundation Trust: https://qi.elft.nhs.uk/resource/the-spread-and-sustainability-of-qi-in-healthcare/.

[44]

Thor, J. et al. 2007. Application of statistical process control in healthcare improvement: systematic review. Quality and Safety in Health Care. 16, 5 (Oct. 2007), 387–399. DOI:https://doi.org/10.1136/qshc.2006.022194.

[45]

Trisha Greenhalgh 2004. Diffusion of Innovations in Service Organizations: Systematic Review and Recommendations. The Milbank Quarterly. 82, 4 (2004). DOI:https://doi.org/10.1111/j.0887-378X.2004.00325.x.

[46]

Waring, J. et al. 2007. A culture of safety or coping? Ritualistic behaviours in the operating theatre. Journal of Health Services Research & Policy. 12, 1_suppl (Apr. 2007), 3–9. DOI:https://doi.org/10.1258/135581907780318347.

[47]

2010. Effect of a 'Lean' intervention to improve safety processes and outcomes on a surgical emergency unit. BMJ. 341, nov12 1 (Nov. 2010), c6435–c6435. DOI:https://doi.org/10.1136/bmj.c6435.