THE INSIGHTS

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Assistant Deputyship of Planning and Organizational Excellence
General Directorate of Research and Studies

Periodical Bulletin
For Recent Trending Scientific Publications of Health Systems & Health Policies

وزارة الصحة
Ministry of Health

Understanding the factors influencing implementation of a new national patient safety policy in England: Lessons from 'learning from deaths'

A new patient safety policy, 'Learning from Deaths' (LfD), was implemented in 2017 in National Health Service (NHS) organizations in England. This study examined how contextual factors influenced the implementation of LfD policy and the ability of the programme to achieve its goals. Semi-structured interviews were undertaken with key policymakers, managers and senior clinicians in five NHS organizations responsible for implementing the policy at the local level.

The study findings suggest several factors that hinder or support patient safety policy implementation at a local level. These include: (a) an organization's capacity and capability to support data collation, analysis and synthesis, (b) the dissemination of the resulting information, (c) the learning culture and hence perceptions of the purpose of LfD within an organization, and (d) the extent of engagement in cross-organizational approaches to learning.

Extra and intra-organisational contextual factors influence all stages of the policy implementation process from preparation and tracking to implementation support and review affecting its chances of success or failure. Successful adoption of a national patient safety policy within health care organisations can be informed by taking into consideration those factors.

*Lalani, M., et al. Journal of health services research & policy. 2022: 13558196221096921.

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Goals of the LfD programme		Description
Establish a system to gather relevant information on deaths.	→	Systematic approach to LfD, including an explicit case selection and review process that gathers both quantitative and qualitative information to identify any patient harm.
Synthesize learning across the organization.	→	Integrating findings from LfD with other sources of safety information to maximize learning.
Ensure organization-wide learning and assurance, with transparent reporting on performance.	→	Emphasis on examining deaths for learning, not just performance. Greater board involvement to raise the profile of quality and safety in the organization and to support development of the Trust's safety culture (accountability, transparency), reporting and learning.
Improve experience for families.	→	Better experience for families and carers, and mechanisms to gather valuable information from them to contribute to patient safety improvement.
Promote inter-organizational learning across care boundaries.	→	In cases where patients were cared for by several organizations across the local health and care system, establish systems whereby those organizations come together to examine the quality of that care.

Intended goals of the LfD programme, as derived from the interviews with policymakers

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Forecasting of Future Medical Care Expenditure in Japan Using a System Dynamics Model

The aim of this study was to construct a system dynamics (SD) model to estimate the future medical care expenditure and to address the dynamic issues of health care that should be resolved. The measures for promoting the spread of generic drug (GE drug) usage in Japan and reducing cancer-related medical expenses were investigated regarding their future impact on medical finances. The SD model was constructed from Fiscal Year 2018 to Fiscal Year 2050. The change in the future GE drug quantity share was analyzed. The impact of the increase in medical expense for cancer and the change in the future national medical care expenditure were also estimated.

Inoue S, et al. INQUIRY: The Journal of Health Care Organization, Provision, and Financing. 2022;59:00469580221091397.

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Application of the Cycle Management Model in Improving Outpatient Appointment Services

This study aimed to explore the application of plan-do-check-action (PDCA) cycle management model in the management outpatient appointment, and improve the efficiency of outpatient appointment services in a tertiary general hospital in Shanghai. Through PDCA cycle management model, the appointment rate of outpatients increased from 9.93% before improvement to 82.50% after improvement, and the recognition rate of patients increased from 51.39% to 92.76%. The utilization rate of self-service appointment increased from 1.03% to 56.38%. Through the construction of multi-channel, wide coverage and convenient operation of the appointment service system, the PDCA cycle management model effectively improves the efficiency of the outpatient appointment services.

Zhao, J., et al. INQUIRY: The Journal of Health Care Organization, Provision, and Financing. 2022; 59: 469580221081407.

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Appointment awareness rate.

Difficulty of changing patients' habits.

Benefit of making an appointment.

The main reasons analyzed for willingness of patients to make appointments through various ways.