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**Literature search results**

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**Search details**

Outpatient improvement or transformation. NHS Trusts which have improved/transformed outpatients and seen significant benefits for patients.

**Resources searched**

NHS Evidence; TRIP Database; Cochrane Library; CINAHL; EMBASE; HMIC; Health Business Elite; MEDLINE; Google Scholar

**Database search terms**: outpatient*; out-patient*; “out patient*”; exp OUTPATIENTS; exp OUTPATIENT SERVICES; exp AMBULATORY SURGERY; exp SURGICENTERS; exp AMBULATORY CARE FACILITIES; ambulatory; exp AMBULATORY CARE NURSING; transform*; improve*; reconfig*; redesign*; restructure*; chang*; exp QUALITY IMPROVEMENT; exp CHANGE MANAGEMENT; exp ORGANIZATIONAL RESTRUCTURING; exp HOSPITAL RESTRUCTURING; exp WORK REDESIGN; hospital*; exp HOSPITALS; secondary adj2 care; acute adj2 care; exp ACUTE CARE; patient*; exp PATIENTS; benefit*; outcome*; experience*; exp OUTCOMES (HEALTH CARE); exp NURSING OUTCOMES; exp TREATMENT OUTCOMES; case* adj2 stud*; case adj2 series; case adj2 report*; CASE CONTROL STUDIES; CASE STUDIES; ONE-SHOT CASE STUDY; NURSING CARE STUDIES

**NHS Evidence search string**: (outpatient* OR "out patient*" OR "day case" OR "day surg*" OR "same-day surg*" OR ambulatory) (improv* OR transform* OR reconfigur* OR restructur* OR redesign*)

**Google search string**: (~outpatient OR ~"day case" OR ~"day surgery" OR ~"same-day surgery" OR ~ambulatory) (~improvement OR ~transformation OR ~reconfiguration OR ~restructuring OR ~redesigning)

**Summary**
There’s a lot of information on this topic. I have included research, but you may find it easier to look at the case studies’ section first. Please note that the guidelines may also contain case studies. I have included UK as well as non-UK case studies. The latter are primarily from Canada, Australasia and the United States.

Guidelines

Chartered Society of Physiotherapists
Musculoskeletal physiotherapy: patient self-referral 2011

Purpose is to enable patients to refer themselves to out-patient, predominantly musculoskeletal NHS physiotherapy services, at a time that is suitable for them. Patient self-referral versus traditional medical referral results in significant NHS and patient-related cost benefits. Benefits include reduced investigations (X-ray and MRI), prescribing and the cost of medical consultation without any increase in physiotherapy contact numbers. Benefits to patients include reduced overall costs associated with attending for medical consultations and reduced time off work which also benefits employers and the wider society.

The Health Foundation
Innovation to Improve Outpatient Clinic Efficiency 2011

National Nursing Research Unit
How can nursing services increase day case rates for elective surgery? 2008

Successful increase in rates requires the development of an effective pre-assessment process and systems for delivering high quality patient information. Nurse-led preassessment services may be a key component of a strategy to increase day case capacity but nurses must be properly trained to fulfil the role. As trusts increase their day case rates, they must monitor readmissions, stay-ins and number of planned procedures not carried out.

NHS Service Delivery and Organisation R&D Programme
Outpatient Services and Primary Care: A scoping review of research into strategies for improving outpatient effectiveness and efficiency 2006

NHS Institute
The best of clinical pathway redesign – practical examples delivering benefits to patients 2011

The audiology teams at University Hospitals Birmingham NHS Foundation Trust and Sherwood Forest Hospitals NHS Foundation Trust identified that up to 73% of GP referrals to ENT (ear, nose and throat) outpatient clinics met the direct access audiology service criteria for tinnitus management. Patients reported that delays in access to services added to the emotional impact of tinnitus and that professionals were providing inconsistent information.

New guidelines were therefore drawn up to allow GPs to refer directly to audiology clinics or via an agreed pathway to ENT. These services are provided by audiologists and hearing therapists who have access to ENT consultants with the ability to request MRI scans if required.

Delivering major breast surgery safely as a day case or one night stay (excluding reconstruction) 2011

The last four years of service improvement in breast surgery has shown that major breast surgery can be delivered safely as a day case or one night stay. Patient quality, experience outcomes and re-admission rates are not compromised and importantly “patients prefer not to stay in hospital.”

The evidence is clear that unnecessary lengths of stay are reduced and changes in clinical practice support patients “getting better sooner.” The original working hypothesis of: “The streamlining of the breast surgical pathway could reduce length of stay by 50% and release 25% of unnecessary bed days for 80% of major breast surgery (excluding reconstruction).”
This has been exceeded and demonstrates the further potential of achieving 85% with continued spread and adoption.

**NHS Executive**  
A step-by-step guide to improving outpatient services 2000

**NHS Scotland**  
The Planned Care Improvement Programme: Day Surgery in Scotland 2006

**NICE**  
Implementation of NICE clinical guidelines on nutrition support in adults 2009

The guideline describes detection and initial treatment of malnourishment to reduce admission rates, length of stay, and both outpatient and GP appointments. Implementation would produce estimated savings of £13.5 million nationally.

**Improving outcomes in colorectal cancers:** Manual update 2004

Two services were described in one Trust, one led by doctors, the other by nurses. The doctor-led service saw patients with rectal bleeding, weight loss, altered bowel habit or a family history of colorectal cancer. The cancer rate was 13.2% and there was a trend towards identification of cancer at an earlier stage (25% stage A in 1997-8, compared with 10% in 1993). Fewer cancers (1.6%) were detected among patients referred to the nurse-led flexible sigmoidoscopy clinic for investigation of rectal bleeding. Similarly low cancer rates (1.7% and 2%) were reported in other nurse-led sigmoidoscopy clinics. However, establishment of these services produced other benefits: one report noted that the waiting time for routine out-patient clinics fell from 16 weeks to eight, whilst the other noted improvements in the stage of cancers diagnosed. (B) Levels of satisfaction among patients using nurse-led endoscopy clinics are consistently high, and where accuracy of diagnosis is reported, nurses perform as well as doctors.

**Improving outcomes in breast cancer - Manual update** 2002

Frenchay Hospital in Bristol has recently adopted a policy of discharging patients from scheduled out-patient clinical review after five years, with two yearly mammography and open access. It is estimated that this policy will save 612 follow-up appointments, a cost saving of just under £50,000 per annum. This is equivalent to 204 new patient attendances.

**Royal College of Obstetricians and Gynaecologists**  
Best Practice in Outpatient Hysteroscopy 2011

A randomised controlled trial reported more rapid mobilisation postoperatively (0 minutes [range 0–5] versus 105 minutes [range 80–120], \( P < 0.001 \)) and quicker recovery to preoperative levels (2 days [range 1–2.7] versus 3 days [range 2–4], \( P < 0.05 \)) favouring diagnostic outpatient hysteroscopy compared with traditional day-case hysteroscopy under general anaesthesia. The same study demonstrated high and equivalent levels of women’s satisfaction with outpatient hysteroscopy in conscious women compared with daycase procedures under general anaesthesia. There were also economic benefits for women, the health service and society at large. Compared with day-case procedures under general anaesthesia, women undergoing outpatient hysteroscopy required significantly less time off work compared with the day-case group (0.8 days versus 3.3 days, \( P < 0.001 \)) and experienced reduced loss of income and reduced travel costs.

**Evidence-based reviews**

**Cochrane Database of Systematic Reviews**  
Effect of outpatient pharmacists' non-dispensing roles on patient outcomes and prescribing patterns 2012

Non-traditional roles of outpatient pharmacists improves health care outcomes.

**Database of Abstracts of Reviews of Effects**

Does attendance at a multidisciplinary outpatient rehabilitation program for people with Parkinson's disease produce quantitative short term or long term improvements? A
systematic review 2010

There was limited evidence to suggest short-term gains in outcomes for people with Parkinson's disease attending multidisciplinary outpatient rehabilitation programmes but, over a four to six-month period, these gains were no longer significant. Overall, there was very limited high-level evidence available to show whether these programmes produced effective (short-term or long-term) outcomes for Parkinson's disease. Further research is needed.

NHS Economic Evaluation Database


This study examined the cost-effectiveness of in-patient versus out-patient treatment strategies for children with cancer, who were experiencing episodes of low-risk febrile neutropenia. The authors concluded that the higher costs of in-patient care could not be justified on the basis of efficacy or preferences, but it was uncertain whether intravenous was better than oral out-patient treatment. Some critical assumptions were made, but uncertain areas were investigated and all the methods were valid. The authors’ conclusions appear to be robust.

Case Studies

Barts Health NHS Trust
Outpatient improvement programme / Programme update 2012

Bolton NHS Foundation Trust
Improving Productivity in Outpatient Services 2011

Heart of England NHS Foundation Trust
Service redesign: systematic diabetes renal service 2011

This system also reduces the need for outpatient clinic appointments, which allows new patients to be seen more quickly.

Hurley Medical Center’s Family Ambulatory Health Center
Improving Process Turnaround Time in an Outpatient Clinic 2011

Improving the Delivery of Services for Outpatients: sharing the lessons learnt 2007

- Improving Patient Experiences in Victorian Outpatient Departments
- Nurse Led Clinics: the gatekeepers to improved specialist access
- The OA Hip and Knee Service: How can we improve the outpatient experience for joint replacement referrals?
- Outpatient Reform at Austin Health
- The power of outpatient redesign in improving the patient journey
- Redesigning access to services through innovative approaches to outpatient service delivery models
- The Service Improvement Team: Developing a model for sustainable improvement in outpatient services
- Upper limb patient care pathways deliver better access and better outcomes for patients
- Utilising international evidence based best practice guidelines to reduce demand for outpatient services

Other presentations are available which you may also find useful.

Mental Health Center, Denver, Colorado
Lean Process Improvement In Outpatient Clinics
NHS Improvement

Ambulatory breast surgical care: day case and one night stay 2012

Breast cancer patients are benefiting from redesign of the pathway because they can have major breast surgery and be home within a day instead of 6 days. The new pathway has been widely welcomed by patients.

Improving histopathology management: 7-day turnaround time 2012

Whipps Cross University Hospital NHS Trust

Received 16,000 samples per annum.

By reducing the mean turnaround time from 11 days to 4 days and reporting 95% of cases in 7 days and 50% in 3 days, potential cost savings for the trust were identified:

- dermatology have saved an average of 25 outpatient appointment slots per month, resulting in annual cost savings of £30,000. Projecting this figure nationally, this equates to estimated savings of 45,000 appointments per annum at a cost saving of £3.375 million.

Heart Failure: Use of BNP/NTproBNP testing in primary care to facilitate early diagnosis 2011

Improved patient and carer experience due to the reduction of hospital visits and less personal concern as heart failure is ruled out. Early, more accurate diagnosis in the community allows for earlier treatment and symptom relief, and offers patients a more convenient solution closer to home. A normal Serum NP level can quickly reassure the patient/carer that the heart is not failing. Most important of all, the reduction in diagnostic delay will reduce the number of patients presenting to hospital with acute decompensated heart failure, an event which carries a high risk of mortality.

NHS Institute

Ambulatory Emergency Care Protocols

Cholecystectomy services redesign: Reducing length of stay in hospital 2012

A theoretical enhancement in patient safety is expected because day-case cholecystectomy reduces the risk of acquiring a hospital-related infection as patients spend less time in hospital.

It means more patients can be treated quicker, leading to shorter waiting times and improvements in the quality of service.

Anecdotal evidence from trusts working through the toolkit have found that it has led to greater patient satisfaction due to better pathway management and less waiting time for treatment.

How to Implement Ambulatory Emergency Care Guide 2010

Reduction in paediatric admissions 2009

This is a service redesign programme for the care of children presenting to accident and emergency departments. Senior paediatricians would triage children, and one quarter of children who would previously have been admitted would be managed as outpatients or in the community, releasing savings of £129 million across the NHS.

NHS Sheffield Primary Care Trust

Clinical Assessment Service: foot and ankle pathway 2010

Between 10% and 40% of new orthopaedic referrals do not need a surgical opinion and 5–15% of patients on a waiting list do not want or need surgery. The Clinical Assessment Service (CAS) Foot and Ankle Pathway initiative was introduced to ensure timely, appropriate referrals.

NHS South East London

Avoiding unnecessary referral for glaucoma: use of a repeat measurement scheme 2011

Clinical quality is improved through providing appropriate repeat testing in primary care to reduce the number of false positives, thereby refining referrals to the hospital eye service.
Significant improvement in patient and carer experience, such as providing care closer to home and reducing unnecessary anxiety for the patient related to false positive referral.

**NHS West Midlands**

Remote monitoring of cardiac devices: Benefits of reduced hospital-based surveillance 2011

Remote monitoring means that patients do not need to attend an outpatient department for CIED surveillance. Instead, using a telemedicine-based system, devices are monitored from home and information can be downloaded for specialist teams to view at specific times.

**NHS Yorshire and the Humber**

Patient record sharing in diabetes management 2009

Two trusts used electronic record sharing between primary care and diabetologists. Quality was improved by increased and improved management of diabetes in primary care. Productivity was improved by reduction in the number of hospital visits, admissions and unnecessary or inappropriate consultations.

**Oxford Radcliffe Hospitals**

Reconfiguration of laboratory medicine services 2009

Brings together laboratory tests that were previously done in discipline-specific laboratories. In so doing, this has harmonised testing processes, extended automation across pre-analytical processes (centrifugation, sample de-capping) and post-analytical procedures such as cascade analysis, re-capping and storage.

Median within-laboratory turnaround times (booking in to result availability):
- Outpatients: pre-change 2.1 hours; post-change 1.6 hours.

**Portsmouth Hospitals NHS Trust**

Text messaging in healthcare: to reduce non-attendance 2011

There are potential improvements to clinical quality through reducing missed appointments. Patients who attend have their condition monitored in a timely fashion, with less chance of missed complications and deterioration.

Patient experience is anticipated to improve as clinics are used more efficiently. There is a slight concern that the initiative may have a negative effect on patients who do not have a mobile phone and are therefore not able to be reminded of their appointment in this way. However, the submitter confirmed that patients have a choice of either text or landline message to the home.

**Royal Bolton Hospital NHS Foundation Trust**

Alcohol Care Teams: to reduce acute hospital admissions and improve quality of care 2011

The alcohol specialist nurses (ASN), on a daily basis, jointly assess all alcohol-related admissions, provide brief advice to patients and initiate care plans. Patients are offered rapid outpatient appointments with the Community Alcohol Team, and/or detoxification starting in the hospital. A dedicated social worker greatly influences the average length of stay and facilitates discharge of the patient into a suitable environment. The nurses run their own liver disease course for staff and a network of 50 alcohol link workers throughout the Trust has been established. Inpatient detoxifications have been reduced, saving the Trust more than 1,000 bed days annually, equating to £250,000 in reduced admissions alone.

**Royal Cornwall Hospitals Trust**

Email Advice service: To reduce renal out patient referrals 2011

To improve access to advice and reduce the number of patients being referred to the Renal Out Patients Department (OPD) by General Practitioners (GPs).

**Royal London Hospital**

Improvement of MS services - the outpatient experience 2012
Taunton and Somerset NHS Foundation Trust

Pharmacy management and nurse-led medicines ordering: To improve efficiency and aid patient discharge, 2011

Quicker delivery of drugs to wards had a significant impact on the incidence of missed doses because of drug unavailability.

Inpatients, ward staff, outpatients and their relatives/representatives now experience markedly reduced waiting times. Patient discharge was no longer delayed by waits for drugs.

A Tri-state Hospital in the US (Joan Wellman & Associates)

Rapid Process Improvement Case Study: Outpatient Pharmacy Department 2007

UCLA Health System

Ambulatory Clinic Lean Performance Improvement

- Applying Lean to Improve Resource Utilization and Increase Patient Satisfaction
- Streamlining the Receipt and Upload of Diagnostic Images in a Clinic Setting

University Hospitals of Leicester NHS Trust

Centralised Nurse-led Vascular Access Team within Radiology 2011

Type of saving - for every outpatient peripherally inserted central catherer (PICC) or Hickman insertion there is potential to save up to 4 bed days, with fewer repeat cannulations taking place, as staff are now taking time to consider long-term vascular access needs. Savings are due to fewer patient infections, pneumothorax or arterial punctures and associated care. Time savings are for medics and support staff who now perform fewer of these procedures on wards and in clinics. Introduction of needle free vascular access device across the trust contributes to cost savings associated with infections, reduction in drug spend and bed stay.

Weston Area NHS Trust

Treating patients in a day - the Weston experience

Published research

1. Improving outpatient services: The Southampton IBD virtual clinic


Citation: Frontline Gastroenterology, April 2012, vol./is. 3/2(76-80), 2041-4137;2041-4145 (April 2012)

Publication Date: April 2012

Abstract: The follow-up of inflammatory bowel disease (IBD) patients is challenging due to the relapsing remitting nature of the diseases, the wide spectrum of severity and complexity as well as the need for monitoring of long-term complications and drug treatments. Conventional outpatient follow-up lacks flexibility for patients and there are competing pressures for clinic time. Alternative follow-up pathways include telephone clinics, self-management programmes or discharging patients. The IBD virtual clinic (VC) is a further option. Patients with an established diagnosis for >2 years, who have been stable for >1 year, do not have primary sclerosing cholangitis and who give their consent, are entered into the VC system. Two months before their annual follow-up is due patients are sent blood test forms and a simple questionnaire with an information sheet. If they meet any of the criteria on the questionnaire, they are asked to contact the IBD specialist nursing team to discuss their situation. The blood test results and the patient's database entry are reviewed to ensure that they are not due surveillance investigations. The patients and their GPs then receive a letter informing them of their management plan. We currently follow-up 20% of the Southampton IBD cohort using the VC. The VC system is an innovative, efficient and patient-responsive method for following up mild to moderate IBD. It is well liked by patients but is dependent on a well-maintained database with good integration of IT
systems and requires both clerical and IBD nurse specialist support.

Source: EMBASE
Available in fulltext at Highwire Press

2. How effective are short message service reminders at increasing clinic attendance? A meta-analysis and systematic review

Author(s) Guy R., Hocking J., Wand H., Stott S., Ali H., Kaldor J.

Citation: Health Services Research, April 2012, vol./is. 47/2(614-632), 0017-9124;1475-6773 (April 2012)
Publication Date: April 2012

Abstract: Background and Objectives In the last few years there has been a steady uptake of mobile phone short message service (SMS) reminders to increase medical attendance rates. We undertook a review of studies that assessed the effectiveness of SMS reminders at increasing the uptake of appointments in health care settings. Methods We reviewed studies which involved a comparison of appointment attendance rates between patients who did and did not receive SMS reminders published prior to June 2010. We used meta-analysis methods to calculate the overall effect on attendance rates, stratified by study design and clinic type. Results The review criteria were met by 18 reports, made up of eight randomized controlled trials (RCTs) and 10 controlled observational studies. Across all studies, there was significant heterogeneity in the estimated effect measure of the relationship between use of SMS reminders and clinic attendance ($I^2 = 90$ percent; $p < .01$), so a summary effect estimate was not calculated. Stratification by study design showed that the heterogeneity was due to the observational studies. The summary effect from the RCTs was 1.48 (95% CI: 1.23-1.72) with no significant subgroup differences by clinic type (primary care clinics, hospital outpatient clinics), message timing (24, 48, and 72+ hours before the scheduled appointment), and target age group (pediatric, older). Conclusions Short message service reminders in health care settings substantially increase the likelihood of attending clinic appointments. SMS reminders appear to be a simple and efficient option for health services to use to improve service delivery, as well as resulting in health benefits for the patients who receive the reminders. Health Research and Educational Trust.

Source: EMBASE
Available in fulltext at EBSCOhost
Available in print at ULHT journal article requests. Complete the online form to obtain articles.

3. An alternative outpatient scheduling system: Improving the outpatient experience.

Author(s) Huang, Yu-Li, Hancock, Walton M., Herrin, Gary D.

Citation: IIE Transactions on Healthcare Systems Engineering, 01 April 2012, vol./is. 2/2(97-111), 19488300
Publication Date: 01 April 2012

Abstract: Patient wait time has long been a recognized problem in modern outpatient health care delivery systems. Despite all the efforts to develop appointment rules and solutions, the problem of long patient waits persists. Regardless of the reasons for this problem, the fact remains that there are few implemented models for effective scheduling that consider patient wait times as well as physician idle time and are generalized sufficiently to accommodate a variety of outpatient clinic settings. This paper presents a solution of designing appointment slots for scheduling appointments in outpatient facilities that both patient wait time and physician idle time meet the declared scheduling policies without overbooking and double-booking. Furthermore, this paper provides the implementation results from three case studies to support the approach. The results confirm that the system can effectively reduce patient wait time as much as 56% without significantly increasing physician idle time per patient and still allow physician to see and schedule exactly same number of patients per clinic session. Consequently, this research
improves the outpatient experience for both patients and the medical professions, changes the perception of long waits in a physician's office and ultimately enhances the quality of care.

**Source:** Health Business Elite

Available in print at ULHT journal article requests. Complete the online form to obtain articles.

4. Do some trusts deliver a consistently better experience for patients? : an analysis of patient experience across acute care surveys in English NHS trusts.

**Author(s)** Raleigh, Veena S., Frosini, Francesca, Sizmur, Steve

**Citation:** BMJ Quality and Safety, 2012, vol./is. 21/5(381-390), 2044-5415

**Publication Date:** 2012

**Abstract:** INTRODUCTION: Data were used from inpatient, outpatient and accident and emergency surveys in acute trusts in England to examine consistency in patient-reported experience across services, and factors associated with systematic variations in performance. METHODS: Standardised mean scores for six domains of patient experience were constructed for each survey for 145 non-specialist acute trusts. Hierarchical cluster analysis was used to investigate whether and how trust performance clusters. Multilevel regression analysis was used to determine trust characteristics associated with performance. RESULTS: Cluster analysis identified three groups: trusts that performed consistently above (30 trusts) or below (six trusts) average, and those with mixed performance. All the poor performing trusts were in London, none were foundation trusts or teaching hospitals, and they had the highest mean deprivation score and the lowest proportion of white inpatients and response rates. Foundation and teaching status, and the proportion of white inpatients, were positively associated with performance; deprivation and response rates showed less consistent positive associations. No regional effects were apparent after adjusting for independent variables. CONCLUSION: The results have significant implications for quality improvement in the NHS. The finding that some NHS providers consistently perform better than others suggests that there are system-wide determinants of patient experience and the potential for learning from innovators. However, there is room for improvement overall. Given the large samples of these surveys, the messages could also have relevance for healthcare systems elsewhere. [Abstract]

**Source:** HMIC

Available in fulltext at Highwire Press

5. Expanding the roles of outpatient pharmacists: Comparing outcomes between ambulatory care services at community pharmacy-associated and institution-associated clinics

**Author(s)** Pong K., Dahl N., Omotosho F., Ching L., Nkansah N.

**Citation:** Journal of the American Pharmacists Association, March 2011, vol./is. 51/2(280), 1544-3191 (March-April 2011)

**Publication Date:** March 2011

**Abstract:** Objective: The scope of practice for outpatient pharmacists has been expanding in recent years to help meet the demand for better control of chronic health problems. The objective of this Cochrane systematic review is to investigate clinical outcomes between pharmacist interventions in community pharmacy-associated ambulatory care clinics versus institution-associated ambulatory care clinics. The overall aim will be to determine if pharmacist interventions differ between these types of clinics and whether that has an impact on patient outcomes. The study plans to address the comparative effectiveness of community pharmacy-associated clinics as this service continues to expand. The study will also attempt to correlate any outcomes with different factors present within each clinic. The study expects to find no differences between the respective ambulatory care clinics. Methods: The University of California, San Francisco, Institutional Review Board has approved this study. Study articles were selected after searching through a comprehensive Medline, EMBASE, Cochrane Effective Practice and Organization of Care Group internal
register, and Medline search. Inclusion criteria requires studies to be randomized controlled trials, have pharmacist-delivered cognitive interventions in the outpatient setting, and objectively collected outcome measures. Data abstraction and inclusion determination will be performed by two independent reviewers. Outcome variables will include blood pressure, glycemic control, lipid panel, anticoagulation management, hospitalizations, morbidity and mortality, process-related outcomes (number of prescriptions, changes in therapy, discontinuation of therapies), and other objectively measured outcomes if due to pharmacist intervention. All data collection and analysis will be completed using Cochrane’s Review Manager 5. Results: NA (research in progress).

**Source:** EMBASE

**Available in fulltext at EBSCOhost**

**Available in print at ULHT journal article requests. Complete the online form to obtain articles.**

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**6. Electronic collaboration: Using technology to solve old problems of quality care**

**Author(s)** Baumlin K.M., Genes N., Landman A., Shapiro J.S., Taylor T., Janiak B.

**Citation:** Academic Emergency Medicine, December 2010, vol./is. 17/12(1312-1321), 1069-6563;1553-2712 (December 2010)

**Publication Date:** December 2010

**Abstract:** The participants of the Electronic Collaboration working group of the 2010 Academic Emergency Medicine consensus conference developed recommendations and research questions for improving regional quality of care through the use of electronic collaboration. A writing group devised a working draft prior to the meeting and presented this to the breakout session at the consensus conference for input and approval. The recommendations include: 1) patient health information should be available electronically across the entire health care delivery system from the 9-1-1 call to the emergency department (ED) visit through hospitalization and outpatient care, 2) relevant patient health information should be shared electronically across the entire health care delivery system, 3) Web-based collaborative technologies should be employed to facilitate patient transfer and timely access to specialists, 4) personal health record adoption should be considered as a way to improve patient health, and 5) any comprehensive reform of regionalization in emergency care must include telemedicine. The workgroup emphasized the need for funding increases so that research in this new and exciting area can expand. 2010 by the Society for Academic Emergency Medicine.

**Source:** EMBASE

**Available in fulltext at EBSCOhost**

**Available in print at ULHT journal article requests. Complete the online form to obtain articles.**

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**7. Management by Outcomes: Efficiency and Operational Success in the Ambulatory Surgery Center**

**Author(s)** Merrill D.G., Laur J.J.

**Citation:** Anesthesiology Clinics, June 2010, vol./is. 28/2(329-351), 1932-2275 (June 2010)

**Publication Date:** June 2010

**Abstract:** Quality of care and service in health care can benefit from the use of algorithm-driven care (standard work) that integrates literature assessment and analysis of local outcome and process data to eliminate unnecessary variation that causes error and waste. Effective management of an ambulatory surgery center requires that leadership emphasize constant improvement in the processes of care to achieve maximum patient safety and satisfaction, delivered with highest efficiency. Process improvement may be achieved by simple measurement alone (the Hawthorne effect). However, as shown in this article, the authors have successfully used the implementation of regular measurement and open discussion of patients’ clinical outcomes and other operational metrics to focus active systems improvement projects in ambulatory surgery centers, with excellent results. 2010
8. The impact of pharmacy computerised clinical decision support on prescribing, clinical and patient outcomes: A systematic review of the literature

**Author(s)** Robertson J., Walkom E., Pearson S.-A., Hains I., Williamson M., Newby D.

**Citation:** International Journal of Pharmacy Practice, April 2010, vol./is. 18/2(69-87), 0961-7671 (April 2010)

**Publication Date:** April 2010

**Abstract:** Objectives Computerised clinical decision support systems (CDSSs) are being used increasingly to support evidence-based decision-making by health care professionals. This systematic review evaluated the impact of CDSSs targeting pharmacists on physician prescribing, clinical and patient outcomes. We compared the impact of CDSSs addressing safety concerns (drug interactions, contraindications, dose monitoring and adjustment) and those focusing on medicines use in line with guideline recommendations (hereafter referred to as Quality Use of Medicines, or QUM). We also examined the influence of clinical setting (institutional versus ambulatory care), system- or user-initiation of CDSS, prescribing versus clinical outcomes reported and use of multi-faceted versus single interventions on system effectiveness. Methods We searched Medline, Embase, CINAHL and PsycINFO (1990-2009) for methodologically adequate studies (experiments and strong quasi-experiments) comparing a CDSS with usual pharmacy care. Individual study results are reported as positive trends or statistically significant results in the direction of the intentions of the CDSS being tested. Studies are aggregated and compared as the proportions of studies showing the effectiveness of the CDSS on the majority (≥ 50%) of outcomes reported in the individual study. Key findings Of 21 eligible studies, 11 addressed safety and 10 QUM issues. CDSSs addressing safety issues were more effective than CDSSs focusing on QUM (10/11 versus 4/10 studies reporting statistically significant improvements in favour of CDSSs on ≥ 50% of all outcomes reported; P = 0.01). A number of QUM studies noted the limited contact between pharmacists and physicians relating to QUM treatment recommendations. More studies demonstrated CDSS benefits on prescribing outcomes than clinical outcomes (10/10 versus 0/3 studies; P = 0.002). There were too few studies to assess the impact of system-versus user-initiated CDSS, the influence of setting or multi-faceted interventions on CDSS effectiveness. Conclusions Our study demonstrated greater effectiveness of safety-focused compared with QUM-focused CDSSs. Medicine safety issues are traditional areas of pharmacy activity. Without good communication between pharmacists and physicians, the full benefits of QUM-focused CDSSs may not be realised. Developments in pharmacy-based CDSSs need to consider these inter-professional relationships as well as computer-system enhancements. 2010 Royal Pharmaceutical Society of Great Britain.

**Source:** EMBASE

Available in fulltext at EBSCOhost

Available in print at ULHT journal article requests. Complete the online form to obtain articles.

9. A cost effective way of reducing outpatient clinic waiting times: How we did it.

**Author(s)** Yeboah, Edward K., Thomas, Mahiban E.

**Citation:** Internet Journal of Healthcare Administration, 01 January 2010, vol./is. 7/1(5-5), 15312933

**Publication Date:** 01 January 2010

**Abstract:** Background: Patient clinic waiting times are an important indicator of quality of services offered by hospitals. Long waiting times are a major source of patient dissatisfaction and adversely affect patient compliance with treatment regimes and clinical
outcomes. Cancer patients require longer consultation times, which have a build up effect of increasing waiting times of the other patients needing to be seen. Methods: We performed an audit of all patients who presented to the Maxillofacial/Head and Neck clinics in May 2008 at the Royal Darwin Hospital. Patients who arrived late for their scheduled appointment were excluded. Recommendations from the audit were implemented and a re-audit done after six months. Based on the analyses of the initial results, our service was re-organised into separate cancer and non-cancer clinics. A follow up audit was done six months later in November 2008. Patients were pre selected randomly from the out patient clinic list of both cancer and non-cancer clinics. Patients who arrived late for their scheduled appointment were excluded. Data was summarised with graphs and tables and statistical analyses done using XLSTAT version 2008.6.8 Copyright Addinsoft 1995-2008 software. Results: 75 patients were analysed for the audit and 45 for the re-audit. About a third of patients from both studies were cancer patients; 37.8% of the audit and 34% in the re-audit. Mean clinic waiting time in the audit was 42.89 minutes. There was a statistically significant difference in consultation times (p<.001) at 95% Confidence interval (CI) with initial cancer visits spending the most time (70.8 minutes) and follow up non cancer patients spending the least time (16.2 minutes). In the re-audit, the mean waiting time was reduced to 12 minutes and there was still a statistically significant difference in consultation times (p<.001) at 95% CI with initial cancer visits spending the most time (63.7 minutes) and follow up non cancer patients spending the least time (11.72 minutes). In both the audit and re-audit, there was no statistically significant difference in the time spent on procedures. Conclusion: Separating outpatients into cancer clinics and non-cancer clinics is a cost effective way of reducing clock waiting times in outpatient clinics and thus improving the quality of care to our patients.

Source: Health Business Elite
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Available in print at ULHT journal article requests. Complete the online form to obtain articles.

10. Strategy and governance for successful implementation of an enterprise-wide ambulatory EMR.

Author(s) Kraatz AS, Lyons CM, Tomkinson J

Citation: Journal of Healthcare Information Management, 2010, vol./is. 24/2(34-40), 1099-811X;1099-811X (2010)

Publication Date: 2010

Abstract: Coordinating the implementation of an enterprise-wide ambulatory EMR has its challenges both from an IT technology perspective as well as from a clinical workflow perspective. Add to it the complexities of integrating a wide variety of legacy systems, the desire for electronic prescription processes, the need for remote access for doctors and patients, along with the number of physicians from diverse specialties that want to qualify for the federal stimulus funding and you have a summary of the Continuum Health Partners, Inc. (CHP) ongoing Ambulatory EMR project. This article will provide a detailed description of the key benefits to implementing an EMR, typical challenges, key strategies and techniques for managing an implementation, and critical success drivers to be monitored. Using a case study of a healthcare provider that leveraged strategic planning and these techniques, the article will show how an organization can maneuver successfully through the challenges in implementing an EMR and how the initiative can serve as a catalyst for change.

Source: Medline
Available in print at ULHT journal article requests. Complete the online form to obtain articles.

11. A literature review of email-based telemedicine.

Author(s) Caffery LJ, Smith AC

Citation: Studies in Health Technology & Informatics, 2010, vol./is. 161/(20-34), 0926-
Abstract: A structured analysis of peer-reviewed literature about the delivery of health services by email was undertaken for this review. A total of 185 articles were included in the analysis. These articles were thematically categorised for medical specialty, participants, sub-topic, study design and service-delivery application. It was shown that email-based telemedicine can be practiced in a large number of medical specialties and has application in primary consultation, second opinion consultation, telediagnosis and administrative roles (e.g. e-referral). Email has niche applications in low-bandwidth, image-based specialties (e.g. dermatology, pathology, wound care and ophthalmology) where attached digital camera images were used for telediagnosis. Diagnostic accuracy of these images was the predominant topic of research and results show email as a valid means of delivering these medical services. Email is also often used in general practice as an adjunct for face-to-face consultation. Further, a number of organisations have significantly improved the efficiency of their outpatient services when using email as a triage or e-referral system. Email-based telemedicine provides specialist medical opinion in the majority of reviewed services and is most likely to be instigated by the patient's primary care giver. However, email-consultations between patient and primary care and patient and secondary care are not uncommon. Most email services are implemented using ordinary email. However, a number of organisations have developed purpose-written email applications to support their telemedicine service due to impediments of using ordinary email. These impediments include lack of management tools for: the allocation and auditing of cases for a timely response and the co-ordination of effort in a multi-clinician, multi-disciplinary service. The ability to encrypt ordinary email thereby securing patient confidentiality is also regarded as difficult when using ordinary email. Hence, alternative web-based email applications where the encryption can be implemented using the more user-friendly HTTPS have become popular. Much of the reviewed literature is descriptive or anecdotal and hence, suffers from lack of conclusive results regarding positive patient outcomes. This may account for email-based telemedicine generally being regarded as underutilised. However, the potential is well recognised.

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Author(s) Hitchcock J, Jepson AP, Main J, Wickens HJ

Citation: Journal of Antimicrobial Chemotherapy, September 2009, vol./is. 64/3(630-4), 0305-7453;1460-2091 (2009 Sep)

Publication Date: September 2009

Abstract: BACKGROUND: Outpatient and home parenteral antimicrobial therapy (OHPAT) is becoming increasingly commonplace in the UK, enabling those patients who would previously have been obliged to remain in hospital for intravenous treatment to be managed as outpatients or in their own homes. The OHPAT service at St Mary's Hospital, London, was established in 2004. This paper describes the types of infection, antimicrobial management and outcomes of patients referred to the service in the 3.5 years since its inception.PATIENTS AND METHODS: All inpatients were eligible for OHPAT, provided that they had a serious infection requiring parenteral therapy, were well enough to leave hospital and fulfilled other criteria. We initially used an outpatient clinic model, but as the service developed, treatment was often delivered in patients' homes, with the OHPAT team providing training and assessment of primary care staff.RESULTS: Four hundred and sixty-seven patients were referred to the service between September 2004 and April 2008. Of these, 273 received 303 courses of OHPAT, 48 were discharged on oral therapy and 3 patients declined outpatient therapy; the remaining 143 patients were deemed unsuitable for inclusion, most commonly because the patient was too unwell for discharge (28.7%) or their social situation was inappropriate (14.7%). Causative organisms were identified in
two-thirds of cases, with methicillin-resistant Staphylococcus aureus implicated in one-third of these. Mean treatment length was 24 days (range 1-165 days), with 7394 inpatient bed-days saved. Less than 5% of patients were readmitted within 28 days with infection- or drug-related problems. There were no cases of Clostridium difficile-associated diarrhoea during or after outpatient treatment, despite extensive use of cephalosporins and other broad-spectrum agents. Patients found the service highly satisfactory and felt that it had improved their quality of life during the treatment period.

CONCLUSIONS: The introduction of the OHPAT service at St Mary’s Hospital has proved to be of benefit to patients and hospital efficiency alike.

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Available in print at ULHT journal article requests. Complete the online form to obtain articles.

13. Efficiency in ambulatory surgery center

Author(s) Joshi G.P.
Citation: Current Opinion in Anaesthesiology, December 2008, vol./is. 21/6(695-698), 0952-7907 (December 2008)
Publication Date: December 2008
Abstract: Improving efficiency of an ASC is complex and includes timely preoperative patient screening and preparation, appropriate operating room allocation and scheduling, and timely discharge home. It is necessary that a CQI process be implemented to remove organizational barriers and evaluate facility-based interventions used to streamline the throughput and enhance productivity. Of note, because there are significant variations between ASC practices, an approach that would improve efficiency in one ASC may not always be applicable to another ASC. Finally, it is imperative that any attempts to improve productivity do not compromise quality of patient care and patient safety, which must be the primary aim of the ASC. 2008 Wolters Kluwer Health \ Lippincott Williams & Wilkins.

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Author(s) Britton LJ, Thrasher S, Gutierrez H
Citation: Journal of Nursing Care Quality, April 2008, vol./is. 23/2(115-20; quiz 121-2), 1057-3631;1057-3631 (2008 Apr-Jun)
Publication Date: April 2008
Abstract: Quality improvement (QI) efforts at the University of Alabama at Birmingham/Children’s Hospital Cystic Fibrosis Center began in the spring of 2004, with a collaborative sponsored by the Cystic Fibrosis Foundation. As the authors gained experience with QI processes, significant system changes ensued. In this article, we describe how the center created a culture of improvement that has resulted in significant improvements in clinical outcomes in our patient population.

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15. Interventions to improve outpatient referrals from primary care to secondary care

Author(s) Akbari A., Mayhew A., Al-Alawi M.A., Grimshaw J., Winkens R., Glidewell E.,
**Abstract:** BACKGROUND: The primary care specialist interface is a key organisational feature of many health care systems. Patients are referred to specialist care when investigation or therapeutic options are exhausted in primary care and more specialised care is needed. Referral has considerable implications for patients, the health care system and health care costs. There is considerable evidence that the referral processes can be improved. OBJECTIVES: To estimate the effectiveness and efficiency of interventions to change outpatient referral rates or improve outpatient referral appropriateness. SEARCH STRATEGY: We conducted electronic searches of the Cochrane Effective Practice and Organisation of Care (EPOC) group specialised register (developed through extensive searches of MEDLINE, EMBASE, Healthstar and the Cochrane Library) (February 2002) and the National Research Register. Updated searches were conducted in MEDLINE and the EPOC specialised register up to October 2007. SELECTION CRITERIA: Randomised controlled trials, controlled clinical trials, controlled before and after studies and interrupted time series of interventions to change or improve outpatient referrals. Participants were primary care physicians. The outcomes were objectively measured provider performance or health outcomes. DATA COLLECTION AND ANALYSIS: A minimum of two reviewers independently extracted data and assessed study quality. MAIN RESULTS: Seventeen studies involving 23 separate comparisons were included. Nine studies (14 comparisons) evaluated professional educational interventions. Ineffective strategies included: passive dissemination of local referral guidelines (two studies), feedback of referral rates (one study) and discussion with an independent medical adviser (one study). Generally effective strategies included dissemination of guidelines with structured referral sheets (four out of five studies) and involvement of consultants in educational activities (two out of three studies). Four studies evaluated organisational interventions (patient management by family physicians compared to general internists, attachment of a physiotherapist to general practices, a new slot system for referrals and requiring a second 'in-house' opinion prior to referral), all of which were effective. Four studies (five comparisons) evaluated financial interventions. One study evaluating change from a capitation based to mixed capitation and fee-for-service system and from a fee-for-service to a capitation based system (with an element of risk sharing for secondary care services) observed a reduction in referral rates. Modest reductions in referral rates of uncertain significance were observed following the introduction of the general practice fundholding scheme in the United Kingdom (UK). One study evaluating the effect of providing access to private specialists demonstrated an increase in the proportion of patients referred to specialist services but no overall effect on referral rates. AUTHORS' CONCLUSIONS: There are a limited number of rigorous evaluations to base policy on. Active local educational interventions involving secondary care specialists and structured referral sheets are the only interventions shown to impact on referral rates based on current evidence. The effects of ‘in-house’ second opinion and other intermediate primary care based alternatives to outpatient referral appear promising.

**Source:** EMBASE

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setting. Methods: An electronic search of the literature was conducted utilising MEDLINE (1996-2006), CINAHL (1982-2006) and all EBM Reviews - Cochrane DSR, ACP Journal Club, DARE and CCTR. The search included various combinations of the MeSH search terms 'clinical decision support systems', 'primary health care', 'ambulatory care' and 'practice guidelines' and was limited to articles published from 2000 to 2006. Studies were selected for review if they involved either non-randomised observational or randomised controlled trials (RCTs) utilising CDSS as a single intervention, were performed in an ambulatory primary care setting and included quantifiable outcome measures. Results: Seventeen studies were included in the review, including five non-randomised observational studies and 12 RCTs. Thirteen studies (76%) found either positive or variable outcomes related to CDSS intervention with four studies (24%) showing no significant effect. Conclusion: Although there is validation that CDSS has the potential to produce statistically significant improvement in outcomes, there is much variability among the types and methods of CDSS implementation and resulting effectiveness. As CDSS will likely continue to be at the forefront of the march toward effective standards-based care, more work needs to be done to determine effective implementation strategies for the use of CDSS across multiple settings and patient populations. 2008 PHCSG, British Computer Society.

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17. Developing an Orthopedic Ambulatory Surgery Center

Author(s) Buehler D.A., Mattison T.R., Mayberry D.E.

Citation: Orthopedic Clinics of North America, January 2008, vol./is. 39/1(17-25), 0030-5898 (January 2008)

Publication Date: January 2008

Abstract: Although there are risks, the potential benefits should encourage one to consider developing an orthopedic ambulatory surgery center (OASC). Patients should appreciate the enhanced care they experience at a surgery center. The orthopedist can enjoy the benefits of increased income, time savings, and productivity provided by the surgery center. This article discusses the complex and time-consuming demands of developing the OASC, and having it operate efficiently. It points out how experts can assist in developing and managing a highly efficient center, freeing the orthopedist to concentrate on performing surgery in an environment that is clinically, financially, and personally rewarding. 2008 Elsevier Inc. All rights reserved.

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18. E-Clinic: an innovative approach to complex symptom management for allogeneic blood and stem cell transplant patients.

Author(s) Wright J, Purdy B, McGonigle S

Citation: Canadian Oncology Nursing Journal, 01 October 2007, vol./is. 17/4(187-189), 1181912X

Publication Date: 01 October 2007

Abstract: The allogeneic blood and stem cell program (ABSCP) at Princess Margaret Hospital, Toronto, performs 75 transplants annually. Many patients live greater than 100 kilometres from the centre and require frequent visits to the hospital for posttransplant care. The weekly travel to clinic, combined with complex symptom issues and the overwhelming desire to be cared for in their home community, is a major burden to patients and care providers. Our team of oncology health professionals, led by the nurse practitioner on service, sought to determine whether telehealth videoconferencing would be a viable option.
as a care delivery model to meet the complex needs of our remote patients and care partners. We introduced telehealth into the ambulatory clinic as a pilot project in early 2005. Patients were selected based upon symptoms, therapeutic plan and geographical remoteness. Patient progress was monitored with a goal of transitioning patients from posttransplant hospital-based care to partnered self-care in their home communities. The purpose of this article is to illustrate the ABSCP telehealth program development using a patient case study, and to detail the clinical process improvements and overall program successes that have led to the integration of telehealth into everyday clinical practice as a viable service delivery option for patient-centred symptom management and treatment compliance with a geographically remote patient population.

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19. Patients' experiences of having chemotherapy in a day hospital setting.

Author(s) McIlfatrick S, Sullivan K, McKenna H, Parahoo K
Citation: Journal of Advanced Nursing, 01 August 2007, vol./is. 59/3(264-273), 03092402
Publication Date: 01 August 2007
Abstract: Aim. This paper is a report of a study to explore patients' experiences of having chemotherapy in a day hospital. Background. The nature of cancer care has changed dramatically in recent years with most patients receiving chemotherapy in a day hospital. Despite recognition of the need to explore patients' experience of cancer treatment, little research has been undertaken in this specific area. Method. A qualitative approach was adopted with a convenience sample of 30 patients diagnosed with cancer and receiving chemotherapy in a day hospital. Data were collected from January 2002 to March 2003 using unstructured tape-recorded interviews and analysed using a narrative framework. Findings. Participants viewed their experiences of chemotherapy treatment from the initial perspective of having to face their need to have chemotherapy. Their experiences in the day hospital had both positive and negative dimensions. Positive aspects related to maintaining a sense of normality and absence of the sick role, whilst negative aspects were related to the dehumanizing, factory-like system in the day hospital. Organizational issues also influenced experiences, including the sense of comradeship with other patients. Participants indicated the need to remain positive about the future and to learn to 'work around' the treatment. Conclusion. More effective methods are needed to develop patients' confidence and motivation to realize their self-care potential, together with increased awareness of organizational influences on patient experiences. Nurses need to focus on the 'here and now' concerns of patients as opposed to a biomedical perspective relating to treatment regimes, survival and prognosis.

Source: CINAHL
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20. Day hospital care

Author(s) Briscoe J., Priebe S.
Citation: Psychiatry, August 2007, vol./is. 6/8(321-324), 1476-1793 (August 2007)
Publication Date: August 2007
Abstract: Over the past 50 years, day hospitals have emerged and developed in Western psychiatric services in the process of deinstitutionalization. There is now great diversity in the aims and uses of services that fit under the umbrella term of 'day hospital care'. The research literature has identified four models of day hospitals, varying from acute or crisis services as an alternative to traditional inpatient psychiatric care, to longer-term rehabilitative services to bolster ongoing outpatient treatment. A recent survey of English day hospitals found that most individual day hospitals aim to provide an array of functions
and services, which suggests that the different day hospital models may not be mutually exclusive. Over the past 20 years a robust evidence base has developed to support the use of acute day hospitals, with a recent randomized controlled trial in London suggesting that service users may make significantly more improvement in symptom change in this treatment setting than on traditional wards. There is a dearth of research investigating the efficacy of other day-hospital models, including those with multiple aims and functions. There is thus a real gap between evidence and practice in this area. The range of day hospital uses may reflect the flexibility of day hospitals in adapting to local service needs, but may also suggest that, despite their lengthy history, day hospitals have not carved out a distinct identity within modern community service provision. 2007 Elsevier Ltd. All rights reserved.

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21. Shifting care from hospitals to the community: a review of the evidence on quality and efficiency.

Author(s) Sibbald B, McDonald R, Roland M

Citation: Journal of Health Services & Research Policy, April 2007, vol./is. 12/2(110-7), 1355-8196;1355-8196 (2007 Apr)

Publication Date: April 2007

Abstract: OBJECTIVES: A key objective in many health-care systems is to shift specialist services from acute hospitals to the community and so bring care closer to home for patients. Our aim was to review published research into the effectiveness of strategies for achieving this objective.METHODS: We conducted a ‘scoping’ review and qualitative data synthesis of four strategies: transfer of services from hospital to primary care; relocation of hospital services to primary care; joint working between primary and acute care; and interventions to alter the referral behaviour of primary care practitioners.RESULTS: One hundred and nineteen studies were identified and data systematically extracted. The findings suggest that transferring hospital services to primary care, and interventions that change the referral behaviour of primary care practitioners generally reduced outpatient activity but also risked reducing quality. Savings in cost were offset by increases in overall service volume and loss of economies of scale. Relocating specialists to primary care, and joint working between primary and acute care, improved access without jeopardizing quality. However, outpatient activity was rarely reduced and costs were generally increased due to loss of economies of scale.CONCLUSIONS: Our findings suggest that the policy may be effective in improving access to specialist care for patients and reducing demand on acute hospitals. There is a risk, however, that the quality of care may decline and costs may increase.

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22. SMS text messaging improves outpatient attendance.

Author(s) Downer SR, Meara JG, Da Costa AC, Sethuraman K

Citation: Australian Health Review, August 2006, vol./is. 30/3(389-96), 0156-5788;0156-5788 (2006 Aug)

Publication Date: August 2006
Abstract: OBJECTIVE: To evaluate the operational and financial efficacy of sending short message service (SMS) text message reminders to the mobile telephones of patients with scheduled outpatient clinic appointments. DESIGN: Cohort study with historical control. SETTING: Royal Children's Hospital, Melbourne, Victoria. PATIENTS: Patients who gave a mobile telephone contact number and were scheduled to attend an outpatient clinic at the Royal Children's Hospital, Melbourne in October, November and December 2004 (trial group) or in October, November and December 2003 (historical control group). MAIN OUTCOME MEASURES: Failure-to-attend (FTA) rate compared between the trial group, whose members were sent a reminder, and the historical control group, whose members were not sent a reminder. Financial benefits versus cost of sending reminders. RESULTS: 22,658 patients with a mobile telephone contact number scheduled to attend an outpatient clinic appointment in October, November and December 2004 were sent an SMS reminder; 20,448 (90.2%) of these patients attended their appointment. The control group included 22,452 patients with a mobile telephone contact number scheduled to attend an appointment, with 18,073 (80.5%) patients attending. The FTA rate was significantly lower in the trial group than in the historical control group (9.8% v 19.5%; P < 0.001). The cost of sending the SMS reminders was small compared with the increase in patient revenue and associated benefits generated as a result of improved attendance. CONCLUSIONS: The observed reduction in FTA rate was in line with that found using traditional reminder methods and a prior pilot study using SMS. The FTA reduction coupled with the increase in patient revenue suggests that reminding patients using SMS is a very cost effective approach for improving patient attendance.

Source: Medline

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23. Patients' perceptions of joint consultations : a qualitative evaluation.

Author(s) Harrison, Robert

Citation: Health Expectations, 2006, vol./is. 9/1(81-90), 1369-6513

Publication Date: 2006

Abstract: OBJECTIVE: To determine patient perceptions of joint teleconsultations (JTC), with particular reference to reasons underlying, and factors contributing to, patient satisfaction and dissatisfaction with this mode of health delivery. BACKGROUND: Telemedicine has been welcomed as one way of improving health-care delivery, by improving patient access to secondary care and specialist services hence widening patient choice, particularly for patients outside major conurbations. However, a recent systematic review found currently available data on patient satisfaction with telemedicine to be methodologically flawed. Qualitative evaluations offer the opportunity to elucidate the details of patient satisfaction with this mode of health-care delivery. DESIGN: Qualitative study using semi-structured interviews. SETTING AND PARTICIPANTS: Purposive sample of 28 participants of a major randomized controlled trial (Virtual Outreach study) of JTC conducted in one urban and one rural area in Britain. INTERVENTION: Joint teleconferenced consultations with the patient, patient's general practitioner (GP), and a hospital specialist. The patient and GP were sited in the local practice, while the hospital specialist was in the hospital outpatient department, and the two parties were connected by an ISDN2 link and video-conferencing software. MAIN OUTCOME MEASURES: Patient experiences of JTC, with particular reference to reasons underlying, and factors contributing to, overall satisfaction or dissatisfaction. RESULTS: Two major themes were identified: customer care and doctor-patient interaction. Patients appreciated the customer care aspects of JTC, particularly the enhanced convenience, reduced costs and improved punctuality associated with JTC. However, there were divergent views about the doctor-patient interactions with some patients expressing a sense of alienation arising from the use of technology, and problems with doctor-patient communication. CONCLUSIONS: These data add significantly to the existing literature on patient satisfaction with telemedicine, by elucidating the factors underlying overall satisfaction scores and hence have implications for future service delivery and implementation of telemedicine. 1 table 15 refs. + 1 appendix [Abstract]

Source: HMIC
24. IBD management can be improved by pharmacists working in the IBD clinic

**Author(s)** Bhalla N., Bredin F., Strickland-Hodge B.

**Citation:** Pharmacy in Practice, November 2005, vol./is. 15/10(405-410), 1358-1538 (November/December 2005)

**Publication Date:** November 2005

**Abstract:** A supplementary prescribing pharmacist is - within the bound of a CMP - capable of starting and reviewing immunomodulatory therapy for IBD patients to the high standard required. The work of the pharmacist in clinical care area is similar to that currently provided by the specialist nurse. The pharmacist brings to the clinic some added value, such as a broader knowledge of drug therapy that allows consideration of issues such as interactions, vaccines, safety of drugs in pregnancy and breast feeding and the provision of prompt advice. On these issues, we have found that this service has provided advantages for a select group of patients at a specific stage of their treatment. The pharmacist was also able to use his knowledge and experience of writing guidelines and clinical documentation to undertake a major review of the documentation used for IBD patients. This enabled new documents such as shared-care guidelines for GPs to be produced, and in time it will be appropriate to canvass the opinion of GPs on the quality and timeliness of the information they receive. In addition it would be useful to assess whether as a result of the pharmacist's involvement there has been any overall improvement in managing patients taking immunomodulatory therapy. It is also important to seek patients' views on a pharmacist-managed service before and after they have had an appointment with a pharmacist. With the impending development of independent prescribing for pharmacists, it is important to ask whether a pharmacist could manage the group of patients described within this article as an independent prescriber. In my view, this is possible, but the pharmacist would need to have considerable experience and training in gastroenterology to ensure a high standard of clinical service was maintained and to secure the confidence of medical and nursing staff already specialising in this area.

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25. Approach to the patient with epilepsy in the outpatient department

**Author(s)** Hadjikoutis S., Smith P.E.M.

**Citation:** Postgraduate Medical Journal, July 2005, vol./is. 81/957(442-447), 0032-5473 (July 2005)

**Publication Date:** July 2005

**Abstract:** Epilepsy is common and serious (prevalence 750 per 100 000) and has an impact upon employment, education, and driving. The diagnosis requires a detailed history including witness account. Clinicians must distinguish seizures particularly from syncope and psychogenic attacks. Electroencephalography and magnetic resonance brain scanning help to identify causes and classification of epilepsy, but alone rarely provide the diagnosis. Antiepileptic drug treatment is required long term and is potentially hazardous; patients should start treatment only after informed discussion with an epilepsy specialist. Patients require reliable written information, particularly the driving regulations, and the impact of seizures on employment, education, and leisure. Women must understand the potential drug teratogenic effects. Certain patient groups benefit from targeted epilepsy services, for example, learning disabled, children, teenagers, and elderly. People with epilepsy require long term specialist follow up. Although this is currently provided in mainly in secondary care (including nurse led clinics), improved liaison with primary care should enable improved access to epilepsy services. Epilepsy care should be multidisciplinary and long
term, linking primary and secondary care, and empowering patients towards improved management of their condition.

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26. A nurse-led ambulatory care pathway for patients with deep venous thrombosis in an acute teaching hospital

**Author(s)** Deagle J., Allen J., Mani R.

**Citation:** International Journal of Lower Extremity Wounds, June 2005, vol./is. 4/2(93-96), 1534-7346 (June 2005)

**Publication Date:** June 2005

**Abstract:** This article describes the management of deep vein thrombosis (DVT) using an ambulatory nurse-led pathway and the compression technique using duplex ultrasound. This pathway permits the management of the "walking wounded" as well as other patients at varying risks of having DVT and in so doing has changed the approach toward the management of this common clinical event. The success of the described pathway is attributed to the development of low molecular weight heparin and the reliability of diagnostics. 2005 Sage Publications.

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27. Development and effectiveness of nurse-led arthritis clinics

**Author(s)** Hill J.

**Citation:** Drug Benefit Trends, June 2005, vol./is. 17/6(262-270), 1080-5826 (June 2005)

**Publication Date:** June 2005

**Abstract:** Chronic rheumatic diseases are complex and expensive to manage. To help improve disease management for rheumatic diseases, rheumatology nurses in the United Kingdom have set up nurse-led clinics with the encouragement of rheumatologists, patients, and politicians. The development of these clinics and a review of literature from mainland Europe and the United Kingdom are described. To date, evidence has shown that nurse-led care is an effective approach to disease management. Although nurses see fewer patients than their physician counterparts, they show fewer missed appointments.

**Source:** EMBASE

28. Outpatient treatment as effective as inpatient for many with pneumonia

**Author(s)**

**Citation:** Journal of Family Practice, May 2005, vol./is. 54/5(406), 0094-3509 (May 2005)

**Publication Date:** May 2005

**Abstract:** The Pneumonia Severity Index—otherwise known as the Fine or Pneumonia Patient Outcomes Research Team (PORT) criteria—is a way to stratify patients with community-acquired pneumonia into 5 risk classes. Patients in class I have the lowest pneumonia severity and class V has a 30-day mortality of 27.0%. Patients in class I should be treated as outpatients, and those in classes IV and V should be admitted; this
Study evaluated the role of hospitalization in patients with class II or III pneumonia. The Barcelona-based researchers enrolled 224 immunocompetent adults who received a diagnosis of community-acquired pneumonia with no respiratory failure, complicated pleural effusions, or unstable comorbidities. The patients were randomized to be treated as inpatient or as outpatients. The patients had the usual pathogens of pneumonia, although (as is also typical) a cause was not determined for approximately 30%. All patients received levofloxacin (Levaquin) 500 mg daily for an average 10.19 days; outpatients were treated with oral therapy and inpatients were treated with intravenous therapy and then oral therapy for an average of 10 days, although they were hospitalized for an average 5.1 days. Outpatients received 1 nurse visit 48 hours after discharge for assessment and received a second visit if they did not seem to be improving. The investigators used a combined endpoint of success, including cure of pneumonia, absence of adverse drug reactions, absence of medical complications, no need for additional visits, no changes in initial treatment, and no hospital admission or death within 30 days. This outcome was achieved by 83.6% of outpatients and 80.7% of hospitalized patients. Readmission rates were similar in the 2 groups (6%-7%). Health-related quality-of-life scores measured at 7 and 30 days were similar in both groups. More outpatients than inpatients reported satisfaction with their overall care (91.2% vs 79.1%; P=.03). Copyright 1995-2004 InfoPOEM, Inc. All rights reserved.

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29. Rx for Improvement: A Case Study in an Outpatient Pharmacy.

Author(s) Arthur, Jyme

Citation: Journal for Quality & Participation, 01 March 2005, vol./is. 28/1(36-40), 10409602

Publication Date: 01 March 2005

Abstract: 1. This case study describes the success of a medical center pharmacy in using simple, but innovative methods for problem identification, root-cause analysis, solution generation, and implementation of a process improvement effort. The main focus of the improvement effort was reducing wait times in filling prescriptions. 2. Since there were so many opportunities for improvement, the specially chartered performance improvement team decided that the best approach was to work on several areas in parallel. All the while, the focus of the team was to improve the patient satisfaction and employee satisfaction while focusing on improving overall business processes. 3. Through improvement efforts such as piloting an express line concept, renovating the waiting area, and developing an electronic prescription order entry system, the time to fill prescriptions dropped significantly, patient satisfaction measures increased, and employee satisfaction results improved.

Source: Health Business Elite
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30. Randomised controlled trial to compare GP-run orthopaedic clinics based in hospital outpatient departments and general practices.

Author(s) Baker, Richard

Citation: British Journal of General Practice, 2005, vol./is. 55/521(912-917), 0960-1643

Publication Date: 2005

Abstract: BACKGROUND: To reduce outpatient waiting times, a growing number of outpatient clinics for selected groups of patients are being provided by GPs with special interests (GPwSIs). AIM: To determine whether there are differences in patient satisfaction or clinical outcome among patients attending orthopaedic clinics provided by GPwSIs in hospital or community settings. DESIGN OF STUDY: Randomised controlled trial.
SETTING: Hospital outpatient departments or general practices. METHOD: Three hundred and twenty-one patients with minor orthopaedic problems were referred by GPs to the orthopaedic surgery department of the University Hospitals of Leicester NHS Trust; 168 patients were randomised to care by GPwSIs in practices, and 153 were randomised to care by the same GPwSIs in clinics held at hospital outpatient departments. Patients completed the SF-36v2 and satisfaction questionnaires at their first appointment, and again three months later. RESULTS: There was no significant difference between the sites in changes in health. After the first clinic attendance, patients attending practice-based clinics were more satisfied with access to appointments and information received. CONCLUSION: For selected orthopaedic referrals seen by GPwSIs, there were no significant differences in clinical outcomes between practice-based and hospital-based clinics, but some features of practice-based clinics tend to be preferred by patients. 1 fig. 4 tables 17 refs. [Abstract]

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31. Virtual outreach: a randomised controlled trial and economic evaluation of joint teleconferenced medical consultations


Citation: Health technology assessment (Winchester, England), December 2004, vol./is. 8/50(1-106, iii-iv), 1366-5278 (Dec 2004)

Publication Date: December 2004

Abstract: OBJECTIVES: To test the hypotheses that virtual outreach would reduce offers of hospital follow-up appointments and reduce numbers of medical interventions and investigations, reduce numbers of contacts with the health care system, have a positive impact on patient satisfaction and enablement, and lead to improvements in patient health status. To perform an economic evaluation of virtual outreach. DESIGN: A randomised controlled trial comparing joint teleconsultations between GPs, specialists and patients with standard outpatient referral. It was accompanied by an economic evaluation. SETTING: The trial was centred on the Royal Free Hampstead NHS Trust, London, and the Royal Shrewsbury Hospital Trust in Shropshire. The project teams recruited and trained a total of 134 GPs from 29 practices and 20 consultant specialists. PARTICIPANTS: In total, 3170 patients were referred, of whom 2094 consented to participate in the study and were eligible for inclusion. In all, 1051 patients were randomised to the virtual outreach group and 1043 to standard outpatient appointments. The patients were followed 6 months after their index consultation. INTERVENTIONS: Patients randomised to virtual outreach underwent a joint teleconsultation, in which they attended the general practice surgery where they and their GP consulted with a hospital specialist via a videolink between the hospital and the practice. MAIN OUTCOME MEASURES: Outcome measures included offers of follow-up outpatient appointments, numbers of tests, investigations, procedures, treatments and contacts with primary and secondary care, patient satisfaction (Ware Specific Visit Questionnaire), enablement (Patient Enablement Instrument) and quality of life (Short Form-12 and Child Health Questionnaire). An economic evaluation of the costs and consequences of the intervention was undertaken. Sensitivity analysis was used to test the robustness of the results. RESULTS: Patients in the virtual outreach group were more likely to be offered a follow-up appointment. Significant differences in effects were observed between the two sites and across different specialities. Virtual outreach increased the offers of follow-up appointments more in Shrewsbury than in London, and more in ENT and orthopaedics than in the other specialities. Fewer tests and investigations were ordered in the virtual outreach group, by an average of 0.79 per patient. In the 6-month period following the index consultation, there were no significant differences overall in number of contacts with general practice, outpatient visits, accident and emergency contacts, inpatient stays, day surgery and inpatient procedures or prescriptions between the randomised groups. Tests of interaction indicated that virtual outreach decreased the number of tests
and investigations, particularly in patients referred to gastroenterology, and increased the number of outpatient visits, particularly in those referred to orthopaedics. Patient satisfaction was greater after a virtual outreach consultation than after a standard outpatient consultation, with no heterogeneity between specialties or sites. However, patient enablement after the index consultation, and the physical and psychological scores of the Short Form-12 for adults and the scores on the Child Health Questionnaire for children under 16, did not differ between the randomised groups at 6 months' follow-up. NHS costs over 6 months were greater for the virtual outreach consultations than for conventional outpatients, pound 724 and pound 625 per patient, respectively. The index consultation accounted for this excess. Cost and time savings to patients were found. Estimated productivity losses were also less in the virtual outreach group. CONCLUSIONS: Virtual outreach consultations result in significantly higher levels of patient satisfaction than standard outpatient appointments and lead to substantial reductions in numbers of tests and investigations, but they are variably associated with increased rates of offer of follow-up according to speciality and site. Changes in costs and technological advances may improve the relative position of virtual consultations in future. The extent to which virtual outreach is implemented will probably be dependent on factors such as patient demand, costs, and the attitudes of staff working in general practice and hospital settings. Further research could involve long-term follow-up of patients in the virtual outreach trial to determine downstream outcomes and costs; further study into the effectiveness and costs of virtual outreach used for follow-up appointments, rather than first-time referrals; and whether the costs of virtual outreach could be substantially reduced without adversely affecting the quality of the consultation if nurses or other members of the primary care team were to undertake the hosting of the joint teleconsultations in place of the GP. Qualitative work into the attitudes of the patients, GPs and hospital specialists would also be valuable.

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32. Process for improving the integration of care across the primary and acute care setting in rural South Australia: asthma as a case study.

Author(s) Laurence COM, Beilby J, Campbell S, Campbell J, Ponte L, Woodward G

Citation: Australian Journal of Rural Health, 01 December 2004, vol./is. 12/6(264-268), 10385282

Publication Date: 01 December 2004

Abstract: OBJECTIVE: To develop a process for improving the integration of care across the rural acute and primary care settings using asthma as a case study. METHODS: Development of the process on the analysis of case note audit, survey, interviews and a workshop. SETTING: A rural region of South Australia. RESULTS: A work plan for improving general practitioner (GP)-hospital integration was developed that resulted from analysis of the defined problem, GPs and stakeholder involvement, communication between all stakeholders, provision of an incentive to bring all the stakeholders together, and identification of evidence-based solutions. CONCLUSIONS: Managing chronic disease in a community requires the integration of care across the primary and acute care setting. To be successful, GP-hospital integration initiatives require stakeholder involvement, locally developed solutions, engagement of GPs, communication and a well-developed plan. This project provides a process for achieving this.

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33. A review of three years experience using email and videoconferencing for the delivery of post-acute burns care to children in Queensland
Abstract: A virtual outpatient service has been established in Queensland for the delivery of post-acute burns care to children living in rural and remote areas of the state. The integration of telepaediatrics as a routine service has reduced the need for patient travel to the specialist burns unit situated in Brisbane. We have conducted 293 patient consultations over a period of 3 years. A retrospective review of our experience has shown that post-acute burns care can be delivered using videoconferencing, email and the telephone. Telepaediatric burns services have been valuable in two key areas. The first area involves a programme of routine specialist clinics via videoconference. The second area relates to ad-hoc patient consultations for collaborative management during acute presentations and at times of urgent clinical need. The families of patients have expressed a high degree of satisfaction with the service. Telepaediatric services have helped improve access to specialist services for people living in rural and remote communities throughout Queensland. 2003 Elsevier Ltd and ISBI. All rights reserved.

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34. Specialist outreach clinics in primary care and rural hospital settings.

Author(s) Gruen RL, Weeramanthri TS, Knight SE, Bailie RS

Citation: Cochrane Database of Systematic Reviews, 2004, vol./is. /1(CD003798), 1361-6137;1469-493X (2004)

Publication Date: 2004

Abstract: BACKGROUND: Specialist medical practitioners have conducted clinics in primary care and rural hospital settings for a variety of reasons in many different countries. Such clinics have been regarded as an important policy option for increasing the accessibility and effectiveness of specialist services and their integration with primary care services.OBJECTIVES: To undertake a descriptive overview of studies of specialist outreach clinics and to assess the effectiveness of specialist outreach clinics on access, quality, health outcomes, patient satisfaction, use of services, and costs.SEARCH STRATEGY: We searched the Cochrane Effective Practice and Organisation of Care (EPOC) specialised register (March 2002), the Cochrane Controlled Trials Register (CCTR) (Cochrane Library Issue 1, 2002), MEDLINE (including HealthStar) (1966 to May 2002), EMBASE (1988 to March 2002), CINAHL (1982 to March 2002), the Primary-Secondary Care Database previously maintained by the Centre for Primary Care Research in the Department of General Practice at the University of Manchester, a collection of studies from the UK collated in "Specialist Outreach Clinics in General Practice" (Roland 1998), and the reference lists of all retrieved articles.SELECTION CRITERIA: Randomised trials, controlled before and after studies and interrupted time series analyses of visiting specialist outreach clinics in primary care or rural hospital settings, either providing simple consultations or as part of complex multifaceted interventions. The participants were patients, specialists, and primary care providers. The outcomes included objective measures of access, quality, health outcomes, satisfaction, service use, and cost.DATA COLLECTION AND ANALYSIS: Four reviewers working in pairs independently extracted data and assessed study quality.MAIN RESULTS: 73 outreach interventions were identified covering many specialties, countries and settings. Nine studies met the inclusion criteria. Most comparative studies came from urban non-disadvantaged populations in developed countries. Simple 'shifted outpatients' styles of specialist outreach were shown to improve access, but there was no evidence of impact on health outcomes. Specialist outreach as part of more complex multifaceted interventions involving collaboration with primary care, education or other services was associated with improved health outcomes, more efficient and guideline-consistent care, and less use of inpatient services. The additional costs of outreach may be balanced by improved health outcomes.REVIEWER'S CONCLUSIONS: This review supports the hypothesis that specialist outreach can improve access, outcomes and service use, especially when delivered as part of a multifaceted intervention. The
benefits of simple outreach models in urban non-disadvantaged settings seem small. There is a need for good comparative studies of outreach in rural and disadvantaged settings where outreach may confer most benefit to access and health outcomes.

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35. Analysis of the outcomes of a visiting surgical service to small rural communities

Author(s) Hughes-Anderson W., House J., Aitken R.J., Rankin S.L., House A.K.

Citation: ANZ Journal of Surgery, October 2003, vol./is. 73/10(833-835), 1445-1433 (October 2003)

Publication Date: October 2003

Abstract: Background: A team of visiting surgeons has provided regular clinics and day surgery to rural locations in country towns away from resident surgical centres. This format has provided continuity of care for 7 years despite a constantly changing medical workforce. The aim of the present study was to review the results of the group and to compare them against national standards and to provide a model for future outreach programmes.

Methods: All patient diagnoses, procedures and clinical outcomes were recorded prospectively. This record of activity was then collated. District hospital records and clinical notes have been rechecked for complications over a discrete 4 year period. Results: There have been 7419 items of service provided, including 2676 procedures. The diagnostic grouping and subsequent day-surgery activity are consistent with the top 30 surgical separations from all Australian hospitals. These patients have been found suitable to remain in their own home environment for treatment. Conclusion: Experienced surgeons operating on selected patients with careful nursing care, in small country hospitals have outcomes similar to urban hospitals.

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Author(s) Scherwitz L, Stewart W, McHenry P, Wood C, Robertson L, Cantwell M

Citation: American Journal of Public Health, 01 April 2003, vol./is. 93/4(549-552), 00900036

Publication Date: 01 April 2003

Abstract: We report on the creation of an integrative medicine clinic within the setting of a medical research and tertiary care hospital. The clinical audit used a prospective case series of 160 new patients who were followed by telephone interviews over a 6-month period. Patients' demographic characteristics, presenting symptoms and diagnoses, physician treatment recommendations, extent of understanding and adherence to treatment recommendations, changes in symptom intensity, and progress toward achieving health objectives were recorded. Patients at the clinic showed significant reductions in the severity of symptoms and made significant progress toward achieving their health objectives at the 6-month follow-up. Thus far, the clinic's experience suggests that an integrative medicine clinic can face current health care financial challenges and thrive in a conventional medical center.

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37. The role of a pharmacist in ambulatory cancer pain management

**Author(s)** Ratka A.

**Citation:** Current pain and headache reports, June 2002, vol./is. 6/3(191-196), 1531-3433 (Jun 2002)

**Publication Date:** June 2002

**Abstract:** Cancer pain is progressive and complex. The multidimensional character of cancer pain requires comprehensive management by a multidisciplinary team of health care professionals. Pharmacotherapy is a cornerstone of cancer pain management. Pharmacists who are engaged in ambulatory cancer pain management can play a pivotal role in the pharmacotherapy of cancer pain by optimizing medication therapy, monitoring outcomes, enhancing adherence through patient education regarding drug use, pain and symptom control, educating other health professionals and students, and conducting research. To fully meet the therapeutic challenges of cancer pain, pharmacists need to improve their knowledge and attitudes about cancer pain and pain medications.

**Source:** EMBASE

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38. Making an ambulatory surgery centre suitable for regional anaesthesia

**Author(s)** Williams B.A., Kentor M.L.

**Citation:** Best practice & research. Clinical anaesthesiology, June 2002, vol./is. 16/2(175-194) (Jun 2002)

**Publication Date:** June 2002

**Abstract:** This chapter reviews a management strategy for transforming an outpatient surgery centre from that which exclusively uses general anaesthesia to one using regional anaesthesia with peripheral nerve blocks. Barriers presented by patients, nursing staff, surgeons and administrators can be notable; these might undermine the well-intended efforts of highly-skilled regionalists. Clearly, understanding the process benefits from the time the patient enters the facility until discharge home is essential, especially when presenting requests for support from facility administrators. Using a team approach is a logical place to start, as is defining new quality indicators and tracking patient outcomes. The centerpiece of the anaesthesia care process remains pre-emptive multimodal analgesia, routine multimodal antiemetic prophylaxis and avoidance of general anaesthesia (GA) with volatile agents. The remainder of the care process relies on teamwork among all healthcare providers and meaningful administrative support.

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39. Continuous quality improvement in the ambulatory endoscopy center

**Author(s)** Johanson J.F.

**Citation:** Gastrointestinal endoscopy clinics of North America, April 2002, vol./is. 12/2(351-365), 1052-5157 (Apr 2002)

**Publication Date:** April 2002

**Abstract:** What does quality assessment have to do with the practicing gastroenterologist? Why should one spend the time and effort to incorporate CQI activities into an already busy practice? First and foremost, quality improvement should directly benefit the patient by ensuring that they receive the highest quality of care possible. For example, comparing endoscopic use or outcomes, such as procedure success or complications, with national standards or other endoscopists in the same community may identify physicians who could
benefit from additional training. Similar analyses may likewise identify outstanding physicians who might serve as resources for other physicians. Surveys of patient satisfaction may reveal deficiencies, which might be unknown to a physician who is otherwise technically excellent; deficiencies that would never have been uncovered by traditional measures of quality. Second, applying the techniques of CQI to study one’s own practice can provide a competitive edge when vying for managed care or corporate contracts. In this regard, CQI can be used to document physician or practice performance through tracking of endoscopic use, procedure success and complication rates, and patient satisfaction. Finally, the rising concern among various patient advocacy groups has led to an increased emphasis on quality improvement, and in most cases it is a required activity as part of the accreditation process. Steps to quality improvement There is more to quality improvement than simply selecting and implementing a performance improvement plan. A number of steps have been suggested to achieve fundamental improvement in the quality of medical care [3]. The first is to use outcomes management for improvement rather than for judgment. One of the major criticisms of QA is that it will be used to judge physicians providing care. It is feared that CQI will be used to identify poor performers who will then be punished. This strategy leads to fear and inhibits an honest pursuit of improvement. Second, learning must be viewed as a process. A quality improvement plan that is successful in one setting may not be as favorable in another situation. Clinicians must be able to focus on their individual situations and adapt what others have implemented to their own practice. Third, the most important aspect of the quality improvement is the implementation step. It matters little if elegant studies of endoscopic complications or patient satisfaction are completed if the information is not used to improve the delivery of health care to every single patient. The delivery of medical care continues to evolve. Resources are becoming increasingly scarce and the progressive rise of health care expenditures suggests a need for control. In this zeal for cost constraint, quality must not be sacrificed. This new-found attention to quality must be extended to the level of the individual practitioner to ensure that individual patients’ interests are protected and the best possible care is delivered regardless of the economic implications. As providers of health care, endoscopists need to take an active role in these efforts both in understanding and implementing the techniques of quality assessment into their practices. If physicians are not actively involved in data collection and measurement to improve the quality and value of their own work, someone else will undoubtedly assume this role.

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40. Outpatient endoscopy possibilities for the office

Author(s) Pike I.M.

Citation: Gastrointestinal endoscopy clinics of North America, April 2002, vol./is. 12/2(245-258), 1052-5157 (Apr 2002)

Publication Date: April 2002

Abstract: Office-based GI endoscopy is an alternative to more highly regulated EASC or hospital endoscopy units for physicians who are limited by Certificate of Need laws, group size, or other factors in developing an EASC. Such office-based endoscopy can successfully improve physician time management, patient satisfaction, and enhance practice revenues in selected patient populations. Safety and quality should be maintained at levels commensurate with hospital outpatient departments and EASCs.

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41. Fast-tracking after ambulatory surgery

Author(s) Watkins A.C., White P.F.

Citation: Journal of perianesthesia nursing : official journal of the American Society of PeriAnesthesia Nurses / American Society of PeriAnesthesia Nurses, December 2001,
Abstract: The fast-tracking recovery concept examines different paradigms for streamlining the postoperative recovery process. Fast-tracking anesthetic techniques allow suitable outpatients to be discharged earlier after ambulatory surgery. Outpatients are normally transferred from the OR to the PACU, followed by transfer to the Phase II step-down (day-surgery unit) before discharge home. With conventional fast-tracking, it is possible to bypass the PACU and take patients directly from the OR to the step-down unit if they meet specific criteria before leaving the OR. Alternatively, if the step-down unit is already functioning at maximum capacity, the PACU can be restructured to include a fast-track area, where appropriate patients are treated as if they had been admitted directly to the step-down unit. For these PACU fast-track patients, less monitoring is performed, a family member is permitted to be with the patient, and the patient is allowed to ambulate, change into street clothes, and be discharged home directly from the PACU without any time restrictions. Preliminary studies have shown that outpatients who are fast-tracked can be discharged home earlier without any increase in complications or side effects. Importantly, fast-tracking after ambulatory surgery does not seem to compromise patient satisfaction with the surgical experience. Copyright 2001 by American Society of PeriAnesthesia Nurses.

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42. Modernising outpatients: developing effective services

Author(s)

Citation: , 2001

Publication Date: 2001

Abstract: Outpatient services are based on a model that has not changed much since the 1930s and which represented the British tradition of queuing. The NHS Plan's proposals on outpatient care are seen by some as not going far enough. This report is intended to facilitate consultation and stimulate debate about modernising outpatient services and is based on policy development work by the NHS Confederation and a seminar of members from primary care trusts (PCTs), NHS trusts and health authorities. The report begins by looking at the current outpatients service and considers the problem areas where change is needed. Some principles and rules for a new kind of service are then outlined. Case studies from Bradford South and West PCT, Wokingham PCG, a Specialist network for Dermatology, and a joint approach to cancer outcomes in Birmingham are highlighted. Eight simple rules for running clinics and three rules for commissioning are also outlined. Cites 30 references.

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perianesthesia period. A questionnaire focusing on the routines of the day surgery process of patients in Sweden was administered. Based on these findings, appropriate nursing...

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BD Agins… - 2004 - aetnc.ucsf.edu
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