

Supervision

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Effect of supervision

A literature review of the effects of supervision by public authorities has been performed for Tillsynsforum, a Swedish network of authorities who are responsible for oversight in Sweden:

Tillsynens effekter : en litteratursammanställning

[A literature review of the effects of supervision]

Ansvar: Christina Björkdahl

Utgave: S.l. : s.n. : 2005. 29 s.

<http://www.tillsynsforum.se/DesktopModules/ViewDocument.aspx?DocumentID=220>

(Swedish, English summary, p. iv)

Tidsskr Nor Laegeforen. 2008 May 15;128(10):1179-81.

[How did health personnel perceive supervision of obstetric institutions?]

[Article in Norwegian]

Arianson H, Elvbakken KT, Malterud K.

BACKGROUND: Through audits, the Norwegian Board of Health supervises and ensures that health institutions adhere to rules and regulations that apply to them.

Conduct of such supervision should be predictable and the basis for decisions should be documented and challengeable. Those in charge of the supervision must have the necessary professional competence and be able to integrate and

understand the collected information so they can draw the right conclusions. The

audit team should demonstrate consideration and respect to those they meet during

audits. We therefore wanted to study the experience of being audited among health care providers and leaders of institutions and subsequent adjustments after the

audit. **MATERIAL AND METHODS:** We used a questionnaire to evaluate the national audit of 26 (of 60 totally) Norwegian obstetric institutions in 2004. A

questionnaire was sent to leaders and health care providers in all institutions

that had been inspected (208 persons). Data from semi-structured interviews were

used to validate and explore the quantitative findings. **RESULTS:** 89% responded to the questionnaire. The supervision was well received by leaders and health care

providers at the obstetric institutions. The respondents confirmed that the audit

team's approach and conduct in principle adhered to the rules within the examined

domains. The conclusions presented by the audit teams were accepted as correct by

most of the respondents. A large number of adjustments were reported after the

audits. **INTERPRETATION:** We conclude that auditing can lead to improvements and that the described programme probably contributed to improving obstetric services

in Norway. The audit team's conduct seems to have an effect on acceptance of the

supervision. The performance of the teams may have an impact of the acceptance of

auditing, but not on reporting of the adjustments carried out.

Free full text: http://www.tidsskriftet.no/index.php?vp_SEKS_ID=1690573

2008

J Intellect Disabil Res. 2008 Jul;52(7):581-7. Epub 2008 May 21.

Holding services to account.

School of Community Health Sciences, University Hospital, Nottingham, UK.

Jennifer.clegg@nottingham.ac.uk

BACKGROUND: Recently, the frequency of audit inspections of health services for people with intellectual disability (ID) in the UK has increased, from occasional inquiries to a **systematic audit** of all services. From 2008, a process of continuous audit 'surveillance' of specialist health services is to be introduced. Similar regimes of inspection are in place for social care services. **AIM:** To explore the conceptual positions which inform audit, through detailed examination of the investigation into the learning disability service at Sutton and Merton. **FINDINGS:** Audit is distinct from evaluation because it neither provides opportunities for service staff to give an account of their work nor represents a search for knowledge. Audit investigates adherence to government policy. In ID, audits measure aspirations derived from normalisation, despite research showing that some of these aspirations have not been achieved by any service. As audit consumes significant public resource, it is questionable whether the dominant finding of the Healthcare Commission's investigation into Sutton and Merton, that the ID service was chronically under-funded, represents value for money. **DISCUSSION AND CONCLUSIONS:** While basic checks on minimum standards will always be necessary, service excellence requires not audit but research-driven evaluation. Audits inhibit rather than open-up debate about improving support to people with ID. They impose an ideology, squander resource, and demoralise carers and staff. Evaluations challenge the implicit management-versus-professional binary enacted by audit, and can inform new care systems which make effective use of all those engaged with people with ID.

<http://www.ncbi.nlm.nih.gov/pubmed/18498335>

UI 18325900

ST MEDLINE

AU Miller EA. Mor V.

FA Miller, Edward Alan. Mor, Vincent.

IN Brown University.

TI Balancing regulatory controls and incentives: toward smarter and more transparent oversight in long-term care.

SO Journal of Health Politics, Policy & Law. 33(2):249-79, 2008 Apr.

AB Government oversight of long-term care involves inspections of patients' records, limited observations of patients and care practices, **reviews of policies and procedures**, and distribution of publicly available information.

Although many providers bemoan the stifling consequences of excessive regulation, oversight in this area remains a highly legitimate endeavor for the public, though the public has limited trust in the existing regulatory regime. This distrust stems from many sources, not least of which includes considerable variation, both within and across states, in the way government oversight occurs. Reforming the current regulatory structure requires that we regulate "smarter" and more consistently. This means improving and maximizing use of the data already being collected, but it also means explicitly rationalizing the regulator's responsibility to review performance and apply sanctions when necessary. Oversight should more closely resemble consultancy, with regulators sharing information with providers about how to improve quality. Ideally, there

needs to be an iterative process in which state inspectors identify performance problems and the nation's quality improvement organizations then help providers design quality improvement interventions to ameliorate the problems identified. The benefits of a revised regulatory approach are especially apparent in the aftermath of Hurricane Katrina, where more effective oversight would have identified nursing home residents at risk for low-quality care before the disaster occurred while better identifying those in need of evacuation or assistance afterward.

PT Journal Article.

2007

Effekter av verksamhetstillsyn i kommunernas hälso- och sjukvård 2002-2006 : dialogmöten med medicinskt ansvariga sjuksköterskor
Stockholm : Socialstyrelsen, 2007.

Free full text: <http://www.socialstyrelsen.se/Publicerat/2007/9798/2007-109-30.htm>
(Swedishonly)

UI 17966799

ST MEDLINE

AU Rosenqvist M.

FA Rosenqvist, Marten.

IN Sodersjukhuset, Stockholm. marten.rosenqvist@sodersjukhuset.se

TI [**Quality assurance of cardiologic services. The National Board of Health and Welfare's guidelines, local inspections and national registries are good tools.**
[Swedish only]

SO Lakartidningen. 104(40):2860-1, 2007 Oct 3-9.

PT Journal Article.

“Med lokala inspektioner och användande av nationella register kan riktlinjerna implementeras och vården kvalitetssäkras.” (egenevaluering)

Free full text: http://www.lakartidningen.se/store/articlepdf/7/7647/LKT0740s2860_2861.pdf

UI 17533566

ST MEDLINE

AU Hentschel W. Heudorf U.

FA Hentschel, W. Heudorf, U.

IN Stadtgesundheitsamt Frankfurt, Frankfurt, Germany. wolfgang.hentschel@stadt-frankfurt.de

TI [**Hygiene ranking in residential homes for the aged in Frankfurt--conception and first results.**] [Review] [37 refs] [**German**]

SO Gesundheitswesen. 69(4):233-9, 2007 Apr.

AB Public health departments are obliged by law to survey hygienic procedures and condition in residential homes for the aged. Based **on the annual hygiene control visits**, a standardised hygiene ranking was established with the aggregation of more than 60 detailed single observations in the following fields: building, organisation, training of the staff, actual hygiene situation, repeated deficits, food and kitchen hygiene, and drinking water. This hygiene ranking enables not only intra-institutional comparisons in different years but also **the comparison between different homes. The data obtained in 2004 to 2006**

demonstrated that this method was very well accepted by the institutions and was readily appreciated as a tool for external quality assessment. [References:

37]

PT English Abstract. Journal Article. Review.

(food inspection, but with the concept of risk assessment)

UI 17390900

ST MEDLINE

AU Hoag MA. Porter C. Uppala PP. Dyjack DT.

FA Hoag, Michelle A. Porter, Corwin. Uppala, Padma P. Dyjack, David T.

IN Loma Linda University, School of Public Health, Department of Environmental & Occupational Health, Loma Linda, CA 92350, USA.

TI A **risk-based food inspection program.**

SO Journal of Environmental Health. 69(7):33-6; quiz 60, 2007 Mar.

AB The inspection of food facilities is a crucial public service designed to prevent foodborne illnesses among retail food consumers. To enhance the existing food inspection process in San Bernardino County, California, a risk-based food inspection program and assessment instrument has been developed and proposed. A literature review and interviews with health professionals were conducted to establish a baseline understanding of various inspection procedures currently being employed throughout the nation. San Bernardino subsequently developed an assessment instrument and attendant inspection schedules that reflect best practices. The proposed inspection model categorizes food facilities as high, moderate, or low risk according to food properties, service population characteristics, facility history, and predefined operational risks. The San Bernardino model supports health department decision making with respect to inspection resource allocation and also makes possible sliding permit fees that reflect the relative risk associated with each facility.

PT Journal Article. Research Support, Non-U.S. Gov't. Research Support, U.S. Gov't, P.H.S..

ProQuest

<http://proquest.umi.com/pqdweb?index=0&did=1234542311&SrchMode=1&sid=4&Fmt=3&VInst=P ROD&VType=PQD&RQT=309&VName=PQD&TS=1220353196&clientId=72072>

2006

Effects of visitation among allied health professionals

I: Int J Qual Health Care 2006 18(6): 397-42.

OBJECTIVE: Visitation is a method for external peer review. The goal is to improve the quality of patient care by giving feedback on quality of competence and performance of a professional during a practice visit. Feedback is offered as recommendations for improvement. This study aims to evaluate the effects of visitation and to determine which factors are related to the effectiveness of visitation. PARTICIPANTS: Members of seven allied health professions in the Netherlands: dietitians, exercise therapists, physiotherapists, dental hygienists, occupational therapists, podiatrists, and radiology assistants. DESIGN: Evaluation questionnaires were sent to 151 allied health professionals who had participated in visitation. The questions included all practice management aspects that had been assessed during the practice visit. The effects of visitation were studied at three levels: change in awareness of weak and strong aspects of competence and performance, intention to carry out

recommendations, and actual improvements. **RESULTS:** Results showed effects of visitation on all three levels. Respondents intended to carry out two-thirds of the recommendations. Visitation led to a better awareness of weak points on 36% of the aspects and better awareness of strong points on 53% of the aspects of practice management. Young respondents reported more changes in awareness than older respondents. Actual improvements were carried out on 33% of the aspects. **CONCLUSIONS:** Visitation is an effective method to stimulate quality improvement in allied health professionals. Although changes in awareness more often occurred in younger respondents, actual improvements were made by all respondents. Free full text: <http://intqhc.oxfordjournals.org/cgi/content/full/18/6/397> ()

(*involving users...*)

UI 16677189

ST MEDLINE

AU Weinstein J..

IN Mental Health Department, Faculty of Health and Social Care, London South Bank University, London, UK. weinstj@lsbu.ac.uk

TI **Involving mental health service users in quality assurance.**

SO Health Expectations. 9(2):98-109, 2006 Jun.

AB **OBJECTIVE:** This study compares the process and outcomes of two approaches to engaging mental health (MH) service users in the quality assurance (QA) process.

BACKGROUND: QA plays a significant role in health and care services, including those delivered in the voluntary sector. The importance of actively, rather than passively, involving service users in evaluation and service development has been increasingly recognized during the last decade. **DESIGN:** This retrospective small-scale study uses document analysis to compare two QA reviews of a MH Day Centre, one that took place in 1998 as a **traditional inspection-type event** and one that took place in 2000 as a collaborative process with a user-led QA agenda. **Setting and participants** The project was undertaken with staff, volunteers and service users in a voluntary sector MH Day Centre. **Intervention** The study compares the management, style, evaluation tools and service user responses for the two reviews; it considers staff perspectives and discusses the implications of a collaborative, user-led QA process for service development.

RESULTS: The first traditional top-down inspection-type QA event had less ownership from service users and staff and served the main purpose of demonstrating that services met organizational standards. The second review, undertaken collaboratively with a user-led agenda focused on different priorities, evolving a new approach to seeking users' views and achieving a higher response rate.

CONCLUSIONS: Because both users and staff had participated in most aspects of the second review they were more willing to work together and action plan to improve the service. It is suggested that the process contributed to an evolving ethos of more effective quality improvement and user involvement within the organization.

PT Journal Article.

AU Contencin P. Falcoff H. Doumenc M.

TI **Review of performance assessment and improvement in ambulatory medical care.**

[**Review**] [84 refs]

SO Health Policy. 77(1):64-75, 2006 Jun.

AB Health care plans often consider quality of care as a means of containing rising health costs. The assessment of physician and group practice performance

has become increasingly widespread in ambulatory care. This article reviews the three main methods used to improve and assess performance: practice audits, peer-review groups and practice visits. The focus is on Europe - which countries use which methods - and on the following aspects: which authorities or bodies are responsible for setting up and running the systems, are the systems mandatory or voluntary, who takes part in assessments and what is their motivation, are patients views taken into account. Many countries run parallel systems managed by authorities working at different hierarchical levels (national, regional or local). The reasons that underlie the choice of a particular system are discussed. They are mostly related to the national health care system and to cultural factors. [References: 84]

PT Journal Article. **Review.**

Tilsyn - en akseptert og virkningsfull aktivitet? : en kvalitativ og kvantitativ vurdering av tilsyn med 26 fødeinstitusjoner

Ansvar: Helga Arianson

Utgave: Oslo : Universitetet i Oslo. Institutt for helseledelse og helseøkonomi : 2006. 62 s.

Masteroppgave.

Norwegian only

Tilsynsproblemer med bruk av tvang i sykehjem : kvalitetssvikt Helsetilsynet ikke kan observere

Oslo : S. Thoresen : 2006

Note: Masteroppgave i økonomi - Universitetet i Oslo, 2006.

Free full text: <http://www.duo.uio.no/sok/work.html?WORKID=44807>

Norwegian only, Master thesis

Uppföljning av förutsägbarhet i tillsynen

Stockholm : Socialstyrelsen, 2007.

<http://www.socialstyrelsen.se/NR/rdonlyres/B57A5CE8-D575-4DC2-B990-0F0665310820/7168/20071237.pdf>

Swedish only

[Evaluation of Supervision of Maternity Units]

Oslo: Norwegian Board of Health Supervision, 2006

In: Annual Supervision Report 2005, p. 14

Free full text:

http://www.helsetilsynet.no/upload/Publikasjoner/tilsynsmelding/annual_supervision_report_2005.pdf

2005

AU Hartley J.

TI Do trust inspections truly reflect hospital hygiene?.

SO Nursing Times. 101(1):12-3, 2005 Jan 4-10.

PT Journal Article.

2004

UI 15016666

ST MEDLINE

AU Bevan G. Hood C.

FA Bevan, Gwyn. Hood, Christopher.

TI **Targets, inspections, and transparency.**

SO BMJ. 328(7440):598, 2004 Mar 13.

PT **Editorial.**

Free full text: <http://www.bmj.com/cgi/content/full/328/7440/598>

Fra begrensninger til mulighet : kan systemrevisjon som tilsynsmetode stimulere til systematisk forbedringsarbeid i kommunehelsetjenesten?

[From limitations to opportunity. Does supervision carried out as system audits encourage systematic improvement efforts in municipal health services]

Bjørge Botne og Kjell Helle

Göteborg : Nordiska högskolan för folkhälsovetenskap : 2005. 51 s.

ISBN: 91-7997-127-x

http://www.nhv.se/upload/dokument/forskning/Publikationer/MPH/MPH2005-38_Botne-Hjelle.pdf

Master of Public Health

Norwegian, English abstract, p. 3)

Plejehem : embedslægetilsynet virker

I: Sygeplejersken 2004;104 (30):40-4

S. Gustavsen, N. Hermann, J. Asbjörn

<http://www.sygeplejersken.dk/sygeplejersken/default.asp?intArticleID=12050&menu=195009>

Danish only.

Statlig tilsyn med kommunesektoren

[The County Governor's Audit of the Municipal Sector]

Gro Sandkjær Hanssen, Leif Arne Heløe og Jan Erling Klausen

Oslo : NIBR, Norsk institutt for by- og regionforskning, 2004

<http://www.nibr.no/uploads/publications/1273db85cfc872123102ffc9eb700ad0.pdf>

(Norwegian, English summary, p. 14)

En vurdering av kostnader og nytteeffekter av den statlige tilsynsfunksjonen med kommunene
Bergen : Samfunns- og næringslivsforskning, 2004.

Free full text: http://bora.nhh.no:8080/bitstream/2330/241/1/R09_04.pdf

Systemrevisjon : noen etiske refleksjoner etter et av fylkeslegens tilsynsbesøk på sykehjem

I: Utposten 2000;29(2):24-31.

Ingrid Hauge Lundby

Norwegian only

Not exactly supervision, but....

- other methods of external control in other professions and services...

2008

UI 18493128

ST MEDLINE

IN Department of Cell Biology and Neuroscience, National Centre for Rare Diseases, Istituto Superiore di Sanita, Rome, Italy.

TI **The Italian external quality assessment scheme in classical cytogenetics: four years of activity.**

SO Community Genetics. 11(5):295-303, 2008.

AB BACKGROUND: The Italian external quality assessment scheme in classical cytogenetics was started in 2001 as an activity funded by the National Health System and coordinated by the Italian Public Institute of Health. OBJECTIVES: The aim of our work is to present data from the first 4 years of activity, 2001-2004. METHODS: Italian cytogenetics public laboratories were enrolled on a voluntary basis, and this nationwide program covered prenatal, postnatal and oncological diagnosis. The scheme is annual and retrospective; a panel of experts reviewed the quality of images and reports in order to assess technical, analytical and interpretative performance. RESULTS: Over the 4-year period, the number of participating laboratories increased: from 36 in 2001, 46 in 2002, 49 in 2003 to 51 in 2004. The overall technical performance was satisfactory. Inadequacy or lack of information in reporting was the most frequent analytical inaccuracy identified in all parts of the scheme. However, the percentage of complete reports increased significantly during the period: by 36% in postnatal diagnosis between 2001 and 2004 ($p < 0.001$) and by 42% in oncological diagnosis between 2002 and 2004 ($p = 0.003$). CONCLUSIONS: Our experience reveals that participation in external quality assessment programs has significant advantages, helping to standardize and to assure quality in cytogenetic testing. (c) 2008 S.

Karger AG, Basel

PT Journal Article. Research Support, Non-U.S. Gov't.

UI 18179678

ST MEDLINE

AU Seitz R. Heiden M. Nubling CM. Unger G. Lower J.

FA Seitz, R. Heiden, M. Nubling, C M. Unger, G. Lower, J.

IN Paul-Ehrlich-Institut, Langen, Germany. seira@pei.de

TI **The harmonization of the regulation of blood products: a European perspective.**

[Review] [21 refs]

SO Vox Sanguinis. 94(4):267-76, 2008 May.

AB The development of blood products as medicines initially took place on the national level in various countries, which resulted in considerable diversity of mechanisms and stringency of regulatory oversight. The scenario changed dramatically with the catastrophic experience that severe virus infections had been transmitted by blood products world-wide. Blood products, which had been regulated differently in the member states, became subject to the European pharmaceutical legislation in 1989. A specialized directive regulating the blood

transfusion sector and the collection of plasma for fractionation was enacted in 2002. The European Community, particularly the Commission and the European Medicines Agency, is continuously refining the requirements, providing detailed technical and scientific guidance. In addition, institutions of the Council of Europe play an important role in the transfusion sector, the elaboration of the European Pharmacopoeia prescriptions, and the co-ordination of Official Medicines Control Laboratory or Laboratories batch release. However, further and sustained efforts towards international harmonization are needed. There are already important mechanisms in place, such as the International Conference on Harmonization initiative, which is producing internationally recognized guidelines on central issues. Another important achievement is the common technical document format, which enables the use of uniform applications for marketing authorization. However, there is still room for progress, for example, questions regarding regulatory requirements for licensing of in vitro diagnostic devices, or mutual recognition of inspections. The World Health Organization continues to play an important role in harmonization, both substantially by the production of high-level guidance documents or the establishment of physical international standard preparations, and in a more general sense by providing a platform for international collaboration. A very important aspect is the transparency of the creation and refinement of regulatory requirements. It is currently the rule that draft legal texts, monographs and guidelines are published for a consultation period before adoption. Effort and attention are required to keep track of the developments. However, in the era of modern electronic communication tools, the necessary information can be found on websites and comments can easily be submitted. Networking and exchange of information will continue to be crucial for development and maintenance of sound and balanced regulatory requirements. [References: 21]

PT Journal Article. Review

UI 18325175

ST MEDLINE

AU Housley D. Kearney E. English E. Smith N. Teal T. Mazurkiewicz J. Freedman DB.

IN Department of Clinical Biochemistry, Luton & Dunstable Hospital NHS

Foundation Trust, Lewsey Road, Luton LU4 0DZ, UK. David.Housley@nhs.net

TI Audit of internal quality control practice and processes in the south-east of England and suggested regional standards.

SO Annals of Clinical Biochemistry. 45(Pt 2):135-9, 2008 Mar.

AB **BACKGROUND:** Internal quality control (IQC) has a long and well-established role in clinical biochemistry laboratories. However, despite the duration of use, and the publication of several articles detailing best practice, the implementation and use of IQC vary significantly between institutions.

Consequently, the North Thames Audit and Quality Assurance Group undertook a region-wide audit of current IQC practice in 2006. **METHODS:** On aspects of IQC testing, interpretation and laboratory processes, 54 laboratories in the region were audited. **RESULTS:** Audit data showed significant variability in all aspects of practice, including IQC frequency, use of appropriate material, statistical processing and grades of staff involved. **CONCLUSIONS:** Some of the variation in practice may affect the effectiveness of laboratory IQC, and thus the adequacy of a laboratory to monitor system performance. Consequently, a set of proposed

regional standards have been developed and disseminated, prior to re-audit at a future date.

PT Journal Article.

2007

UI 17579528

ST MEDLINE

AU Noble MA.

FA Noble, Michael A.

IN Clinical Microbiology Proficiency Testing program, Department of Pathology and Laboratory Medicine, University of British Columbia, Vancouver, BC, Canada.
mnoble@interchange.ubc.ca

TI **Does external evaluation of laboratories improve patient safety?.** [Review]

[16 refs]

SO Clinical Chemistry & Laboratory Medicine. 45(6):753-5, 2007.

AB Laboratory accreditation and External Quality Assessment (also called proficiency testing) are mainstays of laboratory quality assessment and performance. Both practices are associated with examples of improved laboratory performance. The relationship between laboratory performance and improved patient safety is more difficult to assess because of the many variables that are involved with patient outcome. Despite this difficulty, the argument to continue external evaluation of laboratories is too compelling to consider the alternative. [References: 16]

PT Journal Article. Review.

Arch Dis Child. 2007 Jul;92(7):633-6.

Quality improvement of paediatric care in the Netherlands.

Schulpen TW, Lombarts KM.

Office for Quality Management, Paediatric Association of the Netherlands, Utrecht, The Netherlands. Schulpen@worldonline.nl

The development of the quality improvement programme of the Paediatric Association of the Netherlands is described within the setting of the national programme of the Dutch government. The programme is based on four pillars: **site visits by peers (visitatie)**, continuous medical and professional education, development of clinical (evidence based) guidelines and patient safety with complication registration. The site visits by peers play a central role in assessing the quality improvement activities in hospital based paediatric care. The self assessment approach and the confidential character of the visits are well received by the surveyed specialists. Recent inclusion of quality criteria in the legally required 5 yearly medical specialist recertification process has boosted the care for quality, which could serve as example for other countries.

Access by the Norwegian Electronic Health Library:

<http://adc.bmj.com/cgi/content/full/92/7/633>

UI 18161236

ST MEDLINE

AU Sloane T.

FA Sloane, Todd.

TI The watchdogs are baying. Physician deals may need to be cleaned up to avoid that knock on the door.

SO Modern Healthcare. 37(45):34, 2007 Nov 12.

PT *Editorial.*

UI 17932174

ST MEDLINE

AU Kmietowicz Z.

FA Kmietowicz, Zosia.

TI Many trusts fail to monitor whether complaints have any effect, says watchdog.

SO BMJ. 335(7623):738, 2007 Oct 13.

PT News

Free full text: <http://www.bmj.com/cgi/content/full/335/7623/738>

About the report: **Is Anyone Listening? A Report on Complaints Handling in the NHS**

http://www.healthcarecommission.org.uk/_db/_documents/HC_Complaints_Handling_tagged.pdf

TI Watchdog says trusts must improve their handling of complaints.

SO BMJ. 336(7648):795, 2008 Apr 12.

PT News.

Free full text: <http://www.bmj.com/cgi/content/full/336/7648/795-a>

UI 17950901

ST MEDLINE

AU Rauch CA. Nichols JH.

FA Rauch, Carol A. Nichols, James H.

IN Department of Pathology, Baystate Health, 759 Chestnut Street, Springfield, MA 01199, USA. carol.rauch@bhs.org

TI Laboratory accreditation and inspection.

SO Clinics in Laboratory Medicine. 27(4):845-58, vii, 2007 Dec.

AB Clinical laboratories perform diagnostic testing in a highly regulated environment in which **federal, state, and private accreditation agencies** monitor the quality of testing processes. These agencies vary in the focus and stringency of their requirements, and differences exist among states. Continued accreditation requires regular inspection to assure quality of test results for physicians, insurers, and, ultimately, the patients being tested. Preparation for inspection requires understanding of the unique accreditation requirements for each institution, establishment of quality assurance and quality improvement oversight, and communication of each staff member's role in delivering quality test results for patient care.

PT Journal Article.

UI 17952147

ST MEDLINE

AU Olsen E.

TI [**Workers' perceptions of safety culture at a hospital**]. [Norwegian]

Ansattes oppfatninger av sykehusets sikkerhetskultur

SO Tidsskrift for Den Norske Laegeforening. 127(20):2656-60, 2007 Oct 18.

AB BACKGROUND: Little is known about the quality of work practices regarding patient safety and the safety culture as such in the Norwegian health care services. MATERIAL AND METHOD: A questionnaire survey was performed at Stavanger

University Hospital, with health workers as the main target group. The "Hospital Survey On Patient Safety Culture" (HSOPSC) instrument was translated into Norwegian and used to measure safety culture. 1919 workers answered the survey (55%). RESULTS: The different disciplines varied with respect to the culture of reporting (large variation) and the general judgement of patient safety (less variation). 50% of the health workers regarded patient safety to be very good or excellent. Social educators, nurses and specialist nurses regarded patient safety to be lower than that reported by other professional groups. Generally all the safety culture dimensions were significantly correlated and should therefore be considered together. Feedback and communication about error were e.g. the factors, which were most highly correlated with reporting of near events. Norwegian health workers perceive the safety culture to be less adequate than that reported by American health care workers for similar assessments, with the exception of three dimensions (communication openness, non-punitive response to error, supervisor/manager expectations & actions promoting patient safety) dimensions. INTERPRETATION: The results indicate a need to improve safety culture and patient safety in Norwegian health care.

PT Comparative Study. English Abstract. Journal Article.

Free full text: http://www.tidsskriftet.no/index.php?vp_SEKS_ID=1599444

UI 17828318

ST MEDLINE

AU Malterud K.

FA Malterud, Kirsti.

IN Fjellsiden legesenter, Kalfarveien 31, 5018 Bergen. kirsti.malterud@isf.uib.no

TI [Quality assurance and review in general practice]. [Norwegian]

(**Internkontroll på et allmennlegekontor**)

SO Tidsskrift for Den Norske Laegeforening. 127(17):2236-8, 2007 Sep 6.

AB Local procedures for quality assurance are needed to provide safe and reliable health care services. Fjellsiden Health Centre has since 1997 developed a system for quality assurance, which includes an annual review of selected quality items. This article presents the basic elements of the system, supplemented by experiences gained from its implementation. A local manual for essential procedures is the basis for the quality system. Other quality assurance activities are weekly practice meetings based on an annual plan for professional updating, including assessment of new guidelines, audits, cross-disciplinary meetings; reviews of "nearly-mistakes", resuscitation training, user surveys, and surveillance of the working environment. Specified routines are available for information safety. Local medication and equipment

are regularly reviewed. Lab quality is regulated by a special system. A simple checklist based on locally developed specifications--relevant and vital issues that can be operationalized and assessed in a simple way--is used for annual quality review. The checklist specifications have led to discussions about what is good enough and why. It has been easy to compile and summarize the data used for the annual review. We have experienced that our dedication to relevance, reality, and flexible format has contributed to giving quality assurance a natural place in a busy general practice office.

PT English Abstract. Journal Article.

Free full text: http://www.tidsskriftet.no/index.php?vp_SEKS_ID=1577331

Utvärdering av Arbetsmiljöverkets kampanj 2005 : Bort med bullret"

Stockholm: Arbetsmiljöverket, 2006

Free full text: http://www.av.se/dokument/publikationer/rapporter/RAP2006_14.pdf

(Swedish only)

UI 17004197

ST MEDLINE

AU Jahne J.

IN Zentrum Chirurgie, Klinik für Allgemein- und Visceralchirurgie, Henriettenstiftung, Hannover. joachim.jaehne@henriettenstiftung.de

TI **[Does internal quality control reduce mistakes and complications? A plea for structured surgical education and increased transparency in clinical day-to-day work]. [German]**

SO Zentralblatt für Chirurgie. 131(4):354-7, 2006 Aug.

AB Quality control in most surgical departments shows major deficiencies. Only 50% have daily conferences on the surgical indication, and morbidity and mortality conferences are held in less than 20% of the institutions. However, pre-, intra- and postoperative quality control may be able to reduce mistakes and complications. Among others, the possibilities to reduce perioperative morbidity and mortality include preoperatively an early evaluation of the patient in the outpatient-clinic, intraoperatively a structured and didactic teaching of the surgical trainee and postoperatively a morbidity and mortality conference. In particular the latter one may promote surgical training and may increase transparency of the perioperative results. The delicate nature of morbidity and mortality conferences can be overcome in an atmosphere of mutual respect and personal honesty.

PT Comparative Study. English Abstract. Journal Article.

AU Hadjichristodoulou C. Mouchtouri V. Vousourelis A. Konstantinidis A.

Petrikos P. Velonakis E. Boufa P. Kremastinou J.

TI **Waterborne diseases prevention: evaluation of inspection scoring system for water sites according to water microbiological tests during the Athens 2004 pre-Olympic and Olympic period.**

SO Journal of Epidemiology & Community Health. 60(10):829-35, 2006 Oct.

AB STUDY OBJECTIVES: To evaluate the inspection grading system for water sites implemented during the Athens 2004 Olympic inspection programme. DESIGN: The relation between the standardised inspections results of 716 water supply systems and 289 public swimming pools, and microbiological test results of 2358

samples collected during inspections was examined. SETTING: Athens, Thessaloniki, Patra, Volos, and Iraklio, Greece. Inspections and sampling conducted during a two year period before the 2004 Olympics. MAIN RESULTS: Swimming pools unsatisfactory inspection grading results were significantly associated with positive water microbiological test results (relative risk = 2.5, $p < 0.05$). One of the six violations of swimming pools and five of the seven violations of water supply systems designated as "critical" water safety hazards in the inspection reports were significantly associated with positive microbiological test results. The receiver operating characteristic analysis identified the unsatisfactory score designed in the swimming pools standardised inspection report, as the ideal score (-15), in adequately producing positive microbiological test results (sensitivity 13.2%, specificity 89%). CONCLUSIONS: This study shows the utility of standardised inspection grading systems in waterborne diseases prevention planning and implementation strategies of policy makers and regulators. Future water quality assessment should be based on **the implementation of a robust standardised inspection system** and reduce the need of microbiological tests.

PT Journal Article. Research Support, Non-U.S. Gov't.

AU Hadjichristodoulou Ch. Goutziana G. Mouchtouri V. Kapoula Ch. Konstantinidis A. Velonakis E. Vatopoulos A. Kremastinou J.

TI Evaluation of standardized scored inspections for Legionnaires' disease prevention, during the Athens 2004 Olympics.

SO *Epidemiology & Infection*. 134(5):1074-81, 2006 Oct.

AB The study was designed to determine the contribution of standardized scored inspections implemented during the Athens 2004 Pre-Olympic and Olympic period, in assessing the presence of *Legionella* spp. in water sites. Inspection grading scores of 477 water supply systems, 127 cooling towers and 134 decorative fountains were associated with the corresponding microbiological test results of 2514 samples for *Legionella* spp. Nine violations of water supply systems and nine of cooling towers significantly associated with positive microbiological test results, and four violations of water supply systems and one of cooling towers were among those designated as 'critical' water safety hazards in the inspection reports. The study documents a strong correlation [water supply systems (RR 1.92), cooling towers (RR 1.94)] between unsatisfactory inspection scoring results and *Legionella*-positive microbiological test results (in excess of 10,000 c.f.u./l) and suggests the utility of inspection scoring systems in predicting *Legionella* proliferation of water systems and in preventing Legionnaires' disease.

PT Journal Article. Research Support, Non-U.S. Gov't.

AU Sciacovelli L. Secchiero S. Zardo L. Zaninotto M. Plebani M.

TI External Quality Assessment: an effective tool for Clinical Governance in laboratory medicine. [Review] [10 refs]

SO *Clinical Chemistry & Laboratory Medicine*. 44(6):740-9, 2006.

AB The implementation of Clinical Governance will require a redefinition of duties and accountability as a prerequisite to develop and achieve an overall improvement in clinical care through a culture of assessment and monitoring of quality. External Quality Assessment Schemes (EQAS) are the main tool enabling laboratories to measure the quality of their results; they must carefully assess

and monitor all elements contributing to the formulation of laboratory information (results, reference ranges/decisional levels, interpretative comments and diagnostic algorithms). There are different ways to design and manage a Scheme and EQAS coordinators are mainly responsible for its effectiveness. The present paper reports, as an example, some experiences of the Centre of Biomedical Research (CRB), which manages EQAS according to high quality specifications and laboratories' needs, that can reflect the Clinical Governance philosophy. Our findings show that EQAS are able to control all the above aspects and, if organisers are committed to fulfilling the responsibility and accountability principles, they will be of great value in quality assessment and in developing an External Quality Assurance Program (EQAP). This is an inter-laboratory comparison designed and conducted to assure the following: evaluation of participants' performance (by evaluating not only analytical performance, but also test interpretation, and advice for clinicians on laboratory requests and diagnosis); evaluation of method performance; and continuous education, training and help. The main aim of the activities of an EQAP in Laboratory Medicine is to sustain improvements in the quality of services provided by participating laboratories for the benefit of patients. [References: 10]

PT Journal Article. Review.

2005

AU Michel R. Jacob N. Miller K. Zorn M.

TI **Risk-informed, performance-based inspections at medical facilities.**

SO Health Physics. 88(5 Suppl):S69-72, 2005 May.

AB During the past couple of years, **radiation safety** professionals have observed a significant change with regard to the **inspection philosophy of regulators**. The NRC and many Agreement State agencies have implemented a performance-based, risk-informed approach for inspecting medical Radiation Safety Programs. This new, less prescriptive approach originates from the necessity to produce safety benefits commensurate with their cost to the industry and still maintain health and safety performance. While compliance with regulatory requirements is important, regulatory agencies have been focusing on areas that provide greater safety benefit, such as protecting the radiation worker, members of the general public and the environment. This paper discusses simple and practical measures that may assist licensees in preparing for performance-based, risk informed inspections.

PT Journal Article.

UI 15706479

ST MEDLINE

AU Favaloro EJ.

FA Favaloro, Emmanuel J.

IN Haemostasis Laboratories, Department of Haematology, Institute of Clinical Pathology and Medical Research (ICPMR), Westmead Hospital, Westmead, New South Wales, Australia. emmanuel@icpmr.wsahs.nsw.gov.au

TI **Learning from peer assessment: the role of the external quality assurance multilaboratory thrombophilia test process.**

SO Seminars in Thrombosis & Hemostasis. 31(1):85-9, 2005 Feb.

AB The quality control process is a critical feature of pathology best practice. In addition to internal quality control processes applied on a test-to-test or day-to-day basis, the **participation of laboratories in external quality assurance programs (QAPs)** is critical to achieving ongoing test accuracy. There are several such programs operating in the international arena. With respect to thrombophilia, these include the Australia-based Royal College of Pathologists of Australia QAP, the United Kingdom-based National External Quality Assessment Service, and the International Thrombophilia External Quality Assessment Scheme, based in the Netherlands. Although there are some similarities between the programs, some diversity is also apparent. Each of the programs assess for the common markers of congenital thrombophilia, such as antithrombin, protein C, protein S, and activated protein C resistance. Testing of some acquired markers of thrombophilia, such as lupus anticoagulant, and genetic tests such as factor V Leiden and prothrombin G20210A mutation, are also available. This report focuses on some recent trends from these programs.

PT Journal Article. Multicenter Study.

UI 16563301
ST MEDLINE
AU Lien J. Diehl C.
FA Lien, Judy. Diehl, Christine.
IN J.A. Lien & Associates, LLC, USA. jalien@earthlink.net
TI **A culture of quality: inspection readiness.**
SO Clinical Leadership & Management Review. 20(2):E5, 2006 Mar-Apr.
PT Journal Article.

UI 14757795
ST MEDLINE
AU Baker R. Moss P. Upton D. Pankhania J.
IN Clinical Governance Research & Development Unit, Department of Health Sciences, University of Leicester, Leicester, UK. rb14@le.ac.uk
TI **Investigation of systems to prevent diversion of opiate drugs in general practice in the UK.**
SO Quality & Safety in Health Care. 13(1):21-5, 2004 Feb.
AB **BACKGROUND:** Statutory regulations govern the procedures that must be followed by general practitioners (GPs) in the UK to minimise the risk of diversion of prescribed opiate drugs for illicit use. However, evidence presented at the trial of Harold Shipman, a GP convicted of murdering patients with diamorphine, suggests that the **regulations and monitoring of GPs' prescribing are failing.**
Aim: To assess the policies followed by general practices in Leicestershire and Rutland with regard to the controlled drugs regulations. **METHODS:** A semi-structured interview was administered to a purposeful sample of lead GPs to explore how their practices applied the regulations. The controlled drugs registers and drug storage facilities in these practices were inspected. A questionnaire was sent to all the remaining practices to seek information about their application of the regulations, any concerns they had about the regulations, and any suggestions for improving them. **RESULTS:** Of the 142 general practices in Leicestershire, the lead GP in 14 took part in the interviews. Respondents expressed dissatisfaction with current policies including the design of controlled drug registers, and

generally supported the reintroduction of an inspection scheme. Ninety (70.9%) of the 127 practices to whom the questionnaire was sent responded and, of these, 31 (34.4%) no longer held a supply of controlled drugs. Those that did hold controlled drugs indicated concern about the regulations, confusion about some aspects including the return and disposal of unused drugs, and a desire for advice and support in the implementation of the regulations. Forty two of the 59 respondents who held a supply of controlled drugs (71.2%) would welcome regular inspection. CONCLUSION: GPs are confused about the controlled drugs regulations and have little support in implementing them. The suspension of inspection schemes has reduced the amount of advice and support available to them and, in consequence, the regulations are interpreted differently in different practices. These findings are cause for concern about the risk of diversion of controlled drugs, and illustrate how patient safety systems can decay when they are not maintained.

PT Journal Article.

Bedre arbeidsmiljø i hjemmetjenesten : evaluering av Arbeidstilsynets landsomfattende kampanje "Rett hjem"

Sissel Trygstad, Merethe Sollund og Birgitte Johansen

Bodø : Nordlandsforskning, 2003

(*Norwegian, summary in English, p. 9*)

1: Soc Sci Med. 2002 Jun;54(11):1677-84.

Regulating incentives: the past and present role of the state in health care systems.

Saltman RB.

The Rollins School of Public Health, Emory University, Atlanta, GA 30322, USA.

The desire of national policymakers to encourage entrepreneurial behavior in the health sector has generated not only a new structure of market-oriented incentives, but also a new regulatory role for the State. To ensure that entrepreneurial behavior will be directed toward achieving planned market objectives, the State must shift modalities from staid bureaucratic models of command-and-control to more sensitive and sophisticated systems of oversight and supervision. Available evidence suggests that this structural transformation is currently occurring in several Northern European countries. Successful implementation of that shift will require a new, intensive, and expensive strategy for human resources development, raising questions about the financial feasibility of this incentives-plus-regulation model for less-well-off CEE/CIS

Publication Types:

Review

Fulltext Ovid:

<http://ovidsp.tx.ovid.com/spb/ovidweb.cgi?T=JS&PAGE=fulltext&D=ovft&AN=00001888-200206000-00006&NEWS=N&CSC=Y&CHANNEL=PubMed>

The rise of regulation in the NHS.

<http://www.bmj.com/cgi/content/full/324/7343/967>

BMJ. 2002 Apr 20;324(7343):967-70.

JAMA. 2003 Jan 15;289(3):354-6.

Comment in:

JAMA. 2003 May 28;289(20):2648; author reply 2648.

Comment on:

JAMA. 2003 Jan 15;289(3):305-12.

Experience from supervision

UI 18578444

ST MEDLINE

AU Assendelft WJ.

FA Assendelft, W J J.

IN Leids Universitair Medisch Centrum, afd. Public Health en Eerstelijngeneeskunde,
Huispost Vo-P, Postbus 9600, 2300 RC Leiden. w.j.j.assendelft@lumc.nl

TI [**Health checks in the Netherlands difficult to control**].[see comment][comment].
[Dutch]

CM Comment in: Ned Tijdschr Geneesk. 2008 May 24;152(21):1193-4; PMID:
18578443, Comment on: Ned Tijdschr Geneesk. 2008 May 24;152(21):1193-4; PMID:
18578443, Comment on: Ned Tijdschr Geneesk. 2008 May 24;152(21):1197-8; PMID:
18578445

SO Nederlands Tijdschrift voor Geneeskunde. 152(21):1195-6, 2008 May 24.

AB The Dutch Health Inspectorate has reviewed 22 health-check providing organisations, which according to the Dutch 'Wet op het Bevolkingsonderzoek' (Population Screening Act) might need a license. 20 organisations did require a license, mainly because they used cancer tests or radiation. The providers offered a considerable variety of tests, many of which were not clearly evidence-based. Patients were insufficiently educated about the content and risks of the tests. Gaps in the legislation make it difficult to control proper compliance with the law. The Dutch Health Inspectorate recommends the following improvements: better communication with professional organisations, better patient education, writing a guideline on health checks and updating legislation to reflect the latest practices concerning health checks.

PT Comment. English Abstract. Journal Article.

2007

UI 17347214

ST MEDLINE

AU Sheldon T.

FA Sheldon, Tony.

TI **Dutch inspectors slam standards of preoperative care.**

SO BMJ. 334(7592):496, 2007 Mar 10.

PT News.

<http://www.bmj.com/cgi/content/full/334/7592/496-b?maxtoshow=&HITS=10&hits=10&RESULTFORMAT=&fulltext=Dutch+inspectors+slam+standards+of+preoperative+care&searchid=1&FIRSTINDEX=0&resourcetype=HWCIT>

2006

AU Moerland W. Koeman SC. van den Hoek A. Warris-Versteegen AA. Inspector H. Overbosch D. Sonder GJ.

TI **The quality of travel clinics in the Netherlands.**

SO Journal of Travel Medicine. 13(6):356-60, 2006 Nov-Dec.

AB BACKGROUND: In 1996, the Dutch National Coordination Center for Travelers' Health Advice (LCR) was established to improve uniformity in health advice to travelers and in the quality of national vaccination centers. In this study, we

evaluate the influence of LCR guidelines on the quality of travel clinics in the Netherlands. **METHODS:** In 1997 and 2001, questionnaires regarding implementation of LCR quality criteria were sent to the Dutch travel clinics where most travel advice is given. In 2003, the Health Care Inspectorate surveyed all Dutch yellow fever vaccination centers including those surveyed in 1997 and 2001. The data yielded by all three surveys were included in our assessment. **RESULTS:** The response rate was 78, 84, and 100% in 1997, 2001, and 2003, respectively. Between 1997 and 2001, the number of travel clinics with 5,000 visitors or more increased. The LCR quality criteria are widely implemented: of the criteria surveyed in this study, 11/14 (79%) were implemented in more than 80% of the clinics in 2003. Between 1997 and 2003, vaccine management improved (eg, registration of batch numbers and monitoring of refrigerators); in more clinics, physicians were present in case of emergency and advice given by nurses was more often checked daily, but this is still only in 52% of the travel clinics. Although two thirds of the professionals working in travel medicine are nurses, only 55% of them were adequately trained in this specialty. **CONCLUSIONS:** Between 1997 and 2003, the LCR quality guidelines are widely implemented, but implementation can still be improved. To further improve the quality of travel clinic staff, the LCR recently started certification of basic and refresher courses for physicians and nurses working in travel medicine and now registers those completing such courses.

PT Journal Article.

AU Stevenson DG.

TI Nursing home consumer complaints and quality of care: a national view.

SO Medical Care Research & Review. 63(3):347-68, 2006 Jun.

AB This study uses 5 years of national data on investigated nursing home **complaints** (1998-2002) to evaluate whether complaints might be used to assess nursing home quality of care. On-Line Survey Certification and Reporting (OSCAR) data are used to evaluate the association between consumer complaints, facility and resident characteristics, and other nursing home quality measures. The analyses are undertaken in the context of considerable cross-state variation in nursing home complaint processes and rates. Complaints varied across facility characteristics in ways consistent with the nursing home quality literature. Complaints were significantly positively associated with survey deficiencies and the presence of serious survey deficiencies, and significantly negatively associated with nurse and nurse aide staffing. Complaints performance was significantly predictive of survey deficiencies at subsequent inspections. **This study presents the first national evidence for using consumer complaints to assess nursing home quality of care. Despite limitations, nursing home complaints appear to offer a real-time signal of quality concerns.**

PT Journal Article. Validation Studies.

2005

AU Coombes R.

TI Watchdog finds that NHS is failing stroke patients.

SO BMJ. 331(7526):1161, 2005 Nov 19.

PT *News*.

<http://www.bmj.com/cgi/content/full/331/7526/1161>

Supervision methods / role of the supervision authorities

UI 17432670

ST MEDLINE

AU Hall A.

FA Hall, Andrea.

TI **Beyond the Joint Commission: an overview of other inspection systems.**

[Review] [0 refs]

SO Biomedical Instrumentation & Technology. 41(2):151-3, 2007 Mar-Apr.

PT Journal Article. Review.

UI 17974665

ST MEDLINE

AU Mooney H.

FA Mooney, Helen.

TI **Watchdog could close hospitals in a day to tackle infections.**

SO BMJ. 335(7626):904-5, 2007 Nov 3.

PT News.

<http://www.bmj.com/cgi/content/full/335/7626/904-b>

UI 17821881

ST MEDLINE

AU Brown B. Errington S.

FA Brown, Barrie. Errington, Sian.

IN Unite/CPHVA.

TI **Healthcare watchdog ticks boxes on standards.**

SO Community Practitioner. 80(8):42-3, 2007 Aug.

PT Journal Article.

ProQuest- access by the Norwegian Electronic Health Library:

<http://proquest.umi.com/pqdweb?index=0&did=1323942191&SrchMode=1&sid=2&Fmt=6&VInst=PROD&VType=PQD&RQT=309&VName=PQD&TS=1220352568&clientId=72072>

UI 15083630

ST MEDLINE

AU van Dam FS.

IN Nederlands Kanker Instituut-Antoni van Leeuwenhoek Ziekenhuis, Plesmanlaan
121, 1066 CX Amsterdam. f.v.dam@nki.nl

TI **[The measures proposed by the Dutch Healthcare Inspectorate after the death of Sylvia Millicam and her treatment by practitioners of alternative medicine].**

[Dutch]

SO Nederlands Tijdschrift voor Geneeskunde. 148(13):629-30, 2004 Mar 27.

AB As a result of the illness and treatment of the Dutch comedian Sylvia Millicam, who died of the consequences of an untreated mammary carcinoma following a quest for help from a series of practitioners of alternative medicine, the Dutch Healthcare Inspectorate has proposed measures designed to prevent a repetition of such a shortcoming in the delivered care. The measures include the compulsory registration of practitioners of alternative medicine,

the restriction of diagnostic procedures to regular physicians, the obligation to co-operate with the best possible treatment for the patient in question, mutual exchange of information between practitioners of regular and alternative medicine, and a compulsory protocol regarding the therapeutic agreement with the patient if the regular route is not followed. How feasible these measures are remains a question. A positive aspect of the report is the attention given to the shortcomings in the care provided by the alternative circuit and the deterrent effect of the present case.

PT Case Reports. English Abstract. Journal Article.

UI 15016666

ST MEDLINE

AU Bevan G. Hood C.

FA Bevan, Gwyn. Hood, Christopher.

TI Targets, inspections, and transparency.

SO BMJ. 328(7440):598, 2004 Mar 13.

PT Editorial.

<http://www.bmj.com/cgi/content/full/328/7440/598>

Old references

External assessment of health care

BMJ 2001;322(7290):851-4.

Free full text:

<http://www.pubmedcentral.nih.gov/articlerender.fcgi?artid=1120015>

Int J Qual Health Care. 2001 Oct;13(5):367-74.

The external review of quality improvement in health care organizations: a qualitative study.

Walshe K, Wallace L, Freeman T, Latham L, Spurgeon P.

Health Services Management Centre, University of Birmingham, UK.

k.m.j.walshe@bham.ac.uk

OBJECTIVE: To explore the use of external approaches to quality improvement in health care organizations, through a descriptive evaluation of the process and impact of external reviews of clinical governance arrangements at health care provider organizations in the National Health Service (NHS) in England. **DESIGN:** A qualitative study, involving the use of face-to-face and telephone interviews with senior managers and clinicians in health care provider organizations and with members of a regional clinical governance review team. **SETTING:** The West Midlands region of England, in which there are 47 NHS trusts (health care provider organizations). **STUDY PARTICIPANTS:** A total of 151 senior clinicians and managers at NHS trusts in the West Midlands and 12 members of a specially constituted regional clinical governance review team. **INTERVENTION:** Clinical governance review visits which were undertaken by the regional clinical governance review team to all NHS trusts between April 1999 and February 2000. Interviews with senior managers and clinicians took place before and after the review visits had taken place; interviews with members of the clinical governance review team took place when they had undertaken most of their visits. **RESULTS:** The prospect of external review produced mixed reactions in health care provider organizations, and preparing for such a review was a substantial and time-consuming task. The review itself was often productive, although differences in attitudes and expectations between health care provider organizations and review team members created tensions, especially when the results of the review were reported back. External reviews rarely generated wholly new knowledge, were more confirmatory than revelatory, and did not usually lead to major changes in policy, strategy or practice. **CONCLUSIONS:** External review systems are widely used in health care to promote quality improvement in health care provider organizations, but their effectiveness is little researched and the optimal design of systems of external review is not well understood. More attention to the design and impact of external review would help to maximize its benefits and minimize costs and adverse effects.

ProQuest- access by the Norwegian Electronic Health Library:

<http://proquest.umi.com/pqdweb?index=0&did=729068611&SrchMode=1&sid=1&Fmt=10&VInst=PROD&VType=PQD&RQT=309&VName=PQD&TS=1224586843&clientId=72072>

The role of external assessment in improving health care

Int J Qual Health Care 2000 12: 167.

Free full text: <http://intqhc.oxfordjournals.org/cgi/reprint/12/3/167>

Int J Qual Health Care. 2000 Jun;12(3):177-82.

External peer review in Europe: an overview from the ExPeRT Project. External Peer Review Techniques.

CASPE Research, London, UK.

OBJECTIVE: This paper aims to evaluate the use and development of external peer review models and to identify where the main models are used in European Union member states and countries with reciprocal research agreements with the European Union. **DESIGN:** The ExPeRT (external peer review techniques) project research team conducted a series of fact-finding missions to all participating European nations. **Study participants.** I. Blomberg, Sweden; L. Bohigas, Spain; S. Cucic, The Netherlands; P. Morosini, Italy. The Project is led by C. Shaw, UK and is managed by C. Heaton, CASPE Research. **RESULTS:** We identified four main external peer review models aimed at measuring the quality of service management and delivery: health care accreditation, the International Organization for Standardization ISO 9000 standards, the European Foundation for Quality Management Excellence Model and visitatie, which is Dutch for 'visitation' or peer review-based schemes. **DISCUSSION:** ExPeRT has demonstrated that in principle, convergence of the four main models in order to gain from each model's key strengths is feasible. Whether convergence is practical, depends upon the willingness of governments, health service providers, health care quality professionals and organizations to come together and adopt the recommendations of the ExPeRT project.

ProQuest- access by the Norwegian Electronic Health Library:

<http://proquest.umi.com/pqdweb?index=0&did=729068461&SrchMode=1&sid=3&Fmt=10&VInst=PROD&VType=PQD&RQT=309&VName=PQD&TS=1224588367&clientId=72072>

Himmelen, havet og sannheten : kritisk analyse av tilsynsordninger

Oslo : Statskonsult, 2000

Free full text:

<http://www.statskonsult.no/publik/bokhefteveil/tilsyn/tilsyn.pdf>

Norwegian only

World Hosp Health Serv. 1999;35(3):5-7.

The art of governance of Dutch hospitals.

Hoek H.

C3 Hospital Consultancy, The Netherlands.

Hospitals in The Netherlands are governed by two boards: The Board of Directors, the legal representative of the hospital, responsible for strategic and operational business activities; and the Supervisory Board, made up of co-opted volunteers and responsible for checking and approving of the major decisions of the Board of Directors. The question which arises is whether the system of governance is able to function appropriately and guarantee enough concern about general health problems, moral and ethical questions and the interest of the patients. This paper investigate the successes and shortfalls of such a system of governance in Dutch hospitals. The results and conclusions determine that although copied from the corporate governance model, it does not function well in an environment where the influence of patients and the inhabitants of the region are of great importance and shareholders do not exist

Qual Health Care. 1998 March; 7(1): 48–54. PMID: PMC2483585

Facilitating quality improvement in primary health care by practice visiting

Free full text:

<http://www.pubmedcentral.nih.gov/picrender.fcgi?artid=2483585&blobtype=pdf>

UI 7388496

ST MEDLINE

AU Shaw CD.

FA Shaw, C D.

TI Aspects of audit. 1. The background.

SO British Medical Journal. 280(6226):1256-8, 1980 May 24.

AB Methods of reviewing health care already exist in Britain, but the debate continues about how practical and acceptable such a review is. The many different terms used to describe review only confuse the issue. "Audit" is a useful term for describing the review of medical work by medical people. This can be divided into "internal audit," or peer review, and "external audit"--that is, review by organisations outside hospital and general practice. The concepts of internal and external audit have a great impact upon the attitudes held by the medical profession about audit. The shortcomings of audit by the professional standards review organisations in the United States are not inevitable in Britian.

PT Journal Article.

<http://www.pubmedcentral.nih.gov/articlerender.fcgi?tool=pmcentrez&artid=1601529>

UI 7191748

ST MEDLINE

AU Shaw CD.

FA Shaw, C D.

TI Aspects of audit. 4: Acceptability of audit.

SO British Medical Journal. 280(6229):1443-6, 1980 Jun 14.

AB Whether or not audit is accepted in Britain will be determined principally by how it is controlled, how much it costs, and how effective it is. The objectives of audit have been defined as education, planning, evaluation, research, and anticipatory diplomacy--that is, starting internal audit before external audit is imposed on the medical profession. Published reports suggest that in Britain internal audit would be more effective and less expensive than the complex professional standards review organisation devised by the Federal Government in the United States.

PT Journal Article.

Search strategy

Sources: Medline (Ovid) and Norwegian Board of Health Supervision Library Catalogue

Comments:

There is no feasible MESH-term for supervision (Medical Subject Headings, is a controlled vocabulary of biomedical terms used for indexing documents in MEDLINE.¹) To provide a good starting point and a way of narrow the search, we use the MESH-term **Health Care Quality, Access, and Evaluation**: “The concept concerned with all aspects of the quality, accessibility, and appraisal of health care and health care delivery”. Using MeSH and the “Explode” option includes any terms subordinate to the main MeSH terms in the search. In this case, all aspects of quality of health care, quality assurance in health care and so on, are included. View the terms:

http://www.nlm.nih.gov/cgi/mesh/2008/MB_cgi?term=Health%20Care%20Quality,%20Access,%20and%20Evaluation&itool=EntrezSystem2.PEntrez.Mesh.Mesh_ResultsPanel.Mesh_RVFull&ordinalpos=1

Combining this term with text words as supervision, inspections and so on, we receive a manageable number of references.

This search history also contains a lot of experimental, not systematic searching...

Ovid MEDLINE(R) 1950 to October Week 2 2008

#	Searches	Results
1	exp "health care quality, access, and evaluation"/	3810295
2	"assessing professional behaviour".mp. [mp=title, original title, abstract, name of substance word, subject heading word]	1
3	"external quality assessment".mp. [mp=title, original title, abstract, name of substance word, subject heading word]	752
4	"government supervision".mp. [mp=title, original title, abstract, name of substance word, subject heading word]	12
5	"governmental investigation".mp. [mp=title, original title, abstract, name of substance word, subject heading word]	3
6	("inspection model" or "inspection proses" or inspections or inspectors or "inspecting system" or "inspection visits" or inspectorate*).mp. [mp=title, original title, abstract, name of substance word, subject heading word]	1828
7	Watchdog:.mp. [mp=title, original title, abstract, name of substance word, subject heading word]	222
8	"practice visits".mp. [mp=title, original title, abstract, name of substance word, subject heading word]	60

¹ More about MESH: <http://www.nlm.nih.gov/mesh/meshhome.html>

9	"supervisory board".mp. [mp=title, original title, abstract, name of substance word, subject heading word]	5
10	"review of performance".mp. [mp=title, original title, abstract, name of substance word, subject heading word]	35
11	6 or 3 or 7 or 9 or 2 or 8 or 4 or 10 or 5	2910
12	11 and 1	1530
13	limit 12 to yr="2003 - 2008"	594
14	Quality Control/	31678
15	*Quality Control/	2503
16	(inspection: or inspectorate: or supervis:).mp. [mp=title, original title, abstract, name of substance word, subject heading word]	48112
17	16 and 15	80
18	16 and 14	711
19	18 not 12	654
20	limit 19 to yr="2004 - 2008"	142
21	from 20 keep 5, 47, 72, 88	4
22	"internal quality control".mp. [mp=title, original title, abstract, name of substance word, subject heading word]	322
23	limit 22 to yr="2004 - 2008"	58
24	from 23 keep 6, 26, 43	3
25	Quality Assurance, Health Care/	38800
26	25 and 16	780
27	limit 26 to yr="2004 - 2008"	185
28	27 not 20	180
29	28 not 12	163
30	from 29 keep 25, 29-30, 48-49, 79, 81, 94...	15
31	England/	63436
32	16 and 31	588
33	32 and 1	369
34	limit 33 to yr="2004 - 2008"	104
35	from 34 keep 37, 83, 87, 99	4
36	from 34 keep 101-102	2
37	external audit.mp. [mp=title, original title, abstract, name of substance word, subject heading word]	63

38 from 37 keep 12, 25-27, 61	5
39 exp "health care quality, access, and evaluation"/	3810295
40 "assessing professional behaviour".mp. [mp=title, original title, abstract, name of substance word, subject heading word]	1
41 "external quality assessment".mp. [mp=title, original title, abstract, name of substance word, subject heading word]	752
42 "government supervision".mp. [mp=title, original title, abstract, name of substance word, subject heading word]	12
43 "governmental investigation".mp. [mp=title, original title, abstract, name of substance word, subject heading word]	3
44 ("inspection model" or "inspection proses" or inspections or inspectors or "inspecting system" or "inspection visits" or inspectorate*).mp. [mp=title, original title, abstract, name of substance word, subject heading word]	1828
45 watchdog*.mp. [mp=title, original title, abstract, name of substance word, subject heading word]	222
46 "practice visits".mp. [mp=title, original title, abstract, name of substance word, subject heading word]	60
47 "supervisory board".mp. [mp=title, original title, abstract, name of substance word, subject heading word]	5
48 "review of performance".mp. [mp=title, original title, abstract, name of substance word, subject heading word]	35
49 44 or 41 or 45 or 47 or 40 or 46 or 42 or 48 or 43	2910
50 49 and 39	1530
51 limit 50 to yr="2003 - 2008"	594
52 Quality Control/	31678
53 *Quality Control/	2503
54 (inspection: or inspectorate: or supervis:).mp. [mp=title, original title, abstract, name of substance word, subject heading word]	48112
55 54 and 53	80
56 54 and 52	711
57 56 not 50	654
58 limit 57 to yr="2004 - 2008"	142
59 from 58 keep 5, 47, 72, 88	4
60 "internal quality control".mp. [mp=title, original title, abstract, name of substance word, subject heading word]	322

61 limit 60 to yr="2004 - 2008"	58
62 from 61 keep 6, 26, 43	3
63 Quality Assurance, Health Care/	38800
64 63 and 54	780
65 limit 64 to yr="2004 - 2008"	185
66 65 not 58	180
67 66 not 50	163
68 from 67 keep 25, 29-30, 48-49, 79, 81, 94...	15
69 England/	63436
70 54 and 69	588
71 70 and 39	369
72 limit 71 to yr="2004 - 2008"	104
73 from 72 keep 37, 83, 87, 99	4
74 from 72 keep 101-102	2
75 external audit.mp. [mp=title, original title, abstract, name of substance word, subject heading word]	63
76 from 75 keep 12, 25-27, 61	5
77 exp Scandinavia/	108527
78 1 and 77	56108
79 (inspection: or inspectorate: or supervis: or audit: or (external adj quality)).mp. [mp=title, original title, abstract, name of substance word, subject heading word]	158731
80 78 and 79	989
81 limit 80 to yr="2004 - 2008"	286