

Quality Lines

David P Stevens, Editor

WALTER SHEWHART AND THE HAWTHORNE FACTORY

This issue's cover features a 1920s-vintage photo of the Hawthorne factory in Cicero, Illinois. If there was a Chapter One in the story of quality improvement, a lead protagonist was Walter Shewhart and the setting was the Hawthorne factory. While at Hawthorne, Shewhart met and influenced W. Edwards Deming as well as Joseph Juran. Little of the Hawthorne factory remains today. But these events in the 1920s changed for all time the way that work is performed and variation is measured.

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DEVELOPING LEAPFROG STANDARDS FOR CPOE

Computerized physician order entry (CPOE) was one of the first standards promulgated by the Leapfrog Group, a coalition of US healthcare purchasers that is committed to healthcare quality and safety. This report describes the first test developed to certify electronic health records in actual practice, an evaluation methodology that is designed to serve both as an improvement tool and a valid certification measure.

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PREVENTION OF MEDICATION-RELATED MISHAPS IN PRIMARY CARE PRACTICE

One of the most complex settings for preventing drug-related patient harm is primary care practice. This study offers solutions that emphasize local improvement strategies generated by consensus and reliable data. It concludes with oft-spoken wisdom that practices need to own their own solutions. Additional crucial components are the will to change and the opportunity to reflect on ones practice.

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PSYCHOMETRIC RIGOR AND THE MEASUREMENT OF SAFETY CULTURE

A culture of safety is an essential component of safe care. This paper reviewed 12 quantitative studies of safety climate in health care to examine their psychometric properties. There was a lack of explicit theoretical underpinning for most questionnaires and some instruments did not report standard psychometric criteria. As large scale surveys are increasingly employed across health care organisations, more effective consideration of psychometric rigor should be part of the design of health care safety climate instruments.

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ADD ASSESSMENT OF EQUITY TO DRAFT GUIDELINES FOR REPORTING QUALITY IMPROVEMENT RESEARCH

Equity is a fundamental aim of health care quality improvement, and addressing it offers substantial opportunities for the benefit of patients as well as society. These authors contribute to the ongoing discussion of Draft Guidelines for Reporting Quality Improvement (QI) Research in QSHC by advocating for three additional Guidelines questions that focus on racial and ethnic disparities in health care. 1) What is the effect of the QI intervention on racial and ethnic disparities? 2) What is the plan for addressing disparities with the QI intervention? 3) Are there important unintended positive or negative consequences from the QI intervention that affect disparities?

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ECOLOGICAL RESTORATION: A NOVEL APPROACH TO MEDICATION SAFETY

This Canadian study employed a novel strategy - *ecological restoration* - in a healthcare setting. Working with a busy medical ward in a 700-bed hospital, a so-called *Safer Systems* team that included researchers, practitioners, and citizens, used repeat photography, a medication safety inventory, and participatory research to design and pilot a complex medication safety intervention. Practitioners and decision-makers discovered that photographic images and other research findings helped them to restore the ecology, i.e., culture and context, of their workplace toward their aim of improved medication safety. These early results emphasize again the advantages for health care of tapping into relevant knowledge from other fields.

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