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## HRQOL And Hospital Quality Improvement: ARCHI's Perspective

### Abstract

The Australian Resource Centre for Hospital Innovations (ARCHI) is a Commonwealth-funded networking organisation and clearing house that disseminates information about advances in clinical management that improve quality and efficiency in and around hospitals. Over 6,000 people each month access the ARCHI website at [www.archi.net.au](http://www.archi.net.au) as part of their day-to-day work, and the site registers about 280,000 hits each month.

One of ARCHI's main strengths is its ability to save valuable time for researchers and project managers during the early stages of their research. ARCHI's wide range of resources provides project managers with reports about similar projects, contacts and other shortcuts to information such as how processes were implemented in particular projects. Gaining prior knowledge of pitfalls and successes in similar projects prevents duplication of effort and reduces costs.

ARCHI's recently re-launched website includes services such as an e-library of more than 1250 documents, mostly 'grey literature.' Grey literature is often elusive to source and refers to literature that has not been formally published<sup>1</sup>. This may include reviews; reports of quality improvement projects, process analyses; evaluations; presentations; research papers and consultancy reports.

Few of the resources in the ARCHI e-library include any reference to the use of measures such as health related quality of life. This is may be surprising given the current focus on more patient centred approaches to improving care delivery. Yet there is a perception that it is unlikely that patients will be fully cognizant that they have been efficiently delivered through the system. In their recent article focusing on the business case for quality, Leatherman, Berwick, Iles, Lewin et al, (2003)<sup>2</sup> suggest that consumers of health services were unable to perceive differences in quality. Similarly, in the viewpoint of hospital executives, consumers hospitalized for DVT were unlikely to appreciate that their shortened length of stay was a result of an intervention to improve medication use.

A search of the ARCHI website, using the terms outcomes, patient, quality and life, yielded 395 citations. Of these, a measure of quality of life, SF-36, was mentioned in two resources only.

Measures that have the potential to impact on quality of life have been incorporated into the evaluation of numerous projects implemented to improve the quality and efficiency of clinical management. These include: changes in length of stay in hospital; unplanned readmission; involvement of GPs in care planning; ED attendances saved by interventions in nursing homes; bed days saved by preventing hospital admissions from nursing homes; patient satisfaction with hospital care; health service use post discharge; P.R.E.P.A.R.E.D, a measure of quality of discharge planning; and adverse events/patient outcomes.

The opportunity now presents to strengthen evaluations of innovations projects by measuring the impact of interventions on the patient's quality of life.

### *References*

1. Dickersin K, Scherer R, Lefebvre C. Systematic reviews: identifying relevant studies for systematic reviews. *British Medical Journal* 1994;309:1286-1291.
2. Leatherman S, Berwick D, Iles D, Lewin LS, Davidoff F, Nolan T, Bisognano M. The business case for quality: case studies and an analysis: *Health Affairs* 2003;22(2)17:30

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