

Journal for Healthcare Quality Topics of Special Interest

JHQ's Editors, Editorial Board, and Review Panel have deemed the following areas **topics of special interest** for potential submissions. Submissions can be in the form of featured articles, brief reports, quality stories, or letters to the editor. Please see *JHQ Information for Authors* at <http://www.nahq.org/journal> for assistance in preparing your submissions. JHQ is seeking articles that support the six aims that will improve the 21st-century healthcare system. Articles should speak to key dimensions in healthcare functions and address the IOM principles.^{1,2}



<p>Safe – <i>avoiding injuries to patients from the care that is intended to help them</i></p> <p>Compliance - Fraud and abuse; fraud investigations; CMS guidelines/monitoring; HIPAA implementation/success stories; linkage with quality management; QISM success stories</p> <p>Government Affairs and Policy Making - Legislative impact on healthcare quality; policy development and implementation; role of influencing the healthcare quality agenda</p> <p>Innovations in Healthcare - Facility redesign and its impact on efficiency; customer service and medical errors; healthcare practices for the 21st century; pharmaceutical innovations; public-private partnerships; quality innovations from non-healthcare industries; research and development; technology tools for efficient operations (personal digital assistants, automated spreadsheets, databases, etc.)</p> <p>Patient and Staff Safety - Disaster preparedness and response; environment of care (assessing risk and response); error classification; implementing new accreditation patient safety standards; national patient safety initiatives (e.g., Leapfrog, JCAHO); medication and healthcare errors/events; disclosure for near misses; failure mode and effects criticality analysis (FMECA); new ways to evaluate data; polypharmacy; risk management; sentinel events and near misses (good catches); strategies from other industries; creating safe cultures; information technology initiatives (computerized physician order entry [CPOE], electronic health record [EHR]); safe patient handling</p>	<p>Effective – <i>providing services based on scientific knowledge to all who could benefit and refraining from providing services to those not likely to benefit (avoiding underuse and overuse, respectively)</i></p> <p>Behavioral Healthcare Quality - Indicator selection; monitoring effects of structured milieu and psychotherapeutic interventions</p> <p>Education's Move to Quality - Competency testing; distance learning (Internet-based programs); effect of Internet on consumer and provider; ethics: right to know vs. right to privacy; innovations; simulation training and quality</p> <p>Evidence-Based Practice/Practice-Based Evidence - Best practice management; how to link with risk management and peer review activities</p> <p>Knowledge Management - Cost-benefit analyses; lessons learned; impact of communication on quality; use of the Internet for professional development</p> <p>Performance Measurement and Improvement - Accelerated, "quick QI"; Balanced Scorecard; CMS 13 adverse events; interdisciplinary teams; moving from process to outcome; outcomes-based quality improvement (OBQI); PPS potential effects on quality and the use of OASIS in outcome studies; selection of process and outcome measures; state, regional, and federal outcomes initiatives; use of prioritization matrix; Microsystems; pay for performance</p> <p>Research in Healthcare Quality - Consumer satisfaction; IRB accreditation; patient education and changes in behavior; population-based studies; methods; outcomes research; quality-related research reports; what studies require institutional review board approval</p>	<p>Patient-Centered – <i>providing care that is respectful of and responsive to individual patient preferences, needs and values and ensuring that patient values guide all clinical decisions</i></p> <p>Conceptual Articles - Clinical ethics at beginning and end of life; choice and access; cost vs. quality; culturally competent care; health as a right vs. a benefit; public reporting of performance measures</p> <p>Confidentiality - HIPAA implications and implementation challenges and strategies (best practices, lessons learned, development of administrative policies and procedures)</p> <p>Continuum Focus - Complementary and alternative healthcare; coordination of services/continuity of care; healthier communities; implementation and adherence to disease management/ clinical guidelines; integrated health delivery systems; long-term care: credentialing, resident falls, and QI programs in assisted-living and long-term-care facilities; preventive health</p> <p>Pain Management – End-of-life comfort; state-of-the-art pain relief; symptom management</p>
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¹ Committee on Quality of Health Care in America, Institute of Medicine. (2001). *Crossing the quality chasm: A new health system for the 21st century*. Washington, DC: National Academies Press.

² The 10 principles are care based on continuous healing relationships; customization based on patient needs and values; the patient as the source of control; shared knowledge and the free flow of information; evidence-based decision making; safety as a system property; need for transparency; anticipation of needs; continuous decrease in waste; and cooperation among clinicians.

<p>Timely – <i>reducing waits and sometimes harmful delays for both those who receive and those who give care</i></p> <p>Information Systems and Management - Buy or build; capturing care across the continuum; healthcare providers and computer compatibility; impact of the Internet; software and hardware configurations that support the quality process; use of informatics to decrease healthcare errors; electronic medical record; personal health record; simulation models; patient flow issues</p>	<p>Efficient – <i>avoiding waste, including waste of equipment, supplies, ideas, and energy</i></p> <p>Accreditation Issues and Successes - Alternatives to traditional accreditation (e.g., ISO 9000 vs. JCAHO); accreditation standards: CARF, CHAP, COLA, HFAP, ISO 9000, JCAHO, NCQA, Six Sigma, URAC; changes/comparison of standards and regulations; core measures; evidence-based accreditation standards; Institutional Review Board (IRB) accreditation; ANCC Magnet designation; patient flow/efficiencies</p> <p>Administration/Management - Accountability for practice and quality; change management theory applied to healthcare quality; continuous survey readiness programs and tools; credentialing; efficiency and effectiveness; impact of organizational change on quality; maintaining a single level of care; management/organizational ethics; professionalism; nurse staffing issues (e.g., shortages, use of UAPs, recruitment, and retention); organizational assessments (i.e., Baldrige); organizational culture and climate; quality-of-care issues in governance, planning, and policy; prioritization tools; microsystems</p> <p>Business Case for Quality - Return on investment (ROI) achievement experiences</p> <p>Global/International Issues - Bioterrorism; innovations in quality techniques and technology abroad; national and international quality agendas</p>	<p>Equitable – <i>providing care that does not vary in quality because of personal characteristics such as gender, ethnicity, geographic location, and socioeconomic status</i></p> <p>Cultural Diversity – health literacy; healthcare disparities; high risk populations</p> <p>Medical Management/ Utilization Management/Care Management/ Demand Management - Cost-effective strategies; disease management; hospitalists; intensivists in the ICU; outcomes of care; evaluations of alternative services</p>
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Approved by the Editors, Editorial Board, and Review Panel: September 18, 2004