Dear readers,

The International Journal for Quality in Health Care (IJQHC), an official journal of International Society for Quality in Health Care, presents an editor’s choice in this issue focusing on work environment linked to readmissions and team-based competition to increase learner participation.

Scales et al. [1] investigated a randomized, controlled trial of team-based competition to increase learner participation in quality improvement and patient safety education. This is an interesting study because there are several barriers and challenges in resident engagement for learning quality improvement. In this technology era, it is important to develop interesting online educational modules to save time compared with traditional ways as most of the online platforms are compatible with mobile devices, permitting distributed interactions across different time and locations. The authors used the spaced education technique in this study, which contains discrete packages and applies two learning principles obtained from the psychological literature on learning and memory. In this study, Scales and his team found that the usage of the team-based game mechanics into an evidence-based online learning platform could increase resident participation in a quality improvement curriculum. In future, the medical educators should consider game mechanics, including team-based competition, which could potentially motivate and enhance participation when designing learning experiences.

Recently, healthcare organizations are more concerned with efficient delivery of high-quality, safe health care. Hospital readmissions raise concerns among healthcare providers, and therefore efforts for their reduction are likely to be endorsed by clinicians and administrators. Hospital investments in readmission reduction strategies often fail to optimally utilize their most numerous healthcare providers. Lasater et al. [2] presented about the nurse staffing and the work environment linked to readmissions among older adults following elective total hip and knee replacement. Often, the patients experience postoperative complications, many of which warrant rehospitalization. In this study, the authors found that the readmission outcomes following major joint replacement are associated with hospital nursing care. Therefore, the attention to nurse work conditions may be central to improving readmissions in postoperative population. However, this could be one indicator for reducing the postsurgical readmissions, but there might be several other factors that could influence the hospital readmissions and variability in practice habits due to hospital-bed availability. We should take into account that hospitals in different countries are organized differently and may have conceptualized quality management systems differently.

References

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