Innovation and QIPP
Current Awareness Bulletin

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Title: NINE PROBLEM-SOLVING STEPS FOR LEAN TRANSFORMATION TEAMS.

Citation: NINE PROBLEM-SOLVING STEPS FOR LEAN TRANSFORMATION TEAMS., 2015, vol./is. 45/39(20-20), 01607480

Abstract: The article details the nine steps recommended for Lean transformation teams to solve problems which include determining a clear reason for action, observing and documenting the current state of the process that needs to be changed and mapping out the ideal future state.

Full Text:
Available from EBSCOhost in Modern Healthcare
Available from ProQuest in Modern Healthcare
Available from EBSCOhost in Modern Healthcare

Helping NHS providers improve productivity in elective care

This report concentrates on potential improvements in the operational management of elective patient pathways within the direct control of NHS providers and identifies a mechanism whereby clinicians and managers can work together to maximise provision of care. It sets out a series of practical steps that hospitals can take to improve clinical outcomes and reduce the amount of money spent on ophthalmology and orthopaedic services by between 13 per cent and 20 per cent.

Hospital trusts productivity in the English NHS: uncovering possible drivers of productivity variations

http://www.york.ac.uk/media/che/documents/papers/researchpapers/CHERP117_hospital_trusts_productivity_English_NHS.pdf?utm_source=The%20King%27s%20Fund%20newsletters&utm_medium=email&utm_campaign=6307203_HMP%202015-10-27&dm_i=21A8,3R6O3,FLXAO3,DJ2AC,1

This study looks at how NHS trusts perform in terms of how much they produce given the resources (doctors, nurses, medicines and premises) they use. It finds that on these criteria - which economists call productivity measures - there is a lot of variation between trusts and that the best and worst performers stay the same over time. It is not possible to explain away the variation in terms of the kinds of patients that are treated. These results suggest that there may be scope for making substantial savings by ensuring that all trusts perform as well as the best ones.

Medical procedures should be recorded to improve quality and accountability, say experts

Medical procedures should be recorded to improve quality and accountability, say two US experts in The BMJ (21st October 2015).

Professors Martin Makary and Timothy Pawlik at Johns Hopkins University School of Medicine in Baltimore say that as well as detecting unprofessional behaviour, video recording has the potential to radically improve quality through increased accountability, and can be used for learning and self improvement.

If concerns about consent, privacy, and data security are dealt with carefully, "video data can tell a story that simply cannot be matched by written documentation," they write.

They point to other areas where cameras have successfully changed behaviour. For example, whereas decades of education failed to increase compliance with speed limits, speed cameras
have decreased the proportion of speeding vehicles by up to 65% in some countries and reduced crashes by up to 49%.

In medicine, video recording has the potential to eliminate unnecessary procedures, reducing both preventable harm and wasteful spending, they say. For many challenging operations, surgeons could also benefit from watching archived video in preparation either to re-operate or to do a similar operation.

Learning from preventable events can be enhanced by video recordings, they add. "Instead of basing incident reviews on the recollection of the people involved, videos could be used to determine the clinician, patient, and system factors that had a role in an event and the relative contributions of each."

Research also shows the power of videotaping for quality improvement. In one study, doctors performing bowel examinations improved after being told that their procedures were being recorded and peer reviewed. And a hand hygiene project increased hand washing from 6.5% to 81.6% after a hospital installed cameras to monitor compliance.

Patients also like the idea of having their procedure recorded. In a survey of 248 patients, 81% expressed interest in having their procedure videotaped and 61% of patients said they were willing to pay for it.

Makary and Pawlik suggest that offering patients a copy of their procedure on video "not only creates a detailed record but may also instil trust through the increased transparency."

"In an era where 86% of nurses report having recently witnessed disruptive behaviour at work, hand washing compliance remains highly variable, and many physicians do not use evidence based medicine, recorded video can be an invaluable quality improvement tool," they conclude.
Abstract: The aim of this study was to use a theoretical model (bench) for human factors and ergonomics (HFE) and a comparison with occupational slips, trips, and falls (STFs) risk management to discuss patient STF interventions (bedside). Risk factors for patient STFs have been identified and reported since the 1950s and are mostly unchanged in the 2010s. The prevailing clinical view has been that STF events indicate underlying frailty or illness, and so many of the interventions over the past 60 years have focused on assessing and treating physiological factors (dizziness, illness, vision/hearing, medicines) rather than designing interventions to reduce risk factors at the time of the STF. Three case studies are used to discuss how HFE has been, or could be, applied to STF risk management as (a) a design-based (building) approach to embed safety into the built environment, (b) a staff- (and organization-) based approach, and (c) a patient behavior-based approach to explore and understand patient perspectives of STF events. The results from the case studies suggest taking a similar HFE integration approach to other industries, that is, a sustainable design intervention for the person who experiences the STF event-the patient. This paper offers a proactive problem-solving approach to reduce STFs by patients in acute hospitals. Authors of the three case studies use HFE principles (bench/book) to understand the complex systems for facility and equipment design and include the perspective of all stakeholders (bedside). © 2015, Human Factors and Ergonomics Society.

Sources Used
The following databases are searched on a regular basis in the development of this bulletin:

British Nursing Index, Cinahl, Medline, Kings Fund & Health Foundation

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