Innovation and Quality Improvement
Current Awareness Bulletin
June 2019

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**Achieving a digital NHS: lessons for national policy from the acute sector**

As a new body, NHSX, becomes established to lead national policy for technology, digital and data, and with the Secretary of State for Health and Social Care firmly behind plans to create a fully digital NHS, this report seeks to understand how national policy for digitisation is working from the perspective of acute trusts. Do digital leaders feel the commitment to digital over the past two decades is helping to move things forward? And what could be done differently to support digitisation on the ground?

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**New wearables trial allows COPD patients’ to be monitored at home**

8th April 2019, Digital Health News

Scottish patients’ suffering with a life-threatening lung condition can now be monitored in the comfort of their own home using wearables and cloud technology. NHS Greater Glasgow and Clyde are trialling the use of wearable devices and Microsoft’s Azure cloud platform to remotely monitor chronic obstructive pulmonary disease (COPD) patients’ breathing machines.

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**Five perspectives on how data, technology, empathy can improve care delivery – for everyone**

8th April 2019

HIMSS Insights

Compiled below are five unique and innovative perspectives that healthcare leaders need to explore as they evolve their empathic journey toward patient and financial wellness.

More than 2,600 patients sign up for NHS app in beta trial 6th April 2019, Digital Health News

More than 2,600 patients have signed up for the NHS App during its three-month beta trial, it has been revealed. Speaking at a Royal Society of Medicine event on medical apps on 4 April, Leanne Summers, digital strategy delivery lead for NHS England, said a preliminary report on the trial, which began in September 2018, was due out soon.

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**Effect of wearable digital intervention for improving socialization in children with autism spectrum disorder**

29th March 2019

JAMA Paediatrics

Objective: To evaluate the efficacy of Superpower Glass, an artificial intelligence–driven wearable behavioral intervention for improving social outcomes of children with ASD.

Conclusions and Relevance: The observed 4.58-point average gain on the Vineland Adaptive Behaviors Scale socialization subscale is comparable with gains observed with standard of care therapy. To our knowledge, this is the first randomized clinical trial to demonstrate efficacy of a wearable digital intervention to improve social behavior of children with ASD. The intervention reinforces facial engagement and emotion recognition, suggesting either or both could be a mechanism of action driving the observed improvement.
This study underscores the potential of digital home therapy to augment the standard of care.

**Doctor, developer: the NHS plan to create a new generation of high-tech healthcare experts**

10th April 2019

ZDNet

There's no doubt that IT is reshaping healthcare. But can the NHS get its nurses and doctors ready to embrace all the tech changes ahead?

‘Skype doctors’ prevent 3,000 A&E visits in Manchester 5th June 2019, Digital Health News

Using Skype to help older patients get faster care has prevented 3,000 avoidable A&E visits, according to NHS England figures. The video calls have also freed up 2,000 GP appointments by allowing elderly patients to get the care they need in the comfort of their own home.

**Journal Articles:**

**TITLE:** Why are patients not more involved in their own safety? A questionnaire-based survey in a multi-ethnic North London hospital population.

**Citation:** Postgraduate medical journal; May 2019

**Author(s):** Yoong, Wai; Assassi, Zouina; Ahmedani, Iman; Abdinasir, Rahma; Denning, Max; Taylor, Harriet; Chandrakumar, Danya; Kwakye, Michael; Nauta, Maud

**Purpose:** Active patient participation in safety pathways has demonstrated benefits in reducing preventable errors, especially in relation to hand hygiene and surgical site marking. The authors sought to examine patient participation in a range of safety-related behaviours as well as factors that influence this, such as gender, education, age and language.

**Design:** A 20-point questionnaire was employed in a London teaching hospital to explore safety-related behaviours, particularly assessing patient's willingness to challenge healthcare professionals and engagement in taking an active role in their own care while in hospital. Data was also collected on participant demographic details including gender, age, ethnicity, English language proficiency and education status.

**Results:** 85% of the 175 patients surveyed would consider bringing a list of their medications to hospital, but only 60% would bring a list of previous surgeries. Only 45% would actively engage in the WHO Safer Surgery Checklist and over three quarters (80%) would not challenge doctors and nurses regarding hand hygiene, believing that they would cause offence. Female patients who had tertiary education, were fluent in English and less than 60 years of age were statistically more likely to feel responsible for their own safety and take an active role in safety-related behaviour while in hospital (p<0.05).

**Conclusions:** Many patients are not engaged in safety-related behaviour and do not challenge healthcare professionals on safety issues. Older male patients who were not tertiary educated or fluent in English need to be empowered to take an active role in such behaviour. Further research is required to investigate how to achieve this.
TITLE: The effect of integrated care on self-management and emergency department attendance.

Citation: BJPsych bulletin; Jun 2019; vol. 43 (no. 3); p. 117-122

Author(s): Scheiner, Nikki; Cohen, Sarah; Davis, Ruth; Gale, Tim; Agyare, Amanda

Aims And Method: The Frequent Attenders Programme is a joint initiative between Hertfordshire Rapid Assessment, Interface and Discharge service and the Emergency Department of the West Hertfordshire NHS Trust, which aims to divert frequent attenders from the emergency department by addressing their unmet needs. This paper describes the range of interventions put in place from the time that the service was set up in 2014 until the introduction of the new national Commissioning for Quality and Innovation 2017-2019, which tasked National Health Service trusts to improve services for people with mental health needs who present to Accident and Emergency. The terms emergency department and Accident and Emergency are used interchangeably, reflecting the practice in policy documents. A subsequent article will report on the impact of the Commissioning for Quality and Innovation in Hertfordshire.

Results: Analysis of the interventions indicated a highly significant (P < 0.0001) mean reduction in attendances. Lower gains were made in patients whose primary presentations were alcohol-related. A failure to effect change in two patients led to a significant revision of their respective care plans, resulting in a subsequent reduction in their attendances.

Clinical Implications: An integrated approach to patients with complex presentations was associated with high levels of both patient and referrer satisfaction. It is hypothesised that dismantling the barriers between physical and mental health may lead to similar successes in frequent attenders in other in-patient and community medical and psychiatric services.

TITLE: ABCs of Hospitalized Patients: A Simple Before-After Study of a Communication Tool to Improve Quality of Inpatient Care.

Citation: Journal of patient safety; Jun 2019; vol. 15 (no. 2); p. 161-165

Author(s): Afsar-Manesh, Nasim; Perkins, Colby E; Breger, Kevin S; Zadunayski, Michelle M

Objectives: Within the past several years, innovative communication tools have been established as viable quality improvement mechanisms in health care. Meanwhile, the economic and societal burdens of hospital-acquired conditions (HACs) continue to rise. Various interventions have been attempted to reduce HACs. This study evaluated the effectiveness of a communication tool in reducing risk factors for HACs.

Methods: A communication tool aimed at reducing HAC risk factors was developed by an interdisciplinary team of physicians and nurses and tested in a simple before-after quality improvement study. It included 8 components: ambulation/fall risk, blood glucose greater than 200 mg/dL, central venous catheters, deep venous thrombosis prophylaxis, erosions of the skin/dermal ulcers, Foley/urinary catheters, got communication, and heart monitor/telemetry. This communication tool facilitated multidisciplinary communication. The nurses completed it nightly, and the physicians reviewed the communication tool each morning and, when appropriate, addressed components of care that were out of compliance with best practices.

Results: The use of the ABCs of Hospitalized Patients Communication Tool led to daily improvements with reduction in the percentage of patients with blood glucose greater than
200 mg/dL from 43.3% to 35.1%, reduction in the use of central venous catheters from 8.2% to 1.0% of patients, increase in the use of chemical deep venous thrombosis prophylaxis from 45.4% of patients to 56.7%, reduction in the use of urinary catheters from 27.6% to 13.2%, and decrease in use of telemetry from 67.5% to 55.1%. All of the results have P < 0.05. These improvements were sustained over time.

**Conclusions:** Implementation of a multidisciplinary communication tool serves as a simple, resource-conscious, and customizable instrument to reduce the risk factors for developing HACs. This communication tool can be easily disseminated and used by other institutions.

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**TITLE:** Converting acute inpatient take to outpatient take with fast-track assessment in internal medicine wards - a before-after study.

**Citation:** BMC health services research; May 2019; vol. 19 (no. 1); p. 346

**Author(s):** Bell, Cathrine; Fredberg, Ulrich; Schlünsen, Anders Damgaard Moeller; Vedsted, Peter

**Background:** With an extensive rise in the number of acute patients and increases in both admissions and readmissions, hospitals are at times overcrowded and under immense pressure and this may challenge patient safety. This study evaluated an innovative strategy converting acute internal medicine inpatient take to an outpatient take. Here, acute patients, following referral, underwent fast-track assessment to the needed level of medical care as outpatients, directly in internal medicine wards.

**Method:** The two internal medicine wards at Diagnostic Centre, Silkeborg, Denmark, changed their take of acute patients 1st of March 2017. The intervention consisted of acute medical patients being received in medical examination chairs, going through accelerated evaluation as outpatients with assessment within one hour for either admission or another form of treatment. A before-and-after study design was used to evaluate changes in activity. All referred patients for 10 months following implementation of the intervention were compared with patients referred in corresponding months the previous year.

**Results:** A total of 5339 contacts (3632 patients) who underwent acute medical assessment (2633 contacts before and 2706 after) were included. Median hospital length-of-stay decreased from 32.6 h to 22.3 h, and the proportion of referred acute patients admitted decreased with 36.3% points from 94.5 to 58.2%. The median length-of-admission time for the admitted patients increased as expected after the intervention. The risk of being admitted, being readmitted as well as having a hospital length-of-time longer than 24 h, 72 h or 7 days, respectively, were significantly lower during the after-period in comparison to the before-period. Adverse effects, unplanned re-contacts, total contacts to general practice and mortality did not change after the intervention.

**Conclusion:** Assessing referred acute patients in medical examination chairs as outpatients directly in internal medicine wards and promoting an accelerated trajectory, reduced inpatient admissions and total length-of-stay considerably. This strategy seems effective in everyday acute medical patients and has the potential to ease the increasing pressure on the acute take for wards receiving acute medical patients.
Sources Used:

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