

# Innovation and Quality Improvement Current Awareness Bulletin

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## **Innovation in treatment for people with rarer or less well-recognised long-term conditions**

This paper, commissioned by UCB, investigates how five leading specialist hospital services in the UK are innovating in care for people with severe psoriasis, inflammatory bowel disease (IBD), axial spondyloarthritis, osteoporosis and combinations of inflammatory conditions.

### **Title: Cost-effectiveness of a telehealth intervention for in-home dementia care support: Findings from the FamTechCare clinical trial**

**Citation:** Research in Nursing & Health; Feb 2021; vol. 44 (no. 1); p. 60

**Author(s):** Shaw, Clarissa A; Williams, Kristine N; Lee, Robert H; Coleman, Carissa K

**Abstract:** Determining the cost-effectiveness of technological interventions is a crucial aspect in assuring these interventions can be adopted. The FamTechCare intervention is an innovative telehealth support that links family caregivers of persons living with dementia to tailored feedback from dementia care experts based on caregiver-initiated video recordings of challenging care situations. The FamTechCare intervention has demonstrated significant reductions in caregiver depression and increases in caregiver competence when compared to standard telephone support. The purpose of this article is to report on the cost-effectiveness of the FamTechCare telehealth intervention. Process-based costing and a cost-effectiveness analysis using the incremental cost-effectiveness ratio (ICER) was completed with 68 caregiver and person living dementia with dyads. The cost of the 12-week FamTechCare telehealth intervention was found to be greater (\$48.43 per dyad per week) due to the telehealth equipment, recording application, and expert panel time compared with the telephone support intervention (\$6.96 per dyad per week). The ICER was \$18.51 for caregiver depression and \$36.31 for caregiver competence indicating that it cost no more than \$36.38 per dyad per week over 12 weeks to achieve significant improvement in depression and competence in the FamTechCare caregivers compared to the telephone support caregivers. The FamTechCare intervention appears to be cost-effective when compared to the telephone support intervention and remains near the willingness-to-pay threshold for caregivers providing in-home dementia care support.

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### **Title: Exploring the Potential of Emerging Technologies to Meet the Care and Support Needs of Older People: A Delphi Survey.**

**Citation:** Geriatrics (Basel, Switzerland); Feb 2021; vol. 6 (no. 1)

**Author(s):** Abdi, Sarah; Witte, Luc de; Hawley, Mark

**Abstract:** Some emerging technologies have potential to address older people's care and support needs. However, there is still a gap in the knowledge on the potential uses of these technologies in some care domains. Therefore, a two-round Delphi survey was conducted to establish a consensus of opinion from a group of health and social technology experts (n = 21) on the potential of 10 emerging technologies to meet older people's needs in five care and support domains. Experts were also asked to provide reasons for their choices in free-text spaces. The consensus level was set at 70%. Free-text responses were analyzed using thematic analysis. Voice activated devices was the technology that reached experts consensus in all assessed care domains. Some technologies (e.g., Artificial intelligence (AI) enabled apps and wearables and Internet of things (IoT) enabled homes) also show

potential to support basic self-care and access to healthcare needs of older people. However, most of the remaining technologies (e.g., robotics, exoskeletons, virtual and augmented reality (VR/AR)) face a range of technical and acceptability issues that may hinder their adoption by older people in the near future. Findings should encourage the R & D community to address some of the identified challenges to improve the adoption of emerging technologies by older people.

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**Title: Exploring the adoption of telemedicine and virtual software for care of outpatients during and after COVID-19 pandemic.**

**Citation:** Irish journal of medical science; Feb 2021; vol. 190 (no. 1); p. 1-10

**Author(s):** Bokolo, Anthony Jnr

**Abstract:** As the novel coronavirus disease 2019 (COVID-19) continues to spread across countries, the need for innovative measures to provide high-quality patient care and manage its spread has become more imperative. Software-based systems such as medical software applications could provide valuable suggestion on health-related information to physicians towards improving quality of life, especially for outpatients (e.g., elderly, immunosuppressed, pregnant women). The use of telemedicine and virtual software offers promising potential in the fight against COVID-19. Accordingly, by means of expedited literature and document review, this paper provides implication on the opportunities, application, and challenges of telemedicine and existing virtual software currently adopted as suitable initiatives for reducing the spread of COVID-19. More importantly, findings present factors that impact adoption of telemedicine. The findings suggest that telemedicine and virtual software are capable of decreasing emergency room visits, safeguarding healthcare resources, and lessening the spread of COVID-19 by remotely treating patients during and after the COVID-19 pandemic.

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**Title: The role of combinatorial health technologies in supporting older people with long-term conditions: Responsibilisation or co-management of healthcare?**

**Citation:** Social science & medicine (1982); Jan 2021; vol. 269 ; p. 113545

**Author(s):** Varey, Sandra; Dixon, Mandy; Hernández, Alejandra; Mateus, Céu; Palmer, Tom M; Milligan, Christine

**Abstract:** Neoliberalism, austerity and health responsabilisation are increasingly informing policies and practices designed to encourage older patients to take responsibility for the management of their own healthcare. Combined with an ageing population, novel ways to address the increasing healthcare needs of older people have become a priority, with the emergence in recent years of new models of integrated care enhanced by combinatorial health technologies (CHTs). This paper presents qualitative findings from the evaluation of one programme, the Lancashire and Cumbria Innovation Alliance (LCIA) Test Bed, a programme funded by NHS England and conducted in England between 2016 and 2018. Drawing on data from patients, family carers, and staff members involved in the programme, this paper explores the extent to which CHTs, as part of the LCIA Test Bed programme, contributed to health responsabilisation amongst older people with complex health conditions. Through this programme, we find that relationships between patients, family carers and healthcare professionals combined to create a sense of reassurance and shared responsibility for all parties. Our findings suggest the need for a more nuanced approach to responsabilisation and self-management for older people living with complex health

conditions. By focusing on co-management - and recognising the potential of CHTs to facilitate this approach - there is potential to increase patient confidence in managing their health condition, reduce carer burden, and enhance clinician satisfaction in their work roles. While neoliberal agendas are focused on self-management and self-responsibility of one's own health care, with technology as a facilitator of this, our findings suggest that the successful use of CHTs for older people with complex health conditions may instead be rooted in co-management. This paper argues that co-management may be a more successful model of care for patients, carers and clinicians.

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**Title: Acute, Hospital-Level Care in the Home: A Glimpse of the Future.**

**Citation:** Case Management Advisor; Feb 2021; vol. 32 (no. 2); p. 1-5

**Author(s):** AHC MEDIA

**Abstract:** Emergency providers can provide hospital-level acute care to patients at home under Advanced Care at Home, a new program from the Mayo Clinic that leverages technology and in-person services. The approach has been introduced in Jacksonville, FL, and Eau Claire, WI.

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**Title: Innovative methods for involving people with dementia and carers in the policymaking process.**

**Citation:** Health expectations : an international journal of public participation in health care and health policy; Mar 2021

**Author(s):** Keogh, Fiona; Carney, Patricia; O'Shea, Eamon

**Background:** There are few examples of public patient involvement in policymaking for groups whose ability to participate may be affected by a disability, particularly for people with dementia and their family carers. Principles of engagement and inclusion in democratic processes are as important for these groups as other citizens. We used two innovative methods to increase involvement of people with dementia and family carers in the policymaking process in Ireland, specifically in relation to impending legislation on home care.

**Method:** A Policy Café was co-produced with people with dementia using a World Café methodology. A Carer's Assembly was co-produced with caregivers of people with dementia using a citizen's assembly model.

**Results:** Ten people with dementia discussed policy developments they wanted to see implemented in relation to diagnosis and home care. Twenty-eight dementia caregivers prioritized four topics: home care; respite services; psychosocial supports; and financial supports. Film and illustrations were used to create accessible messages for policy-makers to inform their decision making.

**Discussion:** Involving people with dementia and carers in policy development requires time and creativity to facilitate and maximize their involvement. Co-production is essential to ensure the priorities of participants are identified, expressed and communicated effectively. A cumulative sequence of events and messages can generate significant engagement with policy-makers. Policy-makers need to hear the direct and authentic voice of people with dementia and carers when faced with important policy decisions.

**Patient or public contribution:** People with dementia and carers were involved in study design, data analysis and presentation.

**Title: The importance of surgeons and their peers in adoption and diffusion of innovation: An observational study of laparoscopic colectomy adoption and diffusion in England.**

**Citation:** Social science & medicine (1982); Mar 2021; vol. 272 ; p. 113715

**Author(s):** Barrenho, Eliana; Miraldo, Marisa; Propper, Carol; Walsh, Brendan

**Abstract:** Little is known about the role of clinicians in accounting for adoption and diffusion of medical innovations, especially within the English National Health System. This study examines the importance of surgical consultants and their work-based networks on the diffusion of an important innovation, minimally invasive elective laparoscopic colectomy for colorectal cancer. The study used linked patient-level and workforce data on 260,110 elective colectomies and 1288 consultants between 2000 and 2014, to examine adoption of laparoscopic colectomy pre- and post-introduction of clinical guidelines and total share of colectomies performed laparoscopically by adopters. Laparoscopy as a share of elective colectomy increased from 0% in 2000 to 53% in 2014. Surgeons, rather than hospitals, were the principal agents accounting for the increase and explain 46.6% of the variance in laparoscopic colectomy use. Female surgeons, surgeons trained outside the United Kingdom, and recent graduates had higher rates of laparoscopy adoption. More experienced surgeons and surgeons with more peers who perform laparoscopy were more likely to adopt, adopt early and have greater use of laparoscopy. Targeting clinicians, rather than hospitals, is central to increasing adoption and diffusion of new medical technologies.

#### **Sources Used:**

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