

Innovation and Quality Improvement

Current Awareness Bulletin

March 2025

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Next sessions: 10th April @ 12 noon & 9th May @ 2pm

• Simple and painless evidence into practice (BMJ Best Practice and the LKS Hub) 30 minutes. Learn about quick and hassle-free ways to seamlessly incorporate evidence into your daily work.

Next sessions: 11th April @ 11am & 12th May @ 12 noon

• Quickfire health literacy – getting your message across 30 minutes. Learn about the communication barriers patients may encounter, and ways to ensure they get the most from their care.

Next sessions: 2nd April @ 1pm & 15th May @ 2pm

Book a session today at https://forms.office.com/e/HyiSXfDaYV (these sessions will be held on a monthly basis)

Learning Health Systems

THIS Institute; 2025.

Despite enormous efforts at healthcare improvement, major challenges remain in achieving optimal outcomes, safety, cost, and value. This Element introduces the concept of learning health systems, which have been proposed as a possible solution. Though many different variants of the concept exist, they share a learning cycle of capturing data from practice, turning it into knowledge, and putting knowledge back into practice. How learning systems are implemented is highly variable.

Read more at https://shorturl.at/vrCw2

Developing and piloting a peer quality improvement coaching protocol for front-line healthcare staff.

Popivanov P. BMJ Open Quality 2025;14(1):e002967.

This study provides a quality improvement coaching roadmap for small and intermediate initiatives. It seeks to equip professionals with tools to transform the complex system of healthcare by leading and delivering change and spreading innovation. Due to its peer-to-peer nature, which prioritises power and agency in a shared relationship between coach and coachee to shape the coachee QI outcomes, this protocol can be adopted and adapted to different teams, units and point-of-care sites.

Avoiding 'second victims' in healthcare: what support do staff want for coping with patient safety incidents, what do they get and is it effective? A systematic review.

Simms-Ellis R. BMJ Open 2025;15(2):e087512.

Beyond peer support, organisational support for patient safety incidents appears to be misaligned with staff desires. Gaps exist in providing preparatory/preventive interventions and practical support and guidance. Reliable effectiveness data are lacking. Very few studies incorporated comparison groups or randomisation; most used self-report measures. Despite inconclusive evidence, formal peer support programmes dominate.

Impact of nurses' working hours on patient safety indicators: comparing 8- and 12-hour shift patterns

Hussien M A. British Journal of Healthcare Management 2025;31(2):1-8.

Increased incidence of medication administration errors may be a concern when switching from a 12-hour to an 8-hour nursing shift pattern. However, this study largely contradicts previous research that has indicated significant differences in patient safety incidents between 8- and 12-hour shift patterns.

Safety management: accountability across organisational boundaries.

Health Services Safety Investigations Body (HSSIB); 2025.

This report is intended for health care organisations, policy-makers and the public to help improve patient safety in relation to the management of patient safety risks across organisational boundaries.

Read the report at https://www.hssib.org.uk/patient-safety-investigations/safetymanagement/investigation-report/

1. Keeping Mothers Together With Their Babies Requiring Neonatal Intensive Care During the Birth Hospitalization: An Innovative Model of Care

Authors: Dagestad, Amy

Publication Date: 2025

Journal: MCN.the American Journal of Maternal Child Nursing

Abstract: Background: Keeping mothers and babies together after birth has long been described as best practice; however, most organizations in the United States move newborns requiring a higher level of care to a different unit in the hospital. The leadership team at a level II, four-bed neonatal intensive care unit in a community hospital averaging 1,400 births per year recognized an opportunity to potentially improve the care for maternity patients and their families.; Intervention: Instead of high-risk newborns being cared for in the neonatal intensive care unit while their mothers were on the postpartum unit, an innovative model applied the concepts of rooming-in and couplet care in a new way, keeping mothers and their babies that

need a higher level of care together. Mothers and babies remain together in a Labor-Delivery-Recovery-Postpartum/Neonatal Intensive Care (LDRP/NICU suite).; Methods: The purpose of the new model of care was to improve patient and family experiences. Data were collected for 2 years prior and for 2 years after implementation of the new model of care. Participants included birth mothers of NICU babies on their day of discharge.; Results: Results include improved employee and provider engagement. Birth volumes have increased since this practice change. This model of care has been successful in our facility and offers the opportunity for families to stay together throughout both mother and newborn's hospital stays. (Copyright © 2025 Wolters Kluwer Health, Inc. Unauthorized reproduction of this article is prohibited.)

2. Reducing Hospital Length of Stay: A Multimodal Prospective Quality Improvement Intervention.

Authors: Keach J.W.;PrandiAbrams M.;Sabel A.S.;HasnainWynia R.;Mroch J.M. and MacKenzie, T. D.

Publication Date: 2025

Journal: Joint Commission Journal on Quality and Patient Safety (pagination), pp. Date of Publication: 2025

Abstract: Background: Prolonged hospital stays beyond medical necessity pose avoidable risks and costs. Reducing length of stay (LOS) without compromising patient outcomes is a national priority for hospitals. The authors aimed to systematically and safely improve LOS and LOS index (LOSI) at an urban academic safety-net hospital.

3. Co-producing a safe mobility and falls informatics platform to drive meaningful quality improvement in the hospital setting: a mixed-methods protocol for the insightFall study

Authors: Lear, Rachael;Averill, Phoebe;Carenzo, Catalina;Tao, Rachel;Glampson, Ben;Leon-Villapalos, Clare;Latchford, Robert and Mayer, Erik

Publication Date: 2025

Journal: BMJ Open 15(2), pp. e082053

Abstract: Introduction: Manual investigation of falls incidents for quality improvement is timeconsuming for clinical staff. Routine care delivery generates a large volume of relevant data in disparate systems, yet these data are seldom integrated and transformed into real-time, actionable insights for frontline staff. This protocol describes the co-design and testing of a safe mobility and falls informatics platform for automated, real-time insights to support the learning response to inpatient falls.; Methods: Underpinned by the learning health system model and human-centred design principles, this mixed-methods study will involve (1) collaboration between healthcare professionals, patients, data scientists and researchers to co-design a safe mobility and falls informatics platform; (2) co-production of natural language processing pipelines and integration with a user interface for automated, near-real-time

insights and (3) platform usability testing. Platform features (data taxonomy and insights display) will be co-designed during workshops with lay partners and clinical staff. The data to be included in the informatics platform will be curated from electronic health records and incident reports within an existing secure data environment, with appropriate data access approvals and controls. Exploratory analysis of a preliminary static dataset will examine the variety (structured/unstructured), veracity (accuracy/completeness) and value (clinical utility) of the data. Based on these initial insights and further consultation with lay partners and clinical staff, a final data extraction template will be agreed. Natural language processing pipelines will be co-produced, clinically validated and integrated with QlikView. Prototype testing will be underpinned by the Technology Acceptance Model, comprising a validated survey and thinkaloud interviews to inform platform optimisation.; Ethics and Dissemination: This study protocol was approved by the National Institute for Health Research Imperial Biomedical Research Centre Data Access and Prioritisation Committee (Database: iCARE-Research Data Environment; REC reference: 21/SW/0120). Our dissemination plan includes presenting our findings to the National Falls Prevention Coordination Group, publication in peer-reviewed journals, conference presentations and sharing findings with patient groups most affected by falls in hospital.; Competing Interests: Competing interests: None declared. (© Author(s) (or their employer(s)) 2025. Re-use permitted under CC BY. Published by BMJ Group.)

4. New Doctors Cross-Specialty Induction Programme: A Closed Loop Quality Improvement Project at a Tertiary Acute Hospital in UK

Authors: Maharajh S., Allen C., Tohfa M., Morton R., Mcintyre I. and Chan, A.

Publication Date: 2025

Publication Details: British Journal of Surgery. Conference: ASGBI Emergency General Surgery Symposium 2024. Manchester United Kingdom. 112(Supplement 1) (pp i25); Oxford University Press,

Abstract: Introduction: Doctors in acute specialities are required to provide effective, timely and safe patient care. Human factors can make cross-speciality working challenging. Siloed departmental junior doctor inductions often do not promote effective multidisciplinary working across the on-call and emergency service provision. This quality improvement project (QIP) trials a joint specialty induction programme to promote collaboration, understanding and teamwork at one of the largest hospitals in the UK.

5. Patient safety as a measure of resilience in US hospitals: central line-associated bloodstream infections, July 2020 through June 2021

Authors: Sapiano, Mathew R. P.;Dudeck, Margaret A.;Patel, Prachi R.;Binder, Alison M.;Kofman, Aaron;Kuhar, David T.;Pillai, Satish K.;Stuckey, Matthew J.;Edwards, Jonathan R. and Benin, Andrea L.

Publication Date: 2025

Journal: Infection Control and Hospital Epidemiology , pp. 1–7

Abstract: Objective: Resilience of the healthcare system has been described as the ability to absorb, adapt, and respond to stress while maintaining the provision of safe patient care. We quantified the impact that stressors associated with the COVID-19 pandemic had on patient safety, as measured by central line-associated bloodstream infections (CLABSIs) reported to the Centers for Disease Control and Prevention's National Healthcare Safety Network.; Design: Acute care hospitals were mandated to report markers of resource availability (staffing and hospital occupancy with COVID-19 inpatients) to the federal government between July 2020 and June 2021. These data were used with community levels of COVID-19 to develop a statistical model to assess factors influencing rates of CLABSIs among inpatients during the pandemic.; Results: After risk adjustment for hospital characteristics, measured stressors were associated with increased CLABSIs. Staff shortages for more than 10% of days per month were associated with a statistically significant increase of 2 CLABSIs per 10,000 central line days versus hospitals reporting staff shortages of less than 10% of days per month. CLABSIs increased with a higher inpatient COVID-19 occupancy rate; when COVID-19 occupancy was 20% or more, there were 5 more CLABSIs per 10,000 central line days versus the referent (less than 5%).; Conclusions: Reporting of data pertaining to hospital operations during the COVID-19 pandemic afforded an opportunity to evaluate resilience of US hospitals. We demonstrate how the stressors of staffing shortages and high numbers of patients with COVID-19 negatively impacted patient safety, demonstrating poor resilience. Understanding stress in hospitals may allow for the development of policies that support resilience and drive safe care.

6. Features and effectiveness of electronic audit and feedback for patient safety and quality of care in hospitals: A systematic review.

Authors: Soresi J.;Bertilone C.;Banks E.;Marshall T.;Murray K. and Preen, D. B.

Publication Date: 2025

Journal: Health Informatics Journal 31(1), pp. 14604582251315414

Abstract: Background: Increasing digitisation in healthcare is flowing through to quality improvement strategies, like audit and feedback.

Sources Used:

A number of different databases and websites are used in the creation of this bulletin.

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