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Innovation and Quality Improvement

Current Awareness Bulletin

April 2025

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

Key clinical findings from the IMPROVE-UK quality improvement projects: an overview.

Phillips AJ. *BMJ Open Quality* 2025;14(Suppl 1):e002902.

IMPROVE-UK was the first programme of its kind addressing significant inequalities of care in women with ovarian cancer. We demonstrate systematic quality improvement projects in ovarian cancer targeting various aspects of the treatment journey. Scaling up the results of the improve UK pilots is likely to improve survival in the UK and potentially internationally.

Available to read at https://bmjopenquality.bmj.com/content/14/Suppl_1/e002902

Art of leading quality improvement. [Editorial].

Coffey M. *BMJ Quality & Safety* 2025;34(3):137-139.

Commentary on Ginsburg L , Easterbrook A , Geerts A , et al . “We listened and supported and depended on each other”: a qualitative study of how leadership influences implementation of QI interventions

Available to read at https://qualitysafety.bmj.com/content/34/3/137

'We listened and supported and depended on each other': a qualitative study of how leadership influences implementation of QI interventions.

Ginsburg L. *BMJ Quality & Safety* 2025;34(3):146-156.

Results highlight important, often overlooked, relational and sociocultural aspects of successful

QI leadership in nursing homes that can guide the design, implementation and scaling of complex interventions and can guide future research.

Available to read at https://qualitysafety.bmj.com/content/34/3/146

Validation and application of a tool to assess self-confidence to do improvement.

Richardson A. *BMJ Open Quality* 2025;14(1):e003130.

Increasing improvement capability in the workforce is vital within healthcare. The type of quality improvement training to increase capability varies. One way to measure the impact of improvement training is self-confidence to do improvement. Our tool offers a way to measure the impact of improvement capability on varying training durations and inform decisions about allocating staff time to this activity.

Available to read at https://bmjopenquality.bmj.com/content/14/1/e003130?rss=1

Five principles to prioritise in small-scale surgical quality improvement: a qualitative study of the views of surgical improvement leaders.

Ko CY. *BMJ Open Quality* 2025;14(1):e002917.

This study identifies five principles likely to be useful in guiding better surgical QI in frontline settings. These principles can help inform a structured framework to support small-scale surgical improvement efforts.

Available to read at https://bmjopenquality.bmj.com/content/14/1/e002917

Conceptualising Centres of Clinical Excellence: A Scoping Review.

Kandasamy T. *BMJ Open* 2024;14(12):e082704.

Centres of clinical excellence (CoCE) are healthcare facilities that provide excellent healthcare. However, despite their increasing prevalence, it is unclear how CoCE are identified and monitored. This paper explores how CoCE has been described in the literature.
There are inconsistencies in how CoCE are established, identified, monitored and evaluated. Common (but not uniform) features of CoCE are highly skilled staff, high-quality care delivery and optimal patient outcomes.

Available to read at https://bmjopen.bmj.com/content/14/12/e082704

Forging a more equitable healthy future through policy and partnership: tackling health inequalities through innovation

Health Innovation Network

Tackling health inequalities remains one of the greatest challenges facing the NHS and the wider health sector today. The Covid-19 pandemic exposed how deeply entrenched these disparities are, underscoring the urgent need for innovative and comprehensive approaches to address them. This report argues that advances in digital technologies, data analytics,

workforce development, and community partnerships present a unique opportunity to reshape the health system to serve everyone, irrespective of their circumstances. Drawn from a roundtable discussion held in December 2024, the report captures how culturally competent approaches, data-driven insights, and place-based partnerships can create a new blueprint for equitable health services.

Read the report at https://shorturl.at/a9le2

From research to reality: research and innovation in the NHS as key to enabling the 10 Year Plan

Wellcome

This report shares the findings of a study commissioned by Wellcome and delivered by RAND Europe to help inform a vision for research and innovation in the health system, with a particular emphasis on the NHS. It discusses research and innovation as the fourth big shift needed to transform the NHS and help support the other key shifts emphasised by government in relation to the 10 Year Plan for health and care: shifts from hospital to community care, from sickness to prevention, and from analogue to digital.

Read the report at https://wellcome.org/reports/from-research-to-reality

Clinical leadership development in the NHS - a study in urgent and emergency care (UEC).

Scheffer H. *Journal of Health Organization and Management* 2025;39(9):192-209.

Purpose: This paper explores why clinicians in an emergency department (ED) become leaders, their experiences of leadership and their future developmental needs. It focuses on emerging leaders, middle management, and senior management whilst addressing the knowledge gap in identifying the training needs of clinical leadership in urgent and emergency care (UEC).

Design/methodology/approach: This study utilised both surveys (n = 36) and semi-structured interviews (n = 12). Qualitative data were analysed using descriptive statistics, whilst qualitative data were analysed using a thematic approach, drawing on a conceptual framework based on the inter-related concepts of culture, professional identity and leadership development. This paper focuses on the third concept and offers insights into the journey and challenges faced in making the transition from clinician to leader.

Findings: The findings revealed that most clinical leaders received insufficient training to prepare them to be leaders in UEC.

Research limitations/implications: This study was originally intended for a single English Acute Trust, rendering the data limiting, as an interpretivist study. The fact that three Trusts were used for the semi-structured interviews helped with the triangulation of data.

Practical implications: The paper proposes an original leadership development framework for UEC to support leaders who are often excellent clinicians, to be equally brilliant and appropriately empowered leaders.

Originality/value: A more individual-centric focus on clinical leadership development is advocated, offering an original leadership development framework to support leadership development and contributing to the wider literature on education.

Read the article at https://shorturl.at/8PRXI

MHRA introduces *Safety Roundup* bulletin and redesigned alerts

The Medicines and Healthcare products Regulatory Agency (MHRA) has launched the *Safety Roundup* , a monthly bulletin summarising the latest safety advice for medicines, medical devices, and healthcare products. This initiative is part of the MHRA's three-year strategy to enhance safety communications by providing clearer and more accessible information to healthcare professionals.

Safety Roundup includes:

• Drug safety updates

• Device safety information

• National patient safety alerts

• Recalls and medicines notifications

• Letters sent to healthcare professionals

• An MHRA news section highlighting key safety information

Healthcare professionals can subscribe to the MHRA *Safety Roundup* to stay informed about the latest safety communications and updates from the MHRA at https://subscriptions.mhra.gov.uk/accounts/UKMHRA/signup/45372

https://www.gov.uk/government/news/mhra-launches-new-monthly-safety-bulletin-and-redesigned-safety-alerts

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1. **3D PRINTING IN PHARMACY: BRIDGING INNOVATION AND PRECISION MEDICINE.**

Authors: Akash K.;Shekhar B.S.;Roopa G.;Vamshi I.;Bhargav K.S.;Snvl S. and Shivani, P.

Publication Date: 2025

Journal: Journal of Global Trends in Pharmaceutical Sciences 16(1), pp. 28–36

Abstract: Three-dimensional printing (3DP), also known as additive manufacturing, has emerged as a transformative technology in pharmaceuticals and healthcare. By enabling precise and personalized drug delivery systems, organ-on-chip development, and rapid prototyping of implants and prosthetics, 3DP is addressing long-standing challenges in conventional manufacturing and drug development [1]. This review explores the principles, key applications, and limitations of 3DP technology in medicine, focusing on its role in personalized therapeutics, biomedical research, and clinical applications. Current challenges, including regulatory hurdles, material limitations, and cost constraints, are discussed, alongside future

directions that integrate artificial intelligence (AI) and novel biomaterials

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2. **Individual Innovative Features of the Intensive Care Nurses.**

Authors: Dayan A. and Ince, S.

Publication Date: 2025

Journal: Dimensions of Critical Care Nursing : DCCN 44(3), pp. 137–144

Abstract: BACKGROUND: It is crucial for nurses to identify deficiencies and areas for improvement within the health care system while performing care practices. In order for nurses to identify solutions to these issues through an innovative approach, it is essential that they develop their individual innovativeness characteristics. The willingness of nurses to innovate can be fostered by embracing innovation and adopting a positive perspective toward it. Individual innovativeness characteristics play a pivotal role in influencing the emergence of innovative behaviors among nurses. AIM: This study was conducted to ascertain the individual innovativeness characteristics of nurses working in intensive care units.

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3. **Turning the Living Room into a Ward: Developing Stakeholder's Innovative Capabilities in Home Hospitalization as the Future of Healthcare.**

Authors: Fattoum S.;Bote R. and Belkhouja, M.

Publication Date: 2025

Journal: SSRN (pagination), pp. Date of Publication: 18 Mar 2025

Abstract: Hospitals are widely regarded as consumers and implementors of innovation, but the organizational capacity of hospitals to generate medical innovation has been underemphasized. Researchers have highlighted the role of specific actors like doctors, patients, and policymakers in fostering innovation. We add to this body of work by investigating the drivers of innovative capabilities through the incentives and engagement of different stakeholders in the Home Hospitalization (HH) healthcare system. In recent years, HH has emerged as a solution to persistent constraints on the healthcare sector in most developed countries stemming from an aging population, shortage of beds, and residual adverse effects of the covid 19 pandemic. In the HH system, patients agree to be hospitalized in their homes instead of in a traditional hospital. This system has ramifications for medical practices, knowledge creation, and transfer, hence presenting an arena for medical innovation. Based on a mixed-method study, our findings reveal enhanced well-being, holistic care, role evolution, and systemic boost as stakeholder incentives to engage. We contribute to the literature on hospitals as innovation hubs by highlighting personal agency, creativity, autonomy, and capacity building as drivers of innovative capabilities in the HH system. We also shed light on the dynamic interplay between organizational boundaries, societal benefits, and policy implications in developing an alternative healthcare model. We make several policy recommendations for policymakers to address the present shortcomings of HH implementation and foster its acceptability as an intuitive alternative to traditional hospitalization.

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

Authors: Keach, Joseph Walker;Prandi-Abrams, Mara;Sabel, Allison S.;Hasnain-Wynia, Romana;Mroch, Jonathan M. and MacKenzie, Thomas D.

Publication Date: 2025

Journal: Joint Commission Journal on Quality & Patient Safety 51(5), pp. 321–330

Abstract: 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. The research team conducted a multifaceted quality improvement initiative in a 550-bed hospital, focusing on improving LOSI and reducing LOS. Interventions included institutional investment in an LOS reduction program, development of rigorous internal LOS data analytics, and multiple Diagnosis Related Group (DRG)–focused LOS reduction initiatives (specifically, sepsis, obstetric, and psychiatric DRGs). Initial interventions occurred in mid-2019, with subsequent iterative improvement through 2023. Statistical analyses assessed pre- and postintervention outcomes. Mean LOSI significantly improved postintervention from 1.15 to 1.02 (-0.13, $p < 0.0001$), with sustained performance for more than three years. The average LOS demonstrated a non–statistically significant but clinically relevant improvement from 6.24 to 5.91 days (-0.33 days, $p = 0.45$). Excluding outlier long-LOS encounters, the LOS demonstrated a statistically significant improvement in the postintervention slope change (-0.02 per month, $p = 0.04$), indicating a delayed improvement to LOS postintervention. There were no adverse effects on readmissions or mortality. A multifaceted approach to LOS and LOSI improvement in a safety-net hospital yielded clinically significant and sustained results, showcasing the value of integrated strategies and organizational commitment.

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5. **Patient Stories: A Multidisciplinary, Innovative, and Cost-Effective Approach to Promoting Staff Resilience.**

Authors: Kitamura E.;Reiter B. and Noble, N.

Publication Date: 2025

Journal: Journal of Pain and Symptom Management.Conference: The Annual Assembly of Hospice and Palliative Care Oral Presentations.Denver United States 69(5), pp. e595–e596

Abstract: Outcomes: 1. Utilizing pre-existing system resources, participants will be able to brainstorm their own expert resources for staff support adapted to their own clinical setting. 2. Participants will learn an easy, adaptive, and zero cost staff support model for staff who are skeptical of other staff support models. Key Message: We established a staff support model titled "Patient Stories: Understanding the biopsychosocial and spiritual aspects of our patients and its impact on care teams." This zero-cost model relies on the expertise of hospital staff to provide education to staff along with creating space for staff reflection on difficult cases. The Medical Intensive Care Unit (MICU) housed many of the patients with COVID-19 following the

first wave of the pandemic. After a substantial number of nurses resigned, we (palliative care team and MICU leadership), created a staff support model to foster resilience, mitigate turnover, educate, reduce burnout, and create a conducive space for sharing emotions around difficult cases. Nationally 71% of critical care nurses experienced some type of moral injury symptoms and/or moral distress during the COVID-19 epidemic (1) and there is an urgent need to address burnout in the palliative care workforce (2).

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6. **Same-day discharge pathway for elective total hip and knee arthroplasty patients: a quality improvement project at a Canadian community hospital**

Authors: Kostamo, Tim;Watters, Jennifer;Spence, Brittany;Faraji, Reza;Eng, Janice and Montgomery, Michele

Publication Date: 2025

Journal: BMJ Open Quality 14(1)

Abstract: Competing Interests: Competing interests: None declared.; Total hip arthroplasty (THA) and total knee arthroplasty (TKA) surgeries performed annually are increasing, with over $1.26 billion in hospital costs, according to the 2021/2022 Canadian Institute of Health Information report. A trend towards same-day surgery has helped support the rising demand for arthroplasty in an ageing population and has established evidence for patient safety and satisfaction.Burnaby Hospital sought to develop a same-day pathway to increase at-home recovery opportunities and associated recovery benefits. The aim was to increase the same-day discharge (SDD) rate for THA and TKA from 8% to 15% within a 12-month period.The project team used the Model for Improvement framework to guide the team in achieving the project aim. A series of Plan-Do-Study-Act cycles and ramps were conducted on five interventions: screening tool, focused arthroplasty same-day track automatisation, surgical and anaesthesia standardisation and patient education resources.The health authority's electronic health records (MEDITECH) were used to extract 18 months of baseline data. The data analysis software (SQCPack) was used to monitor the data throughout the project to assess its progress. The results of the SDD rate increased from 8% to 20% with a success rate of 82% SDD, while achieving a decrease in readmission rates to 4-7% from a baseline average of 7-8%. There was no increase in emergency room visits and readmission within 30 days for SDD when compared with the standard inpatient cases. Both staff and patients reported high levels of satisfaction.Driven by a working group creates success with clear goals, strong departmental collaboration, and substantial stakeholder and leadership support. The team viewed failures as learning opportunities to adapt new Plan-Do-Study-Act cycles and strategies for developing continuous improvement throughout the project's life cycle. Process automation was key for a sustainable path for improvements; this provided resiliency against changes from external and staffing pressures. (© Author(s) (or their employer(s)) 2025. Re-use permitted under CC BY-NC. No commercial re-use. See rights and permissions. Published by BMJ Group.)

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7. **Patient Safety Culture Among Nurses in Hospital Settings Worldwide: A Systematic Review and Meta-Analysis**

Authors: Kyriakeli, Georgia;Georgiadou, Anastasia;Symeonidou, Agapi;Tsimtsiou,

Zoi;Dardavesis, Theodoros and Kotsis, Vasilios

Publication Date: 2025

Journal: Joint Commission Journal on Quality & Patient Safety 51(5), pp. 350–360

Abstract: Assessment of patient safety culture (PSC) is critical for health care organizations worldwide to recognize areas that require urgent attention, promote patient safety, and improve quality of care. The aim of this systematic review was to determine the overall PSC score among nurses worldwide and identify the dimensions of PSC that score the highest and the lowest, as well as any geographical differentiations. Literature research was conducted in PubMed and Scopus search engines and the Agency for Healthcare Research and Quality (AHRQ) Research Reference List to identify studies published in English between January 2004 and May 2023 that used the Hospital Survey on Patient Safety Culture, version 1, to measure hospital nurses' assessment of PSC. This review followed the PRISMA 2020 guidelines and was registered in PROSPERO. From 1,507 records, 21 studies were included with 10,951 participants. The overall PSC score was 3.341 (95% confidence interval CI] 3.221–3.460). The dimension scored highest was Teamwork Within Units, with a mean score of 3.719 (95% CI 3.594–3.844). Staffing, with a mean score of 3.096 (95% CI 2.980–3.212) was scored lowest. Statistically significant differences related to geographical distribution were found for overall PSC score and five of the PSC dimensions. Nurses throughout the world rated the PSC at their organizations moderate to good. Certain dimensions of PSC were reported to need reinforcement to create a strong overall safety culture in health care. Participants rated European hospitals as having a stronger PSC than South American or Middle Eastern hospitals. Differentiations need to be further studied and analyzed for effective and targeted global interventions.

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8. **BMJ Innovations roundtable: Innovations that will have the biggest impact on orthopaedics over the next decade.**

Authors: Liu Y.;Wang J.;Muschler G.;Wyles C.;Li W.;Luo Y.;Xiong Z.;Goldberg A.;Ren L.;Zhou S.;Zou X.;Jiang X. and Tsoi, K. K. F.

Publication Date: 2025

Journal: BMJ Innovations (pagination)

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9. **Embracing Change and Driving Innovation in Nursing.**

Authors: Murdock, D. B.

Publication Date: 2025

Journal: AORN Journal 121(4), pp. 243–244

10. **Teaching health systems leadership and innovation to physicians.**

Authors: Ratnapalan S.;Sriharan A.;Anderson G.;Dubinsky I.;Chan B.T.B.;Smith T.;Allin S.;Sen D.;Lopez C.;DownieRoss Z.;Nadarajah A. and Laporte, A.

Publication Date: 2025

Journal: BMJ Leader (pagination)

Abstract: Background: A master's programme in Health Systems Leadership and Innovation was launched in 2016 to integrate health systems science and innovation management within the medical education continuum.

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11. **Enhancing the Innovation Ecosystem: Overcoming Challenges to Introducing Information-Driven Technologies in Health Care.**

Authors: Reed J.;Svedberg P. and Nygren, J.

Publication Date: 2025

Journal: Journal of Medical Internet Research 27(pagination), pp. Article Number: e56836. Date of Publication: 2025

Abstract: As health care demands rise and resources remain constrained, optimizing health care systems has become critical. Information-driven technologies, such as data analytics and artificial intelligence (AI), offer significant potential to inform and enhance health care delivery at various levels. However, a persistent gap exists between the promise of these technologies and their implementation in routine practice. In this paper, we propose that fragmentation of the innovation ecosystem is behind the failure of new information-driven technologies to be taken up into practice and that these goals can be achieved by increasing the cohesion of the ecosystem. Drawing on our experiences and published literature, we explore five challenges that underlie current ecosystem fragmentation: (1) technology developers often focus narrowly on perfecting the technical specifications of products without sufficiently considering the broader ecosystem in which these innovations will operate; (2) lessons from academic studies on technology implementation are underused, and existing knowledge is not being built upon; (3) the perspectives of healthcare professionals and organizations are frequently overlooked, resulting in misalignment between technology developments and health care needs; (4) ecosystem members lack incentives to collaborate, leading to strong individual efforts but collective ecosystem failure; and (5) investment in enhancing cohesion between ecosystem members is insufficient, with limited recognition of the time and effort required to build effective collaborations. To address these challenges, we propose a series of recommendations: adopting a wide-lens perspective on the ecosystem; developing a shared-value proposition; fostering ecosystem leadership; and promoting local ownership of ecosystem investigation and enhancement. We conclude by proposing practical steps for ecosystem members to self-assess, diagnose, and improve collaboration and knowledge sharing. The recommendations presented in this paper are intended to be broadly applicable across various types of innovation and improvement efforts in diverse ecosystems.

12. **Global Learning Opportunities Within Social Innovation in Health (GLOWS): Modified Delphi Process to Identify and Pilot Core Competencies for Learning.**

Authors: Wallace E.;Tao Y.;Aribodor O.B.;Zhu Z.;Borbon A.;Halpaap B.;Chakhame B.M.;Jacob E.C.;Ahmed F.;Francis J.M.;Septiawan K.G.;Mawuli K.;Mutisya L.;Ekasari M.P.;Azugo N.O.;Fourie T.;Ruiz A.S.;Alger J.;Mier A.R.;Tang W., et al

Publication Date: 2025

Journal: medRxiv (pagination), pp. Date of Publication: 28 Feb 2025

Abstract: Background Social innovation in health refers to the community-engaged process that connects health improvement and social change. The aim of this study was to develop a consensus statement on core learning competencies in social innovation in health and pilot them as part of a participatory training workshop. Methods and Findings A modified Delphi Process aggregating data from a scoping review, global open call, and participatory process was organized. Participants were recruited from low, middle, and high-income countries with a range of social innovation experiences. Statements focused on social innovation in health core competencies for learning. Consensus was determined using the RAND/UCLA Appropriateness method. After expressing interest in the project, 68 individuals received the survey link. 46 participants completed the first survey, and 34 completed the second survey. All 28 statements reached consensus, and based on the results of this first survey, some statements were added, amended, and merged to reach 30 consensus statements in the second survey. Competencies were categorized into skills, mindsets, and knowledge. Some competencies reached higher levels of agreement than others. This included community engagement, which can leverage the collective knowledge and problem-solving abilities of a diverse group of individuals to tackle complex challenges; social entrepreneurship skills such as business model knowledge, securing funding, team building, and knowledge of intersectional issues and health inequities. Several learning competencies were then piloted as eight one-hour online workshops, which assessed the feasibility of developing them through online open-access social innovation training sessions. After completing the workshops, 137 participants completed a survey, and most participants reported a significant improvement across six competencies. Conclusion The results from this study will inform the development of a WHO/TDR conceptual framework for teachers and learners in social innovation in health.

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13. **Inhalation Innovation: Optimizing COPD Care Through Clinical Pharmacist Integration in a Rehabilitation Hospital's Multidisciplinary Team - A Quality Improvement Study**

Authors: Walravens, Annelies;Walravens, Emma;Wuyts, Stephanie;Boudewyn, Sander;Spriet, Kayleigh;De Paepe, Kristel and Tommelein, Eline

Publication Date: 2025

Journal: Chronic Obstructive Pulmonary Diseases (Miami, Fla.)

Abstract: Inhalation Innovation: Inhalation Innovation: Optimizing COPD Care through Clinical Pharmacist Integration in a Rehabilitation Hospital's Multidisciplinary Team - a quality

improvement study.; Background: Inhalation therapy is the cornerstone of COPD management. However, errors frequently occur since every type of inhalation device has different characteristics, complicating their use. The clinical pharmacist is an expert on these devices and can be involved in the care and education of inhaler use in patients with COPD.; Aim: The feasibility of a pharmaceutical care protocol specifically for patients with COPD in a rehabilitation hospital was assessed in a quality improvement study (mixed-methods).; Method: First, the clinical pharmacist had six contact moments with hospitalized patients between January and April 2022, which contained appropriateness evaluations and educational moments that were focused on inhalation techniques. Subsequently, a focus group discussion with all involved healthcare professionals (HCPs) took place to evaluate the preliminary results of the protocol's implementation.; Results: Nineteen patients entered the study, the protocol results in a decrease of critical device errors (38.5% at baseline, to 7.7% at discharge). The HCPs concluded that it was feasible to implement the protocol given certain adjustments. A multidisciplinary collaboration between pharmacists and nurses is necessary to permit the practical implementation, as well as an individualization of the protocol based on the patient's needs. In patient follow-up, transmural care is essential including the HCPs in primary care, and the outpatient clinic.; Conclusion: The evaluation of the protocol by the involved HCPs emphasizes the importance of a clinical pharmacist in the care for patients with COPD as part of the multidisciplinary team, not only in the community or in acute hospital setting, but also in a rehabilitation hospital. (JCOPDF © 2025.)

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14. **A quality improvement project targeting postoperative hospital revisit rates after pediatric appendicitis**

Authors: Walser, Emily;Davidson, Jacob;Wigen, Robin;Wilson, Claire A.;Seemann, Natashia M. and Lam, Jennifer Y.

Publication Date: 2025

Journal: Canadian Journal of Surgery.Journal Canadien De Chirurgie 68(2), pp. E137–E145

Abstract: Competing Interests: Competing interests: None declared.; Background: High rates of hospital revisits after pediatric appendectomy are costly to the health care system, patients, and families. We sought to trial a bundle of interventions targeted at reducing the rate of unnecessary revisits to hospital in this population.; Methods: In February 2021, a working group of relevant stakeholders was created. In June 2021, the group developed and implemented interventions to reduce revisits in a staggered fashion. Interventions included increased education provided to patients and their families, as well as nursing staff, revised discharge pamphlets, and a post-discharge phone call from our nurse practitioner. We tracked revisit rates prospectively using run charts with comparison to historical controls.; Results: We tracked revisit rates from July 2018 to October 2022. A total of 793 appendectomies were performed. There was a downward trend in revisit rates, from 16.7% before interventions to 13.4% after intervention implementation, for a relative reduction of 20%. In the postintervention period, 193 appendectomies were performed, with 78.0% contacted by our nurse practitioner in the early postoperative period. Of those contacted, 74% received the discharge pamphlet and 98.7% of respondents expressed that the phone call was useful. Almost all respondents stated they would want the follow-up phone call if they were to have another child with appendicitis.; Conclusion: Simple, low-cost interventions aimed at improving education at time

of discharge after pediatric appendectomy were associated with a reduction in unnecessary hospital revisits. Ongoing efforts are required to sustain results and assess efficacy of bundle elements to determine if additional initiatives may be beneficial in further reductions of revisits.

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15. **Identifying frail patients at the front door: a quality improvement project on improving identifying frailty and accuracy of Clinical Frailty Scale in the emergency department in an acute general hospital**

Authors: Zhang, Yuhan;Cosimetti, Antonio and Montagu, Alex

Publication Date: 2025

Journal: BMJ Open Quality 14(2)

Abstract: Competing Interests: Competing interests: None declared.; Background: The rise in frail patients seeking care at emergency departments (ED) globally has led to an increased focus on improving the identification and care of frail patients on arrival in ED. The Clinical Frailty Scale (CFS) has been used in the ED to identify frail elderly patients and prompt the initiation of a comprehensive geriatric assessment. However, it has been noted that the CFS's accuracy was low, and training needs have been identified.; Methods: To address this, a quality improvement project was carried out using the PDSA (Plan, Do, Study and Act) cycle to enhance the accuracy of frailty identification at the front door. Standards for Quality Improvement Reporting Excellence guideline is followed to report.; Intervention: Based on the fishbone and driver diagram, a training programme was designed and delivered to the ED nurses in November 2023 (PDSA cycle 1) and from September to October 2024 (PDSA cycle 2). A lanyard card was developed to simplify and standardise the CFS scoring. This was disseminated to ED nurses along with 1:1 brief education in conjunction with other training activities.; Results: Following the training intervention, the correct identification of CFS 6 and above improved from a baseline of around 50% to around 60% after the first cycle and to over 70% after the second cycle. While the accuracy of CFS also improved to 40%, it remains to be seen whether this change is sustainable and not just a normal variation.; Conclusion: This quality improvement project, using a lanyard card, in conjunction with brief teaching and other training methods, effectively increased the rate at which moderate to very severely frail frailty was identified and subsequently referred to frailty teams. (© Author(s) (or their employer(s)) 2025. Re-use permitted under CC BY-NC. No commercial re-use. See rights and permissions. Published by BMJ Group.)

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