

Innovation and Quality Improvement

Current Awareness Bulletin

August 2026

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Study finds no evidence that virtual wards reduce hospital admissions

Digital Health, 20 August 2026

A study of more than 236,000 patients found no consistent evidence that NHS virtual wards reduce hospital admissions, length of stay or readmission rates.

1. Clinician Participation in Innovation Labs at University Hospitals: Mixed Methods Study

Authors: Agha-Mir-Salim, Louis;Adami, Thorsten;Flint, Anne Rike;Ströh, Anette;Balzer, Felix and Poncette, Akira-Sebastian

Publication Date: 2026

Journal: Journal of Medical Internet Research 28, pp. e84887

Abstract: Background Innovation labs (ILs) are increasingly being implemented in hospital settings to propel collaboration and experimentation against the backdrop of digital transformation. While these labs offer substantial potential for accelerating the development and testing of novel clinical and operational solutions, the sustainable participation of hospital staff remains a challenge. Frontline clinicians and nurses possess essential contextual knowledge yet face significant structural, cultural, and time-related barriers to meaningful IL engagement. Understanding the conditions under which hospital staff can be effectively integrated into ILs is therefore critical to realizing their transformative potential. Objective This study aims to explore how hospital staff can be effectively engaged in ILs

within a university hospital setting. The specific objectives are to (1) identify organizational, structural, and cultural conditions that enable or hinder participation; (2) understand enablers and barriers from the perspectives of staff across professional groups; (3) characterize differences between physician and nursing perspectives on IL engagement; and (4) derive practical recommendations for the design and implementation of ILs. **Methods** An exploratory sequential mixed methods design was used for this study, conducted at Charité - Universitätsmedizin Berlin, a large university hospital in Germany. In phase 1, semistructured interviews were conducted with innovation leaders from nonhospital sectors (group A) and clinical and nonclinical leaders from the study hospital (group B). Themes derived from the qualitative analysis informed the development of a structured online survey. In phase 2, this survey was distributed to all hospital staff across campuses. Quantitative data were analyzed using descriptive and nonparametric comparative methods (Mann-Whitney U test) to assess differences between professional groups. **Results** In the qualitative phase, 13 interviews identified 8 emergent themes across 3 typological categories: strategic alignment of ILs, design principles, and staff motivation. In the quantitative phase, 532 responses were collected via the structured 44-item online survey (226/334, 67.7% physicians; 53/334, 15.9% nurses). Findings reveal strong staff support for ILs that align with institutional priorities (eg, patient care and digital transformation), prioritize workflow improvements, and are embedded within hospital structures. Key enablers include protected time, dedicated funding, and access to methodological expertise. Participants were motivated by opportunities to acquire new skills and address clinical problems, preferring flexible roles over commitments extending beyond clinical hours or participation in spin-offs. Statistically significant differences between professional groups were observed in motivation patterns, perceptions of innovation outcomes, and structural needs. **Conclusions** Staff perspectives indicate that engaging clinicians in university hospital-based ILs requires structural support, visible strategic alignment, and attention to differing professional motivations. Internal IL models, resource allocation, and tailored participation formats appear essential for clinician engagement. While investment is required, this approach may yield substantial returns through enhanced care delivery, staff satisfaction, and organizational adaptability. We present empirically grounded, actionable recommendations for IL design and implementation in university hospitals.

2. An expanded breakfast buffet increases daily energy and protein intakes in hospitalised patients: A prospective crossover quality improvement study

Authors: Hundebøll, Jakob Højgaard;Magkos, Faidon;Wessel, Irene and Rytter, Ane

Publication Date: 2026

Journal: Clinical Nutrition (Edinburgh, Scotland) 64, pp. 106753

Abstract: Background & Aims Inadequate dietary intake remains common during hospitalisation. Ordinary hospital meals are central to nutritional intake, but their contribution depends on what is offered and what patients are able and willing to eat. We evaluated whether a preference-informed, limited expansion of the hospital breakfast buffet could increase total daily energy and protein intakes. **Methods** This prospectively structured, ward-based crossover quality-improvement study was conducted in seven inpatient wards at a tertiary university hospital. Each ward was observed for four consecutive days and randomly allocated to begin with standard or expanded breakfast, after which conditions alternated daily. The expanded buffet consisted of standard breakfast supplemented with familiar energy- and protein-rich foods selected from previous patient-choice data. Twenty-four-hour intake was registered using component-level weighed food records during the day and nursing registration overnight. Primary outcomes were total daily energy and protein intakes. Linear mixed-effects models adjusted for observation day and ward-level starting sequence and accounted for repeated patient observations and ward-level clustering. Analyses used data from patients who consumed breakfast and contributed analysable observations under both breakfast conditions. **Results** The primary crossover population included 71 patients contributing 188 analysable patient-days. Compared with standard breakfast, the expanded breakfast increased total daily energy intake by +198 kcal/day (95% CI 44 to 352) and protein intake by +6.8 g/day (95% CI 1.0 to 12.5), without a statistically significant increase in total food weight. Daily energy and protein adequacy increased by +8.7 and + 6.8 percentage points, respectively. The increase was driven mainly by breakfast intake,

with no measurable reduction in non-breakfast intake. Conclusions A limited expansion of the ordinary hospital breakfast buffet increased total daily energy and protein intakes in the primary crossover population of hospitalised adults who consumed breakfast. This increase occurred without a statistically significant increase in total food weight or a measurable reduction in non-breakfast intake. Small, preference-informed additions of familiar energy- and protein-rich foods at breakfast may improve daily intake by increasing the nutrient yield of foods patients are able or willing to eat.

3. 152 - The introduction of a joint Clinical Oncology and Palliative Care 'Symptom Control Clinic' at Oxford University Hospital NHS Foundation Trust...Royal College of Radiologists (RCR) Audit & Quality Improvement (QI) ePoster Competition, November 18, 2025

Authors: Jones, Hayley;Haznedar, Tuana;Greenway, Tanya;Bradley, Victoria and Owens, Robert

Publication Date: 2026

Journal: Clinical Oncology 56, pp. N.PAG

4. Enhancing the Use of Home Hospital in the Emergency Department: A Nurse Practitioner-Led Quality Improvement Project

Authors: Kim, Taeseong;Ma, Chenjuan;Cortes, Tara A.;McWeeney, Daniel;Caspers, Christopher G. and Datta, Suchismita

Publication Date: 2026

Journal: Journal of Emergency Nursing

Abstract: Introduction Emergency department crowding contributes to adverse patient outcomes and resource strain. Home Hospital, which delivers hospital-level care in a patient's home, can reduce inpatient volume while maintaining quality and safety. Although Home Hospital programs offer a viable solution to these systemic pressures, a recognized gap exists between program availability and actual use by emergency department providers. Methods This quality improvement project used 3 sequential Plan-Do-Study-Act cycles: (1) a self-paced online learning module on eligibility and referral workflow; (2) point-of-care visual aids at provider workstations; and (3) integration of standardized referral guidance into the emergency department provider manual for sustainability, along with referral data sharing and a QR code link for feedback. The primary outcomes included the proportion of Home Hospital referrals originating in the emergency department and provider confidence with eligibility and referral steps, measured pre- and postintervention using the Home Hospital Clinician Perception Survey and electronic medical record data. Results During the 3 months before the intervention, 5 of 259 referrals (1.9%) originated in the emergency department. Following the intervention, emergency department--initiated referrals increased significantly to 47 of 266 (17.7%; $P < .001$), with an odds ratio of 10.9. Provider confidence in identifying eligible patients increased from 41% to 94%, and confidence in completing the referral process increased from 41% to 84%. Provider engagement was high; participation rates reached 94% for the online module and 82% for the visual aids. Discussion Embedding a low-cost, multi-component strategy into existing workflows was associated with an increase in emergency department--initiated Home Hospital referrals and an increase in provider confidence. This approach is scalable and supports timely, patient-centered alternatives to hospital admission.

5. Linking innovation with hospital performance: the mediating role of experiential healthcare marketing

Authors: Rauf, Abdul;Anthonysamy, Lilian;Mahmood, Hamid;Muhammad, Norhilmi;Hammad, Muhammad and Ullah, Ihtisham

Publication Date: 2026

Journal: Frontiers in Health Services , pp. 1–12

6. Effectiveness and Safety of Continuous Quality Improvement and Failure Mode and Effect Analysis for Preventing Adverse Events in Hospitalized Patients: A Systematic Review of Complex Interventions

Authors: Villate-Soto, Steffany;Muñoz-Loaiza, Juan,D.;Gaitán-Duarte, Hernando;Durán-Mejía, Daniela and Tariba-Forero, Sonia

Publication Date: 2026

Journal: Journal of Patient Safety 22(5), pp. e99–e116

Abstract: Background This study aimed to assess the effectiveness and safety of continuous quality improvement (CQI) and failure mode and effect analysis (FMEA) in preventing adverse events (AEs) in hospitalized patients. Methods This systematic review included randomized controlled trials, quasiexperiments, and time-series studies that used CQI or FMEA in hospital processes and evaluated AEs. Studies published in English, Portuguese, and Spanish from September 2010 to September 2024 were searched in the MEDLINE/PubMed, Embase/Elsevier, CENTRAL, and LILACS databases. Two authors independently applied the study selection criteria and extracted data on methodology, patient population, and the effect of CQI or FMEA on AEs. We evaluated the risk of bias for before and after (B&A) studies with a control group and time-series studies, critically appraised the quality of B&A studies without a control group, determined causal inference strength for quasiexperiments, and reported quality for CQI studies. Moreover, we presented a narrative synthesis of results along with an assessment of evidence certainty determined using the GRADE approach. The register code at PROSPERO is CRD42021254216. Results Of the 20,433 titles, 107 were subjected to full-text review, and 59 studies were analyzed. Forty-nine studies (83%) used CQI, whereas 10 used FMEA. The most studied category was related to catheters. Although the analyzed studies predominantly reported a reduction in AEs, evidence certainty was very low for 93% of the intervened processes. Conclusions CQI and FMEA studies revealed a potential reduction of AEs in various processes. However, these results should be cautiously applied to clinical practice due to very low evidence certainty. Moreover, further research with improved control of confounding factors is needed.

7. Do patient safety incident investigations align with systems thinking? An analysis of contributing factors and recommendations.

Authors: Bowditch L.

Publication Date: 2026

Journal: *BMJ Quality & Safety* 2026;35(7):443-455.

Abstract: [Globally, up to 17% of hospitalised people suffer a patient safety incident. Learning from adverse events through patient safety investigation is critical to prevention; however, their utility is still questioned. Two key investigation outputs include identifying contributing factors (CFs) and proposing recommendations to prevent future occurrences. Criticisms of current methods include incomplete analysis of CFs and weak incident prevention strategies.]

8. Embedding human factors and systems thinking in patient safety education: the Contributing factors, Analysis, and Recommendation Education (CARE) Tool.

Authors: Petersen E.

Publication Date: 2026

Journal: *BMJ Open Quality* 2026;15(3):e003968.

Abstract: [Despite the recognised need, there remains a deficit of professionals skilled in the application of human factors theory and methods in patient safety incident reviews in healthcare. Addressing this gap by embedding human factors theory into quality and safety education is needed to develop professional who can drive sustainable and meaningful patient safety improvement.]

Sources Used:

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

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