

# Commissioning

(Quality Improvement, Safety, Patients)

Evidence Update



September 2017

(Quarterly)

Respecting everyone  
Embracing change  
Recognising success  
Working together  
**Our hospitals.**



Library and Information Service

library@uhbristol.nhs.uk



# Training Calendar 2017

*All sessions are one hour*

## September (13.00-14.00)

Fri 1st	Literature Searching
Mon 4th	Critical Appraisal
Tue 12th	Interpreting Statistics
Wed 20th	Literature Searching
Thu 28th	Critical Appraisal

## October (12.00-13.00)

Fri 6th	Interpreting Statistics
Mon 9th	Literature Searching
Tue 17th	Critical Appraisal
Wed 25th	Interpreting Statistics

## Your Outreach Librarian – **Helen Pullen**

Whatever your information needs, the library is here to help. Just email us at [library@uhbristol.nhs.uk](mailto:library@uhbristol.nhs.uk)

**Outreach:** Your Outreach Librarian can help facilitate evidence-based practice for all in the team, as well as assisting with academic study and research. We also offer one-to-one or small group training in **literature searching, critical appraisal and medical statistics**. Get in touch: [library@uhbristol.nhs.uk](mailto:library@uhbristol.nhs.uk)

**Literature searching:** We provide a literature searching service for any library member. For those embarking on their own research it is advisable to book some time with one of the librarians for a one-to-one session where we can guide you through the process of creating a well-focused literature research. Please email requests to [library@uhbristol.nhs.uk](mailto:library@uhbristol.nhs.uk)



**KnowledgeShare**

### **What is KnowledgeShare?**

Provides regular, targeted, personalised evidence updates to staff, based on their specific professional interests. Subject-specific bulletins can also be produced.

### **Targeted evidence updates**

These are individualised, based on a staff member's interest in particular conditions or lifestyle factors, age groups, settings of care, interventions and management topics.

### **Collaboration and knowledge sharing**

As more library and knowledge services join KnowledgeShare it becomes more powerful for sharing evidence and generating communities of practice.

[Register here](#)

Or contact the Library for further information

## Recent Evidence

If you would like a more focused search on your own topic, then please get in touch:  
[library@uhbristol.nhs.uk](mailto:library@uhbristol.nhs.uk)

### NICE

[Is it time for a review of the way that NICE guidelines are developed, presented and used to inform policy and practice?](#)

Lowenhoff C. *Evidence-Based Nursing* 2017;20(3):65.

[The logic of the NICE guidelines is sound but the reality is flawed. The need to provide quality evidence-based healthcare is not disputed and the NICE guidelines provide a sound foundation on which to base clinical decisions. However, more attention needs to be given to the kinds of evidence used in the guidelines, the importance of context and the way that guidelines are presented and incorporated into policy and practice]

*Available with an NHS OpenAthens password for eligible users*

[NICE indicator menu 2017](#)

NICE has published new and updated indicators for general practice and clinical commissioning groups.

[Read more »](#)

### NHS England

[Better Care Fund Planning Requirements 2017-19: Frequently Asked Questions.](#)

NHS England; 2017.

<https://www.england.nhs.uk/publication/better-care-fund-planning-requirements-2017-19-frequently-asked-questions>

[A set of frequently asked questions to help local areas develop their Better Care Fund plans.]

*Freely available online*

[CCG improvement and assessment framework 2016/17](#)

This framework replaces both the existing CCG assurance framework and CCG performance dashboard.

[Read more »](#)

## STP

[Will the NHS really need fewer beds in the future?](https://www.nuffieldtrust.org.uk/news-item/will-the-nhs-really-need-fewer-beds-in-the-future)

Nuffield Trust; 2017.

<https://www.nuffieldtrust.org.uk/news-item/will-the-nhs-really-need-fewer-beds-in-the-future>

[After a recent review of Sustainability and Transformation Plans (STPs) by London South Bank University, Nigel Edwards uses hospital data to take a closer look at the scale of the task they face in reducing the number of beds, and where they might concentrate their efforts. ]

*Freely available online*

## Quality Improvement

[Decommissioning health care: identifying best practice through primary and secondary research a prospective mixed-methods study.](#)

Williams I. *Health Services and Delivery Research*

2017;5(22):<https://dx.doi.org/10.3310/hsdr05220>.

[Background: Decommissioning – defined as the planned process of removing, reducing or replacing health-care services – is an important component of current reforms in the NHS. However, the evidence base on which to guide policy and practice in this area is weak. Aim: This study aims to formulate theoretically grounded, evidence-informed guidance to support best practice in effective decommissioning of NHS services.]

*Freely available online*

[The problem with... '5 whys'.](#)

Card AJ. *BMJ Quality & Safety* 2017;26(8):671 - 677.

['The Problem with...' series covers controversial topics related to efforts to improve healthcare quality, including widely recommended but deceptively difficult strategies for improvement and pervasive problems that seem to resist solution. Background: The '5 whys' technique is one of the most widely taught approaches to root-cause analysis (RCA) in healthcare.]

[Combining qualitative and quantitative operational research methods to inform quality improvement in pathways that span multiple settings.](#)

Crowe S. *BMJ Quality & Safety* 2017;26(8):641 - 652.

[Conclusions: When tackling complex problems in service provision across multiple settings, it is important to acknowledge and work with multiple perspectives systematically and to consider targeting service improvements in response to confined resources. Our research demonstrates that applying a combination of qualitative and quantitative operational research methods is one approach to doing so that warrants further consideration.]

*Available with an NHS OpenAthens password for eligible users*

[Choosing Wisely: A Quality Improvement Initiative to Decrease Unnecessary Preoperative Testing.](#)

Matulis. *BMJ Quality Improvement Reports*

2017;6(1):[doi.org/10.1136/bmjquality.u216281.w6691](https://doi.org/10.1136/bmjquality.u216281.w6691).

[Routine preoperative testing in low and intermediate surgical risk preoperative evaluations is considered a low-value service. Baseline data showed unnecessary testing rates of approx 36%. Our

improvement efforts focused on implementation of a Nurse Practitioner and Physician Assistant clinic to incorporate standardized protocols for preoperative assessment. The preoperative clinic showed unnecessary testing rates of 4% compared with 23% in the usual care cohort ( $p < .001$ ) within 3 months. ]

[Developing a shared commitment to improving the quality of care.](#)

Local Government Association (LGA); 2017.

<https://www.local.gov.uk/developing-shared-commitment-improving-quality-care>

[The Quality Assurance Framework sets out the approach that Herefordshire Council takes to ensuring local care and support services provide what individual residents need. It is a set of processes with one goal – to deliver high quality care and support services to the citizens of Herefordshire.]

*Freely available online*

[Simple variations to traditional models of care can dramatically improve emergency department performance](#)

O'Reilly G. *Evidence-Based Nursing* 2017;20(3):87.

[Overcrowding is a common problem in emergency departments globally. A lack of patient flow through the emergency department can have detrimental impacts on patient experience and outcomes. Douma et al to their credit, have challenged these conventional roles, in an effort to evaluate whether the application of a select set of nurse-initiated protocols in the emergency department can improve performance and patient flow.]

*Available with an NHS OpenAthens password for eligible users*

## Safety

[World Health Organization: providing global leadership for patient safety.](#)

Tingle J. *British Journal of Nursing* 2017;26(13):778-779.

[The article discusses various aspects of the World Health Organization's "Patient Safety: Making Health Care Safer" report from 2017, and it mentions global leadership and the British Department of Health's "An Organisation with a Memory" report from 2000. Healthcare regulatory structure and medical errors are examined, as well as causes of death in Great Britain. Patient safety concerns regarding surgical procedures, healthcare-related infections, and medication errors are assessed.]

*Available with an NHS OpenAthens password for eligible users*

[Modifying head nurse messages during daily conversations as leverage for safety climate improvement: a randomised field experiment.](#)

Zohar D. *BMJ Quality & Safety* 2017;26(8):653 - 662.

[Conclusions: These data support the utility of our intervention strategy for improving patient safety climate and resultant caring behaviours in healthcare organisations. The fact that our intervention used easy-to-deliver feedback requiring only two sessions minimised its organisational costs.]

*Available with an NHS OpenAthens password for eligible users*

[Remembering to learn: the overlooked role of remembrance in safety improvement. \[Viewpoint\]](#)

Macrae C. *BMJ Quality & Safety* 2017;26(8):678 - 682.

["What is remembrance and what does it look like in safety-critical settings? This question has received little empirical or theoretical attention, although the nature of remembrance has received critical attention more generally. Simply, remembrance is the creation of a "space and context for the sharing of memories"..."]

*Available with an NHS OpenAthens password for eligible users*

## Patient and Public Involvement

[Can patient involvement improve patient safety? A cluster randomised control trial of the Patient Reporting and Action for a Safe Environment \(PRASE\) intervention.](#)

Lawton R. *BMJ Quality & Safety* 2017;26(8):622 - 631.

[Conclusions: Patients are willing to provide feedback about the safety of their care. However, we were unable to demonstrate any overall effect of this intervention on either measure of patient safety and therefore cannot recommend this intervention for wider uptake. Findings indicate promise for increasing HFC where wards implement  $\geq 75\%$  of the intervention components.]

*Available with an NHS OpenAthens password for eligible users*

[Engaging patients and the public in Choosing Wisely. \[Viewpoint\]](#)

Born KB. *BMJ Quality & Safety* 2017;26(8):687 - 691.

["The concepts of overdiagnosis, overtreatment and overuse can be confusing for laypeople, yet the consequences are serious to individuals through harm, and to society through diversion of resources. Increasing public understanding of these issues should therefore be a priority, but communication about overuse is challenging. A significant risk is that Choosing Wisely campaigns will be perceived as rationing exercises by media or patient organisations."]

*Available with an NHS OpenAthens password for eligible users*

## MISC

[Getting to grips with the beast: the potential of multi-method operational research approaches. \[Editorial\]](#)

Burt J. *BMJ Quality & Safety* 2017;26(8):611 - 612.

["In this edition of the journal, Crowe et al explore the potential for multi-method operational research approaches to take empirical research findings into the development of concrete service improvement recommendations for a complex care pathway. Crucially, there is a specific acknowledgement of the need to draw upon the multiple stakeholder perspectives located within the care delivery system to derive a solution to identified problems that 'everyone can live with'."]

*Available with an NHS OpenAthens password for eligible users*

[Arrival by ambulance explains variation in mortality by time of admission: retrospective study of admissions to hospital following emergency department attendance in England](#)

Anselmi L. *BMJ Quality & Safety* 2017;26(8):613 - 621.

[Background: Studies finding higher mortality rates for patients admitted to hospital at weekends rely on routine administrative data to adjust for risk of death, but these data may not adequately capture severity of illness. We examined how rates of patient arrival at accident and emergency (A&E) departments by ambulance—a marker of illness severity—were associated with in-hospital mortality by day and time of attendance.]

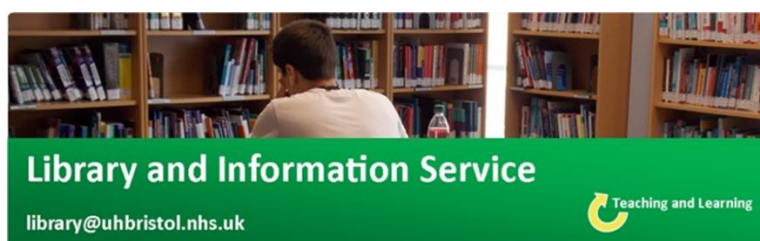
*Available with an NHS OpenAthens password for eligible users*

[What have we learnt after 15 years of research into the 'weekend effect'. \[Editorial\]](#)

Bray BD. *BMJ Quality & Safety* 2017;26(8):607 - 610.

["Controversies over the weekend effect have not been limited to the political arena. Some researchers have questioned the existence of the weekend effect,<sup>6</sup> while others have highlighted the uncertainty about what causes it. Given these persistent controversies and questions, including those generated by the paper by Anselmi et al<sup>7</sup> in this issue, it seems fitting to ask what have we really learnt about the quality and safety of healthcare from 15 years of studies into the weekend effect."]

*Available with an NHS OpenAthens password for eligible users*



## Library Opening Times

**Staffed hours: 08.00-17.00, Monday to Friday**

**Swipe-card access: 07.00-23.00, seven days a week**

**Level Five, Education and Research Centre**

[library@uhbristol.nhs.uk](mailto:library@uhbristol.nhs.uk)

**Ext. 20105**