Current Awareness

Sign Up To Safety

This monthly Current Awareness Bulletin is produced by the Library Team, Musgrove Park Academy to provide staff with a range of resources to support Sign Up To Safety. It includes recently published guidelines and research articles, news and policy items.

This guide provides a selection of relevant resources and is not intended to be a comprehensive list. All websites have been evaluated and details are correct at the time of publications.

Details correct at time of going to print. Please note that resources are continuously updated.

For further help or guidance, please contact a member of library staff.

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Issue 14
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RECENT JOURNAL ARTICLES

Some articles are available in the library or on-line via an OpenAthens password by following the full-text link. If you would like an article which is not available as full-text then please contact library staff.

Please note that abstracts are not always available for articles.

FALLS

The role of postural instability/gait difficulty and fear of falling in predicting falls in non-demented older adults.

Author(s): Allali, Gilles; Ayers, Emmeline I.; Holtzer, Roee; Verghese, Joe
Source: Archives of Gerontology & Geriatrics; Mar 2017; vol. 69; p. 15-20
Database: CINAHL

Investigating the relationship between reduced self-awareness of falls risk, rehabilitation engagement and falls in older adults.

Author(s): Mihaljicic, Tijana; Haines, Terry P.; Ponsford, Jennie L.; Stolwyk, Renerus J.
Source: Archives of Gerontology & Geriatrics; Mar 2017; vol. 69; p. 38-44
Database: CINAHL

Interventions for Preventing Falls Among Older Adults Living in the Community.

Author(s): COHEN, DONNA; MORRISON, ASHLEY
Source: American Family Physician; Feb 2017; vol. 95 (no. 3); p. 152-153
Database: CINAHL

Clinical validation of the nursing outcome falls prevention behavior in people with stroke.

Author(s): de Sousa Costa, Alice G.; Leite de Araujo, Thelma; Frota Cavalcante, Tahissa; Oliveira Lopes, Marcos V.; de Souza Oliveira-Kumakura, Ana R.; Chaves Costa, Francisca B.
Source: Applied Nursing Research; Feb 2017; vol. 33; p. 67-71
Database: CINAHL

The Relationship Between Subjective Falls-Risk Assessment Tools and Functional, Health-Related, and Body Composition Characteristics.

Author(s): Smee, Disa J.; Berry, Helen L.; Anson, Judith M.; Waddington, Gordon S.
Source: Journal of Applied Gerontology; Feb 2017; vol. 36 (no. 2); p. 156-172
Database: CINAHL
Ability of Self-Reported Frailty Components to Predict Incident Disability, Falls, and All-Cause Mortality: Results From a Population-Based Study of Older British Men.

**Author(s):** Papachristou, Efstatios; Wannamethee, S. Goya; Lennon, Lucy T.; Papacosta, Olia; Whincup, Peter H.; Iliffe, Steve; Ramsay, Sheena E.

**Source:** Journal of the American Medical Directors Association; Feb 2017; vol. 18 (no. 2); p. 152-157

**Database:** CINAHL

Exercise Interventions for Preventing Falls Among Older People in Care Facilities: A Meta-Analysis.

**Author(s):** Lee, Seon Heui; Kim, Hee Sun

**Source:** Worldviews on Evidence-Based Nursing; Feb 2017; vol. 14 (no. 1); p. 74-80

**Database:** CINAHL

Brain activation in high-functioning older adults and falls: Prospective cohort study.

**Author(s):** Verghese, Joe; Cuiling Wang; Ayers, Emmeline; Izzetoglu, Meltem; Holtzer, Roe; Wang, Cuiling

**Source:** Neurology; Jan 2017; vol. 88 (no. 2); p. 191-197

Available in full text at Neurology - from Ovid fulltext collection

**Abstract:** Objective: To determine whether brain activity over the prefrontal cortex measured in real time during walking predicts falls in high-functioning older adults. Method: We examined 166 older persons (mean age 75 years, 51% women) enrolled in a prospective aging study. High-functioning status defined as the absence of dementia or disability with normal gait diagnosed by study clinicians. The magnitude of task-related changes in oxygenated hemoglobin levels over the prefrontal cortex was measured with functional near-infrared spectroscopy during motor (walking at normal pace) and cognitive (reciting alternate letters of the alphabet) single tasks and a dual-task condition (walking while reciting alternate letters of the alphabet). Incident falls were prospectively assessed over a 50-month study period. Results: Over a mean follow-up of 33.9 ± 11.9 months, 116 falls occurred. Higher levels of prefrontal cortical activation during the dual-task walking condition predicted falls (hazard ratio adjusted for age, sex, education, medical illnesses and general mental status 1.32, 95% confidence interval 1.03-1.70). Neither behavioral outcomes (velocity or letter rate) on the dual task nor brain activation patterns on the single tasks (normal walk or talk alone) predicted falls in this high-functioning sample. The results remained robust after accounting for multiple confounders and for cognitive status, slow gait, previous falls, and frailty. Conclusions: Prefrontal brain activity levels while performing a cognitively demanding walking condition predicted falls in high-functioning seniors. These findings implicate neurobiological processes early in the pathogenesis of falls.

**Database:** CINAHL

Older Adults, Falls, and Skin Integrity.

**Author(s):** Cheung, Catherine

**Source:** Advances in Skin & Wound Care; Jan 2017; vol. 30 (no. 1); p. 40-47

**Database:** CINAHL
PRESSURE ULCERS

Exploration of pressure ulcer and related skin problems across the spectrum of health care settings in Ontario using administrative data.

Author(s): Woo, Kevin Y; Sears, Kim; Almost, Joan; Wilson, Rosemary; Whitehead, Marlo; VanDenKerkhof, Elizabeth G

Source: International Wound Journal; Feb 2017; vol. 14 (no. 1); p. 24-30

Database: CINAHL

A new nomogram score for predicting surgery-related pressure ulcers in cardiovascular surgical patients.

Author(s): Lu, Cai-Xia; Chen, Hong-Lin; Shen, Wang-Qin; Feng, Li-Ping

Source: International Wound Journal; Feb 2017; vol. 14 (no. 1); p. 226-232

Database: CINAHL

PROTECT - trial: a multicentre prospective pragmatic RCT and health economic analysis of the effect of tailored repositioning to prevent pressure ulcers - study protocol.

Author(s): De Meyer, Dorien; Van Damme, Nele; Van den Bussche, Karen; Beeckman, Dimitri; Van Hecke, Ann; Verhaeghe, Sofie

Source: Journal of Advanced Nursing; Feb 2017; vol. 73 (no. 2); p. 495-503

Database: CINAHL

The Numbers Don’t Speak for Themselves: Biochemical Values Associated With Pressure Ulcer Healing in Patients With Advanced Illness.

Author(s): Corban, Jason; Maida, Vincent

Source: Journal of Pain & Symptom Management; Feb 2017; vol. 53 (no. 2)

Database: CINAHL

Tissue interface pressure and skin integrity in critically ill, mechanically ventilated patients.

Author(s): Grap, Mary Jo; Munro, Cindy L; Wetzel, Paul A; Schubert, Christine M; Pepperl, Anthea; Burk, Ruth S; Lucas, Valentina

Source: Intensive & critical care nursing; Feb 2017; vol. 38 ; p. 1-9

Abstract: To describe tissue interface pressure, time spent above critical pressure levels and the effect on skin integrity at seven anatomical locations. Descriptive, longitudinal study in critically ill mechanically ventilated adults, from Surgical Trauma ICU-STICU; Medical Respiratory ICU-MRICU; Neuroscience ICU-NSICU in a Mid-Atlantic urban university medical centre. Subjects were enrolled in the study within 24hours of intubation. Tissue interface pressure was measured continuously using the XSENSOR pressure mapping system (XSENSOR Technology Corporation, Calgary, Canada). Skin integrity was observed at all sites, twice daily, using the National Pressure Ulcer Advisory Panel staging system, for the first seven ICU days and at day 10 and 14. Of the 132 subjects, 90.9% had no observed changes in skin integrity. Maximum interface pressure was above 32mmHg virtually 100% of the time for the sacrum, left and right trochanter. At the 45mmHg level, the left and right trochanter had the greatest amount of time above this level (greater than 95% of the time), followed by the sacrum, left and right scapula, and the left and right heels. Similarly, at levels above 60mmHg, the same site order applied. For those six subjects with sacral skin integrity changes, maximum pressures were greater than 32mmHg 100% of the time. Four of the six sacral changes were associated with greater amounts of time above both 45mmHg and 60mmHg than the entire sample.
Maximum tissue interface pressure was above critical levels for the majority of the documented periods, especially in the sacrum, although few changes in skin integrity were documented. Time spent above critical levels for mean pressures were considerably less compared to maximum pressures. Maximum pressures may have reflected pressure spikes, but the large amount of time above the critical pressure levels remains substantial. Copyright © 2016 Elsevier Ltd. All rights reserved.

Database: Medline

SEPSIS

Impact of a maternal sepsis training package on maternity staff compliance with Trust guidelines.

Author(s): Bolger, Sarah; Rhodes, Alison; Coward, Melanie

Source: British Journal of Midwifery; Feb 2017; vol. 25 (no. 2); p. 116-121
Available in full text at British Journal of Midwifery - from EBSCOhost

Database: CINAHL

Characterizing Systemic Immune Dysfunction Syndrome to Fill in the Gaps of SEPSIS-2 and SEPSIS-3 Definitions.

Author(s): Bermejo-Martin, Jesús F.; Tamayo, Eduardo; Andaluz-Ojeda, David; Martín-Fernández, Marta; Almansa, Raquel

Source: CHEST; Feb 2017; vol. 151 (no. 2); p. 518-519

Database: CINAHL

Quality Improvement Initiative for Severe Sepsis and Septic Shock Reduces 90-Day Mortality: A 7.5-Year Observational Study.

Author(s): Scheer, Christian S.; Fuchs, Christian; Kuhn, Sven-Olaf; Vollmer, Marcus; Rehberg, Sebastian; Friesecke, Sigrun; Abel, Peter; Balau, Veronika; Bandt, Christoph; Meissner, Konrad; Hahnenkamp, Klaus; Gründling, Matthias

Source: Critical Care Medicine; Feb 2017; vol. 45 (no. 2); p. 241-252
Available in full text at Critical Care Medicine - from Ovid fulltext collection

Abstract: Objective: To investigate the impact of a quality improvement initiative for severe sepsis and septic shock focused on the resuscitation bundle on 90-day mortality. Furthermore, effects on compliance rates for antiinfective therapy within the recommended 1-hour interval are evaluated. Design: Prospective observational before-after cohort study. Setting: Tertiary university hospital in Germany. Patients: All adult medical and surgical ICU patients with severe sepsis and septic shock. Intervention: Implementation of a quality improvement program over 7.5 years. Measurements: The primary endpoint was 90-day mortality. Secondary endpoints included ICU and hospital mortality rates and length of stay, time to broad-spectrum antiinfective therapy, and compliance with resuscitation bundle elements. Main Results: A total of 14,115 patients were screened. The incidence of severe sepsis and septic shock was 9.7%. Ninety-day mortality decreased from 64.2% to 45.0% (p < 0.001). Hospital length of stay decreased from 44 to 36 days (p < 0.05). Compliance with resuscitation bundle elements was significantly improved. Antibiotic therapy within the first hour after sepsis onset increased from 48.5% to 74.3% (p < 0.001). Multivariate analysis revealed blood cultures before antibiotic therapy (hazard ratio, 0.60-0.84; p < 0.001), adequate calculated antibiotic therapy (hazard ratio, 0.53-0.75; p < 0.001), 1-2 L crystalloids within the first 6 hours (hazard ratio 0.67-0.97; p = 0.025), and greater than or equal to 6 L during the first 24 hours (hazard ratio, 0.64-0.95; p = 0.012) as predictors for improved survival. Conclusions: The continuous quality improvement initiative focused on the resuscitation bundle was associated with increased...
compliance and a persistent reduction in 90-day mortality over a 7.5-year period. Based on the observational study design, a causal relationship cannot be proven, and respective limitations need to be considered.

**Database:** CINAHL

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**Sepsis Quality Improvement Initiatives: Prepare for the Marathon, Not the Sprint.**

**Author(s):** Bhardwaj, Abhishek; Mikkelsen, Mark E.

**Source:** Critical Care Medicine; Feb 2017; vol. 45 (no. 2); p. 374-375

Available in full text at [Critical Care Medicine - from Ovid fulltext collection](https://criticalcaremedicine.ovidfulltext.com全文)

**Abstract:** The article presents the prospective observational before-after study to address questions concerning the use of protocol-based resuscitation bundle elements to improve outcomes and the benefits after hospital discharge. Topics discussed include the clinical impact of severe sepsis quality improvement program, the measure for patient-centered outcome and the rates of hospital length of stay (LOS).

**Database:** CINAHL

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**Hospital-related cost of sepsis: A systematic review.**

**Author(s):** Arefian, Habibollah; Heublein, Steffen; Scherag, André; Brunkhorst, Frank Martin; Younis, Mustafa Z; Moerer, Onnen; Fischer, Dagmar; Hartmann, Michael

**Source:** The Journal of infection; Feb 2017; vol. 74 (no. 2); p. 107-117

**Abstract:** This article systematically reviews research on the costs of sepsis and, as a secondary aim, evaluates the quality of economic evaluations reported in peer-reviewed journals. We systematically searched the MEDLINE, National Health Service (Abstracts of Reviews of Effects, Economic Evaluation and Health Technology Assessment), Cost-effectiveness Analysis Registry and Web of Knowledge databases for studies published between January 2005 and June 2015. We selected original articles that provided cost and cost-effectiveness analyses, defined sepsis and described their cost calculation method. Only studies that considered index admissions and re-admissions in the first 30 days were published in peer-reviewed journals and used standard treatments were considered. All costs were adjusted to 2014 US dollars. Medians and interquartile ranges (IQRs) for various costs of sepsis were calculated. The quality of economic studies was assessed using the Drummond 10-item checklist. Overall, 37 studies met our eligibility criteria. The median of the mean hospital-wide cost of sepsis per patient was $32,421 (IQR $20,745-$40,835), and the median of the mean ICU cost of sepsis per patient was $27,461 (IQR $16,007-$31,251). Overall, the quality of economic studies was low. Estimates of the hospital-related costs of sepsis varied considerably across the included studies depending on the method used for cost calculation, the type of sepsis and the population that was examined. A standard model for conducting cost improve the quality of studies on the costs of sepsis. Copyright © 2016 The British Infection Association. All rights reserved.

**Database:** Medline

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**The effect of vasoactive drugs on mortality in patients with severe sepsis and septic shock. A network meta-analysis of randomized trials.**

**Author(s):** Belletti, Alessandro; Benedetto, Umberto; Biondi-Zoccai, Giuseppe; Leggieri, Carlo; Silvani, Paolo; Angelini, Gianni D; Zangrillo, Alberto; Landoni, Giovanni

**Source:** Journal of critical care; Feb 2017; vol. 37 ; p. 91-98

**Abstract:** Inotropes and vasopressors are cornerstone of therapy in septic shock, but search for the best agent is ongoing. We aimed to determine which vasoactive drug is associated with the best survival. PubMed, BioMedCentral, Embase, and the Cochrane Central Register were searched. Randomized trials performed in septic patients with at least 1 group allocated to an inotrope/vasopressor were included. Network meta-analysis with a frequentist approach was
performed. The 33 included studies randomized 3470 patients to 16 different comparators. As compared with placebo, levosimendan (odds ratio [OR], 0.17; 95% confidence interval [CI], 0.05-0.60), dobutamine (OR, 0.30; 95% CI, 0.09-0.99), epinephrine (OR, 0.35; 95% CI, 0.13-0.96), vasopressin (OR, 0.37; 95% CI, 0.16-0.89), and norepinephrine plus dobutamine (OR, 0.4; 95% CI, 0.11-0.96) were significantly associated with survival. Norepinephrine improved survival compared with dopamine (OR, 0.81; 95% CI, 0.66-1.00). Rank analysis showed that levosimendan had the highest probability of being the best treatment. Among several regimens for pharmacological cardiovascular support in septic patients, regimens based on inodilators have the highest probability of improve survival. Copyright © 2016 Elsevier Inc. All rights reserved.

Database: Medline

Ambulance patients with nondocumented sepsis have a high mortality risk: a retrospective study.

Author(s): Roest, Asselina A; Stoffers, Judith; Pijpers, Evelien; Jansen, Jochen; Stassen, Patricia M

Source: European journal of emergency medicine : official journal of the European Society for Emergency Medicine; Feb 2017; vol. 24 (no. 1); p. 36-43

Abstract: Sepsis is a serious disease leading to high mortality. Early recognition is important because treatment is most effective when started quickly. The primary aim of this retrospective cohort study was to assess how many sepsis patients are documented as septic by ambulance staff. The secondary aims were to investigate how many sepsis patients are transported by ambulance, to compare them with patients transported otherwise, to investigate which factors influence documentation of sepsis and to assess whether documentation influences mortality. We retrieved all data from ambulance and emergency department charts of patients who visited the internist in the emergency department from March 2011 to July 2012. In total, 47.4% (n=363) sepsis patients were transported by ambulance. These patients were older (71.5 vs. 55.7 years, P<0.0001), admitted more frequently (97.2 vs. 85.4%, P<0.001), significantly more frequently had severe sepsis (47.4 vs. 25.8%, P<0.0001) or septic shock (12.4 vs. 4.0%, P<0.0001), and died more frequently within 28 days (17.9 vs. 7.2%, P<0.0001) than those who were transported otherwise. In 41.9% of ambulance patients, sepsis was not documented by ambulance staff. Measurement of temperature was important for documentation of sepsis (odds ratio 11.2, 95% confidence interval 5.2-24.4). In 32.1% of ambulance patients, sepsis could have been identified by assessing vital signs. Mortality in these nondocumented patients was higher than that in documented patients (25.7 vs. 12.9%, P=0.003). Ambulance patients are seriously ill, but sepsis is often not documented by ambulance staff. Nondocumentation is associated with high mortality and could be resolved by assessing vital signs, particularly the temperature.

Database: Medline

An observational study of community-acquired severe sepsis comparing intensive care and non-intensive care patients.

Author(s): Nygård, S T; Skrede, S; Langeland, N; Flaatten, H K

Source: Acta anaesthesiologica Scandinavica; Feb 2017; vol. 61 (no. 2); p. 194-204

Abstract: Most studies of sepsis are from intensive care units (ICUs). We aimed to investigate community-acquired severe sepsis in a broader population, in order to compare patients treated in or outside an ICU. We performed a 1-year prospective observational study with enrollment of patients from three units: a general ICU, a combined ICU/non-ICU and a medical ward with limited surveillance facilities. Hospital survivors were followed up for 5 years. Overall, 220 patients were included, of which 107 received ICU treatment. The majority of abdominal (77%, P = 0.003) and genitourinary (81%, P < 0.001) infections were found in ICU and non-ICU patients, respectively. Time to first antibiotic administration was longer in ICU-patients (median 3.5 vs. 2.0 h in non-ICU patients, P = 0.011). ICU developed more organ dysfunctions than non-ICU patients (P < 0.001), nevertheless supportive therapy with vasoactive drugs and non-invasive ventilation was documented in 22% and 27% of the latter. Median hospital length of stay was 15 vs. 9 days (P = 0.001), and hospital and 5-year mortality rates 35% vs. 16% (P = 0.002) and 57% vs. 58% (P = 0.892) among ICU and non-ICU.
patients, respectively. Increasing age (HR 1.06 (1.04, 1.07) per year, P < 0.001), not care level during hospitalization (HR 1.19 (0.70, 2.02), P = 0.514), influenced long-term survival. Half of the subjects with community-acquired severe sepsis never received ICU treatment. Still, use of organ supportive therapy outside the ICU was considerable. Hospital mortality was higher, whereas 5-year survival was similar when comparing ICU with non-ICU patients. © 2017 The Acta Anaesthesiologica Scandinavica Foundation. Published by John Wiley & Sons Ltd.

**Severe sepsis in the ICU is often missing in hospital discharge codes.**

**Author(s):** Wilhelms, S B; Walther, S M; Huss, F; Sjöberg, F

**Source:** Acta anaesthesiologica Scandinavica; Feb 2017; vol. 61 (no. 2); p. 186-193

**Abstract:** Different International Classification of Diseases (ICD)-based code abstraction strategies have been used when studying the epidemiology of severe sepsis. The aim of this study was to compare three previously used ICD code abstraction strategies to the American College of Chest Physicians/Society of Critical Care Medicine (ACCP/SCCM) consensus criteria for severe sepsis, in a setting of intensive care patients. All patients (≥ 18 years of age) with severe sepsis according to the ACCP/SCCM criteria registered in the Swedish Intensive Care Registry (2005-2009) were included in the study. Using the Swedish National Patient Register, we investigated whether these patients fulfilled an ICD code compilation for severe sepsis at hospital discharge. Overall, 9271 patients with severe sepsis were registered in the Swedish Intensive Care Registry. A majority of these patients (55.4%) were discharged from the hospital with ICD codes that did not correspond to any of the ICD code compilations. A minority of patients (10.3%) were discharged with ICD codes corresponding to all three code abstraction strategies applied. Overall, the proportion of patients discharged with ICD codes corresponding to the criteria of Angus et al. was 15.1%, to the criteria of Flaatten was 39.8%, and to the criteria of Martin et al. was 16.0%. A majority of patients with severe sepsis according to the ACCP/SCCM criteria were not discharged with ICD codes corresponding to the ICD code abstraction strategies; thus, the abstraction strategies did not identify the correct patients. © 2016 The Acta Anaesthesiologica Scandinavica Foundation. Published by John Wiley & Sons Ltd.

**Database:** Medline

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**PATIENT SAFETY**

**Tools and techniques to improve teamwork and avoid patient harm**

Robson, Wayne

Nursing Times, 2017, 113(1) pp24-27

**Evidence on the effect of nurse staffing levels on patient outcomes**

Ball, J et al

Nursing Times, 2017, 113(1) pp48-49
What factors influence ward nurses' recognition of and response to patient deterioration? An integrative review of the literature

**Author(s):** Massey, Debbie; Chaboyer, Wendy; Anderson, Vinah

**Source:** Nursing Open; Jan 2017; vol. 4 (no. 1); p. 6-23

**Abstract:** Aim: In this integrative review, we aimed to: first, identify and summarize published studies relating to ward nurses' recognition of and response to patient deterioration; second, to critically evaluate studies that described or appraised the practice of ward nurses in recognizing and responding to patient deterioration; and third, identify gaps in the literature for further research.

**Design:** An integrative review.

**Methods:** The Cumulative Index to Nursing and Allied Health Literature (CINAHL) Ovid Medline, Informit and Google Scholar databases were accessed for the years 1990-2014. Data were extracted and summarized in tables and then appraised using the Mixed Method Appraisal Tool. Data were grouped into two domains; recognizing and responding to deterioration and then thematic analysis was used to identify the emerging themes.

**Results:** Seventeen studies were reviewed and appraised. Recognizing patient deterioration was encapsulated in four themes: (1) assessing the patient; (2) knowing the patient; (3) education and (4) environmental factors. Responding to patient deterioration was encapsulated in three themes; (1) non-technical skills; (2) access to support and (3) negative emotional responses.

**Conclusion:** Issues involved in timely recognition of and response to clinical deterioration remain complex, yet patient safety relies on nurses’ timely assessments and actions.

**Database:** BNI

Day surgery nurses’ selection of patient preoperative information

**Author(s):** Mitchell, Mark

**Source:** Journal of Clinical Nursing; Jan 2017; vol. 26 (no. 1-2); p. 225-237

**Abstract:** Aims and objectives To determine selection and delivery of preoperative verbal information deemed important by nurses to relay to patients immediately prior to day surgery. Background Elective day-case surgery is expanding, patient turnover is high and nurse-patient contact limited. In the brief time-frame available, nurses must select and precisely deliver information to patients, provide answers to questions and gain compliance to ensure a sustained, co-ordinated patient throughput. Concise information selection is therefore necessary especially given continued day surgery expansion. Study design Electronic questionnaire. Methods A survey investigating nurses’ choice of patient information prior to surgery was distributed throughout the UK via email addresses listed on the British Association of Day Surgery member’s website (January 2015-April 2015). Results Participants were requested to undertake the survey within 2-3 weeks, with 137 participants completing the survey giving a 44% response rate. Verbal information deemed most important by nurses preoperatively was checking fasting time, information about procedure/operation, checking medication, ensuring presence of medical records/test results and concluding medical investigations checks. To a lesser extent was theatre environment information, procedure/operation start time and possible time to discharge. Significant differences were established between perceived importance of information and information delivery concerning the procedure/operation and anaesthesia details.

**Conclusion** Nurses working with competing demands and frequent interruptions, prioritised patient safety information. Although providing technical details during time-limited encounters, efforts were made to individualise provision. A more formal plan of verbal information provision could help ease nurses’ cognitive workload and enhance patient satisfaction. Relevance to clinical practice This study provides evidence that verbal information provided immediately prior to day surgery may vary with experience. Nurse educators and managers may need to provide greater guidance for such complex care settings as delivery of increasingly technical details during brief encounters is gaining increasing priority.

**Database:** BNI
Nursing’s Evolving Role in Patient Safety.
Author(s): Kowalski, Sonya L.; Anthony, Maureen
Source: American Journal of Nursing; Feb 2017; vol. 117 (no. 2); p. 34-50
Database: CINAHL

International recommendations for national patient safety incident reporting systems: an expert Delphi consensus-building process.
Author(s): Howell, Ann-Marie; Burns, Elaine M.; Hull, Louise; Mayer, Erik; Sevdalis, Nick; Darzi, Ara
Source: BMJ Quality & Safety; Feb 2017; vol. 26 (no. 2); p. 150-163
Available in full text at BMJ Quality and Safety - from Highwire Press
Database: CINAHL

On Patient Safety: Being a Jerk in the Operating Room is Bad for the Patient.
Author(s): Lee, Michael; Lee, Michael J
Source: Clinical Orthopaedics & Related Research; Feb 2017; vol. 475 (no. 2); p. 328-330
Abstract: The article shares the author’s experience of being a surgical intern having fear in attending to a surgeon in surgery room, wherein it mentions the curbing aggressive behaviors of surgeons which is unacceptable. It mentions that having a surgeon with aggressive behavior puts patient care at risk since the communication between them and others attending the surgery has been compromised.
Database: CINAHL

Healthy Life-Years Lost and Excess Bed-Days Due to 6 Patient Safety Incidents.
Author(s): Hauck, Katharina D.; Wang, Shaolin; Vincent, Charles; Smith, Peter C.
Source: Medical Care; Feb 2017; vol. 55 (no. 2); p. 125-130
Available in full text at Medical care. - from Ovid fulltext collection
Database: CINAHL

Describing clinical faculty experiences with patient safety and quality care in acute care settings: A mixed methods study.
Author(s): Roney, Linda; Sumpio, Catherine; Beauvais, Audrey M.; O’Shea, Eileen R.
Source: Nurse Education Today; Feb 2017; vol. 49 ; p. 45-50
Database: CINAHL

Monitoring the anaesthetist in the operating theatre - professional competence and patient safety.
Author(s): Larsson, J.
Source: Anaesthesia; Jan 2017; vol. 72 ; p. 76-83
Abstract: This article about competence and patient safety in anaesthesia was inspired by a statement in the 2015 AAGBI guidelines on monitoring during anaesthesia: ‘the presence of an appropriately trained and experienced anaesthetist is important for patient safety during anaesthesia’. The review starts with a structured description of competence, presenting five dimensions of it; the first two dimensions are identical with the two classical attributes of competence, practical skills and theoretical knowledge. Concerning skills, the value of aiming for a high level of proficiency early in a training programme is pointed out, and deliberate practice is given as an example of a pedagogical
model where aiming for excellence is a core idea. For theoretical knowledge, the value of a deep approach to learning physiology and basic sciences is stressed. The third dimension (anaesthetists' non-technical skills), represents skills necessary for good teamwork in the operating theatre. The two last dimensions of competence are the understanding of work and intuitive expert knowing. Understanding work means being aware of what the work is about, appreciating the different aspects of the anaesthetist's job. Intuitive expert knowing, lastly, concerns the tacit dimension of knowledge and skills, which enables professional experts to quickly find a working solution for most clinical problems. The final part of the review is about the 'when' and 'how' of competence assessment. The main message is the importance of assessing the competence of clinically active anaesthetists regularly during their whole career.

Database: CINAHL

Shift-to-Shift Handoff Effects on Patient Safety and Outcomes.
Author(s): Mardis, Matthew; Davis, Joshua; Benningfield, Branden; Elliott, Cater; Youngstrom, Mallory; Nelson, Brittany; Justice, Ellen M.; Riesenberg, Lee Ann
Source: American Journal of Medical Quality; Jan 2017; vol. 32 (no. 1); p. 34-42
Abstract: Multiple health care organizations have identified handoffs as a source of clinical errors; however, few studies have linked handoff interventions to improved patient outcomes. This systematic review of English-language research articles, published January 2008 to May 2015 and focusing on shift-to-shift handoff interventions and patient outcomes, yielded 10 774 unique articles. Twenty-one articles met inclusion criteria, measuring each of the following: patient falls (n = 7), reportable events (n = 6), length of stay (n = 4), mortality (n = 4), code calls (n = 4), medication errors (n = 4), medical errors (n = 3), procedural complications (n = 2), pressure ulcers (n = 2), weekend discharges (n = 2), and nosocomial infections (n = 2). One study each also measured time to first intervention, restraint use, overnight transfusions, and out-of-hours deteriorations. Studies that reported funding had higher quality scores. It is difficult to identify trends in the handoff research because of simultaneous implementation of multiple interventions and heterogeneity of the interventions, outcomes measured, and settings. The authors call for increased handoff research funding, especially for studies that include patient outcome measures.

Database: CINAHL

Surveillance: A Nursing Intervention for Improving Patient Safety in Critical Care Environment.
Author(s): Pfrimmer, Dale M.
Source: Dimensions of Critical Care Nursing; Jan 2017; vol. 36 (no. 1); p. 45-52
Abstract: Background: Nursing surveillance has been identified as a key intervention in early recognition and prevention of errors/adverse events. Nursing Intervention Classification (NIC) defines surveillance as "the purposeful and ongoing acquisition, interpretation, and synthesis of patient data for clinical decisionmaking." Because nurses are the main staffing constant in the critical care environment, the importance of surveillance as an intervention is fundamental. Objective: The aim of this study was to explore how surveillance is expressed by critical care nurses. Methods: A descriptive exploratory research design was used. Think-aloud was used for data collection. Twenty-one registered nurses from 3 critical care units participated in the study. Participants were asked to say out loud whatever they were thinking as they performed patient care at 3 time points: during handoff, initial patient assessment, and after 4 hours of care. Think-aloud (saying aloud what one is thinking) represents the information (cues) that is attended to in short-term memory, before it has been processed and stored. Data were analyzed using content analysis with key concepts and themes identified. Results: The expression of surveillance was through the main theme of finding meaning. Surveillance involved (a) knowing the patient, (b) shared understanding and decision making, and (c) thinking ahead. The outcomes of these activities were aimed at finding meaning in the cues that emerged as the overarching theme. Discussion: Surveillance was expressed through nurses' gathering cues, reflecting on past knowledge, asking questions, verifying, and pulling it all together to find meaning. During handoff, surveillance involved collaborative cognitive work to find meaning in cues. Database: CINAHL
A huddle and a 'druggle' to improve patient safety on the neonatal unit.

Author(s): Shore, Hannah; Jackson, Jennifer; Bell, Catherine

Source: Infant; Jan 2017; vol. 13 (no. 1); p. 7-9

Available in full text at Infant - from EBSCOhost

Database: CINAHL

CE: Nursing's Evolving Role in Patient Safety.

Author(s): Kowalski, Sonya L; Anthony, Maureen

Source: The American journal of nursing; Jan 2017

Abstract: A content analysis of AJN articles spanning 115 years. Background: In its 1999 report To Err Is Human: Building a Safer Health System, the Institute of Medicine (IOM) suggested that between 44,000 and 98,000 Americans die annually as a result of medical errors. The report urged health care institutions to break the silence surrounding such errors and to implement changes that would promote a culture of safety. Our aim in conducting this content analysis of AJN articles was to explore the nurse's historical and contemporary role in promoting patient safety. We chose to focus on AJN because, as the oldest continuously published nursing journal, it provided a unique opportunity for us to view trends in nursing practice over more than 100 years. We reviewed all AJN tables of contents from 1900 through 2015, identifying for inclusion articles with titles that suggested a focus on nursing care, patient safety, or clinical content. We then read and analyzed each of the final 1,086 articles over a period of nine months. Our content analysis indicates that the early articles (from 1900 through 1920) focused on such safety measures as asepsis and the newly understood germ theory. In the 1930s, articles proposed methods for preventing medication errors and encouraged the development of written procedures to standardize care. During World War II, nurse authors identified improved patient survival rates with the use of “shock wards” and recovery rooms. The 1950s saw the emergence of progressive patient care initiatives, through which patients were assigned to various levels of care (intensive, intermediate, self, long-term, or home care) based on patient acuity. The 1960s brought increasingly complex equipment and medication regimens, which created safety problems. Hospital-acquired infections were recognized. Unit-dose medication was instituted in the 1970s. In the next two decades, medication and nursing-procedure safety were emphasized. From 2000 to 2015, articles looked beyond human performance as causes of health care errors to systemic factors, such as poor communication, patient-nurse ratios, provider skill mix, disruptive or inappropriate provider behavior, shift work, and long working hours. Emphasis on patient safety increased as patient care became more complex. As nurses developed a professional identity, they often put a spotlight on safety concerns and solutions. The IOM report, which encouraged research focused on systemic solutions to errors, was instrumental in furthering the very culture of safety that the nursing profession had championed.

Database: Medline

Patient Safety Incidents Involving Sick Children in Primary Care in England and Wales: A Mixed Methods Analysis.

Author(s): Rees, Philippa; Edwards, Adrian; Powell, Colin; Hibbert, Peter; Williams, Huw; Makeham, Meredith; Carter, Ben; Luff, Donna; Parry, Gareth; Avery, Anthony; Sheikh, Aziz; Donaldson, Liam; Carson-Stevens, Andrew

Source: PLoS medicine; Jan 2017; vol. 14 (no. 1); p. e1002217

Available in full text at PLoS Medicine - from ProQuest

Available in full text at PLoS Medicine - from Allen Press

Abstract: The UK performs poorly relative to other economically developed countries on numerous indicators of care quality for children. The contribution of iatrogenic harm to these outcomes is unclear. As primary care is the first point of healthcare contact for most children, we sought to investigate the safety of care provided to children in this setting. We undertook a mixed methods investigation of reports of primary care patient safety incidents involving sick children from England and Wales' National Reporting and Learning System between 1 January 2005 and 1
December 2013. Two reviewers independently selected relevant incident reports meeting prespecified criteria, and then descriptively analyzed these reports to identify the most frequent and harmful incident types. This was followed by an in-depth thematic analysis of a purposive sample of reports to understand the reasons underpinning incidents. Key candidate areas for strengthening primary care provision and reducing the risks of systems failures were then identified through multidisciplinary discussions. Of 2,191 safety incidents identified from 2,178 reports, 30% (n = 658) were harmful, including 12 deaths and 41 cases of severe harm. The children involved in these incidents had respiratory conditions (n = 387; 18%), injuries (n = 289; 13%), nonspecific signs and symptoms, e.g., fever (n = 281; 13%), and gastrointestinal or genitourinary conditions (n = 268; 12%), among others. Priority areas for improvement included safer systems for medication provision in community pharmacies; triage processes to enable effective and timely assessment, diagnosis, and referral of acutely sick children attending out-of-hours services; and enhanced communication for robust safety netting between professionals and parents. The main limitations of this study result from underreporting of safety incidents and variable data quality. Our findings therefore require further exploration in longitudinal studies utilizing case review methods. This study highlights opportunities to reduce iatrogenic harm and avoidable child deaths. Globally, healthcare systems with primary-care-led models of delivery must now examine their existing practices to determine the prevalence and burden of these priority safety issues, and utilize improvement methods to achieve sustainable improvements in care quality.

Database: Medline

HUMAN FACTORS

A Time-Out Checklist for Pediatric Regional Anesthetics.

Author(s): Clebone, Anna; Burian, Barbara K.; Polaner, David M.

Source: Regional Anesthesia & Pain Medicine; Jan 2017; vol. 42 (no. 1); p. 105-108

Abstract: Background and Objectives: Although pediatric regional anesthesia has a demonstrated record of safety, adverse events, especially those related to block performance issues, still may occur. To reduce the frequency of those events, we developed a Regional Anesthesia Time-Out Checklist using expert opinion and the Delphi method. Methods: A content development and review was performed by the authors and the Society for Pediatric Anesthesia Quality and Safety Committee. The expert panel was composed of 12 pediatric anesthesiologists, who achieved consensus after 2 rounds of a modified Delphi method. Finally, an author who is an expert in checklist design (B.B.) provided guidance on the formatting and layout of the checklist items to ensure clarity and ease of use. The resulting checklist was trialed in a small pilot study to solicit feedback in a real-life setting. Results: Sixteen items were included in the checklist sent to the expert panel for the first round of Delphi. Items that had an average rating of 3 or more, with fewer than 3 negative comments, were retained (n = 15). Feedback led to combining several items and dividing the checklist into 2 sections based on the following temporal implementation criteria: "preoperatively" or "immediately before procedure." All remaining 12 checklist items received a positive response from more than 50% of expert panel members and therefore were retained after the second and final round of Delphi. No significant alterations were suggested in the pilot trial. Conclusions: The Delphi method and human factors principles enabled the creation of a Regional Anesthesia Time-Out Checklist based on published and experiential knowledge of adverse events. Usability of the checklist was supported through the results of a pilot study.

Database: CINAHL

Commentary: Analysis, investigation and judgement: The post-hoc application of human factors analyses to incidents.

Author(s): Sharples, Sarah

Source: Applied ergonomics; Mar 2017; vol. 59 ; p. 526-527

Database: Medline
Human factors in the design of medical devices - Approaches to meeting international standards in the European Union and USA.

**Author(s):** Privitera, Mary Beth; Evans, Mark; Southee, Darren

**Source:** Applied ergonomics; Mar 2017; vol. 59 ; p. 251-263

**Abstract:** This paper focuses on the challenges of meeting agency requirements as it pertains to the application of human factors in the medical device development (MDD) process. Individual case studies of the design and development process for 18 medical device manufacturers located in the US and EU were analyzed and compared using a multiple case study design. The results indicate that there are four main challenges in implementing international standards. These include a lack of direct access to users for the purposes of device development; a lack of understanding by users with regards to the impact of their feedback on the development process; contract formalities limiting user exchanges; and the attitude of clinical users directly impacting on the device developer's invitation to participate in the development processes. The barriers presented in this research have the potential to be resolved but only with greater commitment by both medical device users and developers. Copyright © 2016 Elsevier Ltd. All rights reserved.

**Database:** Medline

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Utilizing a Human Factors Nursing Worksystem Improvement Framework to Increase Nurses' Time at the Bedside and Enhance Safety.

**Author(s):** Probst, C Adam; Carter, Megan; Cadigan, Caton; Dalcour, Cortney; Cassity, Cindy; Quinn, Penny; Williams, Tiana; Montgomery, Donna Cook; Wilder, Claudia; Xiao, Yan

**Source:** The Journal of nursing administration; Feb 2017; vol. 47 (no. 2); p. 94-100

**Abstract:** The aim of this study is to increase nurses' time for direct patient care and improve safety via a novel human factors framework for nursing worksystem improvement. Time available for direct patient care influences outcomes, yet worksystem barriers prevent nurses adequate time at the bedside. A novel human factors framework was developed for worksystem improvement in 3 units at 2 facilities. Objectives included improving nurse efficiency as measured by time-and-motion studies, reducing missing medications and subsequent trips to medication rooms and improving medication safety. Worksystem improvement resulted in time savings of 16% to 32% per nurse per 12-hour shift. Requests for missing medications dropped from 3.2 to 1.3 per day. Nurse medication room trips were reduced by 30% and nurse-reported medication errors fell from a range of 1.2 to 0.8 and 6.3 to 4.0 per month. An innovative human factors framework for nursing worksystem improvement provided practical and high priority targets for interventions that significantly improved the nursing worksystem.

**Database:** Medline

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Application of human factors engineering (HFE) to the design of a naloxone auto-injector for the treatment of opioid emergencies.

**Author(s):** Raffa, Robert B; Taylor, Robert; Pergolizzi, Joseph V; Nalamachu, Srinivas; Edwards, Eric S; Edwards, Evan T

**Source:** Drug delivery and translational research; Feb 2017; vol. 7 (no. 1); p. 1-10

**Abstract:** The increased use of opioids for chronic treatment of pain and the resulting epidemic of opioid overdoses have created a major public health challenge. Parenteral naloxone has been used since the 1970's to treat opioid overdose. Recently, a novel naloxone auto-injector device (EVZIO, kaleo, Inc., Richmond, VA) was approved by the Food and Drug Administration. In this article, we review the Human Factors Engineering (HFE) process used in the development and testing of this novel naloxone auto-injector currently used in nonmedical settings for the emergency treatment of known or suspected opioid overdose. HFE methods were employed throughout the product development process for the naloxone auto-injector including formative and summative studies in order to optimize the auto-injector's user interface, mitigate use-related hazards and increase reliability during an opioid emergency use scenario. HFE was also used to optimize the product's
design and user interface in order to reduce or prevent user confusion and misuse. The naloxone auto-injector went through a rigorous HFE process that included perceptual, cognitive, and physical action analysis; formative usability evaluations; use error analysis and summative design validation studies. Applying HFE resulted in the development of a product that is safe, fast, easy and predictably reliable to deliver a potentially life-saving dose of naloxone during an opioid overdose emergency. The naloxone auto-injector may be considered as a universal precaution option for at-risk patients prescribed opioids or those who are at increased risk for an opioid overdose emergency.

**Database:** Medline
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Effective Communication in Clinical Handover : From Research to Practice (2016)

Sonntag, Oswald; Plebani, Mario; Della, Phillip; Jones, Dorothy; Steward-Wynne, Edward; Cominos, Nayia; Jureidini, Jon; Pirone, Christy; McGregor, Jeannette

This book gives valuable insights into the features of effective and ineffective clinical handovers in a variety of common hospital context. It provides practical, accessible and relevant protocols and checklists for dealing with a range of handover contexts.

Available as an e book (Athens password required):

https://ebookcentral.proquest.com/lib/tstnhs/detail.action?docID=4459589
UpToDate
Access is available to MPH staff only but topics from UpToDate can be supplied to Sompar staff on request. OpenAthens password required.

- **Falls in older persons: Risk factors and patient evaluation**
- **Falls: Prevention in nursing care facilities and the hospital setting**
- **Prevention of pressure ulcers**
- **Evaluation and management of severe sepsis and septic shock in adults**
- **Assessment and emergency management of the acutely agitated or violent adult**
- **Prevention of adverse drug events in hospitals**

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**Falls in the elderly**

**Pressure ulcer**

**Sepsis in adults**

**Sepsis treatment in adults**

Please contact library staff for details on how to access this resource; you will need an Athens password if accessing from home.
Preventing falls and fractures
Public Health England has published Falls and fracture consensus statement: supporting commissioning for prevention. The guidance is aimed at local commissioning and strategic leads with a remit for falls, bone health and healthy ageing. This document outlines approaches to interventions and activities helping prevent falls and fractures to improve health outcomes for older people.
The Royal College of Physicians has published Look out! Bedside vision check for falls prevention. This guide aims to help ward staff assess a patient’s eyesight in order to help prevent them falling or tripping while in hospital.

Quality Standard: Falls in older people update
NICE has updated its quality standard Falls in Older People (QS86). Originally published in March 2015, this quality standard has been updated by adding three new statements to the 2015 version. All statements prioritised in 2015 were retained. The three new statements were originally intended to form a separate quality standard on falls prevention. However, the statements have been combined with the 2015 statements so that there is a single quality standard covering prevention of falls and assessment after a fall.
Additional link: RCGP press release | NICE press release

Confidentiality in patient information
The General Medical Council has updated Confidentiality: good practice in handling patient information. This guidance clarifies the public protection responsibilities of doctors; the importance of sharing information for direct care; the circumstances in which doctors can rely on implied consent to share patient information for direct care; and the role that those close to a patient can play in providing support and care.

Update on UK law on consent
Montgomery v Lanarkshire Health Board 2015

It is important to be aware of the landmark Supreme Court judgement in the case of Montgomery v Lanarkshire Health Board which requires a doctor to take "reasonable care to ensure that the patient is aware of any material risks involved in any recommended treatment, and of any reasonable alternatives or varied treatments."


BMJ articles:
Update on the UK law on consent
BMJ 2015; 350 doi: http://dx.doi.org/10.1136/bmj.h1481 (Published 16 March 2015)Cite this as: BMJ 2015;350:h1481
http://www.bmj.com/content/350/bmj.h1481

Doctors should not cherry pick what information to give patients, court rules
http://www.bmj.com/content/350/bmj.h1414
NHS England supports Think Sepsis campaign

As part of NHS England’s commitment to improve early recognition and timely treatment of sepsis, the organisation is supporting Public Health England and the UK Sepsis Trust’s national sepsis campaign. The campaign will help parents of children under five identify the signs and symptoms of sepsis, to support earlier diagnosis of this potentially life-threatening condition. It complements activity outlined in the NHS cross-system action plan for patients with sepsis symptoms. Anyone wishing to engage with parents of under-fives to support the campaign may access resources available at no cost from the PHE Campaign Resource Centre.

Think Sepsis. SPOT IT. TREAT IT. (STICK IT) BEAT IT!!

An initiative at James Paget University Hospital
Read more at:
http://fabnhsstuff.net/2017/01/30/think-sepsis-spot-treat-stick-beat/

A million decisions
A joint campaign from CILIP(Chartered Institute of Library and Information Professionals) and HEE (Health Education England)
Every day across the healthcare sector in England more than a million decisions are made that have a profound and lasting impact on people's lives and which influence the quality of healthcare and the cost of services.
CILIP and HEE are campaigning for decisions in the healthcare sector to be fully evidence-based, calling on government and health service providers to employ and make use of the skills of librarians and knowledge specialists in meeting their obligations under The Health and Social Care Act 2012. Under the Act, The Secretary of State for Health must ensure ‘the use in the health service of evidence obtained from research’. It also places a responsibility on Clinical Commissioning Groups and healthcare providers to make use of the best available evidence in their decision-making. Arms length bodies and those commissioning or influencing healthcare services have a responsibility to promote and monitor the use of evidence-based decision making.
To read more click here

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Do you need to find evidence to support an improvement?
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Library staff provide a literature search service for busy clinicians who are pressed for time.

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Please note that registering from home will take longer as it will need to be verified that you are NHS staff/student on placement.

The library offers training on how to access and use Athens resources, as well as an introductory course on critical appraisal. You can book a course through the Learning and Development intranet page, or by contacting the library directly.