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 13
December 2016
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Please note that abstracts are not always available for articles.

FALLS

Stop. Think. Delirium! A quality improvement initiative to explore utilising a validated cognitive assessment tool in the acute inpatient medical setting to detect delirium and prompt early intervention

Source: Journal of Clinical Nursing; Nov 2016; vol. 25 (no. 21-22); p. 3400-3408

Author(s): Malik, Angela; Harlan, Todd; Cobb, Janice

Abstract: Aims and objectives The paper examines the ability of nursing staff to detect delirium and apply early intervention to decrease adverse events associated with delirium. To characterise nursing practices associated with staff knowledge, delirium screening utilising the Modified Richmond Assessment Sedation Score (mRASS), and multicomponent interventions in an acute inpatient medical unit. Background Delirium incidence rates are up to 60% in frail elderly hospitalised patients. Under-recognition and inconsistent management of delirium is an international problem. Falls, restraints, and increased hospital length of stay are linked to delirium. Design A descriptive study. Methods Exploration of relationships between cause and effect among cognitive screening, knowledge assessment and interventions. Results Success in identifying sufficient cases of delirium was not evident; however, multicomponent interventions were applied to patients with obvious symptoms. An increase in nursing knowledge was demonstrated after additional training. Delirium screening occurred in 49-61% of the target population monthly, with challenges in compliance and documentation of screening and interventions. Technological capabilities for trending mRASS results do not exist within the current computerised patient record system. Conclusions Delirium screening increases awareness of nursing staff, prompting more emphasis on early intervention in apparent symptoms. Technological support is needed to effectively document and visualise trends in screening results. The study imparts future research on the effects of cognitive screening on delirium prevention and reduction in adverse patient outcomes. Relevance to clinical practice Evidence-based literature reveals negative patient outcomes associated with delirium. However, delirium is highly under-recognised indicating future research is needed to address nursing awareness and recognition of delirium. Additional education and knowledge transformation from research to nursing practice are paramount in the application of innovative strategies. Focus is placed on nursing staff because nurses are at the bedside and are able to identify early signs of delirium. REFERENCES

Database: BNI

The use of volunteers to help older medical patients mobilise in hospital: a systematic review

Source: Journal of Clinical Nursing; Nov 2016; vol. 25 (no. 21-22); p. 3102-3112

Author(s): Baczynska, Alicja M; Lim, Stephen ER; Sayer, Avan A; Roberts, Helen C

Abstract: Aims and objectives To review current evidence for the use of volunteers to mobilise older acute medical in-patients. Background Immobility in hospital is associated with poor healthcare outcomes in older people, but maintaining mobility is frequently compromised due to time pressures experienced by clinical staff. Volunteers are established in many hospitals, usually involved in indirect patient care. Recent evidence suggests that trained mealtime volunteers had a positive impact on patients and hospital staff. It is unclear whether volunteers can help older inpatients to mobilise. Design Systematic review. Methods We searched Cochrane, Medline, Embase, CINAHL, AMED and Google databases using MeSH headings and keywords within six key themes: inpatients, older,
mobility/exercise, delirium, falls and volunteers. Full texts of relevant articles were retrieved and reference lists reviewed. Results Of the 2428 articles that were identified, two scientific studies and three reports on quality improvement initiatives were included in the final review. One study included volunteer assisted mobilisation as part of a delirium prevention intervention (HELP). The second study has not reported yet (MOVE ON). The contribution of volunteers in both is unclear. Three quality improvement initiatives trained volunteers to help mobilise patients. They were not formally evaluated but report positive effects of the volunteers on patient and staff satisfaction. Conclusions This review has identified a lack of scientific evidence for the use of volunteers in mobilising older medical inpatients, but quality improvement initiatives suggest that volunteers can be employed in this role with reports of staff and patient satisfaction: this is an area for further development and evaluation. Relevance to clinical practice This review outlines the evidence for the involvement of volunteers in maintaining patients’ mobility, identifies mobilisation protocols that have been used, the need to train volunteers and for formal evaluation of volunteers in this role. Prospero registration number: CRD42014010388. REFERENCES

Database: BNI

Development and Validation of a Simplified Falls Assessment Tool in an Acute Care Setting
Source: Journal of Nursing Care Quality; 2016; vol. 31 (no. 4); p. 310-317
Author(s): Yip, Wai; Mordiffi, Siti; Wong, Hung; Ang, Emily
Abstract: An easy-to-use assessment tool, which contains reversible risk factors, might influence the success of a falls prevention program. A 2-phase study was undertaken to develop and validate a simplified falls assessment tool. Risk factors of confusion, dizziness, altered elimination, and difficulty with mobility were found to be significantly associated with fall status. The simplified falls assessment tool that contains these 4 risk factors yielded a comparable predictive value to Hendrich II Falls Risk Model. References

Database: BNI

Temporal Patterns of In-Hospital Falls of Elderly Patients.
Source: Nursing Research; Nov 2016; vol. 65 (no. 6); p. 435-445
Author(s): López-Soto, Pablo J.; Smolensky, Michael H.; Sackett-Lundeen, Linda L.; De Giorgi, Alfredo; Rodríguez-Borrego, María A.; Mantredini, Roberto; Pelati, Cristiano; Fabbian, Fabio
Available in full text at Nursing Research - from Ovid fulltext collection

Database: CINAHL

Falls risk assessment for hospitalised older adults: a combination of motion data and vital signs.
Source: Aging Clinical & Experimental Research; Dec 2016; vol. 28 (no. 6); p. 1159-1168
Author(s): Baig, Mirza; Gholamhosseini, Hamid; Connolly, Martin

Database: CINAHL

Posturographic limits of stability can predict the increased risk of falls in elderly patients with instability?
Source: Acta Oto-Laryngologica; Nov 2016; vol. 136 (no. 11); p. 1125-1129
Author(s): Faraldo-García, Ana; Santos-Pérez, Sofía; Rossi-Izquierdo, Marcos; Lirola-Delgado, Antonio; Vaamonde-Sánchez-Andrade, Isabel; del-Río-Valeiras, María; Soto-Varela, Andrés
Available in full text at Acta Oto-Laryngologica - from Taylor & Francis

Database: CINAHL
Diabetes mellitus and risk of falls in older adults: a systematic review and meta-analysis.

Source: Age & Ageing; Nov 2016; vol. 45 (no. 6); p. 761-767

Author(s): YU YANG; XINHUA HU; QIANG ZHANG; RUI ZOU

Available in full text at Age and Ageing - from Ovid fulltext collection

Database: CINAHL


Source: Age & Ageing; Nov 2016; vol. 45 (no. 6); p. 789-794

Author(s): GALE, CATHARINE R.; COOPER, CYRUS; SAYER, AVAN AIHIE

Available in full text at Age and Ageing - from Ovid fulltext collection

Database: CINAHL

Smallest worthwhile effect of exercise programs to prevent falls among older people: estimates from benefit-harm trade-off and discrete choice methods.

Source: Age & Ageing; Nov 2016; vol. 45 (no. 6); p. 806-812


Available in full text at Age and Ageing - from Ovid fulltext collection

Database: CINAHL

Reducing falls among older people in general practice: The ProAct65+ exercise intervention trial.

Source: Archives of Gerontology & Geriatrics; Nov 2016; vol. 67; p. 46-54


Database: CINAHL

Falls in Patients With Heart Failure A Systematic Review.

Source: Journal of Cardiovascular Nursing; Nov 2016; vol. 31 (no. 6); p. 555-561

Author(s): Kayoung Lee; Pressler, Susan J.; Titler, Marita

Database: CINAHL

Hearing loss and falls: A systematic review and meta-analysis.

Source: Laryngoscope; Nov 2016; vol. 126 (no. 11); p. 2587-2596

Author(s): Jiam, Nicole Tin-Lok; Li, Carol; Agrawal, Yuri

Abstract: Background: Falls are a devastating condition in older individuals. Identifying potentially modifiable risk factors such as hearing loss would provide a substantial public health benefit. Objective: To evaluate the current evidence for an association between hearing loss and falls risk. Data Sources: A systematic search of PubMed, Cumulative Index to Nursing and Allied Health Literature, Embase, Scopus, Web of Science, and Cochrane databases was performed in July 2014. Study Eligibility: Studies were eligible for inclusion if they were published in the peer-reviewed literature. All studies used a predetermined definition of hearing loss. Main outcomes and measurements were fall hospitalization records or self-reports of falls by structured interview or validated questionnaires. Study Appraisal and Synthesis: Two investigators independently reviewed
the literature related to hearing loss, falls, and older adults. We pooled effect sizes from across the studies and performed a meta-analysis to compute an overall effect size.

**Results and Limitations:**

Twelve eligible studies were identified. The odds of falling were 2.39 times greater among older adults with hearing loss than older adults with normal hearing (pooled odds ratio 2.39, 95% confidence interval [CI]: 2.11 - 2.68). In sensitivity analyses, we restricted the meta-analysis to studies where hearing loss was audiometrically defined (N = 6) and observed hearing loss to be associated with a 69% increase in the odds of falling (pooled odds ratio 1.69, 95% CI: 1.18 - 2.19). When we further limited to studies that also performed multivariate regression analyses (N = 4), the overall effect size did not appreciably change (pooled odds ratio 1.72, 95% CI: 1.07 - 2.37). We observed a potential positive publication bias in the literature. Limitations of the systematic review and meta-analysis are the cross-sectional designs of most studies and the heterogeneity across studies (Q = 631, P < .05, I(2) = 98.1%).

**Conclusions and Relevance:** In the published literature, hearing loss is associated with a significantly increased odds of falling in older adults. These findings need to be interpreted in light of the potential for positive publication bias in the literature on this topic. Level Of Evidence: NA


**Database:** CINAHL

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**PRESSURE ULCERS**

Performance indicators; the association between the quality of preventive care and the prevalence of hospital-acquired skin lesions in adult hospital patients

**Source:** Journal of Advanced Nursing; Nov 2016; vol. 72 (no. 11); p. 2818-2830

**Author(s):** Van Dishoeck, Anne-Margreet; Looman, Caspar W.N.; Steyerberg, Ewout W.; Halfens, Ruud J.G.; Mackenbach, Johan P.

**Abstract:** Aim. The aim of this study was to explore the relation between the occurrence of pressure ulcers or incontinence dermatitis and the quality of preventive care provided. Background. Performance measurements using indicators has become standard practice in recent years. The prevalence of pressure ulcers with or without incontinence dermatitis is widely used as an indicator of the quality of nursing care. Design. Matched case-control study. Methods. We collected information on 132 patients selected from a prevalence study (April 2010). We matched 88 controls to 44 cases, controlling for duration of hospitalization and type of nursing unit. We wrote 132 patient reports, including patient factors and process criteria, using a chart review. Five expert teams assessed nine processes of care with guideline-based review criteria. The expert teams assessed the reports blinded for outcome. The care process was assessed using a four-point quality score ranging from optimal care to suboptimal care. Results. In a multivariable analysis using conditional logistic regression, the pressure ulcer risk score and the quality score were associated with a poor outcome after adjustment for type of illness, age, care needs prior to hospitalization, intensive care stay during admission and the number of care problems. Conclusion. We found that the development of pressure ulcers or incontinence dermatitis was associated with the quality of the preventive care process, indicating that variation in their prevalence reflects variation in the quality of care. References

**Database:** BNI

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A pressure ulcer and fall rate quality composite index for acute care units: A measure development study

**Source:** International Journal of Nursing Studies; Nov 2016; vol. 63 ; p. 73-81

**Author(s):** Boyle, Diane; Jayawardhana, Ananda; Burman, Mary; Dunton, Nancy; Staggs, Vincent; Bergquist-Beringer, Sandra; Gajewski, Byron

Available in full text at International Journal of Advanced Nursing Studies - from ProQuest

**Abstract:** Background Composite indices are single measures that combine the strengths of two or more individual measures and provide broader, easy-to-use measures for evaluation of provider performance and comparisons across units and hospitals to support quality improvement. Objective The study objective was to develop a unit-level inpatient composite nursing care quality performance
index -- the Pressure Ulcer and Fall Rate Quality Composite Index. Design Two-phase measure development study. Settings 5144 patient care units in 857 United States hospitals participating in the National Database of Nursing Quality Indicators® during the year 2013. Methods The Pressure Ulcer and Fall Rate Quality Composite Index was developed in two phases. In Phase 1 the formula was generated using a utility function and generalized penalty analysis. Experts with experience in healthcare quality measurement provided the point of indicator equivalence. In Phase 2 initial validity evidence was gathered based on hypothesized relationships between the Pressure Ulcer and Fall Rate Quality Composite Index and other variables using two-level (unit, hospital) hierarchical linear mixed modeling. Results The Pressure Ulcer and Fall Rate Quality Composite Index = 100 - PUR - FR, where PUR is pressure ulcer rate and FR is total fall rate. Higher scores indicate better quality. Bland-Altman plots demonstrated agreement between pairs of experts and provided evidence for inter-rater reliability of the formula. The validation process demonstrated that higher registered nurse skill mix, higher percent of registered nurses with a baccalaureate in nursing or higher degree, higher percent of registered nurses with national specialty certification, and lower percent of hours supplied by agency staff were significantly associated with higher Pressure Ulcer and Fall Rate Quality Composite Index scores. Conclusions The Pressure Ulcer and Fall Rate Quality Composite Index is a step toward providing a more holistic perspective of unit level nursing quality than individual measures and may help nurses nursing administrators obtain a broader view of which patient care units are the higher and lower performers. Further study is needed to examine the usability of the Pressure Ulcer and Fall Rate Quality Composite Index. References

**Database: BNI**

**Implementing a pressure ulcer prevention bundle in an adult intensive care.**

**Source:** Intensive & Critical Care Nursing; Dec 2016; vol. 37 ; p. 27-36

**Author(s):** Tayyib, Nahla; Coyer, Fiona; Lewis, Peter A.

**Database:** CINAHL

**Risk factors associated with intraoperatively acquired pressure ulcers in the park-bench position: a retrospective study.**

**Source:** International Wound Journal; Dec 2016; vol. 13 (no. 6); p. 1206-1213

**Author(s):** Yoshimura, Mine; Iizaka, Shinji; Kohno, Michihiro; Nagata, Osamu; Yamasaki, Takashi; Mae, Tomoko; Haruyama, Naoko; Sanada, Hiromi

**Database:** CINAHL

**Electrical stimulation therapy for the treatment of pressure ulcers in individuals with spinal cord injury: a systematic review and meta-analysis.**

**Source:** International Wound Journal; Dec 2016; vol. 13 (no. 6); p. 1214-1226

**Author(s):** Lala, Deena; Spaulding, Sandi J; Burke, Shauna M; Houghton, Pamela E

**Database:** CINAHL

**Nurses’ perceptions of a pressure ulcer prevention care bundle: a qualitative descriptive study.**

**Source:** BMC Nursing; Nov 2016; vol. 15 ; p. 1-10

**Author(s):** Roberts, Shelley; Mclnnes, Elizabeth; Wallis, Marianne; Bucknall, Tracey; Banks, Merrilyn; Chaboyer, Wendy

Available in full text at [BMC Nursing - from ProQuest](#)

Available in full text at [BMC Nursing - from BioMed Central](#)
**Effectiveness of a pressure-relieving mattress in an acute stroke ward.**

**Source:** British Journal of Nursing; Nov 2016; vol. 25 (no. 20)

**Author(s):** Gleeson, Deborah

Between the 10 May and 18 July 2016, St Helens and Knowsley Teaching Hospitals NHS Trust conducted a small, non-controlled evaluation set out to assess the performance of the Apex Pro-care Auto pressure-relieving mattress in an acute stroke ward. Seven patients, assessed as being at medium-to-high risk of developing a pressure ulcer (PU), were recruited into the evaluation; the mean age was 73.1 years. Three patients were bed bound and four had restricted mobility. The average length of time spent on the mattress was 31 days. At the end of the evaluation, none of the patients had developed a PU while using the mattress. These results indicate that, when combined with a robust PU prevention plan inclusive of repositioning, this pressure-relieving mattress is effective in preventing pressure ulceration.

**Database:** CINAHL

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**Protecting patients: pressure ulcer prevention.**

**Source:** British Journal of Nursing; Nov 2016; vol. 25 (no. 20); p. 1146-1147

**Author(s):** Tingle, John

The article discusses the efforts to prevent pressure ulcers in relation to the Healthcare Improvement Scotland organization's patient safety publications and its standards for the management of pressure ulcers. Scottish medical care is addressed, along with the claim that a majority of pressure ulcers are avoidable. Death and patient are examined, along with a National Institute for Health and Care Excellence (NICE) briefing paper, air mattresses, and legal cases and settlements.

**Database:** CINAHL

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**Pressure Ulcers in the Intensive Care Unit: An Analysis of Skin Barrier Risk Factors.**

**Source:** Advances in Skin & Wound Care; Nov 2016; vol. 29 (no. 11); p. 493-498

**Author(s):** Minjuan He; Amao Tang; Xuedi Ge; Jie Zheng

**Database:** CINAHL

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**AORN Position Statement on Perioperative Pressure Ulcer Prevention in the Care of the Surgical Patient.**

**Source:** AORN Journal; Nov 2016; vol. 104 (no. 5); p. 437-438

**Database:** CINAHL
Audit warns pressure ulcers are under-reported.
Source: British Journal of Hospital Medicine (17508460); Nov 2016; vol. 77 (no. 11); p. 618-618
Available in full text at British Journal of Hospital Medicine - from Mark Allen Group
Database: CINAHL

A pressure ulcer and fall rate quality composite index for acute care units: A measure development study.
Source: International Journal of Nursing Studies; Nov 2016; vol. 63; p. 73-81
Author(s): Boyle, Diane K.; Jayawardhana, Ananda; Burman, Mary E.; Dunton, Nancy E.; Staggs, Vincent S.; Bergquist-Beringer, Sandra; Gajewski, Byron J.
Available in full text at International Journal of Advanced Nursing Studies - from ProQuest
Database: CINAHL

Cost comparison of pressure ulcer preventive dressings: hydrocolloid dressing versus transparent polyurethane film.
Source: Journal of Wound Care; Nov 2016; vol. 25 (no. 11); p. 635-639
Author(s): Dutra, R. A. A.
Available in full text at Journal of Wound Care - from Mark Allen Group
Database: CINAHL

Calibration power of the Braden scale in predicting pressure ulcer development.
Source: Journal of Wound Care; Nov 2016; vol. 25 (no. 11); p. 655-658
Author(s): Hong-Lin Chen; Ying-Juan Cao; Jing Wang; Bao-Sha Huai
Available in full text at Journal of Wound Care - from Mark Allen Group
Database: CINAHL

Revised National Pressure Ulcer Advisory Panel Pressure Injury Staging System.
Source: Journal of Wound, Ostomy & Continence Nursing; Nov 2016; vol. 43 (no. 6); p. 585-597
Author(s): Edsberg, Laura E.; Black, Joyce M.; Goldberg, Margaret; McNichol, Laurie; Moore, Lynn; Sieggreen, Mary
Database: CINAHL

A critical care network pressure ulcer prevention quality improvement project.
Source: Nursing in Critical Care; Nov 2016; vol. 21 (no. 6); p. 343-350
Author(s): McBride, Joanna; Richardson, Annette
Database: CINAHL

Dressings for Preventing Pressure Ulcers: A Meta-analysis by Huang et al.
Source: Advances in Skin & Wound Care; Oct 2016; vol. 29 (no. 10); p. 440-442
Author(s): Kottner, Jan; Haesler, Emily; Woo, Kevin Y.; Lei Huang; Li-Bao Liu; Rui-Juan Wen; Ai-Ling Hu; Cheng-Gang Shi
Database: CINAHL
SEPSIS

Challenges in Sepsis Care: New Sepsis Definitions and Fluid Resuscitation Beyond the Central Venous Pressure
Source: Critical Care Nursing Clinics of North America; Dec 2016; vol. 28 (no. 4); p. 513-532
Author(s): Seckel, Maureen A.; Ahrens, Thomas

Abstract: There are two important recent changes in sepsis care. The first key change is the 2016 Sepsis-3 definitions from the recent consensus workgroup with new sepsis and septic shock definitions. Useful tools for assessing patients that have a greater risk of mortality include Sequential Organ Failure Assessment (SOFA) in intensive care units and quick SOFA outside intensive care units. The second change involves management of fluid resuscitation and measures of volume responsiveness. Measures such as blood pressure and central venous pressure are not reliable. Fluid challenges and responsiveness should be based on stroke volume change of greater than 10%.

References
Database: BNI

The impact of adding assistants in nursing to acute care hospital ward nurse staffing on adverse patient outcomes: An analysis of administrative health data
Source: International Journal of Nursing Studies; Nov 2016; vol. 63 ; p. 189-200
Author(s): Twigg, Diane; Myers, Helen; Duffield, Christine; Pugh, Judith; Gelder, Lucy; Roche, Michael
Available in full text at International Journal of Advanced Nursing Studies - from ProQuest

Abstract: Objectives The aim of this study was to assess the impact of adding assistants in nursing to acute care hospital ward nurse staffing on adverse patient outcomes using administrative health data. Design Logistic regression modelling was used with linked administrative health data to examine the association between seven adverse patient outcomes and use of assistants in nursing utilising a pre-test/post-test design. Outcomes included were in-hospital 30-day mortality, failure to rescue, urinary tract infection, pressure injury, pneumonia, sepsis and falls with injury. Setting Eleven acute care metropolitan hospitals in Western Australia. Sample Patients were retained in the dataset if they spent any time on a medical, surgical or rehabilitation ward during their admission and excluded if they only spent time on other ward types, as the outcomes used in this study are only validated for these patient populations. There were 256,302 patient records in the total sample with 125,762 in the pre-test period (2006-2007) and 130,540 in the post-test period (2009-2010). Results The results showed three significant increases in observed to expected adverse outcomes on the assistant in nursing wards (failure to rescue, urinary tract infection, falls with injury), with one significant decrease (mortality). On the non-assistant in nursing wards there was one significant decrease (pneumonia) in the observed to expected adverse outcomes and one significant increase (falls with injury). Post-test analysis showed that spending time on assistant in nursing wards was a significant predictor for urinary tract infection and pneumonia. For every 10% of extra time patients spent on assistant in nursing wards they had a 1% increase in the odds of developing a urinary tract infection and a 2% increase in the odds of developing pneumonia. Conclusion The results suggest that the introduction of assistants in nursing into ward staffing in an additive role should be done under a protocol which clearly defines their role, scope of practice, and working relationship with registered nurses, and the impact on patient care should be monitored. References
Database: BNI

Early Liberal Fluids for Sepsis Patients Are Harmful.
Source: Critical Care Medicine; Dec 2016; vol. 44 (no. 12); p. 2258-2262
Author(s): Genga, Kelly; Russell, James A.
Abstract: The article focuses on the harm of liberal fluids in septic shock patients based on a review of fluid balance and input in the rich Early Goal Directed Therapy (EGDT) literature. It mentions important arguments which include a conservative fluid strategy decreased ventilator compared to liberal fluid strategy, mechanisms of increased fluid overload that could result to death include pulmonary, cerebral, and intraabdominal, and edema, and the association of fluid balance with mortality.

Database: CINAHL

Collaborating for Success in Sepsis Quality Improvement.

Source: Critical Care Medicine; Dec 2016; vol. 44 (no. 12); p. 2275-2277

Author(s): Townsend, Sean Robert

Abstract: The author reflects on the study conducted by Thompson et al. which focuses on the implementation of sepsis protocols for patients at the Michigan Hospital Association. Noted is the use of the Michigan Inpatient Database (MIDB) during the study. Also explored is the sepsis process measure by the Center for Medicare and Medicaid Services.

Database: CINAHL

Application of sepsis calculator in newborns with suspected infection.

Source: Journal of Maternal-Fetal & Neonatal Medicine; Dec 2016; vol. 29 (no. 23); p. 3860-3865

Author(s): Kerste, Marleen; Corver, Jellina; Sonnevelt, Martine C.; van Brakel, Monique; van der Linden, Paul D.; M. Braams-Lisman, Babette A.; Plötz, Frans B.; Plötz, Frans B

Abstract: Objective: To compare actual antibiotic use to the stratification based on the sepsis calculator in newborns with suspected early onset sepsis (EOS). To investigate differences in EOS risk and vital signs between newborns that received early (<12 h) versus late antibiotics (≥12 h of life).Methods: Newborns born ≥34 weeks gestation in 2014 treated with antibiotics started within 72 h after birth were included. We calculated the risk per 1000 live births and retrospectively assigned each newborn to one of four recommended categories using the sepsis calculator. Results: There were 2094 newborns, 111 (5.3%) received antibiotics and 108 newborns were included. The incidence of culture-proven EOS was 0.096%. In 57 newborns, the advice of the sepsis calculator was not to start antibiotic therapy. Antibiotic treatment was started early in 66 (61%) and late in 42 (39%) newborns. In the "late treatment" group, clinical condition deteriorated, including two newborns with culture-proven EOS. Tachypnea and respiratory distress were significantly more present.Conclusion: Antibiotic use could be reduced by more than 50%. Newborns with initial low sepsis risk score clinically deteriorated beyond 12 h of life. Continuous good clinical observation remains very important. Prospective validation is necessary to evaluate the safety of this approach.

Database: CINAHL

Assessment and management of the septic patient: part 2.

Source: British Journal of Nursing; Nov 2016; vol. 25 (no. 21); p. 1196-1200

Author(s): Vaughan, Jody; Parry, Andy

Abstract: Sepsis has gained increasing publicity in recent years, and there is now a strong focus of clinical education and training following the Surviving Sepsis Campaign. The assessment and
management of a septic patients is far from simple and requires a systematic approach in both identifying and managing the condition. This second part explores sepsis care bundles and the research that underpins each of the interventions. These discussions will enable nurses to understand why each component of the sepsis care bundle is important and thus enable them to rapidly prioritise care, as early effective interventions have been shown to optimise patient outcomes.

Database: CINAHL

Unraveling the Mysterious Relationship Between Obesity and Outcomes in Patients With Sepsis.

Source: Critical Care Medicine; Nov 2016; vol. 44 (no. 11); p. 2104-2105

Author(s): Savel, Richard H.; Simon, Ronald J.; Kupfer, Yizhak

Available in full text at Critical Care Medicine - from Ovid fulltext collection

Abstract: The author reflects on the study conducted by Pisitsak et al. which focuses on the visceral adipose tissue (VAT)-to-subcutaneous adipose tissue (SAT) in septic patients' cohort analysis. Noted is the measurement of the VAT-to-SAT ratio in critically ill patients. Also explored is the inflammatory cytokines in patients.

Database: CINAHL

Developing a digital data collection platform to measure the prevalence of sepsis in Wales.

Source: Journal of the American Medical Informatics Association; Nov 2016; vol. 23 (no. 6); p. 1185-1189


Available in full text at Journal of the American Medical Informatics Association - from Highwire Press

Database: CINAHL

Early goal-directed treatment versus standard care in management of early septic shock: Meta-analysis of randomized trials.

Source: Journal of Trauma & Acute Care Surgery; Nov 2016; vol. 81 (no. 5); p. 971-978

Author(s): Coccolini, Federico; Sartelli, Massimo; Catena, Fausto; Ceresoli, Marco; Montori, Giulia; Ansaloni, Luca

Available in full text at Journal of Trauma and Acute Care Surgery - from Ovid fulltext collection

Abstract: Background: Since the incorporation of the early hemodynamic resuscitation in septic shock according to the early goal-directed therapy (EGDT) protocol among the 6-hour resuscitation bundle of the Surviving Sepsis Campaign guidelines, a great debate has been raised about the issue. The present meta-analysis aims to determine whether the resuscitative phase really takes advantages by being performed with EGDT.Methods: A systematic review with meta-analysis of randomized controlled trials (RCTs) of EGDT versus usual care in patients with early septic shock was performed. Results: Four high-quality RCTs have been included with 4,464 patients (1990 in EGDT and 2013 in usual care arm). ICU admission and cardiovascular support necessity increased in the EGDT group (OR = 2.00, 95% CI 1.55-2.57 and OR = 1.33, 95% CI 1.08-1.64, respectively). EGDT has no significant effect on mortality (90 days, 60 days, 28 days, and mortality by the time of hospital discharge). EGDT has no significant effect in reducing the length of hospital stay, the necessity of respiratory and renal function support, and the duration of respiratory and cardiocirculatory support. Conclusions: EGDT seems to increase the resource demand in terms of ICU admissions and cardiocirculatory support necessity without reducing mortality, renal and respiratory organ support necessity, respiratory and cardiocirculatory support duration, and length of hospital stay. Level Of Evidence: Systematic review, level I.

Database: CINAHL
DETERIORATING PATIENT

Medical-surgical nurses’ experiences as first responders during deterioration events: a qualitative study

Source: Journal of Clinical Nursing; Nov 2016; vol. 25 (no. 21-22); p. 3241-3251

Author(s): Hart, Patricia L; Spiva, LeeAnna; Dolly, Lonnie; Lang-Coleman, Kristen; Prince-Williams, Nadia

Abstract: Aim and objective To explore and understand the experiences of medical-surgical nurses as first responders during clinical deterioration events. Background Nurses are key players in identifying and responding to deterioration events to escalate the level of care essential to address specific needs of patients. Delays in recognising signs and symptoms of patient deterioration and activation of Rapid Response Teams have been linked to a lack of nontechnical skills (leadership, teamwork, situational awareness) resulting in increased patient morbidity and mortality. Design A descriptive, qualitative approach was used. Methods A purposive sample of 28 medical-surgical nurses was recruited and interviewed from an integrated healthcare system located in the USA. Interviews were conducted from October 2014-February 2015. Interviews were audio recorded and transcribed verbatim. Transcripts were entered into MaxQDA. The constant comparative method was used for data analysis. Results Three patterns emerged from the data analysis: Recognising and Responding to the Event, Managing the Event and Challenges Encountered during the Event. From the patterns, seven themes emerged. Themes for pattern one, Recognising and Responding, were early warning signs, continuity in patient care assignments and intuition. Themes for pattern two, Managing the Event, were cognitive, technical and behavioural skills. The theme for pattern three, Challenges Encountered during the Event, was work environment complexity. Conclusion Listening to the stories of medical-surgical nurses provided insight into how they recognised and managed patients experiencing clinical deterioration events. Furthermore, insight into the challenges that medical-surgical nurses encountered in caring for deteriorating patients were identified. Relevance to clinical practice Implication for practice in the areas of continuity of patient assignments, formal clinical deterioration education, work environment and team collaboration and communication was presented.

REFERENCES

Database: BNI

Family initiated escalation of care for the deteriorating patient in hospital: Family centred care or just 'box ticking'

Source: Australian Critical Care; Nov 2016; vol. 29 (no. 4); p. 195-200

Author(s): Gill, Fenella J.; Leslie, Gavin D.; Marshall, Andrea P.

Abstract: Family centred care is a shared belief that a child's emotional and developmental needs are best met when the health system involves the family in planning, delivery and evaluation of care. The important role that families contribute to health care outcomes is emphasised throughout the National Safety and Quality Healthcare Service (NSQHS) Standards. An emerging component is the family's contribution to Rapid Response Systems (RRS) through the early detection of patient clinical deterioration. This initiative has been driven, in part, by a number of high profile paediatric cases where it was identified that healthcare providers did not appropriately respond to families? concerns, resulting in patient deaths. This paper draws together the synergies between family centred care concepts, the NSQHS Standards, and the progress made to date in developing a family initiated process for escalating care with specific reference to paediatric acute care. A number of programs have been developed to guide implementation of family escalation of care. Measures of effectiveness of implementation have mainly focused on policy and process without first understanding barriers or facilitators through engagement with stakeholders and environmental assessment. Two recent reviews have not identified any rigorous attempts to evaluate implementation and only 11 reports are cited across these reviews to date. Evaluation of effectiveness of this complex intervention should take into account process measures of fidelity, dose and reach. There is also a need to assess the impact on families, particularly within a diverse cultural mix. An agreed definition for a paediatric RRS patient outcome measure is essential in evaluating the impact on patient safety and quality. Without
this systematic evidence informed knowledge translation approach, then it would appear that progress in implementing family initiated deterioration of condition processes is more about meeting the NSQHS Standards ? ticking the box ? than genuine engagement with families. References

Database: BNI

Identifying Deteriorating Patients Through Multidisciplinary Team Training.

Source: American Journal of Medical Quality; Nov 2016; vol. 31 ; p. 589-595

Author(s): Merriel, Abi; van der Nelson, Helen; Merriel, Sam; Bennett, Joanne; Donald, Fiona; Draycott, Timothy; Siassakos, Dimitrios

Abstract: Multidisciplinary training has improved maternity outcomes when the training has been well attended, regular, in house, used high-fidelity simulators, and integrated teamwork training. If these principles were used in other settings, better clinical care may result. This before-after study sought to establish whether a short multidisciplinary training intervention can improve recognition of the deteriorating patient using an aggregated physiological parameter scoring system (Early Warning Score [EWS]). Nursing, medical, and allied nursing staff participated in an hour-long training session, using real-life scenarios with simple tools and structured debriefing. After training, staff were more likely to calculate EWS scores correctly (68.02% vs 55.12%; risk ratio [RR] = 1.24, 95% confidence interval [CI] = 1.07-1.44), and observations were more likely to be performed at the correct frequency (78.57% vs 68.09%; RR = 1.20, 95% CI = 1.09-1.32). Multidisciplinary training, according to core principles, can lead to more accurate identification of deteriorating patients, with implications for subsequent care and outcome.

Database: CINAHL

The effectiveness of education in the recognition and management of deteriorating patients: A systematic review.

Source: Nurse Education Today; Sep 2016; vol. 44 ; p. 133-145

Author(s): Connell, Clifford J.; Endacott, Ruth; Jackman, Jennifer A.; Kiprillis, Noelleen R.; Sparkes, Louise M.; Cooper, Simon J.

Database: CINAHL

Does resuscitation status affect decision making in a deteriorating patient? Results from a randomised vignette study.

Source: Journal of evaluation in clinical practice; Dec 2016; vol. 22 (no. 6); p. 917-923

Author(s): Moffat, Suzanne; Skinner, Jane; Fritz, Zoë

Abstract: The aim of this paper is to determine the influence of do not attempt cardiopulmonary resuscitation (DNACPR) orders and the Universal Form of Treatment Options ('UFTO': an alternative approach that contextualizes the resuscitation decision within an overall treatment plan) on nurses' decision making about a deteriorating patient. An online survey with a developing case scenario across three timeframes was used on 231 nurses from 10 National Health Service Trusts. Nurses were randomised into three groups: DNACPR, the UFTO and no-form. Statements were pooled into four subcategories: Increasing Monitoring, Escalating Concern, Initiating Treatments and Comfort Measures. Reported decisions were different across the three groups. Nurses in the DNACPR group agreed or strongly agreed to initiate fewer intense nursing interventions than the UFTO and no-form groups (P < 0.001) overall and across subcategories of Increase Monitoring, Escalate Concern and Initiate Treatments (all P < 0.001). There was no difference between the UFTO and no-form groups overall (P = 0.795) or in the subcategories. No difference in Comfort Measures were observed (P = 0.201) between the three groups. The presence of a DNACPR order appears to influence nurse decision making in a deteriorating patient vignette. Differences were not observed in the UFTO and no-form group. The UFTO may improve the way nurses modulate their behaviours towards critically ill patients with DNACPR status. More hospitals should consider adopting an approach where
the resuscitation decisions are contextualised within overall goals of care. © 2016 The Authors
Journal of Evaluation in Clinical Practice Published by John Wiley & Sons Ltd.

Database: Medline

Scoping review: The use of early warning systems for the identification of in-hospital patients at risk of deterioration.

Source: Australian critical care : official journal of the Confederation of Australian Critical Care Nurses; Nov 2016

Author(s): Le Lagadec, Marie Danielle; Dwyer, Trudy

Abstract: Early warning systems (EWS) were developed as a means of alerting medical staff to patient clinical decline. Since 85% of severe adverse events are preceded by abnormal physiological signs, the patient bed-side vital signs observation chart has emerged as an EWS tool to help staff identify and quantify deteriorating patients. There are three broad categories of patient observation chart EWS: single or multiple parameter systems; aggregated weighted scoring systems; or combinations of single or multiple parameter and aggregated weighted scoring systems. This scoping review is an overview of quantitative studies and systematic reviews examining the efficiency of the adult EWS charts in the recognition of in-hospital patient deterioration. A broad search was undertaken of peer-reviewed publications, official government websites and databases housing research theses, using combinations of keywords and phrases. CINAHL with full text; MedLine, PsycINFO, MasterFILE Premier, GreenFILE and ScienceDirect. Also, the Cochrane Library database, Department of Health government websites and Ethos, ProQuest and Trove databases were searched. Paediatric, obstetric and intensive care studies, studies undertaken at the point of hospital admission or pre-admission, non-English publications and editorials. Five hundred and sixty five publications, government documents, reports and theses were located of which 91 were considered and 21 were included in the scoping review. Of the 21 publications eight studies compared the efficacy of various EWS and 13 publications validated specific EWS. There is low level quantitative evidence that EWS improve patient outcomes and strong anecdotal evidence that they augment the ability of the clinical staff to recognise and respond to patient decline, thus reducing the incidence of severe adverse events. Although aggregated weighted scoring systems are most frequently used, the efficiency of the specific EWS appears to be dependent on the patient cohort, facilities available and staff training and attitude. While the review demonstrates support for EWS, researchers caution that given the contribution of human factors to the EWS decision-making process, patient EWS charts alone cannot replace good clinical judgment. Copyright © 2016 Australian College of Critical Care Nurses Ltd. Published by Elsevier Ltd. All rights reserved.

Database: Medline

Real-time automated clinical deterioration alerts predict thirty-day hospital readmission.

Source: Journal of hospital medicine; Nov 2016; vol. 11 (no. 11); p. 768-772

Author(s): Micek, Scott T; Samant, Maanasi; Bailey, Thomas; Chen, Yixin; Lu, Chenyang; Heard, Kevin; Kollef, Marin H

Available in full text at Journal of Community Hospital Internal Medicine Perspectives - from ProQuest
Available in full text at Journal of Community Hospital Internal Medicine Perspectives - from National Library of Medicine

Abstract: Clinical deterioration alerts (CDAs) are increasingly employed to identify deteriorating patients. We performed a retrospective study to determine whether CDAs predict 30-day readmission. Patients admitted to 8 general medicine units were assessed for all-cause 30-day readmission. Among 3015 patients, 567 (18.8%) were readmitted within 30 days. Patients triggering a CDA (n = 1141; 34.4%) were more likely to have a 30-day readmission (23.6% vs 15.9%; P < 0.001). Logistic regression identified triggering of a CDA to be independently associated with 30-day readmission (odds ratio [OR]: 1.40; 95% confidence interval [CI]: 1.26-1.55; P = 0.001). Other predictors were: an emergency department visit in the previous 6 months (OR: 1.23; 95% CI:, 1.20-1.26; P < 0.001), increasing age (OR: 1.01; 95% CI: 1.01-1.02; P = 0.003), presence of connective
tissue disease (OR: 1.63; 95% CI: 1.34-1.98; P = 0.012), diabetes mellitus with end-organ complications (OR: 1.23; 95% CI: 1.13-1.33; P = 0.010), chronic renal disease (OR: 1.16; 95% CI: 1.08-1.24; P = 0.034), cirrhosis (OR: 1.25; 95% CI: 1.17-1.33; P < 0.001), and metastatic cancer (OR: 1.12; 95% CI: 1.08-1.17; P = 0.002). Addition of the CDA to the other predictors added only modest incremental value for the prediction of hospital readmission. Readily identifiable clinical variables can be identified that predict 30-day readmission. It may be important to include these variables in existing prediction tools if pay for performance and across-institution comparisons are to be “fair” to institutions that care for more seriously ill patients. Journal of Hospital Medicine 2016;11:768-772. © 2016 Society of Hospital Medicine. © 2016 Society of Hospital Medicine.

Database: Medline
Author(s): Bravo, Katherine; Cochran, Gary; Barrett, Ryan

Abstract: Using data obtained through 2 multidisciplinary studies focused on medication safety effectiveness, this article provides nursing recommendations to decrease medication delivery errors. Strategies to minimize and address interruptions/distractions are proposed for the 3 most problematic time frames in which medication errors typically arise: medication acquisition, transportation, and bedside delivery. With planned interventions such as programmed scripts and hospital-based protocols to manage interruptions and distractions, patient safety can be maintained in the inpatient setting. References

Database: BNI

Clear handwriting is essential to a nurse prescriber's duty of care.

Source: Nurse Prescribing; Nov 2016; vol. 14 (no. 11); p. 536-537

Author(s): Griffith, Richard

Available in full text at Nurse Prescribing - from Mark Allen Group

Abstract: Written prescriptions and record entries remain common practice for nurse prescribers. The problem with written prescriptions and records is the risk to patient safety caused by poor handwriting resulting in instructions and prescriptions that can be misread. In this article, Richard Griffith considers the duty of nurse prescribers to write clearly, and highlights the financial and human cost of poor handwriting.

Database: CINAHL

Patient safety era: time to think about accountability.

Source: Nursing in Critical Care; Nov 2016; vol. 21 (no. 6); p. 321-322

Publication Date: Nov 2016

Publication Type(s): Academic Journal

Publisher: Wiley-Blackwell

Author(s): Belela-Anacleto, Aline Santa Cruz; Pedreira, Mavilde LG

Database: CINAHL

HUMAN FACTORS

Identifying patient safety problems associated with information technology in general practice: an analysis of incident reports

Source: BMJ Quality and Safety; Nov 2016; vol. 25 (no. 11); p. 870-880

Author(s): Magrabi, Farah; Liaw, Siaw Teng; Arachi, Diana; Runciman, William; Coiera, Enrico; Kidd, Michael R

Available in full text at BMJ Quality and Safety - from Highwire Press

Abstract: Objective To identify the categories of problems with information technology (IT), which affect patient safety in general practice. Design General practitioners (GPs) reported incidents online or by telephone between May 2012 and November 2013. Incidents were reviewed against an existing classification for problems associated with IT and the clinical process impacted. Participants and setting 87 GPs across Australia. Main outcome measure Types of problems, consequences and clinical processes. Results GPs reported 90 incidents involving IT which had an observable impact on the delivery of care, including actual patient harm as well as near miss events. Practice systems and medications were the most affected clinical processes. Problems with IT disrupted clinical workflow, wasted time and caused frustration. Issues with user interfaces, routine updates to software packages and drug databases, and the migration of records from one package to another generated clinical errors that were unique to IT; some could affect many patients at once. Human factors issues gave rise to some errors that have always existed with paper records but are more likely to occur and cause harm with IT. Such errors were linked to slips in concentration, multitasking, distractions and interruptions. Problems with patient identification and hybrid records generated errors that were in
principle no different to paper records. Conclusions Problems associated with IT include perennial risks with paper records, but additional disruptions in workflow and hazards for patients unique to IT, occasionally affecting multiple patients. Surveillance for such hazards may have general utility, but particularly in the context of migrating historical records to new systems and software updates to existing systems. References

Database: BNI

**Improving Care Transitions Across Healthcare Settings Through a Human Factors Approach.**

**Source:** Journal for Healthcare Quality: Promoting Excellence in Healthcare; Nov 2016; vol. 38 (no. 6); p. 328-343

**Author(s):** Werner, Nicole E.; Gurses, Ayse P.; Leff, Bruce; Arbaje, Alicia I.

Database: CINAHL

**Paediatric airway foreign body - The human factors influencing patient safety in our hospitals.**

**Source:** International journal of pediatric otorhinolaryngology; Dec 2016; vol. 91 ; p. 100-104

**Author(s):** Okonkwo, O C; Simons, A; Nichani, J; North West ENT Research Collaborative

**Abstract:** Foreign bodies in the pediatric airway are an uncommon emergency with a high morbidity and mortality rate. Morbidity ranges from 10 to 20% worldwide and this pathology accounts for up to 7% of accidental deaths in children under 4. Dealing with this emergency safely and effectively is complex, requiring a tight coupling of procedures and processes and optimal anesthetic and operating conditions to prevent errors. These factors are recognized by the World Health Organization as ‘Human Factors’. We perform a multi-center assessment of human factors pertinent to this emergency. Specifically, equipment provision and staff training in this emergency. Data was collected from 13 sites in the United Kingdom, using two questionnaires for medical and nursing staff. Information including equipment availability, location of equipment, and surgeon and nursing experience was recorded. Royal Manchester Children’s Hospital (RMCH) set the study standard. Our study shows there is huge variability in equipment provision across units. There is a lack of experience, confidence and training amongst middle grade otolaryngology surgeons and emergency theatre staff in handling this emergency. Issues with equipment and inexperience of both middle grade doctors and nursing staff could result in significant patient morbidity and mortality. We suggest a standardized age appropriate equipment list and staff training in use of this equipment. Implementation of these simple changes could reduce preventable error in this rare but serious emergency. Copyright © 2016 Elsevier Ireland Ltd. All rights reserved.

Database: Medline

**Meta-Analyses of the Effects of Standardized Handoff Protocols on Patient, Provider, and Organizational Outcomes.**

**Source:** Human factors; Dec 2016; vol. 58 (no. 8); p. 1187-1205

**Author(s):** Keebler, Joseph R; Lazzara, Elizabeth H; Patzer, Brady S; Palmer, Evan M; Plummer, John P; Smith, Dustin C; Lew, Victoria; Fouquet, Sarah; Chan, Y Raymond; Riss, Robert

**Abstract:** The overall purpose was to understand the effects of handoff protocols using meta-analytic approaches. Standardized protocols have been required by the Joint Commission, but meta-analytic integration of handoff protocol research has not been conducted. The primary outcomes investigated were handoff information passed during transitions of care, patient outcomes, provider outcomes, and organizational outcomes. Sources included Medline, SAGE, Embase, PsycINFO, and PubMed, searched from the earliest date available through March 30th, 2015. Initially 4,556 articles were identified, with 4,520 removed. This process left a final set of 36 articles, all which included pre-/postintervention designs implemented in live clinical/hospital settings. We also conducted a moderation analysis based on the number of items contained in each protocol to understand if the length of a protocol led to systematic changes in effect sizes of the outcome variables. Meta-analyses were conducted on 34,527 pre- and 30,072 postintervention data points. Results indicate
positive effects on all four outcomes: handoff information ($g = .71, 95\% \text{ confidence interval (CI)} [.63, .79]$), patient outcomes ($g = .53, 95\% \text{ CI} [.41, .65]$), provider outcomes ($g = .51, 95\% \text{ CI} [.41, .60]$), and organizational outcomes ($g = .29, 95\% \text{ CI} [.23, .35]$). We found protocols to be effective, but there is significant publication bias and heterogeneity in the literature. Due to publication bias, we further searched the gray literature through greylit.org and found another 347 articles, although none were relevant to this research. Our moderation analysis demonstrates that for handoff information, protocols using 12 or more items led to a significantly higher proportion of information passed compared with protocols using 11 or fewer items. Further, there were numerous negative outcomes found throughout this meta-analysis, with trends demonstrating that protocols can increase the time for handover and the rate of errors of omission. These results demonstrate that handoff protocols tend to improve results on multiple levels, including handoff information passed and patient, provider, and organizational outcomes. These findings come with the caveat that publication bias exists in the literature on handoffs. Instances where protocols can lead to negative outcomes are also discussed. Significant effects were found for protocols across provider types, regardless of expertise or area of clinical focus. It also appears that more thorough protocols lead to more information being passed, especially when those protocols consist of 12 or more items. Given these findings, publication bias is an apparent feature of this literature base. Recommendations to reduce the apparent publication bias in the field include changing the way articles are screened and published. © 2016, Human Factors and Ergonomics Society.

Database: Medline


Source: Yearbook of medical informatics; Nov 2016 (no. 1); p. 126-129

Author(s): Pelayo, S; Santos, R

Abstract: To summarize significant research contributions on human factors and organizational issues in medical informatics published in 2015. An extensive search using PubMed/Medline and Web of Science® was conducted to identify the scientific contributions published in 2015 that address human factors and organizational issues in medical informatics. The selection process comprised three steps: (i) 15 candidate best papers were first selected by the two section editors, (ii) external reviewers from internationally renowned research teams reviewed each candidate best paper, and (iii) the final selection of five best papers was conducted by the editorial board of the Yearbook. Noteworthy papers in 2015 emphasize the increasing complexity of the healthcare environment. They call for more comprehensive approaches and evaluation studies. All provide a real added-value in this direction. There is no more need to promote the contribution of human factors and ergonomics (HFE) approaches to health IT-related risks and patient safety. However, there is still a need for research on HFE methods to adapt health information technology tools to the complexity of the healthcare domain.

Database: Medline

Human Factors for More Usable and Safer Health Information Technology: Where Are We Now and Where Do We Go from Here?

Source: Yearbook of medical informatics; Nov 2016 (no. 1); p. 120-125

Author(s): Kushniruk, A; Nohr, C; Borycki, E

Abstract: A wide range of human factors approaches have been developed and adapted to healthcare for detecting and mitigating negative unexpected consequences associated with technology in healthcare (i.e. technology-induced errors). However, greater knowledge and wider dissemination of human factors methods is needed to ensure more usable and safer health information technology (IT) systems. This paper reports on work done by the IMIA Human Factors Working Group and discusses some successful approaches that have been applied in using human factors to mitigate negative unintended consequences of health IT. The paper addresses challenges in bringing human factors approaches into mainstream health IT development. A framework for bringing human factors into the improvement of health IT is described that involves a
multi-layered systematic approach to detecting technology-induced errors at all stages of a IT system development life cycle (SDLC). Such an approach has been shown to be needed and can lead to reduced risks associated with the release of health IT systems into live use with mitigation of risks of negative unintended consequences. Negative unintended consequences of the introduction of IT into healthcare (i.e. potential for technology-induced errors) continue to be reported. It is concluded that methods and approaches from the human factors and usability engineering literatures need to be more widely applied, both in the vendor community and in local and regional hospital and healthcare settings. This will require greater efforts at dissemination and knowledge translation, as well as greater interaction between the academic and vendor communities.

Database: Medline


Source: Yearbook of medical informatics; Nov 2016 (no. 1); p. 113-119

Author(s): Wildenbos, G A; Peute, L W; Jaspers, M W M

Abstract: To examine the evidence of the impact of patient-centered eHealth applications on patient care and to analyze if and how reported human factor issues mediated the outcomes. We searched PubMed (2014-2015) for studies evaluating the impact of patient-centered eHealth applications on patient care (behavior change, self-efficacy, and patient health-related outcomes). The Systems Engineering Initiative for Patient Safety (SEIPS 2.0) model was used as a guidance framework to identify the reported human factors possibly impacting the effectiveness of an eHealth intervention. Of the 348 potentially relevant papers, 10 papers were included for data analysis. None of the 10 papers reported a negative impact of the eHealth intervention. Seven papers involved a randomized controlled trial (RCT) study. Six of these RCTs reported a positive impact of the eHealth intervention on patient care. All 10 papers reported on human factor issues possibly mediating effects of patient-centered eHealth. Human factors involved patient characteristics, perceived social support, and (type of) interaction between patient and provider. While the amount of patient-centered eHealth interventions increases, many questions remain as to whether and to what extent human factors mediate their use and impact. Future research should adopt a formal theory-driven approach towards human factors when investigating those factors’ influence on the effectiveness of these interventions. Insights could then be used to better tailor the content and design of eHealth solutions according to patient user profiles, so as to enhance eHealth interventions impact on patient behavior, self-efficacy, and health-related outcomes.

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This is a comprehensive and practical resource for all nurses and healthcare practitioners who want to develop person-centred ways of working. Person-centred Practice in Nursing and Health Care looks at the importance of person-centred practice (PCP) from a variety of practice, strategic, and policy angles, exploring how the principles of PCP underpin a variety of perspectives, including within leadership and in the curriculum. The book explores not only a range of methodologies, but also covers a variety of different healthcare settings and contexts, including working within mental health services, acute care, nursing homes, the community, and working with children and people with disabilities. It takes into account the considerable changes in recent health care advancements, including the 'Francis' report.
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- 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
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Falls in the elderly

Pressure ulcer

Sepsis in adults

Sepsis treatment in adults

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Education and training for sepsis

Health Education England has published *Getting it right: the current state of sepsis education and training for healthcare staff across England*. The purpose of this report is to provide a broad understanding of the current provision of sepsis education and training for healthcare staff across England. The report includes examples of good and innovative practice in sepsis training and highlights high quality educational resources which could be promoted nationally for use in sepsis training.

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