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 17
May 2017
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Please note that abstracts are not always available for articles.

**FALLS**

**Reducing Falls in Residents With Dementia by Reducing Psychotropic Medication Use: Does It Work?**

**Author(s):** Cadwell, Sandra; Dearmon, Valorie; VandeWaa, Elizabeth A.

**Source:** The Journal for Nurse Practitioners; Apr 2017; vol. 13 (no. 4); p. e191

**Abstract:** Falls in elderly patients with dementia are common and a leading cause of morbidity and mortality. Psychotropic medications used to treat dementia are discouraged and may contribute to patient falls. Evidence-based clinical guidelines for appropriate antipsychotic use in this population exist. A nurse practitioner-led team used evidence-based tools to reduce psychotropic medication use in residents with dementia on a memory care unit and evaluated the effect on patient falls. Despite evidence linking falls to psychotropic medications, a reduction in resident falls was not found. References

**Database:** BNI

**Factors associated with use of falls risk?increasing drugs among patients of a geriatric oncology outpatient clinic in Australia: a cross-sectional study**

**Author(s):** Turner, Justin P.; Tervonen, Hanna E.; Shakib, Sepehr; Singhal, Nimit; Prowse, Robert; Bell, J. Simon

**Source:** Journal of Evaluation in Clinical Practice; Apr 2017; vol. 23 (no. 2); p. 361-368

**Abstract:** Older people with cancer are at increased risk of falling. Falls risk?increasing drugs (FRIDs), comprising psychotropics and medications that cause orthostatic hypotension, are a potentially modifiable risk factor for falls. The objective of this study was to determine the prevalence and factors associated with use of FRIDs in older people with cancer. Patients aged ≥70 years who presented to a hospital outpatient clinic between January 2009 and July 2010 were included in the study. Information on current medication use, falls in previous 6 months, and frailty criteria was collected. Multinomial logistic regression was used to compute odds ratios (OR) and 95% confidence intervals (CIs) for factors associated with levels of FRID use. Overall, 76.1% (n = 293) of 383 patients used FRIDs. This comprised psychotropics (31.2%, n = 120) and medications causing orthostatic hypotension (69.9%, n = 269). In total, 24.0% (n = 92) patients reported falling in the previous 6 months. Risk factors for falling were associated with use of psychotropics but not orthostatic hypotension drugs. Patients with a history of falls had increased odds of using psychotropics (greater than or equal to 3 psychotropics; OR 13.50; 95%CI, 2.64-68.94). Likewise, frail patients had increased odds of using psychotropics (greater than or equal to 3 psychotropics; OR 27.78; 95%CI, 6.06-127.42). Risk factors for falling were associated with the use of psychotropics. This suggests that clinicians either do not recognize or underestimate the contribution of medications to falls in this high-risk population.
patient group. Further efforts are needed to rationalize medication regimens at the time of patients' first presentation to outpatient oncology services. [PUBLICATION] References

**Database:** BNI

**Identifying non-pharmacological risk factors for falling in older adults with type 2 diabetes mellitus: a systematic review.**

**Author(s):** Gravesande, Janelle; Richardson, Julie

**Source:** Disability & Rehabilitation; Jul 2017; vol. 39 (no. 15); p. 1459-1465

**Abstract:** Purpose: To identify the non-pharmacological risk factors for falling in older adults with type 2 diabetes mellitus (DM2). Methods: A systematic review of randomized controlled trials, prospective cohort studies, cross-sectional studies and before/after studies was conducted. Eligible studies identified non-pharmacological risk factors for falling in older adults with DM2. Medline, Embase, Pubmed and CINAHL were searched for relevant studies published through December 2015. Reference lists were also searched for relevant studies. Search terms were DM2, risk factors, falls and falling, older adults, aging, non-insulin dependent diabetes mellitus, accidental falls and trip. Publication language was restricted to English. Results: Thirteen studies met the inclusion criteria: four cross-sectional, six prospective cohorts, two randomized controlled trials and one before/after study. These studies included a total of 13,104 participants, ≥50 years. The most common risk factors for falling were impaired balance, reduced walking velocity, peripheral neuropathy and comorbid conditions. However, lower extremity pain, being overweight and comorbid conditions had the greatest impact on fall risk. Conclusion: Interventions to reduce falling in older adults with type 2 diabetes mellitus should focus on reducing lower extremity pain, reducing body weight and managing comorbid conditions. Implications for Rehabilitation Diabetes mellitus: • Older adults with type 2 diabetes mellitus (DM2) have a higher risk for falling than older adults without. • Older adults with DM2 are more likely to suffer serious injuries when they fall. • Comprehensive risk factor identification is necessary for rehabilitation professionals to accurately determine whether their clients are at risk for falling. • Rehabilitation professionals also need to tailor interventions based on the client’s risk factors in order to effectively reduce falls and fall-related injuries.

**Database:** CINAHL

**Evaluation of the clinical utility of the Home Falls and Accidents Screening Tool (HOME FAST).**

**Author(s):** Mackenzie, Lynette

**Source:** Disability & Rehabilitation; Jul 2017; vol. 39 (no. 15); p. 1489-1501

**Abstract:** Purpose: The HOME FAST was developed and trialled in Australia as a screening tool designed to be used by any health professional to identify older people at increased risk of falls and to facilitate referral for more detailed assessment and intervention. This study aimed to evaluate the clinical utility of the HOME FAST from the perspective of users. Method: A mixed-methods approach using survey data (n = 32), focus group data (n = 46) and interview data (n = 5) from occupational therapists, physiotherapists, community nurses and other health professionals working in hospitals, community services and private practice, located in the UK, Canada and Australia. Data were integrated using a matrix of quantitative and qualitative data that aligned the findings with established theoretical constructs of clinical utility. Results: Findings across the data sources provide evidence of the clinical utility of the HOME FAST, and these findings align with theoretical constructs about how a tool such as the HOME FAST is adopted in practice. Conclusion: The HOME FAST can be used in a variety of international setting in developed countries and by different health professionals.
as a screening tool. A manual would assist in the consistent application of the HOME FAST. Implications for Rehabilitation Hazards in the home environment are a key contributor to falls risk for older people. The Home Falls and Accidents Screening Tool (HOME FAST) was designed for any health professional to screen older people at increased risk of falling because of home hazards. Even with psychometric evidence of the reliability and validity of a tool, it is critical that the tool can be easily adopted by clinicians (clinical utility), otherwise its applicability to practice and research is limited. An international mixed-method study has provided evidence of the clinical utility of the HOME FAST.

**Database:** CINAHL

**Tailored education program using home floor plans for falls prevention in discharged older patients: A pilot randomized controlled trial.**

**Author(s):** Ueda, Tetsuya; Higuchi, Yumi; Imaoka, Masakazu; Todo, Emiko; Kitagawa, Tomomi; Ando, Suguru

**Source:** Archives of Gerontology & Geriatrics; Jul 2017; vol. 71; p. 9-13

**Abstract:** Objective To investigate the effect of a tailored education program using home floor plans on falls prevention in discharged older patients. Design A single-center, parallel, pragmatic, pilot randomized controlled trial with equal allocation to the intervention and control groups. Setting Discharged hospital patients were followed-up in their home settings. Participants All discharged orthopedic patients aged ≥65 years who experienced ≥1 fall(s) in the past year (n = 60). Interventions Both groups received standard care (exercises) and the intervention group also received a tailored education program for falls prevention using home floor plans. Measurements Falls and near-falls at the participants’ homes using a 1-month fall calendar during the 1-month period after discharge. The evaluators were blinded at the baseline assessment. Results Nine participants were withdrawn from the study, leaving 51 of 60 (85%) participants for the final analyses. No falls occurred in the intervention group (n = 25) during follow-up. However, 2 participants (7.7%) fell in the control group (n = 26). Near-falls were reported by 7 participants (28.0%) in the intervention group and 13 participants (50.0%) in the control group. The intervention group had 75% less near-falls compared with the control group, as assessed using a Cox proportional hazards model (hazard ratio, 0.25; 95% confidence interval, 0.09–0.75). Conclusions The tailored education program using home floor plans at the hospital was effective for reducing falls and near-falls among discharged orthopedic patients. Registration of clinical trials: This study was registered with the Research Ethics Committee of University Hospital Medical Information Network (UMIN) Center (000018201).

**Database:** CINAHL

**Lighting the Path: Fall Prevention Strategies in a Mixed Intensive Care (ICU) and Coronary Care Unit (CCU).**

**Author(s):** Filipek, Christine; Bennett, Kimberley Tateson; Kissel, Katherine

**Source:** Canadian Journal of Critical Care Nursing; Jun 2017; vol. 28 (no. 2); p. 55-55

Available in full text at Canadian Journal of Critical Care Nursing, The - from ProQuest

Available in full text at Canadian Journal of Critical Care Nursing - from EBSCOhost

Available in full text at Canadian Journal of Critical Care Nursing - from EBSCOhost

**Abstract:** Purpose/goals: To reduce falls, given a validated risk screening tool does not exist, a mixed Intensive Care Unit (ICU) and Coronary Care Unit (CCU) adopted a multifaceted approach to the implementation of fall prevention strategies. Strategy selection, implementation, and evaluation will
be reviewed. Session description: Fall prevention strategies have been a topic of interest in the literature, though strategies related to intensive care units (ICU) and coronary care units (CCU) have not been published. Yet, patients in critical care areas are at high risk for falls due to many factors, and nurses can play a critical role in the prevention of falls (Oliver, Healey, & Haines, 2010; Ryu, Roche, & Brunton, 2009). Where fall risk tools are not validated for use in specialized care areas, the clinical judgement of nurses regarding fall prevention strategies may prove beneficial (Flanders, Harrington, & Fowler, 2009). Within this presentation, we will describe the unique implementation of multifaceted fall prevention strategies for one mixed ICU and CCU, created of need in addressing a rise in patient falls. Strategy selection with application to the ICU and CCU will be overviewed. Implementation, dissemination, and evaluation of fall prevention guidelines will be reviewed.

Learning outcomes: 1. Identify critical care patients at risk for falls and use pertinent fall precautions. 2. Understand the complexities and limitations of current fall assessment tools in critical care areas. 3. Describe the processes and challenges encountered during implementation of a fall prevention strategy in a critical care unit.

Database: CINAHL

Risky Business: Developing an Applicable Falls/Harm Risk Assessment Tool for the Critically Ill.

Author(s): Penstone, Erin; Krouskos, Kendrah; Morgan, Brenda

Source: Canadian Journal of Critical Care Nursing; Jun 2017; vol. 28 (no. 2); p. 58-58

Available in full text at Canadian Journal of Critical Care Nursing - from ProQuest
Available in full text at Canadian Journal of Critical Care Nursing - from EBSCOhost

Abstract: Purpose/goals: Identify what places a critically ill patient at an increased risk for falls or harm using factors that are more applicable to their environmental, physical, and mental states, so added interventions can be applied beyond the universal precautions in place. Session description: In the critical care environment, all patients can be considered a high risk for falls due to frequent alterations in their neurological and physiological states, creating a need to frequently screen patients to ensure proper safety measures are in place. Existing falls risk assessment tools often fall short in accurately identifying when a critically ill patient is at an increased risk for falls or harm beyond this assumed point, often because criteria within those assessments do not accurately apply to this population. Chapman, Bachand and Hyrkas (2011), recognized that the ideal falls risk assessment tool would have high sensitivity and specificity in its ability to screen a patient. A falls risk assessment tool was developed using already existing assessments, to identify if a patient’s cognition, sedation level, motor score, restraint use and invasive monitoring requirements, places them at an increased risk for falls. This screening further prompts an assessment of what preventative measures could be added beyond the baseline precautions already in place. Learning outcomes: 1. Reflect on what current assessment tools are being used within the critical care environment that can add specificity to a falls risk assessment. 2. Identify additional interventions that can be enacted for those patients requiring safety measures beyond universal falls risk precautions. 3. Consider future opportunities to use this tool as not only a falls risk assessment, but one that identifies a patient’s risk for self-harm or injury.

Database: CINAHL

Factors Associated With Injurious Falls in Residential Care Facilities.

Author(s): Towne, Samuel D.; Cho, Jinmyoung; Smith, Matthew Lee; Ory, Marcia G.
Abstract: Objective: Despite a growing literature on the epidemiology of falls, little is known about injurious falls in residential care facilities (RCFs). Addressing this gap, this study examined demographic, interpersonal, institutional, and community factors associated with injurious falls in RCFs. Method: We conducted analyses using a nationally representative sample (n = 733,309) of RCF residents (2010) examining whether or not a resident experienced a fall that resulted in any injury (past year). Results: Overall, 15% of RCF residents experienced an injurious fall. Residents needing assistance with activities of daily living were more likely to experience injurious falls (adjusted-OR = 1.85), whereas males (adjusted-OR = 0.74) and those residing in smaller facilities (adjusted-OR = 0.68) were less likely. Other resident sociodemographic characteristics, payment status, social connectedness, and rurality were not significant independent predictors. Discussion: Research further exploring multifactorial fall prevention screening and treatment programs in RCFs is recommended for reducing injurious falls in this understudied setting.

Database: CINAHL

Intraindividual Stepping Reaction Time Variability Predicts Falls in Older Adults With Mild Cognitive Impairment.

Author(s): Bunce, David; Haynes, Becky I.; Lord, Stephen R.; Gschwind, Yves J.; Kochan, Nicole A.; Reppermund, Simone; Brodaty, Henry; Sachdev, Perminder S.; Delbaere, Kim

Source: Journals of Gerontology Series A: Biological Sciences & Medical Sciences; Jun 2017; vol. 72 (no. 6); p. 832-837

Abstract: Background: Reaction time measures have considerable potential to aid neuropsychological assessment in a variety of health care settings. One such measure, the intraindividual reaction time variability (IIV), is of particular interest as it is thought to reflect neurobiological disturbance. IIV is associated with a variety of age-related neurological disorders, as well as gait impairment and future falls in older adults. However, although persons diagnosed with Mild Cognitive Impairment (MCI) are at high risk of falling, the association between IIV and prospective falls is unknown.Methods: We conducted a longitudinal cohort study in cognitively intact (n = 271) and MCI (n = 154) community-dwelling adults aged 70-90 years. IIV was assessed through a variety of measures including simple and choice hand reaction time and choice stepping reaction time tasks (CSRT), the latter administered as a single task and also with a secondary working memory task.Results: Logistic regression did not show an association between IIV on the hand-held tasks and falls. Greater IIV in both CSRT tasks, however, did significantly increase the risk of future falls. This effect was specific to the MCI group, with a stronger effect in persons exhibiting gait, posture, or physiological impairment.Conclusions: The findings suggest that increased stepping IIV may indicate compromised neural circuitry involved in executive function, gait, and posture in persons with MCI increasing their risk of falling. IIV measures have potential to assess neurobiological disturbance underlying physical and cognitive dysfunction in old age, and aid fall risk assessment and routine care in community and health care settings.

Database: CINAHL

A prospective study of the association between orthostatic hypotension and falls: definition matters.

Author(s): MCDONALD, CLAIRE; PEARCE, MARK; KERR, SIMON R.; NEWTON, JULIA

Source: Age & Ageing; May 2017; vol. 46 (no. 3); p. 439-445
Abstract: Background: falls are a common cause of morbidity and mortality in older people. Orthostatic hypotension (OH) is considered an important risk factor for falls, but longitudinal studies have failed to show a clear association. This disparity may be because conventional methods of measuring blood pressure (BP) changes are too imprecise and/or the diagnostic criteria for OH are inappropriate. Over recent years, beat-to-beat BP monitoring techniques, which enabled accurate measurement of vasodepression, have become widely used and in 2011 the American Academy of Neurology produced revised diagnostic criteria for OH. Objective: to use beat-to-beat monitoring to compare the prevalence of OH using the standard and revised diagnostic criteria and to establish which criteria are most valuable in predicting future falls. Design: two hundred and ninety-seven community-dwelling older people aged ≥65 years underwent assessment. Active stand using digital photoplethysmography was used to record postural change in BP. One hundred participants were asked to complete prospective weekly falls diaries for 12 months. Results: OH, defined according to the revised American Academy of Neurology diagnostic criteria, affected 25% of participants and was an independent predictor of falls (odds ratio 10.299, 95% confidence interval [95% CI]: 1.703-61.43, P = 0.011) and time to first fall (hazard ratio 3.017, 95% CI: 1.291-7.050, P = 0.011). OH, defined according to standard criteria, affected 80% of the population and was not associated with falls. Conclusion: OH, defined according to 2011 criteria, is associated with falls and time to first fall. These findings indicate that beat-to-beat monitoring and the 2011 criteria for OH are valuable in the clinical assessment of older fallers.

Database: CINAHL

Fear of falling and its association with life-space mobility of older adults: a cross-sectional analysis using data from five international sites.

Author(s): AUAIS, MOHAMMAD; ALVARADO, BEATRIZ; GUERRA, RICARDO; CURCIO, CARMEN; FREEMAN, ELLEN E.; YLLI, ALBAN; GURALNIK, JACK; DESHPANDE, NANDINI

Source: Age & Ageing; May 2017; vol. 46 (no. 3); p. 459-465

Abstract: Background: fear of falling (FOF) is a major health concern among community-dwelling older adults that could restrict mobility. Objective: to examine the association of FOF with life-space mobility (i.e. the spatial area a person moves through in daily life) of community-dwelling older adults from five diverse sites. Methods: in total, 1,841 older adults (65-74 years) were recruited from Kingston, Canada; Saint-Hyacinthe, Canada; Tirana, Albania; Manizales, Colombia and Natal, Brazil. FOF was assessed using the Fall Efficacy Scale-International (FES-I total score), and the life space was quantified using the Life-Space Assessment (LSA), a scale that runs from 0 (minimum life space) to 120 (maximum life space) Results: the overall average LSA total score was 68.7 (SD: 21.2). Multiple-linear regression analysis demonstrated a significant relationship of FOF with life-space mobility, even after adjusting for functional, clinical and sociodemographic con-founders (B = -0.15, 95% confidence interval (CI) -0.26 to -0.04). The FOF X site interaction term was significant with a stronger linear relationship found in the Canadian sites and Tirana compared with the South American sites. After adjusting for all confounders, the association between FOF with LSA remained significant at Kingston (B = -0.32, 95% CI -0.62 to -0.01), Saint-Hyacinthe (B = -0.81, 95% CI -1.31 to -0.32) and Tirana (B = -0.57, 95% CI -0.89 to -0.24). Conclusion: FOF is an important psychological factor that is associated with reduction in life space of older adults in different social and cultural contexts, and the strength of this association is site specific. Addressing FOF among older adults would help improve their mobility in local communities, which in turn would improve social participation and health-related quality of life.

Database: CINAHL
Seasonal ambient changes influence inpatient falls.

Author(s): CHIE MAGOTA; HIROYUKI SAWATARI; SHIN-ICHI ANDO; MARI K. NISHIZAKA; KAORU TANAKA; KAORI HORIKOSHI; IZUMI HOASHI; NOBUKO HASHIGUCHI; TOMOKO OHKUSA; AKIKO CHISHAKI

Source: Age & Ageing; May 2017; vol. 46 (no. 3); p. 513-517

Abstract: Background: falls by inpatients often result in serious injuries and deterioration in a patient’s physical abilities and quality of life, especially among older individuals. Although various factors have been found to be associated with falls, the combined effects of behavioural and ambient factors are not fully evaluated. Objective: we investigated the influence of both behavioural and ambient factors on inpatient falls, focusing on seasonal and diurnal variations. Design: retrospective study. Methods: we surveyed the incident reports related to falls from April 2010 to March 2014 and examined the relationship between the incidents and seasonal and diurnal variations in behavioural and ambient factors, including the sunrise time, the night-time length and temperature. Results: we identified 464 fallers from 3,037 incident reports. The average fall-rate of the study population was 1.4 ± 0.5/1,000 occupied bed-days. The seasonal and diurnal variations in falls were compared. The number of falls around dawn in October–February was higher than that in April–September. Toileting was the behaviour most frequently related to the falls (56.9%, n = 264), and 57.1% of the falls occurred at night. A multivariate analysis showed that the night-time length was significantly related to an increase in night-time falls (P =0.047). Conclusion: these results suggested that the inpatient falls increased in the early morning from November to March and tended to be related to toileting activities. Considering these results, additional attention and support during the higher risk hours and seasons, especially in relation to toileting activities, might help to reduce the incidence of falls. Clinical trial name, URL and registration number: N/A (Because of retrospective nature).

Database: CINAHL

Tailored education program using home floor plans for falls prevention in discharged older patients: A pilot randomized controlled trial.

Author(s): Ueda, Tetsuya; Higuchi, Yumi; Imaoka, Masakazu; Todo, Emiko; Kitagawa, Tomomi; Ando, Suguru

Source: Archives of gerontology and geriatrics; Jul 2017; vol. 71 ; p. 9-13

Abstract: OBJECTIVETo investigate the effect of a tailored education program using home floor plans on falls prevention in discharged older patients. DESIGNA single-center, parallel, pragmatic, pilot randomized controlled trial with equal allocation to the intervention and control groups. SETTING Discharged hospital patients were followed-up in their home settings. PARTICIPANTS All discharged orthopedic patients aged ≥65 years who experienced ≥1 fall(s) in the past year (n=60). INTERVENTIONS Both groups received standard care (exercises) and the intervention group also received a tailored education program for falls prevention using home floor plans. MEASUREMENTS Falls and near-falls at the participants’ homes using a 1-month fall calendar during the 1-month period after discharge. The evaluators were blinded at the baseline assessment. RESULTS Nine participants were withdrawn from the study, leaving 51 of 60 (85%) participants for the final analyses. No falls occurred in the intervention group (n=25) during follow-up. However, 2 participants (7.7%) fell in the control group (n=26). Near-falls were reported by 7 participants (28.0%) in the intervention group and 13 participants (50.0%) in the control group. The intervention group had 75% less near-falls compared with the control group, as assessed using a Cox proportional hazards model (hazard ratio, 0.25; 95% confidence interval, 0.09-0.75). CONCLUSION The tailored education program using home floor plans at the hospital was
effective for reducing falls and near-falls among discharged orthopedic patients. Registration of clinical trials: This study was registered with the Research Ethics Committee of University Hospital Medical Information Network (UMIN) Center (000018201).

**Database**: Medline

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**Sleep duration and falls: a systemic review and meta-analysis of observational studies.**

**Author(s)**: Wu, Lei; Sun, Dali

**Source**: Journal of sleep research; Jun 2017; vol. 26 (no. 3); p. 293-301

Available in full text at Journal of Sleep Research - from Ingenta

**Abstract**: Several epidemiological studies have linked sleep duration with falls; however, the findings yielded inconsistent results. No quantitative analysis has specifically assessed the influence of sleep duration on falls. PubMed and Embase were screened for observational studies from inception to 13 September 2016. A generic inverse-variance method was used to pool the outcome data for sleep duration categories of the lowest category versus reference, and the highest category versus reference with a random-effects model. Dose-response analysis was performed to evaluate the potential relationship of sleep duration with falls. Finally, seven eligible observational studies involving a total of 212,829 participants were included in the present meta-analysis. Compared with the reference category, both short and long sleep duration were significantly associated with falls, and the pooled odds ratios (95% confidence intervals) were 1.32 (1.21, 1.46) and 1.35 (1.17, 1.56), respectively, both with evidence of significant heterogeneity. An approximately 'U-shaped' curve was observed, and the lowest risk of falls was shown at 7-8 h day\(^{-1}\) of sleep duration. Further subgroup analysis found that the association of long sleep duration and falls was more pronounced among Caucasians. The present study is limited to its small number of included studies, considerable heterogeneity, observational study design and the large contribution of a single article. Further researches are still needed to confirm the causal association between sleep duration and falls in populations with different gender, age and ethnicity.

**Database**: Medline

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**Foot Function, Foot Pain, and Falls in Older Adults: The Framingham Foot Study.**

**Author(s)**: Awale, Arunima; Hagedorn, Thomas J; Dufour, Alyssa B; Menz, Hylton B; Casey, Virginia A; Hannan, Marian T

**Source**: Gerontology; May 2017

Available in full text at Gerontology - from ProQuest

Available in full text at Gerontology - from National Library of Medicine

**Abstract**: BACKGROUND Although foot pain has been linked to fall risk, contributions of pain severity, foot posture, or foot function are unclear. These factors were examined in a cohort of older adults.OBJECTIVE The purpose of this study was to examine the associations of foot pain, severity of foot pain, and measures of foot posture and dynamic foot function with reported falls in a large, well-described cohort of older adults from the Framingham Foot Study.METHODS Foot pain, posture, and function were collected from Framingham Foot Study participants who were queried about falls over the past year (0, 1, and ≥2 falls). Logistic regression was used to calculate odds ratios (ORs) and 95% confidence intervals (CIs) for the relation of falls with foot pain, pain severity, foot posture, and foot function adjusting for covariates.RESULTS The mean age of the 1,375 participants was 69 years; 57% were female, and 21% reported foot pain (40% mild pain, 47% moderate pain, and 13% severe pain). One-third reported falls in the past year (1 fall: n = 263, ≥2 falls: n = 152). Foot pain was
associated with a 62% increased odds of recurrent falls. Those with moderate and severe foot pain showed increased odds of ≥2 falls (OR 1.78, CI 1.06-2.99, and OR 3.25, CI 1.65-7.48, respectively) compared to those with no foot pain. Foot function was not associated with falls. Compared to normal foot posture, those with planus foot posture had 78% higher odds of ≥2 falls.

CONCLUSION: Higher odds of recurrent falls were observed in individuals with foot pain, especially severe foot pain, as well as in individuals with planus foot posture, indicating that both foot pain and foot posture may play a role in increasing the risk of falls among older adults.

Database: Medline

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**PRESSURE ULCERS**

**ASSESSING AND MONITORING INTERFACE PRESSURE IN INTENSIVE CARE IMPROVE PATIENT CARE.**

**Author(s):** Glavaz, Shannon; Cordek, Andrea

**Source:** Journal of Wound, Ostomy & Continence Nursing; May 2017; vol. 44

**Abstract:** Purpose: Pressure injury (PI) prevention guidelines state that patients need to be repositioned so that pressure is redistributed. Studies show that health care providers (HCPs) are naive as to the actual pressure redistribution effects of their repositioning interventions due to turning blind. This allows patients continued exposure to high pressures, leading to PI development. METHODS: Intensive care unit (ICU) patients are at higher risk for developing PIs. So, all ICU mattresses were equipped with real-time pressure monitoring (RTPM) systems for 3 months. An evaluation was done to measure the effectiveness in identifying patients’ exposure to high pressure areas and to assess if interventions were able to lower high pressures to decrease PIs. The RTPM systems gave HCPs a visual image of pressures under patients and monitor those pressures continuously. HCPs used pressure images to effectively reposition patients, manage appropriate settings on beds, and utilize the alerts to turn patients by their individually determined turn schedules. RESULTS: HCPs found the RTPM systems easy to use. High pressures were decreased through interventions, and interventions were monitored to ensure patients were not exposed to high pressures throughout their stay. Peak pressures were recorded on 15 random patients. The HCPs repositioned patients, first, without looking at the image and then looking at the image to make additional small adjustments to the patients’ positions using microshifting and adjusting air in the mattresses. Peak pressures ranged from 50 to 148 mm Hg, with an average of 78 mm Hg when the RTPM was not utilized for positioning. When the RTPM was utilized for positioning, peak pressures ranged from 27 to 49 mm Hg, with an average of 38 mm Hg. No new pressure ulcers occurred when the RTPM systems were utilized over 3 months. CONCLUSION: Pressure monitoring allowed HCPs to monitor support surface performance and employ improved pressure redistributing interventions to enhance patient outcomes in PI prevention.

Database: CINAHL

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**CLINICAL TRIAL OF SILK-LIKE BED LINENS FOR PREVENTION OF UNIT-ACQUIRED PRESSURE ULCERS.**

**Author(s):** Montague, Mary

**Source:** Journal of Wound, Ostomy & Continence Nursing; May 2017; vol. 44

**Abstract:** Development of a hospital-acquired pressure injury (HAPI) affects patients' quality of life, morbidity and mortality, hospital reimbursement, and quality reporting indicators. Research has demonstrated that moisture, friction, and shear contribute to HAPI development. Cotton linens
increase skin moisture, friction, shear, and temperature. This study investigated if bed linens made from a newly developed silk-like polyester fiber affected the rate, time to development, and severity of HAPI in critically ill adult inpatients. A cluster randomized crossover design was used to explore this question in the medical intensive care units (MICUs) of a Midwest United States 1200-bed quaternary care medical center. With few exclusions, data on the rate of unit-acquired HAPI development, time to development of the first HAPI, and maximum severity of HAPI for all patients admitted to the MICU were abstracted from the electronic medical record. Mixed-effects logistic and Poisson regression models were used to evaluate differences in the prevalence and rate of occurrence. A random effect for patients was included to account for multiple admissions by the same patient during the study. Time to the first pressure ulcer was evaluated using a marginal Cox proportional hazards model, with repeated admissions from the same patient accounted for by the use of a sandwich estimator of the variance. The final analysis included 3332 MICU admissions. The experimental and control groups were similar on all demographic factors except race. Controlling for race, there was no statistically significant difference for rate, time to development, or maximum severity of HAPI. Studies conducted in other hospitals and settings have demonstrated that silk-like linens have a significant positive effect on HAPI frequency. The participating units in this study have maintained a low HAPI incidence rate, with robust pressure injury prevention initiatives sustaining this metric. Further research is warranted in sites with a higher incidence of HAPIs.

Database: CINAHL

BUNDLED AND EVIDENCE-BASED: TARGETED INTERVENTIONS TO PREVENT PRESSURE ULCERS.

Author(s): Tennies, Sherry

Source: Journal of Wound, Ostomy & Continence Nursing; May 2017; vol. 44

Abstract: INTRODUCTION: Skin safety is dependent on early identification of pressure ulcer risk and implementation of targeted, evidence-based interventions to mitigate risk. Lack of consistent implementation of preventative skin interventions at a Midwestern community hospital was identified as a factor in low, but constant, hospital-acquired pressure injury/ulcer (HAPU) rates. With a goal of zero HAPUs, a preventative program was implemented that included a skin inspection performed by 2 staff, which was termed "Four Eyes," and a Pressure Ulcer Prevention (PUP) Best Practice Bundle. The PUP Bundle lists evidence-based, targeted interventions for Braden subscale scores less than or equal to 2. The interventions address 4 risk categories: sensory, mobility, and activity; moisture; friction and shear; and nutrition. METHODS: The Plan-Do-Study-Check framework guided the practice changes. Skin inspection documentation and a link to the PUP Bundle were incorporated into the electronic medical record (EMR). All nursing staff were educated via a computer-based learning module in May 2016. The skin inspection and PUP Bundle went live on July 1, 2016. Lag measures are pressure injury incidence and completion of skin inspection. Lead measures are skin care interventions. RESULTS: For third-quarter 2016, HAPU rates initially increased on the intensive care unit and medical-surgical units by 4.67 and 11.11 HAPUs per 1000 patient-days, respectively. Just-in-time education was conducted with staff by the WOC nurse throughout the third quarter, emphasizing the PUP Bundle interventions. By the end of October 2016, all units achieved zero HAPUs. CONCLUSION: Education improves skin assessment skills, which may lead to an initial increase in pressure injury rates due to increased awareness. A tool with bundled, targeted, evidence-based skin care interventions can effectively prevent HAPUs and improve patient safety.

Database: CINAHL
PREVENTING PRESSURE ULCERS IN THE ICU: A PERFORMANCE IMPROVEMENT PROJECT.

Author(s): Whitney, Rita

Source: Journal of Wound, Ostomy & Continence Nursing; May 2017; vol. 44

Abstract: BACKGROUND: In the 8-bed intensive care unit (ICU) at the Medical Center of Lewisville, hospital-acquired pressure ulcers (HAPUs) are lower than benchmarks but were still occurring at higher rate than other units. CLINICAL QUESTION/PRACTICE PROBLEM/TYPE OF STUDY: This was a performance/quality improvement project. PICO question: In ICU patients, does the use of a sacral foam dressing decrease the number of HAPUs on the sacrum? METHODS: The problem was identified through quarterly pressure ulcer prevalence surveys and ongoing surveillance of data. We worked with Critical Care PPC and instituted a new intervention of applying silicone sacral dressing to all ICU patients in the 8-bed general ICU. Data were collected using a retrospective review.

RESULTS: In the 2-year period prior to intervention, the ICU had HAPUs on the sacrococcyx as follows: 11 deep tissue injuries (DTIs), and 5 stage II HAPUs. In the 2-year period following the intervention, the ICU has had HAPUs on the sacrococcyx: 5 DTIs, and 4 stage II HAPUs. This showed more than a 50% improvement in the number of DTIs to the sacrococcyx, as well as a reduction in the number of stage II HAPUs. CONCLUSIONS/IMPLICATIONS: Although not a controlled study, the results were significant. Since no other new interventions were implemented during this time period (no change in support surfaces, skin care products, incontinence pads, repositioning protocols, etc), we concluded that the prophylactic use of a soft silicone-bordered sacral foam dressing decreased sacral HAPUs in the ICU. LESSONS LEARNED/RECOMMENDATIONS: In view of the positive results and nursing staff feedback, we have extended the use of prophylactic sacral foam dressings to high-risk patients on all inpatient adult nursing units.

Database: CINAHL

HANDHELD DEVICE TO DECREASE HOSPITAL-ACQUIRED PRESSURE INJURIES: FROM THEORY TO PRACTICE.

Author(s): Raizman, Rose; MacNeil, Minette

Source: Journal of Wound, Ostomy & Continence Nursing; May 2017; vol. 44

Abstract: AIM: To evaluate feasibility of handheld skin tissue assessment device (the scanner) in preventing the incidence of pressure injuries (PIs) in the community hospital. METHODOLOGY: Phase 1: Conducted to control for Hawthorne effect. When standard protocol was used without regard to scanner reading, but implementation of standard protocol was reinforced by a person with a scanner. Device was used to scan all newly admitted patients on medical/stroke unit for the length of stay for 1 month. Standard intervention protocol was implemented, and no interventions were instituted according to scanner readings. Phase 2: (A) First 30 patients admitted to the ALC unit were scanned from admission up to 14 days, and interventions were implemented based on scanner reading and standard protocol. (B) First 100 newly admitted patients to the hospital were scanned from admission day to 3 days, and interventions were based on scanner reading and the standard protocol. Pressure ulcer development, scanner readings, standard assessment, and intervention (Braden Scale score—based protocol) were recorded using a data collection tool and analyzed. Data were compared to hospital historical and concurrent data. RESULTS: A total of 235 patients were scanned: Phase 1: 89 patients were scanned, and a 13.4% incidence was found. Phase 2: 146 patients were scanned, and a 1.3% incidence was found. Data suggest that intervention according to the scanner reading decreased incidence 10 times (90% reduction). CONCLUSIONS: Current practice misses opportunities for early detection and early intervention that can prevent PIs. It is based on risk assessment and visual assessment of skin in areas prone to PIs. When visually evident, significant tissue damage has already occurred and opportunity for prevention is already missed. In our pilot
study, the scanner has been successfully used in practice to generate real-time insight to confirm early detection of tissue damage and to target interventions, leading to lower incidence, earlier recovery, and lower costs of care.

**Database:** CINAHL

**APPLE P.I.E, A PRESSURE INJURY EXPLANATION TOOL.**

**Author(s):** Turner, Patricia

**Source:** Journal of Wound, Ostomy & Continence Nursing; May 2017; vol. 44

**Abstract:** Recent 2016 National Pressure Ulcer Advisory Panel (NPUAP) changes to the pressure injury definition and to the staging definitions bring to the forefront the importance of accurate assessment and staging. Accuracy is important because of the clinical implications of inaccuracy and also because of the financial implications of various stages of facility-acquired pressure injuries to those facilities. The NPUAP staging system gives descriptive definitions for each stage of pressure injuries. It may be difficult to apply that theory to the application of practice in assessing and staging appropriately. This may be especially true with novice wound care clinicians. Adult learning styles are more visual in nature. Principles of adult learning include self-direction and internal motivation. Adults bring to the learning process experience and past knowledge. In addition to the information available through the NPUAP and the WOCN Society, finding an easy, simple reference and educational tool for in-servicing and reviewing the NPUAP pressure injury staging system can be challenging. Utilizing adult learning principles, an apple analogy was developed to help identify the various pressure injury stages and levels of tissue involvement. The "Apple P.I.E" (Pressure Injury Explanation) Staging Educational Tool gives comparisons and pictures for quick and easy evaluations. For example, a stage 4 pressure injury, which involves loss of epidermis and dermis, is present in the subcutaneous tissue, and involves underlying structure, is equated to an apple with a large bite out of it, showing the skin layers are gone; it is into the white part of the apple, and the apple's core, or structure, is involved. For all levels of staff, this analogy is a simple, effective way to teach the NPUAP staging definitions and can assist the WOC nurse or anyone responsible for educating on pressure injury staging. The "Apple P.I.E" concept was originally known as "Apples to Ulcers," and its content is patent pending. NPUAP 2016 Pressure Injury Staging definitions.

**Database:** CINAHL

**Reducing avoidable pressure ulcers.**

**Author(s):** Anthony, Denis; Hodgson, Heather; Horner, Joanna

**Source:** Wounds UK; May 2017; vol. 13; p. 14-16

Available in full text at Wounds UK - from EBSCOhost

**Abstract:** Risk assessment scales for pressure ulcers have been in use for over 50 years but there is no evidence that such scales reduce pressure ulcer incidence. Pressure ulcer interventions have been shown to be effective, sometimes alongside risk assessment scales. Care bundles are an example of multifaceted approaches that have been successfully used in a variety of clinical areas including for pressure ulcers. Pressure ulcers were monitored before and after implementation of a new scheme based on an existing care bundle. Avoidable pressure ulcers were significantly reduced following implementation of the scheme.

**Database:** CINAHL
Accuracy of ultrasound, thermography and subepidermal moisture in predicting pressure ulcers: a systematic review.

**Author(s):** Oliveira, A L; Moore, Z; O Connor, T; Patton, D

**Source:** Journal of wound care; May 2017; vol. 26 (no. 5); p. 199-215

**Abstract:** OBJECTIVE Our aims were to: establish the clinical significance of ultrasound, thermography, photography and subepidermal moisture (SEM) measurement; determine the accuracy of ultrasound, thermography, photography and SEM measurement in detecting skin/tissue damage; determine the relative accuracy of one of these assessment methods over another; make recommendations for practice pertaining to assessment of early skin/tissue damage. METHOD The following databases, Cochrane Wounds Group Specialised Register, The Cochrane Central Register of Controlled Trials, Ovid MEDLINE, Ovid EMBASE, Elsevier version, EBSCO CINAHL, ClinicalTrials.gov, WHO International Clinical Trials Registry (ICTR) and The EU Clinical Trials Register were searched for terms including; thermography, ultrasound, subepidermal moisture, photograph and pressure ulcer. RESULTS We identified four SEM, one thermography and five ultrasound studies for inclusion in this review. Data analysis indicated that photography was not a method which allowed for the early prediction of PU presence. SEM values increased with increasing tissue damage, with the sacrum and the heels being the most common anatomical locations for the development of erythema and stage I PUs. Thermography identified temperature changes in tissues and skin that may give an indication of early PU development; however the data were not sufficiently robust. Ultrasound detected pockets of fluid/oedema at different levels of the skin that were comparable with tissue damage. Thus, SEM and ultrasound were the best methods for allowing a more accurate assessment of early skin/tissue damage. Using the EBL Critical Appraisal Tool the overall validities of the studies varied between 33.3-55.6%, meaning that there is potential for bias within all the included studies. All of the studies were situated at level IV, V and VII of the evidence pyramid. Although the methodological quality of the studies warrants consideration, these studies showed the potential that SEM and ultrasound have in early PU detection. CONCLUSIONS SEM and ultrasound are promising in the detection and prediction of early tissue damage and PU presence. However, these methods should be further studied to clarify their potential for use more widely in PU prevention strategies.

**Database:** Medline

Ongoing nursing training influence on the completion of electronic pressure ulcer records.

**Author(s):** López, María; Jiménez, José María; Peña, Isabel; Cao, María José; Simarro, María; Castro, María José

**Source:** Nurse education today; May 2017; vol. 52; p. 22-27

**Abstract:** INTRODUCTION Pressure ulcer (PU) care in nursing at the Hospital Clínico Universitario de Valladolid (HCUV) in Spain includes basic care and its registration through the electronic GACELA Care tool. To assess and evaluate the nursing intervention in PU evolution, a training programme was carried out to unify criteria on PU assessment, treatment, evaluation and monitoring. OBJECTIVE To assess the influence of training on the completion of PU records in the GACELA Care application, and identify the level of satisfaction of the nurses after its use. MATERIALS AND METHODS A quasi-experimental prospective study consisting of a specific training programme assessed pre- and post-training was carried out on the records of PU documentation at the HCUV. The PU records included in the study were collected using the electronic nursing healthcare management computer tool GACELA Care and belonged to patients admitted for >48h, excluding venous, arterial and stage I PUs. The pre-training sample consisted of 65 records collected between 1 April and 30 June 2014, and there were 57 post-training records, completed from 1 January to 31 March 2015. The training programme consisted of thirty-minute theoretical and practice training
sessions. The study variables were ulcer type, location, stage, length and diameter, perilesional skin, cure type, products used and cure frequency, in addition to the number of actions taken in the records in correlation to the days of hospitalisation. To identify the nurses’ opinions, a satisfaction survey about the management platform of ongoing Castilla y León training was administered.

RESULTS
The variations from the pre- to the post-training PU-sample completion rates were the following: from 23% to 40% for PU diameter, from 11% to 38% for PU length and from 57% to 79% for perilesional skin condition records. There was also a significant increase in the number of form updates after the training activity. The nurses’ level of satisfaction with the training activity showed a positive outcome, with an average score of 8.84 over 10.

CONCLUSION
The training activity improved PU record completion significantly and was deemed positive by the nurses, mainly for its applicability in clinical practice.

Database: Medline

Prevalence and incidence density of unavoidable pressure ulcers in elderly patients admitted to medical units.

Author(s): Palese, Alvisa; Trevisani, Barbara; Guarnier, Annamaria; Barelli, Paolo; Zambiasi, Paola; Allegrini, Elisabetta; Bazoli, Letizia; Casson, Paola; Marin, Meri; Padovan, Marisa; Picogna, Michele; Taddia, Patrizia; Salmaso, Daniele; Chiari, Paolo; Marognolli, Oliva; Federica, Canzan; Saiani, Luisa; Ambrosi, Elisa

Source: Journal of tissue viability; May 2017; vol. 26 (no. 2); p. 85-88

Abstract: To describe the prevalence and incidence density of hospital-acquired unavoidable pressure sores among patients aged ≥65 years admitted to acute medical units. A secondary analysis of longitudinal study data collected in 2012 and 2013 from 12 acute medical units located in 12 Italian hospitals was performed. Unavoidable pressure ulcers were defined as those that occurred in haemodynamically unstable patients, suffering from cachexia and/or terminally ill and were acquired after hospital admission. Data at patient and at pressure ulcer levels were collected on a daily basis at the bedside by trained researchers. A total of 1464 patients out of 2080 eligible (70.4%) were included. Among these, 96 patients (6.5%) hospital-acquired a pressure ulcer and, among 19 (19.7%) were judged as unavoidable. The incidence of unavoidable pressure ulcer was 8.5/100 in hospital-patient days. No statistically significant differences at patient and pressure ulcers levels have emerged between those patients that acquired unavoidable and avoidable pressure sores. Although limited, evidence on unavoidable pressure ulcer is increasing. More research in the field is recommended to support clinicians, managers and policymakers in the several implications of unavoidable pressure ulcers both at the patient and at the system levels.

Database: Medline

SEPSIS

Delay in Sepsis Treatment Linked to Higher Mortality Risk

Slower delivery of sepsis treatment is associated with elevated mortality risk, according to a retrospective study published in the New England Journal of Medicine and presented at the American Thoracic Society meeting.
Systematic Review of Gender Differences in Sepsis Management and Outcomes

**Author(s):** Failla, Kim Reina, PhD, RN, NE-BC; Connelly, Cynthia D, PhD, RN, FAAN

**Source:** Journal of Nursing Scholarship; May 2017; vol. 49 (no. 3); p. 312-324

Available in full text at Journal of Nursing Scholarship - from ProQuest

Available in full text at Journal of Nursing Scholarship - from EBSCOhost

**Abstract:** Contributors to disparities in sepsis management have been attributed to genetic susceptibility, differences in clinical presentation, and healthcare delivery. The influence of gender on survival or mortality of patients with sepsis-related diagnoses is unclear. The purpose of the current study was to systematically review published research to identify factors and outcomes associated with sepsis management and outcomes based on gender differences. Covering a period from 2006 to 2016, a literature search was conducted on four electronic data bases including the Cumulative Index to Nursing and Allied Health Literature (CINAHL), EBSCO, MedlinePlus, and PubMed. Content analysis of each article was performed independently by two authors. The guidelines outlined in the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) Statement was the method used to assess the quality of evidence of the articles in this review. A full review was completed on a total of 452 identified potentially relevant publications, and 7 publications met inclusion criteria. The methodological approaches included prospective and retrospective observational studies, and prospective and historical cohort studies. The aim of these studies was to identify if gender differences exist related to sepsis-related mortality, completion of Surviving Sepsis Campaign resuscitation bundle elements, sepsis-related care processes, and sepsis-related incidence and source. Clinical sepsis studies evaluating gender and sepsis-related management and mortality are inconclusive and complex. Three different outcomes exist: no difference, higher risk in females, or higher risk in males. Further studies are needed to support the presence of gender disparities on sepsis-related healthcare outcomes. Providers should understand the importance of adhering to sepsis protocols and minimizing treatment disparities including gender differences.

**Database:** BNI

Sepsis training scheme success results in hospital-wide roll-out

**Source:** Nursing Times; Apr 2017; vol. 113 (no. 4); p. 12

**Abstract:** A pioneering project to give nurses and other staff the skills to spot the first signs of sepsis has now been rolled out across all wards at Queen's Hospital, run by Burton Hospitals Foundation Trust. The scheme, described by the UK Sepsis Trust as "ahead of the game", was launched in some wards last year and, proving successful, is now being rolled out hospital wide. In the three months before training began in July, sepsis screening for inpatients was at just 1% but rose sharply to 84% between October and December, the trust said.

**Database:** BNI
The effect of early goal-directed therapy for treatment of severe sepsis or septic shock: A systematic review and meta-analysis

**Author(s):** Park, Sun-Kyung; Shin, Su Rin; Hur, Min; Kim, Won Ho; Oh, Eun-Ah; Lee, Soo Hee

**Source:** Journal of Critical Care; Apr 2017; vol. 38; p. 115

**Abstract:** Purpose To assess the effects of early goal-directed therapy (EGDT) on reducing mortality compared with conventional management of severe sepsis or septic shock. Materials and methods We included a systemic review, using the Medline and EMBASE. Seventeen randomized trials with 5765 patients comparing EGDT with usual care were included. Results There were no significant differences in mortality between EGDT and control groups (relative risk [RR], 0.89; 95% confidence interval [CI], 0.79-1.00), with moderate heterogeneity (I²=56%). The EGDT was associated with lower mortality rates when the mortality rate of the usual care group was greater than 30% (12 trials; RR, 0.83; 95% CI, 0.72-0.96), but not when the mortality rate in the usual care group was less than 30% (5 trials; RR, 1.03; 95% CI, 0.92-1.16). The mortality benefit was seen only in subgroup of population analyzed between publication of the 2004 and 2012 Surviving Sepsis Campaign guidelines, but not before and after these publications. Conclusion This meta-analysis was heavily influenced by the recent addition of the trio of trials published after 2014. The results of the recent trio of trials may be biased due to methodological issues. This includes lack of blinding by incorporating similar diagnostic and therapeutic interventions as the original EGDT trial.

**Database:** BNI

The ABCCs of Sepsis: A Framework for Understanding the Pathophysiology of Sepsis.

**Author(s):** Ladha, El; House-Kokan, Michelle

**Source:** Canadian Journal of Critical Care Nursing; Jun 2017; vol. 28 (no. 2); p. 38-38

Available in full text at Canadian Journal of Critical Care Nursing, The - from ProQuest
Available in full text at Canadian Journal of Critical Care Nursing - from EBSCOhost
Available in full text at Canadian Journal of Critical Care Nursing - from EBSCOhost

**Abstract:** Purpose/goals: To introduce and apply a framework for simplifying, understanding, and recalling the pathophysiology of sepsis as a tool for understanding and confidently managing its clinical presentation. Session description: Sepsis is an extremely common diagnosis with an overall mortality rate of around 30% (CIHI, 2009). Sepsis manifests in increasing severity across a continuum that begins with systemic inflammatory response syndrome and progresses to septic shock and multiple organ dysfunction syndrome. All critical care nurses, across diverse communities and units, will care for patients experiencing sepsis frequently throughout their careers. However, this is a challenging task as new innovations in treatment modalities occur frequently, as our understanding of this complex disorder evolves (Cawcutt & Peters, 2014). To provide quality care in the face of ever-changing treatment guidelines, it is imperative that critical care nurses have a solid understanding of the complex pathophysiology of sepsis. In this engaging, interactive presentation, a framework for simplifying, understanding, and recalling the pathophysiology of sepsis is presented. Participants will learn about the "ABCCs" of sepsis pathophysiology and cellular oxygen supply and demand balance. The links between the pathophysiology and the patient's overall clinical presentation and consequent treatment will be clarified in a meaningful and memorable way using theoretical review, and interactive case studies. Participants will leave this presentation with confidence in their understanding of, and ability to manage, this complex and serious syndrome.

Learning outcomes: 1. Use the ABCCs of Sepsis Framework to understand the pathophysiology of sepsis, including effects on cellular oxygen supply and demand balance. 2. Describe and explain the
links between the pathophysiology of sepsis, and the patient's clinical presentation and consequent treatment confidently.

**Database:** CINAHL

### Managing Maternal Sepsis: Early Warning Criteria to ECMO.

**Author(s):** PADILLA, CESAR; PALANISAMY, ARVIND  
**Source:** Clinical Obstetrics & Gynecology; Jun 2017; vol. 60 (no. 2); p. 418-424  
**Abstract:** Maternal sepsis is now a leading cause of direct maternal death during pregnancy. This review addresses the latest advances in the identification and management of critically ill parturients. Specifically, this review will focus on the vulnerability of pregnant women to sepsis, the utility of early warning criteria in the identification of the septic parturient, emphasize the immediate antibiotic management of suspected sepsis, and elaborate upon the latest understanding in the ventilatory management of parturients with sepsis.

**Database:** CINAHL

### Delayed Second Dose Antibiotics for Patients Admitted From the Emergency Department With Sepsis: Prevalence, Risk Factors, and Outcomes.

**Author(s):** Leisman, Daniel; Huang, Victor; Qiuping Zhou; Gribben, Jeanie; Bianculli, Andrea; Bernshteyn, Michelle; Ward, Mary Frances; Schneider, Sandra M.  
**Source:** Critical Care Medicine; Jun 2017; vol. 45 (no. 6); p. 956-965  
Available in full text at Critical Care Medicine - from Ovid fulltext collection

**Database:** CINAHL

### Association Between Hospital Case Volume of Sepsis, Adherence to Evidence-Based Processes of Care and Patient Outcomes.

**Author(s):** Fawzy, Ashraf; Walkey, Allan J.  
**Source:** Critical Care Medicine; Jun 2017; vol. 45 (no. 6); p. 980-988  
Available in full text at Critical Care Medicine - from Ovid fulltext collection

**Database:** CINAHL

### Impact of transfusion on patients with sepsis admitted in intensive care unit: a systematic review and meta-analysis.

**Author(s):** Dupuis, Claire; Sonneville, Romain; Adrie, Christophe; Gros, Antoine; Darmon, Michael; Bouadma, Lila; Timsit, Jean-François  
**Source:** Annals of intensive care; Dec 2017; vol. 7 (no. 1); p. 5  
Available in full text at Annals of Intensive Care - from ProQuest  
Available in full text at Annals of Intensive Care - from National Library of Medicine  
Available in full text at Annals of Intensive Care - from BioMed Central  
**Abstract:** Red blood cell transfusion (RBCT) threshold in patients with sepsis remains a matter of controversy. A threshold of 7 g/dL for stabilized patients with sepsis is commonly proposed,
although debated. The aim of the study was to compare the benefit and harm of restrictive versus liberal RBCT strategies in order to guide physicians on RBCT strategies in patients with severe sepsis or septic shock. Four outcomes were assessed: death, nosocomial infection (NI), acute lung injury (ALI) and acute kidney injury (AKI). Studies assessing RBCT strategies or RBCT impact on outcome and including intensive care unit (ICU) patients with sepsis were assessed. Two systematic reviews were achieved: first for the randomized controlled studies (RCTs) and second for the observational studies. MEDLINE, EMBASE, Web of Science Core Collection, Cochrane Central Register of Controlled Trials, Cochrane Database of Systematic Reviews and Clinical Trials.gov were analyzed up to March 01, 2015. Der Simonian and Laird random-effects models were used to report pooled odds ratios (ORs). Subgroup analyses and meta-regressions were performed to explore studies heterogeneity. One RCT was finally included. The restrictive RBCT strategy was not associated with harm or benefit compared to liberal strategy. Twelve cohort studies were included, of which nine focused on mortality rate. RBCT was not associated with increased mortality rate (overall pooled OR was 1.10 [0.75, 1.60]; I² = 57%, p = 0.03), but was associated with the occurrence of NI (2 studies: pooled OR 1.25 [1.04-1.50]; I² = 0%, p = 0.97), the occurrence of ALI (1 study: OR 2.75 [1.22-6.37]; p = 0.016) and the occurrence of AKI (1 study: OR 5.22 [2.1-15.8]; p = 0.001). Because there was only one RCT, the final meta-analyses were only based on the cohort studies. As a result, the safety of a RBCT restrictive strategy was confirmed, although only one study specifically focused on ICU patients with sepsis. Then, RBCT was not associated with increased mortality rate, but was associated with increased in occurrence of NI, ALI and AKI. Nevertheless, the data on RBCT in patients with sepsis are sparse and the high heterogeneity between studies prevents from drawing any definitive conclusions.

**Database:** Medline

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**Sepsis Alert - a triage model that reduces time to antibiotics and length of hospital stay.**

**Author(s):** Rosenqvist, Mari; Fagerstrand, Emma; Lanbeck, Peter; Melander, Olle; Åkesson, Per

**Source:** Infectious diseases (London, England); Jul 2017; vol. 49 (no. 7); p. 507-513

**Abstract:** **OBJECTIVE**To study if a modified triage system at an Emergency Department (ED) combined with educational efforts resulted in reduced time to antibiotics and decreased length of hospital stay (LOS) for patients with severe infection.**METHODS**A retrospective, observational study comparing patients before and after the start of a new triage model at the ED of a University Hospital. After the implementation of the model, patients with fever and abnormal vital signs were triaged into a designated sepsis line (Sepsis Alert) for rapid evaluation by the attending physician supported by a infectious diseases (IDs) specialist. Also, all ED staff participated in a designated sepsis education before Sepsis Alert was introduced. Medical records were evaluated for patients during a 3-month period after the triage system was started in 2012, and also during the corresponding months in 2010 and 2014.**RESULT**A total of 1837 patients presented with abnormal vital signs. Of these, 221 patients presented with fever and thus at risk of having severe sepsis. Among patients triaged according to the new model, median time to antibiotics was 58.5 at startup and 24.5 minutes at follow-up two years later. This was significantly less than for patients treated before the new model, 190 minutes. Also, median LOS was significantly decreased after introduction of the new triage model, from nine to seven days.**CONCLUSION**S triage model at the ED with special attention to severe sepsis patients, led to sustained improvements of time to antibiotic treatment and LOS.

**Database:** Medline
The SPEED (sepsis patient evaluation in the emergency department) score: a risk stratification and outcome prediction tool.

Author(s): Bewersdorf, Jan Philipp; Hautmann, Oliver; Kofink, Daniel; Abdul Khalil, Alizan; Zainal Abidin, Imran; Loch, Alexander

Source: European journal of emergency medicine : official journal of the European Society for Emergency Medicine; Jun 2017; vol. 24 (no. 3); p. 170-175

Abstract: OBJECTIVES The aim of the study was to identify covariates associated with 28-day mortality in septic patients admitted to the emergency department and derive and validate a score that stratifies mortality risk utilizing parameters that are readily available. METHODS Patients with an admission diagnosis of suspected or confirmed infection and fulfilling at least two criteria for severe inflammatory response syndrome were included in this study. Patients' characteristics, vital signs, and laboratory values were used to identify prognostic factors for mortality. A scoring system was derived and validated. The primary outcome was the 28-day mortality rate. RESULTS A total of 440 patients were included in the study. The 28-day hospital mortality rate was 32.4 and 25.2% for the derivation (293 patients) and validation (147 patients) sets, respectively. Factors associated with a higher mortality were immune-suppressed state (odds ratio 4.7; 95% confidence interval 2.0-11.4), systolic blood pressure on arrival less than 90 mmHg (3.8; 1.7-8.3), body temperature less than 36.0°C (4.1; 1.3-12.9), oxygen saturation less than 90% (2.3; 1.1-4.8), hematocrit less than 0.38 (3.1; 1.6-5.9), blood pH less than 7.35 (2.0; 1.04-3.9), lactate level more than 2.4 mmol/l (2.27; 1.2-4.2), and pneumonia as the source of infection (2.7; 1.5-5.0). The area under the receiver operating characteristic curve was 0.81 (0.75-0.86) in the derivation and 0.81 (0.73-0.90) in the validation set. The SPEED (sepsis patient evaluation in the emergency department) score performed better (P=0.02) than the Mortality in Emergency Department Sepsis score when applied to the complete study population with an area under the curve of 0.81 (0.76-0.85) as compared with 0.74 (0.70-0.79). CONCLUSION The SPEED score predicts 28-day mortality in septic patients. It is simple and its predictive value is comparable to that of other scoring systems.

Database: Medline

Monitoring of the physical exam in sepsis.

Author(s): Postelnicu, Radu; Evans, Laura

Source: Current opinion in critical care; Jun 2017; vol. 23 (no. 3); p. 232-236

Abstract: PURPOSE OF REVIEW Monitoring of mental status and peripheral circulatory changes can be accomplished noninvasively in patients in the ICU. Emphasis on physical examination in conditions such as sepsis have gained increased attention as these evaluations can often serve as a surrogate marker for short-term treatment efficacy of therapeutic interventions. Sepsis associated encephalopathy and mental status changes correlate with worse prognosis in patients. Evaluation of peripheral circulation has been shown to be a convenient, easily accessible, and accurate marker for prognosis in patients with septic shock. The purpose of this article is to emphasize the main findings according to recent literature into the monitoring of physical examination changes in patients with sepsis. RECENT FINDINGS Several recent studies have expanded our knowledge about the pathophysiology of mental status changes and the clinical assessment of peripheral circulation in patients with sepsis. Sepsis-associated encephalopathy is associated with an increased rate of morbidity and mortality in an intensive care setting. Increased capillary refill time (CRT) and persistent skin mottling are strongly predictive of mortality, whereas temperature gradients can reveal vasoconstriction and more severe organ dysfunction. SUMMARY Monitoring of physical examination changes is a significant and critical intervention in patients with sepsis. Utilizing repeated neurologic evaluations, and assessing CRT, mottling score, and skin temperature gradients.
should be emphasized as important noninvasive diagnostic tools. The significance of these methods can be incorporated during the utilization of therapeutic strategies in resuscitation protocols in patients with sepsis.

**Database:** Medline

**Sepsis in Internal Medicine wards: current knowledge, uncertainties and new approaches for management optimization.**

**Author(s):** Zaccone, Vincenzo; Tosoni, Alberto; Passaro, Giovanna; Vallone, Carla; Impagnatiello, Michele; Li Puma, Domenica Donatella; De Cosmo, Salvatore; Landolfi, Raffaele; Mirijello, Antonio; Internal Medicine Sepsis Study Group

**Source:** Annals of medicine; May 2017 ; p. 1-26

**Abstract:** Sepsis represents a global health problem in terms of morbidity, mortality, social and economic costs. Although usually managed in Intensive Care Units, sepsis showed an increased prevalence among Internal Medicine wards in the last decade. This is substantially due to the ageing of population and to multi-morbidity. These characteristics represent both a risk factor for sepsis and a relative contra-indication for the admission to Intensive Care Units. Although there is a lack of literature on the management of sepsis in Internal Medicine, the outcome of these patients seems to be gradually improving. This is due to Internists' increased adherence to guidelines and "bundles". The routine use of SOFA score helps physicians in the definition of septic patients, even if the optimal score has still to come. Point-of-care ultrasonography, lactates, procalcitonin and beta-D-glucane are of help for treatment optimization. The purpose of this narrative review is to focus on the management of sepsis in Internal Medicine departments, particularly on crucial concepts regarding diagnosis, risk assessment and treatment.

**Database:** Medline

**Screening for sepsis in general hospitalised patients: a systematic review.**

**Author(s):** Alberto, Laura; Marshall, Andrea P; Walker, Rachel; Aitken, Leanne M

**Source:** The Journal of hospital infection; May 2017

**Abstract:** INTRODUCTION Sepsis is a common condition observed outside critical care areas. The purpose of this review was to examine the application of sepsis screening tools for early recognition of sepsis in general hospitalised patients to: (i) identify the accuracy of these tools; (ii) determine the outcomes associated with their implementation and; (iii) describe the implementation process. METHODOA systematic review method was used. PubMed, CINAHL, COCHRANE, SCOPUS, Web of Science and EMBASE databases were systematically searched for primary articles, published from January 1990 to June 2016, that investigated screening tools or alert mechanisms for early identification of sepsis in adult general hospitalized patients. The review protocol was registered with PROSPERO (CRD42016042261). RESULTS Over 8 thousand citations were screened for eligibility after duplicates were removed. Six articles met the inclusion criteria testing two types of sepsis screening tools. Electronic tools can capture, recognise abnormal variables and activate an alert in real time. However accuracy of these tools was found inconsistent across studies with only one demonstrating high specificity and sensitivity. Paper-based nurse-led screening tools appear to be more sensitive in the identification of septic patients but were only studied in small samples and particular populations. While process of care measures appears to be enhanced, demonstrating improved outcomes is more challenging. Implementation details are rarely reported. Heterogeneity of studies prevented meta-analysis. CONCLUSION Clinicians, researchers and health decision makers
should consider these findings and limitations when implementing screening tools, research or policy on sepsis recognition in general hospitalised patients.

**Database:** Medline

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### PATIENT SAFETY

**Our current approach to root cause analysis: is it contributing to our failure to improve patient safety?**

**Author(s):** Kellogg, Kathryn M; Hettinger, Zach; Shah, Manish; Wears, Robert L; Sellers, Craig R; Squires, Melissa; Fairbanks, Rollin J

**Source:** BMJ Quality and Safety; May 2017; vol. 26 (no. 5); p. 381-387

Available in full text at [BMJ Quality and Safety](https://www.highwirepress.org) - from Highwire Press

**Abstract:** Background Despite over a decade of efforts to reduce the adverse event rate in healthcare, the rate has remained relatively unchanged. Root cause analysis (RCA) is a process used by hospitals in an attempt to reduce adverse event rates; however, the outputs of this process have not been well studied in healthcare. This study aimed to examine the types of solutions proposed in RCAs over an 8-year period at a major academic medical institution. Methods All state-reportable adverse events were gathered, and those for which an RCA was performed were analysed. A consensus rating process was used to determine a severity rating for each case. A qualitative approach was used to categorise the types of solutions proposed by the RCA team in each case and descriptive statistics were calculated. Results 302 RCAs were reviewed. The most common event types involved a procedure complication, followed by cardiopulmonary arrest, neurological deficit and retained foreign body. In 106 RCAs, solutions were proposed. A large proportion (38.7%) of RCAs with solutions proposed involved a patient death. Of the 731 proposed solutions, the most common solution types were training (20%), process change (19.6%) and policy reinforcement (15.2%). We found that multiple event types were repeated in the study period, despite repeated RCAs. Conclusions This study found that the most commonly proposed solutions were weaker actions, which were less likely to decrease event recurrence. These findings support recent attempts to improve the RCA process and to develop guidance for the creation of effective and sustainable solutions to be used by RCA teams. References

**Database:** BNI

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**Taking the Next Steps for Patient Safety and Excellence.**

**Author(s):** Quayle, Brenda

**Source:** American Journal of Infection Control; Jun 2017; vol. 45

**Database:** CINAHL

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**On Patient Safety: Infection Prevention in Orthopaedics: Pearls and Pitfalls of a Global Perspective.**

**Author(s):** Mauffrey, Cyril

**Source:** Clinical Orthopaedics & Related Research; Jun 2017; vol. 475 (no. 6); p. 1549-1552
Abstract: The article offers the author’s view on the surgical site infection (SSI) prevention recommendations published by the World Health Organization (WHO). The author states that the recommendations showed renewed effort to improve care in low and middle income countries. The author mentions that the implementation of the WHO recommendations requires awareness that guidelines exist.

Database: CINAHL

Patient Safety Consultants—Adding to Patient Care or Overhead Costs?

Author(s): Ead, Heather

Source: Journal of PeriAnesthesia Nursing; Jun 2017; vol. 32 (no. 3); p. 267-268

Database: CINAHL

Patient safety in community dementia services: what can we learn from the experiences of caregivers and healthcare professionals?

Author(s): BEHRMAN, SOPHIE; WILKINSON, PHILIP; LLOYD, HELEN; VINCENT, CHARLES

Source: Age & Ageing; May 2017; vol. 46 (no. 3); p. 518-521

Abstract: Objectives: this study aims to explore how patient safety in community dementia services is understood by caregivers, and healthcare professionals. Methods: cross-sectional analysis of guided one-to-one interviews with 10 caregivers, and 10 healthcare professionals. Results: caregivers and healthcare professionals identified a range of issues including medication errors, miscommunication between professionals, unclear service pathways and the effects of stress on caregivers' behaviour. Caregivers and professionals differed in their attitudes to balancing safety with patient autonomy and who is responsible for managing safety. Conclusions: this article helps to define the nature of safety issues in the context of community care for people with dementia. In contrast to hospital medicine, where the ideal treatment world is safe with all risks managed or minimised, in dementia some risks are actively taken in the interests of promoting autonomy. Caregivers' views differ from those of health professionals but both parties see potential for collaborative working to manage risk in this context, balancing the promotion of autonomy with the minimisation of potential harm.

Database: CINAHL

A Systematic Review of Patient Safety Measures in Adult Primary Care.

Author(s): Hatoun, Jonathan; Chan, Jeffrey A.; Yaksic, Enzo; Greenan, Mary Alexis; Borzecki, Ann M.; Shwartz, Michael; Rosen, Amy K.

Source: American Journal of Medical Quality; May 2017; vol. 32 (no. 3); p. 237-245

Abstract: Safety measure development has focused on inpatient care despite outpatient visits far outnumbering inpatient admissions. Some measures are clearly identified as outpatient safety measures when published, yet outcomes from quality improvement studies also may be useful measures. The authors conducted a systematic review of the literature to identify published articles
detailing safety measures applicable to adult primary care. A total of 21 articles were identified, providing specifications for 182 safety measures. Each measure was classified into one of 6 outpatient safety dimensions: medication management, sentinel events, care coordination, procedures and treatment, laboratory testing and monitoring, and facility structures/resources. Compared to the multitude of available inpatient safety measures, the number of existing adult primary care measures is low. The measures identified by this systematic review may yield further insight into the breadth of safety events causing harm in primary care, while also identifying areas of patient safety in primary care that may be understudied.

**Database:** CINAHL

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**Factors Associated With the Use of the Reactive Approach to Preventing Patient Safety Events.**

**Author(s):** Oyama, Yumiko; Kashiwagi, Masayo; Ogata, Yasuko; Hoshishiba, Yumiko

**Source:** Home Health Care Management & Practice; May 2017; vol. 29 (no. 2); p. 96-102

**Abstract:** The aim was to investigate the prevalence of using the reactive approach to patient safety event prevention in home-visit nursing agencies and explore factors associated with this approach. Multiple logistic regression analysis was conducted to investigate possible reactive approach-related factors. Two hundred forty-five agencies (71.0%) reported using the reactive approach to prevent event recurrence. Use of the reactive approach in agencies was significantly associated with having administrators who had attended an education course before employment in an administrative position (odds ratio = 1.95). To increase patient safety knowledge and awareness, administrator candidates must attend a course on home-visit agency management. Nursing researchers and policy makers should reexamine and adjust prerequisites for administrator registration at home-visit nursing agencies in Japan.

**Database:** CINAHL

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**Effectiveness of Patient Safety Leadership WalkRounds™ on patient safety culture: a systematic review protocol.**

**Author(s):** Sølvtofte, Ane-Sofie; Larsen, Palle; Laustsen, Sussie

**Source:** JBI Database of Systematic Reviews & Implementation Reports; May 2017; vol. 15 (no. 5); p. 1306-1315

**Abstract:** Review question/objective: The review objective is to synthesize the effect of Patient Safety Leadership WalkRounds (PSLWs) on patient safety culture (PSC). Specifically, the review question is: What is the effect of PSLWs on the PSC in hospitals, measured with validated surveys?

**Database:** CINAHL

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**A Family-Centered Rounds Checklist, Family Engagement, and Patient Safety: A Randomized Trial.**

**Author(s):** Cox, Elizabeth D.; Jacobsohn, Gwen C.; Rajamanickam, Victoria P.; Carayon, Pascale; Kelly, Michelle M.; Wetterneck, Tosha B.; Rathouz, Paul J.; Brown, Roger L.

**Source:** Pediatrics; May 2017; vol. 139 (no. 5); p. 1-10

**Abstract:** BACKGROUND AND OBJECTIVES: Family-centered rounds (FCRs) have become standard of care, despite the limited evaluation of FCRs’ benefits or interventions to support high-quality FCR delivery. This work examines the impact of the FCR checklist intervention, a checklist and associated provider training, on performance of FCR elements, family engagement, and patient safety.
METHODS: This cluster randomized trial involved 298 families. Two hospital services were randomized to use the checklist; 2 others delivered usual care. We evaluated the performance of 8 FCR checklist elements and family engagement from 673 pre- and post-intervention FCR videos and assessed the safety climate with the Children’s Hospital Safety Climate Questionnaire. Random effects regression models were used to assess intervention impact. RESULTS: The intervention significantly increased the number of FCR checklist elements performed (β = 1.2, P < .001). Intervention rounds were significantly more likely to include asking the family (odds ratio [OR] = 2.43, P < .05) or health care team (OR = 4.28, P = .002) for questions and reading back orders (OR = 12.43, P < .001). Intervention families' engagement and reports of safety climate were no different from usual care. However, performance of specific checklist elements was associated with changes in these outcomes. For example, order read-back was associated with significantly more family engagement. Asking families for questions was associated with significantly better ratings of staff's communication openness and safety of handoffs and transitions. CONCLUSIONS: The performance of FCR checklist elements was enhanced by checklist implementation and associated with changes in family engagement and more positive perceptions of safety climate. Implementing the checklist improves delivery of FCRs, impacting quality and safety of care.

Database: CINAHL

Telephone triage can jeopardize patient safety, lead to litigation: Staff must document all calls where medical advice, information is given to patient.

Author(s): Goodwin, Brianne

Source: Urology Times; May 2017; vol. 45 (no. 6); p. 34-34

Available in full text at Urology Times - from EBSCOhost

Available in full text at Urology Times - from EBSCOhost

Available in full text at Urology Times - from ProQuest

Abstract: The article describes two cases of medical malpractice involving telephone triage. In the first case, the urologist was sued for a failure to diagnose appendicitis in a 15-year-old patient. The second case involves an unlicensed medical assistant who prescribed an ibuprofen to a 44-year-old woman who complains about pain three days after undergoing cryoablation for a small renal tumor.

Database: CINAHL

Medication Without Harm: WHO’s Third Global Patient Safety Challenge.

Author(s): Donaldson, Liam J.; Kelley, Edward T.; Dhingra-Kumar, Neelam; Kieny, Marie-Paule; Sheikh, Aziz

Source: Lancet; Apr 2017; vol. 389 (no. 10080); p. 1680-1681

Available in print at LANCET - from Library MPH (lib307415)

Database: CINAHL


Author(s): Tingle, John

Source: British Journal of Nursing; Apr 2017; vol. 26 (no. 7); p. 430-431

Available in full text at British Journal of Nursing - from EBSCOhost
Abstract: The article discusses several aspects of the Great Britain Care Quality Commission’s publication of a report addressing the quality of acute hospital care in England, and it mentions the safety of hospital patients and the British National Health Service (NHS). The medical needs of older patients are examined, along with safety risks, hospital budget constraints, and the problems associated with antimicrobial resistance. Organizational learning is also assessed.

Database: CINAHL

Patient Safety and Workplace Bullying.

Author(s): Houck, Noreen M.; Colbert, Alison M.

Source: Journal of Nursing Care Quality; Apr 2017; vol. 32 (no. 2); p. 164-171

Abstract: Workplace bullying is strongly associated with negative nursing outcomes, such as work dissatisfaction, turnover, and intent to leave; however, results of studies examining associations with specific patient safety outcomes are limited or nonspecific. This integrative review explores and synthesizes the published articles that address the impact of workplace nurse bullying on patient safety.

Database: CINAHL

The relationship between patient safety climate and occupational safety climate in healthcare - A multi-level investigation.

Author(s): Pousette, Anders; Larsman, Pernilla; Eklöf, Mats; Törner, Marianne

Source: Journal of safety research; Jun 2017; vol. 61 ; p. 187-198

Abstract: INTRODUCTION Patient safety climate/culture is attracting increasing research interest, but there is little research on its relation with organizational climates regarding other target domains. The aim of this study was to investigate the relationship between patient safety climate and occupational safety climate in healthcare. METHOD The climates were assessed using two questionnaires: Hospital Survey on Patient Safety Culture and Nordic Occupational Safety Climate Questionnaire. The final sample consisted of 1154 nurses, 886 assistant nurses, and 324 physicians, organized in 150 work units, within hospitals (117 units), primary healthcare (5 units) and elderly care (28 units) in western Sweden, which represented 56% of the original sample contacted. RESULTS Within each type of safety climate, two global dimensions were confirmed in a higher order factor analysis; one with an external focus relative the own unit, and one with an internal focus. Two methods were used to estimate the covariation between the global climate dimensions, in order to minimize the influence of bias from common method variance. First multilevel analysis was used for partitioning variances and covariances in a within unit part (individual level) and a between unit part (unit level). Second, a split sample technique was used to calculate unit level correlations based on aggregated observations from different respondents. Both methods showed associations similar in strength between the patient safety climate and the occupational safety climate domains. CONCLUSION The results indicated that patient safety climate and occupational safety climate are strongly positively related at the unit level, and that the same organizational processes may be important for the development of both types of organizational climate. PRACTICAL APPLICATIONS Safety improvement interventions should not be separated in different organizational processes, but be planned so that both patient safety and staff safety are considered concomitantly.

Database: Medline
Patient Involvement in Patient Safety: A Qualitative Study of Nursing Staff and Patient Perceptions.

Author(s): Bishop, Andrea C; Macdonald, Marilyn

Source: Journal of patient safety; Jun 2017; vol. 13 (no. 2); p. 82-87

Abstract: OBJECTIVE: The risk associated with receiving health care has called for an increased focus on the role of patients in helping to improve safety. Recent research has highlighted that patient involvement in patient safety practices may be influenced by patient perceptions of patient safety practices and the perceptions of their health care providers. The objective of this research was to describe patient involvement in patient safety practices by exploring patient and nursing staff perceptions of safety.

METHODS: Qualitative focus groups were conducted with a convenience sample of nursing staff and patients who had previously completed a patient safety survey in 2 tertiary hospital sites in Eastern Canada. Six focus groups (June 2011 to January 2012) were conducted and analyzed using inductive thematic analysis.

FINDINGS: Four themes were identified: (1) wanting control, (2) feeling connected, (3) encountering roadblocks, and (4) sharing responsibility for safety. Both patient and nursing staff participants highlighted the importance of building a personal connection as a precursor to ensuring that patients are involved in their care and safety. However, perceptions of provider stress and nursing staff workload often reduced the ability of the nursing staff and patient participants to connect with one another and promote involvement.

CONCLUSIONS: Current strategies aimed at increasing patient awareness of patient safety may not be enough. The findings suggest that providing the context for interaction to occur between nursing staff and patients as well as targeted interventions aimed at increasing patient control may be needed to ensure patient involvement in patient safety.

Database: Medline

Improving patient safety: The impact of an outpatients’ electronic handover system in a tertiary dermatology department.

Author(s): Poon, Flora; Martyres, Raymond; Denahy, Anthony; Varigos, George

Source: The Australasian journal of dermatology; May 2017

Abstract: BACKGROUND/OBJECTIVE: Electronic medical records (EMR) can improve quality healthcare, patient safety and streamline workflow to improve efficiency of a department. Despite the known benefits and difficulties of EMR systems, there is limited data on the impact and definable effectiveness it can have within a dermatology unit. We present an outpatients’ EMR known as an electronic handover system (EHS) from its inception, delivery and audit of its use in evaluating the true impact.

METHODS: An audit of the EHS was conducted from 1 March to 31 August 2014. Quantitative data evaluating the type of jobs entered and completed, overdue tasks, patient workload and phone consultations were conducted. Qualitative data was assessed via a pilot survey assessing users’ perspectives of the EHS evaluating communication, clinician-patient relationship and administrative tasks.

RESULTS: Altogether 754 jobs were entered for 411 dermatology outpatients using the EHS. Most tasks concerned following up bloods and swabs (38%) or biopsies (36%). Overall, 51 jobs were not completed by the specified due dates and 188 phone consultations were performed. Compared with pre-EHS data, clinic review patients fell by 16%, with a modest increase (2%) in the number of new patients seen. The survey results show that most respondents believed that EHS improved communication, did not affect the clinician-patient relationship and they were more confident in their practice knowing there was a recording system for follow up.

CONCLUSION: The dermatology EHS has provided a reliable system for following up all outpatient
results. The potential benefits range from clinical, organisational and health research, which, from our experience, demonstrates improved patient follow-up care.

**Database:** Medline

**Sources of unsafe primary care for older adults: a mixed-methods analysis of patient safety incident reports.**

**Author(s):** Cooper, Alison; Edwards, Adrian; Williams, Huw; Evans, Huw P; Avery, Anthony; Hibbert, Peter; Makeham, Meredith; Sheikh, Aziz; J Donaldson, Liam; Carson-Stevens, Andrew

**Source:** Age and ageing; May 2017 ; p. 1-7

**Abstract:** Background older adults are frequent users of primary healthcare services, but are at increased risk of healthcare-related harm in this setting. Objectives to describe the factors associated with actual or potential harm to patients aged 65 years and older, treated in primary care, to identify action to produce safer care. Design and Setting a cross-sectional mixed-methods analysis of a national (England and Wales) database of patient safety incident reports from 2005 to 2013. Subjects 1,591 primary care patient safety incident reports regarding patients aged 65 years and older. Methods developed a classification system for the analysis of patient safety incident reports to describe: the incident and preceding chain of incidents; other contributory factors; and patient harm outcome. We combined findings from exploratory descriptive and thematic analyses to identify key sources of unsafe care. Results the main sources of unsafe care in our weighted sample were due to: medication-related incidents e.g. prescribing, dispensing and administering (n = 486, 31%; 15% serious patient harm); communication-related incidents e.g. incomplete or non-transfer of information across care boundaries (n = 390, 25%; 12% serious patient harm); and clinical decision-making incidents which led to the most serious patient harm outcomes (n = 203, 13%; 41% serious patient harm). Conclusion priority areas for further research to determine the burden and preventability of unsafe primary care for older adults, include: the timely electronic tools for prescribing, dispensing and administering medication in the community; electronic transfer of information between healthcare settings; and, better clinical decision-making support and guidance.

**Database:** Medline

**Use of patient safety culture instruments in operating rooms: a systematic literature review.**

**Author(s):** Zhao, Pujng; Li, Yaqin; Li, Zhi; Jia, Pengli; Zhang, Longhao; Zhang, Mingming

**Source:** Journal of evidence-based medicine; May 2017

**Abstract:** OBJECTIVE To identify and qualitatively describe, in a literature review, how the instruments were used to evaluate patient safety culture in the operating rooms of published studies. METHODS Systematic searches of the literature were conducted using the major database including MEDLINE, EMBase, Cochrane Library and four Chinese databases including Chinese Biomedical Literature Database (CBM), Wanfang Data, Chinese Scientific Journal Database (VIP), and Chinese Journals Full-text Database (CNKI) for studies published up to March 2016. We summarized and analyzed the country scope, the instrument utilized in the study, the year when the instrument was used, fields of operating rooms. Study populations, study settings, the time span between baseline and follow-up phase were evaluated according to the study design. RESULTS We identified 1025 references, of which 99 were obtained for full-text assessment; 47 of these studies were deemed relevant and included in the literature review. Most of the studies were from the United States. The most commonly used patient safety culture instrument was Safety Attitude Questionnaire. All identified instruments were used after 2002 and across many fields. Most included studies on patient safety culture were conducted in teaching hospitals or university
hospitals. The study population in the cross-sectional studies was much more than that in the before-after studies. The time span between baseline and follow-up phase of before-after studies were almost over 3 months. CONCLUSION Although patient safety culture is considered important in health care and patient safety, the number of studies in which patient safety culture have been estimated using the instruments in operating rooms, is fairly small. This article is protected by copyright. All rights reserved.

**Database:** Medline

### General Concepts of Patient Safety for the Oral and Maxillofacial Surgeon.

**Author(s):** Todd, David W

**Source:** Oral and maxillofacial surgery clinics of North America; May 2017; vol. 29 (no. 2); p. 121-129

**Abstract:** Whether managing patients in private offices or as part of a care team at hospitals, oral and maxillofacial surgeons owe it to patients to understand medical error and take action to reduce its frequency and adverse effects. This article reviews general concepts of patient safety, including high-reliability organization, crew resource management, simulation training, root cause analysis, and just culture.

**Database:** Medline

### Speaking up in defence of teamwork training towards patient safety: a response.

**Author(s):** Kerry, Matthew J; Schmutz, Jan B; Eppich, Walter J

**Source:** Medical education; May 2017; vol. 51 (no. 5); p. 561-562

**Publication Type(s):** Letter

**Database:** Medline

### Transformational Leadership: The Chief Nursing Officer Role in Leading Quality and Patient Safety.

**Author(s):** Jones, Pam; Polancich, Shea; Steaban, Robin; Feistritzer, Nancye; Poe, Terri

**Source:** Journal for healthcare quality : official publication of the National Association for Healthcare Quality; ; vol. 39 (no. 3); p. 186-190

**Abstract:** This department column highlights leadership perspectives of quality and patient safety practice. The purpose of this article is to provide strategic direction for transformational quality and safety leadership as the chief nursing officer (CNO) within the academic medical center environment.

**Database:** Medline

### HUMAN FACTORS

**Human factors related to time-dependent infection control measures: "Scrub the hub" for venous catheters and feeding tubes.**

**Author(s):** Caspari, Lindsay; Epstein, Elizabeth; Blackman, Amy; Jin, Li; Kaufman, David A.

**Source:** American Journal of Infection Control; Jun 2017; vol. 45 (no. 6); p. 648-651
Abstract: Background The use of catheter hub decontamination protocols is a common practice to reduce central line-associated bloodstream infections. However, few data exist on the most effective disinfection procedure prior to hub access accounting for human factors and time-dependent practices in real time in the clinical setting. Methods An observational design with a multimodal intervention was used in this study in a neonatal intensive care unit. Direct observations on nurse compliance of scrub times with decontamination when accessing of venous catheter and feeding tube hubs were conducted during 3 phases: (1) baseline period prior to any interventions; (2) during an educational intervention phase; and (3) during a timer intervention period when using a timing device, either an actual timer or music button. Results Overall, both education and the timing device interventions increased the mean scrub time ± SD of venous catheter hubs. Mean baseline scrub times of 10 ± 5 seconds were lower compared with 23 ± 12 seconds after educational intervention (P < .002) and 31 ± 8 seconds with timer or music button use (P < .001). Timer intervention scrub time was also more effective than education alone (P < .05). Similar findings were observed with scrub times of feeding tubes. Conclusions Time-based infection control measures, such as scrubbing the hub, must be implemented with aids that qualify specific times to account for human factors, to ensure adherence to time-dependent measures aimed at decreasing nosocomial infections.

Database: CINAHL

Case study: Laparoscopic appendicectomy requirements and human factors surrounding emergency care.

Author(s): Widdecombe, J.; Owen, M.

Source: Journal of Perioperative Practice; May 2017; vol. 27 (no. 5); p. 104-109
Available in full text at Journal of Perioperative Practice - from EBSCOhost

Database: CINAHL


Author(s): Bromiley, Martin

Source: Operating Theatre Journal; May 2017 (no. 320); p. 6-6
Available in full text at Operating Theatre Journal - from EBSCOhost

Database: CINAHL

Evaluating New Skill Sets for Performance Improvement: Human Factors as a Case Study.

Author(s): Day, T. Eugene; Henrickson Parker, Sarah; Lederman, Virginia; McKetta, Debbie; Spraycar, Anna

Source: Health Care Manager; Apr 2017; vol. 36 (no. 2); p. 123-128

Abstract: New skill sets and improvement disciplines are constantly arising across the vast industrial and academic landscape of modern economies. Precisient hospital administrators are routinely searching for new and innovative ways to improve care, care delivery, safety, quality, and access. But, it can be challenging to identify those emerging skill sets, which will likely have lasting effect and will provide strong return on investment, from passing fads with little capacity to move performance benchmarks for a hospital. Here, we present a rubric for investigating new skill sets, using The
Children's Hospital of Philadelphia's investigation into human factors engineering as a case study, and determining whether they can support hospital operations and improvements while providing sufficient return to justify the expense and challenge of incorporating ideas and methods into a quality and performance improvement environment.

**Database:** CINAHL

### Human Factors Considerations in Designing for Infection Prevention and Control in Neonatal Care - Findings from a Pre-Design Inquiry.

**Author(s):** Trudel, Chantal; Cobb, Sue; Momtahan, Kathryn; Brintnell, Janet; Mitchell, Ann

**Source:** Ergonomics; May 2017; p. 1-38

**Abstract:** Qualitative data collection methods drawn from the early stages of human-centred design frameworks combined with thematic analysis were used to develop an understanding of infection prevention practice within an existing neonatal intensive care unit. Findings were used to generate a framework of understanding which in turn helped inform a baseline approach for future research and design development. The study revealed that a lack of clarity between infection transmission zones and a lack of design attributes needed to uphold infection prevention measures may be undermining healthcare workers' understanding and application of good practice. The issue may be further complicated by well-intentioned behavioural attitudes to meeting work objectives; undue influences from spatial constraints; the influence of inadvertent and excessive touch-based interactions; physical and/or cognitive exertion to maintain transmission barriers; and the impact of expanding job design and increased workload to supplement for lack of effective barriers.

**Practitioner Summary:** Despite high hand hygiene compliance within a neonatal intensive care unit, healthcare workers expressed concerns about the unit design and infection prevention practice. Early inquiry methods from human-centred design and thematic analysis helped develop a framework to understand how design can be used to aid infection prevention.

**Database:** Medline


**Author(s):** Jeanguenat, Amy M; Dror, Itiel E

**Source:** Journal of forensic sciences; May 2017

**Abstract:** Over the past decade, there has been a growing openness about the importance of human factors in forensic work. However, most of it focused on cognitive bias, and neglected issues of workplace wellness and stress. Forensic scientists work in a dynamic environment that includes common workplace pressures such as workload volume, tight deadlines, lack of advancement, number of working hours, low salary, technology distractions, and fluctuating priorities. However, in addition, forensic scientists also encounter a number of industry-specific pressures, such as technique criticism, repeated exposure to crime scenes or horrific case details, access to funding, working in an adversarial legal system, and zero tolerance for “errors”. Thus, stress is an important human factor to mitigate for overall error management, productivity and decision quality (not to mention the well-being of the examiners themselves). Techniques such as mindfulness can become powerful tools to enhance work and decision quality.

**Database:** Medline
The Impact of Environmental Design on Doffing Personal Protective Equipment in a Healthcare Environment: A Formative Human Factors Trial.

Author(s): Herlihey, Tracey A; Gelmi, Stefano; Cafazzo, Joseph A; Hall, Trevor N T

Source: Infection control and hospital epidemiology; May 2017 ; p. 1-6

Abstract: OBJECTIVE To explore the impact of environmental design on doffing personal protective equipment in a simulated healthcare environment. METHODS A mixed-methods approach was used that included human-factors usability testing and qualitative questionnaire responses. A patient room and connecting anteroom were constructed for testing purposes. This experimental doffing area was designed to overcome the environmental failures identified in a previous study and was not constructed based on any generalizable hospital standard. RESULTS In total, 72 healthcare workers from Ontario, Canada, took part in the study and tested the simulated doffing area. The following environmental design changes were tested and were deemed effective: increasing prominence of color-coded zones; securing disinfectant wipes and hand sanitizer; outlining disposal bins locations; providing mirrors to detect possible contamination; providing hand rails to assist with doffing; and restricting the space to doff. Further experimentation and iterative design are required with regard to several important features: positioning the disposal bins for safety, decreasing the risk of contamination and user accessibility; optimal positioning of mirrors for safety; communication within the team; and positioning the secondary team member for optimal awareness. Additional design suggestions also emerged during this study, and they require future investigation. CONCLUSIONS This study highlights the importance of the environment on doffing personal protective equipment in a healthcare setting. Iterative testing and modification of the design of the environment (doffing area) are important to enhancing healthcare worker safety. Infect Control Hosp Epidemiol 2017;1-6.

Database: Medline

Medication adherence: staying within the boundaries of safety.

Author(s): Mickelson, Robin Sue; Holden, Richard J

Source: Ergonomics; Apr 2017 ; p. 1-22

Abstract: An important domain of patient safety is the management of medications in home and community settings by patients and their caregiving network. This study applied human factors/ergonomics theories and methods to data about medication adherence collected from 61 patients with heart failure accompanied by 31 informal caregivers living in the US. Seventy non-adherence events were identified, described, and analysed for performance shaping factors. Half were classified as errors and half as violations. Performance shaping factors included elements of the person or team (e.g. patient limitations), task (e.g. complexity), tools and technologies (e.g. tool quality) and organisational, physical, and social context (e.g. resources, support, social influence). Study findings resulted in a dynamic systems model of medication safety applicable to patient medication adherence and the medication management process. Findings and the resulting model offer implications for future research on medication adherence, medication safety interventions, and resilience in home and community settings. Practitioner Summary: We describe situational and habitual errors and violations in medication use among older patients and their family members. Multiple factors pushed performance towards risk and harm. These factors can be the target for redesign or various forms of support, such as education, changes to the plan of care, and technology design.

Database: Medline
**DETERIORATING PATIENTS**

**Simulation: a tool to assist nursing professional development practitioners to help nurses to better recognize early signs of clinical deterioration of patients**

**Author(s):** Elder, Loretta

**Source:** Journal for Nurses in Professional Development; May 2017; vol. 33 (no. 3); p. 127-130

**Abstract:** The need to enhance the knowledge and skills of nurses caring for patients exhibiting signs of clinical deterioration has been documented. The literature has further supported the registered nurse as the key individual expected to recognize signs of clinical deterioration in the patient. The use of simulation as an effective teaching strategy has been well documented. The purpose of this project was to use simulation as an educational intervention to increase nurse knowledge, self-confidence, and competency when caring for patients exhibiting signs of clinical deterioration. A significant improvement in nurse knowledge and self-confidence was shown after a simulation-based educational intervention. Competency evaluation during the simulation-based intervention provided information to help nurses when caring for deteriorating patients. Nursing professional development practitioners can use the information from this project in planning educational interventions for staff nurses.

**Database:** BNI

**Rapid response systems supporting end of life care: time for a new approach**

**Author(s):** Hartin, Jillian; Walker, Judy

**Source:** British Journal of Hospital Medicine; Mar 2017; vol. 78 (no. 3); p. 160-164

**Abstract:** Rapid response systems have been implemented worldwide to support management of deteriorating patients outwith critical care units, and are increasingly required to support end of life care. These challenges require a new approach to supporting staff involved in do not attempt cardiopulmonary resuscitation decisions.

**Database:** BNI

**Effectiveness of ways to improve detection and rescue of deteriorating patients**

**Author(s):** Hogan, Helen; Carver, Catherine; Zipfel, Rebecca; Hutchings, Andrew; Welch, John; Harrison, David; Black, Nick

**Source:** British Journal of Hospital Medicine; Mar 2017; vol. 78 (no. 3); p. 150-159

**Abstract:** A number of interventions has been introduced to improve recognition of and response to deterioration, but evidence for improved outcomes is mixed. Future evaluations need better articulation of intervention components and outcomes, longer run-in times and consideration of the interplay between concurrent interventions.

**Database:** BNI

**Regular in-situ simulation training of paediatric Medical Emergency Team leads to sustained improvements in hospital response to deteriorating patients, improved outcomes in intensive care and financial savings.**

**Author(s):** Theilen, Ulf; Fraser, Laura; Jones, Patricia; Leonard, Paul; Simpson, Dave

**Source:** Resuscitation; Jun 2017; vol. 115 ; p. 61-67
Abstract: AIM OF THE STUDY The introduction of a paediatric Medical Emergency Team (pMET) was accompanied by weekly in-situ simulation team training. Key ward staff participated in team training, focusing on recognition of the deteriorating child, teamwork and early involvement of senior staff. Following an earlier study [1], this investigation aimed to evaluate the long-term impact of ongoing regular team training on hospital response to deteriorating ward patients, patient outcome and financial implications. METHODS Prospective cohort study of all deteriorating in-patients in a tertiary paediatric hospital requiring admission to paediatric intensive care (PICU) the year before, 1 year after and 3 years after the introduction of pMET and team training. RESULTS Deteriorating patients were recognised more promptly (before/1 year after/3 years after pMET; median time 4/1.5/0.5 h, p<0.001), more often reviewed by consultants (45%/76%/81%, p<0.001) and more rapidly escalated to PICU (median time 10.5/5/3.5 h, p=0.02). There was a significant reduction in associated PICU admissions (56/51/32, p=0.02) and PICU bed days (527/336/193, p<0.001). The total annual cost of training (£74,250) was more than offset by savings from reduced PICU bed days (£801,600 per annum). Introduction of pMET coincided with significantly reduced hospital mortality (p<0.001). CONCLUSION These results indicate that lessons learnt by ward staff during team training led to sustained improvements in the hospital response to critically deteriorating in-patients, significantly improved patient outcomes and substantial savings. Integration of regular in-situ simulation training of medical emergency teams, including key ward staff, in routine clinical care has potential application in all acute specialties.

Database: Medline

RESTRAINT

Physical Restraints in Intensive Care: Experiences of Patients, Families and Nurses

Author(s): Perez, Dawn; Peters, Kath; Wilkes, Lesley; Murphy, Gillian

Source: Australian Nursing and Midwifery Journal; May 2017; vol. 24 (no. 10); p. 45
Available in full text at Australian Nursing & Midwifery Journal - from EBSCOhost
Available in full text at Australian Nursing and Midwifery Journal - from ProQuest
Available in full text at Australian Nursing & Midwifery Journal - from EBSCOhost

Abstract: Critically ill patients admitted to an intensive care unit (ICU) often require many invasive procedures and medical devices (Martin and Mathisen 2005). Physical restraints (PR) are often applied to prevent ‘treatment interference’, a term commonly used when patients either accidentally or purposefully remove potentially life-saving medical devices (Hofso and Coyer 2007). Research Project There is an extensive amount of literature available regarding the presence and practical uses of physical restraints in intensive care worldwide, as well as evidence of the inconsistencies in policy availability and adherence among these ICUs regarding PR. However, there is a paucity of literature that explores the lived experiences of patients who have been physically restrained during mechanical ventilation, their families and the nurses who care for them. Practical outcomes This research has the potential to provide new insights into the experiences of physical restraints during mechanical ventilation in intensive care from the perspectives of patients,...

Database: BNI
Physical restraint in healthcare settings

Author(s): Haidrani, Layla

Source: Nursing Management (UK); Apr 2017; vol. 24 (no. 1); p. 13

Abstract: In January, new guidance was drawn up for police and healthcare professionals, outlining for the first time how and when police officers should be involved in physically restraining people in healthcare settings in England and Wales. References

My Hands are Tied—Physical Restraint Culture in the Intensive Care Unit (ICU).

Author(s): Nason, Renee; Anderst, Peter

Source: Canadian Journal of Critical Care Nursing; Jun 2017; vol. 28 (no. 2); p. 57-57

Abstract: Purpose/goals: Use of physical restraints is common practice in many critical care settings despite proving to be largely ineffective at maintaining patient safety and potentially physically and psychologically harmful to patients. Session description: Physical restraint use remains common practice in many critical care settings to promote patient safety by avoiding unwanted treatment interferences such as self-extubation and line removal. Literature suggests physical restraint use is associated with a variety of potentially detrimental physical and psychological consequences. This presentation will outline common indications of physical restraint use in the critical care setting, as well as the potential impact on patient health and safety. Finally, the poster will include suggestions for inspiring change in “restraint culture” through education of staff and development of policies/practice guidelines to avoid unnecessary restraint use to maintain a safe environment for critical care patients. Learning outcomes: 1. The critical care nurse will be able to identify potential dangers associated with physical restraint use.

Articles That May Change Your Practice: Chemical Restraint of Agitated Patients.

Author(s): MacDonald, Russell D.; Albulushi, Suad

Source: Air Medical Journal; May 2017; vol. 36 (no. 3); p. 101-104

Patient Restraint in Emergency Medical Services.

Source: Prehospital Emergency Care; May 2017; vol. 21 (no. 3); p. 395-396

Database: CINAHL
Patient Abuse and Trauma: A Policy Analysis of the Regulation of Seclusion and Restraint in Mental Health Care.

Author(s): Peterson, H. Leona

Source: Journal of Policy Practice; Apr 2017; vol. 16 (no. 2); p. 187-204

Abstract: Historically, justifications for the seclusion and physical restraint of hospital patients have stereotyped individuals with mental illness as "dangerous" to themselves and others (Huckshorn, 2004a). It can be argued, however, that it is the policies that regulate the use of seclusion and physical and chemical restraints that are dangerous. This article analyzes the Patients’ Rights section of the Hospital Conditions of Participation (CoPs), Part 482 of CFR 42, including sub-sections: e. Standard: Restraint or seclusion; f. Standard: Restraint or seclusion: Staff training requirements; and g. Standard: Death reporting requirements. The set of CoPs regarding Patients’ Rights are analyzed from a value-critical, process-oriented perspective. This article proposes the following six-point framework as uniquely suited to evaluating 42 CFR 428.13: 1) introduction to the background and historical significance of the problem; 2) evaluation of the clarity and measurability of the goals and objectives of the policy; 3) overview of the intended impact of the policy; 4) examination of the value criteria; 5) examination of existing power struggles for those impacted by the policy; and 6) examination of the actual impact of the policy. Results of the policy analysis suggest that the policy does not go far enough to reach its stated goals and objectives in full. In the conclusions, suggestions for further protection of patients’ rights are provided. Examples of alternatives to restraint and seclusion are discussed. Finally, the grave importance of reshaping the culture of mental health care, in terms of life-and-death consequences, is considered.

Database: CINAHL

Impact of a Program for the Management of Aggressive Behaviors on Seclusion and Restraint Use in Two High-Risk Units of a Mental Health Institute.

Author(s): Geoffrion, Steve; Goncalves, Jane; Giguère, Charles-Édouard; Guay, Stéphane

Source: The Psychiatric quarterly; May 2017

Abstract: The Omega Program for the Management of Aggressive Behaviors aims to reduce patients’ dangerous behaviors, towards themselves or others, and to reduce the use of seclusion and restraint (S/R). A previous study in a Mental Health Institute (Montreal, Canada) showed that implementing this program allowed employees of the intensive care and emergency units to gain confidence in coping with patients’ aggressions and to reduce their psychological distress. The present study, conducted in the same high-risk units, assesses the effect of the program on S/R use. We hypothesize that the incidence and duration of S/R should diminish significantly following the implementation of the program in both units. This naturalistic, prospective study covered archival data between April 2010 and July 2014. Pre-training data (April 2010-December 2011) were compared to data during training (January 2012-October 2012) and to post-training data (November 2012-July 2014) for both units. In the intensive care unit, we confirmed an increase of both mean daily number and duration of S/R by admissions in pre-training, followed by a decrease during the training and post-training. In the emergency unit, a decreasing trend is seen during the entire period thus suggesting that the decrease in S/R may be independent of the training. These findings suggest that Omega is a promising intervention program to use in an intensive care unit. However, a more global approach, including institutional changes in culture and attitude, can be important factors to develop to increase the positive outcomes.

Database: Medline
Seasonal variation of hospital violence, seclusion and restraint in a forensic psychiatric hospital.

Author(s): Kuivalainen, Satu; Vehviläinen-Julkunen, Katri; Louheranta, Olavi; Putkonen, Anu; Repo-Tiihonen, Eila; Tiihonen, Jari

Source: International journal of law and psychiatry; May 2017

Abstract: Several epidemiological studies have reported seasonal patterns in both violent and self-destructive behaviour. However, a few studies on hospital violence have found contradictory results. The aim of this study was to investigate whether there was any seasonal variation of violence in a forensic psychiatric hospital providing care for persons suffering from psychotic disorders and violent or self-destructive behaviour. Seasonal variation of the prevalence of seclusion and restraint was also investigated. Reports of violent incidents and seclusion and restraint statistics from between 2007 and 2012 were examined with Poisson regression analysis. There was significant variation in the prevalence of seclusion and restraint between months (p<0.001), and between seasons (p<0.001). Monthly prevalence of seclusion and restraint was the lowest in January compared to other months. In comparison, the prevalence of seclusion and restraint was lower in winter than in other seasons. In a hospital with persons suffering from psychotic disorders, no significant variation of violence or self-destructive behaviour was found, similarly as in the society. By contrast, the prevalence of seclusion and restraint showed marked seasonality. Variation in the prevalence of seclusion and restraint was not consistent with the variance in violence, which implies that the use of coercive measures is related to seasonal variation among staff.

Database: Medline
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Communication skills are developed slowly and with deliberate effort, and even the most gifted speakers may feel that there is at least one communication skill—say, public speaking—that they just can't master.

Messages is a best-selling classic to help readers develop communication skills in all areas of life. Now in its third edition, this comprehensive and endlessly practical guide includes a new chapter on couples communication and new information on using validation strategies during conflicts

Patients and consumer health information

The library produces a patient information leaflet on:

“Finding quality health information on the internet”

The aim is to guide patients to think about the sort of health information they may use when looking on the internet. It encourages patients to only use those sites which display a quality standard.

If you would like some print copies for your department please contact the library team

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UpToDate

Please note: Access is now available to all Taunton and Somerset and Somerset Partnership staff and students on placement.

Access via the library homepage or register to have mobile access.

- 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

Please contact library staff for details on how to access this resource on a mobile device.
NIHR Signal Giving immediate antibiotics reduces deaths from sepsis

Published on 18 April 2017

This meta-analysis of observational data from 23,596 people in emergency department settings confirmed that giving antibiotics within one hour was linked to a lower risk of in-hospital mortality compared with giving antibiotics later.

https://discover.dc.nihr.ac.uk/portal/article?id=SIG-5000394

Dizziness

An internet intervention helped reduce symptoms of chronic dizziness among older adults, according to an Annals of Family Medicine study:

Internet-Based Vestibular Rehabilitation for Older Adults With Chronic Dizziness: A Randomized Controlled Trial in Primary Care.

Abstract:

http://www.annfammed.org/content/15/3/209

Balance retraining website (free)

https://balance.lifeguidehealth.org/player/play/balance

Patient falls improvement collaborative

Supporting NHS providers to reduce injurious inpatient falls and increase the reporting of patient falls.

https://improvement.nhs.uk/resources/patient-falls-improvement-collaborative/

Safety Thermometer App

The Safety Thermometer App, built by the NHS Quality Observatory and supported by Haelo, has been introduced to Mid Yorkshire Hospitals NHS Trust to revolutionise the monthly audit of data.

Read More at:

http://fabnhsstuff.net/2017/05/19/safety-thermometer-app/
Leading a culture of safety

Patient safety experts and researchers have increasingly pointed to the role of organizational culture in the success of patient and workforce safety initiatives. Creating a culture of safety in healthcare settings has proven to be challenging. There is a lack of clear actions for organizational leaders to take in developing such a culture.

Leading a Culture of Safety: A Blueprint for Success was developed to bridge this gap in knowledge and resources by providing chief executive officers and other leaders with a useful tool for assessing and advancing their organization’s culture of safety.

You will need to register for this resource from the National Patient Safety Foundation

http://www.npsf.org/page/cultureofsafety
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Most electronic resources are available via an Athens password. You can register for this via the Library intranet page, or from home at www.swice.nhs.uk and following the link for Athens self-registration.

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.