



Improving Quality Update: February 2020, Issue 11

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Articles

[Assessing the safety of electronic health records: a national longitudinal study of medication-related decision support.](#)

Holmgren AJ. *BMJ Quality & Safety* 2020;29(1):52-59.

Conclusion: Hospital medication order safety performance has improved over time but is far from perfect. The specifics of EHR medication safety implementation and improvement play a key role in realising the benefits of computerising prescribing, as organisations have substantial latitude in terms of what they implement. Intentional quality improvement efforts appear to be a critical part of high safety performance and may indicate the importance of a culture of safety.

Available with an NHS OpenAthens password

[Association of registered nurse and nursing support staffing with inpatient hospital mortality.](#)

Needleman J. *BMJ Quality & Safety* 2020;29(1):10-18.

We examine the association of inpatient mortality with patients' cumulative exposure to shifts with low registered nurse (RN) staffing, low nursing support staffing and high patient turnover. Conclusion: Low RN and nursing support staffing were associated with increased mortality. The results should encourage hospital leadership to assure both adequate RN and nursing support staffing.

Freely available online

[Community pharmacy medication review, death and re-admission after hospital discharge: a propensity score-matched cohort study.](#)

Lapointe-Shaw L. *BMJ Quality & Safety* 2020;29(1):41-51.

Conclusions and relevance: Among older adults, receipt of a community pharmacy-based medication reconciliation and adherence review was associated with a small reduced risk of short-term death or re-admission. Due to the possibility of unmeasured confounding, experimental studies are needed to clarify the relationship between postdischarge community pharmacy-based medication review and patient outcomes.

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[Conditional Survival With Increasing Duration of ICU Admission: An Observational Study of Three Intensive Care Databases.](#)

Marshall DC. *Critical Care Medicine* 2020;48(1):91-97.

Prolonged admissions to an ICU are associated with high resource utilization and personal cost to the patient. Previous reports suggest increasing length of stay may be associated with poor outcomes. Conditional survival represents the probability of future survival after a defined period of treatment on an ICU providing a description of how prognosis evolves over time. Our objective was to describe conditional survival as length of ICU stay increased.

Freely available online

[Creating consensus-based practice guidelines with 2000 nurses.](#)

James-Reid S. *British Journal of Nursing* 2019;28(22):S18-S25.

Traditionally, to develop guidelines, a small group of experts examine evidence then agree on a set of statements, statements of objectives of the

a different way of drawing up practice guidelines, which involved large numbers of nurses from different countries directly in developing then disseminating the guidelines to speed up acceptance and the implementation of best practice.
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[Does Shared Decision Making Actually Occur in the Emergency Department? Looking at It from the Patients' Perspective.](#)

Schoenfeld EM. *Academic Emergency Medicine* 2019;26(12):1369-1378.

We sought to assess the frequency, content, and quality of shared decision making (SDM) in the emergency department (ED), from patients' perspectives.

Email rlibrary@ucl.ac.uk for a copy of this article

[Exploring the sustainability of quality improvement interventions in healthcare organisations: a multiple methods study of the 10-year impact of the 'Productive Ward: Releasing Time to Care' programme in English acute hospitals.](#)

<https://www.nationalelfservice.net/treatment/digital-health/nasss-framework-mindtech2019/>

Imogen Bell summarises Trish Greenhalgh's paper on her recent NASSS framework (Nonadoption, Abandonment, Scale-up, Spread, and Sustainability), which is aimed at improving the success of digital health interventions in healthcare.

Freely available online

Websites

E-learning modules: medicines.

<https://www.gov.uk/government/publications/e-learning-modules-medicines-and-medical-devices/e-learning-modules-medicines-and-medical-devices>

These MHRA educational modules on medicines have been written for trainees and healthcare professionals responsible for prescribing, supplying or administering medicines. The modules cover clinically-relevant aspects of medicines regulation as well as topics on the risks of commonly-