Innovation and Quality Improvement

Current Awareness Bulletin

August 2024

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Please see below for the "**Dementia Innovators Programme**," that is being launched by the NHS CEP and Alzheimer's Society. It's open to both NHS and non-NHS health and social care staff who have brilliant ideas to enhance the lives of people affected by dementia. To find out more visit: www.nhscep.com/dementia_innovators or contact darren.hart1@nhs.net

Are you working on a new and innovative solution to provide support to those living with dementia? Do you want to develop your skills to help scale your innovation? Then we would like to hear from you!

The NHS Clinical Entrepreneur Programme is thrilled to be partnering with Alzheimer's Society to run a 12-month pilot programme for innovators working on new ideas in dementia care. We are offering access to the NHS CEP with additional support from our partners at Alzheimer's Society.

What is the Dementia Innovators Programme?

The Dementia Innovators Programme is a collaboration between the NHS CEP and Alzheimer's Society. This pilot programme, for professionals both within and outside the NHS, is aimed at supporting those with an idea that could help improve the lives of people affected by dementia.

The programme aims to give individuals the skills and knowledge to develop their innovation, while giving them access to a network of mentors, healthcare professionals and industry experts.

Delivered by the NHS Clinical Entrepreneur Programme, this pilot allows individuals to join an already established and respected programme of innovation, learning and development while benefitting from additional wraparound support and bespoke opportunities offered by Alzheimer's Society

How does it work?

The programme is free, and it can fit around your work. Individuals can apply to the programme as they would the NHS Clinical Entrepreneur Programme. The pilot will start in March 2025 alongside the main cohort, and those who receive a place will have full access to the CEP curriculum which includes:

Learning

- CPD Accredited Pit Stops – 2-day events delivering educational content – blended delivery both online and in person

- Workshops and webinars – blended delivery where possible

Mentoring

- Mentoring – online and in person

- 1-2-1 clinics with experts - online and in person

- Business planning – online and in person

Opportunities

- International opportunities and trips

- Company days and pitching opportunities with industry partners

- Networking

Community

- Supportive and inclusive community

- Access to online community

In addition, wraparound support and opportunities will be provided by Alzheimer's Society.

- Regular check-ins with a Senior Innovator at Alzheimer's Society

- Webinars and workshops

- Access to the Innovation Collective, a group of experts in dementia and product development

- Access to people living with dementia for testing

- Places at relevant events and conferences as space allows

Key Programme dates

- Launch webinar date: 4th September 2024 – Tower Suites, London

- Applications open: 1st October 2024

- Applications close: 29th October 2024

- Assessment and Review: December/January

- Successful candidates notified: Late January/Early February 2025

- Programme start: March 2025, launched with the Big Pitch event (the Programme will run for 12 months)

Participation requirements:

- Entrepreneurs need to attend at least 50% of the CPD-accredited pit stops. This can either be in person or virtual, via Zoom.

- If matched with a mentor, the entrepreneur needs to have at least 4 x 1-hour sessions over the course of the year

- The entrepreneur will be required to take part in mid and end of year surveys and provide entrepreneur profiles to the programme team

- Produce an end of year report or presentation

- Participation in yearly survey and impact reports

Further information, FAQ and application details:

Visit our dedicated page on NHS CEP website: https://nhscep.com/dementia_innovators/

Pursuing sustainable performance in healthcare organizations: a sustainable business model perspective.

Cosenz F. *Journal of Health Organization and Management* 2024;38(5):741-759.

https://pubmed.ncbi.nlm.nih.gov/39008094/

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1. Transforming Hospital Quality Improvement Through Harnessing the Power of Artificial Intelligence

Authors: Abukhadijah, Hana J. and Nashwan, Abdulqadir J.

Publication Date: 2024

Abstract: This policy analysis focuses on harnessing the power of artificial intelligence (AI) in hospital quality improvement to transform quality and patient safety. It examines the application of AI at the two following fundamental levels: (1) diagnostic and treatment and (2) clinical operations. AI applications in diagnostics directly impact patient care and safety. At the same time, AI indirectly influences patient safety at the clinical operations level by streamlining (1) operational efficiency, (2) risk assessment, (3) predictive analytics, (4) quality indicators reporting, and (5) staff training and education. The challenges and future perspectives of AI application in healthcare, encompassing technological, ethical, and other considerations, are also critically analyzed.; Competing Interests: Sources of Support: None. Conflicts of Interest: None.

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2. Relationship between patient safety culture and patient experience in hospital settings: a scoping review

Authors: Alabdaly, Adel;Hinchcliff, Reece;Debono, Deborah and Hor, Su-Yin

Publication Date: 2024

Abstract: Background: Measures of patient safety culture and patient experience are both commonly utilised to evaluate the quality of healthcare services, including hospitals, but the relationship between these two domains remains uncertain. In this study, we aimed to explore and synthesise published literature regarding the relationships between these topics in hospital settings.; Methods: This study was performed using the five stages of Arksey and O'Malley's Framework, refined by the Joanna Briggs Institute. Searches were conducted in the CINAHL, Cochrane Library, ProQuest, MEDLINE, PsycINFO, SciELO and Scopus databases. Further online search on the websites of pertinent organisations in Australia and globally was conducted. Data were extracted against predetermined criteria.; Results: 4512 studies were initially identified; 15 studies met the inclusion criteria. Several positive statistical relationships between patient safety culture and patient experience domains were identified.

Communication and teamwork were the most influential factors in the relationship between patient safety culture and patient experience. Managers and clinicians had a positive view of safety and a positive relationship with patient experience, but this was not the case when managers alone held such views. Qualitative methods offered further insights into patient safety culture from patients' and families' perspectives.; Conclusion: The findings indicate that the patient can recognise safety-related issues that the hospital team may miss. However, studies mostly measured staff perspectives on patient safety culture and did not always include patient experiences of patient safety culture. Further, the relationship between patient safety culture and patient experience is generally identified as a statistical relationship, using quantitative methods. Further research assessing patient safety culture alongside patient experience is essential for providing a more comprehensive picture of safety. This will help to uncover issues and other factors that may have an indirect effect on patient safety culture and patient experience. (© 2024. The Author(s).)

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3. The effectiveness of checklists and error reporting systems in enhancing patient safety and reducing medical errors in hospital settings: A narrative review

Authors: Chance, Emmanuel Aoudi;Florence, Dia and Sardi Abdoul, Innocent

Publication Date: 2024

Journal: International Journal of Nursing Sciences 11(3), pp. 387–398

Abstract: This narrative review aimed to explore the impact of checklists and error reporting systems on hospital patient safety and medical errors. A systematic search of academic databases from 2013 to 2023 was conducted, and peer-reviewed studies meeting inclusion criteria were assessed for methodological rigor. The review highlights evidence supporting the efficacy of checklists in reducing medication errors, surgical complications, and other adverse events. Error reporting systems foster transparency, encouraging professionals to report incidents and identify systemic vulnerabilities. Checklists and error reporting systems are interconnected. Interprofessional collaboration is emphasized in checklist implementation. In this review, limitations arise due to the different methodologies used in the articles and potential publication bias. In addition, language restrictions may exclude valuable non-English research. While positive impacts are evident, success depends on organizational culture and resources. This review contributes to patient safety knowledge by examining the relevant literature, emphasizing the importance of interventions, and calling for further research into their effectiveness across diverse healthcare and cultural settings. Understanding these dynamics is crucial for healthcare providers to optimize patient safety outcomes.

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4. The impact of burnout on paediatric nurses' attitudes about patient safety in the acute hospital setting: A systematic review

Authors: Flynn, Christine;Watson, Chanel;Patton, Declan and O'Connor, Tom

Publication Date: 2024

Journal: Journal of Pediatric Nursing

Abstract: Background: Patient safety is the cornerstone of quality healthcare. Nurses have a duty to provide safe care, particularly to vulnerable populations such as paediatric patients. Demands on staff and resources are rising and burnout is becoming an increasingly prevalent occupational hazard in paediatric healthcare today. Occupational stress is a barrier to maintaining a positive patient safety culture.; Purpose: This paper seeks to explore the impact of burnout on paediatric nurses' attitudes about patient safety.; Methods: A systematic review approach was used. Embase, Cochrane Library, Medline, CINAHL, and PsycINFO were the databases searched. All quantitative, primary, empirical studies, published in English, which investigated associations between burnout and attitudes to patient safety in the paediatric nursing workforce were included.; Results: Four studies were eligible for inclusion. These studies examined a total of 2769 paediatric nurses. Pooled data revealed overall moderate to high levels of burnout. All studies exposed a negative association between emotional exhaustion and safety attitude scoring (r = -0.301- -0.481). Three studies demonstrated a negative association to job satisfaction (r = -0.424- -0.474). The potential link between burnout and an increased frequency of adverse events was also highlighted.; Conclusions: Burnout may negatively impact paediatric nurses' attitudes to patient safety in the acute hospital setting. Targeted interventions to tackle burnout are urgently required to protect both paediatric nurses and patients.; Implications: Managers and policy makers must promote nurse well-being to safeguard staff and patients. Educational interventions are required to target burnout and promote patient safety. Further research is required to investigate the long-term impact of burnout.; Competing Interests: Declaration of competing interest The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper. (Copyright © 2024 Elsevier Inc. All rights reserved.)

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5. **Patient Safety Climate in the Hospital Setting: Perception of Nursing Professionals**

Authors: Herrera, Claire Nierva and Guirardello, Edinêis de Brito

Abstract: Background: In global health crises, there is a heightened risk to patient and professional safety. Several studies have evaluated the safety climate, revealing different perceptions among healthcare professionals, often influenced by demographic characteristics. This study aimed to assess the percentage of problematic responses (PPR) for the patient safety climate dimensions and...

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6. **Mission possible: open innovation in nursing and patient care services at Massachusetts General Hospital**

Authors: Nadel, Hiyam M.;Al-Sultan, Nour;Berger, Alex;McCree, Paula;Banister, Gaurdia and Jung, Olivia

Abstract: Objectives: Although front-line nurses and staff are uniquely positioned to identify the inefficiencies and gaps in care delivery, formal processes are not always in place to hear from those very employees.; Design: We established a scalable process that embodies open innovation principles, to broaden and distribute the innovation locus.; Setting: Massachusetts General Hospital, Boston, MA.; Particpitants: We invited 8800+ nurses and other direct caregivers to participate in organisational problem solving.; Interventions: We solicited employees to (1) identify pain points and develop solutions and (2) crowd vote to indicate which ideas they want to see implemented.; Results: 177 employees submitted 225 ideas, and 928 cast a vote. The 40 participants who submitted top-voted ideas were invited to develop a detailed implementation plan; of those, 27 submitted one. Four ideas emerged as winners.; Conclusions: Formulating a clear call for ideas, securing leadership buy-in and generating excitement about the process were essential to our efforts. Challenges associated with opening the innovation process involved managing a large volume of participants and submissions, and providing on-the-go training to nurses and staff who were not used to being asked to participate in organisational problem solving.; Competing Interests: Competing interests: None declared. (© Author(s) (or their employer(s)) 2024. No commercial re-use. See rights and permissions. Published by BMJ.)

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7. Making hospitals innovative: Macro-level policy to sustain micro-innovations in healthcare

Authors: Ramadi, Khalil B.;More, Saakshi and Shaji, Anshuman

Publication Date: 2024

Journal: Healthcare Management Forum , pp. 8404704241273965

Abstract: Successful innovation clusters are notoriously difficult to establish, and many attempts fail. How can we go about designing such systems reliably? We describe how ecosystems can be strengthened through grassroots bottom-up efforts that empower user and community innovation, as opposed to economic policies that dictate innovation. Specifically focusing on the healthcare industry, we advocate that community hospitals which constitute 90% of all hospitals in Canada are the ideal setting for such community innovation efforts. We investigated the distribution of innovation output from hospitals over the past 13 years and found a decrease in predominance of major teaching hospitals, supporting the potential role for community hospitals in this space. We categorize different types of innovations and recommend institutional policies that can sustain bottom-up, micro-level efforts. Such policies could improve and enhance the development of micro-innovations and the creation of health innovation clusters.; Competing Interests: Declaration of conflicting interestsThe author(s) declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

Sources Used:

A number of different databases and websites are used in the creation of this bulletin.

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