

# Innovation and Quality Improvement

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### November 2024

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## **Developing an NHS patient safety culture: swings and roundabouts.**

Tingle J. *British Journal of Nursing* 2024;33(19):942-943.

The gold standard aims of all those concerned with patient safety policy and practice is to see the development of a proper NHS patient safety culture. There have been myriad calls for this over the years that continue to be made strongly today in policy documents, reports into care quality and in many other places. Calls are also frequently made in the media when patient safety crises are reported.

## **"This has reinvigorated me": perceived impacts of an innovation training program on employee experience and innovation support.**

Newell S. *Journal of Health Organization and Management* 2024;ahead-of-print(ahead-of-print)

Purpose: Innovation is widely desired within healthcare organizations, yet the efficacy of programs aimed at fostering it remain largely unassessed, with little consideration given to their effects on employee experience. The Veterans Health Administration (VA) innovators network (iNET) was established to provide organizational support to improve and reimagine patient care and processes across the VA. We evaluated participant perspectives on how iNET impacted workplace experience and fostered innovation.

Design/methodology/approach: Semi-structured interviews were conducted using purposive sampling to maximize diversity for program roles and site characteristics, reviewed using a rapid matrixed approach, then analyzed using a hybrid inductive/deductive approach that applied a theoretical framework of innovation supportive domains.

Findings: 21 project investees, 16 innovation specialists and 13 leadership champions participated from 15 sites nationally. Most participants reported strongly positive impacts including feeling re-energized, appreciating new experiences and expanded opportunities for connecting with others, sense of renewed purpose, better relationships with leadership and personal recognition. Negative experiences included time constraints and logistical challenges. Participants' experiences mapped frequently onto theorized domains of supporting a curious culture, creating idea pathways and porous boundaries, fostering/supporting catalytic leadership and supporting (role) diverse teams. The program's delivery of ready resources was critically supportive though at times frustrating.

Originality/value: Participants' experiences support the conclusion that iNET fosters innovation and positively impacts participating employees. In the post-pandemic context of unprecedented challenges of healthcare worker burnout and stress, effective innovation training programs should be considered as a tool to improve worker experience and retention as well as patient care.

## **Are acute hospital trust mergers associated with improvements in the quality of care?**

Beveridge J. *Journal of Health Organization and Management* 2024

Purpose: This study aims to assess the extent to which acute hospital trust mergers in England are associated with quality improvements.

**Design/methodology/approach:** We apply an event study design using difference-in-difference (DID) and coarsened exact matching to compare the before-and-after performance of eight mergers from 2011 to 2015.

**Findings:** We find little evidence that mergers contribute to quality improvements other than some limited increases in the proportion of patients waiting a maximum of 18 weeks from referral to treatment. We postulate that financial incentives and political influence could have biased management effort towards waiting time measures.

**Research limitations/implications:** Inherent sample size constraints may limit generalisability. Merger costs and complexity mean they are unlikely to offer an efficient strategy for helping to clear elective care backlogs. We recommend further research into causal mechanisms to help health systems maximise benefits from both mergers and emerging models of hospital provider collaboration.

**Originality/value:** This paper is the first to study the quality impact of a new wave of acute hospital mergers taking place in the English National Health Service from 2011 onwards, applying a group-time DID estimator to account for multiple treatment timings.

## **Leading the charge in cancer care: How innovation and collaboration are helping to clear the NHS cancer backlog**

Open Access Government

Driven by personal loss, this healthcare leader shares how their organisation (SAH Diagnostics) partners with the NHS, combining innovation and clinical excellence to reduce NHS cancer backlogs and improve patient outcomes in an exclusive interview with Open Access Government.

Read the article here - [openaccessgovernment.org/leading-the-charge-in-cancer-care-how-innovation-and-collaboration-are-helping-to-clear-the-nhs-cancer-backlog/184470/](https://openaccessgovernment.org/leading-the-charge-in-cancer-care-how-innovation-and-collaboration-are-helping-to-clear-the-nhs-cancer-backlog/184470/)

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## **1. Impact of Quality Improvement Interventions on Hospital Admissions from Nursing Homes: A Systematic Review and Meta-Analysis**

**Authors:** Basso, Ines;Gonella, Silvia;Bassi, Erika;Caristia, Silvia;Campagna, Sara and Dal Molin, Alberto

**Publication Date:** 2024

**Journal:** Journal of the American Medical Directors Association 25(11), pp. 105261

**Abstract:** Objective: To synthesize evidence assessing the effectiveness of quality improvement (QI) interventions in reducing hospital service use from nursing homes (NHs).; Design: Systematic review and meta-analysis of randomized controlled trials (RCTs), controlled before-after (CBA), uncontrolled before-after (UBA), and interrupted time series studies. Searches were conducted in MEDLINE, CINAHL, The Cochrane Library, Embase, and Web of Science from 2000 to August 2023 (PROSPERO: CRD42022364195).; Setting and Participants: Long-stay NH residents (>30 days).; Methods: Included QI interventions

using a continuous and data-driven approach to assess solutions aimed at reducing hospital service use. Risk of bias was assessed using JBI tools. Delivery arrangements and implementation strategies were categorized through EPOC taxonomy.; Results: Screening of 14,076 records led to the inclusion of 22 studies describing 29 QI interventions from 6 countries across 964 NHs. Ten studies, comprising 4 of 5 RCTs, 3 of 4 CBAs, and 1 of 12 UBAs were deemed to have a low risk of bias. All but 3 QI interventions used multiple component delivery arrangements (median 6; IQR 3-8), focusing on the "coordination of care and management of care processes" alone or combined with "changes in how, when, where, and by whom health care is delivered." The most frequently used implementation strategies were educational meetings (n = 25) and materials (n = 20). The meta-analysis of 11 studies showed a significant reduction in "all-cause hospital admissions" for QI interventions compared with standard care (rate ratio, 0.60; 95% CI, 0.41-0.87; I<sup>2</sup> = 99.3%), with heterogeneity due to study design, QI intervention duration, type of delivery arrangements, and number of implementation strategies. No significant effects were found for emergency department (ED) visits or potentially avoidable hospitalizations.; Conclusions and Implications: The study provides preliminary evidence supporting the implementation of QI interventions seeking to reduce hospital admissions from NHs. However, these findings require confirmation through future experimental research.; Competing Interests: Disclosures The authors declare no conflicts of interest. (Copyright © 2024 The Author(s). Published by Elsevier Inc. All rights reserved.)

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## **2. Identifying factors influencing emerging innovations in hospital discharge decision making in response to system stress: a qualitative study**

**Authors:** Gustavson, Allison M.; Miller, Matthew J.; Boening, Natassia; Hudson, Emily M.; Wisdom, Jennifer P.; Burke, Robert E. and Hagedorn, Hildi J.

**Publication Date:** 2024

**Journal:** BMC Health Services Research 24(1), pp. 1293

**Abstract:** Background: The purpose of this qualitative study was to identify emergent rehabilitation innovations and clinician perceptions influencing their implementation and outcomes related to hospital discharge decision-making during the Coronavirus 2019 pandemic.; Methods: Rehabilitation clinicians were recruited from the Veterans Affairs Health Care System and participated in individual semi-structured interviews guided by the integrated Promoting Action on Research Implementation in Health Services (i-PARIHS) framework. Data were analyzed using a rapid qualitative, deductive team-based approach informed by directed content analysis.; Results: Twenty-three rehabilitation clinicians representing physical (N = 11) and occupational therapy (N = 12) participated in the study. Three primary themes were generated: (1) Innovation: emerging innovations in discharge processes included perceived increases in team collaboration, shifts in caseload prioritization, and alternative options for post-acute care. (2) Recipients: innovations emerged as approaches to communicating discharge recommendations changed (in-person to virtual) and strong patient/family preferences to discharge to the home challenged collaborative goal setting; and (3) Context: the ability of rehabilitation clinicians to innovate and the form of innovations were influenced by the broader hospital system, interdisciplinary team dynamics, and policy fluctuations. Innovations described by participants included (1) use of technological modalities for

interdisciplinary collaboration, (2) expansion of telehealth modalities to deliver care in the home, (3) changes in acute care case prioritization, and (4) alternative options for discharge directly to home.; Conclusions: Our findings reinforce that rehabilitation clinicians developed innovative strategies to quickly adapt to multiple systems-level factors that were changing in the face of the COVID-19 pandemic. Future research is needed to assess the impact of innovations, remediate unintended consequences, and evaluate the implementation of promising innovations to respond to emerging healthcare delivery needs more rapidly. (© 2024. This is a U.S. Government work and not under copyright protection in the US; foreign copyright protection may apply.)

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### **3. 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 37(6), pp. 462–466

**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.

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### **4. A Mixed Methods Study Exploring Patient Safety Culture at Four VHA Hospitals**

**Authors:** Sullivan, Jennifer L.;Shin, Marlena H.;Ranusch, Allison;Mohr, David C.;Chen, Charity and Damschroder, Laura J.

**Publication Date:** 2024

**Journal:** Joint Commission Journal on Quality and Patient Safety 50(11), pp. 791–800

**Abstract:** Background: Patient safety culture (PSC) fosters an environment of trust where people are encouraged to share information to promote psychological safety. To measure PSC, the Veteran's Health Administration (VHA) developed a PSC survey consisting of 20 items administered to all VHA employees. The survey comprises four scales: (1) risk identification and Just Culture, (2) error transparency and mitigation, (3) supervisor

communication and trust, and (4) team cohesion and engagement. Our objective was to compare the PSC survey data to qualitative data regarding high reliability organization (HRO) implementation from four purposively selected VHA hospitals to assess how it manifests and converges.; Methods: Qualitative data focused on understanding HRO implementation efforts were collected from key informants between 2019 and 2020 at 4 of the 18 VHA HRO implementation hospitals. To explore the extent and manifestation of each of the PSC scales among the 4 sites, we combined the qualitative data with the PSC survey data from each hospital using a joint display.; Results: Survey responses were significantly different between the 4 hospitals for all 4 PSC scales. Of the 20 PSC survey items, 12 (60.0%) significantly differed across the 4 hospitals. For example, we saw cross-hospital differences in the following survey items: "We are given feedback about changes put into place based on event reports" and "We take the time to identify and assess risks to patient safety." Qualitative data supported manifestations for 80.0% (16/20) of PSC individual survey items among hospitals.; Conclusion: The authors found that the qualitative data manifestations were well aligned with the VHA PSC scales, but relationships were not always consistent between data sources. Further research is necessary to elucidate these relationships. (Published by Elsevier Inc.)

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## 5. The Predictors of Patient Safety Culture in Hospital Setting: A Systematic Review

**Authors:** Vibe, Anja;Rasmussen, Sara Haurum;Rasmussen, Nikolaj Ohm Pranger;Østergaard, Doris and Dieckmann, Peter

**Publication Date:** 2024

**Journal:** Journal of Patient Safety

**Abstract:** Introduction: Patient safety (PS) is a global public health concern. It is estimated that 10% of patients experience preventable harm while hospitalized. Patient safety culture (PSC) has been recognized as essential to improving PS, drawing inspiration from other high-risk industries. In PS research, however, PSC poses conceptual challenges, with inconsistent terminology, a lack of definitions, and limited use of substantiating theory. Despite these challenges, PSC remains widely used in PS research and practice, as it is seen as a potential gateway to understanding sociotechnical complex aspects of the healthcare system and improving safe patient treatment and care.; Objectives: This review explores the concept of PSC in a hospital setting. How PSC is used as an outcome, thus exploring the theoretical position underpinning PSC, which predictors impact PSC, and how these predictors are related to PSC.; Method: Using a search of 3 electronic databases, 23 studies that met the inclusion criteria were selected for review.; Results: The review identified 81 predictors of PSC. Study population, unit of analysis and method varied widely. PSC as an outcome was assessed based on one of 4 surveys. Thus, the underpinning position of the PSC construct is dominated by an organizational/managerial approach.; Conclusions: The large number of predictors explored and the range in outcome measures, units of analysis, and methods make it hard to establish any causal relationship. We argue that studies closer to actual practices in the messy conditions of clinical practice are needed.; Competing Interests: The authors disclose no conflict of interest. (Copyright © 2024 Wolters Kluwer Health, Inc. All rights reserved.)

**Sources Used:**

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