

# Innovation and Quality Improvement

## Current Awareness Bulletin

### June 2026

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## New training via MS Teams available from the Academy Library:

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- **Bitesize searching databases for evidence: a quick guide to help you develop your literature searching skills**  
45 minutes. Learn how to transform a question into a search strategy, and how to find the best evidence in a database.  
**Next sessions: 25<sup>th</sup> June @ 11am and 10<sup>th</sup> July @ 12 noon**
- **Simple and painless evidence into practice (BMJ Best Practice and the LKS Hub)**  
30 minutes. Learn about quick and hassle-free ways to seamlessly incorporate evidence into your daily work.  
**Next sessions: 19<sup>th</sup> June @ 3pm and 27<sup>th</sup> July @ 4pm**
- **Quickfire health literacy: communicating with patients more effectively**  
30 minutes. Learn about the communication barriers patients may encounter, and ways to ensure they get the most from their care.  
**Next sessions: 30<sup>th</sup> July @ 12 noon and 7<sup>th</sup> August @ 1pm**

Book a session today at <https://forms.office.com/e/HyiSXfDaYV> (these sessions will be held on a monthly basis)

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### **Innovation, economic growth, medtech and the NHS: from strategy to delivery**

The King's Fund, 6 May 2026

This thought piece explores how the NHS, life sciences and medtech sectors can better translate national innovation into real-world delivery, patient benefit and economic growth. It synthesises insights from a roundtable with patient representatives, NHS and industry experts, and conversations with other NHS and medtech representatives, alongside recent national strategies.

Read online at <https://www.kingsfund.org.uk/insight-and-analysis/long-reads/innovation-economic-growth-medtech-nhs-strategy-delivery>

### **From retrospective data to real-time safety: how nurse-led innovation is delivering cultural transparency.**

Taylor A.

British Journal of Nursing 2026;35(8):396-397.

Worksights Ltd co-founders Annie Taylor and Olivia Crossing discuss how their nurse-designed digital tool is operationalising the lessons of Francis, Ockenden and Darzi by capturing real-time workforce feedback to strengthen staff wellbeing and patient safety.

## **The complex nutrition virtual ward: a nurse-led service innovation to improve safety, efficiency and patient experience.**

Gibson E. British Journal of Nursing 2026;35(8):S12-S15.

Virtual wards are increasingly used to deliver acute level care in the community. The Complex Nutrition Virtual Ward (CNVW) was established at Dudley Group NHS Foundation Trust to provide specialist community management for patients with complex nutritional needs who would otherwise require prolonged inpatient admission. This evaluation reports activity, safety outcomes and patient experience over the first 3 years of the ward's operation.

## **Why NHS innovation needs stronger operational infrastructure**

Health Tech World, 03 June 2026

The harder challenge is what happens once the pilots conclude. Too many innovations that work in one setting struggle to move beyond it, and the reason tends not to be the technology itself.

Read online at <https://htworld.co.uk/news/opinion/why-nhs-innovation-needs-stronger-operational-infrastructure-lead26/>

## **Could the concept of failure demand help improve the NHS?**

The Strategy Unit; 2026.

This report, commissioned from the Strategy Unit by the Health Foundation, examines whether failure demand can be more clearly defined and whether it offers a useful lens for understanding productivity and value in the NHS.

Read online at <https://www.strategyunitwm.nhs.uk/news/failure-demand-route-success>

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## **1. Electronic health record adaptation and innovation among healthcare professionals in hospitals: an integrative framework based on a systematic review**

**Authors:** Engels, Judith; Lange, Annet de; de Wetering, Rogier van; Stoffers, Jol; Ruysseveldt, Joris Van and Spronken, Maitta

**Publication Date:** 2026

**Journal:** BMC Health Services Research

**Abstract:** Background: Worldwide, many hospitals have adopted an Electronic Health Record (EHR) and are currently in the post-implementation phase. To exploit EHRs to their full potential, healthcare professionals must continuously engage in adaptive behaviors to cope with (changes and updates in) EHR systems, and explore existing and novel EHR functionalities. This systematic review aimed to (a) identify factors related to EHR adaptation and innovation among healthcare professionals in hospitals, and (b) develop a multidisciplinary integrative framework.; Methods: A PRISMA-compliant systematic review was conducted. We

searched the databases PubMed, Embase, Scopus, and PsycInfo for the period from 2019 to 2023. After validation of the eligibility criteria by two independent reviewers, the first reviewer performed title and abstract screening, followed by full-text screening. Data extraction was carried out by the first reviewer and risk of bias assessment by two independent reviewers. Subsequently, the first reviewer summarized the collected data using a narrative synthesis approach in collaboration with the other reviewers.; Results: Out of the 3,585 studies emerging from databases and citation searching, 14 studies were included in this study. Regarding EHR adaptation, psychological, work design, technological, and organizational factors were identified. Regarding EHR innovation, predominantly psychological and work design factors were found. Healthcare professionals' knowledge and proficiency, task prioritization, recognition of EHR benefits, and their mindset towards change were relevant psychological/individual factors. Important work design factors were time and information availability, workflow impact, task dynamism, technostress, role clarity, and autonomy. Well-designed and functioning EHR modifications or novel EHR tools were significant technological factors. Identified organizational factors were available resources, an organizational climate of innovation and change, and comprehensive change and human resource management practices accompanying EHR changes.; Conclusions: Most of the eligible studies dealt with EHR adaptation, and a few with EHR innovation. Based on the review findings, an integrative framework was developed that entails key factors for EHR adaptation and innovation among healthcare professionals in the post-implementation phase of EHRs. Thereby, this review provides first directions for healthcare organizations to exploit the EHR's full potential.; Registration: The study was registered in Prospero on March 16, 2024 (CRD42024520547; last update: June 30, 2025). (© 2026. The Author(s).)

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## **2. Associations Between Hospital Mergers and Hospital-Level Nursing Factors, Nurse Well-Being, and Nurse-Sensitive Patient Safety and Quality-of-Care Outcomes: A Scoping Review**

**Authors:** Fitzpatrick Rosenbaum, Kathleen,E.;Habib, Anand R.;Schlesinger, Mark;Batten, Janene and Costa, Deena Kelly

**Publication Date:** 2026

**Journal:** Medical Care

**Abstract:** Background: Hospital mergers have proliferated across the United States, yet a comprehensive understanding of how mergers affect nurses and patients is lacking.; Objective: Determine the known associations between US hospital mergers and hospital-level factors that influence nursing, nurse well-being, and nurse-sensitive patient safety and quality-of-care outcomes.; Research Design: A scoping review of systematically searching 10 databases comprised of business and health care literature up to January 2025.; Results: We found 1775 articles; 10 met our inclusion criteria and were included in the analysis: 5 quantitative, 3 qualitative, 2 multimethods. Only 3 studies analyzed data from 2003 or later. Although data were sparse and older, we found that hospital mergers introduced organizational changes in nursing-nurse staffing, leadership, and operations. Whether nurse-sensitive patient safety and quality-of-care outcomes improved post-merger was equivocal. Qualitatively, nurses described poor communication, a perceived lack of trust in leadership, a loss of identity and unity, decreased morale, increased fear or uncertainty, and issues with

equal and/or respectful treatment. Employed study methods and designs, as well as a dearth of recent studies, influenced the ability to draw strong causal and/or detailed conclusions, especially about newly emerging issues in today's health care system.; Conclusions: Our findings suggest that hospital mergers may impact nurses and the nursing workforce. As hospital mergers continue to increase, future research with recent data and rigorous methods is needed to develop timely and applicable policy to mitigate any potential harms and leverage potential benefits of hospital mergers for nurses and patients. (Copyright © 2026 Wolters Kluwer Health, Inc. All rights reserved.)

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### **3. ENHANCING CLINICAL CARE THROUGH HYBRID GEOGRAPHIC ROUNDING: A HOSPITAL MEDICINE INNOVATION.**

**Authors:** Jarjous, S.

**Publication Date:** 2026

**Journal:** British Journal of Hospital Medicine Conference, pp. Society

**Abstract:** Background: Hospital medicine services often face challenges in maintaining continuity of care, interdisciplinary collaboration, and operational efficiency across medical-surgical units. Traditional rounding models can fragment communication and accountability, limiting opportunities to improve patient outcomes and staff satisfaction.

Purpose(s): To implement and evaluate a Hybrid Geographic Rounding Model designed to strengthen continuity of care, foster interdisciplinary collaboration, and enhance operational performance within hospital medicine. Description: Physician-APC teams were assigned to specific medical-surgical units on a weekly basis, promoting consistent engagement in multidisciplinary rounds, rapid response coverage, and accountability for unit-level safety, quality, and patient experience. Flex clinicians supported census balance across units while maintaining communication with care teams and continuity for their patients. Guided by principles of safety, quality, and patient-centered decision-making, the model emphasized geographic alignment in census management without delaying bed assignments. Standardized documentation of patient handoffs and adherence to unit-based workflows were critical to success. Implementation of the Hybrid Geographic Rounding Model led to improved team communication, enhanced patient and staff satisfaction, and a reduction in length-of-stay observed-to-expected (LOS O:E) ratio to below 1, without increasing readmission rates. Key success factors included multidisciplinary collaboration, effective communication, responsiveness to feedback, and a culture of continuous improvement.

Conclusion(s): Hybrid Geographic Rounding, when thoughtfully adapted to institutional needs, can significantly enhance inpatient care delivery and operational performance. This model demonstrates that aligning rounding practices geographically fosters continuity, strengthens collaboration, and improves both patient and staff outcomes.

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### **4. Parents' Experiences of Patient Safety Incidents During Their Child's Hospitalization: A Qualitative Study**

**Authors:** Kim, Mi Young and Kim, Yujeong

**Publication Date:** 2026

**Journal:** Journal of Clinical Nursing

**Abstract:** Aims: Patient safety incidents involving hospitalized children can have significant impacts on both patients and their families. However, previous research has primarily focused on healthcare professionals' perspectives, and studies exploring parents' experiences of patient safety incidents in paediatric settings remain limited. This study aimed to identify parents' experiences of patient safety incidents during their child's hospitalization.; Design: Qualitative study.; Methods: Data were collected through individual interviews conducted between August 15 and December 23, 2023. Participants were seven parents who had experienced patient safety incidents while their children were hospitalized in South Korea. Data were analysed using deductive content analysis.; Results: Six themes were identified from parents' experiences, which were organized into three theme clusters: 'the indelible pain of patient safety incidents,' 'limitations of the pediatric healthcare system' and 'the need for an integrated management system to strengthen pediatric patient safety.'; Conclusion: This study highlights the importance of healthcare environments that reflect the unique characteristics of paediatric patients and patient safety strategies based on parental engagement, as revealed by the experiences of parents whose children experienced patient safety incidents. Our findings underscore the need to develop and implement paediatric-centered healthcare services, as well as programs and policies aimed at creating safer care environments for hospitalized children.; Implications for the Profession and Patient Care: Enhancing paediatric patient safety requires family-centered care that actively involves parents and promotes effective communication between healthcare professionals and parents. Additionally, transparent disclosure and support systems following patient safety incidents should be strengthened, and parent-engagement-based patient safety programs should be expanded in clinical practice.; Reporting Method: The study adheres to the Consolidated criteria for Reporting Qualitative research (COREQ) guidelines.; Patient or Public Contribution: Parents participated as interview respondents. (© 2026 The Author(s). Journal of Clinical Nursing published by John Wiley & Sons Ltd.)

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## **5. DEDICATED ADMITTING SHIFT TO IMPROVE EMERGENCY DEPARTMENT THROUGHPUT AND HOSPITAL FLOW: A QUALITY IMPROVEMENT INITIATIVE.**

**Authors:** Patel N.;Hyun L. and Janoyan, J. J.

**Publication Date:** 2026

**Journal:** British Journal of Hospital Medicine Conference, pp. Society

**Abstract:** Background: Emergency Department (ED) boarding and delayed admissions contribute to overcrowding, prolonged inpatient stays, adverse clinical outcomes, and physician burnout. At our large tertiary care, Level I trauma center, hospitalists traditionally managed both inpatient rounding and new ED admissions. This dual responsibility often resulted in delayed consult-to-bed request times, care fragmentation, and workflow inefficiencies, collectively prolonging ED throughput. Recognizing the need for a sustainable, system-level intervention, we developed a dedicated "Admitting Shift" to streamline admissions and optimize patient flow.

**Purpose(s):** To improve admission efficiency, reduce length of stay (LOS), and enhance hospitalist satisfaction through a structured, dedicated "Admitting Shift" model within the

hospitalist service. Description: In January 2025, a dedicated Admitting Shift was implemented, staffed by one physician (7 AM-7 PM) and one nurse practitioner (6 AM-6 PM) focused exclusively on ED admissions. The design emphasized transparency in workload distribution, alignment with hospital volume trends, and equitable scheduling. No new positions were created; existing shifts were restructured. Although not entirely budget-neutral, modest institutional support was provided in the form of incentives for physicians assuming Admitting Shifts, reflecting the demonstrated value and long-term sustainability of the model. Performance metrics demonstrated (2024 vs YTD through October 31, 2025): ED consult-to-bed request time: reduced from 88 -> 65 minutes (26% improvement) Patients admitted within 90 minutes: increased from 70% -> 77% Hospitalist LOS: improved from 6.1 -> 5.7 days (6.6% reduction) across 15,264 vs 13,811 inpatient admissions Hospital-wide LOS: decreased from 5.4 -> 5.13 days (5% improvement) Estimated financial impact: A 0.4-day reduction in hospitalist LOS across 13,811 inpatient admissions from 2024 to YTD October 31, 2025 (annualized to ~6,600 freed bed-days) corresponds to approximately \$6.6 million in annual value, assuming a conservative \$1,000 marginal value per inpatient day in a 710-bed hospital. Post-implementation survey: 96% hospitalist satisfaction, reflecting improved workflow balance, reduced interruptions during rounds, and greater role variety; ED leaders similarly reported enhanced throughput and reduced congestion during peak hours Conclusion(s): The dedicated Admitting Shift improved ED throughput, reduced LOS, and enhanced hospitalist satisfaction with only modest financial investment and without additional full-time staffing. By delineating admitting and rounding responsibilities, the model minimized interruptions, improved responsiveness to ED consults, and alleviated ED crowding through continuous, dedicated coverage. This initiative demonstrates that targeted workflow redesign can produce substantial operational and financial benefits in large hospitalist programs. The Admitting Shift model provides a scalable and reproducible framework for hospitalist services seeking to improve patient flow, reduce burnout, and enhance system performance. Key Takeaway: Beyond immediate efficiency gains, this initiative showed that a thoughtfully designed, collaborative admitting model can align physician well-being, patient safety, and hospital performance, creating a durable "win-win-win" framework for system-level improvement.

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## **6. The Safety Action Feedback and Engagement (SAFE) Loop: Initial Testing and Refinement of a Novel Intervention to Enhance Hospital Incident Reporting and Patient Safety**

**Authors:** Seferian, Edward;Berdahl, Carl T.;Coleman, Bernice;Leang, Donna;Cohen, Tara;Qureshi, Nabeel;McCleskey, Sara G.;Kaiser, Karen;Grissinger, Matthew;Kanji, Falisha;Henreid, Andrew J.;Carrascoza-Bolanos, Johan;Daniels, Laura;Abarca Jr, Oscar;De La Cruz, Pamela;Truong, Brandon T. and Nuckols, Teryl K.

**Publication Date:** 2026

**Journal:** Journal of Patient Safety 22(3), pp. 215–224

**Abstract:** Objectives: Voluntary incident reporting has improved safety in many high-risk industries, but barriers limit its effectiveness in hospitals. To overcome these, we designed the Safety Action Feedback and Engagement (SAFE) Loop to obtain input from nurses about and prioritize patient safety problems, teach nurses to write more informative reports and report

priority incidents, standardize investigations, and provide feedback to nurses about mitigation plans. The present work sought to iteratively test and refine the nascent intervention. Methods: Set at a large US academic hospital, this work had 3 phases: (A) proof-of-concept testing on 2 nursing units, exploring potential feasibility and acceptability; (B) iterative refinements to intervention design and implementation plans; and (C) structured pilot testing on one nursing unit to produce descriptive and qualitative data related to the feasibility and acceptability of the refined intervention, and feasibility of future outcome measures. Results: Proof-of-concept testing demonstrated the feasibility of intervention elements and nurses' enthusiasm. Incorporating iterative refinements, the structured pilot testing reaffirmed the feasibility of implementing the full SAFE Loop intervention and of collecting outcome data. Qualitative interviews after the pilot reaffirmed intervention acceptability. Conclusions: The SAFE Loop shows promise as an approach to enhancing hospital incident reporting systems. The present work illustrates how patient safety leaders can build from an initial intervention design toward a refined design and implementation plan, with demonstrated acceptability to stakeholders and feasible implementation.

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## **7. Digital Readiness for Smartphone-Dependent Diagnostic Pathways in Urogynecology: A Quality Improvement Survey from a U.K. District General Hospital**

**Authors:** Siddharth, Aditi;Varghese, Nimmi;Alvares, Melissa;Devabaktuni, Harini;Currie, Ian and Patil, Avanti

**Publication Date:** 2026

**Journal:** Journal of Gynecologic Surgery 42(3), pp. 127–131

**Abstract:** Background: Digital solutions are increasingly integrated into gynecological services to improve efficiency and reduce avoidable cancellations. A smartphone-dependent home urine dipstick pathway was proposed as part of a quality improvement initiative to reduce same-day cancellations of urodynamic investigations. Understanding patient access to and confidence with digital technology is essential for successful implementation. Objective: To evaluate smartphone ownership, digital confidence, and familiarity with QR code technology among patients attending a urogynecology service and to assess readiness for a smartphone-based diagnostic pathway. Methods: A cross-sectional survey was conducted among adult patients attending urogynecology outpatient clinics at a UK district general hospital between May and July 2025. The survey assessed smartphone ownership, self-reported confidence using smartphones (5-point Likert scale), quick response code (QR code) familiarity, and acceptability of digital components of care. Age-stratified analyses were performed. Results: Of 156 patients invited, 108 participated (69.2%). Overall, 92 participants (85.2%) owned a smartphone. Ownership declined significantly with age ( $p < 0.001$ ), from 100% in patients aged  $<50$  years and 97.4% in those aged 50–69 years to 67.4% in those aged  $\geq 70$  years. Mean smartphone confidence scores and QR code familiarity also decreased significantly with increasing age ( $p < 0.001$ ). Overall, 39.8% of participants met predefined criteria, indicating a potential need for additional support or alternative pathways. Conclusion: While smartphone access is high in urogynecology patients, significant age-related disparities in digital confidence and QR familiarity may limit equitable implementation. Quality improvement initiatives introducing smartphone-dependent pathways should incorporate flexible, inclusive strategies to prevent digital exclusion.

**Sources Used:**

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

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