Dear Joe Bloggs,

Welcome to your Evidence Update email from KnowledgeShare. The resources listed below have been chosen based on the interests you have provided. I hope they are useful. Please contact me via email if you would like a copy of any of the journal articles. If you would like to change the interests we have listed, stop receiving the notifications, or request a search on a specific topic, please don’t hesitate to let me know.

If you need help getting hold of the full text of anything here then please email me back. For more information about the KnowledgeShare Current Awareness service contact me using the details below.

Mary

Articles

The following journal articles are available from the Library and Knowledge Service electronically or in print. Please follow links to access full text online, contact me to order copies, or call into your nearest library.

Clinical leadership in paramedic services: a narrative synthesis.
[This narrative synthesis critically examines the long-established North American Emergency Medical Services medical direction model and makes some comparisons with the UK inspired clinical governance approaches that are used to monitor and manage the quality and safety in several other Anglo-American paramedic services.]
Available with an NHS OpenAthens password for eligible users

Comparison of control charts for monitoring clinical performance using binary data.
[Background: Time series charts are increasingly used by clinical teams to monitor their performance, but statistical control charts are not widely used, partly due to uncertainty about which chart to use. Although there is a large literature on methods, there are few systematic comparisons of charts for detecting changes in rates of binary clinical performance data.]
Available with an NHS OpenAthens password for eligible users

How to attribute causality in quality improvement: lessons from epidemiology.
[Viewpoint]
[Background: Quality improvement and implementation (QI&I) initiatives face critical challenges in an era of evidence-based, value-driven patient care. Whether front-line staff, large organisations or government bodies design and run QI&I, there is increasing need to
demonstrate impact to justify investment of time and resources in implementing and scaling up an intervention...]

Available with an NHS OpenAthens password for eligible users

**Just-in-time simulation-based training. [Editorial]**
[Simulation-based training and assessment in healthcare are now commonplace in the majority of industrialised nations. The role of standardised patients, high-fidelity and low-fidelity manikins, synthetic, animal and virtual reality platforms, and simulation suites, are accepted, and integrated into training curricula in medical and nursing schools, and residency programmes. ]

*Freely available online*

**Mobilising or standing still' A narrative review of Surgical Safety Checklist knowledge as developed in 25 highly cited papers from 2009 to 2016. [Narrative review]**
[Background: ...A multitude of studies, commentaries and reviews have been published since the introduction of the Surgical Safety Checklist (SSC), making this a good moment to pause and ask: how has knowledge mobilised and accumulated across high impact papers in the SSC literature?]  

*Available with an NHS OpenAthens password for eligible users*

**Patients’ perspectives of emergency care quality and priorities for care improvement.**
[Studies have examined strategies implemented to strengthen quality of emergency care in healthcare provider institutions in Ghana. But few studies have focused on what determines quality of emergency care from the patient’s perspective. The purpose of this paper is to fill that gap by examining factors salient to gauging quality of emergency care and priority areas for care improvement.]  

*Available with an NHS OpenAthens password for eligible users*

**Reducing medical-surgical inpatient falls and injuries with videos, icons and alarms.**
[The intervention consisted of a combination of patient education in the form of a video, icons of individual patient risk factors and interventions placed at patients’ bedsides and beds with integrated three-mode sensitivity exit alarms activated for confused patients at risk of falling. A significant reduction in all falls (20%) among medical-surgical inpatients was achieved. Patient education and continued use of bed exit alarms were associated with large decreases in injury. ]

*Freely available online*

**Right service, right place: optimising utilisation of a community nursing service to reduce planned re-presentations to the emergency department.**
[This study investigated the impact of a Community Nursing Enhanced Connections Service (CoNECS) on planned re-presentations to a regional Australian ED. CoNECS collaboratively evolved between acute care and community services in 2014. Annual ED
planned re-presentations decreased by 43% (527 presentations) after implementation. Factors supporting the service were endorsement from senior administration and strong leadership to drive responsive quality improvement strategies.

Freely available online

**Speaking up about traditional and professionalism-related patient safety threats: a national survey of interns and residents.**
[Objective: Compare interns' and residents' experiences, attitudes and factors associated with speaking up about traditional versus professionalism-related safety threats.]

Available with an NHS OpenAthens password for eligible users

**Speaking up against unsafe unprofessional behaviours: the difficulty in knowing when and how.** [Editorial]
[Residents now undergo formal training about the importance of contributing to a culture of safety by speaking up to avoid errors or harm, but still face difficulties enacting these behaviours in practice. In this issue of the journal, Martinez et al have attempted to tease out differences in speaking-out behaviours between traditional and professionalism-related patient safety threats.]

Freely available online

**The clinical governance of multidisciplinary care.**
[This clinical governance matrix is presented as a methodology to monitor quality assurance in the settings of health and social care.]

Available with an NHS OpenAthens password for eligible users

**Guidelines**

The following new guidance has recently been published:

**Principles and guidance for interpretive external quality assessment schemes in laboratory medicine.**
Royal College of Pathologists;2017.
[participant is an individual pathologist, not a whole department, and where the participant is expected to make a professional judgement about the meaning or significance of the material circulated, rather than making a measurement. Compliance with this guidance is a requirement for any such scheme that wishes to obtain approval from the RCPath Interpretive EQA Steering Committee as a scheme suitable to provide input to medical appraisal and revalidation.]

Freely available online

**Reports**
The following report(s) may be of interest:

**Building capacity and capability for improvement: embedding quality improvement skills in NHS providers.**
NHS Improvement; 2017.
https://improvement.nhs.uk/resources/embedding-quality-improvement-skills/
[These guides are for NHS organisations seeking to begin or do more to build improvement capacity and capability in their organisations.]
Freely available online

**King's Fund Quarterly Monitoring Report: How is the NHS performing? November 2017**
The King's Fund; 2017.
[This is the 24th report and aims to take stock of what has happened over the past few months and to assess the state of the health and care system. It provides an update on how the NHS is coping as it continues to grapple with productivity and reform challenges under continued financial pressure. Performance against a number of key indicators is worse than at this time last year, and finances remain precarious despite an emergency funding injection.]
Freely available online

**Making the case for quality improvement: lessons for NHS boards and leaders.**
The King's Fund; 2017.
https://www.kingsfund.org.uk/publications/making-case-quality-improvement
[At a time of significant financial and operational pressure, local and national NHS leaders need to focus on improving quality and delivering better-value care. We make the case for quality improvement and share lessons for NHS boards and leaders.]
Freely available online

**Managing Risk In Health And Care This Winter - Update.**
NHS Providers; 2017.
[Following our Winter Warning publication in June, this report provides an update on the latest state of play on planning for this winter. Despite better national-level planning and a lot of hard work by trusts, the latest frontline intelligence suggests that risk is growing rather than reducing.]
Freely available online

**Managing the costs of clinical negligence in trusts.**
National Audit Office (NAO); 2017.
[The Department and NHS Resolution, working with others including the Ministry of Justice, have identified many of the factors contributing to the rising costs of clinical negligence. But some of the biggest factors influencing costs fall within the remit of more than one government department or are largely outside the health system’s control. They include developments in the legal market and the increasing level of damages awarded for high-
value claims.]  
Freely available online

** Safeguarding Adults Collection (SAC), Annual Report, England 2016-17.  
NHS Digital; 2017.  
[https://digital.nhs.uk/catalogue/PUB30145](https://digital.nhs.uk/catalogue/PUB30145)  
[This report presents information about adults at risk for whom safeguarding concerns or enquiries were opened during the reporting period 1 April 2016 to 31 March 2017, and case details for safeguarding enquiries which concluded during the reporting period.]  
Freely available online

** State of health and care in England  
The King’s Fund; 2017.  
[The annual assessment of health and social care by the Care Quality Commission (CQC) provides a veritable treasure trove of information about the state of services in England... The CQC’s headline finding is that most services are good and many providers have improved the quality and safety of care since inspections...]  
Freely available online

** The non-executive director's guide to NHS data – Part one: Hospital activity, data sets and performance.  
NHS Confederation; 2017.  
[As a non-executive director (NED), understanding your organisation's data is an essential part of providing effective oversight and driving improvement. This guide will help you to better understand NHS data and how it can be used to determine what is happening in your organisation. It is the first in a series of briefings unpacking data across the healthcare system.]  
Freely available online

** Websites  
*The following website(s) may be of interest:*  

** HSJ Value in Healthcare Awards.  
https://value.hsj.co.uk/enter  
[The HSJ Value in Healthcare Awards seek to recognise and reward outstanding efficiency and improvement by the NHS. The Value in Healthcare Awards recognise excellent use of resources, but they also seek out examples of demonstrable improvement in outcomes, both within back office functions and clinical initiatives. Deadline: 5th January 2018 ]  
Freely available online

** NICE Shared Learning Awards.  
https://www.nice.org.uk/about/what-we-do/into-practice/local-practice-case-studies/shared-learning-awards
[The NICE Shared Learning Awards recognise and reward examples of how NICE guidance has been put into practice in the NHS, local authorities, voluntary organisations and elsewhere. Deadline: 26th January 2018. ]

Freely available online

**Quality Improvement Training - Bronze.**

[This online training course is provided free of charge and is available to all healthcare staff and patient/carer partners across KSS as well as others interested in supporting or delivering improvement. As a foundation level module it is designed for people who would like an introduction to QI or as a basic refresher. It takes approximately two hours to complete. ]

Freely available online