

CURRENT AWARENESS BULLETIN



PATIENT SAFETY

JULY 2022



This is your monthly Current Awareness Bulletin produced by Musgrove Park Hospital Library & Knowledge Services.

It is intended to provide you with a range of the most up-to-date resources, including recently published guidelines and research articles, news and policy items.

If you have any problems accessing the links, please contact a member of the library staff who will be happy to assist you.

We hope you find it helpful and please do let us know if you need any further information or assistance.

Thank you.

THIS MONTH'S HIGHLIGHTS

➔ [World Patient Safety Day 2022](#) (World Health Organisation, 2022)

Objectives of World Patient Safety Day 2022

RAISE global awareness of the high burden of medication-related harm due to medication errors and

unsafe practices, and ADVOCATE urgent action to improve medication safety.

ENGAGE key stakeholders and partners in the efforts to prevent medication errors and reduce medication-related harm.

EMPOWER patients and families to be actively involved in the safe use of medication.

SCALE UP implementation of the WHO Global Patient Safety Challenge: Medication Without Harm.

➔ [Caring in a crisis: Understanding the stressors and uplifts for National Health Service frontline staff through the lens of clinical psychologists](#). (May 2022)

Through the lens of clinical psychologists who had provided support to frontline healthcare staff during the Covid-19 pandemic, this study aimed to better understand the stressors and uplifts healthcare staff experienced during Covid-19, the impact of these on the wellbeing of staff and patient care, and to examine the support needed to deal with the impact of a crisis.

➔ [Openness and honesty when things go wrong: the professional duty of candour](#) (NMC, last updated Feb 2022)

This guidance focuses not only on the duty to be open and honest with patients but also on the need to be open and honest within organisations in reporting adverse incidents or near misses that may have led to harm.

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COMMUNICATION

- ❖ [Adverse event reviews in healthcare: what matters to patients and their family? A qualitative study exploring the perspective of patients and family](#) (April 2022)
- ❖ [Assessment of Bias in Patient Safety Reporting Systems Categorized by Physician Gender, Race and Ethnicity, and Faculty Rank: A Qualitative Study](#) (April 2022)
- ❖ [Guidance on using social media responsibly](#) (NMC, last updated 30 March 2022)
- ❖ [Adverse Events Notification System: Update Report](#) (Health Improvement Scotland, Jan 2022)
- ❖ [Never Events data](#) (2022)

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LEADERSHIP

- ❖ [How should your hospital prevent and respond to falls during your stay?](#) (RCP, April 2022)
- ❖ [Mind the implementation gap: The persistence of avoidable harm in the NHS](#) (Patient Safety Learning, 7 April 2022)
- ❖ [Leadership strategies to support resilience.](#) (April 2022)
- ❖ [Patient-level and organizational-level factors influencing in-hospital falls.](#) (March 2022)
- ❖ [Action on patient safety can reduce health inequalities](#) (March 2022)
- ❖ [Application of the model of leadership influence for health professional wellbeing during COVID-19.](#) (Feb 2022)
- ❖ [A midwife's exploration into how power & hierarchy influence both staff and patient safety](#) (2022)
- ❖ [How to improve patient safety?](#) (The Patient Safety Company, 2022)

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SAFETY CULTURE

- ❖ [Existing Knowledge of Medication Error Must Be Better Translated Into Improved Patient Safety.](#) (May 2022)
- ❖ [Barriers to Incident Reporting among Nurses: A Qualitative Systematic Review](#) (May 2022)
- ❖ [The Effect of Health Care Professional Disruptive Behavior on Patient Care: A Systematic Review.](#) (March 2022)
- ❖ [The COVID-19 Pandemic Crisis and Patient Safety Culture: A Mixed-Method Study.](#) (Feb 2022)
- ❖ [Alternatives and preferences for materials in use for pressure ulcer prevention: An experiment-reinforced literature review](#) (Feb 2022)
- ❖ [Effectiveness of a multi-layer silicone-adhesive polyurethane foam dressing as prevention for sacral pressure ulcers in at-risk in-patients: Randomized controlled trial.](#) (Jan 2022)
- ❖ [Medication errors, critical incidents, adverse drug events, and more: a review examining patient safety-related terminology in anaesthesia](#) (Jan 2022)
- ❖ [Patient Safety 2022: Driving Improvements Across the NHS to Reduce Medical Error](#) (Government Events, 2022)
- ❖ [World Patient Safety Day 2022](#) (World Health Organisation, 2022)
- ❖ [Patient Safety](#) (BMJ, 2022)

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STRESS AND FATIGUE

- ❖ [Reflective practice 2: improving nurses' mental health and wellbeing](#) (June 2022)
- ❖ [Caring in a crisis: Understanding the stressors and uplifts for National Health Service frontline staff through the lens of clinical psychologists.](#) (May 2022)
- ❖ [Wellbeing, burnout, and safe practice among healthcare professionals: predictive influences of mindfulness, values, and self-compassion](#) (last modified April 2022)
- ❖ [Effective Holistic Approaches to Reducing Nurse Stress and Burnout during COVID-19.](#) (May 2022)
- ❖ [Factors Affecting Occupational Health of Shift Nurses: Focusing on Job Stress, Health Promotion Behavior, Resilience, and Sleep Disturbance](#) (March 2022)
- ❖ [Maintaining Resilience in Today's Medical Environment: Personal Perspectives on Self-Care.](#) (March 2022)
- ❖ [Examining the impact of 12-hour day and night shifts on nurses' fatigue: A prospective cohort study.](#) (March 2022)
- ❖ [Mindfulness-based interventions to reduce stress and burnout in nurses: an integrative review](#) (Feb 2022)

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TEAMWORK

- ❖ [Unacceptable behaviours between healthcare workers: just the tip of the patient safety iceberg.](#) (March 2022)
- ❖ [Civility: A concept analysis revisited.](#) (Jan 2022)
- ❖ [Impact of unacceptable behaviour between healthcare workers on clinical performance and patient outcomes: a systematic review.](#) (2022)

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WORK ENVIRONMENT

- ❖ [Learning from medication errors](#) (NHS Resolution, March 2022)
- ❖ [Perceptions on the Use of Wearable Sensors and Continuous Monitoring in Surgical Patients: Interview Study Among Surgical Staff](#) (Feb 2022)
- ❖ [Openness and honesty when things go wrong: the professional duty of candour](#) (NMC, last updated Feb 2022)
- ❖ [Freedom to speak up](#) (NHS, 2022)
- ❖ [Patient Safety Incident Response Framework](#) (NHS, 2022)

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LIBRARY SERVICES AND TRAINING

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Do you need a literature search carried out?
Do you need to find evidence to support an improvement?

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Please fill in [this form](#) and a member of the library team will respond to you as soon as possible.

Alternatively, if you would like an assisted search training session, where we will sit down with you and go through the steps of a literature search, then please contact the library.

The [NHS Knowledge and Library Hub](#) is a one-stop gateway that allows you to access our high-quality sources of information and evidence.

You can also sign up for [KnowledgeShare](#), which provides evidence updates and alerts tailored to your specific professional interests.

DISCLAIMER

We will endeavour to use the best, most appropriate and most recent sources available to ensure that the information supplied is accurate, up-to-date and evidence-based.

However, it is possible that it may not be representative of the whole body of evidence available, and databases, articles and internet resources may contain errors and out-of-date information.

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