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Falls Update

May 2014

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Cochrane Systematic Reviews

CLEGG ANDREW, SIDDIQI NAIMA, HEAVEN ANNE, YOUNG JOHN, HOLT RACHEL, 2014. **Interventions for preventing delirium in older people in institutional long-term care.** *Cochrane Database of Systematic Reviews*, (1),

Abstract: The aim of this study was to determine the effectiveness of interventions such as a computerised medication search programme and pharmacist review in preventing delirium in older people living in long-term care reducing hospitalisation, mortality or falls.

[Full Text](#)

Falls Prevention

AMERICAN GERIATRICS SOCIETY WORKGROUP ON VITAMIN D SUPPLEMENTATION FOR OLDER ADULTS, 2013. **Recommendations Abstracted from the American Geriatrics Society Consensus Statement on Vitamin D for Prevention of Falls and Their Consequences.** *Journal of the American Geriatrics Society*, Dec 18. [Epub ahead of print]

[Abstract:](#) The aim of this Consensus Statement is to help primary care practitioners achieve adequate vitamin D intake from all sources in their older patients, with the goal of reducing falls and fall-related injuries.

[Full Text](#)

ATKINSON, H.H., TAN, Z.S., BRENNAN, M. and GRANVILLE, L., 2014. **A Collaborative National Model to Assess Competencies for Medical Students, Residents, and Other Healthcare Practitioners in Gait and Falls Risk Evaluation.** *Journal of the American Geriatrics Society*, Mar 11. [Epub ahead of print]

[Abstract:](#) To ensure that the healthcare workforce is adequately prepared to care for the growing population of older adults, minimum competencies in geriatrics have been published for medical students and primary care residents. A model was developed to teach and assess a major domain of student and resident competency: Gait and Falls Risk Evaluation.

[Full Text](#)

BURNS, E. and NAIR, S., 2014. **New horizons in care home medicine.** *Age and Ageing*, 43(1), pp. 2-7

[Abstract:](#) Recent consensus guidelines around falls prevention in care homes synthesise the evidence and recommend multi-disciplinary interventions, and clarify the role of vitamin D and of exercise in certain populations in the care home.

DAY, L., TROTTER, M.J., HILL, K.D., HAINES, T.P. and THOMPSON, C., 2014. **Implementation of evidence-based falls prevention in clinical services for high-risk clients.** *Journal of Evaluation in Clinical Practice*, Mar 24. [Epub ahead of print]

[Abstract:](#) The authors investigated the extent to which best practice for falls prevention is being routinely delivered by health care providers for community-dwelling older adults in Victoria, Australia.

FUJITA, Y., FUJITA, M. and FUJIWARA, C., 2013. **Pediatric falls: Effect of prevention measures and characteristics of pediatric wards.** *Japan Journal of Nursing Science*, 10(2), pp. 223-231

[Abstract:](#) This study aimed to identify the effect of fall prevention measures and characteristics of wards on the rate of pediatric falls. The results suggest that education of parents and novice nurses on fall prevention is the most effective method of reducing pediatric falls.

LAI, C., TSENG, S., HUANG, C., PEI, C., CHI, W., HSU, L. and SUN, T., 2013. **Fun and Accurate Static Balance Training to Enhance Fall Prevention Ability of Aged Adults: A Preliminary Study.** *Human Factors and Ergonomics in Manufacturing & Service Industries*, 23(6), pp. 517-527

[Abstract:](#) Fall prevention is critical for the elderly as falling down has been cited as the number one cause of accidental death in this age group. This article discusses a method that combines virtual reality technology with motion-capture devices for the elderly to practice static balance training in a fun and accurate environment.

LI, F., HARMER, P., STOCK, R., FITZGERALD, K., STEVENS, J., GLADIEUX, M., CHOU, L., CARP, K. and VOIT, J., 2013. **Implementing an Evidence-Based Fall Prevention Program in an Outpatient Clinical Setting.** *Journal of the American Geriatrics Society*, 61(12), pp. 2142-2149

[Abstract:](#) Healthcare providers successfully implement a protocol to refer individuals at risk of falling to a Tai Ji Quan-based program. The evidence-based program appears readily scalable and exportable, with potential for substantial clinical and public health effect.

[Full Text](#)

HUGHES, L.D., ZAMMIT, K. and CORDINA, J., 2014. **Restraint and the older patient: complicated practical medicine.** *British Journal of Nursing*, 23(3), pp. 130-1

[Abstract:](#) The authors discuss restraint in clinical practice in Malta where there are patients such as those whom it is appropriate to attempt to restrain for example cognitively impaired older patients noted by the medical team to be at high risk of falls and those whom it is not.

[Full Text](#)

JAMES, B., KIMMONS, J., SCHASBERGER, B. and LEFKOWITZ, A., 2014. **Validating a Multifactorial Falls Risk Assessment.** *Home Healthcare Nurse*, 32(1), pp. 14

[Abstract:](#) Reducing risk of falls has been identified as a national safety goal by The Joint Commission (TJC). Factors were found to be highly predictive. Caregivers and providers are advised to consider the entirety of the falls risk and direct comprehensive interventions to address the multiple factors that lead to falls.

KIM, H., YOSHIDA, H. and SUZUKI, T., 2014. **Falls and fractures in participants and excluded non-participants of a fall prevention exercise program for elderly women with a history of falls: 1-year follow-up study.** *Geriatrics & Gerontology International*, 14(2), pp. 285-293.

[Abstract:](#) The authors evaluate the effectiveness of a strength and balance enhancing exercise intervention as a means of preventing falls in community-dwelling elderly Japanese women with a history of falls, while

comparing functional fitness, fall and fracture rate in excluded subjects.

RALPH, M. and GABRIELE, M., 2014. **Attitudes of nurses towards the use of physical restraints in geriatric care: A systematic review of qualitative and quantitative studies.** *International Journal of Nursing Studies*, **51**(2), pp. 274-289

[Abstract](#): Prevention of falls was identified as a primary reason for using restraints. This article examines nurses' attitudes towards the use of physical restraints in geriatric care.

SCHWARTZ, S., 2013. **Factors Leading to Falls in Elderly Patients With Hip Fractures.** *Topics in Geriatric Rehabilitation*, **29**(4), pp. 277-281

[Abstract](#): One-third of individuals older than 65 years fall each year, with a small proportion of those sustaining a hip fracture. As the population continues to age, the absolute number of elderly persons sustaining a hip fracture is likely to increase, resulting in this injury to become a prominent health care concern.

SHERIF, K., QURESHI, S., NGO, B. and DENTINO, N., 2014. **Point Prevalence of Risk: Combined Effects of Antipsychotics, Antidepressants, Anxiolytics, Narcotics and Sedative-hypnotics on Falls in a Nursing Home Long Term Care Unit. An Interdisciplinary Team Approach to Patient Safety and Quality Improvement.** *Journal of the American Medical Directors Association*, **15**(3), pp. B21-B22

[Abstract](#): A poster abstract showing that all falls occurred in persons on 2 or more classes of these at-risk medications. No falls occurred in persons not on any of these medications, and no falls occurred in recipients of only 1 class of these at-risk medications.

Inpatient Falls

HEALEY, F., LOWE, D., DAROWSKI, A., WINDSOR, J., TREML, J., BYRNE, L., HUSK, J. and PHIPPS, J., 2013. **Falls prevention in hospitals and mental health units: an extended evaluation of the FallSafe quality improvement project.** *Age and Ageing*, Dec 8. [Epub ahead of print]

[Abstract](#): This systematic review suggests multifactorial assessment and intervention can reduce falls significantly reduction in fall rates, but not in injurious fall rates.

SAHOTA, O., DRUMMOND, A., KENDRICK, D., GRAINGE, M.J., VASS, C., SACH, T., GLADMAN, J. and AVIS, M., 2014. **REFINE (REducing Falls in Inpatient Elderly) using bed and bedside chair pressure sensors linked to radio-pagers in acute hospital care: a randomised controlled trial.** *Age and Ageing*, **43**(2), pp. 247-253

[Abstract](#): Falls in hospitals are a major problem and contribute to substantial healthcare burden.

Advances in sensor technology afford innovative approaches to reducing falls in acute hospital care.

[Full Text](#)

WATERS, T.M., CHANDLER, A.M., MION, L.C., DANIELS, M.J., KESSLER, L.A., MILLER, S.T. and SHORR, R.I., 2013. **Use of International Classification of Diseases, Ninth Revision, Clinical Modification, Codes to Identify Inpatient Fall-Related Injuries.** *Journal of the American Geriatrics Society*, **61**(12), pp. 2186-2191

[Abstract](#): The authors compare falls and fall-related injuries that a fall evaluator or hospital incident report identified with injuries according to discharge International Classification of Diseases codes for the same set of inpatient episodes of care.

[Full Text](#)

HANGER, H.C., WILLS, K.L. and WILKINSON, T., 2014. **Classification of falls in stroke rehabilitation--not all falls are the same.** *Clinical Rehabilitation*, **28**(2), pp. 183-195

[Abstract](#): This study examined patient characteristics at the time of each fall and iterative development of falls taxonomy in an inpatient stroke rehabilitation ward.

[Full Text](#)

AYOUNG-CHEE, P., MCINTYRE, L., EBEL, E., MACK, D., MCCORMICK, W. and MAIER, V., 2014. **Long-term outcomes of ground-level falls in the elderly.** *Journal of Trauma & Acute Care Surgery*, **76**(2), pp. 498-504

[Abstract](#): For older adults, even ground-level falls (GLFs) can result in multiple injuries and are associated with significant morbidity and mortality. This study examined outcomes following discharge for older adults who were hospitalized following a GLF.

BERNSEN, M. and KLEIN, D., 2014. **EB107 Don't Fall--Call! Development of a Falls Prevention Program in a Coronary Intensive Care Unit.** *Critical Care Nurse*, **34**(2), pp. e31

[Abstract](#): This Evidence Based Abstract describes how a coronary ICU decreased the number of falls by developing a plan to review, analyse and implement interventions successfully.

[Full Text](#)

BOLHACK, M. and GRANT, S., 2014. **Fall Independence in Assisted Living: Failed "Level of Care" Intervention to Decrease Falls.** *Journal of the American Medical Directors Association*, **15**(3), pp. B19-B20

[Abstract](#): The authors determine if identifiable risk factors, including level of care provided, are directly related to falls in this Assisted Living facility.

[Full Text](#)

BUCKLEY, C., COONEY, K., SILLS, E. and SULLIVAN, E., 2014. **Implementing the Safety Thermometer tool in one NHS trust.** *British Journal of Nursing*, **23**(5), pp. 268-273

[Abstract:](#) This article discusses the background to the scheme and a rationale for the focus on pressure ulcers, falls in care, catheter use and urinary tract infection, and venous thromboembolism.

[Full Text](#)

CANGANY, M., 2014. **EB94 Bedside Nurses Leading the Way Using Evidence-Based Practice to Attain Better Clinical Outcomes for Fall Prevention.** *Critical Care Nurse*, **34**(2), pp. e24-e25

[Abstract:](#) By using bedside nurses who have been trained with additional skills in leading quality initiatives, falls on a progressive cardiac care unit can be decreased by 50%.

[Full Text](#)

CHUNHU, S., 2014. **Interventions for Preventing Falls in Older People in Care Facilities and Hospitals.** *Orthopaedic Nursing*, **33**(1), pp. 48-50

[Abstract:](#) The author discusses the current evidence on fall prevention in care facilities and hospitals, as falls are common in these settings.

DUPREE, E., FRITZ-CAMPIZ, A. and MUSHENO, D., 2014. **A New Approach to Preventing Falls with Injuries.** *Journal of Nursing Care Quality*, **29**(2), pp. 99-103

[Abstract:](#) By employing robust process improvement tools, nurses and other health care professionals can examine why processes fail to achieve the desired results and can therefore implement targeted long-lasting solutions in order to prevent patient falls with injury

[Full Text](#)

HANDLEY, A., 2014. **Investing in wellbeing.** *Nursing Standard*, **28**(22), pp. 20-21

[Abstract:](#) A trust in the West Midlands has introduced wellbeing apprentices to offer one-to-one support to patients with dementia or at high risk of falls.

[Full Text](#)

HANGER, H., KARL, WILLS, L. and WILKINSON, T., 2014. **Classification of falls in stroke rehabilitation - not all falls are the same.** *Clinical Rehabilitation*, **28**(2), pp. 183-196

[Abstract:](#) A study examining patient characteristics at the time of each fall and iterative development of falls taxonomy

[Full Text](#)

HOHMANN, N., HOHMANN, L. and KRUSE, M., 2014. **The impact of combined use of fall-risk medications and antithrombotics on injury severity and intracranial hemorrhage among older trauma patients.** *Geriatric Nursing*, **35**(1), pp. 20-26

[Abstract:](#) This study assesses the simultaneous outpatient use of fall-risk medications and antithrombotics in elderly fall-patients, and analyses the injury severity score and occurrence of intracranial hemorrhage.

MCKECHNIE, D., PRYOR, J. and FISHER, J., 2014. **Falls in inpatient TBI rehabilitation.** *Journal of the Australasian Rehabilitation Nurses' Association (JARNA)*, **17**(1), pp. 14-19

[Abstract:](#) The purpose of this paper is to provide a brief narrative of inpatient falls, highlighting the significance of this patient safety issue in rehabilitation settings and the absence of falls research in specialised TBI rehabilitation settings.

[Full Text](#)

MCKEE, H., MCNEIL, L. and MCCRACKEN, L., 2014. **Managing inpatient falls.** *GM: Midlife & Beyond*, **44**(2), pp. 32-38

[Abstract:](#) The authors discuss the widespread impact of inpatient falls. In an average 800-bed acute hospital trust there will be approximately 24 falls per week and with underreporting this is a likely underestimate

[Full Text](#)

MEMTSOUDIS, G., DANNINGER, T., RASUL, R., POERAN, J., GERNER, P., STUNDNER, O., MARIANO, R. and MAZUMDAR, M., 2014. **Inpatient falls after total knee arthroplasty: the role of anesthesia type and peripheral nerve blocks.** *Anesthesiology*, **120**(3), pp. 551-564

[Abstract:](#) This study characterises the causes of inpatient falls (IF), identifies risk factors, and studies the role of peripheral nerve blocks and anesthesia technique in IF risk in total knee arthroplasty patients.

[Full Text](#)

QUIGLEY, A., BARNETT, D., BULAT, T. and FRIEDMAN, Y., 2014. **Reducing Falls and Fall-Related Injuries in Mental Health.** *Journal of Nursing Care Quality*, **29**(1), pp. 51-59

[Abstract:](#) Falls on inpatient psychiatry units are understudied. The authors develop and implement an operational strategic plan to address each falls prevention program element and enhance program infrastructure and capacity.

[Full Text](#)

RANTZ, J., BANERJEE, S., CATTOOR, E., SCOTT, D., SKUBIC, M. and POPESCU, M., 2014. **Automated fall detection with quality improvement "rewind" to reduce falls in hospital rooms.** *Journal of Gerontological Nursing*, **40**(1), pp. 13

[Abstract:](#) The purpose of this study was to test the implementation of a fall detection and rewind privacy-protecting technique using the Microsoft Kinect to not only detect but prevent falls from occurring in hospitalized patients.

[Full Text](#)

ROSARIO, R., KAPLAN, E., KHONSARI, S. and PATTERSON, D., 2014. **Predicting and Assessing Fall Risk in an Acute Inpatient Rehabilitation Facility.** *Rehabilitation Nursing*, **39**(2), pp. 86-94

[Abstract:](#) Unintentional falls account for 70% of all hospital accidents. Risk factors for falls are identified and develop an assessment tool developed

specifically for an inpatient rehabilitation facility setting.

SHI, C., 2014. **Interventions for preventing falls in older people in care facilities and hospitals.** *Orthopaedic Nursing*, **33**(1), pp. 48

[Abstract](#): The author discusses the current evidence on fall prevention in care facilities and hospitals, as falls are common in these settings.

SPIVA, L., ROBERTSON, B., DELK, L., PATRICK, S., MICHELLE, K., MARGARET, GREEN, B. and GALLAGHER, E., 2014. **Effectiveness of Team Training on Fall Prevention.** *Journal of Nursing Care Quality*, **29**(2), pp. 164-174

[Abstract](#): A longitudinal, repeated-measures design with intervention and comparison groups was used to evaluate the effect of a training curriculum based on TeamSTEPPS with video vignettes focusing on fall prevention.

TANG, W., SZE, CHOW, Y., LENG and LIN, S., SIEW, 2014. **The inter-rater reliability test of the modified Morse Fall Scale among patients \geq 55 years old in an acute care hospital in Singapore.** *International Journal of Nursing Practice*, **20**(1), pp. 32-39

[Abstract](#): This study was conducted in an acute care hospital in Singapore to determine the inter-rater reliability of the modified Morse Fall Scale by evaluating the degrees of agreement on the ratings of the individual items and overall score between the 'gold standard' assessor and the facility assessors.

VU, T., DAY, L. and FINCH, F., 2014. **The burden of hospitalised fall-related injury in community-dwelling older people in Victoria: a database study.** *Australian & New Zealand Journal of Public Health*, **38**(2), pp. 128-134

[Abstract](#): The authors analyzed fall-related, person-identifying hospital discharge data and patient-level hospital treatment costs for community-dwelling older people aged 65+ years from Victoria between 1 July 2005 and 30 June 2008, inclusive.

WILLIAMS, T., SZEKENDI, M. and THOMAS, S., 2014. **An Analysis of Patient Falls and Fall Prevention Programs Across Academic Medical Centers.** *Journal of Nursing Care Quality*, **29**(1), pp. 19-30

[Abstract](#): An analysis of more than 25 000 patient fall reports entered into their incident reporting tool. Gaps entered into the UHC Patient Safety Net incident reporting tool found gaps in the completion of fall risk assessments, the ability of tools to accurately assess risk, and prevention strategies in particular inpatient units and emergency department.

Falls Effects

FAIRHALL, N., SHERRINGTON, C., LORD, S.R., KURRELE, S.E., LANGRON, C., LOCKWOOD, K.,

MONAGHAN, N., AGGAR, C. and CAMERON, I.D., 2013. **Effect of a multifactorial, interdisciplinary intervention on risk factors for falls and fall rate in frail older people: a randomised controlled trial.** *Age and Ageing*, **Dec 30**. [Epub ahead of print]

[Abstract](#): Frail older people have a high risk of falling and here the authors assess the effect of a frailty intervention on risk factors for falls and fall rates in frail older people.

GIANOUDIS, J., BAILEY, C.A., EBELING, P.R., NOWSON, C.A., SANDERS, K.M., HILL, K. and DALY, R.M., 2014. **Effects of a Targeted Multimodal Exercise Program Incorporating High-Speed Power Training on Falls and Fracture Risk Factors in Older Adults: A Community-Based Randomized Controlled Trial.** *Journal of Bone and Mineral Research*, **29**(1), pp. 182-191

[Abstract](#): This study demonstrates that the Osteo-ise: Strong Bones for Life community-based, multimodal exercise program represents an effective approach to improve multiple musculoskeletal and functional performance measures in older adults with risk factors for falls and/or low BMD.

GIRGIS, C.M., CLIFTON-BLIGH, R.J., TURNER, N., LAU, S.L. and GUNTON, J.E., 2014. **Effects of vitamin D in skeletal muscle: falls, strength, athletic performance and insulin sensitivity.** *Clinical Endocrinology*, **80**(2), pp. 169-181

[Abstract](#): Randomized trials predominantly support an effect of vitamin D supplementation and the prevention of falls in older or institutionalized patients muscle function.

HARS, M., HERRMANN, F.R., GOLD, G., RIZZOLI, R. and TROMBETTI, A., 2014. **Effect of music-based multitask training on cognition and mood in older adults.** *Age and Ageing*, **43**(2), pp. 196-200

[Abstract](#): A secondary analysis of a randomised controlled trial over 6 months of music-based multitask training to determine if there are any beneficial effects on cognitive functioning and mood in older adults and whether this could contribute to dual-task gait improvements and falls reduction.

KUMAR, A., CARPENTER, H., MORRIS, R., ILIFFE, S. and KENDRICK, D., 2014. **Which factors are associated with fear of falling in community-dwelling older people?** *Age and Ageing*, **43**(1), pp. 76-84

[Abstract](#): Identifying those at risk of fear of falling FOF can help target interventions to both prevent falls and reduce (FOF). A simpler model performs as well as a more complex model containing functional assessments and could be used in primary care to identify those at risk of FOF, who could benefit from falls prevention interventions.

LISTON, M.B., BAMIOU, D., MARTIN, F., HOPPER, A., KOOHI, N., LUXON, L. and PAVLOU, M., 2014. **Peripheral vestibular dysfunction is prevalent in older adults experiencing multiple non-syncopal falls versus age-matched non-fallers: a pilot study.** *Age and Ageing*, **43**(1), pp. 38-43

[Abstract](#): Vestibular disorders are common in the general population, increasing with age. A greater awareness of vestibular impairments may lead to more effective management and treatment for older adult fallers.

MCMAHON, C.G., CAHIR, C.A., KENNY, R.A. and BENNETT, K., 2014. **Inappropriate prescribing in older fallers presenting to an Irish emergency department.** *Age and Ageing*, **43**(1), pp. 44-50

[Abstract](#): Certain medications increase falls risk in older people and this study is to assess if prescribing modification occurs in older falls presenting to an emergency department.

MILLER, L., 2014. **Listen to the physiotherapist for advice on rehabilitation after a fall.** *Nursing & Residential Care*, **16**(2), pp. 70-74

[Abstract](#): The author stresses the importance of listening and working closely with physiotherapists in order to help residents rebuild their strength and mobility after being discharged from hospital.

[Full Text](#)

NANNINGA, G.L., DE LEUR, K., PANNEMAN, M.J.M., VAN DER ELST, M. and HARTHOLT, K.A., 2014. **Increasing rates of pelvic fractures among older adults: The Netherlands, 1986–2011.** *Age and Ageing*,

[Abstract](#): A study to determine trends in incidence and age-specific rates of pelvic fracture-related hospitalisations among the elderly. Attention on osteoporosis screening and prevention of falls in elderly remains important, in order to limit-related healthcare costs in the future.

ROSARIO, E.R., KAPLAN, S.E., KHONSARI, S. and PATTERSON, D., 2014. **Predicting and Assessing Fall Risk in an Acute Inpatient Rehabilitation Facility.** *Rehabilitation Nursing*, **39**(2), pp. 86-93

[Abstract](#): Unintentional falls account for 70% of all hospital accidents. The objective of this study was to identify risk factors for falls and develop an assessment tool specific for an inpatient rehabilitation facility setting

SCHOENE, D., SMITH, S.T., DAVIES, T.A., DELBAERE, K. and LORD, S.R., 2014. **A Stroop Stepping Test (SST) using low-cost computer game technology discriminates between older fallers and non-fallers.** *Age and Ageing*, **43**(2), pp. 285-289

[Abstract](#): Impaired stepping and reduced cognitive functioning have both been identified as fall-risk factors in older people. This study shows the Stroop Stepping Test (SST) was able to distinguish fallers from non-fallers, providing a novel way to explore cognitive mechanisms for fall-risk in older people.

MUEGGE, S., 2014. **Syncope After Shots.** *AAACN Viewpoint*, **36**(1), pp. 10-12

[Abstract](#): In reviewing more than a dozen reported falls among adolescents and young adults in our organization's outpatient clinics since 2009, the author discovered all were associated with syncope after a shot or blood draw.

[Full Text](#)

Sources

The following sources have been searched for evidence published in the previous four months. Please contact the editor for further information.

- [Age UK](#)
- [British Geriatrics Society](#)
- [Chartered Society of Physiotherapists](#)
- [Cochrane Library](#)
- [Department of Health](#)
- [National Patient Safety Agency](#)
- [National Patient Safety Agency](#)
- [NICE Guidelines](#)
- [NICE Evidence Healthcare Databases: BNI, CINAHL, Health Business Elite and MEDLINE.](#)
- [NICE Institute for Innovation and Development](#)
- [NICE Guidelines](#)
- [Nursing and Midwifery Council](#)
- [Royal College of Physicians](#)

Some key Nursing journals were also scanned. For a full list of sources used for the update, Please contact the [Editor](#) for further information.

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