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74. Case study: Improving anticoagulation in patients with atrial fibrillation ........................................................................................................................................................................................................................................................................................................................................................................................................ Page 29
1. A qualitative exploration of the role of leadership in service transformation in child and adolescent mental health services.

**Authors**
Edbrooke-Childs, Julian; Calderon, Ana; McDonnell, Matthew; Hirvonen, Hanna; Deighton, Jessica; Wolpert, Miranda

**Source**
Child & Adolescent Mental Health; May 2019; vol. 24 (no. 2); p. 170-175

**Publication Date**
May 2019

**Publication Type(s)**
Academic Journal

**Database**
CINAHL

**Abstract**
Background: Recent policy in England has called on services for children and young people's mental health and well-being to develop and deliver local transformation plans to increase the provision of evidence-based, outcomes-informed and service user-informed treatments. The role of local leadership in service transformation is poorly understood, despite evidence suggesting it is key to enacting change. Purpose: To understand the role of local leaders and frontline practitioners in service transformation in child and adolescent mental health services. Methodology: This study was a secondary analysis of semistructured interviews with \( n = 20 \) leaders and \( n = 29 \) frontline practitioners in child and adolescent mental health services taking part in a service transformation programme. Results: Leaders' role in service transformation in child and adolescent mental health services (CAMHS) was to: (a) foster impetus for transformation by demonstrating passion and commitment for change, (b) support practitioners in developing microsystem improvements and (c) bridging the organisation's goals with available resources. Conclusions: When developing transformation plans for child and adolescent mental health services, local leaders should be transparent about reasoning and processes, enable practitioners to tailor implementation to need and provide ongoing support. Practitioner engagement needs careful planning given its crucial role in enabling collaboration that will facilitate change.

2. Serious case reviews: The lived experience of Black children.

**Authors**
Bernard, Claudia; Harris, Perlita

**Source**
Child & Family Social Work; May 2019; vol. 24 (no. 2); p. 256-263

**Publication Date**
May 2019

**Publication Type(s)**
Academic Journal

**Database**
CINAHL

**Abstract**
Despite the many high-profile Black child deaths in England, race as a factor remains a largely underexplored factor of serious case reviews (SCRs). Evidence from analysis of SCRs indicates that race receives limited attention, or is virtually absent. Given that the main function of SCRs is to provide opportunities for learning lessons to improve practice, the way in which issues of race and culture may influence child protection processes for Black children is therefore of critical importance. In this article, we employ content analysis to examine the extent that race and cultural factors are considered in SCRs involving Black children. It is argued that race is often an important factor influencing Black children's experiences of abuse and neglect, as well as their encounters in the child protection system. This article therefore poses two key questions: (a) What questions are asked about race, ethnicity, and culture in SCRs concerning Black children? (b) How did the SCRs extract lessons to be learnt for improving practice to safeguard Black children? By extending the analysis of race and ethnicity in SCRs, this article furthers our understandings of the needs of Black children in the child protection system.

Authors Field, L.; Holdsworth, G.; Lindley, S.; Morrissey, S.; Sanz-Pat, E.; Snaith, B.

Source Radiography; May 2019; vol. 25 (no. 2); p. 186-186

Publication Date May 2019

Publication Type(s) Academic Journal

Database CINAHL

Available at Radiography from Available to NHS staff on request from UHL Libraries & Information Services (from NULJ library) - click this link for more information Local Print Collection [location] : UHL Libraries On Request (Free).

Available at Radiography from Available to NHS staff on request from UHL Libraries & Information Services (from non-NHS library) - click this link for more information Local Print Collection [location] : British Library via UHL Libraries - please click link to request article.

4. Improving NHS trusts’ learning from patient deaths.

Authors Tingle, John

Source British Journal of Nursing; Apr 2019; vol. 28 (no. 7); p. 474-475

Publication Date Apr 2019

Publication Type(s) Academic Journal

Database CINAHL

Available at British Journal of Nursing from Available to NHS staff on request from UHL Libraries & Information Services (from NULJ library) - click this link for more information Local Print Collection [location] : UHL Libraries On Request (Free).

Available at British Journal of Nursing from Available to NHS staff on request from UHL Libraries & Information Services (from non-NHS library) - click this link for more information Local Print Collection [location] : British Library via UHL Libraries - please click link to request article.

Abstract

John Tingle discusses a new CQC report that reviews the first year of NHS trusts implementing national guidance on learning from deaths, in the context of some other associated reports

5.001 A prospective audit of a patient cohort prescribed hydroxychloroquine in order to estimate the burden of retinopathy screening and service requirements for drug education appointments...British Society for Rheumatology Annual Conference 2019, April 30-May 02 2019, Birmingham, United Kingdom

Authors Yeo, Brandon; Chadwick, Alexandra; Wills, Sarah; Low, Audrey

Source Rheumatology; Apr 2019; vol. 58

Publication Date Apr 2019

Publication Type(s) Academic Journal

Database CINAHL

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Available at Rheumatology from Available to NHS staff on request from UHL Libraries & Information Services (from non-NHS library) - click this link for more information Local Print Collection [location] : British Library via UHL Libraries - please click link to request article.

6.004 High rates of live varicella zoster vaccination amongst patients on biological therapy: an audit...British Society for Rheumatology Annual Conference 2019, April 30-May 02 2019, Birmingham, United Kingdom

Authors McLintock, Robbie K; Tansley, Sarah L; Allard, Andrew; Tillett, William

Source Rheumatology; Apr 2019; vol. 58

Publication Date Apr 2019

Publication Type(s) Academic Journal

Database CINAHL

Available at Rheumatology from Available to NHS staff on request from UHL Libraries & Information Services (from NULJ library) - click this link for more information Local Print Collection [location] : UHL Libraries On Request (Free).

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7.007 Identifying patients who can be stepped down from biologic therapy for rheumatoid arthritis: a service evaluation and quality improvement project...British Society for Rheumatology Annual Conference 2019, April 30-May 2, 2019, Birmingham, England, UK
8. 010 Temporal artery biopsy: audit, scoring and reporting...British Society for Rheumatology Annual Conference 2019, April 30-May 02 2019, Birmingham, United Kingdom

Authors
Chakrabarty, Arundhati; Mackie, Sarah; Harden, Charlotte; Morgan, Ann W

Source
Rheumatology; Apr 2019; vol. 58

Publication Date
Apr 2019

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9. 098 Quality improvement to halve non-adherence to methotrexate...British Society for Rheumatology Annual Conference 2019, April 30-May 02 2019, Birmingham, United Kingdom

Authors
Barton, Anne; Jani, Meghna; Aris, Melissa; Bruce, Ian; Ho, Pauline; McCarthy, Eoghan; Bruce, Ellen; Parker, Ben; Hyrich, Kimme; Gorodkin, Rachel

Source
Rheumatology; Apr 2019; vol. 58

Publication Date
Apr 2019

Publication Type(s)
Academic Journal

Database
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Available at Rheumatology from Available to NHS staff on request from UHL Libraries & Information Services (from non-NHS library) - click this link for more information Local Print Collection [location] : British Library via UHL Libraries - please click link to request article.

10. 099 Audit of contraception and family planning counselling in female patients commencing methotrexate therapy in a large rheumatology outpatient department...British Society for Rheumatology Annual Conference 2019, April 30-May 02 2019, Birmingham, United Kingdom

Authors
Ankrah, Lauren R; Barkham, Nick

Source
Rheumatology; Apr 2019; vol. 58

Publication Date
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Available at Rheumatology from Available to NHS staff on request from UHL Libraries & Information Services (from non-NHS library) - click this link for more information Local Print Collection [location] : British Library via UHL Libraries - please click link to request article.

11. 103 Retrospective audit of septic arthritis in Coventry and Warwickshire NHS Trust: 5-year data...British Society for Rheumatology Annual Conference 2019, April 30-May 02 2019, Birmingham, United Kingdom

Authors
Vivekanantham, Arani; Ali, Meyada; Rutter, Megan; Kahlon, Amandeep; Metcalfe, Andrew; Dubey, Shirish

Source
Rheumatology; Apr 2019; vol. 58

Publication Date
Apr 2019

Publication Type(s)
Academic Journal

Database
CINAHL
12. 184  Rheumatoid Exercise and Fatigue Group (REAF): an audit...British Society for Rheumatology Annual Conference 2019, April 30-May 02 2019, Birmingham, United Kingdom

Authors  Tonepohl, Faye L; Weller, Zoe
Source  Rheumatology; Apr 2019; vol. 58
Publication Date  Apr 2019
Publication Type(s)  Academic Journal
Database  CINAHL

13. 194 A multi-centre audit of secukinumab use and safety considerations in clinical practice...British Society for Rheumatology Annual Conference 2019, April 30-May 02 2019, Birmingham, United Kingdom

Authors  Rabbitts, Roberta; Memon, Ahsan; Hutchinson, David; MacKay, Kirsten
Source  Rheumatology; Apr 2019; vol. 58
Publication Date  Apr 2019
Publication Type(s)  Academic Journal
Database  CINAHL

14. 196 Audit examining the difference in clinical outcomes amongst originator biologic treated patients with RA, PsA and AxSpA who were switched to biosimilar versions and monitored routinely at St George's University Hospital NHS Trust...British Society for Rheumatology Annual Conference 2019, April 30-May 02 2019, Birmingham, United Kingdom

Authors  Ali, Saadia S; Hill, Diane; Sofat, Nidhi
Source  Rheumatology; Apr 2019; vol. 58
Publication Date  Apr 2019
Publication Type(s)  Academic Journal
Database  CINAHL

15. 198 Eight years of a sustainable rheumatology patient participation group: lessons learnt in improving quality, safety and patient experience...British Society for Rheumatology Annual Conference 2019, April 30-May 02 2019, Birmingham, United Kingdom.

Authors  Atkin, Sarah; Barnett, Phillipa; Groves, Chris; Bateman, James
Source  Rheumatology; Apr 2019; vol. 58
Publication Date  Apr 2019
Publication Type(s)  Academic Journal
Database  CINAHL
16. 209  Quantifying care variation: the keystone of national quality improvement...British Society for Rheumatology Annual Conference 2019, April 30-May 02 2019, Birmingham, United Kingdom

Authors
Yates, Mark; Norton, Sam; Galloway, James; Macgregor, Alexander; Rivett, Ali; Dennison, Elaine; Ledingham, Jo

Source
Rheumatology; Apr 2019; vol. 58

Publication Date
Apr 2019

Publication Type(s)
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Available at Rheumatology from Available to NHS staff on request from UHL Libraries & Information Services (from non-NHS library) - click this link for more information Local Print Collection [location] : British Library via UHL Libraries - please click link to request article.

17. 233  Enhancing quality improvement capacity through the British Society for Rheumatology’s multi-region audit into the management of adults with systemic lupus erythematosus...British Society for Rheumatology Annual Conference 2019, April 30-May 02 2019, Birmingham, United Kingdom

Authors
Sharp, Charlotte A; Little, Jayne; Pearce, Fiona; Batten, Rebecca L; Garner, Rozeena; Narayan, Nehal; Rutter, Megan; Bruce, Ian N; Erb, Nicola; Gordon, Caroline; Griffiths, Bridget; Guest, Hannah; Hiley, Chris; MacPhie, Elizabeth; Obrenovic, Karen; Packham, Jon; Rivett, Ali; Sandhu, Ravinder; Lanyon, Peter C

Source
Rheumatology; Apr 2019; vol. 58

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18. 235  Population demographics and clinical assessment from the BSR multi-region audit on the management of adults with systemic lupus erythematosus 2018: compliance with audit standards...British Society for Rheumatology Annual Conference 2019, April 30-May 02 2019, Birmingham, United Kingdom

Authors
Narayan, Nehal; Rutter, Megan; Pearce, Fiona A; Batten, Rebecca; Garner, Rozeena; Little, Jayne; Sharp, Charlotte; Bruce, Ian N; Erb, Nicola; Gordon, Caroline; Griffiths, Bridget; Guest, Hannah; Lanyon, Peter C; Macphie, Elizabeth; Packham, Jon; Hiley, Chris; Obrenovic, Karen; Rivett, Ali; Sandhu, Ravinder

Source
Rheumatology; Apr 2019; vol. 58

Publication Date
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19. 240  BSR multi-region audit on the management of adults with systemic lupus erythematosus 2018: compliance with audit standards...British Society for Rheumatology Annual Conference 2019, April 30-May 02 2019, Birmingham, United Kingdom

Authors
Batten, Rebecca; Garner, Rozeena; Pearce, Fiona; Little, Jayne; Narayan, Nehal; Rutter, Megan; Sharp, Charlotte; Bruce, Ian; Erb, Nicola; Gordon, Caroline; Griffiths, Bridget; Macphie, Elizabeth; Packham, Jon; Sandhu, Ravinder; Guest, Hannah; Hiley, Chris; Obrenovic, Karen; Rivett, Ali; Lanyon, Peter

Source
Rheumatology; Apr 2019; vol. 58

Publication Date
Apr 2019

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Academic Journal

Database
CINAHL
20. 267 Improving standards of care of axial spondyloarthritis through implementation of NICE Quality standards 170 across the South Coast Axial Spondyloarthritis Network...British Society for Rheumatology Annual Conference 2019, April 30-May 02 2019, Birmingham, United Kingdom

Authors Chan, Antoni; Jeffries, Claire; Coy, Aisling; Wallis, Dinny
Source Rheumatology; Apr 2019; vol. 58
Publication Date Apr 2019
Publication Type(s) Academic Journal
Database CINAHL

21. E012 Group education for patients prior to biologic and targeted synthetic disease modifying anti-rheumatic drugs: a quality improvement project at The Dudley Group NHSFT...British Society for Rheumatology Annual Conference 2019, April 30-May 02 2019, Birmingham, United Kingdom

Authors Arif, Rameez; Golden, Donna; Petford, Sharon; John, Holly; Douglas, Karen M J
Source Rheumatology; Apr 2019; vol. 58
Publication Date Apr 2019
Publication Type(s) Academic Journal
Database CINAHL

22. E013 Audit of hydroxychloroquine retinopathy screening within rheumatology services at UCLH...British Society for Rheumatology Annual Conference 2019, April 30-May 02 2019, Birmingham, United Kingdom

Authors MacBrayne, Amy; Amin, Tara; Stavrou, Christiana; Bremner, Fion; Manson, Jessica
Source Rheumatology; Apr 2019; vol. 58
Publication Date Apr 2019
Publication Type(s) Academic Journal
Database CINAHL

23. E016 An audit comparing the application of urate lowering therapy in a primary care setting against guidelines from the British Society for Rheumatology...British Society for Rheumatology Annual Conference 2019, April 30-May 2, 2019, Birmingham, England, UK

Authors Sun, Logan; Warr, Liz
Source Rheumatology; Apr 2019; vol. 58
Publication Date Apr 2019
Publication Type(s) Academic Journal
Database CINAHL
24. E019  Practical implementation of NICE guidance 65 for spondyloarthritis as a service improvement for care of axial spondyloarthritis...British Society for Rheumatology Annual Conference 2019, April 30-May 02 2019, Birmingham, United Kingdom

Authors: Chan, Antoni; Rigler, Kathryn; Papadopoulos, Elena; Walsh, Emma; Murphy, Juliette
Source: Rheumatology; Apr 2019; vol. 58
Publication Date: Apr 2019
Publication Type(s): Academic Journal
Database: CINAHL

25. E022  Audit of anti-neutrophil cytoplasmic antibody associated vasculitides in a single specialised centre...British Society for Rheumatology Annual Conference 2019, April 30-May 02 2019, Birmingham, United Kingdom

Authors: Khan, Muhammad W; Walker, Karen; Lorenzi, Alice; Griffiths, Bridget; Heaney, Jonathan
Source: Rheumatology; Apr 2019; vol. 58
Publication Date: Apr 2019
Publication Type(s): Academic Journal
Database: CINAHL

26. E043  Acute gout management in a tertiary institution: a clinical audit...British Society for Rheumatology Annual Conference 2019, April 30-May 02 2019, Birmingham, United Kingdom

Authors: Allameen, Nur Azizah; Santosa, Amelia; Lahiri, Manjari
Source: Rheumatology; Apr 2019; vol. 58
Publication Date: Apr 2019
Publication Type(s): Academic Journal
Database: CINAHL

27. I005  Using audit data to transform services...British Society for Rheumatology Annual Conference 2019, April 30-May 02 2019, Birmingham, United Kingdom

Authors: Ledingham, Jo
Source: Rheumatology; Apr 2019; vol. 58
Publication Date: Apr 2019
Publication Type(s): Academic Journal
Database: CINAHL
28. I032 Maximizing the clinical impact of BSR guidelines by assessing the baseline: results from the BSR multiregional audit of the management of SLE in adults...British Society for Rheumatology Annual Conference 2019, April 30-May 02 2019, Birmingham, United Kingdom

Authors Sandhu, Ravinder
Source Rheumatology; Apr 2019; vol. 58
Publication Date Apr 2019
Publication Type(s) Academic Journal
Database CINAHL

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29. I064 How to use QI tools in practice: resources from the BSR SLE audit...British Society for Rheumatology Annual Conference 2019, April 30-May 02 2019, Birmingham, United Kingdom

Authors Sharp, Charlotte A
Source Rheumatology; Apr 2019; vol. 58
Publication Date Apr 2019
Publication Type(s) Academic Journal
Database CINAHL

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30. I134 Results from the first UK audit of pain management in inflammatory arthritis: EULAR recommendations examined...British Society for Rheumatology Annual Conference 2019, April 30-May 02 2019, Birmingham, United Kingdom

Authors Shenker, Nicholas
Source Rheumatology; Apr 2019; vol. 58
Publication Date Apr 2019
Publication Type(s) Academic Journal
Database CINAHL

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31. Are you IT savvy?

Authors While, Alison
Source British Journal of Community Nursing; Apr 2019; vol. 24 (no. 4); p. 198-198
Publication Date Apr 2019
Publication Type(s) Academic Journal
Database CINAHL

Available at British Journal of Community Nursing from Available to NHS staff on request from UHL Libraries & Information Services (from NULJ library) - click this link for more information Local Print Collection [location] : UHL Libraries On Request (Free).

Available at British Journal of Community Nursing from Available to NHS staff on request from UHL Libraries & Information Services (from non-NHS library) - click this link for more information Local Print Collection [location] : British Library via UHL Libraries - please click link to request article.

Abstract In the article, the author discusses the need to improve the digital skills and literacy capabilities of healthcare professionals like nurses in Great Britain as of April 2019 to optimize care services and patient care time. Also cited are the poor implementation by the National Health Service (NHS) of information technology (IT) projects, as well as such technological developments as digital medicine, genomics, and artificial intelligence-based technologies.

32. MRSA Screening in Ambulatory Upper Limb Trauma Day Cases.

Authors: Macdonald, Barbara
Source: British Journal of Midwifery; Apr 2019; vol. 27 (no. 4); p. 258-264
Publication Date: Apr 2019
Publication Type(s): Academic Journal
Database: CINAHL

A-EQUIP has been rolled out as the model of support for midwives in England since 2017, replacing statutory supervision. The non-regulatory but important supportive aspect of supervision will continue, focusing on restoration, revalidation and education. As a result, the supervisor of midwives role has been replaced by the professional midwifery advocate (PMA). The A-EQUIP model provides a framework for PMAs to deliver support and clinical supervision to midwives, through interventions such as restorative clinical supervision. Providing restorative clinical supervision is explored further in this article, to critically reflect on the beneficial outcomes for midwives facing extreme pressures and the care that women receive.


Authors: Fragkos, Konstantinos C.; Di Caro, Simona; Mehta, Shameer J.; Rahman, Farooq
Source: Clinical Nutrition; Apr 2019; vol. 38 (no. 2); p. 968-968
Publication Date: Apr 2019
Publication Type(s): Academic Journal
Database: CINAHL

The clinical supervision model A-EQUIP has been rolled out as the model of support for midwives in England since 2017, replacing the statutory supervision. The non-regulatory but important supportive aspect of supervision will continue, focusing on restoration, revalidation and education. As a result, the supervisor of midwives role has been replaced by the professional midwifery advocate (PMA). The A-EQUIP model provides a framework for PMAs to deliver support and clinical supervision to midwives, through interventions such as restorative clinical supervision. Providing restorative clinical supervision is explored further in this article, to critically reflect on the beneficial outcomes for midwives facing extreme pressures and the care that women receive.
35. An integrated approach to e-health, data collection and patient-reported outcomes in inflammatory bowel disease.

Authors: Avery, Pearl

Source: Gastrointestinal Nursing; Apr 2019; vol. 17 (no. 3); p. 37-42

Publication Date: Apr 2019

Publication Type(s): Academic Journal

Database: CINAHL

Abstract: Medical management of inflammatory bowel disease (IBD) is expensive and has a considerable side-effect profile. Nurse-led care must follow quality standards and relies on patient input and consistent monitoring. There are a variety of novel e-health solutions to assist with this. Data collection and audit participation can be streamlined with the implementation of a patient-management system linked with the IBD Registry national data-collection initiative. However, this can carry a burden of input for clinicians. Patient-reported outcome measures (PROMs) allow for patient self-efficacy and remote review, potentially increasing outpatient capacity and adding value to IBD services. PROMs need to be validated and easy to use, such as IBD-Control. An ecosystem approach is effective in a fractured e-health landscape, and PROMs should be integrated with accessible patient portals. It is hoped that these developments will increase monitoring opportunities and outpatient capacity, as well as help nurses manage the increasingly complex care prescribed for IBD patients.


Authors: Richardson, Emma; Walshe, Kieran; Boyd, Alan; Roberts, Jill; Wenzel, Lillie; Robertson, Ruth; Smithson, Rachael

Source: Health Expectations; Apr 2019; vol. 22 (no. 2); p. 245-253

Publication Date: Apr 2019

Publication Type(s): Academic Journal

Database: CINAHL

Abstract: Background: High profile failures of care in the NHS have raised concerns about regulatory systems for health-care professionals and organizations. In response, the Care Quality Commission (CQC), the regulator of health and social care in England overhauled its regulatory regime. It moved to inspections which made much greater use of expert knowledge, data and views from a range of stakeholders, including service users. Objective: We explore the role of service users and citizens in health and social care regulation, including how CQC involved people in inspecting and rating health and social care providers. Design: We analyse CQC reports and documents, and 61 interviews with CQC staff and representatives of groups of service users and voluntary sector organizations to explore the place of service user voice in regulatory processes. Results: Care Quality Commission invited comments and facilitated the sharing of existing service user experiences and engaged with representatives of groups of service users and voluntary sector organizations to explore the place of service user voice in regulatory processes. Results: Care Quality Commission invited comments and facilitated the sharing of existing service user experiences and engaged with representatives of groups of service users and voluntary sector organizations. Discussion and conclusions: Service users can make an important contribution to regulation by sharing their experiences and having their voices heard, but their involvement was somewhat transactional, and largely on terms set by CQC. There may be scope for CQC to build more enduring relationships with service user groups and to engage them more effectively in the regulatory regime.

37. Collaborative doctor-pharmacist prescribing in the emergency department and admissions unit: a study of accuracy and safety.

Authors: Taylor, Sally; Hale, Andrew; Lewis, Rebecca; Rowland, Jeffrey

Source: Journal of Pharmacy Practice & Research; Apr 2019; vol. 49 (no. 2); p. 176-178

Publication Date: Apr 2019

Publication Type(s): Academic Journal

Database: CINAHL
Abstract
Prescribing by pharmacists in a collaborative manner has been occurring in the UK for several years. There are minimal studies involving pharmacist prescribing in Australia. In the present audit, 34 medication charts (17 each from the pharmacist prescriber and medical officer) were reviewed for safety and accuracy. Medication charts written by a pharmacist were more accurate than those written by a medical officer when compared to the medication history. Discrepancies and omissions had more potential for patient harm in the charts written by the medical officer. In all, 146 orders prescribed by pharmacists and 145 orders prescribed by medical officers were reviewed for safety. Of these, 90% of orders written by the pharmacist were error free, compared with 26% written by medical officers. The incorporation of pharmacist prescribers into the admissions process has the potential to improve patient safety and decrease medication errors.

38. Effective approaches to health promotion in nursing practice.
Authors Phillips, Adele
Source Nursing Standard; Apr 2019; vol. 34 (no. 4); p. 43-50
Publication Date Apr 2019
Publication Type(s) Trade Publication
Database CINAHL
Available at Nursing Standard from Available to NHS staff on request from UHL Libraries & Information Services (from NULJ library) - click this link for more information Local Print Collection [location] : UHL Libraries On Request (Free).
Available at Nursing Standard from Available to NHS staff on request from UHL Libraries & Information Services (from non-NHS library) - click this link for more information Local Print Collection [location] : British Library via UHL Libraries - please click link to request article.
Abstract This article defines the concept of health promotion and explains why it is essential for nurses to embed health promotion aims and values in their practice. It discusses how health promotion contributes to the improvement and maintenance of population health and contemporary public health agendas in the UK and worldwide. Using several practical activities, this article aims to encourage nurses to identify their own approach to promoting health in their professional role, consider how they can implement 'Making Every Contact Count' with the patients they care for, and enhance the overall effectiveness of their practice.

Authors Gilroy, Rebecca
Source Practice Nursing; Apr 2019; vol. 30 (no. 4); p. 147-148
Publication Date Apr 2019
Publication Type(s) Academic Journal
Database CINAHL
Available at Practice Nursing from Available to NHS staff on request from UHL Libraries & Information Services (from NULJ library) - click this link for more information Local Print Collection [location] : UHL Libraries On Request (Free).
Available at Practice Nursing from Available to NHS staff on request from UHL Libraries & Information Services (from non-NHS library) - click this link for more information Local Print Collection [location] : British Library via UHL Libraries - please click link to request article.
Abstract Leadership has never been more important for practice nurses, but do you see yourself as a leader? Rebecca Gilroy provides a debrief of the event and some key takeaways that readers may find beneficial on their leadership journey

40. Public self-consciousness, pre-loading and drinking harms among university students.
Authors Davies, Emma Louise; Paltoglou, Aspasia E.
Source Substance Use & Misuse; Apr 2019; vol. 54 (no. 5); p. 747-757
Publication Date Apr 2019
Publication Type(s) Academic Journal
Database CINAHL
Abstract

Background: Social anxiety and self-consciousness are associated with alcohol-related problems in students. The practice of pre-loading is one avenue for exploration regarding this relationship. Individuals may pre-load to reduce social anxiety and feel more confident when socializing, which could lead to the increased harms experienced. The current study aimed to explore reasons for pre-loading, and whether public and private self-consciousness and social anxiety were related to pre-loading, increased drinking, and harms. Objectives: Prospective study with four-week follow up of 325 UK students aged 18--30 years old. Participants completed measures of private and public self-consciousness, social anxiety, alcohol consumption, alcohol-related harms, and pre-loading. Results: Financial motives and mood-related reasons, such as gaining confidence were reported as reasons for pre-loading. Pre-loading predicted hazardous alcohol consumption, but social anxiety, and public and private self-consciousness did not. However, pre-loading, public self-consciousness, and social anxiety predicted alcohol-related harms. Furthermore, public self-consciousness mediated the relationship between pre-loading and harms in a positive direction and this appeared to be more relevant in high-risk (AUDIT 8+) than low-risk drinkers. Conclusions: Students who scored higher in public self-consciousness appeared to be at greater risk of harms from pre-loading. Further research should examine this relationship with particular attention to high-risk drinkers, and explore which aspects of a night out are related to heightened self-consciousness. Interventions could incorporate measures to reduce public self-consciousness, in order to reduce the negative impacts of pre-loading.

41. A review of compliance with pain assessments within a UK ICU.

Authors Melia, Rachel; Morrell-Scott, Nicola; Maine, Norman
Source British Journal of Nursing; Mar 2019; vol. 28 (no. 6); p. 382-386
Publication Date Mar 2019
Publication Type(s) Academic Journal
Database CINAHL
Available at British journal of nursing (Mark Allen Publishing) from Available to NHS staff on request from UHL Libraries & Information Services (from NULJ library) - click this link for more information Local Print Collection [location] : UHL Libraries On Request (Free).
Available at British journal of nursing (Mark Allen Publishing) from Available to NHS staff on request from UHL Libraries & Information Services (from non-NHS library) - click this link for more information Local Print Collection [location] : British Library via UHL Libraries - please click link to request article.

Abstract

Background: clinical audits highlight areas where care may not be of the desired quality; they are essential to ensure care is safe and effective. Effective assessment and management of pain have been shown to improve patient wellbeing and clinical outcomes. Aim: this audit aimed to identify compliance with pain assessment tools and documentation within intensive care and make recommendations to improve practice. Discussion: compliance with documenting pain assessments was poor, a finding that is consistent with the literature. Although a wealth of evidence has shown pain assessments are not being completed effectively, this continues to be a problem. Intensive care has significant areas for improvement in this area, which would improve patients' experiences and outcomes. Nurses should be educated in the use of pain assessment tools and compliance. Conclusion: providing patients in intensive care with appropriate analgesia benefits their physical and psychological health. Areas for improvement identified in this audit include that pain assessments need to be carried out and documented regularly. The audit has implications for practice in that it shows a need for reinforced education for staff, better communication and updates to promote pain assessment and the implementation of guidelines.

42. The urgent need to make NHS mental health care safer.

Authors Tingle, John
Source British Journal of Nursing; Mar 2019; vol. 28 (no. 6); p. 400-401
Publication Date Mar 2019
Publication Type(s) Academic Journal
Database CINAHL
Available at British Journal of Nursing from Available to NHS staff on request from UHL Libraries & Information Services (from NULJ library) - click this link for more information Local Print Collection [location] : UHL Libraries On Request (Free).
Available at British Journal of Nursing from Available to NHS staff on request from UHL Libraries & Information Services (from non-NHS library) - click this link for more information Local Print Collection [location] : British Library via UHL Libraries - please click link to request article.

Abstract

John Tingle discusses some recent reports that call for urgent improvements in the quality and safety of care in NHS mental health services

43. Government-backed expert panel set up to improve race equality.

Authors Jones-Berry, Stephanie
Source Nursing Management - UK; Mar 2019; vol. 26 (no. 2); p. 8-10
Publication Date Mar 2019
44. Enhanced supervision: new ways to promote safety and well-being in patients requiring one-to-one or cohort nursing.

Authors: Jones, Ann; Aylward, Rebecca; Jones, Aled

Source: Nursing Management - UK; Mar 2019; vol. 26 (no. 2); p. 22-29

Abstract: The number of older people with multiple co-morbidities and cognitive impairment being admitted to hospital is increasing, and behavioural disturbances, such as confusion, agitation and delirium, are becoming commonplace. The need for nursing teams to manage the patients with such disturbances has led to the proliferation of one-to-one nursing or close observation, anecdotally known as ‘specialing’. This article describes the implementation and outcomes of a new framework for providing enhanced supervision of patients in clinical wards run by the Cardiff and Vale University Health Board, one of the largest acute providers of care in Wales.

45. Will extra training improve care of service users with learning disabilities or autism?

Authors: Glasper, Alan

Source: British Journal of Nursing; Mar 2019; vol. 28 (no. 5); p. 315-316

Abstract: Emeritus Professor Alan Glasper, University of Southampton, discusses a new initiative for additional training for health professionals in England. An open consultation is inviting nurses and others to comment on the proposals.

46. Home treatment services for acute mental disorders: an all-Ireland survey.

Authors: O’Keeffe, B.; Russell, V.

Source: Irish Journal of Psychological Medicine; Mar 2019; vol. 36 (no. 1); p. 7-17
47. Assessments of mental capacity: upholding the rights of the vulnerable or the misleading comfort of pseudo objectivity?

**Authors**
Rogers, Jim; Bright, Lucy

**Source**
Journal of Adult Protection; Mar 2019; vol. 21 (no. 2); p. 74-84

**Abstract**
Purpose The purpose of this paper is to present findings from a research project which investigated the approaches of different groups of assessors to the mental capacity assessments which are required to be conducted as part of Deprivation of Liberty Safeguards (DOLS). Design/methodology/approach Four case study vignettes were given to participants. Three groups involved in the DOLS assessment process were interviewed by telephone about the factors that may influence their capacity assessments. Findings Most assessors did not refer to the required two-stage test of capacity or the "causative nexus" which requires that assessors must make clear that it is the identified "diagnostic" element which is leading to the inability to meet the "functional" requirements of the capacity test. The normative element of capacity assessments is acknowledged by a number of assessors who suggest that judging a person's ability to "weigh" information, in particular, is a subjective and value-based exercise, which is given pseudo objectivity by the language of the Mental Capacity Act (MCA). A number of elements of good practice were also identified. Research limitations/implications In this exploratory study, participant numbers were small (n=21), and the authors relied on self-report rather than actual observations of practice or audit of completed assessments. Practical implications The findings are of relevance to all of those working in health and social care who undertake assessments of mental capacity, and will be helpful to all of those tasked with designing and delivering training in relation to the MCA 2005. They also have relevance to policy makers in the UK who are involved with reforms to DOLS regulations, and to those in other countries which have legislation similar to the MCA. Originality/value Much existing literature exhorts further training around the MCA. The authors suggest that an equally important task is for practitioners to understand and be explicit about the normative elements of the process, and the place of ethics and values alongside the more cognitive and procedural aspects of capacity assessments.

48. Quality procedures and complaints: nursing homes in Portugal.

**Authors**
Gil, Ana Paula

**Source**
Journal of Adult Protection; Mar 2019; vol. 21 (no. 2); p. 126-143

**Abstract**
Objective: To determine the distribution, functioning and perceived impact of home-based treatment (HBT) teams for acute mental disorders on the island of Ireland. Methods: A 28-item questionnaire exploring the structure, staffing and operation of HBT teams was emailed to all clinical directors of mental health services in Ireland (n = 26) and Northern Ireland (NI) (n = 5). Quantitative data was analysed using the Survey Monkey package, while free-text responses to open questions were analysed for thematic content. Results: In total, 11 of 16 (68%) mental health services in Ireland and four of five (80%) in NI confirmed the presence of HBT teams. For 80% of respondents the primary function of HBT was as an alternative to inpatient admission. All NI respondents reported provision of a 24/7 HBT service. A 7 day a week service was reported by 82% of Republic of Ireland respondents. In total, 70% of respondents reported a gate-keeping role for their teams. Staffing levels and multidisciplinary representation varied widely. Most respondents perceived HBT as improving patient/carer experience and cost-effectiveness. Conclusions: Our findings suggest that the implementation of the HBT model in Ireland has not fulfilled the aspirations set out in mental health policy in both Irish jurisdictions. Many areas have no HBT services while wide variations in staffing levels and functioning persist. However, mental health services with established HBT teams appear convinced of their positive impact. An All-Ireland forum on HBT may help to define the model in an Irish context and standardise its future resourcing, operation and evaluation.
50. Do theatre staff use face masks in accordance with the manufacturers' guidelines of use?

Abstract
Purpose: In most European countries there is a range of quality control system mechanisms, however, poor quality and institutional violence can be found in the residential sector. Taking Portugal as an example of a country that uses an inspection-only approach, this paper focuses on the monitoring system for controlling the quality of care in nursing homes. The purpose of this paper is to analyse how mistreatment of older people is identified and dealt with by the national social security services. In particular it looks at what the indicators are with which to assess poor quality care and mistreatment (how it is perceived and defined), which factors affect mistreatment of older people and intervention outputs (i.e. what are the sanctions to prevent and combat this). Design/methodology/approach: An exploratory approach was based on a mixed method, using a database of 3,685 complaints reported to the social security inspection services. To understand the context of the complaints and the assessment of institutional violence, focus groups were carried out with inspectors from the National Inspection Service. Findings: The focus groups identified severe situations of poor care, mistreatment of older people and loss of human rights and dignity. Some indicators were found in key areas of care and the factors associated with this were based on Kamavarapu's typology (2017): physical conditions of facilities; closed organisational models; difficult working conditions; and perceived concerns of residents. Monitoring and inspection systems are still based on minimum standards focusing on structural and process quality, devoting little attention to the human rights situation of older persons and clinical issues. Research limitations/implications: The number of participants in the focus groups was limited in size but the uniqueness of this exploratory method draws a dark picture of non-licensed nursing homes in Portugal. Originality/value: An exploratory analysis was useful to identify institutional violence and discuss potential implications, in terms of effectiveness of quality care control, which calls for special attention by policy makers and researchers when monitoring the human rights of older persons.

Authors
Douglas Herron, Jonathan Blair Thomas; Kuht, James Alan; Hussain, Ammar Zahid; Gens, Kamila Kinga; Gilliam, Andrew

Simmons, Mike; Daniel, Sharon; Temple, Mark

Source
Journal of Infection Prevention; Mar 2019; vol. 20 (no. 2); p. 91-98

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Available at Journal of Infection Prevention from Available to NHS staff on request from UHL Libraries & Information Services (from non-NHS library) - click this link for more information Local Print Collection [location]: British Library via UHL Libraries - please click link to request article.

Abstract
Background: We sought to reduce healthcare-associated infections (HCAIs) through the application of complexity science. Objective: To confirm incidental findings that altering the structure of microbiology reports with targeted education led to better utilisation of laboratory resources, while participating in efforts to reduce HCAI. Methods: We adopted a different approach to laboratory result authorisation, using narrative to engage the clinicians and induce behavioural change. Subsequent educational opportunities emphasised key messages. Findings/Results: Positive urine means calculated by the analysis tool numbered 2179/month throughout the study period. Negative urines started at 5576/month, reduced to 5134/month in November 2014 and to 4602/month in April 2016, coinciding with our changes. Opportunity costs were saved. Discussion: The changes in both policy and reporting were contemporaneous with a decline in negative samples. There were no significant changes in the number of positive specimens. The efficiency and effectiveness of the laboratory was improved and resources released: £145,000 ($182,000) for a resident population of 384,000. This suggests an annual release of about £25 million ($31 million) may be possible in the UK and £122 million ($155 million) in the USA.

49. How to manipulate friends and influence practice: Application of complexity science leads to quality improvement in laboratory sample submissions.

Abstract
Background: We sought to reduce healthcare-associated infections (HCAIs) through the application of complexity science. Objective: To confirm incidental findings that altering the structure of microbiology reports with targeted education led to better utilisation of laboratory resources, while participating in efforts to reduce HCAI. Methods: We adopted a different approach to laboratory result authorisation, using narrative to engage the clinicians and induce behavioural change. Subsequent educational opportunities emphasised key messages. Findings/Results: Positive urine means calculated by the analysis tool numbered 2179/month throughout the study period. Negative urines started at 5576/month, reduced to 5134/month in November 2014 and to 4602/month in April 2016, coinciding with our changes. Opportunity costs were saved. Discussion: The changes in both policy and reporting were contemporaneous with a decline in negative samples. There were no significant changes in the number of positive specimens. The efficiency and effectiveness of the laboratory was improved and resources released: £145,000 ($182,000) for a resident population of 384,000. This suggests an annual release of about £25 million ($31 million) may be possible in the UK and £122 million ($155 million) in the USA.

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Authors
Douglas Herron, Jonathan Blair Thomas; Kuht, James Alan; Hussain, Ammar Zahid; Gens, Kamila Kinga; Gilliam, Andrew

Simmons, Mike; Daniel, Sharon; Temple, Mark

Source
Journal of Infection Prevention; Mar 2019; vol. 20 (no. 2); p. 91-98

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Abstract

Aim: Surgical face masks are worn by theatre staff to protect the surgical site from airborne contamination and the wearer from bodily fluid splash. This observational/audit aimed to assess whether theatre staff wear masks in accordance with manufacturers'/Centers for Disease Control and Prevention (CDC) guidelines of use.

Methods: A total of 1034 surgically scrubbed staff were assessed on their technique of applying surgical face masks, compared to the CDC guidelines as manufacturers' guidelines were not available as per Health and Safety Executive guidelines. Results: Only 18% of surgically scrubbed staff fully complied with the CDC guidelines on the application of a face mask. Compliance was worst in urology, ophthalmology and vascular surgeons, whereas orthopaedic and plastic surgeons were the most compliant. Discussion: Compliance with CDC face mask guidelines may have an impact on surgical site infections (SSI) and protection of staff from body fluid splash, but most staff do not comply with these guidelines. Conclusions: Most operating theatre staff do not apply a face mask using correct technique, outlined in CDC guidance, which may increase SSI rates. Staff are not aware of existing guidelines for donning a mask.

51. Opportunistic screening for alcohol use problems in adolescents attending emergency departments: an evaluation of screening tools.

Authors

Research, Simon Coulton Professor of Health Service; Economics, M Fasihul Alam Assistant Professor in Health; Manager, Sadie Boniface Trial; Research, Paolo Deluca Reader in Addictions; Manager, Kim Donoghue Trial; Psychiatrist, Eliish Gilvarry Hon Professor of Addictions and Consultant; Research, Eileen Kaner Professor of Public Health and Primary Care; Associate, Ellen Lynch Research; Medicine, Ian Maconochie Honorary Senior Lecturer and Consultant in Paediatric Emergency; Psychiatrist, Paul McArdle Consultant Child and Adolescent; Associate, Ruth McGovern Senior Research; Research, Dorothy Newbury-Birch Professor of Alcohol & Public Health; Psychology, Robert Patton Lecturer in Clinical; Economics, Ceri J Phillips Professor of Health; (Addictions), Thomas Phillips Professor of Nursing; Assistant, Hannah Rose Research; (Medicine), Ian Russell Professor Emeritus; Psychiatry, John Strang Professor of Addiction; Psychiatry, Colin Drummond Professor of Addiction

Source

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Available at Journal of Public Health from Available to NHS staff on request from UHL Libraries & Information Services (from non-NHS library) - click this link for more information Local Print Collection [location] : British Library via UHL Libraries - please click link to request article.

Available at Journal of Public Health from Unpaywall

Abstract

Objective To estimate and compare the optimal cut-off score of Alcohol Use Disorders Identification Test (AUDIT) and AUDIT-C in identifying at-risk alcohol consumption, heavy episodic alcohol use, ICD-10 alcohol abuse and alcohol dependence in adolescents attending ED in England. Design Opportunistic cross-sectional survey. Setting 10 emergency departments across England. Participants Adolescents (n = 5377) aged between their 10th and 18th birthday who attended emergency departments between December 2012 and May 2013. Measures Scores on the AUDIT and AUDIT-C. At-risk alcohol consumption and monthly episodic alcohol consumption in the past 3 months were derived using the time-line follow back method. Alcohol abuse and alcohol dependence was assessed in accordance with ICD-10 criteria using the MINI-KID. Findings AUDIT-C with a score of 3 was more effective for at-risk alcohol use (AUC 0.81; sensitivity 76%, specificity 98%), heavy episodic use (0.84; 76%, 98%) and alcohol abuse (0.98; 91%, 90%). AUDIT with a score of 7 was more effective in identifying alcohol dependence (0.92; 96%, 94%). Conclusions The 3-item AUDIT-C is more effective than AUDIT in screening adolescents for at-risk alcohol use, heavy episodic alcohol use and alcohol abuse. AUDIT is more effective than AUDIT-C for the identification of alcohol dependence.

52. PULLING TOGETHER.

Source

Midwives; Mar 2019; vol. 22 ; p. 41-42

Publication Date

Mar 2019

Publication Type(s)

Periodical

Database

CINAHL

Available at Midwives from Available to NHS staff on request from UHL Libraries & Information Services (from NULJ library) - click this link for more information Local Print Collection [location] : UHL Libraries On Request (Free).

53. Better births turns three.

Source

Midwives; Mar 2019; vol. 22 ; p. 43-47

Publication Date

Mar 2019

Publication Type(s)

Periodical
54. Admissions for hypoglycaemia after 35 weeks of gestation: perinatal predictors of cost of stay.

Authors: Dassios, Theodore; Greenough, Anne; Leonitiadi, Stamatina; Hickey, Ann; Kametas, Nikos A.; Kametas, Nick
Source: Journal of Maternal-Fetal & Neonatal Medicine; Feb 2019; vol. 32 (no. 3); p. 448-454
Publication Date: Feb 2019
Publication Type(s): Academic Journal
PubMedID: 28922987
Database: CINAHL

Abstract: Background: Hypoglycaemia accounts for approximately one-tenth of term admissions to neonatal units can cause long-term neurodevelopmental impairment and is associated with the significant burden to the affected infants, families and the health system. Objective: To define the prevalence, length and cost of admissions for hypoglycaemia in infants born at greater than 35 weeks gestation and to identify antenatal and perinatal predictors of those outcomes. Materials and Methods: This was a retrospective audit of infants admitted for hypoglycaemia between 1 January 2012 and 31 December 2015, in a level three neonatal intensive care unit at King's College Hospital NHS Foundation Trust, London. The main outcome measures were the prevalence, length and cost of admissions for hypoglycaemia and antenatal and postnatal predictors of the length and cost of the stay. Results: There were 474 admissions for hypoglycaemia (17.8% of total admissions). Their median (IQR) blood glucose on admission was 2.1 (1.7-2.4) mmol/l, gestation at delivery 38.1 (36.7-39.3) weeks, birthweight percentile 31.4 (5.4-68.9), their length of stay was 3.0 (2.0-5.0). Admissions equated to a total of 2107 hospital days. The total cost of the stay was 1,316,591 Great Britain pound. The antenatal factors associated with admission for hypoglycaemia were maternal hypertension (19.8%), maternal diabetes (24.5%), foetal growth restriction (FGR) (25.9%) and pathological intrapartum cardiotocograph (23.4%). In 13.7% of cases, there was no associated pregnancy complication. Multivariate logistic regression analysis demonstrated lower gestational age, z-score birthweight squared, exclusive breastfeeding and maternal prescribed nifedipine were independently associated with the length and cost of the stay. Conclusion: Hypoglycaemia accounted for approximately one-fifth of admissions after 35-week gestation. Lower gestational age and admission blood glucose, low and high z-score birthweight, maternal nifedipine and exclusive breastfeeding are associated with longer duration of stay.


Authors: Gomaa, Abdul-Rahman; Wilkinson, Jonathan N.
Source: Anaesthesiology Intensive Therapy; Jan 2019; vol. 51 ; p. 22-24
Publication Date: Jan 2019
Publication Type(s): Academic Journal
Database: CINAHL

Abstract: Background: Hypoglycaemia accounts for approximately one-tenth of term admissions to neonatal units can cause long-term neurodevelopmental impairment and is associated with the significant burden to the affected infants, families and the health system. Objective: To define the prevalence, length and cost of admissions for hypoglycaemia in infants born at greater than 35 weeks gestation and to identify antenatal and perinatal predictors of those outcomes. Materials and Methods: This was a retrospective audit of infants admitted for hypoglycaemia between 1 January 2012 and 31 December 2015, in a level three neonatal intensive care unit at King's College Hospital NHS Foundation Trust, London. The main outcome measures were the prevalence, length and cost of admissions for hypoglycaemia and antenatal and postnatal predictors of the length and cost of the stay. Results: There were 474 admissions for hypoglycaemia (17.8% of total admissions). Their median (IQR) blood glucose on admission was 2.1 (1.7-2.4) mmol/l, gestation at delivery 38.1 (36.7-39.3) weeks, birthweight percentile 31.4 (5.4-68.9), their length of stay was 3.0 (2.0-5.0). Admissions equated to a total of 2107 hospital days. The total cost of the stay was 1,316,591 Great Britain pound. The antenatal factors associated with admission for hypoglycaemia were maternal hypertension (19.8%), maternal diabetes (24.5%), foetal growth restriction (FGR) (25.9%) and pathological intrapartum cardiotocograph (23.4%). In 13.7% of cases, there was no associated pregnancy complication. Multivariate logistic regression analysis demonstrated lower gestational age, z-score birthweight squared, exclusive breastfeeding and maternal prescribed nifedipine were independently associated with the length and cost of the stay. Conclusion: Hypoglycaemia accounted for approximately one-fifth of admissions after 35-week gestation. Lower gestational age and admission blood glucose, low and high z-score birthweight, maternal nifedipine and exclusive breastfeeding are associated with longer duration of stay.
Abstract

Background: Intravenous (i.v.) fluids are some of the most commonly prescribed day-to-day drugs. They have their indications, benefits, risks, side-effects and complications. Often, the task is delegated to the junior most members of the team. Evidence suggests that such prescriptions are rarely ever done correctly despite the presence of clear guidelines (NICE CG174) [1-3]. This is thought to be due to lack of knowledge and experience, which often breeds confusion. Consequently, this puts patients at increased risk of harm and may incur unnecessary costs to the Trust. Northampton General Hospital NHS Trust is a busy acute Trust with 630 beds covering a population of 380,000. On average, there are usually 48 to 60 patients on i.v. fluids in any one day. Retrospective review of prescriptions within the Trust between 2012-2016 identified poor control of the process. There were considerable variations in i.v. fluid prescriptions; none of which adhered to NICE’s guidelines. At times, some prescriptions were placing patients at increased risk of associated complications.

Objectives: Establish a quality improvement project to ensure that all i.v. fluid prescriptions are safe, appropriate and adhere to NICE guidance by August 2017. Methods: Using three simultaneous approaches (Fig. 1) we set out to review and improve the prescribing process of “i.v. fluid prescribing”. Teaching sessions were delivered to all junior doctors in order to improve knowledge and awareness of appropriate i.v. fluid prescribing and promote familiarity with the current NICE i.v. fluid guidelines. This inc- luded a ‘feature session’ at our local hospital’s Grand Round. A point-of-care aide-memoire (Fig. 2) containing a summary of the information needed for correct prescription was designed and printed. This complimented the teaching sessions and supported good clinical practice. Using serial Plan-Do-Study-Act (PDSA) cycles, a novel “i.v. fluid bundle” (Fig. 2) was developed, fine-tuned and trialled on five wards (three surgical, two medical). The aim of the bundle was to ensure that patients were clinically reviewed in order to assess their volaemic status in order that appropriate i.v. fluids could then be selected and prescribed safely. The impact of these interventions was assessed on the trial wards via a weekly point prevalence audit of the i.v. fluid bundles for the duration of the trial. Parameters looked at were: incidence of deranged U&E’s, incidence of AKI and the number of days between the latest U&E’s and the patient’s i.v fluid prescription. Results: Baseline data. A total of 100 consecutive i.v. fluid prescriptions across all adult wards were reviewed. Volumes - 16% had the correct volumes prescribed for maintenance fluids. Electrolytes & Glucose-patients received excessive amounts of sodium within their i.v. fluid prescriptions yet minimal potassium. Only 25% contained the correct amount of glucose. With a limited uptake (50%) of the i.v. fluid bundle we were able to significantly improve the measured outcomes and balancing measures (Fig. 3). Of the patients on the i.v. fluid bundle: · All patients had a documented review of both fluid status and balance. · Incidence of deranged U&E’s decreased from 48% to 35%. · Incidence of AKI decreased 14% to 10%. · The average number of days between the latest U&E’s and a fluid prescription decreased from 2.2 days to 1.0 day. Discussion: We aimed to tackle these issues with some simple changes, geared to each of the confounding issues we identified from previous audits and process mapping runs. This is an ongoing quality improvement project within a PDSA cycle; various interventions are being implemented currently. Early results are encouraging. With the increased uptake of NGH’s i.v. fluid bundle (Fig. 2) we saw improvements in the observed measures (Fig. 3). We are currently in the process of delivering teaching sessions to all junior doctors, as well as rolling out NGH’s i.v. fluid bundle Trust-wide. Once all the interventions have been delivered and established, we aim to re-assess the i.v. fluid prescriptions within our trust and evaluate the impact of the changes. Conclusions: Prescribing i.v. fluids correctly is a complex task. Ensuring that all i.v. fluid prescriptions within the Trust are safe, appropriate and adhere to evidence-based NICE guidance requires a careful, measured, long-term approach. Changing prescribing habits is the most challenging change to accomplish. Though provisional data goes some way to show that introducing NGH’s i.v. fluid bundle can change prescription habits and reduce the incidence of associated complications, further work needs to be done before more reliable results and conclusions may be drawn.

56. Use of acronyms in anaesthetic and associated investigations: appropriate or unnecessary? - the UOAIAAAIAOU Study.

Authors
Weale, J.; Soysa, R.; Yentis, S. M.

Source
Anaesthesia; Dec 2018; vol. 73 (no. 12); p. 1531-1534

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Dec 2018

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Available at Anaesthesia from Available to NHS staff on request from UHL Libraries & Information Services (from non-NHS library) - click this link for more information Local Print Collection [location] : British Library via UHL Libraries - please click link to request article.
Abstract

We examined the prevalence of novel acronyms in the titles of anaesthetic and related studies and the response of anaesthetists to them. We separately analysed trainee-led research projects in the UK supported by the Research and Audit Federation of Trainees (RAFT), and a 10-year cohort of papers identified using the PubMed literature search tool. We also conducted a survey of 20 anaesthetists within our institution regarding the utility and impact of titles containing acronyms, and their recall of the associated topics. Finally, we developed a scoring system for acronym accuracy and complexity, the ORigin of AcroNym letterinG Used Term AppropriateNess (ORANGUTAN) score, and measured the progression of acronym usage over the 10-year period studied. Our results show that while acronyms themselves are sometimes considered memorable, they do not aid recall of topics and are, in general, not considered helpful. There has been an increase in the prevalence of acronymic titles over 10 years, and in the complexity of acronyms used, suggesting that there is currently a selective pressure favouring the use of acronyms even if they are of limited benefit.

57. Preregistration research training of speech and language therapists in the United Kingdom: a nationwide audit of quantity, content and delivery.

Authors
Pagnamenta, Emma; Joffe, Victoria L.

Source
International Journal of Evidence-Based Healthcare; Dec 2018; vol. 16 (no. 4); p. 204-213

Publication Date
Dec 2018

Publication Type(s)
Academic Journal

Database
CINAHL

Abstract
Aim: To carry out an audit of the quantity and content of research teaching on UK preregistration speech and language therapy (SLT) degree programmes. Method: Lecturers delivering research teaching from each higher education institution providing preregistration training were invited to complete an online survey. Questions included: Amount of research teaching, content of research teaching (including final-year projects), perceived confidence by staff of graduates in research awareness, research activity and leading research. Responses were received for 14 programmes (10 undergraduate and four postgraduate), representing 73% of all undergraduate courses and 44% of all postgraduate courses in the United Kingdom. Results: Fifty percent of courses included over 30 h of research teaching, with wide variability across both undergraduate and postgraduate courses in number of hours, modules and credits devoted to research. There was no association between quantity of research teaching and perception of adequacy of quantity of teaching. Critical appraisal, statistical software and finding literature were the most common topics taught. Conversely, service evaluation and audit was the least common topic covered. All institutions provided a final-year project, with 11/14 requiring empirical research. Perceived confidence of graduates was higher for research awareness than active research and leading research, but this varied across institutions. There was a strong correlation between lecturers' perceived confidence of graduates in research awareness and number of hours of research teaching. Conclusion: Despite the requirements for healthcare professionals to engage in evidence-based practice, the amount and nature of research training in preregistration courses for SLTs in the United Kingdom is highly variable. Levels of perceived confidence of graduates were also variable, not only for active participation in research, and for leading research, but also for research awareness. This has implications for the ability of SLTs to use and embed research in their routine clinical practice.

58. Choosing cooperation over competition; hospital strategies in response to selective contracting.

Authors
Ineveld, Martin; Wijngaarden, Jeroen; Scholten, Gerard; van Ineveld, Martin; van Wijngaarden, Jeroen

Source
International Journal of Health Planning & Management; Oct 2018; vol. 33 (no. 4); p. 1082-1092

Publication Date
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Abstract
Available at International Journal of Health Planning & Management from Wiley Online Library Medicine and Nursing Collection 2018 - NHS

Available at International Journal of Health Planning & Management from Available to NHS staff on request from UHL Libraries & Information Services (from non-NHS library) - click this link for more information Local Print Collection [location] : British Library via UHL Libraries - please click link to request article.
With the introduction of market competition in health care, the Dutch government enabled health insurers to contract hospital care selectively. The assumption is that “selective contracting” will stimulate efficiency, effectiveness, and innovation and will diminish overcapacity. In 2010, the first Dutch health insurers started experimenting with “selective contracting” by setting a minimum treatment volume per year for complex treatments. In an explorative, multiple case study among 15 hospitals in five regions, we found that instead of competing, hospitals started to cooperate and strengthen their networks. The government intended to remove redundant hospital capacity and improve quality by stimulating specialization and concentration. Our study showed that specialization was indeed stimulated, which may have increased quality of care. However, facilitated by the absence of a countervailing power (government or insurer), hospitals in our cases negotiated to the effect of preserving hospital capacity. Within the current political debate between supporters of competition and advocates of a national health service, the importance and role of the (medical) networks should be taken into account. Otherwise, the outcomes of health care governance will be different than intended by either party.

59. Neoadjuvant chemotherapy outcomes in breast cancer: a single institution experience...Clinical Oncology Quality Improvement (QI) and Audit Committee Annual Audit Conference, 26 June, 2018 at The Royal College of Radiologists, London, England

Authors
Rubasingham, Jeffrey; Loo, Vivienne

Source
Clinical Oncology; Sep 2018; vol. 30

Publication Date
Sep 2018

Publication Type(s)
Academic Journal

Database
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Available at Clinical Oncology from Available to NHS staff on request from UHL Libraries & Information Services (from NULJ library) - click this link for more information Local Print Collection [location] : UHL Libraries On Request (Free).

60. Social Connectedness and Perceived Listening Effort in Adult Cochlear Implant Users: A Grounded Theory to Establish Content Validity for a New Patient-Reported Outcome Measure.

Authors
Hughes, Sarah E.; Hutchings, Hayley A.; Rapport, Frances L.; McMahon, Catherine M.; Boisvert, Isabelle

Source
Ear & Hearing (01960202); Sep 2018; vol. 39 (no. 5); p. 922-934

Publication Date
Sep 2018

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29424766

Database
CINAHL

Available at Ear & Hearing (01960202) from Available to NHS staff on request from UHL Libraries & Information Services (from non-NHS library) - click this link for more information Local Print Collection [location] : British Library via UHL Libraries - please click link to request article.
Objectives: Individuals with hearing loss often report a need for increased effort when listening, particularly in challenging acoustic environments. Despite audiologists’ recognition of the impact of listening effort on individuals’ quality of life, there are currently no standardized clinical measures of listening effort, including patient-reported outcome measures (PROMs). To generate items and content for a new PROM, this qualitative study explored the perceptions, understanding, and experiences of listening effort in adults with severe-profound sensorineural hearing loss before and after cochlear implantation.

Design: Three focus groups (1 to 3) were conducted. Purposive sampling was used to recruit 17 participants from a cochlear implant (CI) center in the United Kingdom. The participants included adults (n = 15, mean age = 64.1 years, range 42 to 84 years) with acquired severe-profound sensorineural hearing loss who satisfied the UK’s national candidacy criteria for cochlear implantation and their normal-hearing significant others (n = 2). Participants were CI candidates who used hearing aids (HAs) and were awaiting CI surgery or CI recipients who used a unilateral CI or a CI and contralateral HA (CI + HA). Data from a pilot focus group conducted with 2 CI recipients were included in the analysis. The data, verbatim transcripts of the focus group proceedings, were analyzed qualitatively using constructivist grounded theory (GT) methodology.

Results: A GT of listening effort in cochlear implantation was developed from participants’ accounts. The participants provided rich, nuanced descriptions of the complex and multidimensional nature of their listening effort. Interpreting and integrating these descriptions through GT methodology, listening effort was described as the mental energy required to attend to and process the auditory signal, as well as the effort required to adapt to, and compensate for, a hearing loss. Analyses also suggested that listening effort for most participants was motivated by a need to maintain a sense of social connectedness (i.e., the subjective awareness of being in touch with one’s social world). Before implantation, low social connectedness in the presence of high listening effort encouraged self-alienating behaviors and resulted in social isolation with adverse effects for participant’s well-being and quality of life. A CI moderated but did not remove the requirement for listening effort. Listening effort, in combination with the improved auditory signal supplied by the CI, enabled most participants to listen and communicate more effectively. These participants reported a restored sense of social connectedness and an acceptance of the continued need for listening effort.

Conclusions: Social connectedness, effort-reward balance, and listening effort as a multidimensional phenomenon were the core constructs identified as important to participants’ experiences and understanding of listening effort. The study’s findings suggest: (1) perceived listening effort is related to social and psychological factors and (2) these factors may influence how individuals with hearing loss report on the actual cognitive processing demands of listening. These findings provide evidence in support of the Framework for Understanding Effortful Listening a heuristic that describes listening effort as a function of both motivation and demands on cognitive capacity. This GT will inform item development and establish the content validity for a new PROM for measuring listening effort.

61. An evaluation of the TARGET (Treat Antibiotics Responsibly; Guidance, Education, Tools) Antibiotics Toolkit to improve antimicrobial stewardship in primary care—is it fit for purpose?

Authors
Jones, Leah Ffion; Hawking, Meredith K D; Owens, Rebecca; Lecky, Donna; Francis, Nick A; Butler, Chris; Gal, Micaela; McNulty, Cliodna A M

Source
Family Practice; Aug 2018; vol. 35 (no. 4); p. 461-467

Publication Date
Aug 2018

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PubMedID
29300965

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Available at Family Practice from Available to NHS staff on request from UHL Libraries & Information Services (from non-NHS library) - click this link for more information Local Print Collection [location] : British Library via UHL Libraries - please click link to request article.

Available at Family Practice from Unpaywall
Abstract

Background: The TARGET (Treat Antibiotics Responsibly; Guidance, Education, Tools) Antibiotics Toolkit aims to improve antimicrobial prescribing in primary care through guidance, interactive workshops with action planning, patient facing educational and audit materials. Objective: To explore GPs’, nurses’ and other stakeholders’ views of TARGET. Design: Mixed methods. Method: In 2014, 40 UK GP staff and 13 stakeholders participated in interviews or focus groups. We analysed data using a thematic framework and normalization process theory (NPT). Results: Two hundred and sixty-nine workshop participants completed evaluation forms, and 40 GP staff, 4 trainers and 9 relevant stakeholders participated in interviews (29) or focus groups (24). GP staffs were aware of the issues around antimicrobial resistance (AMR) and how it related to their prescribing. Most participants stated that TARGET as a whole was useful. Participants suggested the workshop needed less background on AMR, be centred around clinical cases and allow more action planning time. Participants particularly valued comparison of their practice antibiotic prescribing with others and the TARGET Treating Your Infection leaflet. The leaflet needed greater accessibility via GP computer systems. Due to time, cost, accessibility and competing priorities, many GP staff had not fully utilized all resources, especially the audit and educational materials. Conclusions: We found evidence that the workshop is likely to be more acceptable and engaging if based around clinical scenarios, with less on AMR and more time on action planning. Greater promotion of TARGET, through Clinical Commissioning Group’s (CCG’s) and professional bodies, may improve uptake. Patient facing resources should be made accessible through computer shortcuts built into general practice software.


Authors
Buckley, H.; Bradshaw, K.; Gregory, D.; Prewett, S.; Tan, L.T.

Source
Clinical Oncology; Jun 2018; vol. 30

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63. Audit of Tomotherapy Intensity Modulated Radiotherapy (IMRT) in Management of Soft Tissue Sarcomas at the Northern Centre for Cancer Care...Clinical Oncology Quality Improvement (QI) and Audit Committee Annual Audit Conference, 26 June, 2018 at The Royal College of Radiologists, London, England

Authors
Veeratterapillay, J.; Waton, A.; Mott, J.; Wintle, T.; Lee, D.

Source
Clinical Oncology; Jun 2018; vol. 30

Publication Date Jun 2018
Publication Type(s) Academic Journal

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64. An Audit of Metastatic Cord Compression Pathways...Audit Conference, Tuesday, 26 June, 2018, Royal College of Radiologists, London

Authors
Philipps, L.; Brock, J.; Appleyard, S.; Doyle, R.

Source
Clinical Oncology; Jun 2018; vol. 30

Publication Date Jun 2018
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65. Consent for Radical External Beam Radiotherapy (EBRT) in Prostate Cancer: An Audit of Adherence to National Institute of Health and Care Excellence (NICE) Guidance...Audit Conference, Tuesday 26 June 2018 at The Royal College of Radiologists, London.

Authors: Cowell, A.; Nikapota, A.
Source: Clinical Oncology; Jun 2018; vol. 30
Publication Date: Jun 2018
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Available at Clinical Oncology from Available to NHS staff on request from UHL Libraries & Information Services (from non-NHS library) - click this link for more information Local Print Collection [location]: British Library via UHL Libraries - please click link to request article.

66. Curative Radiotherapy for Patients with Lung Cancer; What is the Appropriate Number to Treat?...Audit Conference, Tuesday 26 June 2018 at The Royal College of Radiologists, London.

Authors: Bryson, P.; McAleese, J.
Source: Clinical Oncology; Jun 2018; vol. 30
Publication Date: Jun 2018
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Available at Clinical Oncology from Available to NHS staff on request from UHL Libraries & Information Services (from non-NHS library) - click this link for more information Local Print Collection [location]: British Library via UHL Libraries - please click link to request article.


Authors: Crawford, I.; Arthur, C.; Richards, L.; Fitzpatrick, C.; Misra, V.
Source: Clinical Oncology; Jun 2018; vol. 30
Publication Date: Jun 2018
Publication Type(s): Academic Journal
Database: CINAHL
Available at Clinical Oncology from Available to NHS staff on request from UHL Libraries & Information Services (from NULJ library) - click this link for more information Local Print Collection [location]: UHL Libraries On Request (Free).
Available at Clinical Oncology from Available to NHS staff on request from UHL Libraries & Information Services (from non-NHS library) - click this link for more information Local Print Collection [location]: British Library via UHL Libraries - please click link to request article.

68. Improving Communication to General Practitioners (GPs) Following Day Attendance on an Oncology Admissions Unit...Audit Conference, Tuesday 26 June 2018 at The Royal College of Radiologists, London.

Authors: Patil, N.; Wallace, K.; Martin, J.; Hughes, A.
Source: Clinical Oncology; Jun 2018; vol. 30
Publication Date: Jun 2018
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Database: CINAHL
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Available at Clinical Oncology from Available to NHS staff on request from UHL Libraries & Information Services (from non-NHS library) - click this link for more information Local Print Collection [location]: British Library via UHL Libraries - please click link to request article.


Authors: Patel, Lopa; Gupta, Rana Das
Source: Aesthetic Surgery Journal; Jun 2018; vol. 38 (no. 6)
Publication Date: Jun 2018
Publication Type(s): Academic Journal
70. Renal Replacement Therapy in the Critically Ill Child.

Authors: Westrope, Claire A.; Fleming, Sarah; Kapetanistrataki, Melpo; Parslow, Roger C.; Morris, Kevin P.
Source: Pediatric Critical Care Medicine; Mar 2018; vol. 19 (no. 3); p. 210-217
Publication Date: Mar 2018
Publication Type(s): Academic Journal
PubMedID: 29315136
Database: CINAHL

Abstract: Objectives: Although renal replacement therapy is widely used in critically ill children, there have been few comprehensive population-based studies of its use. This article describes renal replacement therapy use, and associated outcomes, in critically ill children across the United Kingdom in the largest cohort study of this patient group. Design: A retrospective observational study using prospectively collected data. Setting: Data from the Pediatric Intensive Care Audit Network database which collects data on all children admitted to U.K. PICUs. Patients: Children (< 16 yr) in PICU who received renal replacement therapy between January 1, 2005, and December 31, 2012, were identified. Interventions: Individual-level data including age, underlying diagnosis, modality (peritoneal dialysis and continuous extracorporeal techniques [continuous renal replacement therapy]), duration of renal replacement therapy, PICU length of stay, and survival were extracted. Measurements and Main Results: Three-thousand eight-hundred twenty-five of 129,809 PICU admissions (2.9%) received renal replacement therapy in 30 of 33 centers. Volumes of renal replacement therapy varied considerably from 0% to 8.6% of PICU admissions per unit, but volume was not associated with patient survival. Overall survival to PICU discharge (73.8%) was higher than previous reports. Mortality risk was related to age, with lower risk in older children compared with neonates (odds ratio, 0.6; 95% CI, 0.5-0.8) although mortality did not increase over the age of 1 year; mode of renal replacement therapy, with lower risk in peritoneal dialysis than continuous renal replacement therapy methodologies (odds ratio, 0.7; 0.5-0.9); duration of renal replacement therapy (odds ratio, 1.02/d; 95% CI, 1.01-1.04); and primary diagnosis, with the lowest survival in liver disease patients (53.9%). Conclusions: This study describes current renal replacement therapy use across the United Kingdom and associated outcomes. We describe a number of factors associated with outcome, including age, underlying diagnosis, and renal replacement therapy modality which will need to be factored into future trial design.

71. Editorial.

Source: British Journal of Primary Care Nursing: Cardiovascular Disease, Diabetes & Kidney Care; Feb 2018
Publication Date: Feb 2018
Publication Type(s): Academic Journal
Database: CINAHL


Authors: Bowen, Amy
Source: British Journal of Primary Care Nursing: Cardiovascular Disease, Diabetes & Kidney Care; Feb 2018
Publication Date: Feb 2018
Publication Type(s): Academic Journal
Database: CINAHL
73. Duct Stenting Versus Modified Blalock-Taussig Shunt in Neonates With Duct-Dependent Pulmonary Blood Flow: Associations With Clinical Outcomes in a Multicenter National Study.

**Authors**
Bentham, James R.; Zava, Ngoni K.; Harrison, Wendy J.; Shauq, Arjamand; Kalantre, Atul; Derrick, Graham; Chen, Robin H.; Dhillon, Rami; Taliotis, Demetris; Sok-Leng Kang; Crossland, David; Akintayo Adesokan; Hermuz, Anthony; Kudumula, Vikram; Sanfui Yong; Noonan, Patrick; Hayes, Nicholas; Stumper, Oliver; Thomson, John D.R.; Kang, Sok-Leng

**Source**
Circulation; Feb 2018; vol. 137 (no. 6); p. 581-588

**Publication Date**
Feb 2018

**Publication Type(s)**
Academic Journal

**PubMedID**
29084734

**Database**
CINAHL

**Abstract**
Background: Infants born with cardiac abnormalities causing dependence on the arterial duct for pulmonary blood flow are often palliated with a shunt usually between the subclavian artery and either pulmonary artery. A so-called modified Blalock-Taussig shunt allows progress through early life to an age and weight at which repair or further more stable palliation can be safely achieved. Modified Blalock-Taussig shunts continue to present concern for postprocedural instability and early mortality such that other alternatives continue to be explored. Duct stenting (DS) is emerging as one such alternative with potential for greater early stability and improved survival.

Methods: The purpose of this study was to compare postprocedural outcomes and survival to next-stage palliative or reparative surgery between patients undergoing a modified Blalock-Taussig shunt or a DS in infants with duct-dependent pulmonary blood flow. All patients undergoing cardiac surgery and congenital interventions in the United Kingdom are prospectively recruited to an externally validated national outcome audit. From this audit, participating UK centers identified infants <30 days of age undergoing either a Blalock-Taussig shunt or a DS for cardiac conditions with duct-dependent pulmonary blood flow between January 2012 and December 31, 2015. One hundred seventy-one patients underwent a modified Blalock-Taussig shunt, and in 83 patients, DS was attempted. Primary and secondary outcomes of survival and need for extracorporeal support were analyzed with multivariable logistic regression. Longer-term mortality before repair and reintervention were analyzed with Cox proportional hazards regression. All multivariable analyses accommodated a propensity score to balance patient characteristics between the groups.

Results: There was an early (to discharge) survival advantage for infants before next-stage surgery in the DS group (odds ratio, 4.24; 95% confidence interval, 1.37-13.14; P=0.012). There was also a difference in the need for postprocedural extracorporeal support in favor of the DS group (odds ratio, 0.22; 95% confidence interval, 0.05-1.05; P=0.058). Longer-term mortality before repair and reintervention were analyzed with Cox proportional hazards regression. All multivariable analyses accommodated a propensity score to balance patient characteristics between the groups.

Conclusions: DS is emerging as a preferred alternative to a surgical shunt for neonatal palliation with evidence for greater postprocedural stability and improved patient survival to destination surgical treatment.


**Source**
British Journal of Primary Care Nursing: Cardiovascular Disease, Diabetes & Kidney Care; Sep 2016 ; p. 1-2

**Publication Date**
Sep 2016

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Academic Journal

**Database**
CINAHL

**Abstract**
This case study describes a patient with atrial fibrillation who experienced an episode of stroke while on anticoagulation therapy. The case highlights the importance of careful monitoring and adjustment of anticoagulation therapy to prevent future events. The team involved in the patient's care emphasized the need for ongoing education and support for patients and caregivers to improve anticoagulation management.