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<td>(((audit* OR &quot;quality improvement&quot;).ti,ab OR exp AUDIT/ OR exp &quot;NURSING AUDIT&quot;/ OR exp &quot;QUALITY IMPROVEMENT&quot;) AND ((NHS OR england OR UK OR &quot;united kingdom&quot; OR &quot;national health service&quot;).ti,ab OR exp &quot;UNITED KINGDOM&quot;)) [Since 27-Jul-2019]</td>
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1. Older adults’ perceptions of wearable technology hip protectors: implications for further research and development strategies.

**Authors**
Hall, Alex; Boulton, Elisabeth; Stanmore, Emma

**Source**
Disability & Rehabilitation: Assistive Technology; Oct 2019; vol. 14 (no. 7); p. 663-668

**Publication Date**
Oct 2019

**Publication Type(s)**
Academic Journal

**Database**
CINAHL

**Abstract**
Purpose: Hip fractures are an important public health issue. Ninety-five percent of hip fractures are caused by falls, with those at greatest risk including residents of long-term care facilities. Hip protectors can be effective in preventing hip fractures, but levels of acceptance and adherence may be low. We report on work to develop research into a new hip protector that aims to overcome some of the acceptance and adherence challenges.

Methods: We held five patient and public consultation events involving 147 older adults and 10 long-term care sector staff in the Midlands and North West of England. At each event, participants were shown the Fall-Safe Assist hip protector, which includes built-in mobile technology to record information about falls and summon help from caregivers.

Results: Participants were positive about the product’s potential utility and impact upon confidence in moving around. However, many participants held highly personal perceptions of their vulnerability and need, and expressed concerns about the esthetics and practicality of the accompanying underwear. Participants highlighted potential challenges from poor mobile connectivity, and expressed concerns about product cost.

Conclusions: Future research will need to ensure flexible and sensitive approaches to recruitment. Further refinement to the product design may be useful. Individual interviews and questionnaires would help capture participants’ perceptions on personal topics, and measures of changes in confidence. Research sites will need to be compatible with technological functionality. It will be necessary to have a robust protocol in place for withdrawal of the product at the end of any clinical research. Hip protectors can be effective in preventing hip fractures, but levels of acceptance and adherence may be low and may contribute to low-quality research. A new type of hip protector has been designed to overcome some of the acceptance and adherence challenges. Older adults suggested that the product was potentially useful, but expressed highly personal concerns about perceived need; aesthetics; practical and technological challenges; and cost, all of which may affect future research design. Research designs will need to be flexible enough to consider sensitive approaches to recruitment, multiple methods of data collection, site compatibility with technological functionality, and product withdrawal at end of study.


**Authors**

**Source**
Anaesthesia; Sep 2019; vol. 74 (no. 9); p. 1121-1129

**Database**
CINAHL

**Abstract**
Purpose: Hip fractures are an important public health issue. Ninety-five percent of hip fractures are caused by falls, with those at greatest risk including residents of long-term care facilities. Hip protectors can be effective in preventing hip fractures, but levels of acceptance and adherence may be low. We report on work to develop research into a new hip protector that aims to overcome some of the acceptance and adherence challenges.

Methods: We held five patient and public consultation events involving 147 older adults and 10 long-term care sector staff in the Midlands and North West of England. At each event, participants were shown the Fall-Safe Assist hip protector, which includes built-in mobile technology to record information about falls and summon help from caregivers.

Results: Participants were positive about the product’s potential utility and impact upon confidence in moving around. However, many participants held highly personal perceptions of their vulnerability and need, and expressed concerns about the esthetics and practicality of the accompanying underwear. Participants highlighted potential challenges from poor mobile connectivity, and expressed concerns about product cost.

Conclusions: Future research will need to ensure flexible and sensitive approaches to recruitment. Further refinement to the product design may be useful. Individual interviews and questionnaires would help capture participants’ perceptions on personal topics, and measures of changes in confidence. Research sites will need to be compatible with technological functionality. It will be necessary to have a robust protocol in place for withdrawal of the product at the end of any clinical research. Hip protectors can be effective in preventing hip fractures, but levels of acceptance and adherence may be low and may contribute to low-quality research. A new type of hip protector has been designed to overcome some of the acceptance and adherence challenges. Older adults suggested that the product was potentially useful, but expressed highly personal concerns about perceived need; aesthetics; practical and technological challenges; and cost, all of which may affect future research design. Research designs will need to be flexible enough to consider sensitive approaches to recruitment, multiple methods of data collection, site compatibility with technological functionality, and product withdrawal at end of study.
Abstract

Unplanned intensive care admission is a devastating complication of lung resection and is associated with significantly increased mortality. We carried out a two-year retrospective national multicentre cohort study to investigate the influence of anaesthetic and analgesic technique on the need for unplanned postoperative intensive care admission. All patients undergoing lung resection surgery in 16 thoracic surgical centres in the UK in the calendar years 2013 and 2014 were included. We defined critical care admission as the unplanned need for either tracheal intubation and mechanical ventilation or renal replacement therapy, and sought an association between mode of anaesthesia (total intravenous anaesthesia vs. volatile) and analgesic technique (epidural vs. paravertebral) and need for intensive care admission. A total of 253 out of 11,208 patients undergoing lung resection in the study period had an unplanned admission to intensive care in the postoperative period, giving an incidence of intensive care unit admission of 2.3% (95%CI 2.0-2.6%). Patients who had an unplanned admission to intensive care unit had a higher mortality (29.00% vs. 0.03%, p < 0.001), and hospital length of stay was increased (26 vs. 6 days, p < 0.001). Across univariate, complete case and multiple imputation (multivariate) models, there was a strong and significant effect of both anaesthetic and analgesic technique on the need for intensive care admission. Patients receiving total intravenous anaesthesia (OR 0.50 (95%CI 0.34-0.70)), and patients receiving epidural analgesia (OR 0.56 (95%CI 0.41-0.78)) were less likely to have an unplanned admission to intensive care after thoracic surgery. This large retrospective study suggests a significant effect of both anaesthetic and analgesic technique on outcome in patients undergoing lung resection. We must emphasise that the observed association does not directly imply causation, and suggest that well-conducted, large-scale randomised controlled trials are required to address these fundamental questions.


Authors
Crewdson, K.; Fragoso-Iniguez, M.; Lockey, D. J.; Fragoso-Iniguez, M

Source
Anaesthesia; Sep 2019; vol. 74 (no. 9); p. 1158-1164

Publication Date
Sep 2019

Publication Type(s)
CINAHL

PubMedID
31069782

Database
CINAHL

Abstract

Advanced airway management is a treatment priority in trauma care. It is likely that a proportion of patients who receive urgent airway management on arrival in the emergency department represent an unmet demand for airway intervention in the pre-hospital phase. This study aimed to investigate emergency airway practice in major trauma patients and establish any unmet demand in this patient group. A retrospective review of the Trauma Audit and Research Network database was performed to identify airway intervention(s) performed for major trauma patients and establish any unmet demand in this patient group. A retrospective review of the Trauma Audit and Research Network database was performed to identify airway intervention(s) performed for patients admitted to major trauma centres in England from 01 April 2012 to 27 June 2016. In total, 11,010 patients had airway interventions: 4375 patients (43%) had their tracheas intubated in the pre-hospital setting compared with 5889 patients (57%) in the emergency department. Of the patients whose tracheas were intubated in the emergency department, this was done within 30 min of hospital arrival in 3264 patients (75%). Excluding tracheal intubation, 1593 patients had a pre-hospital airway intervention of which 881 (55%) subsequently had their trachea intubated in the emergency department; tracheal intubation was done within 30 min of arrival in the majority of these cases (805 patients (91%)). Over 70% of emergency department tracheal intubations in patients with traumatic injuries were performed within 30 min of hospital arrival; this suggests there may be an unmet demand in pre-hospital advanced airway management for trauma patients in England.

4. Cleft Palate Outcomes and Prognostic Impact of Palatal Fistula on Subsequent Velopharyngeal Function—A Retrospective Cohort Study.

Authors
Smyth, Alistair G.; Wu, Jianhua

Source
Cleft Palate-Craniofacial Journal; Sep 2019; vol. 56 (no. 8); p. 1008-1012

Publication Date
Sep 2019

Publication Type(s)
CINAHL

PubMedID
31069782

Database
CINAHL

Abstract

Unplanned intensive care admission is a devastating complication of lung resection and is associated with significantly increased mortality. We carried out a two-year retrospective national multicentre cohort study to investigate the influence of anaesthetic and analgesic technique on the need for unplanned postoperative intensive care admission. All patients undergoing lung resection surgery in 16 thoracic surgical centres in the UK in the calendar years 2013 and 2014 were included. We defined critical care admission as the unplanned need for either tracheal intubation and mechanical ventilation or renal replacement therapy, and sought an association between mode of anaesthesia (total intravenous anaesthesia vs. volatile) and analgesic technique (epidural vs. paravertebral) and need for intensive care admission. A total of 253 out of 11,208 patients undergoing lung resection in the study period had an unplanned admission to intensive care in the postoperative period, giving an incidence of intensive care unit admission of 2.3% (95%CI 2.0-2.6%). Patients who had an unplanned admission to intensive care unit had a higher mortality (29.00% vs. 0.03%, p < 0.001), and hospital length of stay was increased (26 vs. 6 days, p < 0.001). Across univariate, complete case and multiple imputation (multivariate) models, there was a strong and significant effect of both anaesthetic and analgesic technique on the need for intensive care admission. Patients receiving total intravenous anaesthesia (OR 0.50 (95%CI 0.34-0.70)), and patients receiving epidural analgesia (OR 0.56 (95%CI 0.41-0.78)) were less likely to have an unplanned admission to intensive care after thoracic surgery. This large retrospective study suggests a significant effect of both anaesthetic and analgesic technique on outcome in patients undergoing lung resection. We must emphasise that the observed association does not directly imply causation, and suggest that well-conducted, large-scale randomised controlled trials are required to address these fundamental questions.
Radiotherapy in Prostate Cancer.

Abstract

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Available at Cleft Palate-Craniofacial Journal 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 Cleft Palate-Craniofacial Journal from Unpaywall

Objective: To assess outcomes from cleft palate repair and define the level of impact of palatal fistula on subsequent velopharyngeal function. Design: A retrospective cohort study. Setting: A regional specialist cleft lip and palate center within United Kingdom. Patients, Participants: Nonsyndromic infants born between 2002 and 2009 undergoing cleft palate primary surgery by a single surgeon with audited outcomes at 5 years of age. Four hundred ten infants underwent cleft palate surgery within this period and 271 infants met the inclusion criteria.

Interventions: Cleft palate repair including levator palati muscle repositioning with or without lateral palatal release. Main Outcome Measures: Postoperative fistula development and velopharyngeal function at 5 years of age. Results: Lateral palatal incisions were required in 57% (156/271) of all cases. The fistula rate was 10.3% (28/271). Adequate palatal function with no significant velopharyngeal insufficiency (VPI) was achieved in 79% of patients (213/271) after primary surgery only. Palatal fistula was significantly associated with subsequent VPI (risk ratio = 3.03, 95% confidence interval: 1.95-4.69; P <.001). The rate of VPI increased from 18% to 54% when healing was complicated by fistula. Bilateral cleft lip and palate (BCLP) repair complicated by fistula had the highest incidence of VPI (71%). Conclusions: Cleft palate repair with levator muscle repositioning is an effective procedure with good outcomes. The prognostic impact of palatal fistula on subsequent velopharyngeal function is defined with a highly significant 3-fold increase in VPI. Early repair of palatal fistula should be considered, particularly for large fistula and in BCLP cases.

5. Radiotherapy Quality Assurance for the CHHiP Trial: Conventional Versus Hypofractionated High-Dose Intensity-Modulated Radiotherapy in Prostate Cancer.

Authors


Source

Clinical Oncology; Sep 2019; vol. 31 (no. 9); p. 611-620

Publication Date

Sep 2019

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.

Abstract

The CHHiP trial investigated the use of moderate hypofractionation for the treatment of localised prostate cancer using intensity-modulated radiotherapy (IMRT). A radiotherapy quality assurance programme was developed to assess compliance with treatment protocol and to audit treatment planning and dosimetry of IMRT. This paper considers the outcome and effectiveness of the programme. Quality assurance exercises included a pre-trial process document and planning benchmark cases, prospective case reviews and a dosimetry site visit on-trial and a post-trial feedback questionnaire. In total, 41 centres completed the quality assurance programme (37 UK, four international) between 2005 and 2010. Centres used either forward-planned (field-in-field single phase) or inverse-planned IMRT (25 versus 17). For pre-trial quality assurance exercises, 7/41 (17%) centres had minor deviations in their radiotherapy processes; 45/82 (55%) benchmark plans had minor variations and 17/82 (21%) had major variations. One hundred prospective case reviews were completed for 38 centres. Seventy-one per cent required changes to clinical outlining pre-treatment (primarily prostate apex and base, seminal vesicles and penile bulb). Errors in treatment planning were reduced relative to pre-trial quality assurance results (49% minor and 6% major variations). Dosimetry audits were conducted for 32 centres. Ion chamber dose point measurements were within ±2.5% in the planning target volume and ±8% in the rectum. 28/36 films for combined fields passed gamma criterion 3%/3 mm and 11/15 of IMRT fluence film sets passed gamma criterion 4%/4 mm using a 98% tolerance. Post-trial feedback showed that trial participation was beneficial in evolving clinical practice and that the quality assurance programme helped some centres to implement and audit prostate IMRT. Overall, quality assurance results were satisfactory and the CHHiP quality assurance programme contributed to the success of the trial by auditing radiotherapy treatment planning and protocol compliance. Quality assurance supported the introduction of IMRT in UK centres, giving additional confidence and external review of IMRT where it was a newly adopted technique. Participating in CHHiP and its radiotherapy quality assurance programme helped many centres to implement IMRT. 41 centres successfully completed the CHHiP quality assurance exercises and recruited to the trial. In 71/100 prospective patient case reviews, clinical outlines required revision pre-treatment. Treatment planning errors were reduced from 21% to 6% at pre- and on-trial review, respectively. Dosimetry audit results were acceptable and gave confidence in the accuracy of treatment delivery.

Effective assessment tools are an essential element of early identification of problems, enabling early intervention in the first two or so years of life. This article reports on the development and evaluation of a Universal Assessment Tool for Early Help in Early Years. The project aim was to develop, pilot and evaluate a new universal assessment tool named "My Family Profile" for use within Northamptonshire, United Kingdom, from pregnancy until a child reaches 2/2.5 years of age. A flowchart demonstrates the stages of the process including how each step contributed toward the tool and end report (Neill et al., 2015). The project used an intervention design enabling collaborative inter-agency working and ensured parents were engaged throughout the process. The methods used in developing the tool incorporated collaborative working, content analysis, format requirements, questioning styles and information sharing. The tool was evaluated using focus groups and individual interviews with parents, an online evaluation questionnaire and audit of completed assessment forms with practitioners. The resulting report (Neill et al., 2015) contained "My Family Profile" highlighted five key recommendations: (1) It is developed in a digital format with secure "cloud" storage, accessible from all IT platforms in use by child health/care professionals; (2) it is implemented with a comprehensive training program for professionals; (3) it is formally evaluated following implementation; (4) it is extended up to school entry and through school years; and (5) it is developed for use within other locations in the United Kingdom.
10. Housebound patients with diabetes needing support with insulin—a project to improve service standards.

**Abstract**
Emeritus Professor Alan Glasper, University of Southampton, discusses a new NHS Improvement strategy that aims to enable the health service to continuously improve patient safety.

**Authors**
Gregory, Sarah-Jane

**Source**
British Journal of Community Nursing; Aug 2019; vol. 24 (no. 8); p. 388-391

**Publication Date**
Aug 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]: British Library via UHL Libraries - please click link to request article.

Abstract
The article discusses a clinical commissioning group project in East Kent, London that aims to improve community nursing team’s insulin administration service for vulnerable homebound diabetes patients. Topics discussed include key care processes involved in the Quality Outcomes Framework of the project based on National Diabetes Audit standards, and assessment tools to evaluate the outcome. Also mentioned are learnings from the project such as risk of undetected hypoglycaemia among patients.


**Authors**
While, Alison

**Source**
British Journal of Community Nursing; Aug 2019; vol. 24 (no. 8); p. 406-406

**Publication Date**
Aug 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]: British Library via UHL Libraries - please click link to request article.

Abstract
The article discusses challenges faced by the British National Health Service (NHS) in delivering person-centered care particularly to people with long-term and complex needs. Topics discussed include the declining number of nurses holding the District Nurse Specialist practice qualification since 2010. Also mentioned is the NHS Long Term Plan Implementation Framework to prioritize community health service thru enhanced care in care homes and use of digital innovations.


**Authors**
Foley, Caitlin; Callaghan, Faye; Olusile, Mary

**Source**
British Journal of Midwifery; Aug 2019; vol. 27 (no. 8); p. 507-513

**Publication Date**
Aug 2019

**Publication Type(s)**
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**Database**
CINAHL

Available at British Journal of Midwifery 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]: British Library via UHL Libraries - please click link to request article.
Abstract

Background: A dedicated home birth team was established at a large teaching hospital in a deprived inner London borough. Aim: To increase the home birth rate in Tower Hamlets and offer continuity of carer to women opting for home birth. Methods: Data were collected on all 90 women receiving care by the team. Data, including demographics, care episodes and maternal and neonatal outcomes, were recorded and analysed using Microsoft Excel 2010. Findings: With a dedicated home birth team, the home birth rate in Tower Hamlets increased by 68% compared to the previous year, while still remaining a small proportion of all births in the borough. The overall transfer rate was 32.6%, in line with national figures. Outcomes for both mothers and babies were very good, with 89% of women who started their labour at home achieving a normal vaginal birth. Feedback was exceptionally positive, with 100% of women who provided feedback recommending the service. The women being referred and choosing homebirth were not demographically representative of the population of the borough. Conclusions: The provision of a dedicated homebirth team in Tower Hamlets has been a positive addition to the area's existing maternity services. More needs to be done to improve the visibility of the team in order to secure more referrals and increase the homebirth rate, especially among the Bengali and other ethnic minority populations, to enable equitable access to homebirth.


Authors Cioffi, Andrea; Cioffi, Fernanda
Source Health Affairs; Aug 2019; vol. 38 (no. 8); p. 1411-1412
Publication Date Aug 2019
Publication Type(s) Academic Journal
Database CINAHL

Abstract

The authors comment on the study by Toffolutti et al on how the culture of openness in hospital system can improve the quality of health care. They agree that increasing the openness of health facilities can boost the culture of defensive medicine. Thus they suggest that this openness should strike the right balance between the need for transparency for the patient's benefit and the excessive pressure on doctors working in overburdened health facilities.

14. The Victorian Comprehensive Cancer Centre lung cancer clinical audit: collecting the UK National Lung Cancer Audit data from hospitals in Australia.

Authors Mileshkin, Linda; Dunn, Catherine; Cross, Hannah; Duffy, Mary; Shaw, Mark; Antippa, Phillip; Mitchell, Paul; Akhurst, Tim; Conron, Matthew; Moore, Melissa; Philip, Jenny; Bartlett, James; Emery, Jon; Zambello, Belinda
Source Internal Medicine Journal; Aug 2019; vol. 49 (no. 8); p. 1001-1006
Publication Date Aug 2019
Publication Type(s) Academic Journal
Database CINAHL

Abstract

Background: Clinical audit may improve practice in cancer service provision. The UK National Lung Cancer Audit (NLCA) collects data for all new cases of thoracic cancers. Aim: To collect similar data for our Victorian patients from six hospitals within the Victorian Comprehensive Cancer Centre and associated Western and Central Melbourne Integrated Cancer Service. Methods: We conducted a retrospective audit of all newly diagnosed patients with lung cancer and mesothelioma in 2013 across the six Victorian Comprehensive Cancer Centre/Western and Central Melbourne Integrated Cancer Service hospitals. The objectives were to adapt the NLCA data set for use in the Australian context, to analyse the findings using descriptive statistics and to determine feasibility of implementing a routine, ongoing audit similar to that in the UK. Individual data items were adapted from the NLCA by an expert steering committee. Data were collated from the Victorian Cancer Registry, Victorian Admitted Episodes Dataset and individual hospital databases. Individual medical records were audited for missing data. Results: Eight hundred and forty-five patients were diagnosed across the sites in 2013. Most were aged 65–80 (55%) and were male (62%). Most had non-small-cell lung cancer (81%) with 9% diagnosed with small cell lung cancer and 2% with mesothelioma. Data completeness varied significantly between fields. For those with higher levels of completeness, headline indicators of clinical care were comparable with NLCA data. The Victorian population seem to lack access to specialist lung cancer nurse services. Conclusion: Lung cancer care at participating hospitals appeared to be comparable with the UK in 2013. In future, prospective data collection should be harmonised across sites and correlated with survival outcomes. One area of concern was a lack of documented access to specialist nursing services.
15. NHS set to save lives and money in new safety era: Strategy aims to pull existing NHS safety systems together to improve care over coming decade.

**Authors**
Evans, Nick

**Source**
Nursing Management - UK; Aug 2019; vol. 26 (no. 4); p. 8-9

**Publication Date**
Aug 2019

**Database**
CINAHL

Available at Nursing Management - UK 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).

**Abstract**
The article discusses the Patient Safety Strategy published by the National Health Service (NHS) England and NHS Improvement which aims to pull existing safety systems together to improve services. Topics discussed include prediction of the strategy on the number of lives and amount of costs in care that could be saved if the NHS gets it right, comments from RCN England director Patricia Marquis, and research finding on the number of lives lost each year due to safety issues.


**Authors**
Robinson, Jane; Gelling, Leslie

**Source**
Nursing Management - UK; Aug 2019; vol. 26 (no. 4); p. 22-28

**Publication Date**
Aug 2019

**Database**
CINAHL

Available at Nursing Management - UK 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).

**Abstract**
NHS regulators, such as NHS Improvement and the Care Quality Commission, promote staff involvement in quality improvement (QI), while national nursing leaders and the Nursing and Midwifery Council advocate nurses’ involvement in improving services. This article critically explores the evidence base for a national nursing strategy to involve nurses in QI using a literature review. A thematic analysis shows that nurse involvement in QI has several positive outcomes, which are also included in the NHS Improvement’s Single Oversight Framework for NHS Providers. The article concludes that nurse involvement in QI helps improve hospital performance.

17. UNDER THE RADAR.

**Authors**
Cole, Elaine

**Source**
Nursing Standard; Aug 2019; vol. 34 (no. 8); p. 21-23

**Publication Date**
Aug 2019

**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).

**Abstract**
The article discusses how healthcare professionals may offer support to young people that provide care for a sick family member or friend. Topics explored include the workshop being offered by Tottenham Early Health and Prevention Centre to young carers, the need for these young carers to be aware of their rights, and the development of young carers policy by Whittington Health National Health Service (NHS) Trust. INSET: ‘Supporting your carers is our duty’.

18. Capturing patient experience to improve healthcare services.

**Authors**
Goodrich, Joanna; Fitzsimons, Beverley

**Source**
Nursing Standard; Aug 2019; vol. 34 (no. 8); p. 24-28

**Publication Date**
Aug 2019

**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).

**Abstract**

Abstract

National surveys of NHS patients in the UK have captured patient satisfaction with healthcare services for more than 15 years. Although this data has been valuable in tracking trends over time and for comparison between healthcare services, there have been issues associated with the concept of 'satisfaction' and the lack of clarity regarding the purpose of collecting such data. The shift in focus to capturing patient experience rather than patient satisfaction is regarded as a positive change, particularly for the purpose of improving healthcare services and patient care. This article defines patient experience and describes the various ways that this data can be collected, in particular using qualitative approaches.

19. The use of an accredited violence reduction offending behaviour programme in a medium secure personality disorder service.

Authors: Bull, Christine; Taylor, Celia; Minoudis, Phil
Source: Personality & Mental Health; Aug 2019; vol. 13 (no. 3); p. 190-194
Publication Date: Aug 2019
Publication Type(s): Academic Journal
Database: CINAHL

Abstract

The use of an accredited violence reduction offending behaviour programme in a medium secure personality disorder service.

20. Smoking to end by 2030: a feasible possibility?

Authors: Gilroy, Rebecca
Source: Practice Nursing; Aug 2019; vol. 30 (no. 8); p. 408-408
Publication Date: Aug 2019
Publication Type(s): Academic Journal
Database: CINAHL

Abstract

The Government has pledged to end smoking in England by 2030 in a new document, as well as other public health measures. But, Rebecca Gilroy asks, how feasible is this ambition and how successful are political interventions to public health?

21. Quality-improvement program for ultrasound-based fetal anatomy screening using large-scale clinical audit.

Authors: Yaqub, M.; Kelly, B.; Stobart, H.; Napolitano, R.; Noble, J. A.; Papageorgiou, A. T.
Source: Ultrasound in Obstetrics & Gynecology; Aug 2019; vol. 54 (no. 2); p. 239-245
Publication Date: Aug 2019
Publication Type(s): Academic Journal
PubMedID: 30302849
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Abstract

The quality-improvement program for ultrasound-based fetal anatomy screening using large-scale clinical audit.
Abstract

Objective: A large-scale audit and peer review of ultrasound images may improve sonographer performance, but is rarely performed consistently as it is time-consuming and expensive. The aim of this study was to perform a large-scale audit of routine fetal anatomy scans to assess if a full clinical audit cycle can improve clinical image-acquisition standards.

Methods: A large-scale, clinical, retrospective audit was conducted of ultrasound images obtained during all routine anomaly scans performed from 18 + 0 to 22 + 6 weeks’ gestation at a UK hospital during 2013 (Cycle 1), to build a baseline understanding of the performance of sonographers. Targeted actions were undertaken in response to the findings with the aim of improving departmental performance. A second full-year audit was then performed of fetal anatomy ultrasound images obtained during the following year (Cycle 2). An independent pool of experienced sonographers used an online tool to assess all scans in terms of two parameters: scan completeness (i.e. were all images archived?) and image quality using objective scoring (i.e. were images of high quality?). Both were assessed in each audit at the departmental level and at the individual sonographer level. A random sample of 10% of scans was used to assess interobserver reproducibility.

Results: In Cycle 1 of the audit, 103 501 ultrasound images from 6257 anomaly examinations performed by 22 sonographers were assessed; in Cycle 2, 153 557 images from 6406 scans performed by 25 sonographers were evaluated. The analysis was performed including the images obtained by the 20 sonographers who participated in both cycles. Departmental median scan completeness improved from 72% in the first year to 78% at the second assessment ($P < 0.001$); median image-quality score for all fetal views improved from 0.83 to 0.86 ($P < 0.001$). The improvement was greatest for those sonographers who performed poorest in the first audit; with regards to scan completeness, the poorest performing 15% of sonographers in Cycle 1 improved by more than 30 percentage points, and with regards to image quality, the poorest performing 11% in Cycle 1 showed a more than 10% improvement. Interobserver repeatability of scan completeness and image-quality scores across different fetal views were similar to those in the published literature.

Conclusions: A clinical audit and a set of targeted actions helped improve sonographer scan-acquisition completeness and scan quality. Such adherence to recommended clinical acquisition standards may increase the likelihood of correct measurement and thereby fetal growth assessment, and should allow better detection of abnormalities. As such a large-scale audit is time consuming, further advantages would be achieved if this process could be automated.

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Authors
Svenningsson, I.; Petersson, E-L; Udo, C.; Westman, J.; Björkelund, C.; Wallin, L.

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BMC Family Practice; Jul 2019; vol. 20 (no. 1)

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Available at BMC Family Practice from ProQuest (Health Research Premium) - NHS Version
Available at BMC Family Practice from Unpaywall

Abstract

Background: The collaborative care model with a care manager has previously generated beneficial results for patients with depression in terms of decreased burden of depression symptoms. A care manager function has been tested in Sweden in the PRIM-CARE RCT with successful results. The aim of the present study was to evaluate the process of implementing care managers in collaborative care for patients with depression in Swedish primary health care in the PRIM-CARE RCT. Methods: The study followed UK Medical Research Council guidance for process evaluation. Field notes from the implementation of the PRIM-CARE RCT were used, as well as data collected from five focus group discussions with General Practitioners (n = 29) and three focus group discussions with care managers (n = 11). Data were analysed with content analysis. Results: Training sessions, careful preparation and extensive initial support to the care manager and staff at the Primary Care Centres were important ingredients in the implementation. The close access to facilitators, the recurrent peer support meetings, and the weekly newsletter strengthened the care manager function. Conclusions: A complex intervention adapted to the Swedish primary care context focusing on a care manager function for patients with depression could be performed through a stepwise implementation process. Financial support from the health care regions included in the study helped to reduce the impact of identified barriers. This process evaluation has revealed new and important knowledge for primary care development concerning infrastructure and organization building, knowledge sharing, and facilitating factors and barriers. Trial registration: NCT02378272 Care Manager – Coordinating Care for Person Centered Management of Depression in Primary Care (PRIM – CARE). Registered March 4 2015. Retrospectively registered.

23. Prevalence of hazardous alcohol use among Spanish primary care providers.

Authors
Romero-Rodríguez, Esperanza; Pérla de Torres, Luis Ángel; Parras Rejano, Juan Manuel; Leiva-Cepas, Fernando; Camarelles Guillen, Francisco; Fernández Márquez, Rodrigo; Fernández García, José Ángel
Abstract

Background: Alcohol use by health care professionals is one of the potential factors that may affect the prevention of hazardous drinking in Primary Care (PC). The objective of the study was to estimate the prevalence of hazardous alcohol use by PC professionals and assess the existing relationship between socio-demographic and occupational variables of PC professionals and their alcohol use. Methods: A descriptive, cross-sectional, observational, multicenter study was performed. Location: PC sites of the Spanish National Health Care System (NHS). Participants: Physicians and nurses, who completed an online questionnaire intended to identify the pattern of hazardous alcohol use through the AUDIT-C test. The study population was recruited through random sampling stratified by regions of the PC sites in the NHS. The primary measurements: Frequency of alcohol use, number of drinks containing alcohol on a typical day, frequency of six or more drinks on one occasion. Results: One thousand seven hundred sixty professionals completed the questionnaire. Hazardous alcohol use was detected in 27.80% (95% CI: 25.5–29.7) of PC providers. The prevalence of hazardous alcohol use was higher in males (34.2%) [95% CI: 30.4–37.6] and professionals aged 56 years or over (34.2%) [95% CI: 28.2–40.2]. The multiple logistic regression analysis revealed a higher hazardous use in males (OR = 1.52; 95% CI: 1.22–1.90), PC physicians (OR = 1.42; 95% CI: 1.01–2.02) and professionals with more time worked (OR = 1.03; 95% CI: 1.01–1.05). Conclusion: Our study shows the current prevalence of hazardous alcohol use among Spanish PC providers, revealing a higher percentage of hazardous alcohol use in healthcare professionals compared to the Spanish general population. Further interventions are required to increase the awareness of negative consequences derived from alcohol use among PC professionals and its impact on the clinical setting.

Abstract
Background: The UK national chronic kidney disease (CKD) audit in primary care shows diagnostic coding in the electronic health record for CKD averages 70%, with wide practice variation. Coding is associated with improvements to risk factor management; CKD cases coded in primary care have lower rates of unplanned hospital admission.Aim: To increase diagnostic coding of CKD (stages 3-5) and primary care management, including blood pressure to target and prescription of statins to reduce cardiovascular disease risk.Design and Setting: Controlled, cross-sectional study in four East London clinical commissioning groups (CCGs).Method: Interventions to improve coding formed part of a larger system change to the delivery of renal services in both primary and secondary care in East London. Quarterly anonymised data on CKD coding, blood pressure values, and statin prescriptions were extracted from practice computer systems for 1-year pre- and post-initiation of the intervention.Results: Three intervention CCGs showed significant coding improvement over a 1-year period following the intervention (regression for post-intervention trend P<0.001). The CCG with highest coding rates increased from 76-90% of CKD cases coded; the lowest coding CCG increased from 52-81%. The comparison CCG showed no change in coding rates. Combined data from all practices in the intervention CCGs showed a significant increase in the proportion of cases with blood pressure achieving target levels (difference in proportion P=0.001) over the 2-year study period. Differences in statin prescribing were not significant.Conclusion: Clinically important improvements to coding and management of CKD in primary care can be achieved by quality improvement interventions that use shared data to track and monitor change supported by practice-based facilitation. Alignment of clinical and CCG priorities and the provision of clinical targets, financial incentives, and educational resources were additional important elements of the intervention.
### 28. New standards for IBD aim to improve patient experience and outcomes.

**Authors**  
Barrett, Kevin; Glatter, Jackie

**Source**  
Guidelines in Practice; Jul 2019; vol. 22 (no. 7); p. 8-15

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Jul 2019

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Available at [Guidelines in 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.

### 29. Impact of consultant obstetric presence on serious incidents.

**Authors**  
Shawer, Sherif; Rowbotham, Shirley; Heazell, Alexander; Kelly, Teresa; Vause, Sarah

**Source**  
International Journal of Health Governance; Jul 2019; vol. 24 (no. 3); p. 187-193

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Available at [International Journal of Health Governance](#) 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).

**Abstract**  
Purpose: Many organisations, including the Royal College of Obstetricians and Gynaecologists, have recommended increasing the number of hours of consultant obstetric presence in UK National Health Service maternity units to improve patient care. St Mary’s Hospital, Manchester implemented 24-7 consultant presence in September 2014. The paper aims to discuss these issues. Design/methodology/approach: To assess the impact of 24-7 consultant presence upon women and babies, a retrospective review of all serious clinical intrapartum incidents occurring between September 2011 and September 2017 was carried out by two independent reviewers; disagreements in classification were reviewed by a senior Obstetrician. The impact of consultant presence was classified in a structure agreed a priori. Findings: A total of 72 incidents were reviewed. Consultants were directly involved in the care of 75.6 per cent of cases before 24-7 consultant presence compared to 96.8 per cent afterwards. Negative impact due to a lack of consultant presence fell from 22 per cent of the incidents before 24-7 consultant presence to 9.7 per cent after implementation. In contrast, positive impact of consultant presence increased from 14.6 to 32.3 per cent following the introduction of 24-7 consultant presence. Practical implications: Introduction of 24-7 consultant presence reduced the negative impact caused by a lack of, or delay in, consultant presence as identified by serious untoward incident (SUI) reviews. Consultant presence was more likely to have a positive influence on care delivery. Originality/value: This is the first assessment of the impact of 24-7 consultant presence on the SUIs in obstetrics.

### 30. The Association of Nephrology Nurses UK.

**Authors**  
Hurst, Helen

**Source**  
Journal of Kidney Care; Jul 2019; vol. 4 (no. 4); p. 222-224

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Jul 2019

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Academic Journal

**Database**  
CINAHL

**Abstract**  
Helen Hurst, ANNUK secretary, provides an update on the association’s activities and outlines the highlights of UK Kidney Week 2019

### 31. Accuracy of pharmacist electronic discharge medicines review information transmitted to primary care at discharge.

**Authors**  
Wilcock, Mike; Hill, Alison; Wynn, Amber; Kelly, Liam

**Source**  
International Journal of Clinical Pharmacy; Jun 2019; vol. 41 (no. 3); p. 820-824

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Available at [International Journal of Clinical Pharmacy](#) 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.
Background The poor quality of discharge summaries following admission to hospital, especially in relation to information on medication changes, is well documented. Hospital pharmacists can record changes to medications in the electronic discharge note to improve the quality of this information for primary care. Objective To audit the pharmacist-completed notes describing changes to admission medication, and to identify opportunities for improvement. Setting 750-bed teaching district general hospital in England. Methods An evaluation of pharmacist written notes was conducted at a 750-bed teaching district general hospital in England. A sample of notes was analysed in three consecutive years, 2016-2018. Analyses were performed using descriptive statistics. Main outcome measure The number of discrepancies in the note compared to the discharge summary medication list. Results Notes were analysed for 125, 120 and 120 patients in 2016-2018 respectively. We saw an overall improvement in the accuracy of our notes from 12% of patients having an inaccurate note in 2016 to 4.2% in 2017 and 5.8% in 2018. The percentage of discharge medicines affected by these discrepancies reduced from 1.7% (2016) to 0.6% (2017) and 0.9% (2018). Conclusion Discrepancies were due to changes in the patient’s medicines journey not being fully captured and documented. The overall reduction of discrepancies over the three consecutive audits was felt to be largely due to formalisation of the discharge medicines reconciliation process and reminding staff on how to complete a note. We are planning to utilise informatics surveillance tools along with system developments to sustain this elimination of out of date notes being transmitted to primary care.

32. Effectiveness of behavioural interventions to reduce urinary tract infections and Escherichia coli bacteraemia for older adults across all care settings: a systematic review.

Authors
Jones, L.F.; Meyrick, J.; Bath, J.; Dunham, O.; McNulty, C.A.M.

Source
Journal of Hospital Infection; Jun 2019; vol. 102 (no. 2); p. 200-218

Publication Date
Jun 2019

Publication Type(s)
Academic Journal

PubMedID
30359646

Abstract
Background: Escherichia coli bacteraemia rates in the UK have risen; rates are highest among older adults. Previous urinary tract infections (UTIs) and catheterization are risk factors. Aim: To examine effectiveness of behavioural interventions to reduce E. coli bacteraemia and/or symptomatic UTIs for older adults. Methods: Sixteen databases, grey literature, and reference lists were searched. Titles and/or abstracts were scanned and selected papers were read fully to confirm suitability. Quality was assessed using Critical Appraisal Skills Programme guidelines and Scottish Intercollegiate Guidelines Network grading. Findings: Twenty-one studies were reviewed, and all lacked methodological quality. Six multi-faceted hospital interventions including education, with audit and feedback or reminders reduced UTIs but only three supplied statements of significance. One study reported decreasing catheter-associated UTI (CAUTI) by 88% (F (1,20) = 7.25). Another study reported reductions in CAUTI from 11.17 to 10.53 during Phase I and by 0.39 during Phase II (F(2) = 354). A third study reported fewer UTIs per patient week (risk ratio = 0.39). Two hospital studies of online training and catheter insertion and care simulations decreased CAUTIs from 33 to 14 and from 10.40 to 0. Increasing nursing staff, community continence nurses, and catheter removal reminder stickers reduced infection. There were no studies examining prevention of E. coli bacteraemias. Conclusion: The heterogeneity of studies means that one effective intervention cannot be recommended. We suggest that feedback should be considered because it facilitated reductions in UTI when used alone or in multi-faceted interventions including education, audit or catheter removal protocols. Multi-faceted education is likely to be effective. Catheter removal protocols, increased staffing, and patient education require further evaluation.

33. Effectiveness of a national quality improvement programme to improve survival after emergency abdominal surgery (EPOCH): a stepped-wedge cluster-randomised trial.

Authors
Peden, Carol J.; Stephens, Tim; Martin, Graham; Kahan, Brennan C.; Thomson, Ann; Rivett, Kate; Wells, Duncan; Richardson, Gerry; Kerry, Sally; Bion, Julian; Pearse, Rupert M.

Source
Lancet; Jun 2019; vol. 393 (no. 10187); p. 2213-2221

Publication Date
Jun 2019

Publication Type(s)
Academic Journal

PubMedID
31030986

Abstract
Background The poor quality of discharge summaries following admission to hospital, especially in relation to information on medication changes, is well documented. Hospital pharmacists can record changes to medications in the electronic discharge note to improve the quality of this information for primary care. Objective To audit the pharmacist-completed notes describing changes to admission medication, and to identify opportunities for improvement. Setting 750-bed teaching district general hospital in England. Methods An evaluation of pharmacist written notes was conducted at a 750-bed teaching district general hospital in England. A sample of notes was analysed in three consecutive years, 2016-2018. Analyses were performed using descriptive statistics. Main outcome measure The number of discrepancies in the note compared to the discharge summary medication list. Results Notes were analysed for 125, 120 and 120 patients in 2016-2018 respectively. We saw an overall improvement in the accuracy of our notes from 12% of patients having an inaccurate note in 2016 to 4.2% in 2017 and 5.8% in 2018. The percentage of discharge medicines affected by these discrepancies reduced from 1.7% (2016) to 0.6% (2017) and 0.9% (2018). Conclusion Discrepancies were due to changes in the patient’s medicines journey not being fully captured and documented. The overall reduction of discrepancies over the three consecutive audits was felt to be largely due to formalisation of the discharge medicines reconciliation process and reminding staff on how to complete a note. We are planning to utilise informatics surveillance tools along with system developments to sustain this elimination of out of date notes being transmitted to primary care.
34. Major incident triage and the evaluation of the Triage Sort as a secondary triage method.

**Authors**
Vassallo, James; Smith, Jason

**Source**
Emergency Medicine Journal; May 2019; vol. 36 (no. 5); p. 281-286

**Publication Date**
May 2019

**Publication Type(s)**
Academic Journal

**PubMedID**
30877263

**Database**
CINAHL

**Abstract**

Background: Emergency abdominal surgery is associated with poor patient outcomes. We studied the effectiveness of a national quality improvement (QI) programme to implement a care pathway to improve survival for these patients.

Methods: We did a stepped-wedge cluster-randomised trial of patients aged 40 years or older undergoing emergency open major abdominal surgery. Eligible UK National Health Service (NHS) hospitals (those that had an emergency general surgical service, a substantial volume of emergency abdominal surgery cases, and contributed data to the National Emergency Laparotomy Audit) were organised into 15 geographical clusters and commenced the QI programme in a random order, based on a computer-generated random sequence, over an 85-week period with one geographical cluster commencing the intervention every 5 weeks from the second to the 16th time period. Patients were masked to the study group, but it was not possible to mask hospital staff or investigators. The primary outcome measure was mortality within 90 days of surgery. Analyses were done on an intention-to-treat basis. This study is registered with the ISRCTN registry, number ISRCTN80682973. Findings: Treatment took place between March 3, 2014, and Oct 19, 2015. 22754 patients were assessed for eligibility. Of 15 873 eligible patients from 93 NHS hospitals, primary outcome data were analysed for 8482 patients in the usual care group and 7374 in the QI group. Eight patients in the usual care group and nine patients in the QI group were not included in the analysis because of missing primary outcome data. The primary outcome of 90-day mortality occurred in 1210 (16%) patients in the QI group compared with 1393 (16%) patients in the usual care group (HR 1·11, 0·96-1·28). Interpretation: No survival benefit was observed from this QI programme to implement a care pathway for patients undergoing emergency abdominal surgery. Future QI programmes should ensure that teams have both the time and resources needed to improve patient care. Funding: National Institute for Health Research Health Services and Delivery Research Programme.
35. Laparoscopic specimen retrieval and attitudes towards morcellation: a questionnaire survey of gynaecology consultants in the United Kingdom.

Authors: Sankaran, Sridevi; Brown, Anna; Kent, Andrew; Odejinmi, Funlayo

Source: Journal of Obstetrics & Gynaecology; Apr 2019; vol. 39 (no. 3); p. 345-348

Publication Date: Apr 2019

Publication Type(s): Academic Journal

PubMedID: 30422734

Abstract: The aim of this study was to evaluate the practices of laparoscopic specimen retrieval among Gynaecologists in the United Kingdom and to determine any variation in practice. A survey of Consultant Gynaecologist members of the British Society of Gynaecological Endoscopy (BSGE) was conducted using Survey Monkey™. Of the 460 registered consultants, 187 (40%) responded to the questionnaire. Sixty-two percent (62%) of the respondents considered themselves to be advanced laparoscopic surgeons whilst 34% considered themselves to be intermediate laparoscopic surgeons. The umbilical port was the most commonly used port for specimen retrieval and it was used to remove 49% of ectopic pregnancies, 43% of ovarian cysts and 43% of endometrioma. Most respondents would not insert an extra port or extend the existing port just for the retrieval of a specimen. The level of laparoscopic experience and the gender did not affect the method of specimen retrieval in cases of ectopic pregnancies, endometrioma and ovarian cysts (p value >.05, not significant). The majority of respondents used power morcellation for a laparoscopic myomectomy (85% of respondents) and laparoscopic subtotal hysterectomy (93% of respondents), despite the recent concerns surrounding power morcellation. Impact statement: What is already known on this subject? There is a paucity of literature regarding laparoscopic specimen retrieval in gynaecology. In view of recent controversy pertaining to the potential upstaging of leiomyosarcoma with morcellation, other methods of specimen retrieval are gaining an importance. What do the results of this study add? This study shows that the umbilical port is the most commonly used port for specimen retrieval among UK gynaecologists and that most gynaecologists would not insert an extra port purely for specimen retrieval. The level of laparoscopic experience and the gender did not affect the method of specimen retrieval in cases of ectopic pregnancies, endometrioma and ovarian cysts (p value >.05, not significant). The majority of respondents used power morcellation for a laparoscopic myomectomy (85% of respondents) and laparoscopic subtotal hysterectomy (93% of respondents), despite the recent concerns surrounding power morcellation. Impact statement: What are the implications of these findings for clinical practice and/or further research? This paper demonstrates the need for development of a database of morcellation practices to enable analysis of both benefits and potential adverse outcomes. This paper will also encourage future research and the audit of specimen retrieval.

36. Preventing Future Deaths from Medicines: Responses to Coroners’ Concerns in England and Wales.

Authors: Ferner, Robin E.; Ahmad, Tohfa; Babatunde, Zainab; Cox, Anthony R.

Source: Drug Safety; Mar 2019; vol. 42 (no. 3); p. 445-451

Publication Date: Mar 2019

Publication Type(s): Academic Journal

PubMedID: 30298309

Database: CINAHL

Abstract: The aim of this study was to evaluate the practices of laparoscopic specimen retrieval among Gynaecologists in the United Kingdom and to determine any variation in practice. A survey of Consultant Gynaecologist members of the British Society of Gynaecological Endoscopy (BSGE) was conducted using Survey Monkey™. Of the 460 registered consultants, 187 (40%) responded to the questionnaire. Sixty-two percent (62%) of the respondents considered themselves to be advanced laparoscopic surgeons whilst 34% considered themselves to be intermediate laparoscopic surgeons. The umbilical port was the most commonly used port for specimen retrieval and it was used to remove 49% of ectopic pregnancies, 43% of ovarian cysts and 43% of endometrioma. Most respondents would not insert an extra port or extend the existing port just for the retrieval of a specimen. The level of laparoscopic experience and the gender did not affect the method of specimen retrieval in cases of ectopic pregnancies, endometrioma and ovarian cysts (p value >.05, not significant). The majority of respondents used power morcellation for a laparoscopic myomectomy (85% of respondents) and laparoscopic subtotal hysterectomy (93% of respondents), despite the recent concerns surrounding power morcellation. Impact statement: What is already known on this subject? There is a paucity of literature regarding laparoscopic specimen retrieval in gynaecology. In view of recent controversy pertaining to the potential upstaging of leiomyosarcoma with morcellation, other methods of specimen retrieval are gaining an importance. What do the results of this study add? This study shows that the umbilical port is the most commonly used port for specimen retrieval among UK gynaecologists and that most gynaecologists would not insert an extra port purely for specimen retrieval. The level of laparoscopic experience and the gender did not affect the method of specimen retrieval in cases of ectopic pregnancies, endometrioma and ovarian cysts (p value >.05, not significant). The majority of respondents used power morcellation for a laparoscopic myomectomy (85% of respondents) and laparoscopic subtotal hysterectomy (93% of respondents), despite the recent concerns surrounding power morcellation. Impact statement: What are the implications of these findings for clinical practice and/or further research? This paper demonstrates the need for development of a database of morcellation practices to enable analysis of both benefits and potential adverse outcomes. This paper will also encourage future research and the audit of specimen retrieval.
37. Diagnosis and referral delays in primary care for oral squamous cell cancer: a systematic review.

Authors: Grafton-Clarke, Ciaran; Chen, Kai Wen; Wilcock, Jane

Source: British Journal of General Practice; Feb 2019; vol. 69 (no. 679)

Abstract: Background: The incidence of oral cancer is increasing. Guidance for oral cancer from the National Institute for Health and Care Excellence (NICE) is unique in recommending cross-primary care referral from GPs to dentists. Aim: This review investigates knowledge about delays in the diagnosis of symptomatic oral squamous cell carcinoma (OSCC) in primary care. Design and Setting: An independent multi-investigator literature search strategy and an analysis of study methodologies using a modified data extraction tool based on Aarhus checklist criteria relevant to primary care. Method: The authors conducted a focused systematic review involving document retrieval from five databases up to March 2018. Included were studies looking at OSCC diagnosis from when patients first accessed primary care up to referral, including length of delay and stage of disease at time of definitive diagnosis. Results: From 538 records, 16 articles were eligible for full-text review. In the UK, more than 55% of patients with OSCC were referred by their GP, and 44% by their dentist. Rates of prescribing between dentists and GPs were similar, and both had similar delays in referral, though one study found greater delays attributed to dentists as they had undertaken dental procedures. On average, patients had two to three consultations before referral. Less than 50% of studies described the primary care aspect of referral in detail. Conclusion: There is a need for primary care studies on OSCC diagnosis. There was no evidence that GPs performed less well than dentists, which calls into question the NICE cancer option to refer to dentists, particularly in the absence of robust auditable pathways.

38. Structured lifestyle education for people with schizophrenia, schizoaffective disorder and first-episode psychosis (STEPWISE): randomised controlled trial.

Authors: Holt, Richard I. G.; Gossage-Worrall, Rebecca; Hind, Daniel; Bradburn, Michael J.; McCrone, Paul; Morris, Tiyi; Edwardson, Charlotte; Barnard, Katharine; Carey, Marian E.; Davies, Melanie J.; Dickens, Chris M.; Doherty, Yvonne; Etherington, Angela; French, Paul; Gaughran, Fiona; Greenwood, Kathryn E.; Kalidindi, Sridevi; Khunti, Kamlesh; Laugharne, Richard; Pendlebury, John

Source: British Journal of Psychiatry; Feb 2019; vol. 214 (no. 2); p. 63-73

Abstract:Introduction: Coroner's inquire into sudden, unexpected, or unnatural deaths. We have previously established 99 cases (100 deaths) in England and Wales in which medicines or part of the medication process or both were mentioned in coroners' 'Regulation 28 Reports to Prevent Future Deaths' (coroners' reports). Objective: We wished to see what responses were made by National Health Service (NHS) organizations and others to these 99 coroners' reports. Methods: Where possible, we identified the party or parties to whom these reports were addressed (names were occasionally redacted). We then sought responses, either from the UK judiciary website or by making requests to the addressee directly or, for NHS and government entities, under the Freedom of Information Act 2000. Responses were analysed by theme to indicate the steps taken to prevent future deaths. Results: We were able to analyse one or more responses to 69/99 cases from 106 organizations. We analysed 201 separate actions proposed or taken to address the 160 concerns expressed by coroners. Staff education or training was the most common form of action taken (44/201). Some organisations made changes in process (24/201) or policy (17/201), and some felt existing policies were sufficient to address some concerns (22/201). Conclusions: Coroner's concerns are often of national importance but are not currently shared nationally. Only a minority of responses to coroners' reports concerning medicines are in the public domain. Processes for auditing responses and assessing their effectiveness are opaque. Few of the responses appear to provide robust and generally applicable ways to prevent future deaths.
Abstract

Background: Obesity is a major challenge for people with schizophrenia. Aims: We assessed whether STEPWise, a theory-based, group structured lifestyle education programme could support weight reduction in people with schizophrenia. Method: In this randomised controlled trial (study registration: ISRCTN19447796), we recruited adults with schizophrenia, schizoaffective disorder or first-episode psychosis from ten mental health organisations in England. Participants were randomly allocated to the STEPWise intervention or treatment as usual. The 12-month intervention comprised four 2.5 h weekly group sessions, followed by 2-weekly maintenance contact and group sessions at 4, 7 and 10 months. The primary outcome was weight change after 12 months. Key secondary outcomes included diet, physical activity, biomedical measures and patient-related outcome measures. Cost-effectiveness was assessed and a mixed-methods process evaluation was included. Results: Between 10 March 2015 and 31 March 2016, we recruited 414 people (intervention 208, usual care 206) with 341 (84.4%) participants completing the trial. At 12 months, weight reduction did not differ between groups (mean difference 0.0 kg, 95% CI -1.6 to 1.7, P = 0.963); physical activity, dietary intake and biochemical measures were unchanged. STEPWise was well-received by participants and facilitators. The healthcare perspective incremental cost-effectiveness ratio was £246 921 per quality-adjusted life-year gained. Conclusions: Participants were successfully recruited and retained, indicating a strong interest in weight interventions; however, the STEPWise intervention was neither clinically nor cost-effective. Further research is needed to determine how to manage overweight and obesity in people with schizophrenia.

Declaration of interests: R.I.G.H. received fees for lecturing, consultancy work and attendance at conferences from the following: Boehringer Ingelheim, Eli Lilly, Janssen, Lundbeck, Novo Nordisk, Novartis, Otsuka, Sanofi, Sunovion, Takeda, MSD, M.J.D. reports personal fees from Novo Nordisk, Sanofi-Aventis, Lilly, Merck Sharp & Dohme, Boehringer Ingelheim, AstraZeneca, Janssen, Servier, Mitsubishi Tanabe Pharma Corporation, Takeda Pharmaceuticals International Inc.; and, grants from Novo Nordisk, Sanofi-Aventis, Lilly, Boehringer Ingelheim, Janssen, K.K. has received fees for consultancy and speaker for Novartis, Nordisk, Sanofi-Aventis, Lilly, Servier and Merck Sharp & Dohme. He has received grants from investigator and investigator-initiated trials from Novartis, Novo Nordisk, Sanofi-Aventis, Lilly, Pfizer, Boehringer Ingelheim and Merck Sharp & Dohme. K.K. has received funds for research, honoraria for speaking at meetings and has served on advisory boards for Lilly, Sanofi-Aventis, Merck Sharp & Dohme and Novo Nordisk. D.Sh. is expert advisor to the NICE Centre for guidelines; board member of the National Collaborating Centre for Mental Health (NCCMH); clinical advisor (paid consultancy basis) to National Clinical Audit of Psychotherapy (NCAP); views are personal and not those of NICE, NCCMH or NCAP. J.P. received personal fees for involvement in the study from a National Institute for Health Research (NIHR) grant. M.E.C. and Y.D. report grants from NIHR Health Technology Assessment, during the conduct of the study; and The Leicester Diabetes Centre, an organisation (employer) jointly hosted by an NHS Hospital Trust and the University of Leicester and who is holder (through the University of Leicester) of the copyright of the STEPWise programme and of the DESMOND suite of programmes, training and intervention fidelity framework that were used in this study. S.R. has received honorarium from Lundbeck for lecturing. F.G. reports personal fees from Otsuka and Lundbeck, personal fees and non-financial support from Sunovion, outside the submitted work; and has a family member with professional links to Lilly and GSK, including shares. F.G. is in part funded by the National Institute for Health Research Collaboration for Leadership in Applied Health Research & Care Funding scheme, by the Maudsley Charity and by the Stanley Medical Research Institute and is supported by the by the Biomedical Research Centre at South London and Maudsley NHS Foundation Trust and King’s College London.
Abstract

The research aimed to explore the value of the Net Promoter Score as a service improvement tool and an outcome measure. The study objectives were to (1) explore associations between the Net Promoter Score with patient and service-receipt characteristics; (2) evaluate the strength of association between the Net Promoter Score and a satisfaction score; and (3) evaluate its test-retest reliability. Methods: A postal survey was sent to service users on caseloads of community mental health teams for older people in four localities of England. The survey collected the Net Promoter Score, a single satisfaction question, and data on socio-demographics, clinical profile, and service receipt. Analysis used non-parametric tests of association and exploratory least squares regression. A second survey was administered for test-retest reliability analysis. Fieldwork concluded in April 2016. Results: For 352 respondents, the Net Promoter Score was negatively related to age and was lowest for those still within 6 months of their initial referral. Receiving support from a psychiatrist and/or support worker was linked to higher scores. A strong but imperfect correlation coefficient with the satisfaction score indicates they evaluate related but distinct constructs. It had a reasonable test-retest reliability, with a weighted kappa of 0.706. Conclusions: Despite doubts over its validity in community mental health services, the Net Promoter Score may produce results of value to researchers, clinicians, service commissioners, and managers, if part of wider data collection. However, multi-item measures would provide greater breadth and improved reliability.

40. The Impact of Nursing Homes Staff Education on End-of-Life Care in Residents With Advanced Dementia: A Quality Improvement Study.

Authors
Di Giulio, Paola; Finetti, Silvia; Giunco, Fabrizio; Basso, Ines; Rosa, Debora; Pettenati, Francesca; Bussotti, Alessandro; Villani, Daniele; Gentile, Simona; Boncini, Lorenzo; Monti, Massimo; Spinsanti, Sandro; Piazza, Massimo; Charrier, Lorena; Toscani, Franco

Source
Journal of Pain & Symptom Management; Jan 2019; vol. 57 (no. 1); p. 93-99

Abstract

Context: End-of-life care in nursing homes (NHs) needs improvement. We carried out a study in 29 NHs in the Lombardy Region (Italy). Objectives: The objective of this study was to compare end-of-life care in NH residents with advanced dementia before and after an educational intervention aimed to improving palliative care. Methods: The intervention consisted of a seven-hour lecture, followed by two 3-hour meetings consisting of case discussions. The intervention was held in each NH and well attended by NH staff. This multicenter, comparative, observational study included up to 20 residents with advanced dementia from each NH: the last 10 who died before the intervention (preintervention group, 245 residents) and the first 10 who died at least three months after the intervention (postintervention group, 237 residents). Data for these residents were collected from records for 60 days and seven days before death. Results: The number of residents receiving a palliative approach for nutrition and hydration increased, though not significantly, from 24% preintervention to 31.5% postintervention. On the other hand, the proportion of tube-fed residents and residents receiving intravenous hydration decreased from 15.5% to 10.5%, and from 52% to 42%, respectively. Cardiopulmonary resuscitations decreased also from 52/245 (21%) to 18/237 (7.6%) cases (P = 0.002). Conclusion: The short educational intervention modified some practices relevant to the quality of end-of-life care of advanced dementia patients in NHs, possibly raising and reinforcing beliefs and attitudes already largely present.


Authors
Maskell, Katherine; McDonald, Paula; Paudyal, Priyamvada

Source
British Journal of General Practice; Dec 2018; vol. 68 (no. 677)

Abstract

Aim: To determine whether existing health education materials in general practice waiting rooms are effective. Method: A cross-sectional survey using a pre-tested questionnaire was designed. The survey was conducted in 29 general practices in London, using an iterative process to ensure the content of the questionnaire was relevant and the questions clear. Results: The Net Promoter Score (NPS) was calculated for each practice. The mean NPS was 58.6 (range 24-89). The median NPS was 61.0 (IQR 53.0-65.0). The median NPS was higher for practices with more years of experience (r = 0.33, P = 0.03). There was a significant difference in the median NPS between practices with more and less hours of teaching per week (r = 0.38, P = 0.01). Conclusion: The NPS was found to be a useful measure of patient satisfaction with health education materials in general practice waiting rooms. Further research is needed to determine the factors that influence the NPS in these settings.
42. ACCESS TO EDUCATION CRUCIAL TO IMPROVING DERMATOLOGY TREATMENT STANDARDS.

Authors
Buchanan, Polly

Source
Dermatological Nursing; Sep 2018; vol. 17 (no. 3); p. 8-8

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Sep 2018

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Database
CINAHL

Abstract
Background: Health education materials (HEMs) are widely used in general practice. However, there is little information on the variety of HEMs currently available to patients in the UK, or their preferences for accessing educational materials.

Aim: To assess patients' perceptions of HEMs, and the variety and accessibility of these materials.

Design and Setting: Cross-sectional study conducted in general practices in Brighton and Hove.

Method: An anonymous questionnaire was distributed to patients in the waiting room (WR). Additionally, an audit was conducted to measure the variety of the HEMs. Results were analysed using binary multiple logistic regression.

Results: In all, 556 participants (response rate 83.1%) from 19 practices took part. The mean age of participants was 49.3 years (SD ±18.9) and 63% were female. Perceived usefulness of HEMs was associated with reading in the WR using written HEMs, and not having a university degree; noticeability was associated with reading in the WR, and being female; attractiveness was associated with not having a university degree and shorter waiting time. On average, WRs contained 72 posters covering 23 topics, and 53 leaflets covering 24 topics, with many outdated and poorly presented materials of limited accessibility.

Conclusion: This study found substantial variation in the amount, topicality, and quality of material available in WRs. As most patients notice HEMs and find them useful, available technology could be better utilised to widen access to HEMs. The introduction of wireless free internet (Wi-Fi) to waiting rooms should provide an opportunity to update this area.

43. Associations Between 30-Day Mortality, Specialist Nursing, and Daily Physician Ward Rounds in a National Stroke Registry.

Authors
Paley, Lizz; Williamson, Elizabeth; Bray, Benjamin D.; Hoffman, Alex; James, Martin A.; Rudd, Anthony G.

Source
Stroke (00392499); Sep 2018; vol. 49 (no. 9); p. 2155-2162

Publication Date
Sep 2018

Publication Type(s)
Academic Journal

Database
CINAHL

Abstract
Background and Purpose- Well-organized stroke care is associated with better patient outcomes, but the most important organizational factors are unknown. Methods- Data were extracted from the Sentinel Stroke National Audit Programme of adults with acute stroke treated in stroke hospitals in England and Wales between April 2013 and March 2015. Multilevel models with random intercepts for hospitals were used to estimate the association of each variable with 30-day mortality to estimate the impact of admission to differently organized hospitals. Results- Of the 143 578 patients with acute stroke admitted to 154 hospitals, 14.4% died within 30 days of admission. In adjusted analyses, admission to hospitals with higher ratios of nurses trained in swallow screening was associated with reduced odds of death (P=0.004), and admission to hospitals with daily physician ward rounds was associated with 10% lower odds of mortality compared with less-frequent ward rounds (95% CI, 0.82-0.98; P=0.013). Number of stroke admissions and overall ratio of registered nurses on duty at weekends were not found to be independently associated with mortality after adjustment for other factors. Conclusions- If these associations are causal, an extra 1332 deaths annually in England and Wales could be saved by hospitals providing care associated with a ratio of nurses trained in swallow screening of at least 3 per 10 beds and daily stroke physician ward rounds.

44. The Utility of ICU Readmission as a Quality Indicator and the Effect of Selection.

Authors
Maharaj, Ritesh; Terblanche, Marius; Vlachos, Savvas

Source
Critical Care Medicine; Feb 2018; vol. 46 (no. 2)

Abstract
44. The Utility of ICU Readmission as a Quality Indicator and the Effect of Selection.
Abstract
Objectives: Intensive care readmission rates are used to signal quality, yet it is unclear whether they represent poor quality in the transition of care from the ICU to the ward, patient factors, or differences in survival of the initial admission. This study aims to measure the selection effect of surviving the initial ICU admission on readmission rates. Design: Retrospective cohort study of adult patients admitted to ICUs participating in the Case Mix Program database from the Intensive Care National Audit Research Centre. Settings: The study includes 262 ICUs in the United Kingdom. Patients: The study includes 682,975 patients admitted to ICUs between 2010 and 2014. Interventions: None. Measurements and Main Results: The study includes 682,975 patients admitted to ICUs in the United Kingdom. There were 591,710 patients discharged alive, of which 9,093 (1.53%) were readmitted within the first 2 days of ICU discharge. Post-ICU admission hospital mortality and ICU readmission were poorly correlated ($r = 0.130$). The addition of a selection model resulted in a weaker correlation ($r = 0.082$). Conclusions: ICU readmission performed poorly as a performance metric. The selection process by which only patients who survive their index admission are eligible for readmission has a significant effect on ICU readmission rankings, particularly the higher ranked ICUs. Failure to consider this selection bias gives misleading signals about ICU performance and leads to faulty design of incentive schemes.