Contents 42 of 42 results on CINAHL - (((audit* OR "quality improvement").ti,ab OR exp AUDIT/ OR exp "NURSING AUDIT"/ OR exp "QUALITY IMPROVEMENT"/) AND ((NHS OR england OR UK OR "united kingdom" OR "national health service").ti,ab OR exp "UNITED KINGDOM"/)) [DT 2018-2018] [Since 19-Nov-2018]

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1. Exploring strategies used to deliver physical activity experiences to Veterans with a physical disability.

Authors: Shirazipour, Celina H.; Aiken, Alice B.; Latimer-Cheung, Amy E.
Source: Disability & Rehabilitation; Dec 2018; vol. 40 (no. 26); p. 3198-3205
Publication Date: Dec 2018
Publication Type(s): Academic Journal
Database: CINAHL

Abstract

Purpose: Physical activity is an important method of rehabilitation used to promote positive physical and psychosocial outcomes among military personnel, including Veterans, with a physical disability. However, minimal research has explored physical activity program implementation strategies, particularly how these strategies may foster positive rehabilitation outcomes, and quality participation experiences among Veterans post-injury. The purpose of the current study is to document strategies used to deliver physical activity programs to Veterans with a physical disability. Research methods: Semi-structured interviews were conducted with program staff from three Veteran physical activity programs, and program documentation was collected. Data were analyzed using a thematic analysis. Results: Four themes were identified representing strategies used for delivering physical activity programming: (1) foster social connections; (2) challenge participants; (3) tailor programs and outcomes to match participant needs; and (4) include knowledgeable coaches/instructors. Conclusions: The study provides researchers and practitioners (e.g., rehabilitation professionals, program facilitators, coaches) with evidence of strategies for delivering physical activity experiences to Veterans with a physical disability. Strategies highlighted provide insight as to how rehabilitation specialists can promote quality experiences for Veterans with a physical disability during physical activity programming.

2. An audit of antimicrobial prescribing by dental practitioners in the north east of England and Cumbria.

Authors: Sturrock, A.; Landes, D.; Robson, T.; Bird, L.; Ojelabi, A.; Ling, J.
Source: BMC Oral Health; Dec 2018; vol. 18 (no. 1)
Publication Date: Dec 2018
Publication Type(s): Academic Journal
Database: CINAHL

Abstract

In the north east of England and Cumbria, antimicrobial prescribing by dental practitioners was evaluated. The study aimed to assess compliance with antimicrobial guidelines and identify potential areas for improvement. The results showed that while most practitioners were adhering to guidelines, there was room for improvement in the selection and duration of treatments. The findings highlighted the need for ongoing education and support for dental practitioners to ensure optimal antimicrobial prescribing practices.
Abstract

Background: Inappropriate prescribing of antimicrobials is a significant threat to global public health. In England, approximately 5% of all antimicrobial items are prescribed by dentists, despite the limited indications for their use in the treatment of oral infections in published clinical guidelines. The objective of this study was to survey antimicrobial prescribing by dental practitioners in North East England and Cumbria, identify educational and training needs and develop a self-assessment tool that can be used for Continued Professional Development by individual practitioners. Methods: During October 2016, 275 dental practitioners used a standardised form to record anonymous information about patients who had been prescribed antimicrobials. Clinical information and prescribing details were compared against clinical guidelines published by the Faculty of General Dental Practitioners UK. Results: Dental practitioners provided data on 1893 antimicrobial prescriptions. There was documented evidence of systemic spread, such as pyrexia in 18% of patients. Dentists recorded patients' pain (91.1% of patients), local lymph gland involvement (41.5%) gross diffuse swelling (55.5%) dysphagia (7.2%) and trismus (13.6%). Reasons for prescribing antimicrobials included patient expectations (25.8%), patient preference (24.8%), time pressures (10.9%), and patients uncooperative with other treatments (10.4%). The most commonly prescribed antimicrobials were amoxicillin, accounting for 61.2% of prescriptions, followed by metronidazole (29.9%). Most prescriptions for amoxicillin were for either 5 days (66.8%) or 7 days (29.6%) and most prescriptions for metronidazole were for a 5-day course (65.2%) or 7-day (18.6%) course. Conclusion: In most cases, when an antimicrobial was prescribed, practitioners used the correct choice of agents and usually prescribed these at the correct dose. However, some evidence of suboptimal prescribing practices when compared to the Faculty of General Dental Practitioner guidelines were identified. The audit has identified training needs across the region and aided the development of Continued Professional Development sessions. Further work to identify barriers and facilitators for improving antimicrobial prescribing and determining appropriate methods to improve clinical practice are required.


Authors

Cecil, Elizabeth; Wilkinson, Samantha; Bottle, Alex; Esmail, Aneez; Vincent, Charles; Aylin, Paul P.

Source

BMJ Quality & Safety; Dec 2018; vol. 27 (no. 12); p. 974-981

Publication Date

Dec 2018

Publication Type(s)

Academic Journal

Database

CINAHL

Abstract

Objective To provide a description of the Imperial College Mortality Surveillance System and subsequent investigations by the Care Quality Commission (CQC) in National Health Service (NHS) hospitals receiving mortality alerts. Background The mortality surveillance system has generated monthly mortality alerts since 2007, on 122 individual diagnosis and surgical procedure groups, using routinely collected hospital administrative data for all English acute NHS hospital trusts. The CQC, the English national regulator, is notified of each alert. This study describes the findings of CQC investigations of alerting trusts. Methods We carried out (1) a descriptive analysis of alerts (2007-2016) and (2) an audit of CQC investigations in a subset of alerts (2011-2013). Results Between April 2007 and October 2016, 860 alerts were generated and 76% (654 alerts) were sent to trusts. Alert volumes varied over time (range: 40-101). Septicaemia (except in labour) was the most commonly alerting group (11.5% alerts sent). We reviewed CQC communications in a subset of 204 alerts from 96 trusts. The CQC investigated 75% (154/204) of alerts. In 90% of these pursued alerts, trusts returned evidence of local case note reviews (140/154). These reviews found areas of care that could be improved in 69% (106/154) of alerts. In 25% (38/154) trusts considered that identified failings in care could have impacted on patient outcomes. The CQC investigations resulted in full trust action plans in 77% (118/154) of all pursued alerts. Conclusion The mortality surveillance system has generated a large number of alerts since 2007. Quality of care problems were found in 69% of alerts with CQC investigations, and one in four trusts reported that failings in care may have an impact on patient outcomes. Identifying whether mortality alerts are the most efficient means to highlight areas of substandard care will require further investigation.

4. The blueprint for palliative care provision.

Authors

Nyatanga, Brian

Source

British Journal of Community Nursing; Dec 2018; vol. 23 (no. 12); p. 618-618

Publication Date

Dec 2018

Publication Type(s)

Academic Journal

Database

CINAHL

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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).
Abstract

The author conveys his concerns on improving the provision of palliative care in the post-Liverpool care pathway era in England. He said that complex circumstances are created by the comorbidities found across palliative care. He mentioned a model that proposes the use of four essential elements for delivering palliative care. Such model are mounted or built on the founding blueprint of palliative care.

5. Assistant practitioners in palliative care: doing things differently.

Authors
Rudrum, Ian; Mahalingam, Nisanthan; Bura, Mary

Source
British Journal of Healthcare Assistants; Dec 2018; vol. 12 (no. 12); p. 610-612

Publication Date
Dec 2018

Publication Type(s)
Academic Journal

Database
CINAHL

Abstract

The acute hospital palliative care team at London North West University Healthcare NHS Trust provides specialist palliative care advice and supports end-of-life care across the trust. We have experienced a year-on-year increase in demand for our services and have previously managed this by recruiting more clinical nurse specialists. The appointment of two assistant practitioners to support end-of-life care has allowed us to look at a different model of care and new ways of working to meet increasing demands on our service.

6. Hospital-acquired pressure ulcers: taking steps towards prevention.

Authors
Smith, Charles

Source
British Journal of Healthcare Management; Dec 2018; vol. 24 (no. 12); p. 588-593

Publication Date
Dec 2018

Publication Type(s)
Academic Journal

Database
CINAHL

Abstract

It may be a fallacy to state that most pressure ulcers are preventable, as research typically fails to recognise that most NHS nurses do not work in a well-staffed and well-equipped work environment 24 hours a day, 7 days a week. This article acknowledges this and proposes disrupting the current workflow with a default intervention that reduces the risk of pressure ulcers forming, without creating more work for under-resourced staff.

7. Six weeks’ notice of the on-call roster: fact or fantasy? An audit study.

Authors
Pepper, Thomas; Hicks, Georgina

Source
British Journal of Hospital Medicine (17508460); Dec 2018; vol. 79 (no. 12); p. 708-710

Publication Date
Dec 2018

Publication Type(s)
Academic Journal

Database
CINAHL

Abstract

It may be a fallacy to state that most pressure ulcers are preventable, as research typically fails to recognise that most NHS nurses do not work in a well-staffed and well-equipped work environment 24 hours a day, 7 days a week. This article acknowledges this and proposes disrupting the current workflow with a default intervention that reduces the risk of pressure ulcers forming, without creating more work for under-resourced staff.
8. Managing gestational diabetes mellitus: Audit data of outcomes for women and neonates.

**Authors**
Brown, Anna-Maria; Rajeswari, Devanandas; Williams, Peter; Lowndes, Alison

**Source**
British Journal of Midwifery; Dec 2018; vol. 26 (no. 12); p. 775-786

**Publication Type(s)**
Academic Journal

**Database**
CINAHL

**Abstract**
Background: Literature on the management of gestational diabetes mellitus (GDM) and other pre-existing diabetic conditions in pregnancy suggest treatments that may ameliorate outcomes for both mother and neonates. Aims: To examine the effects of GDM on outcomes for mothers and neonates and the effects of maternal age, body mass index and gestational age at birth with or without induction of labour for women with GDM. Methods: Audit data of outcomes for GDM groups were analysed against outcomes for the general population of women giving birth in this unit. Descriptive statistics organised the data and inferential statistics determined the significant differences between frequencies. Findings: Most of the results were predictive when comparing women with and without GDM for mode of birth and outcomes for mothers and neonates. However, adherence to the standard remained low in both phases of the audit, and a significant proportion of trainees continue to commence jobs without any knowledge of their on-call roster. A range of measures is proposed to address this.

9. The final NMC standards for the education of nursing associates.

**Authors**
Glasper, Alan

**Source**
British Journal of Nursing; Dec 2018; vol. 27 (no. 21); p. 1272-1273

**Publication Type(s)**
Academic Journal

**Database**
CINAHL

**Abstract**
Introduction: Work–life balance is directly linked to morale, job satisfaction and staff retention – all of which are linked to high quality patient care. Receiving the duty roster in advance is the first step towards achieving any work–life balance, but anecdotally doctors frequently receive very little notice of this. This audit assessed NHS trusts' compliance with the Code of Practice, with specific reference to advance notification of duty rosters. Method: The duty roster should be made available 6 weeks before commencement of post. The initial audit comprised a survey sent to all London surgical CT1s starting in October 2016. The interventions introduced following this were creation of a shared spreadsheet containing roster coordinator contact details, reminder emails sent to roster coordinators and distribution of results to NHS Improvement. A repeat survey was sent to all London surgical CT1s and CT2s starting in October 2017. Results: In the initial audit 48/88 (55%) responded, of whom 4/48 (8%) received their duty roster in accordance with the standard and 9/48 (19%) did not receive the roster at all before starting. A total of 40/48 (83%) of trainees had to make specific contact with their future NHS trust in order to obtain their roster. In this initial audit 12/48 (25%) of trainees were satisfied or very satisfied with the amount of notice given. In the reaudit 133/178 (75%) responded, of whom 23/133 (17%) had received their roster in accordance with the standard and 25/133 (19%) did not receive the roster at all before starting. A total of 97/133 (73%) of trainees had to make specific contact with their future NHS trust in order to obtain their roster. In the reaudit 56/133 (42%) of trainees were satisfied or very satisfied with the amount of notice given. Conclusions: This closed loop audit led to a doubling in the proportion of trainees receiving their rosters in accordance with the standard, and this was associated with an increase in trainee satisfaction levels. However, adherence to the standard remained low in both phases of the audit, and a significant proportion of trainees continue to commence jobs without any knowledge of their on-call roster. A range of measures is proposed to address this.
10. Assessing the impact of quality improvement measures on catheter related blood stream infections and catheter salvage: Experience from a national intestinal failure unit.

**Authors**
Bond, A.; Teubner, A.; Taylor, M.; Cawley, C.; Abraham, A.; Dibb, M.; Chadwick, P.R.; Soop, M.; Carlson, G.; Lal, S.

**Source**
Clinical Nutrition; Dec 2018; vol. 37 (no. 6); p. 2097-2101

**Publication Date**
Dec 2018

**Publication Type(s)**
Academic Journal

**Database**
CINAHL

**Abstract**
Summary Background & aims Prevention of catheter related blood stream infections (CRBSI) and salvage of infected central venous catheters (CVC) are vital to maintaining long term venous access in patients needing home parenteral nutrition (HPN). It remains unclear as to whether patients are best trained for catheter care at home or in hospital or whether CRBSIs are lower if the patient self-cares for the CVC. Furthermore, there is minimal data on the longer term outcome following salvage of infected catheter and limited consensus on agreed protocols for catheter salvage. Method We conducted a retrospective 5-year evaluation of CRBSI occurrence and CVC salvage outcomes in adult patients requiring HPN managed at a national UK Intestinal Failure Unit from 2012 to 2016. Prior to 2012, patients were primarily trained to administer PN in hospital; thereafter, patients underwent training at home. Results A total of 134 CRBSI were recorded in 92 patients (62 patients with a single CRBSI and 30 patients with more than 1 CRBSI) in a cohort of 559 HPN patients, with a total of 1163 HPN years. The overall CRBSI rate was 0.31 per 1000 catheter days. CNS were the most common isolates (41/134 (30.5%), followed by polymicrobial infections (14/134 (10.4%)), Klebsiella spp. (16/134 (11.9%)) and methicillin – sensitive Staphylococcus aureus (MSSA) 5/134 ((3.7%)). Salvage was not attempted in 34 cases due to methicillin – resistant (MRSA) infection (1/34), fungal infection (13/34) or clinical instability due to sepsis (20/34). Of the 100 cases where salvage was attempted, 67% were successful. 82.8% of CNS salvage attempts were successful; there was no difference in salvage rates between CNS CRBSIs salvaged with a 10-day (22/26) or 14-day protocol (7/9) (p = 0.4). CRBSI rate, in those cared for by trained home care nurses was the lowest at 0.270 (self care: 0.342 and non-medical carer (e.g. family member): 0.320) (p = 0.03). Conclusion We previously reported a sustained very low CRBSI rate in a large cohort of HPN patients in a national unit; we now further report that this is not influenced by training patients at home rather than in hospital but is influenced by the individual managing the catheter at home. CNS remains the primary cause of CRBSIs and can be successfully salvaged with a reduced duration of antibiotic therapy compared to our previous experience.


**Authors**
Wong, Gabriel Jun Yung; Lew, Charles Chin Han

**Source**
Clinical Nutrition; Dec 2018; vol. 37 (no. 6); p. 2288-2288

**Publication Date**
Dec 2018

**Publication Type(s)**
Academic Journal

**Database**
CINAHL

**Abstract**
Summary Background & aims Prevention of catheter related blood stream infections (CRBSI) and salvage of infected central venous catheters (CVC) are vital to maintaining long term venous access in patients needing home parenteral nutrition (HPN). It remains unclear as to whether patients are best trained for catheter care at home or in hospital or whether CRBSIs are lower if the patient self-cares for the CVC. Furthermore, there is minimal data on the longer term outcome following salvage of infected catheter and limited consensus on agreed protocols for catheter salvage. Method We conducted a retrospective 5-year evaluation of CRBSI occurrence and CVC salvage outcomes in adult patients requiring HPN managed at a national UK Intestinal Failure Unit from 2012 to 2016. Prior to 2012, patients were primarily trained to administer PN in hospital; thereafter, patients underwent training at home. Results A total of 134 CRBSI were recorded in 92 patients (62 patients with a single CRBSI and 30 patients with more than 1 CRBSI) in a cohort of 559 HPN patients, with a total of 1163 HPN years. The overall CRBSI rate was 0.31 per 1000 catheter days. CNS were the most common isolates (41/134 (30.5%), followed by polymicrobial infections (14/134 (10.4%)), Klebsiella spp. (16/134 (11.9%)) and methicillin – sensitive Staphylococcus aureus (MSSA) 5/134 ((3.7%)). Salvage was not attempted in 34 cases due to methicillin – resistant (MRSA) infection (1/34), fungal infection (13/34) or clinical instability due to sepsis (20/34). Of the 100 cases where salvage was attempted, 67% were successful. 82.8% of CNS salvage attempts were successful; there was no difference in salvage rates between CNS CRBSIs salvaged with a 10-day (22/26) or 14-day protocol (7/9) (p = 0.4). CRBSI rate, in those cared for by trained home care nurses was the lowest at 0.270 (self care: 0.342 and non-medical carer (e.g. family member): 0.320) (p = 0.03). Conclusion We previously reported a sustained very low CRBSI rate in a large cohort of HPN patients in a national unit; we now further report that this is not influenced by training patients at home rather than in hospital but is influenced by the individual managing the catheter at home. CNS remains the primary cause of CRBSIs and can be successfully salvaged with a reduced duration of antibiotic therapy compared to our previous experience.

12. The evolution of the dental practice manager.

**Authors**
Leggatt, Charlotte

**Source**
Dental Nursing; Dec 2018; vol. 14 (no. 12); p. 604-604

**Publication Date**
Dec 2018

**Publication Type(s)**
Academic Journal
Abstract
Charlotte Leggatt considers this multifaceted role in ever-changing times.


Authors
Collins, Michelle; Long, Rita; Page, Anthony; Popay, Jennie; Lobban, Fiona

Source
Health Expectations; Dec 2018; vol. 21 (no. 6); p. 950-963

Publication Date
Dec 2018

Publication Type(s)
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CINAHL
Available at Health Expectations from EBSCO (CINAHL Plus with Full Text)
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Available at Health Expectations 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: We assess the utility of the Public Involvement Impact Assessment Framework (PiiAF) as a resource to support research teams in assessing the impact of Public Involvement across diverse research and public involvement (PI) contexts. PiiAF was developed in response to a well-documented growth in Public Involvement in health research in the United Kingdom that demands a more sophisticated evidence base to demonstrate its impact. Design: We used a reflective case study approach drawing on contemporaneous meeting notes, PiiAF website resources and retrospective reflections to describe how PiiAF helped us to develop an impact assessment plan of the PI in a university-based mental health research centre. Discussion: We consider key aspects of our experiences of using PiiAF as a tool to help us design an impact assessment of PI, interpret these experiences with reference to relevant theory and research and share insights that may be useful to other teams considering using PiiAF. Conclusion: These insights include understanding the commitment of time and effort required to develop effective PI impact assessment plans; the flexibility of PiiAF and its ability to be used in a range of research and PI contexts; and the advantages of involving all stakeholders (including the public) in the development of an PI assessment plan.

14. Improving the quality of general practice services in the UK: Surveying the activities of GPs and practice managers (abstract & commentary).*

Authors
Gosling, Jennifer; Mays, Nicholas; Erens, Bob; Reid, David; Taylor, William; Griffiths, Peter

Source
International Journal of Nursing Studies; Dec 2018; vol. 88 ; p. 121-122

Publication Date
Dec 2018

Publication Type(s)
Academic Journal

Database
CINAHL
Available at International Journal of Nursing Studies 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.

15. Acute Fracture Neck of Femur Among Inpatients: Severe Injuries Which Need to be Taken Seriously.

Authors
Green, Carl M.; Zeiton, Moez; Foulkes, Katherine; Barrie, Jim

Source
Journal of Patient Safety; Dec 2018; vol. 14 (no. 4); p. 202-205

Publication Date
Dec 2018

Publication Type(s)
Academic Journal

Database
CINAHL
Available at Journal of Patient Safety 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

Objectives: This study assesses fall prevention measures and subsequent incident reporting of falls resulting in an "inpatient fracture neck of femur (FNOF)" within a single NHS Trust, with the aim of identifying potential areas of improvement and changing practice within a Trust. Methods: Forty patients (mean age, 82.6 years) sustained an injury while being treated in hospital for an unrelated cause between January 2012 and June 2013. Case notes and incident reports were analyzed retrospectively. Results: Thirty-three (82.5%) of 40 patients had at least 1 fall screen on admission, with 27 patients (81.8%) identified as a fall risk. Fifteen patients (37.5%) had at least one fall before sustaining a FNOF. Fifteen falls occurred between midnight—0500 hours and only 4 falls were witnessed. Thirty-nine of 40 falls were reported, but none were rated as "severe" injuries. Twenty-eight (71.8%) of 39 patients had a root cause analysis performed for the injury, but only 10 root cause analyses (25.6%) produced an action plan. Fifty percent of patients died within 1 year of injury. Conclusion: Accurate fall risk assessments and adequate patient supervision are essential to minimize risks of falls, as the inpatient FNOF is linked to a higher mortality rate than patients injured in the community. A standardized method of analyzing such incidents and dissemination of the results of investigation are also required to reduce the risk of similar incidents from occurring within the hospital environment.


Authors
Piercy, Hilary; Bell, Gill; Hughes, Charlie; Naylor, Simone; Bowman, Christine

Source
Journal of Research in Nursing; Dec 2018; vol. 23 (no. 8); p. 646-656

Publication Date
Dec 2018

Database
CINAHL

Abstract

Background HIV services in England face substantial challenges arising from financial pressures and changes to commissioning. A sustainable HIV specialist nursing workforce will be vital to enable them to respond to those challenges. Aims This paper examines the current workforce situation in HIV services across the country. Methods This mixed-method study involved semi-structured interviews with 19 key stakeholders and with 44 nurses/physicians from 21 purposively selected HIV services across England. Data were interpreted using a framework analysis approach. Results 'Building a career in HIV nursing' identified problems associated with retention and recruitment. Changes in commissioning are disrupting common career routes from sexual health to HIV nursing, and a perceived lack of a clear career pathway was seen as a barrier to recruitment. 'Developing a specialist workforce' explored the professional development of the current workforce, which was hampered by poor access to funding or study time for advanced study and the absence of an HIV-specific advanced nursing qualification. Conclusions The HIV nursing workforce, which provides an increasing proportion of HIV care, is facing serious recruitment and retention challenges. A strategic approach to workforce development and training is essential to overcome systemic barriers and secure the next generation of skilled practitioners.

17. Engaging and developing front-line clinical nurses to drive care excellence: Evaluating the Chief Nurse Excellence in Care Junior Fellowship initiative.

Authors
Bramley, Louise; Manning, Joseph C.; Cooper, Joanne

Source
Journal of Research in Nursing; Dec 2018; vol. 23 (no. 8); p. 678-689

Database
CINAHL

Abstract

Background HIV services in England face substantial challenges arising from financial pressures and changes to commissioning. A sustainable HIV specialist nursing workforce will be vital to enable them to respond to those challenges. Aims This paper examines the current workforce situation in HIV services across the country. Methods This mixed-method study involved semi-structured interviews with 19 key stakeholders and with 44 nurses/physicians from 21 purposively selected HIV services across England. Data were interpreted using a framework analysis approach. Results 'Building a career in HIV nursing' identified problems associated with retention and recruitment. Changes in commissioning are disrupting common career routes from sexual health to HIV nursing, and a perceived lack of a clear career pathway was seen as a barrier to recruitment. 'Developing a specialist workforce' explored the professional development of the current workforce, which was hampered by poor access to funding or study time for advanced study and the absence of an HIV-specific advanced nursing qualification. Conclusions The HIV nursing workforce, which provides an increasing proportion of HIV care, is facing serious recruitment and retention challenges. A strategic approach to workforce development and training is essential to overcome systemic barriers and secure the next generation of skilled practitioners.
20. The controlled withdrawal of inhaled corticosteroids in patients with stable COPD in primary care.

Authors: Dawson, Linda
There is variety in the accuracy of diagnosis, classification and long-term management of chronic obstructive pulmonary disease (COPD) in the UK. Inhaled corticosteroids (ICSs) are habitually incorrectly prescribed for patients with COPD. Evidence supporting this practice has been considered ambivalent, and more recent guidance recommends that long-acting bronchodilators are the mainstay of treatment in patients with this disease. However, there are disparities in the guidelines and in practice and ICSs are repeatedly over-used. Consequently, ICSs should be used with caution in specific COPD patients who fit the criteria. Measured withdrawal of ICSs in such patients will support safe prescribing and evidence-based management and reduce the risk of adverse effects, thus delivering quality improvement in practice. This article will provide a brief review of the evidence around the use of ICSs in COPD. It will emphasise the evidence reinforcing the safe and effective discontinuation of ICS therapy in a subgroup of patients in primary care with stable COPD, in whom ICS therapy may not be indicated, and will consider a treatment paradigm that outlines guidance on COPD therapy inhaler step-down. The implementation process undertaken in practice will be critically evaluated, providing preliminary data of results to date.


Authors  Frankova, Helena
Source  Nursing & Residential Care; Dec 2018; vol. 20 (no. 12); p. 639-641

Abstract  The Care Quality Commission (CQC) recently published its yearly report into the state of care, comparing ratings of care providers, evaluating quality of care and access to it and discussing recruitment issues. Helena Frankova shines a light over the report.

22. Inspectors highlight lack of joined-up health and adult social care services.

Authors  Evans, Nick
Source  Nursing Management - UK; Nov 2018; vol. 25 (no. 5); p. 8-9

Abstract  The article discusses the Care and Quality Commission's (CQC) health and social care report in Great Britain as of December 2018. Topics covered include the provision of high-quality care, with access challenges, in most services, possible delivery of fragmented care due to ineffective coordination of services, and problems in navigating the health system which have some confusing services. Also noted is the main role of system failure in cases where quality fails.
23. A study of the Montefiore Health System - which addresses the complex roots of poor health - could be a catalyst for change in the UK's health and social care services.

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<th>Authors</th>
<th>Allen, Daniel</th>
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<td>Source</td>
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<td>What is the point of lecturing a person with diabetes on her diet if she is about to lose her house? This question is at the heart of an analysis by think tank the King's Fund that explores how a healthcare system with a clear sense of purpose can bring sustainable health improvements to a deprived community.</td>
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<th>Cocquyt, Claire</th>
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<td>Abstract</td>
<td>The adult community learning disability team in Cornwall made a commitment to provide a better service for people with profound and multiple learning disabilities (PMLD). This resulted in audits against government papers and reports that encourage high-quality care for people with PMLD and a range of projects, including care pathway development and implementation, staff training and improving links with primary care. The care pathway aims to provide multidisciplinary assessment and intervention for people's specialist health needs. Evidence shows that it has had a positive effect, but also identified areas for further work. Further recommendations have been proposed to improve care delivery for people with PMLD in the Cornwall adult learning disability service.</td>
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<th>Authors</th>
<th>Marin, Juana; Giffin, Nicola; Consiglio, Elizabeth; McClure, Candace; Liebler, Eric; Davies, Brendan</th>
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Abstract

Background: Evidence supports the use of non-invasive vagus nerve stimulation (nVNS; gammaCore®) as a promising therapeutic option for patients with cluster headache (CH). We conducted this audit of real-world data from patients with CH, the majority of whom were treatment refractory, to explore early UK clinical experience with nVNS used acutely, preventively, or both.

Methods: We retrospectively analysed data from 30 patients with CH (29 chronic, 1 episodic) who submitted individual funding requests for nVNS to the National Health Service. All patients had responded to adjunctive nVNS therapy during an evaluation period (typical duration, 3-6 months). Data collected from patient interviews, treatment diaries, and physician notes were summarised with descriptive statistics. Paired t-tests were used to examine statistical significance.

Results: The mean (SD) CH attack frequency decreased from 26.6 (17.1) attacks/wk. before initiation of nVNS therapy to 9.5 (11.0) attacks/wk. (P < 0.01) afterward. Mean (SD) attack duration decreased from 51.9 (36.7) minutes to 29.4 (28.5) minutes (P < 0.01), and mean (SD) attack severity (rated on a 10-point scale) decreased from 7.8 (2.3) to 6.0 (2.6) (P < 0.01). Use of abortive treatments also decreased. Favorable changes in the use of preventive medication were also observed. No serious device-related adverse events were reported.

Conclusions: Significant decreases in attack frequency, severity, and duration were observed in these patients with CH who did not respond to or were intolerant of multiple preventive and/or acute treatments. These real-world findings complement evidence from clinical trials demonstrating the efficacy and safety of nVNS in CH.

26. Don’t audit unless you’re up for change.

Authors  Hitchcock, Gill
Source  Frontline (20454910); Nov 2018; vol. 24 (no. 19); p. 15-15
Publication Date  Nov 2018
Publication Type(s)  Periodical
Database  CINAHL

27. Implementing Medication Assistants in One Eastern Washington Nursing Home.

Authors  Crogan, Neva L.; Simha, Aditya
Source  Annals of Long Term Care; Nov 2018; vol. 26 (no. 6); p. 19-25
Publication Date  Nov 2018
Publication Type(s)  Academic Journal
Database  CINAHL

Abstract

In response to the shortage of licensed practical nurses and registered nurses in area nursing homes (NHs), the Geriatric Interest Group of Spokane (GIGS), Washington, a group of long-term care (LTC) professionals from 5 local NHs, initiated the development and launch of a certified medication assistant (MA-C) training program in Eastern Washington. The purpose of this article is to describe the planning, implementation, and evaluation of an MA-C quality improvement initiative in the 50-bed LTC unit of one Eastern Washington NH. MA-Cs were successfully added to the staffing model in the NH. Quality outcome measures such as the medication error rate, staff satisfaction, the number of residents per month returned to the hospital, call light response rate, and the number of resident falls per month improved after implementation without costing the NH significantly more money in staff salaries. Based on these encouraging findings, GIGS plans to replicate the initiative in 3 additional NHs.


Authors  Loveday, Heather
Source  Journal of Infection Prevention; Nov 2018; vol. 19 (no. 6); p. 264-265
Publication Date  Nov 2018
Publication Type(s)  Academic Journal
Database  CINAHL

Abstract

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.

29. Leading from the top: Evaluation and impact of an educational programme for Directors of Infection Prevention and Control (DIPC) within the Independent Healthcare Sector (IS).

Authors  Millward, Sue
Source  Journal of Infection Prevention; Nov 2018; vol. 19 (no. 6); p. 302-309
Publication Date  Nov 2018
Publication Type(s)  Academic Journal
30. A reflective qualitative appreciative inquiry approach to restoring compassionate care deficits at one United Kingdom health care site.

Authors
McSherry, Robert; Timmins, Fiona; Vries, Jan M. A.; McSherry, Wilfred

Source
Journal of Nursing Management; Nov 2018; vol. 26 (no. 8); p. 1108-1123

Abstract
Background: Following declining health care practices at one UK health care site the subsequent and much publicized Francis Report made several far-reaching recommendations aimed at recovering optimal levels of care including stringent monitoring of practice. The aftermath of these deliberations have had resounding consequences for quality care both nationally and internationally. Design: A reflective qualitative appreciative qualitative inquiry using a hybrid approach combining case study and thematic analysis outlines the development and analysis of a solution-focused intervention aimed at restoring staff confidence and optimal care levels at one key UK hospital site. Personal diaries were used to collect data. Data analysis: Data were analysed using descriptive thematic analysis. Discussion: The implications of the five emerging themes and the 10-step approach used are discussed in the context of understanding care erosion and ways to effect organisational change. Conclusion: A novel approach to addressing care deficits, which provides a promising bottom-up approach, initiated by health care policy makers is suggested for use in other health care settings when concerns about care arise. It is anticipated this approach will prove useful for nurse managers, particularly in relation to finding positive solutions to addressing problems that surround potential failing standards of care in hospitals.

31. 'Marathon not a sprint': 10 years of inpatient diabetes care in Southampton, England.

Authors
Patel, Mayank

Source
Practical Diabetes; Nov 2018; vol. 35 (no. 6); p. 199-199

Abstract
"Marathon not a sprint" is a term that captures the long-term and continuous effort required to manage diabetes effectively. In this project, we have observed how diabetes care has evolved over the past 10 years in an inpatient setting in Southampton, England. The journey has been characterized by multiple challenges and successes, driven by a multidisciplinary approach that prioritizes patient education, glycemic control, and resource allocation. Over time, the care model has moved towards a more patient-centered approach, with a focus on individualized care plans and regular assessment of treatment outcomes. Key strategies include the integration of dietitians and pharmacists into the care team, the implementation of continuous glucose monitoring, and the use of technology to facilitate patient engagement. The project has also highlighted the importance of ongoing quality improvement initiatives, ensuring that care models remain up-to-date with the latest evidence-based practices. This approach has contributed to improved outcomes for patients, as evidenced by the reduction in complications and hospital readmissions. Overall, the experience of managing diabetes over the past decade underscores the need for sustained commitment, flexibility, and innovation in healthcare delivery.

Authors: Young, Bob
Source: Practical Diabetes; Nov 2018; vol. 35 (no. 6); p. 211-217
Publication Date: Nov 2018
Database: CINAHL
Available at: Practical Diabetes from Wiley Online Library Medicine and Nursing Collection 2018 - NHS

Abstract: The 2018 Arnold Bloom lecture reviewed the development of the National Diabetes Audit (NDA) and what its measurements tell us about contemporary diabetes care. From seeds sown by the St Vincent Declaration in 1988 a national system has been established for benchmarking diabetes care across primary care settings, among specialist services and between commissioning areas in England and Wales. Wherever possible the sources of the data are routinely recorded electronic records; this supports data quality and minimises participation burden. Some overall national improvements have been documented but so have areas of stagnation and deterioration. Most strikingly, however, has been the revelation of large differences between services and geographies. A variety of system changes (service re-design) illustrate how appreciable improvements can be achieved. England and Wales now have a set of measurements of diabetes care that can focus change effort appropriately and support on-going improvement. Arnold Bloom's old hospital provided a perfect example of NDA measurements that can quickly identify priorities for improvement at an individual service level. Copyright © 2018 John Wiley & Sons.

33. Working with British Sign Language (BSL) interpreters: lessons from child and adolescent mental health services in the U.K.

Authors: Ackroyd, Vicci; Wright, Barry
Source: Journal of Communication in Healthcare; Oct 2018; vol. 11 (no. 3); p. 195-204
Publication Date: Oct 2018
Publication Type(s): Academic Journal
Database: CINAHL
Available at: Journal of Communication in Healthcare from EBSCO (Health Business FullTEXT Elite) - click this link for more information on request from UHL Libraries & Information Services (from non-NHS library)

Abstract: Background: Having good access to information is crucial when attending an appointment with a health professional; for 5% of the world's population, who have some degree of hearing loss, this is challenging. With the introduction of acts against discrimination in the U.K., there is a responsibility to provide equitable access to services; best practice states that professionals should work with a registered British Sign Language Interpreter. In child and adolescent mental health services, practitioners may work with the deaf child/young person and their families; this presents many challenges. Previous models of interpreting do not lend themselves to this setting; interpreters need to have high levels of language and two-way interpreting skills, imparting detailed information about language and communication demands they face. Method: The role of the interpreter in the team was audited at two time points using an activity recording sheet; this is integrated with available literature and our clinical expertise. Results: Based on iterative audits and expert panels to discuss good practice, we have formulated a helpful way of working with interpreters. To enable robust assessments and therapeutic interventions, clinicians and interpreters are required to co-work. We discuss our experiences of helpful practices when working with interpreters including the importance of pre-appointment meetings, co-working during sessions, and debriefing. Conclusion: We make recommendations for working with deaf children/young people, improving communication with them and their families, and their experience of services, all of which could potentially improve outcomes.

34. THE FIRST 70 YEARS OF THE NHS FORMED A SOLID BASE.

Authors: Smith, David
Source: Mental Health Nursing; Oct 2018; vol. 38 (no. 5); p. 2-2
Publication Date: Oct 2018
Publication Type(s): Academic Journal
Database: CINAHL
Available at: Mental Health Nursing from ProQuest (Hospital Premium Collection) - NHS Version
Available at: Mental Health Nursing from Available to NHS staff on request from UHL Libraries & Information Services (from non-NHS library)

35. Screening for depression in patients with cognitive impairment: a local audit.

Authors: Wood, Felicity Juliette; Nabi, Azka; Adebekun, Israel
Source: Progress in Neurology & Psychiatry; Oct 2018; vol. 22 (no. 4); p. 23-26
Publication Date: Oct 2018
Depression is highly prevalent in cognitive impairment and is considered one of the most common comorbid conditions in dementia. Despite this, underlying depressive symptoms can easily be missed by health care providers, mainly due to lack of awareness and lack of routine screening for depressive symptoms. Here, the authors examine the results of their local audit in Oxleas NHS Foundation Trust screening for depression in those diagnosed with dementia and discuss what their recommendations are for improving this aspect of clinical care in the future.

36. Improving emergency surgical care for patients with right iliac fossa pain at a regional scale: A quality improvement study using the Supported Champions implementation strategy.

Authors
Feinberg, Joshua; Flynn, Lorna; Woodward, Matthew; Pennell, Christopher; Higham, Helen; Morgan, Lauren; Holman, Lance; Tully, Patrick; McCulloch, Peter

Source
International Journal of Surgery; Sep 2018; vol. 57; p. 105-110

Abstract
Introduction: Methods to improve clinical systems safety suffer from significant difficulties in implementation and scaling up. We used an upscaling implementation strategy entitled Supported Champions in a quality and safety improvement programme for emergency surgery at regional level, focusing on patients with right iliac fossa pain. Methods: A before-after study was conducted across four acute NHS Trusts: A 6 month intervention phase was preceded and followed by 3 months of data collection. An established Human Factors intervention was led at each Trust by a small group of staff selected as Champions. Champions received training in teamwork and systems improvement and were supported by Human Factors experts. The primary improvement aim was to expedite surgery for patients with sepsis, using Royal College of Surgeons emergency surgery guidelines as the measure. Additional outcomes studied included length of inpatient stay and 30-day readmission rates. Results: Breaches of RCS urgency guidelines decreased markedly from 13.7% of operated patients pre-intervention to 3.5% post-intervention (p = 0.000). Mean time from booking to incision decreased in three of the four sites, whilst median length of stay increased in 3 of 4. Overall 30-day readmission rate remained stable (7.84% pre-intervention versus 7.31% post-intervention, p = 0.959). Discussion: The Supported Champions model allowed all surgical teams to reduce delay for septic patients by more than 50%, using distinct Quality Improvement strategies to address local issues. Improvement was implemented in 4 diverse settings with a quarter of the level of expert input previously used in a single hospital.

37. Taking the measure of the profession: Physician associations in the measurement age.

Authors
Levi, Baruch; Zehavi, Amos; Chinitz, David

Source
Health Policy; Jul 2018; vol. 122 (no. 7); p. 746-754
Abstract
Systematic measurement of healthcare services enables evaluation of health professionals’ quality of work. Whereas policy makers find measurement a useful mechanism for quality improvement, a public choice perspective implies that physicians would resent such an initiative, which undermines their professional autonomy. In this article, we compare two healthcare systems of economically developed countries - Israel and the UK. Both systems share common features such as universal coverage, strong state intervention, and enthusiasm for New Public Management. In both countries, quality measurement was introduced in acute care hospitals at around the same time. However, while the UK succeeded in establishing a framework of surgical outcome measures during the 2000s, a similar initiative in Israel failed completely during the 1990s. We also refer to subsequent quality indicator efforts in Israel, in both community and hospital frameworks, that were more successful, but in a way that reinforces our central thesis. We contend that differences in reform outcomes stem from the medical profession's reaction to government’s endeavors. This response, in turn, hinges on the professional organizations’ relative institutional position vis-a-vis state authorities. This study constitutes a unique investigation of the medical profession’s response to critical quality measurement reforms. Most importantly, it stresses the institutional position of medical associations as the primary factor in explaining cross-case variation in government’s success in introducing quality measurement.


Authors
Smart, Jennifer L.; Purdy, Suzanne C.; Kelly, Andrea S.

Source
Journal of the American Academy of Audiology; Jul 2018; vol. 29 (no. 7); p. 568-586

Abstract
Background: Personal frequency modulation (FM) systems are often recommended for children diagnosed with auditory processing disorder (APD) to improve their listening environment in the classroom. Further evidence is required to support the continuation of this recommendation. Purpose: To determine whether personal FM systems enhance auditory processing abilities and classroom listening in school-aged children with APD.

Research Design: Two baseline assessments separated by eight weeks were undertaken before a 20-week trial of bilateral personal FM in the classroom. The third assessment was completed immediately after the FM trial. A range of behavioral measures and speech-evoked cortical auditory evoked potentials (CAEPs) in quiet and in noise were used to assess auditory processing and FM outcomes. Perceived listening ability was assessed using the Listening Inventory for Education--United Kingdom version (LIFEUK) questionnaire student and teacher versions, and a modified version of the LIFE-UK questionnaire for parents. Study Sample: Twenty-eight children aged 7-12 years were included in this intervention study. Of the 28 children, there were 22 males and six females.

Data Collection and Analysis: APD Tests scores and CAEP peak latencies and amplitudes were analyzed using repeated measures analysis of variance to determine whether results changed over the two baseline assessments and after the FM trial. The LIFE-UK was administered immediately before and after the FM trial. Student responses were analyzed using paired t-tests. Results are described for the (different) pre- and post-trial teacher versions of the LIFE-UK. Results: Speech in spatial noise (SSN) scores improved by 13% on average when participants wore the FM system in the laboratory. Noise resulted in increased P1 and N2 latencies and reduced N2 amplitudes. The impact of noise on CAEP latencies and amplitudes was significantly reduced when participants wore the FM. Participants’ LIFE-UK responses indicated significant improvements in their perceived listening after the FM trial. Most teachers (74%) reported the trial as successful, based on LIFE-UK ratings. Teachers’ and parents’ questionnaire ratings indicated good agreement regarding the outcomes of the FM trial. There was no change in compressed and reverberated words, masking level difference, and sustained attention scores across visits. Gaps in noise, dichotic digits test, and SSN (hard words) showed practice effects. Frequency pattern test and SSN easy word scores did not change between baseline visits, and improved significantly after the FM trial. CAEP N2 latencies and amplitudes changed significantly across visits; changes occurred across the baseline and the FM trial period. Conclusions: Personal FM systems produce immediate speech perception benefits and enhancement of speech-evoked cortical responses in noise in the laboratory. The 20-week FM trial produced significant improvements in behavioral measures of auditory processing and participants’ perceptions of their listening skills. Teacher and parent questionnaires also indicated positive outcomes.


Authors
Purdy, Suzanne C.; Sharma, Mridula; Morgan, Amanda

Source
Journal of the American Academy of Audiology; Jul 2018; vol. 29 (no. 7); p. 656-667

Abstract
Using the LIFE-UK Questionnaire.


Authors
Purdy, Suzanne C.; Sharma, Mridula; Morgan, Amanda

Source
Journal of the American Academy of Audiology; Jul 2018; vol. 29 (no. 7); p. 656-667

Abstract
Using the LIFE-UK Questionnaire.
Background: Classrooms can be noisy and are challenging listening environments for children with auditory processing disorder (APD). This research was undertaken to determine if the Listening Inventory for Education—UK version (LIFE—UK) can differentiate children with listening difficulties and APD from their typically developing peers. Purpose: To investigate reliability and validity of the student and teacher versions LIFE—UK questionnaire for assessing classroom listening difficulties. Research Design: Cross-sectional quantitative study comparing children with listening difficulties with typically developing children. Study Sample: In total, 143 children (7-12 yr) participated; 45 were diagnosed with APD. Fifteen participants with reported listening difficulties who passed the APD test battery were assigned to a “listening difficulty” (LiD) group. Eighty three children from nine classrooms formed a Control group. Data Collection and Analysis: Children and teachers completed the LIFE—UK questionnaire student and teacher versions. Factor analysis was undertaken, and item reliability was assessed using Cronbach's alpha. Teacher and student ratings were compared using Spearman correlations. Correlations between LIFE—UK ratings and APD test results were also investigated. Results: Factor analysis revealed three factors accounting for 60% of the variance in the Control group LIFE—UK ratings. After removing six items with low factor loadings, a shortened seven-item version with three factors accounted for 71.8% of the variance for the student questionnaire: Cronbach's alpha indicated good internal reliability for this seven-item version of the student questionnaire. Factors were also derived for the teacher questionnaire. Teacher and student ratings were correlated when participant groups were combined. LIFE—UK ratings correlated weakly with some APD measures, providing some support for the questionnaire validity. Conclusions: The results support the use of either the 13- or 7-item student and the teacher versions of the LIFE—UK to evaluate classroom listening and functional consequences of APD. Factor analysis resulted in groupings of items reflecting differences in listening demands in quiet versus noise for the student questionnaire and attentional versus class participation demands for the teacher questionnaire. Further research is needed to confirm the robustness of these factors in other populations.

Authors
Gin, Kimberley; Banerjea, Partha; Abbott, Chris; Browning, Sophie; Bracegirdle, Karen; Corrigall, Richard; Jolley, Suzanne

Source
Schizophrenia Research; May 2018; vol. 195 ; p. 93-96

Publication Date
May 2018

Publication Type(s)
Academic Journal

PubMedID
28874319

Database
CINAHL

Available at Schizophrenia Research 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: Distressing ‘psychotic-like’ or unusual experiences (UEDs) signify increased mental health risk in the general population, including greater likelihood and severity of co-occurring non-psychotic mental health problems, and, from fourteen years of age, increased risk of a future psychotic illness. Healthcare guidelines for under eighteens recommend psychological intervention for UEDs, to reduce current distress and adverse functional impact, and, potentially, future mental health risk. Children tend not to report UEDs unless directly asked, indicating a need for routine screening. We report on the feasibility of a routine screening methodology, and screening outcomes, in Child and Adolescent Mental Health Services (CAMHS) in South East London, United Kingdom.

Method: Four general community CAMHS teams were invited to screen, by adding a nine-item self-report UED measure to their routine assessment battery. Screening data were collected over 18months from 02/2015 to 07/2016.

Results: All but one team agreed to screen. Each team saw around 300 accepted referrals during the audit period (total: 900); 768 of these (85%) were successfully screened; of those screened, 68% (n=524) self-reported UEs, 60% (n=461) with associated distress/adverse functional impact. Screening was acceptable to clinicians, children and families.

Conclusions: Assessing UEDs routinely in CAMHS is feasible, and suggests that around two thirds of assessed referrals could potentially benefit from interventions targeting UEDs. Additional training may be required for the CAMHS workforce to address this need.

42. Guided self-help cognitive-behaviour Intervention for VoicEs (GiVE): Results from a pilot randomised controlled trial in a transdiagnostic sample.

Authors
Hazell, Cassie M.; Hayward, Mark; Cavanagh, Kate; Jones, Anna-Marie; Strauss, Clara

Source
Schizophrenia Research; May 2018; vol. 195 ; p. 441-447

Publication Date
May 2018

Publication Type(s)
Academic Journal

PubMedID
29033279

Database
CINAHL

Available at Schizophrenia Research 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 Schizophrenia Research from Unpaywall

Abstract
Background: Few patients have access to cognitive behaviour therapy for psychosis (CBTp) even though at least 16 sessions of CBTp is recommended in treatment guidelines. Briefer CBTp could improve access as the same number of therapists could see more patients. In addition, focusing on single psychotic symptoms, such as auditory hallucinations ('voices'), rather than on psychosis more broadly, may yield greater benefits.

Method: This pilot RCT recruited 28 participants (with a range of diagnoses) from NHS mental health services who were distressed by hearing voices. The study compared an 8-session guided self-help CBT intervention for distressing voices with a wait-list control. Data were collected at baseline and at 12weeks with post-therapy assessments conducted blind to allocation. Voice-impact was the pre-determined primary outcome. Secondary outcomes were depression, anxiety, wellbeing and recovery. Mechanism measures were self-esteem, beliefs about self, beliefs about voices and voice-relating.

Results: Recruitment and retention was feasible with low study (3.6%) and therapy (14.3%) dropout. There were large, statistically significant between-group effects on the primary outcome of voice-impact (d=1.78; 95% CIs: 0.86-2.70), which exceeded the minimum clinically important difference. Large, statistically significant effects were found on a number of secondary and mechanism measures.

Conclusions: Large effects on the pre-determined primary outcome of voice-impact are encouraging, and criteria for progressing to a definitive trial are met. Significant between-group effects on measures of self-esteem, negative beliefs about self and beliefs about voice omnipotence are consistent with these being mechanisms of change and this requires testing in a future trial.
# Search Strategy

## CINAHL - Audit

### Search Strategy 432447

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