Strategy 432447/9

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51. A safe first-line approach to managing skin tears within an acute care setting (part 1).  

52. Comment on NHS Improvement Theatre Efficiency report.  

53. Audit of COPD exacerbations in secondary care.  

54. Major obstetric haemorrhage of 2000 ml or greater: a clinical audit.  

55. Quality of Care in Hip Fracture Patients: The Relationship Between Adherence to National Standards and Improved Outcomes.
1. Introducing early and structured rehabilitation in critical care: A quality improvement project.

**Authors**
McWilliams, David; Snelson, Catherine; Goddard, Hannah; Attwood, Ben

**Source**
Intensive & Critical Care Nursing; Aug 2019; vol. 53; p. 79-83

**Publication Date**
Aug 2019

**Publication Type(s)**
Academic Journal

**Database**
CINAHL

**Abstract**

To assess the potential impact of introducing an already established and effective programme of rehabilitation within a critical care unit in a different organisation. Fifteen-month prospective before/after quality improvement project. Seven-bed mixed dependency critical care unit. 209 patients admitted to critical care for ≥4 days. A multi-faceted quality improvement project focussed on changing structure and overcoming local barriers to increase levels of rehabilitation within critical care. Proportion of patients mobilised within critical care, time to first mobilise and highest level of mobility achieved within critical care. Compared to before the quality improvement project, significantly more patients mobilised within critical care (92% vs 73%, p = 0.003). This resulted in a significant reduction in time to 1st mobilisation (2 vs 3.5 days, P < 0.001), particularly for those patients ventilated ≥4 days (3 vs 14 days) and higher mobility scores at the point of critical care discharge (Manchester mobility score 5 vs 4, p = 0.019). The results from this quality improvement project demonstrate the positive impact of introducing a programme of early and structured rehabilitation to a critical care unit within a different organisation. This could provide a framework for introducing similar programmes to other critical care units nationally.

2. Pre-partying Amongst Students in the UK: Measuring Motivations and Consumption Levels Across Different Educational Contexts.

**Authors**
Howard, Ashley R.; Albery, Ian P.; Frings, Daniel; Spada, Marcantonio M.; Moss, Antony C.

**Source**
Substance Use & Misuse; Jul 2019; vol. 54 (no. 9); p. 1519-1529

**Publication Date**
Jul 2019

**Publication Type(s)**
Academic Journal

**Database**
CINAHL

**Abstract**

We sought to explore the motivations for pre-partying amongst UK student drinkers who reported pre-partying at least once per month. Two distinct educational settings were included: colleges, where the majority of students are below the legal age for drinking, and university, where all students would be legally allowed to drink. A cross-sectional correlational design was adopted. Ninety-four college (16–18 years) and 138 university students (18–28 years) from the UK completed an online survey, of whom 54.7% and 86.9% reported pre-partying at least once per month, respectively. Alcohol use was measured using the Alcohol Use Disorders Identification Test – Consumption (AUDIT-C) and pre-partying motivations were assessed using the Pre-partying Motivations Inventory (PMI). Frequency of pre-partying behavior and the number of units consumed was also recorded. Hierarchical regression analyses showed that, for college students, AUDIT-C positively predicted pre-partying frequency, while gender and AUDIT-C positively predicted the units of alcohol consumed but Barriers to Consumption (BC) negatively predicted units consumed. Among university students AUDIT-C and Interpersonal Enhancement predicted pre-partying frequency, and AUDIT-C predicted the amount of pre-partying units consumed. Different motives for pre-partying motives were identified across two distinct educational settings. The finding that BC negatively correlated with the amount of alcohol consumed amongst younger college students requires further study, as it contradicts previous work in this area, but is consistent with findings that availability predicts alcohol intake. Understanding differences in drinking behavior between age groups is a key finding, which will allow future research to track developmental influences on the effectiveness of interventions.

3. Effect on secondary care of providing enhanced support to residential and nursing home residents: a subgroup analysis of a retrospective matched cohort study.

**Authors**
Lloyd, Therese; Conti, Stefano; Santos, Filiphe; Steventon, Adam
Background Thirteen residential care homes and 10 nursing homes specialising in older people in Rushcliffe, England, participated in an improvement programme. The enhanced support provided included regular visits from named general practitioners and additional training for care home staff. We assessed and compared the effect on hospital use for residents in residential and nursing homes, respectively. Methods Using linked care home and administrative hospital data, we examined people aged 65 years or over who moved to a participating care home between 2014 and 2016 (n=568). We selected matched control residents who had similar characteristics to the residents receiving enhanced support and moved to similar care homes not participating in the enhanced support (n=568). Differences in hospital use were assessed for residents of each type of care home using multivariable regression. Results Residents of participating residential care homes showed lower rates of potentially avoidable emergency admissions (rate ratio 0.50, 95% CI 0.30 to 0.82), emergency admissions (rate ratio 0.60, 95% CI 0.42 to 0.86) and Accident & Emergency attendances (0.57, 95% CI 0.40 to 0.81) than matched controls. Hospital bed days, outpatient attendances and the proportion of deaths that occurred out of hospital were not statistically different. For nursing home residents, there were no significant differences for any outcome. Conclusions The enhanced support was associated with lower emergency hospital use for older people living in residential care homes but not for people living in nursing homes. This might be because there was more potential to reduce emergency care for people in residential care homes. In nursing homes, improvement programmes may need to be more tailored to residents' needs or the context of providing care in that setting.


Authors Aleksic, A.; Cleator, S.
Source Clinical Oncology; Jul 2019; vol. 31 (no. 7)


Authors Closier, P.; Chopra, N.; Mark, F.; Jenner, A.; McCartney, T.; Copson, E.
Source Clinical Oncology; Jul 2019; vol. 31 (no. 7)


Authors Greenberg, A.; Yan, H.; Anand, G.; Raja, F.
7. A Retrospective Audit on Outcomes Following Implementation of Neoadjuvant Treatment of HER2-positive Breast Cancer with Combined Pertuzumab and Trastuzumab with Docetaxel...Royal College of Radiologists (RCR) 2019 Conference, October 14-16, 2019, Liverpool, England

Authors
Kohli, S.; Mahtab, N.

Source
Clinical Oncology; Jul 2019; vol. 31 (no. 7)

Publication Date
Jul 2019

Publication Type(s)
Academic Journal

Database
CINAHL

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


Authors
Woodhouse, L.; King, J.

Source
Clinical Oncology; Jul 2019; vol. 31 (no. 7)

Publication Date
Jul 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.


Authors
Lewis, Natalia V.; Dowrick, Anna; Sohal, Alex; Feder, Gene; Griffiths, Chris

Source
Health & Social Care in the Community; Jul 2019; vol. 27 (no. 4)

Publication Date
Jul 2019

Publication Type(s)
Academic Journal

Database
CINAHL

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Available at Health & Social Care in the Community 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 Health & Social Care in the Community from Unpaywall
Abstract

Identification and Referral to Improve Safety (IRIS) is a training and support programme to improve the response to domestic violence and abuse (DVA) in general practice. Following a pragmatic cluster-randomised trial, IRIS has been implemented in over 30 administrative localities in the UK. The trial and local evaluations of the IRIS implementation showed an increase in referrals from general practice to third sector DVA services with a variation in the referral rates within and across practices. Using Normalisation Process Theory (NPT), we aimed to understand the reasons for such variability by identifying factors that influenced the implementation of IRIS in the National Health Service (NHS). We conducted a mixed-method process evaluation which included: (a) a case study (100 hr of participant observation, 19 interviews); (b) a survey (n = 118); (c) qualitative analysis of free-text comments from the survey; (d) qualitative interviews (n = 8); (e) document review (n = 44). Data were collected from NHS and third sector staff across five London boroughs from August 2015 to December 2017, analysed descriptively and thematically and triangulated using the NPT constructs coherence, cognitive participation, collection action and reflexive monitoring. The survey showed wide variation in the extent to which practice staff saw IRIS as a normal part of their daily work. Qualitative data and documents illuminated drivers of DVA work, implementation barriers and suggested solutions. The drivers were related to individual professional's characteristics and relationships. The barriers were linked to the differing sense-making and legitimisation of DVA work and differing contexts between the NHS and third sector. Solutions were adaptations to IRIS relative to these contextual differences. The suggested solutions can be used to update IRIS commissioning guidance, training for trainers and training for general practice. The updates should reflect the importance of ongoing support of IRIS from practice leads and commissioners, extended funding periods for IRIS and continuity of the IRIS team.


Authors
Lavallée, Jacqueline F.; Gray, Trish A.; Dumville, Jo; Cullum, Nicky

Source
Health & Social Care in the Community; Jul 2019; vol. 27 (no. 4)

Publication Date
Jul 2019

Publication Type(s)
Academic Journal

Database
CINAHL

Abstract

Pressure ulcers can be painful and negatively affect health-related quality of life and healthcare costs. Many people living in nursing homes are at risk of developing a pressure ulcer. Nursing home staff, tissue viability nurses and researchers have co-designed the first theory and evidence-informed care bundle specifically for nursing homes, which consists of three prevention practices (skin inspection, support surfaces, repositioning) and a range of behaviour change techniques to promote these practices. We conducted a mixed methods feasibility study of the use of this care bundle in one nursing home in the North of England using an uncontrolled, before-and-after study design. We collected quantitative data on pressure ulcer prevention behaviours of the nursing home staff and pressure ulcer incidence rates for 5 weeks prior to implementing the bundle. Data collection continued for a further 9 weeks during the bundle implementation phase. We explored adherence to the bundle and participants’ experiences of using it. The Conceptual Framework for Implementation Fidelity and the Theoretical Domains Framework informed the semi-structured interviews. Quantitative and qualitative data were analysed using descriptive statistics and deductive framework analysis respectively. We collected data for 462 resident bed days prior to implementing the bundle; five new pressure ulcers were recorded and repositioning was the only documented pressure ulcer prevention behaviour. We collected data for 1,181 resident bed days during the intervention phase; no new pressure ulcers developed and the documented prevention behaviours included repositioning, skin inspection and checking support surfaces. Participants reported that the bundle enhanced the care they delivered and offered suggestions for future improvements. Our findings have highlighted a number of feasibility issues surrounding recruitment and retention, collecting data and implementation fidelity. A pressure ulcer prevention bundle specifically designed for nursing homes was acceptable. The feasibility work has highlighted the potential for the intervention and improvements. Our findings have highlighted a number of feasibility issues surrounding recruitment and retention, collecting data and implementation fidelity. A pressure ulcer prevention bundle specifically designed for nursing homes was acceptable. The feasibility work has highlighted the potential for the intervention and implementations.

11. Homelessness—’It will crumble men’: The views of staff and service users about facilitating the identification and support of people with an intellectual disability in homeless services.

Authors
McKenzie, Karen; Murray, George; Wilson, Helen; Delahunty, Lauren

Source
Health & Social Care in the Community; Jul 2019; vol. 27 (no. 4)

Publication Date
Jul 2019

Authors: Tandan, Meera; Sloane, Philip D.; Ward, Kimberly; Weber, David J.; Vellinga, Akke; Kistler, Christine E.; Zimmerman, Sheryl

Source: Infection Control & Hospital Epidemiology; Jul 2019; vol. 40 (no. 7); p. 780-786

Abstract: Objective: Identify changes in the prevalence and antimicrobial resistance patterns of potentially pathogenic bacteria in urine cultures during a 2-year antimicrobial stewardship intervention program in nursing homes (NHs). Design: Before-and-after intervention study. Setting: The study included 27 NHs in North Carolina. Methods: We audited all urine cultures ordered before and during an antimicrobial stewardship intervention. Analyses compared culture rates, culture positive rates, and pathogen antimicrobial resistance patterns. Results: Of 6,718 total urine cultures collected, 68% were positive for potentially pathogenic bacteria. During the intervention, significant reductions in the urine culture and positive culture rates were observed (P < 0.014). Most of the identified potentially uropathogenic isolates were Escherichia coli (38%), Proteus spp (13%), and Klebsiella pneumoniae (12%). A significant decrease was observed during the intervention period in nitrofuran resistance among E. coli (P < 0.001) and ciprofloxacin resistance among Proteus spp (P < 0.001); however carbapenem resistance increased for Proteus spp (P < 0.001). Multidrug resistance also increased for Proteus spp compared to the baseline. The baseline resistance of E. coli to the commonly prescribed antimicrobials ciprofloxacin and trimethoprim-sulfamethoxazole (TMP/SMX) did not change during the intervention. Conclusions: The antimicrobial stewardship intervention program significantly reduced urine culture and culture-positive rates. Overall, very high proportions of antimicrobial resistance were observed among common pathogens; however, antimicrobial resistance trended downward but reductions were too small and scattered to conclude that the intervention significantly changed antimicrobial resistance. Longer intervention periods may be needed to effect change in resistance patterns.


Authors: Dewar, Belinda; Barrie, Karen; Sharp, Cathy; Meyer, Julienne

Source: Journal of Applied Gerontology; Jul 2019; vol. 38 (no. 7); p. 931-958
Leadership is key to quality improvement in nursing homes. This article reports on the initial analysis of the transformational My Home Life Leadership Support program for nursing home managers being implemented in Scotland. It analyses learning from a multimethod participatory descriptive study. Contribution analysis theory informed the evaluation. Evidence-Based Practice, Relationship-Centered Care, Appreciative Inquiry, and Caring Conversations informed the intervention to develop transformational leadership. Data generation methods included baseline and postintervention questionnaires to describe culture change within the study population, together with more in-depth qualitative data generated from group discussions throughout the leadership support program. Qualitative data analysis was an iterative collaborative process with participants to generate themes about the impact of the program on themselves and their practice. Data showed positive changes in managers' perceptions of their self-awareness, leadership communication and relationship skills, and development of positive cultures. This model offers lessons for those interested in ways to approach the emotional, educational, and cultural dynamics of change in other human service contexts.

14. CHRONIC PAIN IN INTENSIVE CARE UNIT SURVIVORS: INCIDENCE, CHARACTERISTICS AND SIDE-EFFECTS UP TO ONE-YEAR POST-DISCHARGE.

Authors: DEVINE, Helen; QUASIM, Tara; MCPEAKE, Joanne; SHAW, Martin; MCCALLUM, Louise; MACTAVISH, Pamela

Abstract

Background: Intensive care unit survivors experience significant physical and psychological problems, including chronic pain following discharge. The aim of this study was to observe the incidence, anatomical sites, intensity, and interference of chronic pain in intensive care unit survivors over a 1-year period. In addition, potential predictors of chronic pain were analysed. Methods: Data were collected during an intensive care unit follow-up programme as part of a quality improvement initiative. Data from the Brief Pain Inventory and from musculoskeletal assessment were examined, alongside demographic data from the patient. Data were collected from patients at baseline and at a 1-year follow-up appointment. Results: Data from 47 intensive care unit survivors were included in this study. In 66% (n = 31) of the patients a "new" chronic pain that did not exist before their stay in the intensive care, was reported. Pain intensity in this patient group was "moderate" and did not improve significantly over the 1-year period. Although pain interference with life decreased over the study period, it was still the most common cause of reduced enjoyment of life and reduced employment at 1-year follow-up. Conclusion: Chronic pain is associated with morbidity in intensive care unit survivors. Pain interference, but not pain intensity, improved significantly in the first year after discharge. Further multi-centre research is required to elucidate the chronic pain experience.


Authors: Edwards, Antoinette

Abstract

Edwards, Antoinette

Source: Trauma; Jul 2019; vol. 21 (no. 3); p. 225-225

Page 9 of 26
The article announces the winners at the 2019 Trauma and Audit Research Network (TARN) Annual Awards, namely, Kelly Tuppen of East Sussex Healthcare NHS Trust (ESHT) and Elizabeth Bullock of Yeovil District Hospital NHS Foundation Trust, who are the joint recipients of the Woodford Award.

16. Progress on the introduction of supervisory ward manager roles since the Francis report recommendations.

Authors: Regan, Paul; Shillitoe-Kehoe, Sarah
Source: British Journal of Nursing; Jun 2019; vol. 28 (no. 11); p. 702-707

Abstract: Recommendation 195 of the Francis report suggested that the introduction of supervisory ward managers into clinical practice could improve the quality of patient care in England. The Department of Health and NHS Commissioning Board’s vision and strategy Compassion in Practice in 2012 restated the recommendation in action area four, with trusts required to publish progress. With the aim of identifying whether the lessons of the Francis report had been learned, a review of the published literature since 2012 retrieved only five articles on the subject, with many anecdotal accounts of its implementation in local trusts. The three subsequent update reports of Compassion in Practice stopped backing recommendation 195 and promoted black and ethnic minority leadership, a laudable initiative, but not a recommendation of the Francis report. The authors suggest recommendation 195 and Compassion in Practice’s original action area four should be promoted again to ensure public safety and address the notion that lessons learned are less likely to be repeated.

17. Non-medical prescribing of systemic anticancer therapy in a multidisciplinary team oncology clinic.

Authors: Hand (née Davies), Philippa R
Source: British Journal of Nursing; Jun 2019; vol. 28 (no. 11); p. 715-720

Abstract: The number of people diagnosed and living with cancer in the UK continues to rise, placing increasing demands on specialist cancer care services. The incidence and prevalence of neuroendocrine tumours (NETs) has increased. An NET remains a rare cancer requiring specialist care and the clinical nurse specialist (CNS) team is ideally placed to support these patients. Oncology clinics are becoming increasingly pressured and the need to think of innovative ways of reducing pressure while maintaining and enhancing the patient’s experience is important. A new multidisciplinary team (MDT) systemic anti-cancer therapy (SACT) clinic for NET patients was developed that incorporated a CNS SACT non-medical prescriber (NMP) to improve patient experience and reduce the number of oncologist clinic reviews. Methods and analysis: the clinic was developed and a protocol developed to help ensure safe practice and support for the CNS NMP. The patient experience was prioritised in the design. All NMP SACT prescriptions were reviewed and questionnaires were given to patients after 3 months. A questionnaire was also given to all oncologists within the clinic and to the oncology pharmacist for analysis. Findings: 29 SACT NMP prescriptions for 15 patients were written. Patient and medical colleague feedback was positive. Discussion: this experience has helped to highlight the positive impact of innovative clinics that combine the expertise of both independent nurse practitioners and the medical team. This has paved the way for further clinics of this kind within the author’s trust and the NET service.
18. Hospital food: raise standards, cut costs.

Authors: Foster, Sam

Source: British Journal of Nursing; Jun 2019; vol. 28 (no. 11); p. 739-739

Publication Date: Jun 2019

Publication Type(s): Academic Journal

Database: CINAHL

Abstract:
Sam Foster, Chief Nurse, Oxford University Hospitals, reflects on the problems of ensuring the quality of hospital food and examines the latest Government initiative to reduce costs.


Authors: Adderley, Una

Source: British Journal of Community Nursing; Jun 2019; vol. 24 (no. Supp6); p. 5-5

Publication Date: Jun 2019

Publication Type(s): Academic Journal

Database: CINAHL

Abstract:
The article discusses efforts to prevent the adverse effects of chronic wounds among patients in Great Britain as of June 2019, particularly the move by National Health Service (NHS) England to commission a National Wound Care Strategy Programme (NWCS) to create an effective strategy to improve wound care. Also cited are the National Institute for Health and Care Excellence (NICE) guidance on diabetic foot ulcers, and the focus of NWCS on lower limb ulcers and pressure ulcers.

20. A chance to improve end-of-life care.

Authors: Bowers, Ben; Barclay, Stephen

Source: British Journal of Community Nursing; Jun 2019; vol. 24 (no. 6); p. 257-257

Publication Date: Jun 2019

Publication Type(s): Academic Journal

Database: CINAHL

Abstract:
The article offers information on the British National Health Services (NHS) general practitioner (GP) contract that provides financial rewards to implementing an end-of-life (EoL) quality-improvement project before the end of March 2020. Topics covered include domains in EoL care provision that GP contract holder should implement in their project, the role that community nurses can play in delivering and coordinating EoL care at home, and areas for review in delivering personalized care.


Authors: van Boxel, Gijsbert I; McLure, Stewart; Jones, Keaton; Jones, Gregory

Source: British Journal of Hospital Medicine (17508460); Jun 2019; vol. 80 (no. 6); p. 343-347

Publication Date: Jun 2019

Publication Type(s): Academic Journal

Database: CINAHL

Abstract:
The article discusses efforts to prevent the adverse effects of chronic wounds among patients in Great Britain as of June 2019, particularly the move by National Health Service (NHS) England to commission a National Wound Care Strategy Programme (NWCS) to create an effective strategy to improve wound care. Also cited are the National Institute for Health and Care Excellence (NICE) guidance on diabetic foot ulcers, and the focus of NWCS on lower limb ulcers and pressure ulcers.
22. Maternity triage: did negligent assessment lead to cerebral palsy?

**Authors**
Symon, Andrew

**Source**
British Journal of Midwifery; Jun 2019; vol. 27 (no. 6); p. 390-391

**Abstract**
Andrew Symon reports on the recent case of PXW v Kingston Hospital, which examined a midwife’s conduct in relation to assessing a woman in the latent phase of labour.

23. Assessment of sensitivity of whole body CT for major trauma.

**Authors**
Yoong, Susan; Kothari, Ravi; Brooks, Adam

**Source**
European Journal of Trauma & Emergency Surgery; Jun 2019; vol. 45 (no. 3); p. 489-492

**Abstract**
Introduction: Whole body computed tomography has become standard practice in many centres in the management of severely injured trauma patients, however, the evidence for its diagnostic accuracy is limited. Aim: To assess the sensitivity of whole body CT in major trauma. Method: Retrospective review of all patients with injury severity score (ISS) > 15 presenting with blunt trauma to a UK Major Trauma Centre between May 2012 and April 2014. Injuries were classified as per ISS score—1 = head and neck 2 = face 3 = chest 4 = abdomen. The authors reviewed patient’s electronic charts, radiological results; interventional procedure records, discharge letters and outpatient follow up documentation and referenced this with Trauma Audit and Research Network data. Results: More than 80% of respondents stated that they use pPOSSUM in daily clinical practice. There was variability in the calculated scores between the groups analysed. Two subgroups were evident: one in which the calculated mean pPOSSUM was similar between participants but did not reflect the true value, and the other which was accurate, but demonstrated high inter-rater variability. Conclusions: This is the first study to investigate inter-operator variability in pPOSSUM scores. Previous reports on the validity of the tool fail to account for subjective variation. At a time where pPOSSUM has become a routine part of clinical practice, this variability needs to be accounted for and taken into consideration in the decision-making process.


**Authors**
Younge, Lisa
25. Right hypochondrial pain leading to diagnosis of cholestatic jaundice and cholecystitis: a review and case study.

Authors: Redfern, Vicky; Mortimore, Gerri

Abstract: Lisa Younge, Lead IBD Nurse at the Royal London Hospital, introduces some key features of the new standards from IBD UK.

26. Patient experience feedback in UK hospitals: What types are available and what are their potential roles in quality improvement (QI)?

Authors: Marsh, Claire; Peacock, Rosemary; Sheard, Laura; Hughes, Lesley; Lawton, Rebecca

Abstract: The gallbladder stores bile from the liver and releases it into the duodenum. Imbalance in bile components (typically, cholesterol) can lead to cholelithiasis, the crystallisation of choledoliths (gallstones). Cholelithiasis is common, affecting a fifth of people in Western countries. The stones can become lodged in the biliary duct and obstruct bile flow. Bile obstruction affects levels of bilirubin, causing cholestatic jaundice. Associated symptoms include nausea, dark urine and pale stools. Gallstones can also cause cholecystitis, the inflammation of the gallbladder. They also often cause pain (biliary colic), especially sudden-onset, episodic, radiating right hypochondrial pain, and biliary pathology is the main cause of upper abdominal pain. Diagnosing these presentations requires a multispectral, holistic assessment comprising numerous investigations, including clinical history, liver function tests, Murphy’s sign and abdominal ultrasound. Treatment is usually gallbladder removal surgery (laparoscopic cholecystectomy), with either bile duct exploration or endoscopic retrograde cholangio-pancreatography (ERCP). Good nurse–patient communication is essential to ensure quality of care. The case study presented here covers the assessment and biliary diagnosis of a female patient presenting with severe right hypochondrial pain. The review of existing evidence and the case study should help hepatobiliary nurses deliver quality care for patients presenting with symptoms of gallstones.

26. Patient experience feedback in UK hospitals: What types are available and what are their potential roles in quality improvement (QI)?

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Abstract: The gallbladder stores bile from the liver and releases it into the duodenum. Imbalance in bile components (typically, cholesterol) can lead to cholelithiasis, the crystallisation of choledoliths (gallstones). Cholelithiasis is common, affecting a fifth of people in Western countries. The stones can become lodged in the biliary duct and obstruct bile flow. Bile obstruction affects levels of bilirubin, causing cholestatic jaundice. Associated symptoms include nausea, dark urine and pale stools. Gallstones can also cause cholecystitis, the inflammation of the gallbladder. They also often cause pain (biliary colic), especially sudden-onset, episodic, radiating right hypochondrial pain, and biliary pathology is the main cause of upper abdominal pain. Diagnosing these presentations requires a multispectral, holistic assessment comprising numerous investigations, including clinical history, liver function tests, Murphy’s sign and abdominal ultrasound. Treatment is usually gallbladder removal surgery (laparoscopic cholecystectomy), with either bile duct exploration or endoscopic retrograde cholangio-pancreatography (ERCP). Good nurse–patient communication is essential to ensure quality of care. The case study presented here covers the assessment and biliary diagnosis of a female patient presenting with severe right hypochondrial pain. The review of existing evidence and the case study should help hepatobiliary nurses deliver quality care for patients presenting with symptoms of gallstones.
Abstract  

Background & objectives: The comparative uses of different types of patient experience (PE) feedback as data within quality improvement (QI) are poorly understood. This paper reviews what types are currently available and categorizes them by their characteristics in order to better understand their roles in QI. Methods: A scoping review of types of feedback currently available to hospital staff in the UK was undertaken. This comprised academic database searches for "measures of PE outcomes" (2000-2016), and grey literature and websites for all types of "PE feedback" potentially available (2005-2016). Through an iterative consensus process, we developed a list of characteristics and used this to present categories of similar types. Main results: The scoping review returned 37 feedback types. A list of 12 characteristics was developed and applied, enabling identification of 4 categories that help understand potential use within QI—(1) Hospital-initiated (validated) quantitative surveys: for example the NHS Adult Inpatient Survey; (2) Patient-initiated qualitative feedback: for example complaints or twitter comments; (3) Hospital-initiated qualitative feedback: for example Experience Based Co-Design; (4) Other: for example Friends & Family Test. Of those routinely collected, few elicit "ready-to-use" data and those that do elicit data most suitable for measuring accountability, not for informing ward-based improvement. Guidance does exist for linking collection of feedback to QI for some feedback types in Category 3 but these types are not routinely used. Conclusion: If feedback is to be used more frequently within QI, more attention must be paid to obtaining and making available the most appropriate types.

27. The impact of orphan drug policies in treating rare diseases.

Authors  
Weerasooriya, Shalini U.

Source  
Health Information & Libraries Journal; Jun 2019; vol. 36 (no. 2); p. 179-184

Publication Date  
Jun 2019

Publication Type(s)  
Academic Journal

Database  
CINAHL

Available at Health Information & Libraries Journal from Wiley Online Library
Available at Health Information & Libraries Journal from IngentaConnect
Available at Health Information & Libraries Journal from Available to NHS staff on request from UHL Libraries & Information Services (from NULLJ library) - click this link for more information Local Print Collection [location] : UHL Libraries On Request (Free).
Available at Health Information & Libraries 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.

Abstract  
This paper is based on Shalini Weerasooriya's Masters dissertation in Public Health at the University of Sheffield. A literature review was conducted to understand the role that orphan drug policies have played in the development of new treatments for rare diseases. The impacts of the policies were categorised as 'tangible' or 'intangible' and further synthesis identified 10 main themes such as incentives for investment, criteria for eligibility and assessment of drug applications and further guidance to industry during the drug development cycle. The review concludes that whilst policies have contributed positively towards improving the research and development of orphan drugs it has not exhausted its uses and must now shift its focus to facilitating greater accessibility and affordability of the treatments and that stakeholders are essential to the success of this process. Implications for practice are identified, for example the need to further update and refine the policy with changing demographics and advancing technologies and, in particular, greater collaboration and involvement through, for example, evidence based training programmes is recommended. It is concluded that focus must shift to address the gap between having available drugs and being able to access and afford them.

28. With health science librarianship? Many questions, many options.

Authors  
Murphy, Jeannette

Source  
Health Information & Libraries Journal; Jun 2019; vol. 36 (no. 2); p. 195-198

Publication Date  
Jun 2019

Publication Type(s)  
Academic Journal

Database  
CINAHL

Available at Health Information & Libraries Journal from Wiley Online Library
Available at Health Information & Libraries Journal from IngentaConnect
Available at Health Information & Libraries Journal from Available to NHS staff on request from UHL Libraries & Information Services (from NULLJ library) - click this link for more information Local Print Collection [location] : UHL Libraries On Request (Free).
Available at Health Information & Libraries 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 Health Information & Libraries Journal from Unpaywall
Abstract

The 2019 virtual issue of the Health Information and Libraries Journal (HILJ) is published to link to the 2019 EAHIL Workshop taking place in Basel, Switzerland on 17-20 June 2019. The workshop is structured around six topics: (i) Roadmap of our Profession; (ii) Technology Uptake; (iii) Ecology of Scholarly Communications; (iv) Impact + Assessment; (v) Benchmarking + Advocacy; (vi) Evidence-Based Practice. These themes have been used to compile this virtual issue, which contains published articles selected from HILJ from the March 2019 issue through to June 2017. The virtual issue mirrors the format of a regular issue of HILJ, namely a review article, five original articles and articles from our three regular features: 'Dissertations into Practice', 'International Perspectives and Initiatives' and 'Teaching and Learning in Action'. The authors come from the UK, Canada, Australia, Italy, Iran and Belgium. All articles included in this virtual issue are available free online.

29. 'Innovative practice' a commissioned service to deliver routine HIV screening within the acute medical unit...21st National HIV Nurses Association Annual Conference, 27-28 June 2019, Manchester Conference Centre, Manchester, UK.

Authors
Faulkner, Shane; Potts, Suzan; Wasef, Wafaa

Source
HIV Nursing; Jun 2019; vol. 19 (no. 2); p. 52-53

Publication Date
Jun 2019

Publication Type(s)
Academic Journal

Database
CINAHL

Abstract

Background: Numerous UK studies have presented the feasibility and acceptability of HIV testing in acute medical settings; however, the implementation and sustainability of this practice embedded into routine clinical care, beyond research pilots has yet to be demonstrated. This study aims to present our experience and the results of implementing and sustaining routine HIV testing for general medical admissions as recommended by National Guidelines. Methods: Implementation of the HIV screening initiative was commenced in October 2013 via integrating HIV testing into routine general medical admissions. Key performance indicators were developed with local guidelines for inclusion/exclusion criteria. The existing electronic patient tracker was modified to highlight eligible patients for screening. Robust pathways to HIV services were designed to secure a seamless patient’s journey. Monthly audits and systematic policy review were conducted to ensure quality improvement. Patient information leaflets and posters were designed and made available. Patients were informed of the screening programme with opt out option. Data was collated from health informatics, pathology department and the electronic patient tracker system. Results: The study period is from October 2013 till September 2016. This is divided into 2 intervals. The first is from 10/2013 till 01/2016 when the test was offered to patients aged 16 to 65. The second is from 02/2016 till 09/2016 when screening was offered to all ages. The total number of patients included in the study period were 24,012 of which, 19,196 (80%) were eligible for screening and 4,816 (20%) were excluded according to the set criteria. From the 19,196 patients, 9,664 (50%) were tested for HIV, 3,535 (36.6%) in the first interval and 6,129 (63.4%) in the second. In total there were 9,532 (49.7%) patients opt out from having the test done. Positive/equivocal results were reported in 23 patient’s samples, 12 were confirmed positive and 11 were later determined negative. From the 12 positive results, 10 were new HIV diagnosis and 2 were pre-existing diagnosis who had been lost to follow up. Conclusion: This study shows the feasibility and the acceptance of routine HIV screening in a hospital setting. Our screening rate is now consistently maintained at >60% of our general medical admissions. The HIV screening programme has been implemented successfully since 2013 with continuous development and perseverance. The journey has been dynamic and rewarding. The benefits of integrating and normalising HIV testing lead to early diagnosis and facilitate more patients’ engagement within specialist services.

30. Are we meeting the needs of female HIV patients?...21st National HIV Nurses Association Annual Conference, 27-28 June 2019, Manchester Conference Centre, Manchester, UK

Authors
Attridge, Stewart; Edwards, Lauren; Green, Leasa; Watts, Sandra

Source
HIV Nursing; Jun 2019; vol. 19 (no. 2); p. 53-54

Publication Date
Jun 2019

Publication Type(s)
Academic Journal

Database
CINAHL

Abstract

Background: Numerous UK studies have presented the feasibility and acceptability of HIV testing in acute medical settings; however, the implementation and sustainability of this practice embedded into routine clinical care, beyond research pilots has yet to be demonstrated. This study aims to present our experience and the results of implementing and sustaining routine HIV testing for general medical admissions as recommended by National Guidelines. Methods: Implementation of the HIV screening initiative was commenced in October 2013 via integrating HIV testing into routine general medical admissions. Key performance indicators were developed with local guidelines for inclusion/exclusion criteria. The existing electronic patient tracker was modified to highlight eligible patients for screening. Robust pathways to HIV services were designed to secure a seamless patient’s journey. Monthly audits and systematic policy review were conducted to ensure quality improvement. Patient information leaflets and posters were designed and made available. Patients were informed of the screening programme with opt out option. Data was collated from health informatics, pathology department and the electronic patient tracker system. Results: The study period is from October 2013 till September 2016. This is divided into 2 intervals. The first is from 10/2013 till 01/2016 when the test was offered to patients aged 16 to 65. The second is from 02/2016 till 09/2016 when screening was offered to all ages. The total number of patients included in the study period were 24,012 of which, 19,196 (80%) were eligible for screening and 4,816 (20%) were excluded according to the set criteria. From the 19,196 patients, 9,664 (50%) were tested for HIV, 3,535 (36.6%) in the first interval and 6,129 (63.4%) in the second. In total there were 9,532 (49.7%) patients opt out from having the test done. Positive/equivocal results were reported in 23 patient’s samples, 12 were confirmed positive and 11 were later determined negative. From the 12 positive results, 10 were new HIV diagnosis and 2 were pre-existing diagnosis who had been lost to follow up. Conclusion: This study shows the feasibility and the acceptance of routine HIV screening in a hospital setting. Our screening rate is now consistently maintained at >60% of our general medical admissions. The HIV screening programme has been implemented successfully since 2013 with continuous development and perseverance. The journey has been dynamic and rewarding. The benefits of integrating and normalising HIV testing lead to early diagnosis and facilitate more patients’ engagement within specialist services.
Abstract

Background: The disparities faced by women living with HIV was highlighted by a 2018 Terrence Higgins Trust and Sophia Forum report. The report called for women to be more visible in research and data collection. The nursing team of a moderately sized HIV service used this report as the impetus to initiate an audit into the care given to their female patients with HIV. Methods: A 2018 SOPHID report was used to randomly select 50 female patients’ notes for auditing. As this was seen to be a service evaluation, audit approval was not required. Results: PMH Condition Patients Depression 14 (28%) Anaemia 6 (12%) Hypertension 5 (10%) Fibroids 5 (10%) Asthma 5 (10%) Appointments: The amount of appointments per patient between 2016-19 ranged from 4 - 22. the mode was 13 (26%). Lifestyle: Smoking was reported by 12% of patients, 82% were non-smokers. 50% of patients reported no alcohol intake, 42% of patients stated social alcohol intake. Contraception: Contraception was discussed with 82% of patients. The most popular form of contraception was the IUS (20%). Contraception was not discussed in 18% of patients, the age range for these patients was 37 - 67, average age of 54. Cytology: Cytology was up to date in 62% of patients, cytology was not appropriate in 12% of patients. A further breakdown of results is available. ARVs: The most commonly prescribed STR is Triumeq (16%), closely followed by Eviplera (14%). Truvada is most prescribed NRTI backbone (26%). The most popular third agent was Rezolsta (18%). A switch in medication occurred in 66% of patients. The most common switch was to Symtuza (18%). 15% of switches were to a Descovy based regime. Menopause: Evidence of early menopause in patients living with HIV is conflicting (Imai et al 2013). NICE recommend menopause discussions with all women >45 yrs. When using an arbitrary cut off of 40 years, 74% of patients had no documented discussion on menopause symptoms. Conclusion: Depression rates were slightly higher in this sample than the national average of 22.5% (Mental Health Foundation, 2016). The amount of patients who smoke was similar to the national average of 13% (ONS, 2017) The national BHIVA targets for cytology, contraception and menopause were not met. To help reach BHIVA targets the Nursing role will be reviewed. It is unsurprising that conception friendly STRs are the most popular. Rezolsta switches were largely undertaken as a cost reduction exercise.


Authors
Shongwe, Moses; Patterson, Breda; Paparello, Joel

Source
HIV Nursing; Jun 2019; vol. 19 (no. 2); p. 54-55

Publication Date
Jun 2019

Publication Type(s)
Academic Journal

Database
CINAHL

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

Abstract

Background: The continual and dynamic evolution of HIV care provision in the UK over the past 10 years has meant that HIV nursing has had to adapt accordingly. This is due to the changes in treatment and care of individuals living with HIV, and also the changes and developments in advanced nursing practice. The London Advanced Practice Network (LAPN) sought to gain an understanding of the HIV nursing workforce in London and the South East in the current climate. Methods: An electronic questionnaire was sent via Survey Monkey to 16 HIV clinics across the South East of England with questions relating to cohort size, the HIV nursing workforce and nature of tasks and responsibilities across all bands. Tasks and responsibilities were measured against the NHS Employers National profile for nursing services; domains considered most pertinent for this exercise were 1) responsibility for patient; 2) responsibility for service development; 3) responsibility for human resources; 4) responsibility for research and development. Results: All 16 clinics responded to the questionnaire. 31% (5/16) of clinics had a patient cohort of more than 4000; 57% (9/16) had 2-4000; 12% (2/16) less than 1000. 15 band 8a-c posts were identified; titles included nurse consultant, lead nurse, advanced nurse practitioner (ANP); community clinical nurse specialist (CNS) and clinical nurse manager. 29 band 7 posts were identified; titles included ANP, NP, community CNS, CNS and senior charge nurse. 15 band 6 posts were identified; titles included NP, CNS, senior charge nurse, charge nurse and senior staff nurse. 8 band 5 roles were identified; all staff nurses. 11 band 2-4 roles were identified; all health care assistants. Utilising the NHS national profile domains identified above -- with responsibilities specific to the HIV field considered -- Table 1 documents the results of tasks and responsibilities measured. Conclusions: This was the first step undertaking to gain a richer understanding of the HIV nursing workforce across the south east of England. Next steps will involve interviews with participants to discuss emerging themes including poor engagement with clinical audit, lower than expected numbers of senior nurses managing patients, and high numbers of senior nurses involved in tasks such as phlebotomy. The group will also engage with NHIVNA to discuss the possibility of a national review.

Managing medically complex pts Managing stable patients Phlebotomy Lead clinical audit Participate in clinical audit Training/education Managing staff Lead HIV services meetings Band 8 9/15 (60%) 10/15 (67%) 5/15 (33%) 6/15 (40%) 8/15 (53%) 9/15 (60%) 9/15 (60%) 8/15 (53%) Band 7 12/28 (43%) 18/28 (64%) 20/28 (70%) 6/28 (21%) 12/28 (43%) 14/28 (50%) 6/28 (21%) 6/28 (21%) Band 6 1/5 (7%) 5/15 (33%) 8/15 (53%) 2/15 (13%) 8/15 (53%) 1/15 (7%) 2/15 (13%) 2/15 (13%) Band 5 0/8 0/8 " 2/8 do annual review 8/8 (100%) 0/8 5/8 (63%) 1/8 (13%) 0/8 0/8 Band 2-4 0/9 0/9 9/9 (100%) 0/9 0/9 0/9 0/9 0/9 Table 1: Results of tasks and responsibilities measured. Abstract P2
32. Integrating sexual health into nurse-led HIV clinics in an infectious diseases unit...21st National HIV Nurses Association Annual Conference, 27-28 June 2019, Manchester Conference Centre, Manchester, UK.

Authors: Panton, Linda; Chambers, Claire
Source: HIV Nursing; Jun 2019; vol. 19 (no. 2); p. 55-55
Publication Date: Jun 2019
Publication Type(s): Academic Journal
Database: CINAHL

Abstract:
Background: Prior to 2017, any sexual health (SH) issues for our HIV cohort in the Infectious Diseases (ID) outpatient service were met by a consultant from Genito-urinary medicine (GUM) who ran a clinic once a week. In 2016 an audit of this clinic highlighted low referrals from ID clinicians and high DNA rates. The following year the HIV clinical nurse specialist team (HIVCNS) gained a nurse transferring from GUM. She ran education sessions for clinic nurses to promote screening and clinic capacity was increased to utilize her skills and knowledge to address patients concerns about their SH. Method: In April 2017 the consultant led GUM session was discontinued. The nurse specialist began running a SH clinic once a week for patients who require regular SH screening. Within this clinic she performs test of cures, repeat syphilis titres, cervical smears and coordinates treatment of all positive SH results in our cohort. Results: Anecdotally, the number of positive SH screens continue to increase amongst our cohort of 262 females, 225 heterosexual men and 280 men who have sex with men (MSM). An audit of all screens done in 2018 showed 379 syphilis tests were conducted for 262 patients, indicating that 61% of our MSM cohort had at least one syphilis test carried out in the past year. 79 MSM had an RPR result greater than 1.1 but only 5 were new infections. 48 tests from 43 females found only 3 greater than 1.1, with none being new infection. 45 tests were done in 40 of the heterosexual male cohort, finding 5 > 1.1 but only 1 being a new infection. There was a total of 685 NAAT chlamydia and gonorrhoea tests done for 200 patients with only 43 positives. 566 of these were for 118 MSM (42% of MSM cohort). 24 required treatment for 41 positive results (1 LGV), 45 females provided 70 tests with only 1 requiring treatment, and her male partner was treated as a contact, with 0 other heterosexual men from 39 (53 tests) needing treated. Conclusion: This new post has developed the SH service offered within ID by streamlining access to treatment and improving outcomes of contact tracing and syphilis surveillance. To further enhance this service an evening clinic is now available to encourage accessibility with many of our cohort choosing this clinic for treatment and follow up. Overall this service development has helped highlight and address SH more widely within our cohort and we continue to promote annual reviews by HIVCNS to ensure all patients have access to discuss SH issues.

33. The long road towards zero hepatitis C: are we there yet?...21st National HIV Nurses Association Annual Conference, 27-28 June 2019, Manchester Conference Centre, Manchester, UK.

Authors: Fernandez, T.; Ferro, F.; Hazell, J.; Stainer, D.
Source: HIV Nursing; Jun 2019; vol. 19 (no. 2); p. 55-55
Publication Date: Jun 2019
Publication Type(s): Academic Journal
Database: CINAHL

Abstract:
Background: Prior to 2017, any sexual health (SH) issues for our HIV cohort in the Infectious Diseases (ID) outpatient service were met by a consultant from Genito-urinary medicine (GUM) who ran a clinic once a week. In 2016 an audit of this clinic highlighted low referrals from ID clinicians and high DNA rates. The following year the HIV clinical nurse specialist team (HIVCNS) gained a nurse transferring from GUM. She ran education sessions for clinic nurses to promote screening and clinic capacity was increased to utilize her skills and knowledge to address patients concerns about their SH. Method: In April 2017 the consultant led GUM session was discontinued. The nurse specialist began running a SH clinic once a week for patients who require regular SH screening. Within this clinic she performs test of cures, repeat syphilis titres, cervical smears and coordinates treatment of all positive SH results in our cohort. Results: Anecdotally, the number of positive SH screens continue to increase amongst our cohort of 262 females, 225 heterosexual men and 280 men who have sex with men (MSM). An audit of all screens done in 2018 showed 379 syphilis tests were conducted for 262 patients, indicating that 61% of our MSM cohort had at least one syphilis test carried out in the past year. 79 MSM had an RPR result greater than 1.1 but only 5 were new infections. 48 tests from 43 females found only 3 greater than 1.1, with none being new infection. 45 tests were done in 40 of the heterosexual male cohort, finding 5 > 1.1 but only 1 being a new infection. There was a total of 685 NAAT chlamydia and gonorrhoea tests done for 200 patients with only 43 positives. 566 of these were for 118 MSM (42% of MSM cohort). 24 required treatment for 41 positive results (1 LGV), 45 females provided 70 tests with only 1 requiring treatment, and her male partner was treated as a contact, with 0 other heterosexual men from 39 (53 tests) needing treated. Conclusion: This new post has developed the SH service offered within ID by streamlining access to treatment and improving outcomes of contact tracing and syphilis surveillance. To further enhance this service an evening clinic is now available to encourage accessibility with many of our cohort choosing this clinic for treatment and follow up. Overall this service development has helped highlight and address SH more widely within our cohort and we continue to promote annual reviews by HIVCNS to ensure all patients have access to discuss SH issues.
34. To MSNAP or not to MSNAP? Testing a small regional memory clinic against the UK Memory Service National Accreditation Program (MSNAP).

Authors: Sweeney, E. B.; Foley, J. E.; Fitzsimons, S.; Denihan, A.

Source: Irish Journal of Psychological Medicine; Jun 2019; vol. 36 (no. 2); p. 145-151

Abstract: Aim: To investigate whether a small regional memory clinic would benefit from engaging with a structured external audit process such as the Royal College of Psychiatrists’ Memory Service National Accreditation Program (MSNAP). Background: The Psychiatry of Old Age service in Navan operates a public cognitive clinic. Despite the publication of the 2014 National Dementia Strategy, there are currently no national standards for memory clinics in Ireland. It may be beneficial to link in with an external quality control system as part of routine clinical governance. Methods: Published data from the MSNAP group was reviewed and a set of audit materials extrapolated to replicate the MSNAP self-review process. The audit cycle involved (1) retrospective case review, (2) institution of a range of interventions and (3) a prospective audit, which included service user feedback. Results: Overall the results demonstrated a high standard of service, especially in the areas of accessibility, assessment and communication of diagnosis. The clinic performed well against MSNAP key performance indicators. Patient and carer satisfaction with the service was very high. Clinic policies needed further development, particularly in the areas of referral, consent and data protection. Conclusions: The process was useful, providing clear pointers for action. It highlighted the need to formalise organisational and practice policies, patient support and education, audit and outreach. Although accreditation is a laborious process requiring financial investment, it provides a strong scaffold to maintain and improve standards and is likely to be a valuable learning experience, where national guidelines are lacking.

35. Service evaluation: A grey area of research?

Authors: Chen, Lu-Yen A; Fawcett, Tonks N

Source: Nursing Ethics; Jun 2019; vol. 26 (no. 4); p. 1172-1185

Abstract: Background: Direct acting agents (DAAs) to treat HIV-HCV co-infected patients have revolutionised treatment, yet their introduction into clinical care brought many challenges. HIV specialist nurses undertook a phased rollout programme for treatment delivery, monitoring and support. We conducted an audit to evaluate its effectiveness and assess our progress towards zero hepatitis C. Method: We established our total co-infected cohort from our HIV database using the parameter of detectable HCV RNA. We then undertook a retrospective analysis of patients treated with DAAs from 2015. We examined demographics, HCV primary risk factors, genotype, treatment history, pre-emptive HIV therapy switches, DAA selection and adherence. Finally, we measured treatment response during and after treatment. Results: A total of 155 patients aged 27-60 were treated (148 male, 7 female). Common risk factors were MSM (80%), then injecting drug use (10%). Genotype 1 was the most common followed by genotypes 4 and 3. Of note, 21% had been previously treated with interferon-based regimes. Of those needing to switch HIV therapy prior to starting DAAs, none experienced HIV treatment failure. DAA choice was based on individual case characteristics and embraced the full range of treatment options available during this period. Sustained virological response (SVR) rates were excellent (99%), with only 2 treatment failures. Financial controls and NHS guidance required a phased treatment rollout, with each wave of patients bringing different challenges. The first priority was access for those with advancing liver disease and required skill in managing complex liver patients. The subsequent wave was less complex but high in numbers and necessitated developing processes to safely manage a large volume of patients, whilst balancing commissioning targets. The last wave has included less motivated individuals needing higher levels of psychological and practical support to initiate and retain in treatment. At the end of the audit there were <30 patients left to treat; who are without doubt the most complex and disengaged. Conclusion: We have delivered a highly successful treatment programme to the majority of patients but need to build on our success to adapt this model to treat the last wave. By using a strategic tailor-made approach and working with specialist community nurses, pharmacists and patients’ key workers, we aim to ensure that everyone has the opportunity to eradicate their hepatitis C.
Abstract
The National Health Service in the United Kingdom categorises research and research-like activities in five ways, such as 'service evaluation', 'clinical audit', 'surveillance', 'usual practice' and 'research'. Only activities classified as 'research' require review by the Research Ethics Committees. It is argued, in this position paper, that the current governance of research and research-like activities does not provide sufficient ethical oversight for projects classified as 'service evaluation'. The distinction between the categories of 'research' and 'service evaluation' can be a grey area. A considerable percentage of studies are considered as non-research and therefore not eligible to be reviewed by the Research Ethics Committee, which scrutinises research proposals rigorously to ensure they conform to established ethical standards, protecting research participants from harm, preserving their rights and providing reassurance to the public. This article explores the ethical discomfort potentially inherent in the activity currently labelled as 'service evaluation'.

36. The pioneering Centre for Perioperative Care launched to improve patients' lives and save the NHS money.
Source Operating Theatre Journal; Jun 2019 (no. 345); p. 3-3
Publication Date Jun 2019
Publication Type(s) Academic Journal
Database CINAHL

37. NHS doctors train using virtual reality to improve care for people with diabetes.
Source Operating Theatre Journal; Jun 2019 (no. 345); p. 4-4
Publication Date Jun 2019
Publication Type(s) Academic Journal
Database CINAHL

38. Financialising acute kidney injury: from the practices of care to the numbers of improvement.
Authors Bailey, Simon; Pierides, Dean; Brisley, Adam; Weisshaar, Clara; Blakeman, Thomas
Source Sociology of Health & Illness; Jun 2019; vol. 41 (no. 5); p. 882-899
Publication Date Jun 2019
Publication Type(s) Academic Journal
Database CINAHL

Abstract
Although sociological studies of quality and safety have identified competing epistemologies in the attempt to measure and improve care, there are gaps in our understanding of how finance and accounting practices are being used to organise this field. This analysis draws on what others have elsewhere called 'financialisation' in order to explore the quantification of qualitatively complex care practices. We make our argument using ethnographic data of a quality improvement programme for acute kidney injury (AKI) in a publicly funded hospital in England. Our study is thus concerned with tracing the effects of financialisation in the emergence and assembly of AKI as an object of concern within the hospital. We describe three linked mechanisms through which this occurs: (1) representing and intervening in kidney care; (2) making caring practices count and (3) decision-making using kidney numbers. Together these stages transform care practices first into risks and then from risks into costs. We argue that this calculative process reinforces a separation between practice and organisational decision-making made on the basis of numbers. This elevates the status of numbers while diminishing the work of practitioners and managers. We conclude by signalling possible future avenues of research that can take up these processes.

39. The "Cameos of Care Homes" project – care home staff's Vanguard involvement and reflections.
Authors Harris, Jess; Manthorpe, Jill
Source Working with Older People: Community Care Policy & Practice; Jun 2019; vol. 23 (no. 2); p. 107-115
Publication Date Jun 2019
Publication Type(s) Academic Journal
Database CINAHL

Abstract
Although sociological studies of quality and safety have identified competing epistemologies in the attempt to measure and improve care, there are gaps in our understanding of how finance and accounting practices are being used to organise this field. This analysis draws on what others have elsewhere called 'financialisation' in order to explore the quantification of qualitatively complex care practices. We make our argument using ethnographic data of a quality improvement programme for acute kidney injury (AKI) in a publicly funded hospital in England. Our study is thus concerned with tracing the effects of financialisation in the emergence and assembly of AKI as an object of concern within the hospital. We describe three linked mechanisms through which this occurs: (1) representing and intervening in kidney care; (2) making caring practices count and (3) decision-making using kidney numbers. Together these stages transform care practices first into risks and then from risks into costs. We argue that this calculative process reinforces a separation between practice and organisational decision-making made on the basis of numbers. This elevates the status of numbers while diminishing the work of practitioners and managers. We conclude by signalling possible future avenues of research that can take up these processes.
Abstract

Purpose: The Cameos of Care Homes project is an opportunity to use the medium of film to showcase the experiences and reflections of frontline care home staff whose employers participated in the National Health Service (NHS) England Vanguard programme. Reflecting on their involvement in one of the Enhanced Health in Care Homes Vanguards, 12 staff describe, in front of the camera, the impact on themselves and their colleagues, on their care for their older residents, and on the wider culture of the care home. The paper aims to discuss this initiative. Design/methodology/approach: The paper reports the experiences of care home staff that were purposefully recorded on film about their participation in a care home Vanguard. The recruitment of the care homes and staff is described, as are the development of interview questions and approaches needed when filming is considered as a research method. Findings: Participating care home staff reported that their involvement in the Vanguard programme had improved knowledge, confidence, morale, communication skills and the homes' learning cultures. They were enthusiastic about reporting their experiences on film. Examples were given of proactive early support from local NHS staff leading to improvements in care, thereby reducing demand on the NHS. However, participation was resource intensive for care homes. Care home staff hoped the support that accompanied the Vanguard programme would continue but were uncertain to what degree this would happen once the Vanguard programme ceased. Research limitations/implications: The interviews were undertaken with a self-selecting group of care home staff from two care homes operating in one of the six Vanguard sites in England. By their very nature, interviews for a public film cannot provide anonymity. Practical implications: Researchers seeking the views of care home staff may wish to consider filming interviews and presenting the film as a research output that is engaging and informative for care home and wider audiences. Originality/value: The paper presents an analysis of filmed interviews with care home managers and care workers working with older people. Their views on the Vanguard initiative have not been widely considered, in contrast to the sizeable literature relating to NHS activity and expenditure.

40. Enhanced supervision: new ways to promote safety and well-being in patients requiring one-to-one or cohort nursing.

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

Source
Nursing Management - UK; May 2019; vol. 26 (no. 3); p. 22-29

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


Authors
Kemp, Zoe; Turnbull, Alice; Yost, Shawn; Seal, Sheila; Mahamdallie, Shazia; Poyastro-Pearson, Emma; Warren-Perry, Margaret; Eccleston, Anthony; Tan, Min-Min; Teo, Soo Hwang; Turner, Nicholas; Strydom, Ann; George, Angela; Rahman, Nazneen

Source
JAMA Network Open; May 2019; vol. 2 (no. 5)

Abstract
Kemp, Zoe; et al.

The number of women undergoing breast cancer genetic testing is increasing. However, there is no standardized approach to the selection of women for genetic testing. This study aimed to determine the number of women meeting established cancer-based criteria for BRCA1 and BRCA2 genetic testing. Methods: We retrospectively reviewed medical records of 926 women with breast cancer who were referred for genetic testing at a tertiary care hospital over a 15-month period. Results: Of the 926 women, 316 met at least one cancer-based criterion for BRCA1 and 169 met at least one criterion for BRCA2. Conclusion: A significant number of women with breast cancer meet cancer-based criteria for BRCA1 and BRCA2 genetic testing. Further research is needed to determine whether these criteria are effective in identifying women who are at increased risk of breast cancer due to their BRCA1 or BRCA2 status.
Abstract

Key Points: Question: How can BRCA1 and BRCA2 gene testing in patients with cancer be increased? Findings: In this quality improvement study of 1184 individuals, 5 cancer-based criteria with a 10% mutation detection rate were used by the cancer team to approve genetic testing for patients with cancer. Meaning: Mainstreaming genetic testing using simple, cancer-based criteria may provide an efficient way to implement consistent, transparent, equitable, cost-effective, patient-centered genetic testing. Importance: Increasing BRCA1 and BRCA2 (collectively termed herein as BRCA) gene testing is required to improve cancer management and prevent BRCA-related cancers. Objective: To evaluate mainstream genetic testing using cancer-based criteria in patients with cancer. Design, Setting, and Participants: A quality improvement study and cost-effectiveness analysis of different BRCA testing selection criteria and access procedures to evaluate feasibility, acceptability, and mutation detection performance was conducted at the Royal Marsden National Health Service Foundation Trust as part of the Mainstreaming Cancer Genetics (MCG) Programme. Participants included 1184 patients with cancer who were undergoing genetic testing between September 1, 2013, and February 28, 2017. Main Outcomes and Measures: Mutation rates, quality-adjusted life-years (QALYs), and incremental cost-effectiveness ratios were the primary outcomes. Results: Of the 1184 patients (1158 women [97.8%]) meeting simple cancer-based criteria, 117 had a BRCA mutation (9.9%). The mutation rate was similar in retrospective United Kingdom (10.2% [235 of 2294]) and prospective Malaysian (9.7% [103 of 1061]) breast cancer studies. If traditional family history criteria had been used, more than 50% of the mutation-positive individuals would have been missed. Of the 117 mutation-positive individuals, 115 people (98.3%) attended their genetics appointment and cascade to relatives is underway in all appropriate families (85 of 85). Combining with the equivalent ovarian cancer study provides 5 simple cancer-based criteria for BRCA testing with a 10% mutation rate: (1) ovarian cancer; (2) breast cancer diagnosed when patients are 45 years or younger; (3) 2 primary breast cancers, both diagnosed when patients are 60 years or younger; (4) triple-negative breast cancer; and (5) male breast cancer. A sixth criterion—breast cancer plus a parent, sibling, or child with any of the other criteria—can be added to address family history. Criteria 1 through 5 are considered the MCG criteria, and criteria 1 through 6 are considered the MCGplus criteria. Testing using MCG or MCGplus criteria is cost-effective with cost-effectiveness ratios of $1330 per discounted QALYs and $1225 per discounted QALYs, respectively, and appears to lead to cancer and mortality reductions (MCG: 804 cancers, 161 deaths; MCGplus: 1020 cancers, 204 deaths per year over 50 years). Use of MCG or MCGplus criteria might allow detection of all BRCA mutations in patients with breast cancer in the United Kingdom through testing one-third of patients. Feedback questionnaires from 259 patients and 23 cancer team members (12 oncologists, 8 surgeons, and 3 nurse specialists) showed acceptability of the process with 100% of patients pleased they had genetic testing and 100% of cancer team members confident to approve patients for genetic testing. Use of MCGplus criteria also appeared to be time and resource efficient, requiring 95% fewer genetic consultations than the traditional process. Conclusions and Relevance: This study suggests that mainstream testing using simple, cancer-based criteria might be able to efficiently deliver consistent, cost-effective, patient-centered BRCA testing. This quality improvement study and cost-effectiveness analysis evaluates mainstream genetic testing using cancer-based criteria to determine eligibility for BRCA1 and BRCA2 testing in patients with breast cancer.

42. Alcohol Screening and Brief Advice in NHS General Dental Practices: A Cluster Randomized Controlled Feasibility Trial.

Authors
Ntouva, Antiopi; Porter, Jessie; Britton, Annie; Gratus, Christine; Tsakos, Georgios; Heilmann, Anja; Pikhart, Hynek; Watt, Richard G; Crawford, Mike J; Newton, Tim

Source
Alcohol & Alcoholism; May 2019; vol. 54 (no. 3); p. 235-242

Publication Date
May 2019

Publication Type(s)
Academic Journal

Database
CINAHL

Available at Alcohol & Alcoholism 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.
43. Impact of an auditory hallucinations simulation on trainee and newly qualified clinical psychologists: A mixed-methods cross-sectional study.

Authors: Riches, Simon; Khan, Fareeha; Kwieder, Shifaa; Fisher, Helen L.

Source: Clinical Psychology & Psychotherapy; May 2019; vol. 26 (no. 3); p. 277-290

Abstract: Simulation training is an effective teaching tool enabling learners to gain a subjective understanding of a range of skills. Our aim in this study was to pilot and evaluate a newly designed simulation of auditory hallucinations as a future training tool for clinicians. This was a mixed-methods study in two parts. In Phase 1, trainee and qualified clinical psychologists (N = 25) attended the London-based immersive art exhibition, Altered States of Consciousness, which included an auditory hallucinations simulation. The exhibition aimed to improve understanding of what it feels like to hear voices by providing members of the public with an individualized simulation of auditory hallucinations. Participants completed pre/post-exhibition measures of their mood and attitudes towards auditory hallucinations and other unusual sensory experiences. In Phase 2, a subgroup of Phase 1 participants (N = 15) took part in a semi-structured interview and completed the post-exhibition questions again approximately 6 months later. Post-exhibition, there were significant increases in subjective understanding, compassion, and confidence, and suggested several future training applications for the simulation, including with a range of health care professionals. Therefore, we conclude that this simulation has potential for training clinical psychologists and other health care professionals who work with people who experience auditory hallucinations.

44. Disparities in kidney health across the UK.

Authors: Loft, Rosie

Source: Journal of Kidney Care; May 2019; vol. 4 (no. 3); p. 153-154

Abstract: Kidney Research UK has published a report into kidney health inequalities in the UK, which shows how particular groups of people are at greater risk of developing kidney disease. Rosie Loft explains how the report shows that these groups face worse outcomes from kidney disease and sets out the research needed to address these challenges.
46. NHS Scotland largest reductions in surgical deaths EVER documented!

Source: Operating Theatre Journal; May 2019 (no. 344); p. 15-15

Abstract: The Wessex region generally has high rates of major and minor lower-extremity amputation in people living with diabetes. Wessex Clinical Network therefore decided to prioritise reducing amputations and improving the local foot care pathway. To gain a greater understanding of the causes of variation in clinical outcomes, the Wessex Clinical Network has supported comprehensive peer reviews of foot care pathways and the services available to people with diabetes. The aim of this process is to improve services across the region through sharing and learning. As part of the peer review, patients were invited to participate in discovery interviews to provide feedback on their experiences across the care pathway. This article describes patients’ individual views of their experience across the pathway, highlighting common themes.

47. Patient feedback on Wessex foot care services and pathway for people with diabetes.

Authors: Oates, Anne

Source: Diabetic Foot Journal; Apr 2019; vol. 22 (no. 2); p. 18-22

Abstract: The Wessex region generally has high rates of major and minor lower-extremity amputation in people living with diabetes. Wessex Clinical Network therefore decided to prioritise reducing amputations and improving the local foot care pathway. To gain a greater understanding of the causes of variation in clinical outcomes, the Wessex Clinical Network has supported comprehensive peer reviews of foot care pathways and the services available to people with diabetes. The aim of this process is to improve services across the region through sharing and learning. As part of the peer review, patients were invited to participate in discovery interviews to provide feedback on their experiences across the care pathway. This article describes patients’ individual views of their experience across the pathway, highlighting common themes.


Authors: Smith, Christopher A.; Hardern, Richard D.; LeClerc, Simon; Howes, Richard J.

Source: Emergency Medicine Journal; Apr 2019; vol. 36 (no. 4); p. 213-218

Abstract: Objective: To compare the mortality and morbidity of traumatically injured patients who received additional prehospital care by a doctor and critical care paramedic enhanced care team (ECT), with those solely treated by a paramedic non-ECT.Methods: A retrospective analysis of Trauma Audit and Research Network (TARN) data and case note review of all severe trauma cases (Injury Severity Score ≥9) in North East England from 1 January 2014 to 1 December 2017 who were treated by the North East Ambulance Service, the Great North Air Ambulance Service or both. TARN methods were used to calculate the number of unexpected survivors or deaths in each group (W score (Ws)). The Glasgow Outcome Scores were contrasted to evaluate morbidity.Results: The ECT group treated 531 patients: there were 17 unexpected survivors and no unexpected deaths. The non-ECT group treated 1202 patients independently: there were no unexpected survivors and 31 unexpected deaths. The proportion of patients requiring critical care interventions differed between the two groups 49% versus 33% (CI for difference 12% to 20%). In the ECT group, the Ws was 3.22 (95% CI 0.79 to 5.64). In the non-ECT group, the Ws was -2.97 (95% CI -1.22 to -4.71). The difference between the Ws was 6.18 (95% CI 3.19 to 9.17). There was no evidence of worse morbidity in the ECT group.Conclusion: This is the first UK ECT service to demonstrate a risk-adjusted mortality benefit in trauma patients with no detriment in morbidity: our results demonstrate an additional 3.22 survivors per 100 severe trauma casualties when treated by an ECT. The authors encourage other ECT services to conduct similar research.

49. Saving Babies’ Lives – The drive to improve the safety of maternity services in England – Progress to date and what more needs to be done.
50. Evaluating the reliability of a tool to measure the quality of gastrointestinal multidisciplinary cancer conferences: A generalizability study.

Authors: Fahim, C; Ratcliffe, J; McConnell, M; Sonnadara, R; Simunovic, M
Source: Journal of Patient Safety & Risk Management; Apr 2019; vol. 24 (no. 2); p. 57-63

Abstract: Background: Lamb et al. developed the metric for the observation of decision-making tool (MTB-MODe) to evaluate the quality of urologic multidisciplinary cancer conferences (MCCs) in the United Kingdom. We used generalizability theory to assess the reliability of a modified version of MTB-MODe in a North American context. Specifically, we wished to determine if the tool could distinguish between high- and low-quality MCC decision-making. Methods: Two assessors independently evaluated two MCCs (MCC1, MCC2) using the modified MTB-MODe. Generalizability theory was used to assess overall tool reliability and to identify sources most likely to contribute to variance in reliability scores. A total of 60 cases were evaluated. Results: The overall reliability scores of MCC1 and MCC2 were 0.72 and 0.74, respectively. Inter-rater reliability scores were reasonable (>0.55) and raters did not contribute significantly to variance in reliability scores. Internal consistency of the individual MTB-MODe items was low, demonstrating that items were not highly correlated. Conclusions: The MTB-MODe reliably assessed the quality of individual MCC cases. Raters did not contribute significantly to reliability scores, suggesting that the tool can be successfully implemented using a single rater. Low internal consistency of the MTB-MODe items demonstrates that the tool can be used to provide feedback on individual tool items. Such data can be used by stakeholders to help improve MCC quality.

51. A safe first-line approach to managing skin tears within an acute care setting (part 1).

Authors: VERNON, TRACY; MOORE, KELLY; VOWDEN, KATH; VOWDEN, PETER
Source: Wounds UK; Apr 2019; vol. 15 (no. 2); p. 48-52

Abstract: Skin tears are common in an acute setting. They have a negative impact on patient quality of life and increased healthcare costs. In the first of two articles, the authors describe the ideal first-line approach to managing skin tears. Its application in practice is illustrated using the Doncaster and Bassetlaw Teaching NHS Foundation Trust skin tear pathway, which has been audited and enhanced to incorporate the latest ISTAP definition of skin tears as traumatic wounds and the recommendation to use light compression as a component of treatment in skin tears of the lower limb.

52. Comment on NHS Improvement Theatre Efficiency report.

Source: Operating Theatre Journal; Feb 2019 (no. 341); p. 11-11

53. Audit of COPD exacerbations in secondary care.

Source: Drug & Therapeutics Bulletin; Nov 2018; vol. 56 (no. 11); p. 1-1

PubMedID: 30297447
54. Major obstetric haemorrhage of 2000 ml or greater: a clinical audit.

Authors: O'Sullivan, J.; Mansfield, R.; Talbot, R.; Cairns, A. E.

Source: Journal of Obstetrics & Gynaecology; Nov 2018; vol. 38 (no. 8); p. 1065-1072

Abstract: Haemorrhage remains a leading cause of maternal death. We conducted an audit to identify strategies to improve the management at our local NHS Trust. A data collection form was based on our local guideline. A coded database search was conducted for all deliveries where the estimated blood loss was ≥2000 ml (from June 1, 2015, to December 31, 2015), returning 68 search results (13.7/1000 births). Fifty-six records were included. Poor compliance (<75%) was seen in some key areas including the major obstetric haemorrhage (MOH) call activation (52%), the presence of an anaesthetic consultant (63%) and tranexamic acid administration (46%). Thirty out of 56 cases (54%) were acutely transfused. Women, who were not transfused acutely, appeared to be more likely to need a secondary transfusion if no MOH call had been activated (9/27 (33%) versus 3/29 (10%), p = .052). A key area for improvement was the activation of MOH calls. Following this audit, we adjusted our guideline to make it more clinically useful and staff training sessions were held, including simulation training. Impact statement: What is already known on this subject? A postpartum haemorrhage (PPH) is an obstetric emergency. A structured approach is important to optimise the care of the mothers during this dangerous time, and has been shown to reduce the transfusion requirements. However, clinical practice may not adhere to the guideline recommendations. What are the results of this study add? With the objective evidence of increased rates of PPH ≥2000 ml at our institution, our work identifying the flaws in management constitutes optimum PPH management. What are the implications of these findings for clinical practice and or further research? The primary and secondary transfusion data raised new questions to investigate in the future: does the involvement of consultants and the escalation of care via the instigation of major haemorrhage protocols improve decision-making and patient outcomes? Does the necessity for a secondary transfusion indicate a suboptimal acute care?

55. Quality of Care in Hip Fracture Patients: The Relationship Between Adherence to National Standards and Improved Outcomes.

Authors: Farrow, Luke; Hall, Andrew; Wood, Adrian D.; Smith, Rik; James, Kate; Holt, Graeme; Hutchison, James; Myint, Phyo K.

Source: Journal of Bone & Joint Surgery, American Volume; May 2018; vol. 100 (no. 9); p. 751-757

Abstract: Acutely, appeared to be more likely to need a secondary transfusion if no MOH call had been activated (9/27 (33%) versus 3/29 (10%), p = .052). A key area for improvement was the activation of MOH calls. Following this audit, we adjusted our guideline to make it more clinically useful and staff training sessions were held, including simulation training. Impact statement: What is already known on this subject? A postpartum haemorrhage (PPH) is an obstetric emergency. A structured approach is important to optimise the care of the mothers during this dangerous time, and has been shown to reduce the transfusion requirements. However, clinical practice may not adhere to the guideline recommendations. What are the results of this study add? With the objective evidence of increased rates of PPH ≥2000 ml at our institution, our work identifying the flaws in management constitutes optimum PPH management. What are the implications of these findings for clinical practice and or further research? The primary and secondary transfusion data raised new questions to investigate in the future: does the involvement of consultants and the escalation of care via the instigation of major haemorrhage protocols improve decision-making and patient outcomes? Does the necessity for a secondary transfusion indicate a suboptimal acute care?
Abstract

Background: Optimizing the perioperative care of patients with a hip fracture is a key health-care priority. We aimed to determine whether adherence to the Scottish Standards of Care for Hip Fracture Patients (SSCHFP) was associated with improved patient outcomes.

Methods: In this retrospective cohort study of prospectively collected data from the Scottish National Hip Fracture Audit, we assessed adherence to the SSCHFP in 21 Scottish hospitals over a 9-month period in 2014 and examined the effect of the guidelines on 30 and 120-day mortality, length of hospital stay, and discharge destination.

Results: A total of 1,162 patients who were ≥50 years old and admitted with a hip fracture were included. There was a significant association between low adherence to the SSCHFP and increased mortality at 30 and 120 days (odds ratio [OR], 3.58 [95% confidence interval (CI), 1.75 to 7.32; p < 0.001] and 2.01 [95% CI, 1.28 to 3.12; p = 0.003], respectively). Low adherence was associated with a reduced likelihood of a short length of stay (OR, 0.58; 95% CI, 0.42 to 0.78; p < 0.0001), but increased odds of discharge to a high-care setting (OR, 1.63; 95% CI, 1.12 to 2.36; p = 0.01). Early physiotherapy input and occupational therapy input were associated with a reduced likelihood of discharge to a high-care setting (OR, 0.64 [95% CI, 0.44 to 0.98; p = 0.04] and 0.34 [95% CI, 0.23 to 0.48; p <0.001], respectively).

Conclusions: Adherence to the SSCHFP is associated with better patient outcomes. These findings confirm the clinical utility of the SSCHFP and support their use as a benchmarking tool to improve quality of care for hip fractures.

Level Of Evidence: Therapeutic Level III. See Instructions for Authors for a complete description of levels of evidence.