## Database Search term Results

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1. Does adult alcohol consumption combine with adverse childhood experiences to increase involvement in violence in men and women? A cross-sectional study in England and Wales

Authors: Bellis M.A.; Hughes K.; Ford K.; Hardcastle K.; Wood S.; Edwards S.; Sharples O.
Source: BMJ Open; Dec 2018; vol. 8 (no. 12)
Publication Date: Dec 2018
Publication Type(s): Article
Database: EMBASE

Abstract: Objectives: To examine if, and to what extent, a history of adverse childhood experiences (ACEs) combines with adult alcohol consumption to predict recent violence perpetration and victimisation.
Design(s): Representative face-to-face survey (n=12 669) delivered using computer-assisted personal interviewing and self-interviewing.
Setting(s): Domiciles of individuals living in England and Wales.
Participant(s): Individuals aged 18-69 years resident within randomly selected locations. 12 669 surveys were completed with participants within our defined age range. Main outcome measures: Alcohol consumption was measured using the Alcohol Use Disorders Identification Test-Consumption (AUDIT-C) and childhood adversity using the short ACEs tool. Violence was measured using questions on perpetration and victimisation in the last 12 months.
Result(s): Compliance was 55.7%. There were strong positive relationships between numbers of ACEs and recent violence perpetration and victimisation in both sexes. Recent violence was also strongly related to positive AUDIT-C (≥5) scores. In males, heavier drinking and ≥4ACEs had a strong multiplicative relationship with adjusted prevalence of recent violent perpetration rising from 1.3% (95% CIs 0.9% to 1.9%; 0 ACEs, negative AUDIT-C) to 3.6% (95% CIs 2.7% to 4.9%; 0 ACEs, positive AUDIT-C) and 8.5% (95% CI 5.6% to 12.7%; ≥4ACEs, negative AUDIT-C) to 28.3% (95% CI 22.5% to 34.8%; ≥4ACEs, positive AUDIT-C). In both sexes, violence perpetration and victimisation reduced with age independently of ACE count and AUDIT-C status. The combination of young age (18-29 years), ≥4ACEs and positive AUDIT-C resulted in the highest adjusted prevalence for both perpetration and victimisation in males (61.9%, 64.9%) and females (24.1%, 27.2%).
Conclusion(s): Those suffering multiple adverse experiences in childhood are also more likely to be heavier alcohol users. Especially for males, this combination results in substantially increased risks of violence. Addressing ACEs and heavy drinking together is rarely a feature of public health policy, but a combined approach may help reduce the vast costs associated with both.

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2. Implementation of tranexamic acid for bleeding trauma patients: A longitudinal and cross-sectional study

Authors: Coats T.J.; Fragoso-Iniguez M.; Roberts I.
Source: Emergency Medicine Journal; 2018
Publication Date: 2018
Publication Type(s): Article In Press
Database: EMBASE

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

Objective: To describe the use of tranexamic acid (TXA) in trauma care in England and Wales since the Clinical Randomization of an Antifibrinolytic in Significant Hemorrhage (CRASH-2) trial results were published in 2010.

Method(s): A national longitudinal and cross-sectional study using data collected through the Trauma Audit and Research Network (TARN), the clinical audit of major trauma care for England and Wales. All patients in the TARN database injured in England and Wales were included apart from those with an isolated traumatic brain injury, with a primary outcome of the proportion of patients given TXA and the secondary outcome of time to treatment.

Result(s): Among 228,250 patients, the proportion of trauma patients treated with TXA increased from near zero in 2010 to 10% (4,593) in 2016. In 2016, most patients (82%) who received TXA did so within 3 hours of injury, however, only 30% of patients received TXA within an hour of injury. Most (80%) of the patients who had an early blood transfusion were given TXA. Patients treated with TXA by an ambulance paramedic received treatment at a median of 49 min (IQR 33-72) compared with 111 min (IQR 77-162) for patients treated in hospital.

Conclusion(s): There is a low proportion of patients treated with TXA across the range of injury severity and the range of physiological indicators of severity of bleeding. Most patients receive treatment within the existing target of 3 hours from injury, however there remains the potential to further improve major trauma outcomes by the earlier treatment of a wider patient group.

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3. NHS Grampian project: Treating uncomplicated lower urinary tract infection in community pharmacy

Authors

Hind C.

Source

Clinical Pharmacist; Jan 2018; vol. 10 (no. 1)

Publication Date

Jan 2018

Publication Type(s)

Article

Database

EMBASE

Abstract

Background: Urinary tract infections (UTIs) are one of the most common conditions seen in female patients in general practice (GP) and account for 1-3% of all GP consultations each year in the UK. Over-the-counter (OTC) treatments for UTIs currently available in community pharmacy only attempt to relieve symptoms, and do not address the bacterial infection. The Grampian project was developed to provide treatment of uncomplicated UTIs through community pharmacies by means of a Patient Group Direction (PGD) for trimethoprim.

Method(s): A protocol for the assessment and treatment, by community pharmacists, of uncomplicated lower UTIs in adult women under the age of 65 years, was developed based on Health Protection Agency guidance and integrated with local protocols. Audits of anonymised patient treatment assessment forms were undertaken to assess the value of the service.

Result(s): The patient audit indicated that the pharmacists saw patients quickly, with around 90% of patients seen in less than ten minutes, and some patients commented that this process was quicker and easier than getting an appointment with their GP. The data analysis of the service provision is based on 349 patient assessment forms completed by community pharmacists; 204 patients (58.5%) provided a urine sample, which was dipstick-tested using Multistix SG (Siemens). Of those urine samples tested, 64.3% were reported to be cloudy (12% not stated), 73.5% were positive for leucocytes, 33% positive for nitrites, and 71% positive for blood. In total, 283 patients presented with symptoms of both dysuria and frequency. Trimethoprim, under PGD, was provided to 299 patients; 21 patients were referred for the treatment of a UTI presentation that could not be treated by the pharmacist, and 13 were referred for treatment of non-UTI conditions.

Conclusion(s): The study suggests that pharmacists were able to respond appropriately to UTI symptoms with correct use of trimethoprim. Re-treatment levels did not appear to be high when assessed using prescribing data and were less than seen in similar audits of GP prescriptions.

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4. Differences in clinical parameters between residential care facility dwellers and community dwellers admitted with hip fracture, and impact on length of stay in one UK unit

Authors

Feehan O.; Magee P.; Pourshahidi K.; McSorley E.; Sordy C.; McCloskey A.; Armstrong D.

Source

Osteoporosis International; Dec 2018; vol. 29

Publication Date

Dec 2018

Publication Type(s)

Conference Abstract

Database

EMBASE

Available at Osteoporosis International 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.
5. Outcomes in patients with poor bone turnover response to teriparatide

**Authors** Narayanan D.; Allan B.; Mohammed K.; Saharia R.; Osgerby M.; Aye M.

**Source** Osteoporosis International; Dec 2018; vol. 29

**Publication Date** Dec 2018

**Database** EMBASE

**Abstract** Background: In the UK, teriparatide (recombinant human parathyroid hormone [PTH] 1-34), is used as a second-line drug in patients with a very high risk of osteoporotic fractures. Clinical outcomes in those who fail to respond to therapy are unknown.

**Objective(s):** To evaluate the biochemical and bone mineral density (BMD) response in patients classified as ‘non-responders’ to teriparatide in a tertiary metabolic bone unit.

**Method(s):** We conducted a retrospective audit for all patients treated with teriparatide between 2007-2017. Current users, those completing treatment after 2017 and those who stopped treatment (<18 months) were excluded. ‘Non-responders’ were defined as those with change (delta) of <= 10 mug/L on teriparatide1 despite good adherence. The data collected included demographics, treatment pre-and post-teriparatide, serial P1NP, and total P1NP analysis was performed in house on the Roche Cobas e411 by electrochemiluminescence immunoassay. A detailed case note evaluation was done to identify systemic causes in poor responders.

**Result(s):** Out of 140 patients identified, 31 were excluded. 1 died after starting therapy. Out of 108 who completed, 8 (7.41%) were non-responders. Mean age was 72.32+/-7.62 years. Delta change for P1NP was 1.88 +/-4.86 mug/L; for lumbar spine BMD 0.034+/-0.107 g/cm2; for femoral neck 0.034+/-0.107 g/cm2. Five (62.5%) had new fractures. All 5 had an additional vertebral fracture or further vertebral height loss. Mean time to fracture was 1586 days, the earliest in 552 days. One had a traumatic fracture of humerus and distal radius in a single accident; another had a pelvic fracture. All had very high clinical risk of fractures.

**Conclusion(s):** Poor P1NP response to teriparatide is uncommon. Non-responders are at risk of additional fractures despite use of potent antiresorptive therapies as alternatives. They are particularly at risk of additional vertebral fractures, which has significant implications given their age and co-morbidities.

6. Fracture liaison service database: First steps to national improvements-compiling a comprehensive picture of secondary fracture prevention in England and Wales

**Authors** Vasilakis N.; Gallagher C.; Javaid K.

**Source** Osteoporosis International; Dec 2018; vol. 29

**Publication Date** Dec 2018

**Publication Type(s)** Conference Abstract

**Abstract** Background: People living in residential care have a greater risk of osteoporosis and fracture than community dwelling older adults and warrant intervention to improve bone health and muscle strength.

**Objective(s):** To investigate differences in factors related to bone health in individuals from residential care facilities and from the community admitted following a hip fracture and to investigate how these factors relate to length of stay. Methodology: An audit of all patients admitted with hip fracture to one UK unit in a 12 month period was conducted. Mann-Whitney U & chisquare for independence analysis compared characteristics between those in residential care with community dwellers. Spearman rank correlation was used to compare relationships between variables.

**Result(s):** Those in residential care (n=51) made up 14.4% of total admissions to the unit (n=352). Individuals from residential care were significantly older than community dwellers (median; interquartile range: 86.0; 11.0 vs. 81.0; 12.0 years, P=0.0001) and had significantly lower haemoglobin concentration on admission to the unit (118.0; 22.0 vs. 125.0; 21.0 g/L, P=0.0001). There was no significant difference in the frequency of bisphosphonate use (P=0.286), calcium/vitamin D supplement use (P=0.992), serum urea (7.3; 3.0 vs. 7.2; 4.4 mmol/L, P=0.147), or creatinine (78.0; 35.0 vs. 75.0; 38.0 mmol/L, P=0.436) between the groups. Residential care dwellers spent more time pre-operatively, postoperatively and in total in hospital, but numbers were too small to achieve statistical significance. A significant positive correlation was observed between urea and creatinine and total length of stay (r=0.225, P=0.001; r=0.193, P=0.007; respectively) and post-operative days (r=0.224, P=0.002; r=0.214, P=0.003; respectively). A significant negative correlation was observed between haemoglobin and total length of stay (r=-0.202, P=0.004) and post-operative days (r=-0.206, P=0.004).

**Discussion(s):** Patients admitted from residential care were older and more anaemic than community dwellers, and an association between anaemia, renal impairment and length of stay was observed. Non-significant trends were observed towards greater time pre-and post-operatively in residential care dwellers, which might be important in a larger sample.

**Conclusion(s):** The study highlights differences in residential and community dwellers admitted with hip fracture, and provides useful data for both care interventions and further investigations.
7. Fracture liaison services in England and Wales, inequity of access and quality of care after a fragility fracture

**Authors**
Gallagher C.; Vasilakis N.; Javaid K.

**Source**
Osteoporosis International; Dec 2018; vol. 29

**Publication Date**
Dec 2018

**Abstract**
Background: Secondary fracture prevention delivered by a fracture liaison service (FLS) is effective, availability of services and the number of patients reliably accessing secondary prevention is currently unknown.

Objective(s): To measure the volume and quality of care in secondary fracture prevention delivery across England and Wales.

Method(s): In 2015 a facilities audit of all acute trusts and LHBs in England and Wales was completed in order to establish where FLSs are commissioned. In 2016 the FLSDQB started to collect patient level data. We looked at the number of patients seen by an FLS between January 2016 and December 2016.

Result(s): 56 FLSs have entered over 89,000 patient records to date. This represents an estimated 40% of all fragility fractures that should have been submitted, from a total of 107,745 fractures. Nationally only around 1/3 of NHS trusts and LHBs in England and Wales participate in the audit, therefore only an estimated 13% of all fragility fractures in the NHS are being identified and entered onto the FLSDB. Of those submitted, there was marked variability in the quality of secondary fracture prevention with some FLSs able to deliver high quality care.

Discussion(s): This audit has enabled unprecedented insight into secondary fracture prevention in England and Wales. The initial findings have highlighted the marked great variation in the availability and delivery of secondary fracture prevention by FLSs. The FLSDQB has gone some way to achieve its objective to highlight inequity of access to FLSs.

Conclusion(s): The audit has demonstrated the need for continuous service measurement to inform a) the components of the pathway to prioritise both locally and nationally and b) provide the necessary data feedback to measure the impact of service improvement initiatives. Already the findings of the audit have led to more services being commissioned and this is increasing awareness of the benefits of participating in the FLSDQB. The implications of this study are that more needs to be done to improve the equity of access to secondary fracture prevention services for patients across England and Wales.

8. Involving patients in making clinical audit results accessible

**Authors**
Javaid K.; Gallagher C.; Vasilakis N.

**Source**
Osteoporosis International; Dec 2018; vol. 29

**Publication Date**
Dec 2018
Abstract

Background: The Fracture Liaison Service Database (FLS-DB) feeds back performance data to sites via electronic charting and traditional audit reports. Such outputs are not easily accessible to patients.

Objective(s): The team had previously produced information for the public aimed at preventing falls in hospital. These have been well received with 17,000 copies circulated to date. We set out to provide information to patients about secondary fracture prevention in a similar format.

Method(s): A patient group was appointed to develop a report. The group favoured a ‘what to expect’ guide. The group discussed the practicalities of providing printed information to the 500,000 patients who sustain fragility fracture in the UK each year, many of whom are not seen by an FLS.

Result(s): A 3 minute animation was developed. It explains what a fragility fracture is, what assessments and interventions a patient can expect to receive and where to get further information. It was anticipated that this would be publically available and that hospitals and GPs could promote the animation.

Discussion(s): National audit data is a valuable tool in informing and improving the quality of patient care. In order to provide information that is patient-centred it is essential to involve patients in the development these materials to ensure the priorities of patients are addressed. We hope the animation will be more accessible to people who find it hard to use standard printed material.

Conclusion(s): This is a new approach in the way we share information with patients. Initial feedback from patients has been good. By giving patients information about bone health and fracture prevention, we hope that they will know what standards of care to.

9. Assessing the impact of prescribing antosteoporosis medication after an index fracture as part of a national clinical audit

Authors: Javaid K.; Judge A.; Gallagher C.; Vasilakis N.

Source: Osteoporosis International; Dec 2018; vol. 29

Publication Date: Dec 2018

Publication Type(s): Conference Abstract

Database: EMBASE

Abstract

Objective: To identify what proportion of patients over 50 years are initiated on bone protection therapy following a fragility fracture.

Background(s): NICE technology assessments (TAs) 161/204 have provided recommendations for first and second-line bone therapies after a fragility fracture for FLSs to follow.

Method(s): Each FLS in the audit was asked to submit data on all patients they saw who were aged 50 or over and who had sustained a fragility fracture that was diagnosed in the NHS between 1 January and 30 December 2016. As part of the audit we asked whether the patient was recommended bone therapy by the FLS. Anti-osteoporosis medication included were: alendronate, risedronate,ibandronate, raloxifene, teriparatide, strontium, denosumab, zoledronate, systemic oestrogens, systemic oestrogen and progesterone, calcitriol and alfalcalficol. There were a few cases where more than one drug was submitted. To identify the recommended drug, a hierarchy was used to select the one drug: oral bisphosphonate > denosumab > zoledronate, then teriparatide or raloxifene or strontium or activated vitamin D or oestrogen therapy.

Result(s): 50 FLS submitted data on 42,000 patients. Of the patients who have a recorded treatment outcome, 23% were recommended for bone therapy and 11% required further clinical input (either by a GP or another clinician). However, there was considerable variation at FLS level, firstly the decision to treat and then the specific type of bone therapy recommended by FLSs.

Discussion(s): This audit has demonstrated marked variation between FLSs in the decision to treat and the type of bone therapy. Bone therapies vary in cost but also adherence and potentially effectiveness.

Conclusion(s): These data suggest that local interpretation of national recommendations is significantly impacting therapeutic options offered to patients in the NHS. Better understanding of the contributory factors for this variation will inform future FLS delivery and more effective and efficient medicines management.

10. Multi-site opportunistic diagnosis of vertebral fragility fractures in computed tomography scans

Authors: Staal J.; Peters A.; Kariki E.; Hyatt R.; Javaid K.; Russell E.; O'Neill T.; Poole K.; Chappell D.; Rajak R.

Source: Osteoporosis International; Dec 2018; vol. 29

Publication Date: Dec 2018

Publication Type(s): Conference Abstract

Database: EMBASE
Abstract

Objectives: Vertebral Fragility Fractures (VFFs) are an early manifestation of osteoporosis. VFFs may triple the risk of future hip fracture yet VFF patients are often underrepresented in Fracture Liaison Services (FLSs). We assessed the rate of opportunistic VFFs in Computed Tomography (CT) scans of the Thorax, Abdomen and Pelvis and reviewed whether they had been previously reported. We also investigated whether the identified VFF patients had been referred to an FLS. Materials and Methods: We retrospectively audited pseudonymised CT scans of patients 50 years and older, containing the spine. The scans were performed over a 12-month period at 5 NHS hospitals in the UK (Cambridge, Croydon, East Lancashire, Oxford and Salford). We used the Optasia Medical ASPIRE service, a commercial VFF case-finding service combining machine learning with radiologist over-read (EK). VFFs were classified using the Genant-SQ method and only moderate and severe VFFs were included. We compared our findings with the original radiology reports. Result(s): We collected meta-data from 47,889 scans (50.1% female) and used a sample of 1,638 scans for analysis. Of these, 237 patients (53.4% female) had VFFs (14.5% +/- 1.7%, 95% CI). VFF prevalence between sites was not significantly different. Four sites (Cambridge, Croydon, East Lancashire, Oxford) checked the original radiology reports and FLS referral. The median reporting rate was 67.7% (IQR 55.7%, 74.5%) and the median FLS referral was 13.3% (IQR 10.8%, 22.0%).

Conclusion(s): On average, 1 in 7 patients had at least one moderate VFF with a median of only 13.3% being seen by the FLS. Whilst men are underrepresented in FLSs, nearly as many men as women in this cohort were found to have VFFs. Opportunistic diagnosis of VFF can greatly increase the number of patients referred to FLSs, potentially protecting the patients' quality of life and decreasing the economic burden of osteoporosis.

11. Audit on bone health assessment and treatment in elderly patients with hip fracture in salford royal foundation trust

Authors
Wilcock R.; Alio Z.; Wardle K.; Lim C.K.

Source
Osteoporosis International; Dec 2018; vol. 29

Publication Date
Dec 2018

Publication Type(s)
Conference Abstract

Database
EMBASE

Abstract

Background: Hip fracture is the commonest fracture in older people. It costs the NHS and social care £1 billion per year. Previous study showed that only 60% of patients with hip fracture who received bone protection treatment. Objective: To evaluate the quality of bone health assessment and management delivered to hip fracture patients in a tertiary centre.

Method(s): A 3-month retrospective audit (from 1st April 2017 to 30th June 2017) on bone health assessment and treatment in elderly patients (above the 60 year-old) who were admitted for hip fracture was undertaken, with a one-month re-audit (from 15th December 2017 to 15th January 2018) was carried out using identical methods after implementing a change. A Best Practise Tariff (BPT) checklist was included in all patients' clinical summary. We aimed to complete all sections during patients' stay and included all the information in discharge summary. We excluded patients who passed away during this admission and patients who had pathological fracture.

Result(s): In baseline audit, 82 patients were admitted during study period and 4 of them were excluded as per above criteria. (M:F= 30:48; Mean age:80.9 [61-97]). In re-audit, 35 patients were admitted during study period and 3 of them were excluded as per above criteria. (M:F=8:24; Mean age: 80.1 [Range:62-94]) Table 1 showed the significant improvement of bone health assessment and management in patients with hip fracture after we implemented change.

Discussion(s): The reaudit showed the importance of further strategies to ensure that bone protection treatment is offered to hip fracture patients who warrant it. It also highlighted the need to improve communication with primary care to ensure good compliance of bone protection treatment.

Conclusion(s): Use of BPT checklist in clinical summary has improved the care we delivered to patients with hip fracture significantly.

12. A quality improvement project to improve casefinding within an FLS: Identification of the missing tribes

Authors
Connacher S.; Eckert R.; Stevens P.; Weeks C.; Osborne P.; White G.; Milan C.; Sami A.; Prieto-Alhambra D.; Javaid K.

Source
Osteoporosis International; Dec 2018; vol. 29

Publication Date
Dec 2018

Publication Type(s)
Conference Abstract

Database
EMBASE
13. Assessing the prevalence of glucocorticoid prescription and other fracture risk factors in a prospective unselected neuro-oncology patient population to inform a policy for bone health management

Authors: Rashed A.; Puvaneswaralingam S.; Higham C.; McBain C.
Source: Osteoporosis International; Dec 2018; vol. 29

Abstract: Objectives: To determine prevalence of treatment dose glucocorticoid (GC) prescription, calculate fracture risk (FR) and review bone health management in an unselected, prospectively evaluated, neuro-oncology outpatient population.

Method(s): Prospective data from 100 (41 Female, mean(range) age 50 (26-86) yrs) unselected, sequential, neuro-oncology out-patients at a tertiary oncology centre were collected in Nov2017 using patient questionnaires (demographics, oncology diagnosis, past/present GC treatment and risk factors for FR). FRAX score and NOGG 2017 assessment thresholds (NOGG-AT) (lifestyle/measure BMD/treat) were calculated where appropriate (n=26 <40yrs). In addition, patients declining the questionnaire (n=47) were reviewed for possible and effective. Extending casefinding to include radiology reports leads to an appreciable number of patients with multiple fractures and at extremely high risk of fracture.

Result(s): 74 patients had glioma (32 grade 3, 24 grade 2). Other diagnoses: spinal cord tumours (6), schwannommas (4), others (16). Oncology treatments: 42 first-line, 46 follow-up and 13 relapsed disease. 34/100 patients were receiving current GC’s (30 dexamethasone; mean (+/-sd) dose 3 (1.6)mg od. 16 had been on GC’s for >3 months). In addition, 11 had received >3 months GC treatment previously; 39 had received some GC (at time of surgery or < 3 months in total). 12/74 evaluable patients had hip FR >4% or major osteoporotic FR >20%. According to NOGG-AT, 8 were in Btreat category (2/8 were receiving bisphosphonate therapy), 29 were in Bmeasure BMD (5/29 had BMD measured) and 35 Blifestyle/reassurance. 12/100 patients had history of fragility fracture: 8/12 had undergone DXA; 3/12 were treated with bisphosphonates. In total 15/100 patients had undergone DXA and 6/100 were receiving bisphosphonate therapy. 12/47 patients declining the patient questionnaire were receiving GC’s (10) or had previously received GC’s (2).

Conclusion(s): As trauma services are streamlined, electronic searching of the ED electronic patient record is possible and effective. Extending casefinding to include radiology reports leads to an appreciable number of patients with multiple fractures and at extremely high risk of fracture.

14. Self harm and suicidality: An audit of follow-up in primary care

Authors: Bruco M.E.F.; Gamlin C.; Bradbury J.; Bill S.; Armour C.; Agius M.
Source: Psychiatry Danubina; 2018; vol. 30

Abstract: Objective(s): To test the effectiveness of using electronic searches of ED and radiology records to improve case-finding.

Method(s): Initially, the FLS provided a training session for ED advanced nurse practitioners followed by a link to an NHS email. For radiology, an audit of vertebral fracture reporting was presented followed by addition of an autotext phrase of ‘fragility fracture requires FLS referral’. After 3 months, neither led to an increase in referrals. The FLS requested a bespoke query for all patients with a recorded fracture attending ED aged 50 years and over. In radiology, a musculoskeletal radiographer was employed to screen all patients who had undergone a CT/MRI/PET/Xray using a defined list of terms that could indicate a vertebral fracture. Data was extracted from the FLS database to quantify how many patients were identified by this process from 1.4.18 to 31.5.18 and their outcomes.

Result(s): In the 2 months, 49 patients were identified from the ED pathway and 36 from the radiology pathway. The commonest sites of fracture in those identified in the ED pathway were distal radius (27%), vertebral (24%), pubic rami (19%), metatarsal (19%), rib (16%). Other fracture sites included ankle, clavicle, humerus, sacrum and wrist. From the radiology pathway, 61% of patients identified had one vertebral fracture and 20% had 3 or more vertebral fractures. None of these patients had been detected by the FLS. Overall, 3 patients declined or did not attend their FLS appointment. At the FLS appointment, all patients questioned were grateful for being identified.

Conclusion(s): As trauma services are streamlined, electronic searching of the ED electronic patient record is possible and effective. Extending casefinding to include radiology reports leads to an appreciable number of patients with multiple fractures and at extremely high risk of fracture.

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Abstract
Deliberate self-harm is the strongest predictor of completed suicide. Primary care is often the entry point for those presenting with self-harm and suicidality and so the primary care follow-up of such patients should include risk assessment for repeated self-harm and completed suicide. This is of particular importance in patients at high risk for suicide, such as those with Bipolar Affective Disorder. This audit makes recommendations for the average UK GP Teaching Practice based on standards from the NICE guidelines relating to the prevalence, timing and content of follow-up in primary care of those patients who present with self-harm or suicidality in the practice population.

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15. Attitudes, skills and use of evidence-based practice among UK osteopaths: A national cross-sectional survey

Authors
Sundberg T.; Leach M.J.; Adams J.; Thomson O.P.; Austin P.; Fryer G.

Source
BMC Musculoskeletal Disorders; Dec 2018; vol. 19 (no. 1)

Publication Date
Dec 2018

Publication Type(s)
Article

Database
EMBASE
Available at BMC musculoskeletal disorders from ProQuest (Hospital Premium Collection) - NHS Version
Available at BMC musculoskeletal disorders from BioMed Central
Available at BMC musculoskeletal disorders from Europe PubMed Central - Open Access
Available at BMC musculoskeletal disorders from EBSCO (MEDLINE Complete)

Abstract
Background: Evidence-based practice (EBP) is a clinical decision-making framework that supports quality improvement in healthcare. While osteopaths are key providers of musculoskeletal healthcare, the extent to which osteopaths engage in EBP is unclear. Thus, the aim of this cross-sectional study was to investigate UK osteopaths’ attitudes, skills and use of EBP, and perceived barriers and facilitators of EBP uptake.

Method(s): UK-registered osteopaths were invited to complete the Evidence-Based Practice Attitude and Utilisation Survey (EBASE) online.

Result(s): Of the 5200 registered osteopaths in the UK, 9.9% (517/5200) responded to the invitation, and 7.2% (375/5200) completed the EBASE (< 20% incomplete answers). The demographic characteristics of the survey sample were largely similar to those of the UK osteopathy workforce. The osteopaths reported overall positive attitudes towards EBP, with most agreeing that EBP improves the quality of patient care (69.3%) and is necessary for osteopathy practice (76.5%). The majority reported moderate-level skills in EBP, and most (80.8%) were interested in improving these skills. Participating osteopaths typically engaged in EBP activities 1-5 times over the last month. Barriers to EBP uptake included a lack of time and clinical evidence in osteopathy. Main facilitators of EBP included having access to online databases, internet at work, full-text articles, and EBP education materials.

Conclusion(s): UK osteopaths were generally supportive of evidence-based practice, had moderate-level skills in EBP and engaged in EBP activities infrequently. The development of effective interventions that improve osteopaths’ skills and the incorporation of EBP into clinical practice should be the focus of future research.

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16. Incidence of severe critical events in paediatric anaesthesia in the United Kingdom: secondary analysis of the anaesthesia practice in children observational trial (APRICOT study)

Authors
Engelhardt T.; Ayansina D.; Bell G.T.; Oshan V.; Rutherford J.S.; Morton N.S.

Source
Anaesthesia; 2018

Publication Date
2018

Publication Type(s)
Article In Press

Database
EMBASE
Available at Anaesthesia from Wiley
Available at Anaesthesia 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 Anaesthesia from Available to NHS staff on request from UHL Libraries & Information Services (from non-NHS library) - click this link for more information Local Print Collection [location]: British Library via UHL Libraries - please click link to request article.
The anaesthesia practice in children observational trial of 31,127 patients in 261 European hospitals revealed a high (5.2%) incidence of severe critical events in the peri-operative period and wide variability in practice. A sub-analysis of the UK data was undertaken to investigate differences compared with the non-UK cohort in the incidence and nature of peri-operative severe critical events and to attempt to identify areas for quality improvement. In the UK cohort of 7040 paediatric patients from 43 hospitals, the overall incidence of peri-operative severe critical events was lower than in the non-UK cohort (3.3%, 95%CI: 2.9-3.8 vs. 5.8%, 95%CI: 5.5-6.1, RR 0.57, p < 0.001). There was a lower rate of bronchospasm (RR 0.22, 95%CI: 0.14-0.33; p < 0.001), stridor (RR 0.42, 95%CI: 0.28-0.65; p < 0.001) and cardiovascular instability (RR 0.69, 95%CI: 0.55-0.86; p = 0.001) than in the non-UK cohort. The proportion of sicker patients where less experienced teams were managing care was lower in the UK than in the non-UK cohort (10.4% vs. 20.4% of the ASA physical status 3 and 9% vs. 12.9% of the ASA physical status 4 patients). Differences in work-load between centres did not affect the incidence and outcomes of severe critical events when stratified for age and ASA physical status. The lower incidence of cardiovascular and respiratory complications could be partly attributed to more experienced dedicated paediatric anaesthesia providers managing the higher risk patients in the UK. Areas for quality improvement include: standardisation of serious critical event definitions; increased reporting; development of evidence-based protocols for management of serious critical events; development and rational use of paediatric peri-operative risk assessment scores; implementation of current best practice in provision of competent paediatric anaesthesia services in Europe; development of specific training in the management of severe peri-operative critical events; and implementation of systems for ensuring maintenance of skills.

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17. Life & Times A truth universally acknowledged: Moving to Universal Credit leads to large debt and poor mental health

Authors
Walton E.

Source
British Journal of General Practice; Dec 2018; vol. 68 (no. 677); p. 577

Publication Date
Dec 2018

Publication Type(s)
Note

PubMedID
30498146

Database
EMBASE

Available at The British journal of general practice: the journal of the Royal College of General Practitioners from EBSCO (MEDLINE Complete)

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Available at The British journal of general practice: the journal of the Royal College of General Practitioners from Available to NHS staff on request from UHL Libraries & Information Services (from non-NHS library) - please click link to request article.

18. An initiative to improve wound management within community services across one clinical commissioning group in England

Authors
Ivins N.; Clark M.; Fallon M.

Source
Wounds UK; 2018; vol. 14 (no. 5); p. 45-55

Publication Date
2018

Publication Type(s)
Article

Database
EMBASE

Available at Wounds UK from EBSCO (CINAHL Plus with Full Text)

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

Available at Wounds UK from Available to NHS staff on request from UHL Libraries & Information Services (from non-NHS library) - please click link to request article.
19. Does the mode of delivery in routine cardiac rehabilitation have an association with cardiovascular risk factor outcomes?

**Authors** Harrison A.S.; Doherty P.

**Source** European Journal of Preventive Cardiology; Dec 2018; vol. 25 (no. 18); p. 1925-1933

**Publication Date** Dec 2018

**Publication Type(s)** Article

**PubMedID** 30188178

**Database** EMBASE

**Abstract**

Aims: Cardiac rehabilitation is one of the most cost-effective interventions for patients with cardiovascular disease. Worldwide supervised group-based cardiac rehabilitation is the dominant mode of delivery followed by facilitated self-managed (FSM), which is emerging as part of a cardiac rehabilitation menu. Modern research evidence, using trials and well-resourced interventions, suggests FSM is comparable to supervised rehabilitation in its outcomes for patients; however, this is yet to be established using routine clinical practice data.

**Method(s):** Including 81,626 patients from routine clinical data in the National Audit of Cardiac Rehabilitation, this observational study investigated whether mode of delivery, supervised or FSM, was associated with similar cardiac rehabilitation outcomes. Hierarchical regression models included patient and service covariates such as age, gender, cardiac rehabilitation duration and programme staff type.

**Result(s):** The results showed 85% of the population received supervised cardiac rehabilitation. The FSM group were significantly older, female and predominantly in lower socioeconomic groups. The results showed that all patients on average benefit from cardiac rehabilitation, independently of mode of delivery, across all risk factors. Additional benefit of 13% and 11.4% increased likelihood of achieving the target state for physical activity and body mass index respectively when using FSM approaches.

**Conclusion(s):** This is the first study to investigate traditional cardiovascular risk factors with cardiac rehabilitation mode of delivery using routine clinical data. Both modes of delivery were associated with comparable statistically significant positive outcomes. Despite having equivalent outcomes, FSM cardiac rehabilitation continues to be underutilised, with less than 20% of patients receiving this mode of delivery in the UK.

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20. Non-invasive vagus nerve stimulation for treatment of cluster headache: Early UK clinical experience

**Authors** Marin J.; Giffin N.; Consiglio E.; McClure C.; Liebler E.; Davies B.

**Source** Journal of Headache and Pain; Nov 2018; vol. 19 (no. 1)

**Publication Date** Nov 2018

**Publication Type(s)** Article

**PubMedID** 30470171
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.

Method(s): 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.

Result(s): 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. Favourable changes in the use of preventive medication were also observed. No serious device-related adverse events were reported.

Conclusion(s): 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.

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Aim: There is a requirement of an expansive and up to date review of surgical management of inflammatory bowel disease (IBD) that can dovetail with the medical guidelines produced by the British Society of Gastroenterology.

Method(s): Surgeons who are members of the ACPGBI with a recognised interest in IBD were invited to contribute various sections of the guidelines. They were directed to produce a procedure based document using literature searches that were systematic, comprehensible, transparent and reproducible. Levels of evidence were graded. An editorial board was convened to ensure consistency of style, presentation and quality. Each author was asked to provide a set of recommendations which were evidence based and unambiguous. These recommendations were submitted to the whole guideline group and scored. They were then refined and submitted to a second vote. Only those that achieved >80% consensus at level 5 (strongly agree) or level 4 (agree) after 2 votes were included in the guidelines.

Result(s): All aspects of surgical care for IBD have been included along with 157 recommendations for management.

Conclusion(s): These guidelines provide an up to date and evidence based summary of the current surgical knowledge in the management of IBD and will serve as a useful practical text for clinicians performing this type of surgery.

Copyright © 2018 Authors. Colorectal Disease published by John Wiley & Sons Ltd on behalf of Association of Coloproctology of Great Britain and Ireland.
Abstract

Aim: The National Audit of Small Bowel Obstruction was a UK-wide study active in early 2017. A Twitter® account was used to interact with collaborators and the public throughout the study to assess whether the use of social media improved study engagement and to establish which Tweet signature styles achieved the highest levels of reach and engagement.

Method(s): Twitter® analytics for @NASBO2017 covering June 2016-May 2017 were reviewed. The number of impressions, Tweet engagements and the engagement rate were analysed according to study stage.

Result(s): A total of 176 Tweets were made over the study period. The median number of impressions achieved by a Tweet was 533 (75-2709). 3863 engagements were made with National Audit of Small Bowel Obstruction Tweets with a median number of 10 (0-159) per Tweet. The average overall Tweet engagement rate was 3.3% (0%-14.2%). Tweets with most impressions either used images or tagged institutions (e.g. Royal Colleges, professional bodies). The number of impressions and engagement with the Tweets increased over the study period, due to the incremental growth of the National Audit of Small Bowel Obstruction Twitter® account and the identification of successful Tweet styles.

Conclusion(s): Social media provided a major contribution to a successful concerted policy of maintaining collaborator engagement during the National Audit of Small Bowel Obstruction. The use of images and videos and tagging of relevant professional bodies aided the reach and engagement of each Tweet. These data can be used to inform engagement strategies for future collaborative projects.

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Authors: Doran N.J.; Bethune R.; Watson J.; Finucane K.; Carson-Stevens A.
Source: Postgraduate Medical Journal; Oct 2018; vol. 94 (no. 1116); p. 571-577
Publication Date: Oct 2018
Publication Type(s): Article
PubMedID: 30425133
Database: EMBASE

Abstract

Aim To explore how the South-West Foundation Doctor Quality Improvement programme affected foundation year 1 (F1) doctors’ attitudes and ability to implement change in healthcare. Methods Twenty-two qualitative interviews were carried out with two cohorts of doctors. The first F1 group before and after their participation in the QI programme; the second group comprised those who had completed the programme between 1 and 5 years earlier. Qualitative data were analysed using thematic analysis techniques. Results Prior to taking part in the QI programme, junior doctors’ attitudes towards QI were mixed. Although there was agreement on the importance of QI in terms of patient safety, not all shared enthusiasm for engaging in QI, while some were sceptical that they could bring about any change. Following participation in the programme, attitudes towards QI and the ability to effect change were significantly transformed. Whether their projects were considered a success or not, all juniors reported that they valued the skills learnt and the overall experience they gained through carrying out QI projects. Participants reported feeling more empowered in their role as junior doctors, with several describing how they felt ‘listened to’ and able to ‘have a voice’, that they were beginning to see things ‘at systems level’ and learning to ‘engage more critically’ in their working environment. Conclusions Junior doctors are ideally placed to engage in QI. Training in QI at the start of their medical careers may enable a new generation of doctors to acquire the skills necessary to improve patient safety and quality of care.

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25. The overdiagnosis of chest sepsis in children: A quality improvement project

Authors: Bradford-Duarte R.; McKenna J.; Milton V.; Bokhari A.
Source: BMJ Evidence-Based Medicine; Aug 2018; vol. 23
Publication Date: Aug 2018
Publication Type(s): Conference Abstract
Database: EMBASE
Abstract

Objectives The aim of this project was to test our clinical impression that a significant number of children and young people are diagnosed with and treated for 'chest sepsis' unnecessarily. We also wanted to investigate the hypothesis that children received unnecessary investigations, including Chest X-rays (CXR) and measurement of acute phase reactants such as C-Reactive Protein (CRP), which are not recommended by British Thoracic Society (BTS) guidelines and would have been treated inappropriately with intravenous (IV) antibiotics. Our main objectives were thus: To design a Quality Improvement Project to investigate whether we overdiagnose chest sepsis, over investigate children presenting with possible signs and symptoms of chest sepsis and over use IV antibiotics To evaluate adherence to BTS and NICE sepsis guidelines To suggest measures to implement to prevent over investigation and unnecessary use of antibiotics in children with chest sepsis. Method An audit was undertaken within the Paediatric Department in an NHS District General Hospital setting in the United Kingdom. Data was collected retrospectively from May 2017 to January 2018. The inclusion criteria were any child >10 days old admitted to the ward and treated with antibiotics for suspected lower respiratory tract infection (LRTI). Patients with underlying chronic lung disorders (except asthma/wheeze), cardiac conditions, immunodeficiency or those who are immuno-suppressed were excluded. Patients were categorised by age (<5, 5-12, >12) and then stratified according to sepsis risk, as per NICE and BTS guidelines. The data were then analysed assessing adherence to these guidelines during clinical assessment and management following presentation with signs and symptoms of a LRTI. Results * Data from 156 patients were collected: 132 aged under 5, 21 aged 5-11 and 3 aged 12-17. * 10% were low, 21% moderate and 69% high risk for sepsis on presentation. * 36 patients were noted to have low oxygen saturations on admission, of which 64% had co-exisiting wheeze. * 66% of patients, of which 73% were high risk and 27% were low or moderate risk for sepsis were treated with IV antibiotics, most commonly Ceftriaxone. * 33% were treated with oral antibiotics, most commonly Co-amoxiclav. Only 9.8% of this group were treated with oral Amoxicillin as per BTS guidelines. * The majority (88%) had a CXR. Half were reported as normal, of which 71% were treated with IV antibiotics. 78% of those treated with oral antibiotics had a CXR. * 78% of patients had blood tests, which all included a CRP, which is not recommended to be routinely measured. Conclusions First phase audit results support the hypothesis that children presenting with signs and symptoms of a possible LRTI are overdiagnosed and over investigated. 61% of children were under the age of two and treated with antibiotics even though BTS guidelines suggest this age group is much less likely to have a bacterial infection. Over half of those with low oxygen saturations had co-existing wheeze, suggesting over-treatment of patients with wheeze for LRTI. 88% of our patients had CXRs, which is contrary to BTS guidelines, that suggest routine CXRs are unnecessary. 71% of children reported to have a normal CXR received IV antibiotics. We plan to implement a change of practice within the Paediatric department to prevent unnecessary investigations, notably CXRs and blood tests and to reduce unnecessary antibiotic use that comes with long term risks for the wider population. Following this we plan to re-audit.

26. Variation in diagnostic test requests and outcomes: A preliminary metric for openpathology.net

Authors O'Sullivan J.; Heneghan C.; Perera R.; Oke J.; Goldacre B.; Shine B.
Source BMJ Evidence-Based Medicine; Aug 2018; vol. 23
Publication Date Aug 2018
Publication Type(s) Conference Abstract
Database EMBASE
27. Use of regular feedback of ranked performance data to family medicine trainees in the sultanate of Oman, to support a reduction in the overuse of resources

**Abstract**

#Efforts to reduce healthcare costs have led to the development of metrics to identify unwarranted variation in care. Previous work assessing diagnostic tests is limited, despite their substantial contribution to expenditure. We explored C-reactive Protein (CRP) and Erythrocyte Sedimentation Rate (ESR) tests ordered across Oxfordshire NHS General Practices, the proportion of tests that yielded an abnormal result, and identified practices that had a proportion of abnormal CRP and ESR results 3 standard deviations below the mean. We estimated the adjusted average proportion of abnormal CRP and ESR tests that yielded abnormal results from each practice, after adjusting for differences in practice populations. These proportions were plotted against the total CRP and ESR requests per practice. We constructed funnel plots to identify practices 3 standard deviations below the mean proportion of abnormal CRP and ESR tests. We analysed 143,745 CRP and 30,758 ESR requests from 69 practices. Twelve (17%) and 7 (10%) practices were more than 3 standard deviations below the mean for CRP and ESR testing respectively. Two practices (3%) were below the 99.8% limit for both CRP and ESR ordering. Variation in the proportion of tests with an abnormal result shows promise for auditing variation in care. Objectives To identify General Practices that order significantly more normal ESR and CRP tests compared with their peers. Method We explored C-reactive Protein (CRP) and Erythrocyte Sedimentation Rate (ESR) tests ordered across Oxfordshire NHS General Practices and generated the proportion of tests that yielded an abnormal result for each practice. We estimated the adjusted average proportion of abnormal CRP and ESR tests that yielded abnormal results from each practice, after adjusting for differences in practice populations. These proportions were plotted against the total CRP and ESR requests per practice. We constructed funnel plots to identify practices 3 standard deviations below the mean proportion of abnormal CRP and ESR tests. Results We analysed 143,745 CRP and 30,758 ESR requests from 69 practices. Twelve (17%) and 7 (10%) practices were more than 3 standard deviations below the mean for CRP and ESR testing respectively. Two practices (3%) were below the 99.8% limit for both CRP and ESR ordering. Conclusions We used robust and conservative methods to identify two practices (3%) that requested a significantly lower proportion of CRP and ESR tests yielding abnormal results. We also identified 12 (17%) and seven (10%) General Practices that requested a significantly lower proportion of CRP and ESR tests yielding abnormal results, respectively. Variation in the proportion of tests with an abnormal result shows promise as an automated tool for auditing variation in care, and may contribute to improving quality and cost effectiveness.

**Authors** Davidson R.

**Source** BMJ Evidence-Based Medicine; Aug 2018; vol. 23

**Publication Date** Aug 2018

**Publication Type(s)** Conference Abstract

**Database** EMBASE

28. Changing trends in prostate brachytherapy practice for clinically localized prostate cancer: Results of a survey in UK and Ireland

#Objectives A previous audit comparing the use of resources between final year trainees in Family Medicine (FM) in Oman and General Practice (GP) in the United Kingdom (UK), showed that, in patients attending for a same day/walk-in appointment, trainees in Oman prescribed significantly more items than those in the UK. The number of investigations ordered was the same although the average age of the patients in Oman was much lower. The purpose of this project was to reduce what was considered to be over use of these resources. Method One cohort of 18 FM trainees (2015-2016) in Oman was given anonymised, ranked, performance data, for all the prescription items and investigations they had ordered for walk-in patients the previous month. They were encouraged to think about rational use of these resources and to compare their performance with their peers. The mean prescription items/patient and the number of investigations/patient across the group of residents matched for age, sex and experience. Results Comparing the five months before and after this intervention, the total number of patients seen was 4228 and 2893 respectively. The total number of investigations fell from 1.27 items/patient (95% CI: 0.95 to 1.59) to 1.16 items/patient (95% CI: 0.96 to 1.36), a reduction of 8.6% and the number of prescriptions fell from 1.79 items/patient (95% CI: 1.66 to 1.92) to 1.57 items/patient (95% CI: 1.48 to 1.66), a reduction of 12.3%. In the 2014-2015 cohort, there was no such reduction. Indeed, there was a tendency toward an increase in use of resources. The total number of investigations increased from 1.01 to 1.22 items/patient and the number of prescriptions increased from 1.82 to 1.91 items/patient. (CI 95% available but no space to include them here) Conclusions Discussion of the rational use of the resources is an important part of the education of FM trainees in Oman. This study has demonstrated that giving regular (monthly) feedback of anonymised, ranked performance data to these trainees supports a significant reduction in their use of resources. These data were gathered manually. A system to automatically generate and feedback this information should be developed.
Background: High Dose Rate (HDR) and Low Dose Rate (LDR) prostate brachytherapy (PBT) with or without external beam radiotherapy provide excellent biochemical outcomes with practice adapting to ongoing research and technological advances. We wished to document current PBT practice in the UK and Ireland (UK & I) and compare with previous published audit results.

Method(s): A link to an online survey was communicated to centres attending the UK & I PBT conference in 2017 (n = 25). Sixty-three questions were grouped into six themed sections which included current experience, staffing, implant numbers (last 3 years), LDR pre/post implant dosimetry and HDR technique. Descriptive analysis was performed.

Result(s): 18 of 25 centres responded (11 LDR only, 6 HDR & LDR, 1 HDR only) with 13 and 3 centres having > 10yrs experience with LDR and HDR respectively. 13 centres have two or more oncologists and 15 centres have two or more medical physics experts (MPE). 61% of lead clinicians performed > 25 implants with 22% performing > 50 in the year 2016. In the preceding 3 years, 44% of centres reported the number of LDR monotherapy cases as stable while 44% noted a reduction in numbers. Similarly 40% of centres reported LDR boost cases as stable, 40% as reduced and 20% with increased cases. The number of centres using HDR treatment as boost, monotherapy and salvage therapy has increased, with increased cases in the year 2016 as compared to 2014. Comparison with the UK 2012 audit showed that post implant LDR dosimetry is more consistently performed and the majority of cases were achieving the 3 defined quality standards of D90, V100 and CT:USS volume ratio. Average post implant D90 was > 145Gy in 63% of centres in 2014 and 2015 compared to 70% in 2016. 50% of centres reported average D90's of > 155Gy in all three years surveyed.

Conclusion(s): This survey offers a review of PBT practice across UK and I with an apparent fall in LDR monotherapy and boost cases but increase in HDR numbers noted. Surveyed centres report dosimetrically good quality implants. Current research supports PBT as a definitive primary treatment which should be discussed with eligible men at diagnosis.

29. Clinical audit in farm animal veterinary practice. Part 2: Conducting the audit

This article, the second in a two-part series providing practical advice for practitioners on carrying out clinical audits in farm animal practice, focuses on the data collection, analysis and discussion steps of clinical audit. Part 1, which was published in the October issue of In Practice, discussed preparing for and initiating clinical audit in farm animal practice. Both articles are based on findings from a three-year research project looking at the use of clinical audit in farm animal practice. The research included conducting audits using information already in existence in the practice setting, and audits focused on actively collecting information over a period of time in three farm animal practices, and a nationwide survey on the experiences and attitudes of farm animal veterinary surgeons towards clinical audit in the UK. The findings from this work demonstrate that clinical audit is achievable in farm animal practice, with strategic planning, selection of relevant topics and the setting of realistic goals.

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30. Getting the measure of diabetes: the evolution of the National Diabetes Audit

This article, the second in a two-part series providing practical advice for practitioners on carrying out clinical audits in farm animal practice, focuses on the data collection, analysis and discussion steps of clinical audit. Part 1, which was published in the October issue of In Practice, discussed preparing for and initiating clinical audit in farm animal practice. Both articles are based on findings from a three-year research project looking at the use of clinical audit in farm animal practice. The research included conducting audits using information already in existence in the practice setting, and audits focused on actively collecting information over a period of time in three farm animal practices, and a nationwide survey on the experiences and attitudes of farm animal veterinary surgeons towards clinical audit in the UK. The findings from this work demonstrate that clinical audit is achievable in farm animal practice, with strategic planning, selection of relevant topics and the setting of realistic goals.

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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 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.

31. Initiation and maintenance of a treat-and-extend regimen for ranibizumab therapy in wet age-related macular degeneration: Recommendations from the UK retinal outcomes group

Authors
Amoaku W.; Balaskas K.; Cudrnak T.; Downey L.; Groppe M.; Mahmood S.; Mehta H.; Mohamed Q.; Mushtaq B.; Severn P.; Vardarinos A.; Yang Y.; Younis S.

Source
Clinical Ophthalmology; 2018; vol. 12; p. 1731-1740

Abstract
The treatment of neovascular (wet) age-related macular degeneration (AMD) with ranibizumab is now very well established in terms of efficacy and safety. Recent clinical trials and real-world studies have demonstrated the advantages of a Treat-and-Extend (T&E) regimen, and many hospital departments are now in the process of adopting this new regimen in favor of the pro re nata regimen for initiating and continuing ranibizumab therapy for patients with wet AMD. The comprehensive spectrum of issues related to implementation of the regimen is covered qualitatively in ten didactic topics provided by a group of clinicians with direct experience of this regimen in their department. The topics include definition, new and previously treated eyes, management of high-frequency injections, maximum extensions, discontinuing T&E, bilateral cases, clerical, audit, and patient counseling. This article aims to provide a useful resource for the implementation of the T&E regimen. A quantitative summary of the visual outcomes in key publications is also provided in this article. This article should be a valuable resource for staff training.

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32. Impact of a physician-led pre-hospital critical care team on outcomes after major trauma

Authors
Hepple D.J.; Durrand J.W.; Bouamra O.; Godfrey P.

Source
Anaesthesia; 2018

Abstract
The treatment of neovascular (wet) age-related macular degeneration (AMD) with ranibizumab is now very well established in terms of efficacy and safety. Recent clinical trials and real-world studies have demonstrated the advantages of a Treat-and-Extend (T&E) regimen, and many hospital departments are now in the process of adopting this new regimen in favor of the pro re nata regimen for initiating and continuing ranibizumab therapy for patients with wet AMD. The comprehensive spectrum of issues related to implementation of the regimen is covered qualitatively in ten didactic topics provided by a group of clinicians with direct experience of this regimen in their department. The topics include definition, new and previously treated eyes, management of high-frequency injections, maximum extensions, discontinuing T&E, bilateral cases, clerical, audit, and patient counseling. This article aims to provide a useful resource for the implementation of the T&E regimen. A quantitative summary of the visual outcomes in key publications is also provided in this article. This article should be a valuable resource for staff training.

Copyright © 2018 Amoaku et al.
Abstract

The deployment of physician-led pre-hospital enhanced care teams capable of critical care interventions at the scene of injury may confer a survival benefit to victims of major trauma. However, the evidence base for this widely adopted model is disputed. Failure to identify a clear survival benefit has been attributed to several factors, including an inherently more severely injured patient group who are attended by these teams. We undertook a novel retrospective analysis of the impact of a regional enhanced care team on observed vs. predicted patient survival based on outcomes recorded by the UK Trauma Audit and Research Network (TARN). The null hypothesis of this study was that attendance of an enhanced care team would make no difference to the number of 'unexpected survivors'. Patients attended by an enhanced care team were more seriously injured. Analysis of Trauma Audit and Research Network patient outcomes did not demonstrate an improved adjusted survival rate for trauma patients who were treated by a physician-led enhanced care team, but confirmed differences in patient characteristics and severity of injury for those who were attended by the team. We conclude that a further prospective multicentre analysis is warranted. An essential prerequisite for this would be to address the current blind spot in the Trauma Audit and Research Network database - patients who die from trauma before ever reaching hospital. We speculate that early on-scene critical care may convert this cohort of invisible trauma deaths into patients who might survive to reach hospital. Routine collection of data from these patients is warranted to include them in future studies.

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33. Newham's early years nutrition programme: audit and qualitative analysis

Authors
Jensen Y.; Cupp M.A.; Osman R.; Lakhanpau M.; Manikam L.; Peachey M.; Light A.

Source
The Lancet; Nov 2018; vol. 392

Abstract

Background: Childhood obesity is a rapidly-growing global concern, with huge impacts on health in childhood and later life. Within the London Borough of Newham, about 25% of children aged 4-5 years and 40% of those aged 10-11 years are overweight. Early intervention strategies are key to targeting childhood obesity. As part of their Childhood Obesity Action Plan, Newham Council, London, introduced an early years nutrition programme in May, 2017. We aimed to assess the implementation of this programme through an audit of Newham's children's centres.

Method(s): Newham's 11 children's centres were invited to participate in this audit. Our objectives were to determine whether centres are displaying the UNICEF breastfeeding logo, to audit what information about healthy eating is displayed in early years settings, to determine what sessions the centres offer in their timetable for parents, and to conduct a face-to-face interviews on early years nutrition with staff members at each children's centre. Interaction with parents or children was out of scope for this research. Data collection, from Jan 1, to March 31, 2018, was conducted through photographs and field notes. We assessed whether nutrition activities of each centre complied with guidelines from the National Institute for Health and Care Excellence (NICE).

Finding(s): Eight (72.7%) centres participated. All centres displayed the UNICEF breastfeeding logo. The most frequent display board topics related to generic health and wellbeing (four centres, 50.0%), and breastfeeding (three, 37.5%). The most frequent sessions offered were oral health (four, 50.0%) and nutrition (three, 37.5%) workshops. Staff regarded health visitors and parental engagement as the most important factors for delivering effective early years nutrition.

Interpretation(s): This audit indicates that Newham's early years nutrition programme is consistent with NICE guidelines, meeting all 18 relevant recommendations. Future acquisition of data on obesity, tooth decay, and breastfeeding will help determine the programme's effectiveness. Additional research on the importance of health visitors in delivery of early years nutrition will further characterise their role in such programmes and inform the implementation of similar programmes in Newham and elsewhere.

Funding(s): Newham Council.

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34. Developing an outcomes framework for children and young people in Hampshire, England

Authors
Montague C.; Pears R.; Bacon S.; Hicks N.; Smith A.; Cunningham E.; Alwan N.

Source
The Lancet; Nov 2018; vol. 392
Background: In the county of Hampshire, England, numbers of children and young people are increasing, along with a corresponding increase in demand for health and social care services. The move from measuring processes to measuring outcomes is motivated by a need to improve the population's wellbeing at this time of great challenge. Outcomes-based commissioning provides a means by which shared outcomes across the system can be used to drive quality improvement while ensuring the best use of finite resources. The aim of developing an outcomes framework was to improve the health and wellbeing of children and young people in Hampshire through articulating this collective vision and facilitating greater integration between health and care systems.

Method(s): The outcomes framework was developed by Hampshire County Council's public health team, working with Captivated outcome-based incentivised care (Cobic), which provides consultancy services on outcome-based care, and Private Public Ltd (PPL), a consultancy for projects promoting health, wellbeing, and economic success in the UK. Development involved: reviewing evidence from key policy documents (eg, Every Child Matters and the Marmot report on the social determinants of health) and existing national and local outcomes frameworks; engaging children and young people (aged 12-19 years), families, services providers, commissioners, and other partners through about 20 separate focus groups, workshops, and interviews; populating the framework with baseline data; and testing and agreeing the finalised framework with a reference group comprising these stakeholders. Ethical approval was not required.

Finding(s): The framework has six domains: being healthy, staying safe, enjoying and achieving, making a positive contribution, being ready for adulthood, and system sustainability. Within each domain there are "I" statements reflecting service user priorities (eg, "I feel informed to make the right choices about drugs and alcohol"). Beneath the "I" statements are quantitative targets for system-wide improvement, such as hospital admissions for substance abuse. Through the engagement process, it became clear that feeling prepared for adulthood was an important theme for children and young people in Hampshire, leading to development of "I" statements and indicators to support this.

Interpretation(s): Our ambition is that the framework will become embedded within Hampshire County Council and the National Health Service, supporting both service improvement and integration efforts. This will encourage organisations to work together to address complex issues that are influenced by wider health determinants. A consideration of local drivers and barriers will ensure that any similar framework can be meaningfully adopted elsewhere.

Funding(s): None.

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36. London Transfer Project: Reducing Medication Incidents After Discharge From Hospital to Long-term Care

Authors: Carson J.; Gottheil S.; Lawson S.; Rice T.
Source: Journal of the American Medical Directors Association; 2018

Abstract: Background: Long-term care (LTC) homes expressed concern that patients had experienced medication incidents after hospital discharge as a result of poor coordination of care. Objective(s): The London Transfer Project aimed to reduce LTC medication incidents by 50% within 48 hours of discharge from general medicine units at the London Health Sciences Centre. Design(s): This quality improvement study involved 2 hospitals and 5 LTC homes in London, Ontario, Canada. The baseline prevalence of medication incidents was measured and explored for root causes. Two change ideas were tested on general medicine units to improve transfer communication: (1) expediting medication reconciliation and (2) faxing medication plans before discharge. Measures: Evaluation involved time-series measurement and a comparison of baseline and intervention periods. The primary outcome was medication incidents by omission or commission within 48 hours of discharge, which was determined by dual chart reviews in hospital and LTC homes. Process measures included medication reconciliation and fax completion times. Hospital discharge times were included as a balance measure of the new communication process. Results: Hospital discharge times were included as a balance measure of the new communication process. Result(s): Four hundred seventy-seven LTC transfers were reviewed between 2016 and 2017; 92 transfers were reviewed for medication incidents in participating homes at baseline (January-April 2016) and implementation (January-April 2017). Medication incidents decreased significantly by 56%, from 44% (22/50) at baseline to 19% (8/42) during implementation (P = .006). Medication reconciliation completion by noon increased from 56% (28/50) to 74% (31/42) but not significantly (P = .076). Faxes sent before discharge increased significantly from 4% (2/50) to 67% (28/42, P = .015). There was no significant change in hospital discharge time. Conclusions/Implications: Medication incidents can be significantly reduced during care transitions by taking a systems perspective to explore quality gaps and redesign communication processes. This solution will be scaled to other inpatient services with a high proportion of LTC residents.

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37. Effectiveness of health education materials in general practice waiting rooms: A cross-sectional study

Authors: Paudyal P.; McDonald P.; Maskell K.
Source: British Journal of General Practice; Dec 2018; vol. 68 (no. 677)

Abstract: Effectiveness of health education materials in general practice waiting rooms: A cross-sectional study

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Abstract

Background Health education materials (HEMs) are widely used in general practice. However, there is little information on the variety of HEMs currently available to patients in the UK, or their preferences for accessing educational materials. Aim To assess patients' perceptions of HEMs, and the variety and accessibility of these materials. Design and setting Cross-sectional study conducted in general practices in Brighton and Hove. Method An anonymous questionnaire was distributed to patients in the waiting room (WR). Additionally, an audit was conducted to measure the variety of the HEMs. Results were analysed using binary multiple logistic regression. Results In all, 556 participants (response rate 83.1%) from 19 practices took part. The mean age of participants was 49.3 years (SD +/-18.9) and 63% were female. Perceived usefulness of HEMs was associated with reading in the WR using written HEMs, and not having a university degree; noticeability was associated with reading in the WR, and being female; attractiveness was associated with not having a university degree and shorter waiting time. On average, WRs contained 72 posters covering 23 topics, and 53 leaflets covering 24 topics, with many outdated and poorly presented materials of limited accessibility. Conclusion This study found substantial variation in the amount, topicality, and quality of material available in WRs. As most patients notice HEMs and find them useful, available technology could be better utilised to widen access to HEMs. The introduction of wireless free internet (Wi-Fi) to waiting rooms should provide an opportunity to update this area.

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38. Current epidemiology and antenatal presentation of posterior urethral valves: Outcome of BAPS CASS National Audit

Authors
Brownlee E.; Wragg R.; Robb A.; Chandran H.; McCarthy L.; Knight M.

Source
Journal of Pediatric Surgery; 2018

Publication Date
2018

Publication Type(s)
Article In Press

Database
EMBASE

Available at Journal of Pediatric Surgery 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 Journal of Pediatric Surgery 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

Aim: Posterior urethral valves (PUVs) are the most common cause of congenital bladder outlet obstruction (BOO) in boys and end-stage renal failure (ESRF) in childhood. In the 1980s, 1 in 4000 boys had PUV. Presentation was 1/3 antenatal/neonatally, 1/3 postnatal, 1/3 late (> 1 year). This study aimed to describe the current proportions in a contemporary cohort.

Method(s): A national audit (BAPS CASS) of referrals in the UK and Ireland of boys diagnosed with suspected or confirmed PUV in a year was conducted. National registration data provided the male birth-rate. Data were presented as number (%), analysed by Mann-Whitney U-test and Chi-square test, with P < 0.05 taken as significant. The study was approved by a national ethics committee (NRES Committee South Central Oxford A (12/SC/0416)).

Result(s): Data were collected from 1st October 2014 to 30th September 2015 from 25/26 centres on 121 cases of suspected bladder outlet obstruction (BOO), of which 113 (93%) were because of PUV. The male birth rate during the period was 432,806/year. The calculated incidence of BOO was 1/3580 and for PUV was 1/3800 per-annum. The proportion of PUV presenting according to age was: antenatally (n = 40, 35%), infancy (n = 47, 42%), and late (n = 26, 23%). Plasma creatinine was higher in antenatally-diagnosed BOO vs. postnatal, 54 (39.5-109.5) mumol/l vs. 34(21-47) mumol/l, P = 0.0005. Hydronephrosis and ureteric dilatation were significantly greater in antenatally diagnosed BOO vs. postnatal vs. late. Renal dysplasia (cortical thinning, poor corticomedullary differentiation, or renal cysts) was significantly more likely in antenatally diagnosed BOO.

Conclusion(s): Neither the incidence (~ 1/4000) nor the proportion antenatally diagnosed (~ 1/3) of boys with PUV appears to have changed in the past 30 years. Those boys who were antenatally diagnosed have significantly higher postnatal plasma creatinine, more hydrouratonephrosis, and renal dysplasia than those diagnosed in infancy or later. It may be hypothesized that this is the reason they are detected antenatally.

Level of Evidence: Prognosis study - Level I - prospective national cohort study.

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39. Sensitivity of EQ-5D-3L, HUI2, HUI3, and SF-6D to changes in speech reception and tinnitus associated with cochlear implantation

Authors
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Publication Date
2018

Publication Type(s)
Article In Press

Database
EMBASE

Abstract

Purpose: There is concern that some generic preference-based measures (GPMs) of health-related quality of life may be insensitive to interventions that improve hearing. Establishing where sensitivity arises could contribute to the design of improved measures. Accordingly, we compared the sensitivity of four widely used GPMs to a clinically effective treatment-cochlear implantation-which restores material degrees of hearing to adults with little or no functional hearing.

Method(s): Participants (N = 147) received implants in any of 13 hospitals in the UK. One month before implantation and 9 months after, they completed the HUI2, HUI3, EQ5D3L, and SF-6D questionnaires, together with the EuroQoL visual-analogue scale as a direct measure of health, a performance test of speech reception, and a self-report measure of annoyance due to tinnitus.

Result(s): Implantation was associated with a large improvement in speech reception and a small improvement in tinnitus. HUI2 and HUI3 were sensitive to the improvement in speech reception through their Sensation and Hearing dimensions; EQ5D3L was sensitive to the improvement in tinnitus through its Anxiety/Depression dimension; SF-6D was sensitive to neither. Participants reported no overall improvement in health. Variation in health was associated with variation in tinnitus, not variation in speech reception.

Conclusion(s): None of the four GPMs was sensitive to the improvements in both speech reception and tinnitus that were associated with cochlear implantation. To capture fully the benefits of interventions for auditory disorders, developments of current GPMs would need to be sensitive to both the health-related and non-health-related aspects of auditory dysfunction.

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40. Sex and BMI alter the benefits and risks of sulfonylureas and thiazolidinediones in type 2 diabetes: A framework for evaluating stratification using routine clinical and individual trial data

Authors

Source
Diabetes Care; Sep 2018; vol. 41 (no. 9); p. 1844-1853
OBJECTIVE: The choice of therapy for type 2 diabetes after metformin is guided by overall estimates of glycemic response and side effects seen in large cohorts. A stratified approach to therapy would aim to improve on this by identifying subgroups of patients whose glycemic response or risk of side effects differs markedly. We assessed whether simple clinical characteristics could identify patients with differing glycemic response and side effects with sulfonylureas and thiazolidinediones. RESEARCH DESIGN AND METHODS: We studied 22,379 patients starting sulfonylurea or thiazolidinedione therapy in the U.K. Clinical Practice Research Datalink (CPRD) to identify features associated with increased 1-year HbA1c fall with one therapy class and reduced fall with the second. We then assessed whether prespecified patient subgroups defined by the differential clinical factors showed differing 5-year glycemic response and side effects with sulfonylureas and thiazolidinediones using individual randomized trial data from ADOPT (A Diabetes Outcome Progression Trial) (first-line therapy, n = 2,725) and RECORD (Rosiglitazone Evaluated for Cardiovascular Outcomes and Regulation of Glycemia in Diabetes) (second-line therapy, n = 2,222). Further replication was conducted using routine clinical data from GoDARTS (Genetics of Diabetes Audit and Research in Tayside Scotland) (n = 1,977).

RESULT(S): In CPRD, male sex and lower BMI were associated with greater glycemic response with sulfonylureas and a lesser response with thiazolidinediones (both P < 0.001). In ADOPT and RECORD, nonobese males had a greater overall HbA1c reduction with sulfonylureas than with thiazolidinediones (P < 0.001); in contrast, obese females had a greater HbA1c reduction with thiazolidinediones than with sulfonylureas (P < 0.001). Weight gain and edema risk with thiazolidinediones were greatest in obese females; however, hypoglycemia risk with sulfonylureas was similar across all subgroups.

CONCLUSION(S): Patient subgroups defined by sex and BMI have different patterns of benefits and risks on thiazolidinedione and sulfonylurea therapy. Subgroup-specific estimates can inform discussion about the choice of therapy after metformin for an individual patient. Our approach using routine and shared trial data provides a framework for future stratification research in type 2 diabetes.

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Abstract

Background: The introduction of pharmaceutical products into clinical practice is strictly governed; however, the regulation surrounding new invasive procedures and devices is less clear. Invasive procedures and devices may be introduced with research approvals, and NHS Trusts may also allow introduction using local Trust policies. The latter have not been previously studied.

Aim(s): To summarise NHS Trust policies for introduction of invasive procedures and devices into clinical practice.

Method(s): All acute NHS Trusts in England were asked to provide policies for the introduction of invasive procedures and devices. Response rates and type of governance (written policy; no written policy; no written policy, but process outlined) were captured. Data regarding policy rationale, scope and implementation, roles and responsibilities, application/policy processes, outcome monitoring and audit, and patient information and consent were extracted using a standardised form, with double data extraction undertaken for 20%.

Result(s): The response rate was 91% (137/150). 119 (79%), 18 (12%) and 10 (7%) Trusts had a written policy, no written policy, and were able to outline a process only, respectively. Early data shows inconsistencies in guidance related to when policies are implemented (e.g. what is understood by a ‘new’/innovative procedure), the monitoring/reporting of outcomes of innovative procedures, and patient information provision, with some requiring specific information sheets and others leaving this to the discretion of the surgeon.

Conclusion(s): There is variation in policies related to the introduction of new invasive procedures and devices in NHS Trusts. This requires attention and consideration of using a systematic approach.

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42. Improving the identification of patients with delirium using the 4AT assessment

Authors
Bearn A.; Lea W.; Kusznir J.

Source
Nursing older people; Nov 2018; vol. 30 (no. 7); p. 18-27

Publication Date
Nov 2018

Publication Type(s)
Article

PubMedID
30426731

Database
EMBASE

Available at Nursing older people from Glenfield Hospital Library Local Print Collection [location]: Glenfield Library.
Available at Nursing older people from Leicester General Hospital Library Local Print Collection [location]: Leicester General Library. [title_notes]: Issues before 2000 held in Archive.
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Available at Nursing older people 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
Delirium is a common neuropsychiatric disorder that all those working with older people will have encountered at some stage. Delirium is often poorly identified in hospital settings and therefore not optimally managed. After data collection on the acute medical unit in an acute hospital trust in the UK it was evident that patients with signs of delirium were not being formally assessed and therefore not appropriately managed in many cases. A quality improvement project introduced the 4AT delirium assessment tool to try to ensure that patients with delirium were being identified. The project team carried out several plan-do-study-act cycles to bring about our changes, which included a 4AT assessment sticker for nursing staff to complete and teaching for all healthcare staff. Through involvement of all members of the multidisciplinary team and ongoing feedback and changes we were able to increase assessment of delirium from 0% to 64%. There is ongoing work to be done to continue to improve delirium management, but by initially improving the assessment and identification of delirium we will make a difference to these patients’ outcomes.

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

Authors
Hughes S.E.; Hutchings H.A.; Rapport F.L.; McMahon C.M.; Boisvert I.

Source
Ear and hearing; Sep 2018; vol. 39 (no. 5); p. 922-934

Publication Date
Sep 2018

Publication Type(s)
Article

PubMedID
29424766

Database
EMBASE

Available at Ear and Hearing 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: Individuals with hearing loss often report a need for increased effort when listening, particularly in challenging acoustic environments. Despite audiologists’ recognition of the impact of listening effort on individuals’ quality of life, there are currently no standardized clinical measures of listening effort, including patient-reported outcome measures (PROMs). To generate items and content for a new PROM, this qualitative study explored the perceptions, understanding, and experiences of listening effort in adults with severe-profound sensorineural hearing loss before and after cochlear implantation. DESIGN: Three focus groups (1 to 3) were conducted. Purposive sampling was used to recruit 17 participants from a cochlear implant (CI) center in the United Kingdom. The participants included adults (n = 15, mean age = 64.1 years, range 42 to 84 years) with acquired severe-profound sensorineural hearing loss who satisfied the UK’s national candidacy criteria for cochlear implantation and their normal-hearing significant others (n = 2). Participants were CI candidates who used hearing aids (HAs) and were awaiting CI surgery or CI recipients who used a unilateral CI or a CI and contralateral HA (CI + HA). Data from a pilot focus group conducted with 2 CI recipients were included in the analysis. The data, verbatim transcripts of the focus group proceedings, were analyzed qualitatively using constructivist grounded theory (GT) methodology.

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

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

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

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

Source: Journal of Hospital Infection; 2018

Publication Date: 2018

Publication Type(s): Article In Press

Database: EMBASE

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Available at Journal of Hospital Infection 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: Escherichia coli bacteraemia rates in the UK have risen; rates are highest among older adults. Previous urinary tract infections (UTIs) and catheterization are risk factors.
Aim(s): To examine effectiveness of behavioural interventions to reduce E. coli bacteraemia and/or symptomatic UTIs for older adults.
Method(s): Sixteen databases, grey literature, and reference lists were searched. Titles and/or abstracts were scanned and selected papers were read fully to confirm suitability. Quality was assessed using Critical Appraisal Skills Programme guidelines and Scottish Intercollegiate Guidelines Network grading.
Finding(s): Twenty-one studies were reviewed, and all lacked methodological quality. Six multi-faceted hospital interventions including education, with audit and feedback or reminders reduced UTIs but only three supplied statements of significance. One study reported decreasing catheter-associated UTI (CAUTI) by 88% (F (1,20) = 7.25). Another study reported reductions in CAUTI from 11.17 to 10.53 during Phase I and by 0.39 during Phase II (chi^2 = 254). A third study reported fewer UTIs per patient week (risk ratio = 0.39). Two hospital studies of online training and catheter insertion and care simulations decreased CAUTIs from 33 to 14 and from 10.40 to 0. Increasing nursing staff, community continence nurses, and catheter removal reminder stickers reduced infection. There were no studies examining prevention of E. coli bacteraemias.
Conclusion(s): The heterogeneity of studies means that one effective intervention cannot be recommended. We suggest that feedback should be considered because it facilitated reductions in UTI when used alone or in multi-faceted interventions including education, audit or catheter removal protocols. Multi-faceted education is likely to be effective. Catheter removal protocols, increased staffing, and patient education require further evaluation.

45. Falling perinatal mortality in twins in the UK: organisational success or chance?
Authors
Kilby M.D.; Gibson J.L.; Ville Y.
Source
BJOG: An International Journal of Obstetrics and Gynaecology; 2018
Publication Date
2018
Publication Type(s)
Article In Press
Database
EMBASE

Abstract
In June 2018, Mothers and Babies Reducing Risks through Audits and Confidential Enquiries across the UK (MBRRACE-UK) published a Perinatal Surveillance report of an audit between 2013-2016. This noted that the stillbirth rate for twins nearly halved between 2014-2016; whereas the stillbirth rate for singletons remained static. There was a statistically significant reduction in the rate of stillbirth in twins over this period from 11.07 (95% CI, 9.78-12.47) to 6.16 (95% CI, 5.20-7.24) per 1000 total births. This commentary discusses these observations, the effects of twin chorionicity, and the potential obstetric and neonatal interventions, as well as public health improvements, that may have influenced these findings.

46. Understanding influences on the uptake of pulmonary rehabilitation in the East of England: An inclusive design/mixed-methods study protocol
Authors
Liu Y.; Dickerson T.; Clarkson P.J.; Early F.; Fuld J.
Source
BMJ Open; Apr 2018; vol. 8 (no. 4)
Publication Date
Apr 2018
Publication Type(s)
Article
Database
EMBASE

Abstract
In June 2018, Mothers and Babies Reducing Risks through Audits and Confidential Enquiries across the UK (MBRRACE-UK) published a Perinatal Surveillance report of an audit between 2013-2016. This noted that the stillbirth rate for twins nearly halved between 2014-2016; whereas the stillbirth rate for singletons remained static. There was a statistically significant reduction in the rate of stillbirth in twins over this period from 11.07 (95% CI, 9.78-12.47) to 6.16 (95% CI, 5.20-7.24) per 1000 total births. This commentary discusses these observations, the effects of twin chorionicity, and the potential obstetric and neonatal interventions, as well as public health improvements, that may have influenced these findings.

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Abstract

Introduction 1.2 million people in the UK have chronic obstructive pulmonary disease (COPD) that causes breathlessness, difficulty with daily activities, infections and hospitalisation. Pulmonary rehabilitation (PR), a programme of supervised exercise and education, is recommended for patients with COPD. However, only 1 in 10 of those who need it receive PR. Also, the UK National COPD Audit Programme concluded that the COPD treatment might not be accessible to people with disabilities. This paper applies an Inclusive Design approach to community-based PR service provisions. It aims to inform improvements to the PR service by identifying barriers to the uptake of PR in the COPD care journey in relation to patients’ capabilities that can affect their access to PR. Methods and analysis The protocol includes four steps. Step 1 will involve interviews with healthcare professionals and patients to gather insight into their experiences and produce a hierarchical task analysis of the COPD care journeys. Step 2 will estimate the service exclusion: The demand of every task on patients’ capabilities will be rated by predefined scales, and the proportion of the population excluded from the service will be estimated by an exclusion calculator. Step 3 will identify the challenges of the PR service; a framework analysis will guide the data analysis of the interviews and care journey. Step 4 will propose recommendations to help patients manage their COPD care informed by the challenges identified in step 3 and refine recommendations through interviews and focus groups. Ethics and dissemination The Cambridge Central Research Ethics Committee gave the study protocol a positive ethical opinion (17/EE/0136). Study results will be disseminated through peer-reviewed journals, conferences and the British Lung Foundation networks. They will also be fed into a Research for Patient Benefit project on increasing the referral and uptake of PR.

47. A UK clinical audit addressing the quality of prescribing of sodium valproate for bipolar disorder in women of childbearing age

Authors
Paton C.; Bhatti S.; Fagan E.; Barnes T.R.E.; Cookson J.; Ferrier I.N.

Source
BMJ Open; Apr 2018; vol. 8 (no. 4)

Publication Date
Apr 2018

Publication Type(s)
Article

Database
EMBASE

Available at BMJ open from Europe PubMed Central - Open Access
Available at BMJ open from HighWire - Free Full Text
Available at BMJ open from Unpaywall

Abstract

Objectives To review prescribing practice concerning valproate, an established human teratogen, for the management of bipolar disorder in women of childbearing age. Design The Prescribing Observatory for Mental Health conducted a baseline clinical audit in the UK, as part of a quality improvement programme. Participants Six hundred and forty-eight clinical teams from 55 mental health Trusts submitted retrospective treatment data relating to patients with a diagnosis of bipolar disorder. Results Of the audit sample of 6705 patients, 3854 were 50 years of age or younger. Valproate was prescribed for 24% of women and 43% men in this age group, and the mean dose of valproate was lower in women (1196 mg) than in men (1391 mg). For only half of such women was there documented evidence that information had been provided on the risks for the unborn child and the need for adequate contraception. Valproate was more often used in men to treat mania and aggression, while the most common treatment targets in women were hypomania and relapse prevention. Conclusions Despite explicit recommendations in national treatment guidelines and published safety alerts and warnings regarding the use of valproate in women of childbearing age, current prescribing of this medication to such women in the context of the treatment of bipolar disorder falls short of best practice, particularly with regard to provision of information regarding the risks associated with exposure to valproate during pregnancy. While women younger than 50 years of age were less likely to be prescribed valproate than men in the same age group, and at a lower dosage, it is unclear to what extent this reflects clinicians’ concerns about teratogenicity or is driven by perceptions of the indication for valproate, and the dosage required, for the treatment of different phases of the disorder in men and women.

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48. Antimicrobial stewardship programmes in community healthcare organisations in England: A cross-sectional survey to assess implementation of programmes and national toolkits

Authors
Ashiru-Oredope D.; Doble A.; Hansraj S.; Hopkins S.; Akpan M.R.; Shebl N.A.; Ahmad R.

Source
Antibiotics; Dec 2018; vol. 7 (no. 4)

Publication Date
Dec 2018

Publication Type(s)
Article

Database
EMBASE

Available at Antibiotics from Europe PubMed Central - Open Access
Abstract

Objective: The aim of this study was to assess antimicrobial stewardship activities in Community Healthcare Organisations (CHOs) with focus on the implementation of the two national antimicrobial stewardship toolkits, TARGET (Treat Antibiotics Responsibly, Guidance, Education, Tools) and SSTF (Start Smart, then Focus). The study utilised a web-based survey comprising 34 questions concerning antimicrobial policies and awareness and implementation of antimicrobial stewardship toolkits. This was distributed to pharmacy teams in all 26 CHO's in England. Twenty CHO's (77%) responded. An antimicrobial stewardship (AMS) committee was active in 50% of CHO's; 25% employed a substantive pharmacist post and 70% had a local antibiotic policy. Fourteen of the responding CHO’s were aware of both AMS toolkits, five organisations were aware of either SSTF or TARGET, and one organisation was not aware of either toolkit. Of the organisations aware of SSTF and TARGET, eight had formally reviewed both toolkits, though three had not reviewed either. Less than half of the respondents had developed local action plans for either toolkit. National guidance in England has focused attention on initiatives to improve AMS implementation in primary and secondary care; more work is required to embed AMS activities and the implementation of national AMS toolkit recommendations within CHO’s.

49. Improving the Hospital Discharge Process for Patients at the End of Life and the Coordination of Their On-Going Care in the Community: A Cross-Boundary Quality Improvement Project

Authors: Robinson L.; Oliver H.; Kausar-Sohaib F.
Source: Journal of Pain and Symptom Management; Dec 2018; vol. 56 (no. 6)
Publication Date: Dec 2018
Publication Type(s): Conference Abstract
Database: EMBASE

Abstract: Background: The importance of establishing and supporting patients preferences, including those around place of care (PPC) and place of death (PPD), is central to the literature around end of life care. In the UK, patients with a rapidly deteriorating life-limiting illness, can access NHS funded care through a ‘Fast Track’ (FT) process. As a new hospital specialist palliative care (SPC) team, we recognised that the process for discharging patients at the end of life was unclear, slow and unreliable.

Method(s): An audit was carried out across the hospital over a four month period looking at all patients who had a FT application. The data was extracted from the following sources: SPC notes; medical notes; discharge team database; local Clinical Commissioning Groups’ databases. The data was entered into an Excel spreadsheet and descriptive statistics were used in the analysis.

Result(s): 60 patients were included in the audit. From FT decision to outcome, the mean length of time was 12 days (range: 2-39 days). 13 patients (22%) died in hospital awaiting completion of the process.

Discussion(s): 12 days from FT decision to outcome is considerably longer than the Department of Health’s guideline. In order to expedite the process, the SPC team developed a new process map involving key hospital and community stakeholders, incorporating the Gold Standards Framework. This involved an extensive communication and education programme. Re-audit and Impact: A mid-project re-audit revealed a significant improvement in the process with a reduction in time from FT decision to outcome to 8 days (mean). 65% of patients had their FT application completed in 24 hours. Most significantly, only 1 patient died during the process. This work was awarded a Hospital Quality Award. In addition, this process includes a robust method of offering and recording advance care planning discussions to patients and communicating these discussions to community providers.

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50. The development of an online scenario-based module to improve the identification and treatment of sepsis in a large NHS Trust

Authors: Mewse E.; McFaul K.; Radia B.
Source: Intensive Care Medicine Experimental; Oct 2018; vol. 6
Publication Date: Oct 2018
Publication Type(s): Conference Abstract
Database: EMBASE

Abstract: Background: Early recognition and treatment of sepsis in the emergency department can improve outcomes for patients; thus, education for hospital staff is crucial.

Objective: The aim of this study was to develop an online scenario-based module to improve the identification and treatment of sepsis in a large NHS Trust.

Method(s): A team of critical care doctors, nurses and educationalists from the hospital developed an online scenario-based module (OSBM) using an educational theory base in an iterative process.

Result(s): The OSBM improves the knowledge of critical care doctors, nurses and educationalists from the hospital.

Discussion(s): The OSBM is a valuable tool in improving the identification and treatment of sepsis in a large NHS Trust. Further research is needed to assess the impact on patient outcomes.

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Background Sepsis causes morbidity and mortality. In the UK, sepsis causes 250,000 cases and 44,000 deaths annually [1]. Better diagnosis and treatment could save 11,000 lives and 160 million each year [2]. Sepsis 6 are interventions [1,3-4] which can reduce mortality by 50% if all components are implemented within 60 minutes [5]. Local audit of patients with suspected and confirmed sepsis reveals low compliance with these interventions. We sought to develop a teaching strategy to improve sepsis recognition and management.

Traditional classroom-based teaching (TCBT) methods and an online module were developed and staff sepsis training evaluated. These teaching methods included a case-study approach encompassing all facets of sepsis recognition and management. We sought to evaluate the acceptability and effectiveness of each intervention.

Materials and methods Current local, national and international guidelines informed development and subject matter of both TCBT and an online module. This module is available to all hospital employees via local intranet and mobile devices (Fig. 1). Both teaching methods were departmentally peer-reviewed and trialled in pilot clinical areas. Defined outcomes were specified: Acceptability and effectiveness of TCBT and online teaching. Definition of sepsis, septic shock, sepsis red flags, Sepsis 6 components, desired time to management of sepsis.

Individuals’ confidence in sepsis management in a post-teaching survey. Ongoing collection of qualitative feedback Trust clinical staff members will be allocated either face-to-face training and/or an online module and asked to evaluate their experience and recall of key components. Results 1. TCBT- pre and post teaching results were recorded. There was a marked improvement in all areas specified including sepsis knowledge and confidence in sepsis management (Fig. 2). 2. Online module was well received by staff and was considered an effective and enjoyable way to learn. Data collection is ongoing, including the specified outcomes. Conclusions We have demonstrated benefits to staff sepsis knowledge from TCBT. Advantages of online teaching include availability, minimal disruption to clinical care, a standardised approach and recordable outcomes. Online learning modules and TCBT can improve sepsis care and management. High-quality online modules can deliver sepsis training and ensure all staff have access to learning resources. Our data provides insights into the learning experience. Future work will compare TCBT and online teaching.

51. National antibiotic prescribing strategy

Authors Seaton A.
Source Scottish Medical Journal; Feb 2018; vol. 63 (no. 1); p. 64
Publication Date Feb 2018
Publication Type(s) Conference Abstract
Database EMBASE

Recognition of high rates of Clostridium difficile infection (CDI) in Scottish hospitals in 2008 led to Scottish antibiotic guidance emphasising restriction of higher risk antibiotics, most notably the cephalosporins, quinolones and coamoxiclav. Reduction in use of these agents was associated with precipitous decline in CDI across NHS Scotland. Within this presentation intended and unintended consequences of antimicrobial stewardship strategies will be discussed including impact on antimicrobial resistance and antibiotic toxicity risk. The central role of board-based Antimicrobial Management Teams and the Scottish Antimicrobial Prescribing Group (SAPG) in developing and delivering antimicrobial stewardship strategies will be emphasised. In particular, SAPG’s role in quality improvement around reducing the risk of multi-drug resistant Gram negative infection, promotion of safe use of aminoglycosides, support of prudent antibiotic use in primary and secondary care and strategies to tackle penicillin allergy mislabelling will be discussed. Promotion of a ‘national antimicrobial strategy’ in the era of realising realistic (or individualised) medicine could be seen as challenging but reducing waste/redundancy and variation in practice, improving access to medicines and developing better individualised clinical decision support are shared goals. Reduction of harm and optimisation of outcome in the individual now and in the future are at the heart of an antimicrobial stewardship programme.

52. Outcomes and compliance with standards of care in anti-neutrophil cytoplasmic antibody-associated vasculitis-insights from a large multiregion audit

Source Rheumatology Advances in Practice; Jul 2018; vol. 2 (no. 2); p. 1-7
Publication Date Jul 2018
Publication Type(s) Article
Database EMBASE

Available at Rheumatology Advances in Practice from Oxford Journals - Open Access
Abstract Objectives. We aimed to conduct a large audit of routine care for patients with ANCA-associated vasculitis. Methods. We invited all 34 hospitals within one health region in England to undertake a retrospective case note audit of all patients newly diagnosed or treated with CYC or rituximab (RTX) for ANCA-associated vasculitis from April 2013 to December 2014. We compared clinical practice to the British Society for Rheumatology guidelines for the management of adults with ANCA-associated vasculitis and the use of RTX with the National Health Service (NHS) England commissioning policy and National Institute for Health and Care Excellence (NICE) technology appraisal. Results. We received data from 213 patients. Among 130 newly diagnosed patients, delay from admission to diagnosis ranged from 0 to 53 days (median 6, interquartile range 3-10.5) for those diagnosed as inpatients. BVAS was recorded in 8% of patients at diagnosis. Remission at 6 months was achieved in 83% of patients. The 1-year survival was 91.5%. A total of 130 patients received CYC for new diagnosis or relapse. The correct dose of i.v. CYC (within 100 mg of the target dose calculated for age, weight and creatinine) was administered in 58% of patients. A total of 25% of patients had an infection requiring hospital admission during or within 6 months of completing their CYC therapy. Seventy-six patients received RTX for new diagnosis or relapse. A total of 97% of patients met the NHS England or NICE eligibility criteria. Pneumocystis jiroveci pneumonia prophylaxis (recommended in the summary of product characteristics) was given in only 65% of patients. Conclusion. We identified opportunities to improve care, including compliance with safety standards for delivery of CYC. Development of a national treatment protocol/checklist to reduce this heterogeneity in care should be considered as a priority.

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

Authors Di Giulio P.; Charrier L.; Finetti S.; Pettenati F.; Toscani F.; Giunco F.; Basso I.; Rosa D.; Bussotti A.; Villani D.; Gentile S.; Boncini L.; Monti M.; Spinsanti S.; Piazza M.

Source Journal of Pain and Symptom Management; 2018
Publication Date 2018
Publication Type(s) Article In Press
Database EMBASE

Abstract Context: End-of-life care in nursing homes (NHs) needs improvement. We carried out a study in 29 NHs in the Lombardy Region (Italy).

Objective(s): The objective of this study was to compare end-of-life care in NH residents with advanced dementia before and after an educational intervention aimed to improving palliative care.

Method(s): The intervention consisted of a seven-hour lecture, followed by two 3-hour meetings consisting of case discussions. The intervention was held in each NH and well attended by NH staff. This multicenter, comparative, observational study included up to 20 residents with advanced dementia from each NH: the last 10 who died before the intervention (preintervention group, 245 residents) and the first 10 who died at least three months after the intervention (postintervention group, 237 residents). Data for these residents were collected from records for 60 days and seven days before death.

Result(s): The use of “comfort hydration” (<1000 mL/day subcutaneously) tended to increase from 16.9% to 26.8% in the postintervention group. The number of residents receiving a palliative approach for nutrition and hydration increased, though not significantly, from 24% preintervention to 31.5% postintervention. On the other hand, the proportion of tube-fed residents and residents receiving intravenous hydration decreased from 15.5% to 10.5%, and from 52% to 42%, respectively. Cardiopulmonary resuscitations decreased also from 52/245 (21%) to 18/237 (7.6%) cases (P = 0.002).

Conclusion(s): The short educational intervention modified some practices relevant to the quality of end-of-life care of advanced dementia patients in NHs, possibly raising and reinforcing beliefs and attitudes already largely present.

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54. Winter 2017 Children's Cancer and Leukaemia Group febrile neutropenia audit

Authors Morgan J.E.; Phillips B.

Source Archives of Disease in Childhood; Dec 2018; vol. 103 (no. 12); p. 1186-1187
Publication Date Dec 2018
Publication Type(s) Letter
PubMedID 29705724
Database EMBASE

Available at Archives of Disease in Childhood from BMJ Journals - NHS
Available at Archives of Disease in Childhood from ProQuest (Hospital Premium Collection) - NHS Version
55. The significance of blood pressure in cancellations of elective surgery: An audit of the Hull York medical school region following recent new guidelines

Authors: Shaikh R.; Carr S.; McCormack T.; O'Donnell R.
Source: Journal of Human Hypertension; Oct 2018; vol. 32 (no. 10); p. 701
Publication Date: Oct 2018
Publication Type(s): Conference Abstract
Database: EMBASE

Abstract

Introduction: It is estimated that >39000 elective procedures are cancelled annually in the UK due to hypertension. The Measurement of Adult Blood Pressure and the management of hypertension before elective surgery 2016 aimed to address this. This is an AAGBI pilot project designed to assess the impact of these guidelines.

Method(s): The three Trusts in the Hull York Medical School Region: York (YTH), Hull and East Yorkshire (HEY) and Northern Lincolnshire and Goole (NLAG) were contacted. Elective surgery data including cancellations were collected for the calendar years 2015 and 2017 and exclusion criteria applied. Cancellation percentages were calculated for each trust and P-values obtained.

Result(s): YTH (2.89% vs. 2.17%, p < 0.0001) and HEY (11.02% vs. 10.52%, p = 0.016) had a statistically significant increase in percentage cancellations in 2017 vs. 2015. At NLAG there was no statistically significant change in cancellations (4.66% vs. 4.97%, p = 0.111). There was marked variation in the rate of cancellations between different trusts (3% YTH, 5% NLAG and 11% HEY). It could not be determined if cancellations were due to hypertension or other factors, as Trusts did not hold this information.

Conclusion(s): There was a statistically significant increase in elective surgery cancellations at YTH and HEY between 2015 and 2017, although the reasons for this are unclear. Specific reasons for cancellations were not recorded electronically. As part of the upcoming national AAGBI guideline impact assessment, it may therefore be necessary to interrogate patients’ notes to identify the reasons for cancellation. Alternatively, it would be useful if the Trusts electronically recorded reasons for cancellations.

56. Patterns of moderate and severe injury in children after the introduction of major trauma networks

Authors: Jones S.; Tyson S.; Gittins M.; Davis N.; Young M.
Source: Archives of Disease in Childhood; 2018
Publication Date: 2018
Publication Type(s): Article In Press
Database: EMBASE

Abstract

Introduction: This study aimed to examine the patterns of moderate and severe injury in children following the introduction of major trauma networks in the UK. A retrospective review of trauma registry data from 2006 to 2015 was performed, comparing the pre- and post-implementation periods.

Method(s): Trauma registry data from London and the West Country were analysed. The Injury Severity Score (ISS) was used to classify injuries as minor, moderate, or severe. The proportion of moderate and severe injuries was compared between the two periods.

Result(s): The proportion of moderate and severe injuries increased significantly after the implementation of major trauma networks. The overall incidence of moderate and severe injuries increased by 25% (p < 0.05).

Conclusion(s): The introduction of major trauma networks has led to a significant increase in the proportion of moderate and severe injuries in children. This highlights the need for further research to understand the factors contributing to these injuries and to develop effective strategies for prevention.
Abstract

Objective: To describe the demographics, mechanisms, presentation, injury patterns and outcomes for children with traumatic injuries.

Setting(s): Data collected from the UK’s Trauma and Audit Research Network. Design and patients: The demographics, mechanisms of injury and outcomes were described for children with moderate and severe injuries admitted to the Major Trauma Network in England between 2012 and 2017.

Result(s): Data regarding 9851 children were collected. Most (69%) were male. The median age was 6.4 (SD 5.2) years, but infants aged 0.1 year (36.5 days) were the most frequently injured of all ages (0-15 years); 447 (36.0%) of injuries in infants aged <1 year were from suspected child abuse. Most injuries occurred in the home, from falls <2 m, after school hours, at weekends and during the summer. The majority of injuries were of moderate severity (median Injury Severity Score 9.0, SD 8.7). The limbs and pelvis, followed by the head, were the most frequently and most severely injured body parts. Ninety-two per cent were discharged home and 72.8% made a good recovery' according to the Glasgow Outcome Scale. 3.1% of children died, their median age was 7.0 years (SD 5.8), but infants were the most commonly fatally injured group.

Conclusion(s): A common age of injury and mortality was infants aged <1 year. Accident prevention strategies need to focus on the prevention of non-accidental injuries in infants. Trauma services need to be organised to accommodate peak presentation times, which are after school, weekends and the summer.

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57. Sex differences in quality indicator attainment for myocardial infarction: A nationwide cohort study

Authors
Wilkinson C.; Bebb O.; Dondo T.B.; Munyombwe T.; Hall M.; Gale C.P.; Casadei B.; Clarke S.; Schiele F.; Timmis A.
Source
Heart; 2018
Publication Date
2018
Publication Type(s)
Article In Press
Database
EMBASE
Available at Heart (British Cardiac Society) from BMJ Journals - NHS
Available at Heart (British Cardiac Society) 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 Heart (British Cardiac Society) 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
Aim: To investigate sex differences in acute myocardial infarction (AMI) guideline-indicated care as defined by the European Society of Cardiology (ESC) Acute Cardiovascular Care Association (ACCA) quality indicators.
Method(s): Nationwide cohort study comprising 691 290 AMI hospitalisations in England and Wales (n=233 hospitals) from the Myocardial Ischaemia National Audit Project between 1 January 2003 and 30 June 2013.
Result(s): There were 34.5% (n=238 489) women (median age 76.7 (IQR 66.3-84.0) years; 33.9% (n=80 884) ST-elevation myocardial infarction (STEMI)) and 65.5% (n=452 801) men (median age 67.1 (IQR 56.9-77.2) years; 42.5% (n=192 229) STEMI). Women less frequently received 13 of the 16 quality indicators compared with men, including timely reperfusion therapy for STEMI (76.8% vs 78.9%; p<0.001), timely coronary angiography for non-STEMI (24.2% vs 36.7%; p<0.001), dual antiplatelet therapy (75.4% vs 78.7%) and secondary prevention therapies (87.2% vs 89.6% for statins, 82.5% vs 85.6% for ACE inhibitor/angiotensin receptor blockers and 62.6% vs 67.6% for beta-blockers; all p<0.001). Median 30-day Global Registry of Acute Coronary Events risk score adjusted mortality was higher for women than men (median: 5.2% (IQR 1.8%-13.1%) vs 2.3% (IQR 0.8%-7.1%); p<0.001). An estimated 8243 (95% CI 8111 to 8375) deaths among women could have been prevented over the study period if their quality indicator attainment had been equal to that attained by men.
Conclusion(s): According to the ESC ACCA AMI quality indicators, women in England and Wales less frequently received guideline-indicated care and had significantly higher mortality than men. Greater attention to the delivery of recommended AMI treatments for women has the potential to reduce the sex-AMI mortality gap.

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58. Laparoscopic specimen retrieval and attitudes towards morcellation: a questionnaire survey of gynaecology consultants in the United Kingdom

Authors
Sankaran S.; Brown A.; Kent A.; Odejinmi F.
Source
Journal of Obstetrics and Gynaecology; 2018
Publication Date
2018
Publication Type(s)
Article In Press
Database
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The aim of this study was to evaluate the practices of laparoscopic specimen retrieval among Gynaecologists in the United Kingdom and to determine any variation in practice. A survey of Consultant Gynaecologist members of the British Society of Gynaecological Endoscopy (BSGE) was conducted using Survey MonkeyTM. Of the 460 registered consultants, 187 (40%) responded to the questionnaire. Sixty-two percent (62%) of the respondents considered themselves to be advanced laparoscopic surgeons whilst 34% considered themselves to be intermediate laparoscopic surgeons. The umbilical port was the most commonly used port for specimen retrieval and it was used to remove 49% of ectopic pregnancies, 43% of ovarian cysts and 43% of endometrioma. Most respondents would not insert an extra port or extend the existing port just for the retrieval of a specimen. The level of laparoscopic experience and the gender did not affect the method of specimen retrieval in cases of ectopic pregnancies, endometrioma and ovarian cysts (p value >.05, not significant). The majority of respondents used power morcellation for a laparoscopic myomectomy (85% of respondents) and laparoscopic subtotal hysterectomy (93% of respondents), despite the recent concerns surrounding power morcellation.

Impact statement
What is already known on this subject? There is a paucity of literature regarding laparoscopic specimen retrieval in gynaecology. In view of recent controversy pertaining to the potential upstaging of leiomyosarcoma with morcellation, other methods of specimen retrieval are gaining an importance. What do the results of this study add? This study shows that the umbilical port is the most commonly used port for specimen retrieval among UK gynaecologists and that most gynaecologists would not insert an additional port purely for specimen retrieval. Most respondents would still use power morcellation for a laparoscopic myomectomy and subtotal hysterectomy, despite the recent concerns over morcellation and its safety. What are the implications of these findings for clinical practice and/or further research? This paper demonstrates the need for development of a database of morcellation practices to enable analysis of both benefits and potential adverse outcomes. This paper will also encourage future research and the audit of specimen retrieval.

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Abstract

Background: Alcohol misuse has been associated with negative consequences in HIV-positive patients. However, data on real prevalence of risky alcohol consumption in British HIV-infected population are limited. We estimated the prevalence of risky alcohol consumption among HIV-positive and comparable HIV-negative patients attending our sexual health and HIV clinic.

Material(s) and Method(s): Two hundred and ninety-six patients (227 HIV positive and 69 HIV negative) completed a self-administered cross-sectional survey comprised of the following validated standardised instruments: the Alcohol Use Disorders Identification Test (AUDIT), the Patient Health Questionnaire-9 (PHQ-9), the Drug Use Disorders Identification Test (DUDIT) and the Centre for Adherence Support Evaluation (CASE) Adherence Index. Socio-demographic, health and sexual behaviour data were collected. We assessed the prevalence of risky alcohol consumption (AUDIT score >=8) among the groups of patients and evaluated the effects of socio-demographic, health and sexual behaviour factors on the risky alcohol consumption using logistic regression. All analyses accounted for other variables associated with risky alcohol consumption in univariate analyses (<=0.10).

Result(s): The HIV-positive and HIV-negative patients were predominantly men (92% and 94%, respectively) of white ethnicity (76% and 67%, respectively) with a median age (IQR) of 46 (39 to 53) and 40 (33 to 47), respectively. Twenty-five percent of HIV-positive and 36% of HIV-negative patients reported risky alcohol consumption. Depressive symptoms (PHQ-9 score >=10), harmful drug use (DUDIT score men >=6; women >=2) and smoking were reported in 10% and 13%, 25% and 29% and 19% and 17% respectively among HIV-positive and HIV-negative patients. Among HIV-positive and HIV-negative patients 44% and 82% reported 3 sexual partners, 45% and 86% unprotected sex, 15% and 30% STD diagnoses and 23% and 45% chemsex participation respectively in three months preceding the survey. Majority (88%) of HIV-positive patients adhered well to ART (CASE score >10). Presence of depressive symptoms (p < 0.001), smoking (p = 0.04), harmful drug use (p < 0.001), chemsex participation (p < 0.001) and poor adherence to ART (p = 0.01) were associated with risky alcohol consumption among HIV-positive patients in the univariate analyses, but only depressive symptoms (p = 0.03) and harmful drug use (p = 0.007) remained significant in multivariable analyses. Among the HIV-negative patients presence of depressive symptoms and harmful drug use had borderline associations with risky alcohol consumption (p = 0.05 and 0.09 respectively) in univariate analyses, but in multivariable analyses these associations diminished (Table 1, 2).

Conclusion(s): Risky alcohol consumption was observed in a quarter of our HIV-positive participants and was associated with increased depressive disorders and harmful drug use. Among a sample of our HIV-negative patients these associations were not present.

61. Proceedings from 'Clinical Audit in Retina 2017': Meeting Abstracts

Authors anonymous
Source Eye (Basingstoke); Nov 2018; vol. 32 (no. 1)
Publication Date Nov 2018
Publication Type(s) Conference Review
Database EMBASE

Abstract

The proceedings contain 8 papers. The topics discussed include: twelve-month outcome of aflibercept versus ranibizumab for neovascular age-related macular degeneration (AMD); intravitreal ranibizumab for the treatment of macular oedema associated with branch retinal vein occlusion (BRVO); results for 3 years; an audit of in-house prescription errors from the emergency eye department and the impact on resources and patient care of any errors; pressure points; ranibizumab in neovascular age-related macular degeneration (AMD); twelve-month outcome of treat and extend regime at Wolver-Hampton and midland counties eye infirmary; re-audit of 2-year outcomes of ‘when required’ (PRN) ranibizumab treatment of wet age-related macular degeneration (wAMD) in fife national health service (NHS); impact of a virtual diabetic referral clinic on waiting times; and ranibizumab treat and extend for neovascular age-related macular degeneration (AMD) - one-year outcomes.

62. Measles outbreak: Are our patients at risk? An audit of viral screening 2018

Authors Cormack I.
Source Journal of the International AIDS Society; Oct 2018; vol. 21 ; p. 165-166
Publication Date Oct 2018
Publication Type(s) Conference Abstract
Database EMBASE
Abstract

Background: In 2018 up to 17 June there have been 23 suspected cases of measles that have been reported to Public Health England (PHE) in Croydon. BHIVA guidelines recommend that HIV-positive adults be screened for measles IgG regardless of a history of childhood vaccination and that measles seronegative patients with CD4 cell counts > 200 are vaccinated with MMR. BHIVA also recommends vaccination against varicella zoster (VZV) if found to be VZVIg negative.

Method(s): All electronic patient records (EPR) and blood test results were checked on HIV-positive patients attending their consultant over a 6-month period in 2018 to evaluate screening for measles, VZV, hepatitis A and B.

Result(s): Three hundred and twenty-four HIV-positive patients attended over a 6-month period. One hundred and forty-eight of 160 (92.5%) men and 152/164 (93%) women were screened for measles IgG and VZVIgG. Eight (5%) men and eight (5%) women were found to be measles IgG-ve and eligible for vaccination. Sixteen of 16 (100%) GP letters had been completed requesting measles vaccination. Twenty-four (7%) patients had not been screened yet and blood requests were added to their next clinic visit. Twenty-two of 300 (7%) patients were found to be VZVIgG-ve even with some having a documented history of childhood infection. Seventeen of 22 (77%) had a documented GP letter advising VZV vaccination. Four have not had GP letters sent yet and one has not given correct GP details so we are unable to contact. Twenty-six MSM were found to be HepAIgG-ve 24/26 (92%) had been offered and given hepatitis A vaccines. One patient defaulted care and one transferred care. Letters advising need for hepatitis A vaccination had been sent to their GP or next centre of care. Thirty-two of 160 (20%) men and 45/164 (27%) women were found to be hepatitis B naive with HepBsAb < 100. Two men and five women have so far declined hepatitis B vaccination. Two men and four women have defaulted care while the rest have had vaccination prescribed for their next clinic visit. Reasons for declining hepatitis B vaccination included perceived low risk and previous non-response to vaccine course.

Conclusion(s): Five percent HIV-positive patients in our cohort were measles IgG-ve and 7% were VZV IgG-ve so will benefit from vaccination. Hepatitis A vaccination rate for HepAIgG-ve MSM was high (92%). A significant number of patients were found to have inadequate protection from hepatitis B and will benefit from the hepatitis B vaccination prescribed as a result of this audit. I intend to re-audit this in the next six months.

63. Impact of a virtual diabetic referral clinic on waiting times

Authors
Reynolds R.; Hale S.; Knowles P.

Source
Eye (Basingstoke); Nov 2018; vol. 32 (no. 1): p. 19-20

Publication Date
Nov 2018

Publication Type(s)
Conference Abstract

Database
EMBASE

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Abstract

Background In Wales, between 2005 and 2009, some 91,393 people attended for first screening for diabetic retinopathy. There were 5003 Type 1 diabetics of whom 56% had “any diabetic retinopathy” reported, while 11.2% were noted to have “sight threatening diabetic retinopathy”. Of the 86,390 patients with Type 2 Diabetes 30.3%, reported “any diabetic retinopathy” and “sight threatening diabetic retinopathy” in only 2.9%. The National Screening Committee (NSC) has Recommendations on the time between notification of a positive test and consultation. These are listed in Table 1. Method A previous audit within the University Hospital of Wales (UHW) in 2014 found that the mean routine referral to consultation time for retinopathy or maculopathy was 202 days (28.9 weeks). The range of referral time was between 97 and 328 days (13.9-46.9 weeks), and indicated that only 2.4% of referrals were being seen in an Ophthalmology clinic with the 18 week limit set by the national standard. We initiated a pilot virtual diabetic retinopathy clinic at the UHW whereby following referral by the diabetic retinopathy screening service for Wales, the patient immediately receives an invitation to attend a clinic at UHW. At this clinic visual acuity is measured, pupils are dilated and macular optical coherence tomography (OCT) and OPTOS retinal imaging performed. The images obtained are reviewed remotely by an Ophthalmologist of Experienced Associate Specialist or Consultant level, and a decision made on the subsequent management of the patient. Results The pilot was run between 2 January 2016-5 September 2016 and 106 patients were seen in this time. Of these patients whose ages ranged from 25-92 years, (mean 58.5 SD 13.88), 62 had maculopathy in 1 eye, 31 had bilateral changes and 13 had M0. Therefore there were a total of 186 eyes that had maculopathy at screening that required referral to the hospital eye service (HES). Utilising the virtual clinic approach the mean screening to clinic time was 65.11 days (SD 18.9) equivalent to 9.3 weeks. However, as the mean delay in screening time to referral being received was 19.7 days (SD 16.3) equivalent to 2.8 weeks, if this taken into account referral to clinic time: can be considered as 44.8 days (SD 16.7 days)=6.4 weeks (Fig. 1). It was found that the mean central retinal thickness was 257.4 mum (SD 48.26). 29 (12%) eyes showed cystic change- 1 of which was referred with M0. A mean central retinal thickness of >400 mum was found in 4 patients (1.8%) (1 of which was due to ERM). LogMAR VA in these patients ranged from (0.24-HM) Conclusions The pilot project of a virtual diabetic retinopathy clinic at UHW was shown to have significantly reduced referral to treatment times from 28.9 weeks to 6.4 weeks-well within the NSC guidelines. There were a number of patients benefits identified which include the identification of urgent cases, the reduction of “full” outpatient clinic appointment requirements, as some 20% of referred patients were able to be discharged at the virtual clinic. Patients received a more prompt review and shorter hospital visits.

64. Re-audit of 2-year outcomes of ‘When required’ (PRN) Ranibizumab treatment of wet age-related macular degeneration (wAMD) in Fife National Health Service (NHS)

Authors
Ramsay A.

Source
Eye (Basingstoke); Nov 2018; vol. 32 (no. 1); p. 17-19

Publication Date
Nov 2018

Publication Type(s)
Conference Abstract

Database
EMBASE

Available at Eye from Available to NHS staff on request from UHL Library & Information Services (from NULJ library) - click this link for more information Local Print Collection [location] : UHL Libraries On Request (Free). Available at Eye from Available to NHS staff on request from UHL Library & 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 Audit of the visual acuity outcomes of patients 2 years after the initiation of their ranibizumab treatment was last performed in 2014. The results compared favourably with recognized real world audit standards [1,2]. Our system is straightforward for all team members to follow: all patients received three ranibizumab injections initially, then PRN injections based on defined changes to optical coherence tomography (OCT), photograph appearance or visual acuity (VA) at regular nurse-led or doctor review clinics. Subsequent intravitreal injection (IVT) is usually with ranibizumab; some patients are switched to aflibercept at physician’s discretion. To cope with the anticipated rise in demand, some changes were made to the service in 2014, including the introduction of a nurse injector, additional nurse-led clinics and altering two doctor-led clinics to be partially onestop. Most clinic episodes remain two stop; after assessment the patient is brought back to have their injection at a later clinic. Methods Our aim was to ensure that the good results seen in 2014 are being maintained. A re-audit of the 2-year visual acuity results of a new cohort of wet AMD patients who began ranibizumab treatment in 2014 were audited against the same standards as before. The standards we compared were: Mean change in Best Spectacle Corrected VA (BSCVA) (or pinhole VA, if better) 2 years after starting ranibizumab treatment (+1 letter) [1]. The proportion of patients who had VA of 0.3 LogMar or better at 2 years (30%) [1], and the mean time between receipt of referral and 1st clinic and between 1st clinic and first injection (14 days total) [2]. The names of all treatment-naïve NHS Fife patients who initiated IVT (all given ranibizumab) for wAMD were prospectively collected. Those starting IVT between May and August 2014 had their BSCVA data collected manually from the electronic patient record (EPR). In the previous audit, the EPR VA data were found to be 100% reliable when compared to the case note records, but the time from receipt of referral to first clinic and from first clinic to first IVT was often misleading, so for this audit, the case notes were obtained for patients for whom the EPR showed a long period to clinic or to IVT. The number of eyes studied and the period of enrolment was similar to the previous audit. The mean number of injections over 2 years was also collected from the EPR, though this is not an audit standard. To allow direct comparison with the real world audit standard, only patients who were still in the hospital eye service (HES) at the 2-year point had their data included in the audit. For interest the case notes of the excluded patients were examined. For the part of the audit dealing with times to 1st clinic and to 1st IVT, all patients who began IVT were retained in the audit, as there was no reason to exclude them. Results For the period 1 May 2014-18 August 2014, 44 eyes of 43 patients were prospectively recorded as having initiated IVT for wAMD, after exclusion of five eyes on the grounds of either having a diagnosis other than wAMD, no initial VA, no IVT actually given, or because the patient was not a new patient. Ten eyes were excluded as there was no 2-year VA in the EPR or case notes, due to discharge or death of patient. The remaining 34 eyes of 34 patients were subject to the audit. All 44 eyes of 43 patients were analysed with regard to the elapsed time between receipt of referral and 1st clinic and between 1st clinic and 1st IVT (Table 3). Patient data with unrealistically large times had a case note review performed and where appropriate, were excluded from the calculation of the mean values. Twenty-one eyes were excluded (leaving 23 eyes of 22 patients) from the time from referral to 1st clinic data for the following reasons; there was no new referral because patient was already attending a HES macula or other eye clinic, first visit was at non-macular clinic because wAMD not suspected from the referral letter, the eye had dry AMD at first visit or patient did not attend the first clinic. Eighteen eyes were excluded from the time from 1st clinic to 1st IVT (leaving 26 eyes of 25 patients) because fluorescein angiography (FA) or Indocyanine green angiography (ICG) was ordered at first visit, the eye was dry at first visit or wAMD was picked up at routine follow-up of the treated fellow eye, producing a delay in treatment that was not due to capacity issues. Conclusions Our small unit has consistently delivered VA results that compare favourably with the real world benchmarks for the treatment of wAMD with ranibizumab or aflibercept. Real world benchmarks are required as the VA results achieved in the clinical trials of wAMD treatment are almost never realized in practice, whether using fixed injection or PRN protocols. There is randomized controlled trial (RCT) evidence that there is no difference in visual outcome between fixed monthly dosing and PRN dosing [3]. In the real world, however, there is evidence that better visual results are obtained with fixed injections [4]. The VIEW study showed there was no difference in visual outcome between ranibizumab and aflibercept [5]. Our results, although with small numbers of patients and with different demographic and initial VA characteristics noted between the previous and current audits, indicate that it is possible to deliver good VA outcomes with PRN ranibizumab (Tables 1 and 2). This was achieved with a low number of injections. Our emphasis is on providing high quality nurse-led monitoring clinics at not more than 6 week intervals and maintaining a close relationship with the patients—patients are encouraged to bring forward their appointment if their vision drops. The service is delivered by only 2 doctors, both of whom deliver some injections, 1 nurse injector and 3 or 4 registered nurses doing the nurse-led clinics. Other nurses, receptionists, referral screening staff and secretaries complete the close-knit team. The increased number of nurse-led clinics and the shift to nurse-led injections has allowed us to maintain our follow-up interval at ~5 weeks and treat within 1-2 weeks, some patients are now also treated on a onestop basis wherever possible. There has been no increase in the last 10 years in the number of macula clinical sessions provided by the 2 doctors who provide the service, despite a massive increase in demand for clinics, injections and for the checking of the nurse-led scans and case notes. Our recommendation are that with the burgeoning IVT drug bill being under increased scrutiny and in the knowledge that demand for treatment will rise every year, that we will continue to use PRN ranibizumab, due to the low number of injections required to maintain good vision. We intend to train a second nurse injector. Clinic review intervals are being monitored—extra nurse-led clinics can be added in due course if necessary. More attention will be paid to discharging
appropriate patients to optometry care and to not giving unnecessary treatment. We have not found it necessary to resort to fixed injections in an attempt to replicate the outcomes of randomized controlled studies with the disengagement of the patient from medical and nursing care that would entail. A re-audit will be done in due course, to ensure our results remain acceptable.

65. Ranibizumab in neovascular age-related macular degeneration (AMD); Twelve-month outcome of treat and extend regime at Wolverhampton and Midland Counties Eye Infirmary

Authors: Parkes C.; Karpoor M.; Yang Y.; Narendran N.

Source: Eye (Basingstoke); Nov 2018; vol. 32 (no. 1); p. 15-17

Publication Date: Nov 2018

Publication Type(s): Conference Abstract

Database: EMBASE

Abstract:

Background: There are estimated to be 40,000 new cases of neovascular age-related macular degeneration (AMD) in the UK each year [1]. There are currently various anti-VEGF injection regimens employed to manage these patients which include: monthly injections, as required (PRN) injections and treat and extend (T&E). There is a consistent effort to ensure that any regimen is optimised by reducing over or under treatment to enable maximum efficient use of hospital eye service (HES) resources. The T&E regimen has the additional benefit of being a "one stop" service, with injections and assessments being administered at the same clinic appointment.

The purpose of this audit was to determine if the T&E pathway (Fig. 1) can improve and stabilise patient outcomes when compared with PRN, and to provide some evidence by which workload can be more effectively predicted.

Methods: 25 consecutive eyes from 23 patients who were treatment-naive to T&E were audited in 2015, selection was based on completion of 12 months on the T&E pathway and data collection was retrospective from patient medical notes. Criteria assessed included number of letters read, number of injections and choroidal neovascular (CNV) activity for each visit over a 12 month period. Results: Baseline characteristics and outcomes at 12 months are reported in table one. Lesion type is defined in Fig. 2. This study provides a small real life snap shot of using T&E in practice, albeit with a small patient group. We have demonstrated an average letter gain comparable to the Hatz study [2] in Fig. 3. The number of dry episodes achieved is slightly higher than both the CATT study- ranibizumab PRN arm (19.25%) and the CATT study ranibizumab monthly arm (45.5%)[3]. This audit did demonstrate a slightly higher number of clinic visits and injections over 12 months when compared to Hatz T&E, however our sample size is significantly smaller (Fig. 4).

Conclusion(s): The T&E model is a viable option, maintaining good outcomes at 12 months. This can potentially reduce the burden to both the HES and the patient by reducing the amount of visits required to the HES clinics. It should be noted however, that not all patients are suitable for T&E, as some lesions will settle after the initial loading dose and require no further treatment. There is also some caution with persistently over treating a "dry" macular due to the risk of atrophic changes. Our recommendation is to repeat the audit with a larger sample size and a longer period of follow up. It is anticipated with this real world data we may be able to demonstrate patterns of injections regimens for different lesion types and better predict workload in addition to managing patient expectation.

Disclosure: CP declared no competing interests. MK received lecture fees from Novartis Pharmaceuticals. NN received consulting fees from Bayer and Novartis, and lecture fees from Novartis. YY received consulting fees from Novartis and Allergan, and lecture fees from Novartis, Bayer and Allergan.

66. Intravitreal ranibizumab for the treatment of macular oedema associated with branch retinal vein occlusion (BRVO): Results for 3 years

Authors: Chittajallu N.; Prakash P.

Source: Eye (Basingstoke); Nov 2018; vol. 32 (no. 1); p. 10-11

Publication Date: Nov 2018

Publication Type(s): Conference Abstract

Database: EMBASE

Abstract:

Background: There are estimated to be 40,000 new cases of neovascular age-related macular degeneration (AMD) in the UK each year [1]. There are currently various anti-VEGF injection regimens employed to manage these patients which include: monthly injections, as required (PRN) injections and treat and extend (T&E). There is a consistent effort to ensure that any regimen is optimised by reducing over or under treatment to enable maximum efficient use of hospital eye service (HES) resources. The T&E regimen has the additional benefit of being a "one stop" service, with injections and assessments being administered at the same clinic appointment.

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Conclusion(s): The T&E model is a viable option, maintaining good outcomes at 12 months. This can potentially reduce the burden to both the HES and the patient by reducing the amount of visits required to the HES clinics. It should be noted however, that not all patients are suitable for T&E, as some lesions will settle after the initial loading dose and require no further treatment. There is also some caution with persistently over treating a "dry" macular due to the risk of atrophic changes. Our recommendation is to repeat the audit with a larger sample size and a longer period of follow up. It is anticipated with this real world data we may be able to demonstrate patterns of injections regimens for different lesion types and better predict workload in addition to managing patient expectation.

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Abstract

Background: The technology appraisal guidance (TAG) [1] concerning the use of ranibizumab in the treatment of visual impairment caused by macular oedema secondary to Branch retinal vein occlusion was published by the national institute for health and care excellence (NICE) in May 2013 and has been available to NHS patients since late 2013. We report our results for three years from April 2014 to April 2017 at Princess Alexandra Hospital (PAH), Harlow. The current regimen used at PAH is the Treat and Extend (T&E), which was implemented following the update to the Ranibizumab license in 2014. The aim of our audit is to determine the visual acuity (VA) outcomes and injection frequency of intravitreal Ranibizumab in patients with BRVO with macular oedema. To assess percentage of eyes achieving defined visual acuity and driving vision. Methods: Retrospective review and analysis of patient data were carried out by use of Medisoft software. It included the 3 year data between April 2014 and April 2017. Results: All patients received an intravitreal Ranibizumab initial loading dose of five injections or until demonstrating a stable VA for 3 visits, which was then followed by a treat and extend regimen. A total of 101 patients and 103 injections were administered. Two patients developed bilateral disease during the course of treatment. A total of 111, 317, 306 and 75 injections were administered during the years of 2014, 2015, 2016 and 2017, respectively (Fig. 1). Patients received an average of seven injections in the first year, followed by four in the second year (Fig. 2). The frequencies of visits are 9.4 in the first year and 6.9 in the second year (Fig. 3). The mean baseline VA was 55 letters. At 35 months, the mean VA was 75 letters which was a 20 letter gain in our patients. At 6 months, 70.5%, 49.2% and 34.4% of eyes gained >=5 letters, >=10 letters and >=15 letters, respectively. At 30 months, 71.4%, 71.4% and 42.9% eyes gained >=5 letters, >=10 letters and >=15 letters, respectively (Fig. 4). Percentage of eyes achieving more than 70 letters was 60% at 12 months and 57.14% at 30 months (Fig. 5). Conclusion: In the RETAIN [2] study, mean VA was 74.1 letters at 4 years, an improvement of 20.1 letters from baseline (mean baseline VA 54 letters) as compared to 20 letters from baseline (mean VA 55 to 75 letters) at 35 months in our study (Fig. 6) (Table 1). Mean number of injections in PAH was 7 in the first year as compared to 8.4 in RETAIN and 8.3 in BRAVO (Table 1). Less number of injections administered in PAH in the first year as compared to RETAIN study can be explained by the treat and extend regimen. More than half of eyes treated in PAH achieved driving vision at 30 months. Long-term outcomes of BRVO patients treated with Ranibizumab are comparable to BRAVO and RETAIN studies.

67. Has the introduction of HIV pre-exposure prophylaxis (PrEP) impacted on HIV post-exposure prophylaxis for sexual exposure (PEPSE) prescriptions in MSM in Greater Glasgow and Clyde?

Authors

Gillespie L.; Metcalfe R.; Lowrie M.

Source

Journal of the International AIDS Society; Oct 2018; vol. 21; p. 29

Abstract

Background: On 10 April 2017, the Scottish Medicine Consortium approved emtricitabine/tenofovir disoproxil for use as HIV PrEP, in combination with safer sex practices [1]. Greater Glasgow and Clyde (GG&C) health board is the largest health board in the UK, providing healthcare to over 1.2 million people [2]. The prevalence of HIV in MSM in GG&C is estimated at 5.4% [3]. PEPSE is available at sexual health clinics and emergency departments (ED). From July 2017, NHS-funded HIV PrEP has been available from sexual health clinics. Between 1 July 2017 and 31 December 2017, there had been 924 PrEP prescriptions, to 435 MSM.

Aim(s): To assess whether the provision of NHS-funded HIV PrEP has reduced the number of prescriptions of HIV PEPSE in GG&C.

Method(s): A case note review of MSM prescribed PEPSE and meeting the national criteria [4], between 1 September and 31 December 2017, was performed and the number of prescriptions was compared to a previous audit cycle before the introduction of PrEP (between 1 November 2016 and 28 February 2017).

Result(s): Prior to the introduction of PrEP, there were 56 PEPSE prescriptions to 55 individuals meeting the criteria. Nine of 56 (16%) cases initially presented to ED. After the introduction of PrEP, there were 71 PEPSE prescriptions to 70 individuals. Fourteen of 71 (20%) cases initially presented to ED. Seven patients had been prescribed PrEP previously but not started, or were non-adherent (Table 1).

Conclusion(s): Despite a comprehensive, accessible, free-of-charge HIV PrEP service in NHS GG&C, we have seen an increase in PEPSE prescriptions. This includes an increase in presentations to emergency departments. HIV PrEP has received media attention. Third sector organisations, who lobbied for NHS-funded PrEP in Scotland [5], have also been paramount in raising the profile of PrEP and sexual health services. MSM education, awareness of HIV risk and prior discussion/ prescription of PrEP could have prompted the patient to present for PEPSE in the future. This information contributes to the literature as being the first home nation to provide NHS-funded PrEP. It shows that despite this, numbers of patients presenting for PEPSE increased, highlighting the importance of using PrEP in combination with other risk reduction methods. We plan to re-audit this again in 4 months.

68. Improving attendance at HIV clinic: A quality improvement project using a text message reminder service and analysis of a demographic database to tailor interventions
# Background

Nine percent of all hospital clinic appointments in the UK are missed at an estimated cost of 225 million pounds annually [1]. Data from the Royal Liverpool University Hospital (RLUH) shows significantly higher rates of 10 to 26% across different specialties, with HIV clinics amongst the worst attended. There is good evidence linking clinic attendance and outcomes for HIV patients [2]. The cornerstones of successful HIV care, medication supply and blood monitoring, are primarily provided through clinic attendance at the RLUH so supporting attendance is likely to improve individual care and reduce wasted clinic time.

# Material(s) and Method(s)

Attendance data for a single HIV clinic at RLUH were collected from April 2016 onwards, initially through paper returns and subsequently from the computerised appointment system. After establishing a baseline attendance rate, a series of interventions were tried, the first being an ‘opt out’ text message reminder service. Impact on attendance was shared with the whole clinical group to plan further interventions. Using the clinic database, demographic data were collected for all service users who did not attend (DNA) an appointment between the months of August 2017 and November 2017. These data included age, CD4 count, viral load, active psychiatry input, medication regimes and history of illicit drug use.

# Result(s)

On average 92 patients were seen each month. There were big variations in DNA rates from week to week 0% to 46%. Before any intervention, the median DNA rates were 26%; this reduced to 19% after text messages and 17% after other interventions. Demographic data identified two groups of non-attendees: (1) Those who repeatedly DNA, missing two or more appointments over 4 months. These are vulnerable patients who generally are not virally suppressed and are likely to have active psychiatric problems; (2) A larger group who each missed a single appointment. On the whole, these patients remained virally suppressed and have similar characteristics to the clinic cohort as a whole.

# Conclusion(s)

(1) There has been a significant and sustained improvement in DNA rates from 26% to 17%, an absolute reduction of 35%. This has prevented an average of nine appointments per month from being wasted in a single clinic. The project has now been rolled out to include all HIV clinics at RLUH. (2) Further interventions including tailoring the current service are being planned to help the separate subgroups identified engage better with effective care. (3) Significant further improvement is needed and likely to be possible through quality improvement methodology.

69. Using analysis of electronic records and stakeholder participation to improve the general anaesthetic allergy testing pathway at a UK tertiary allergy centre

# Background

Using analysis of electronic records and stakeholder participation to improve the general anaesthetic allergy testing pathway at a UK tertiary allergy centre

# Material(s) and Method(s)

Bahal S.; Zinser E.; Morrison C.; Msonthi A.; Pillai P.; Ali R.

# Result(s)

Bahal S.; Zinser E.; Morrison C.; Msonthi A.; Pillai P.; Ali R.

# Conclusion(s)

Bahal S.; Zinser E.; Morrison C.; Msonthi A.; Pillai P.; Ali R.
70. Impact of HIV on quality of life: Preliminary data exploring differences by sex and country (UK and US) using the HIV Dependent Quality of Life (HIVDQoL) questionnaire

**Abstract**

Background: The few studies to attempt to measure quality of life in people with HIV have relied on measures of treatment satisfaction or health status rather than genuine measures of quality of life. Based on a questionnaire template first developed for people with diabetes (Audit of Diabetes Dependent QoL: ADDQoL) [1,2] the HIVDQoL (HIV Dependent Quality of Life) questionnaire provides a QoL measure that recognises individuals differ both in the aspects of life relevant to them, and in the importance each aspect of life has for their QoL, as well as differing in the level of impact HIV has on these aspects of life. This abstract reports initial data analysis using the newly developed HIVDQoL.

Material(s) and Method(s): Two hundred and fifty-five participants (UK 128, US 127), recruited via the internet, completed the HIVDQoL individually (via post) or with a researcher (via phone). The HIVDQoL includes two overview items (generic ‘present QoL’ and ‘HIV-specific QoL’) and 26 domain-specific two-part items measuring HIV impact on the domain and domain importance for QoL. Twelve items have a notapplicable option. Impact scores (<=3 to +1) are multiplied by importance (3 to 0) to give weighted impact (WI) scores. WI scores are summed and divided by the number of applicable items giving an average weighted impact (AWI) score (<=9 greatest negative impact to +3 greatest positive impact).

Result(s): Mean ages of participants: UK 46 (SD 9.19), US 51 (SD 11.69). Time since diagnosis: UK 12 years (SD 8.30), US 18 years (SD 9.29); male/female ratio 99/29 (UK), 104/20 (US). All 26 domains impacted negatively on QoL for both men and women; however, in 19 domains women reported greater negative impact on QoL than men. No significant differences were found. UK participants reported greater negative impact of HIV on QoL than US participants in 22 domains. Nine differences were significant (Figure 1). Generic QoL was significantly better in the US (p < 0.001). For overall AWI scores, a significant difference was found between countries when time since diagnosis was controlled for (p = 0.014). In both countries the greatest negative impact on QoL was the stigma associated with HIV (Figure presented).

Conclusion(s): The HIVDQoL shows worse generic QoL and greater negative impact of HIV on the QoL of UK participants versus US participants and highlights potential concerns about the impact on women. The HIVDQoL reveals specific areas of life most negatively impacted by HIV, highlighting how efforts may be prioritised to meet the greatest challenges for individuals and populations with HIV.
Experience from a national intestinal failure unit

METHOD(S): In an audit of data from 420 trisomy 18 and 573,754 unaffected singleton pregnancies screened at the Wolfson Institute of Preventive Medicine, London (March 2003 to June 2017), the accuracy of risk estimation was assessed by inspection of a validation plot (the median predicted late first trimester Combined test risk plotted against observed prevalence within categories of predicted risk estimates). Using validation and probability plots, we assessed whether the revised pregnancy-associated plasma protein A (PAPP-A) and free beta-human chorionic gonadotrophin (free beta-hCG) truncation limits led to more accurate risk estimation and improved screening performance.

RESULT(S): With the lower truncation limits currently used for PAPP-A and free beta-hCG (0.15 and 0.30 multiples of the median [MoM], respectively), risk was underestimated. Revised lower truncation limits of 0.05 MoM for both PAPP-A and free beta-hCG led to greater accuracy, with an increase in the number of trisomy 18 pregnancies detected (from 85.4% to 90.2%) for a small increase in the false-positive rate (from 0.20% to 0.29%) at a 1 in 100 late first trimester risk cut-off.

CONCLUSION(S): The revised truncation limits for PAPP-A and free beta-hCG increase the accuracy of trisomy 18 risk estimation and improve screening performance using the Combined test. Validation and probability plots are useful in setting screening marker truncation limits.
Effect of an Educational and Organizational Intervention on Pain in Nursing Home Residents: A Nonrandomized Controlled Trial

Authors: Guion V.; De Souto Barreto P.; Sourdet S.; Rolland Y.
Source: Journal of the American Medical Directors Association; Dec 2018; vol. 19 (no. 12); p. 1118
Publication Date: Dec 2018
Publication Type(s): Article
PubMedID: 30471802
Database: EMBASE

Abstract
Objectives: To determine whether an intervention based on education and professional support to nursing home (NH) staff would decrease the number of residents with a pain complaint, and to determine whether the intervention would improve pain management.
Design(s): Nonrandomized controlled trial. NHs were nonrandomly allocated either to a strong intervention group consisting in audit, feedback, and collaborative work on quality indicators with a hospital geriatrician, or to a light intervention group (LIG) consisting in audit and feedback only.
Setting(s): One hundred fifty-nine NHs located in France.
Participant(s): A subgroup of 3722 residents. Measures: Information on pain complaint and pain-related covariates at the resident-related and at the NH level were recorded by NH staff at baseline and 18 months later. These covariates were included in a mixed-effects logistic regression on resident’s pain complaint. Pain management was compared between intervention groups by chi-square tests.
Result(s): A greater reduction of residents with a pain complaint after the strong intervention (odds ratio 0.69, 95% confidence interval 0.53, 0.90) and a better pain management (47.6% gold standard, vs 30.6% in the LIG, P < .001) than controls. Conclusion/Implications: Combining educational and organizational measures, evaluating pain as a patient-reported outcome and as a process endpoint, and implementing a broad-spectrum intervention were original approaches to improve quality of care in NHs. Our results support nonspecific, collaborative, educational, and organizational interventions in NHs to decrease residents’ pain complaint and improve pain management.

Presenting evidence for service improvement; The care of older people living with frailty in acute hospital settings

Authors: Elaine M.; Wallis K.
Source: BMJ Evidence-Based Medicine; Jun 2018; vol. 23
Publication Date: Jun 2018
Publication Type(s): Conference Abstract
Database: EMBASE
Abstact | Objectives The challenge of implementing good evidence into practice has long been acknowledged. In 1968, Lord Rosenheim (then President of the Royal College of Physicians) told the World Health Organisation that if no further research were undertaken for the next twenty year but instead there were to be wholesale implementation of existing evidence, world health would be transformed (Bradley et al. 2010). The objectives of this project were to fold: 1. to present an integrated narrative of the current state of evidence 2. to explore how this could be used to inform a quality improvement collaborative. Method A non-systematic search of NIHR funded research (including Cochrane reviews) identified 53 studies which were thematically analysed. The review (Comprehensive Care) was structured around the chronological journey through acute services with a cross cutting section on the therapeutic benefits of caring environments. The evidence was contextualised with commentary and findings from other researchers, painting a picture of the uptake of the evidence in NHS practice. The review contain a number of reflective questions for provider boards, practitioners and older people living with frailty and their families. Recognising that decisions about practice are based on a trilogy of evidence, values and resources Wessex Academic Health Science Network used the review with providers within to create a local improvement collaborative. All acute Trusts in Wessex were invited to complete an audit based on the review questions. Results There is strong evidence that the use of frailty indices and Comprehensive Geriatric Assessment (CGA) to identify older people living with frailty can reduce harms, mortality and admission to residential care; however, there is poor transfer of information between social care, primary care and secondary care only 42% of acute Trust undertake early CGA. Older people living with frailty access all parts of hospital care but awareness of the frailty syndromes is low in staff outside specialist older people’s services. This presentation will describe how the AHSN developed an audit based on the themed review and how the audit findings will be used a group of acute care staff to improve care planning and delivery. Conclusions Robust research with clear findings is the start of a journey to provide excellence in health and social care. Combining different research evidence into a narrative around a holistic patient experience can illuminate the challenges in developing service designs that meet the needs of older people living with frailty within complex acute services. A QI project to create a consensus and audit of best practice is a further step towards implementing the evidence.

75. Presenting symptoms among oesophagogastric cancer patients at a regional Loddon Mallee hospital

Authors | Leach M.; Gibbins C.; Shethia Y.; Robinson A.; Kabwe M.; Solo I.; Parker C.
Source | Asia-Pacific Journal of Clinical Oncology; Nov 2018; vol. 14; p. 97
Publication Date | Nov 2018
Publication Type(s) | Conference Abstract
Database | Available at Asia-Pacific Journal of Clinical Oncology from Wiley Online Library Medicine and Nursing Collection 2018 - NHS

Abstract | Aims: Oesophagogastric (OG) cancers impact on quality of life and have poor survival outcomes. As OG cancers are uncommon and have some non-specific symptoms (e.g. weight loss), they can be challenging to detect early. This study aimed to quantify the extent of presenting symptoms among OG cancer patients at a hospital in the Loddon Mallee region of Victoria.
Method(s): The Victorian Cancer Registry (VCR) was used to identify patients with a diagnosis of OG cancer (International Classification of Diseases and Related Health Problems-10 diagnosis codes C15 and C16) at a regional hospital over 1/7/2016-31/12/2017. An audit of presenting symptoms was conducted in electronic hospital systems. Proportions of OG cancer patients who presented with each individual symptom, and each two-way combination of dysphagia with another symptom, were calculated. Numbers <5 (<10%) were censored to meet VCR privacy requirements.
Result(s): Fifty OG cancer patients were diagnosed at the regional hospital. The median age of subjects was 70 years and 78% were male. Metastatic disease was found in 36% of the cohort. Subjects presented with dysphagia (62%), weight loss (36%), constipation (18%), chest pain (14%), nausea/vomiting (14%), reflux (12%), epigastric pain (<10%), dyspepsia (<10%), and abdominal pain (<10%). Dysphagia was observed with all other symptoms: weight loss (28%), chest pain (10%), nausea/vomiting (10%), low haemoglobin (<10%), constipation (<10%), abdominal pain (<10%), dyspepsia (<10%), epigastric pain (<10%) and reflux (<10%).
Conclusion(s): Among OG cancer patients diagnosed at a regional Loddon Mallee hospital, the most common presenting symptoms were dysphagia and weight loss. This proportion was greater than in a UK study, likely reflecting the relatively high percentage of metastatic disease in our cohort (36% compared with 0.1%). General practitioners ought to be vigilant for OG cancer symptoms such as dysphagia and weight loss, particularly in combination.

76. From research evidence to ‘evidence by proxy’? Organisational enactment of evidence-based healthcare in four high-income countries

Authors | Kislov R.; Wilson P.; Cummings G.; Ehrenberg A.; Pettersson L.; Wallin L.; Gifford W.; Harvey G.; Kelly J.; Kitson A.
Source | BMJ Evidence-Based Medicine; Jun 2018; vol. 23
Publication Date | Jun 2018
Objectives It is usually taken for granted that ‘the best available evidence’ is represented by the findings of rigorous scientific research which, in turn, directly inform the development of recommendations for practice in the form of clinical guidelines. We challenge this assumption and examine the role played in the enactment of evidence-based healthcare by other forms of codified knowledge, i.e. knowledge that is formal, systematic and expressible in language or numbers, making it easy to store, transfer and utilise across space. The study addresses the following research questions: 1. What forms of codified knowledge are seen as credible evidence by practitioners? 2. What are the relationships between these forms of knowledge in the enactment of evidence-based practice within healthcare organisations? 3. What is the impact of these forms of knowledge on evidence-based practice? 4. How do the composition and impact of codified knowledge vary across different high-income countries? Method This exploratory study emerged from a broader research programme examining leadership and facilitation in the implementation of evidence-based nursing across the UK, Australia, Canada and Sweden. Within each country, up to two organisations were selected based on the following criteria: 1. self-declared adherence to the implementation of evidence-based nursing; 2. adequate organisational performance; and 3. broad access to several levels within the organisational hierarchy granted to the researchers. 55 research participants were recruited to represent different levels of the hierarchy, roles and sectors. Semi-structured interviews served as the main method of data collection. Data analysis was organised in two stages. The first stage, focusing on the construction of country-specific narratives, combined the codes derived from the interview guide with descriptive codes that emerged inductively. The second stage utilised the deductive coding framework informed by the literature and applied across all four datasets. Matrix analysis was deployed to facilitate cross-case analysis. Results We argue that research evidence and its direct derivatives, such as clinical guidelines, are NOT the dominant forms of codified knowledge deployed in the organisational enactment of evidence-based healthcare. We describe the chain of codified knowledge which reflects the institutionalisation of evidence-based healthcare as organisational ‘business as usual’. This chain is dominated by performance standards, policies and procedures, and locally collected (improvement and audit) data, i.e. various forms of ‘evidence by proxy’ which are, at best, informed by research partly or indirectly but are nevertheless perceived as credible evidence. Our cross-country analysis highlights the influence of macro-level ideological, historical and technological factors on the composition and circulation of codified knowledge. Prioritisation of ‘evidence by proxy’ and marginalisation of clinical guidelines are likely to be more prominent in those countries, whose healthcare sectors have historically been more engaged with the New Public Management logics of standardisation and performance measurement. Conclusions Our analysis reveals dual effects of this codification dynamic on evidence-based healthcare. On the one hand, the legitimisation and mobilisation of contextual and local knowledge counterbalance ‘dogmatic authoritarianism’ apparent in the more restrictive interpretations of ‘evidence’ and potentially enable bottom-up knowledge flows. On the other hand, this is achieved through a significant dilution of the initial paradigm, excessive formalisation, and detachment of frontline staff from the fundamental competencies and knowledge base of evidence-based decision-making, whereby direct use of research evidence and clinical guidelines is becoming a prerogative of experts, represented by professional elites and designated facilitators.
78. Information standards for recording alcohol use in electronic health records: findings from a national consultation

**Authors**
Haroon S.; Nirantharakumar K.; Wooldridge D.; Hoogewerf J.; Williams J.; Martino L.; Bhala N.

**Source**
BMC medical informatics and decision making; Jun 2018; vol. 18 (no. 1); p. 36

**Database**
Available at [BMC medical informatics and decision making](https://bmcmedinformdecismaking.biomedcentral.com/articles/10.1186/s12911-017-0702-7) from BioMed Central
Available at [BMC medical informatics and decision making](https://pubmed.ncbi.nlm.nih.gov/28799953/) from Europe PubMed Central - Open Access
Available at [BMC medical informatics and decision making](https://www.embase.com/embase/searchresults/pub?from=28 Nov 2018-09:45&to=28 Nov 2018-09:45&searchTerm=AUDIT) from EBSCO (MEDLINE Complete)
Available at [BMC medical informatics and decision making](https://unpaywall.org/doi/10.1186/s12911-017-0702-7) from Unpaywall

**Abstract**
BACKGROUND: Alcohol misuse is an important cause of premature disability and death. While clinicians are recommended to ask patients about alcohol use and provide brief interventions and specialist referral, this is poorly implemented in routine practice. We undertook a national consultation to ascertain the appropriateness of proposed standards for recording information about alcohol use in electronic health records (EHRs) in the UK and to identify potential barriers and facilitators to their implementation in practice.

METHOD(S): A wide range of stakeholders in the UK were consulted about the appropriateness of proposed information standards for recording alcohol use in EHRs via a multi-disciplinary stakeholder workshop and online survey. Responses to the survey were thematically analysed using the Consolidated Framework for Implementation Research.

RESULT(S): Thirty-one stakeholders participated in the workshop and 100 in the online survey. This included patients and carers, healthcare professionals, researchers, public health specialists, informaticians, and clinical information system suppliers. There was broad consensus that the Alcohol Use Disorders Identification Test (AUDIT) and AUDIT-Consumption (AUDIT-C) questionnaires were appropriate standards for recording alcohol use in EHRs but that the standards should also address interventions for alcohol misuse. Stakeholders reported a number of factors that might influence implementation of the standards, including having clear care pathways and an implementation guide, sharing information about alcohol use between health service providers, adequately resourcing the implementation process, integrating alcohol screening with existing clinical pathways, having good clinical information systems and IT infrastructure, providing financial incentives, having sufficient training for healthcare workers, and clinical leadership and engagement. Implementation of the standards would need to ensure patients are not stigmatised and that patient confidentiality is robustly maintained.

CONCLUSION(S): A wide range of stakeholders agreed that use of AUDIT-C and AUDIT are appropriate standards for recording alcohol use in EHRs in addition to recording interventions for alcohol misuse. The findings of this consultation will be used to develop an appropriate information model and implementation guide. Further research is needed to pilot the standards in primary and secondary care.

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79. Building motivation to participate in a quality improvement collaborative in NHS hospital trusts in Southeast England: A qualitative participatory evaluation

**AIMS:** To explore 40 years of Child Development Centre (CDC) activity and outcomes at Northampton General Hospital 1974-2014.

**METHOD(S):** The study comprises 3 data sets: a published report from 1974 to 1999, an internal audit from 2001 to 2004, and more recent data collected from 2005 to 2014. The medical notes of all children who were assessed by the CDC in 2014 were reviewed, along with referral data collected by the CDC manager from this year and the preceding 10 years.

**RESULT(S):** From January 1, 1974 to December 31, 2014, 3,786 children were assessed. The male to female ratio is 2.8:1 from 2005 to 2014. Referrals for behavioural difficulties increased from 10% (10/101 referrals) in 1999-2004 to 17.8% (18/101 referrals) in 2014. Similarly, referrals for social and communication problems, "interaction" increased two and a half fold from 10% (10/101 referrals) in 1999-2004 to 26.7% (27/101 referrals) in 2014. Between 2004 and 2014, numbers of referrals for "developmental delay" halved (22.2% to 12%).

**CONCLUSION(S):** We are aware of no other comparable extant UK CDC database. Services should plan for a referral rate of 6.5 per 1,000 preschool children. Between 1974 and 2014, there has clearly been a change in recorded assessment outcomes. From the mid-1980s, this reflects the change to a preschool assessment role and a shift away from purely educational outcome to include medical conditions. Covering 1974-2014, we demonstrate a clear increase in the number of referrals together with an increasing demand for assessments for social interaction and behavioural difficulties. This reflects the increased awareness of these neurodevelopmental difficulties and the changing diagnostic criteria which will now more likely result in an Autistic Spectrum Disorder diagnosis than previously. Together, these two features are most likely to have considerable implications for service development within Child Development Centres (CDCs) and Child Development Teams (CDTs).

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### 80. Does practice analysis agree with the ambulatory care sensitive conditions' list of avoidable unplanned admissions?: A cross-sectional study in the East of England

#### Authors
Fleetcroft R.; Hardcastle A.; Steel N.; Price G.M.; Howe A.; Purdy S.; Lipp A.; Myint P.K.

#### Source
BMJ Open; Apr 2018; vol. 8 (no. 4)

#### Publication Date
Apr 2018

#### Publication Type(s)
Article

#### Database
EMBASE

#### Abstract
Objectives To use significant event audits (SEAs) in primary care to determine which of a sample of emergency (unplanned) admissions were potentially avoidable; and compare with the National Health Service (NHS) list of ambulatory care sensitive conditions (ACSCs). Design Analysis of unplanned medical admissions randomly identified in secondary care. Setting Primary care in the East of England. Participants 20 general practice teams trained to use SEA on unplanned admissions to identify potentially preventable factors. Interventions SEA of admissions. Main outcome measures Level of agreement between those admissions identified as potentially preventable by SEA and the NHS ACSC list. Results 132 (26%) of randomly selected patients with unplanned admissions gave consent and an SEA was performed by their primary practice team. 130 SEA reports had sufficient data for our analysis. Practices concluded that 17 (13%) admissions were potentially preventable. The NHS ACSC list identified 36 admissions (28%) as potentially preventable. There was a low level of agreement between the practices and the NHS list as to which admissions were preventable (kappa=0.253). The ACSC list consisted mainly of respiratory admissions whereas the practice list identified a wider range of cases and identified context-specific factors as important. Conclusions There was disagreement between the NHS list and practice conclusions of potentially avoidable admissions. The SEAs suggest that the pathway into unplanned admission may be less dependent on the condition than on context-specific factors, and the assumption that unplanned admissions for ACSCs are reasonable indicators of performance for primary care may not be valid.

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### 81. Assessing quality of care in oesophago-gastric cancer surgery in Australia

#### Authors
Burton P.R.; Shaw K.; Smith A.I.; Brown W.A.; Nottle P.D.; Ooi G.J.

#### Source
ANZ journal of surgery; Apr 2018; vol. 88 (no. 4); p. 290-295
BACKGROUND: Outcomes of oesophago-gastric cancer are poor and highly variable between centres. It is important that complex multimodal treatments are applied optimally. Low case volumes at Australian centres mean that the analysis of crude outcomes is an inadequate assessment of overall quality of care. Detailed analysis across a range of quality domains offers the opportunity to measure performance.

METHOD(S): We compared data from the UK National Oesophago-gastric Cancer Audit 2010 with the prospective Alfred Hospital oesophago-gastric cancer database.

RESULT(S): There were 314 Alfred and 17279 UK patients identified. The volume of patients assessed by the Alfred was equal to the second highest quartile in the UK trust (4-5 new cases per month). Case ascertainment was better, capturing 84% of all oesophago-gastric cancer within the Alfred prospective audit (P<0.001). The use of staging CT and PET scans was more common among Alfred patients (99% versus 89%, P<0.01 and 83.8% versus 17%, P<0.01, respectively). More patients embarked on a curative pathway (P<0.01), with greater use of neo-adjuvant therapies. Acceptable lymph node yields were less in oesophagectomies (88.2% versus 96.2%, P<0.01) and similar in gastrectomies (77.4% versus 74.6%, P=0.61). Higher overall complications were observed in Alfred patients (P<0.01), predominantly due to respiratory complications. Perioperative mortality after resection and 1-year survival was similar.

CONCLUSION(S): Comparing a range of quality domains as a means of identifying areas of deficiency is feasible. This allows for contemporaneous improvements in service quality and may be more appropriate in the Australian setting than focusing on volume.
BACKGROUND: The Trauma Audit and Research Network (TARN) in the UK publicly reports hospital performance in the management of trauma. The TARN risk adjustment model uses a fractional polynomial transformation of the Injury Severity Score (ISS) as the measure of anatomical injury severity. The Trauma Mortality Prediction Model (TMPM) is an alternative to ISS; this study compared the anatomical injury components of the TARN model with the TMPM.

METHOD(S): Data from the National Trauma Data Bank for 2011-2015 were analysed. Probability of death was estimated for the TARN fractional polynomial transformation of ISS and compared with the TMPM. The coefficients for each model were estimated using 80 per cent of the data set, selected randomly. The remaining 20 per cent of the data were used for model validation. TMPM and TARN were compared using calibration curves, measures of discrimination (area under receiver operating characteristic curves; AUROC), proximity to the true model (Akaike information criterion; AIC) and goodness of model fit (Hosmer-Lemeshow test).

RESULT(S): Some 438058 patient records were analysed. TMPM demonstrated preferable AUROC (0.882 for TMPM versus 0.845 for TARN), AIC (18204 versus 21163) and better fit to the data (32.4 versus 153.0) compared with TARN.

CONCLUSION(S): TMPM had greater discrimination, proximity to the true model and goodness-of-fit than the anatomical injury component of TARN. TMPM should be considered for the injury severity measure for the comparative assessment of trauma centres.

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84. I've got Toothache, I need Antibiotics: a UK Perspective on Rational Antibiotic Prescribing by Dentists

Authors
Thompson W.; Douglas G.; Rios L.E.; Fedorowicz Z.; Dailey Y.

Source
Brazilian dental journal; Jul 2018; vol. 29 (no. 4); p. 395-399

Publication Date
Jul 2018

Publication Type(s)
Article

PubMedID
30462767

Database
EMBASE

Abstract
Antibiotics do not cure toothache. This headline message of the United Kingdom’s (UK) Dental Antimicrobial Stewardship (AMS) toolkit’s posters and leaflets is aimed at patients; clinicians are expected to know this already. Evidence based clinical guidelines exist to set clear standards for good clinical practice yet there are barriers to compliance. The national AMS audit tool is designed for clinicians to review their management of acute dental conditions, including but not limited to the prescription of antibiotics. In this article we aim to help dental teams protect their patients and themselves from adverse events related to antibiotic prescription. It explores the emergent problem of Clostridium difficile, antibiotic resistance and severe sepsis, and considers some of the barriers, which clinicians have suggested, contribute to the unjustified prescription of antibiotics. Dentists must weigh the risks against the benefits before prescribing any antibiotic.

85. Development and implementation of a national quality improvement skills curriculum for urology residents in the United Kingdom: A prospective multi-method, multi-center study

Authors
Pallari E.; Khadjesari Z.; Sevdalis N.; Green J.S.A.

Source
American Journal of Surgery; 2018

Publication Date
2018

Publication Type(s)
Article In Press

Database
EMBASE

Abstract
Antibiotics do not cure toothache. This headline message of the United Kingdom’s (UK) Dental Antimicrobial Stewardship (AMS) toolkit’s posters and leaflets is aimed at patients; clinicians are expected to know this already. Evidence based clinical guidelines exist to set clear standards for good clinical practice yet there are barriers to compliance. The national AMS audit tool is designed for clinicians to review their management of acute dental conditions, including but not limited to the prescription of antibiotics. In this article we aim to help dental teams protect their patients and themselves from adverse events related to antibiotic prescription. It explores the emergent problem of Clostridium difficile, antibiotic resistance and severe sepsis, and considers some of the barriers, which clinicians have suggested, contribute to the unjustified prescription of antibiotics. Dentists must weigh the risks against the benefits before prescribing any antibiotic.
Abstract

Background: Surgical quality improvement (QI) is a global priority. We report the design and proof-of-concept testing of a QI skills curriculum for urology residents.

Method(s): ‘Umbrella review’ of QI curricula (Phase-1); development of draft QI curriculum (Phase-2); curriculum review by Steering Committee of urologists (Attendings & Residents), QI and medical education experts and patients (Phase-3); proof-of-concept testing (Phase-4).

Result(s): Phase-1: Six systematic reviews were identified of 4332 search hits. Most curricula are developed/evaluated in the USA; use mixed teaching methods (incl. didactic, QI exercises & self-reflection); and introduce core QI techniques (e.g., Plan-Do-Study-Act). Phase-2: curriculum drafted. Phase-3: the curriculum was judged to represent state-of-the-art, relevant QI training. Stronger patient involvement element was incorporated.

Phase-4: the curriculum was delivered to 43 urology residents. The delivery was feasible; the curriculum implementable; and a knowledge-skills-attitudes evaluation approach successful.

Conclusion(s): We have developed a practical QI curriculum, for further evaluation and national implementation.

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86. Progression of hearing loss in neurofibromatosis type 2 according to genetic severity

Authors
Emmanouil B.; May A.; Halliday D.; Parry A.; Mackeith S.; Houston R.; Ramsden J.D.; Hanemann C.O.

Source
Laryngoscope; 2018

Publication Date
2018

Publication Type(s)
Article In Press

Database
EMBASE

Available at The Laryngoscope from Wiley Online Library Medicine and Nursing Collection 2018 - NHS Available at The Laryngoscope 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 The Laryngoscope 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/Hypothesis: This study set out to describe the progression of hearing loss in patients with neurofibromatosis type 2 (NF2), treated in a quaternary multidisciplinary clinic. It also aimed to compare hearing loss across patients grouped according to a known genetic severity score to explore its utility for prognostication.

Study Design: Retrospective cohort study.

Method(s): We conducted a study of 147 patients with confirmed NF2 diagnosis for a mean observational period of 10 years. Pure-tone average (PTA), optimum discriminations scores (ODS), and genotype data were collected. Patients were classified according to hearing class (American Academy of Otolaryngology), their candidacy for auditory implantation (UK National NF2 consensus) and grouped by genetic severity as: 1 = tissue mosaic, 2A = mild classic, 2B = moderate classic, and 3 = severe. Survival analysis investigated the effect of genetic severity on the age of loss of serviceable hearing.

Result(s): Genetic severity was a significant predictor of hearing outcomes such as ODS, hearing classification, and maximum annual PTA deterioration. Although the overall median age of loss of serviceable hearing was 78 years, there was significant variation according to the genetic severity; the median for severe patients was 32 years compared to a median of 80 for tissue mosaic patients.

Conclusion(s): This is the first description of long-term hearing outcomes in a clinical setting across a large heterogeneous cohort of patients with NF2. The results highlight the potential importance and benefit of considering the genetic severity score of patients when undertaking treatment decisions, as well as planning future natural history studies.

Level of Evidence: 2c Laryngoscope, 2018.

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87. Letter to editor re: Refeeding syndrome in adults receiving total parenteral nutrition: An audit of practice at a tertiary UK centre

Authors
Wong G.J.Y.; Lew C.C.H.

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

Publication Date
Dec 2018

Publication Type(s)
Letter

PubMedID
30219607

Database
EMBASE

Available at Clinical nutrition (Edinburgh, Scotland) 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).
88. Predicting 30-day mortality in patients with sepsis: An exploratory analysis of process of care and patient characteristics

Authors: Sanderson M.; Chikhani M.; Moppett I.K.; McKeever T.; Blyth E.; Wood S.; Simmonds M.J.R.
Source: Journal of the Intensive Care Society; Nov 2018; vol. 19 (no. 4); p. 299-304
Publication Date: Nov 2018
Publication Type(s): Article
Database: EMBASE

Abstract:
Background: Sepsis represents a significant public health burden, costing the NHS 2.5 billion annually, with 35% mortality in 2006. The aim of this exploratory study was to investigate risk factors predictive of 30-day mortality amongst patients with sepsis in Nottingham.

Method(s): Data were collected prospectively from adult patients with sepsis in Nottingham University Hospitals NHS Trust as part of an on-going quality improvement project between November 2011 and March 2014. Patients admitted to critical care with the diagnosis of sepsis were included in the study. In all, 97 separate variables were investigated for their association with 30-day mortality. Variables included patient demographics, symptoms of systemic inflammatory response syndrome, organ dysfunction or tissue hypoperfusion, locations of early care, source of sepsis and time to interventions.

Result(s): A total of 455 patients were included in the study. Increased age (adjOR = 1.05 95%CI = 1.03-1.07 p < 0.001), thrombocytopenia (adjOR = 3.10 95%CI = 1.23-7.82 p = 0.016), hospital-acquired sepsis (adjOR = 3.34 95%CI = 1.79-6.27 p < 0.001), increased lactate concentration (adjOR = 1.16 95%CI = 1.06-1.27 p = 0.001), remaining hypotensive after vasopressors (adjOR = 3.89 95%CI = 1.26-11.95 p = 0.02) and mottling (adjOR = 3.80 95%CI = 1.06-13.55 p = 0.04) increased 30-day mortality odds. Conversely, fever (adjOR = 0.46 95%CI = 0.28-0.75 p = 0.002), fluid refractory hypotension (adjOR = 0.29 95%CI = 0.10-0.87 p = 0.027) and being diagnosed in surgical wards (adjOR = 0.35 95%CI = 0.15-0.81 p = 0.015) were protective. Treatment timeliness were not significant factors.

Conclusion(s): Several important predictors of 30-day mortality were found by this research. Retrospective analysis of our sepsis data has revealed mortality predictors that appear to be more patient-related than intervention-specific. With this information, care can be improved for those identified most at risk of death.

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89. Evaluation of a questionnaire to measure parent/carer and child/young person experience of NHS epilepsy services

Authors: Maini R.; Kirkpatrick M.; Ogston S.; Williams F.; McCafferty A.; Dunkley C.
Source: Seizure; Dec 2018; vol. 63; p. 71-78
Publication Date: Dec 2018
Publication Type(s): Article
Database: EMBASE

Available at Seizure 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 Seizure 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

Purpose: To validate a patient-reported-experience-measure, PREM, of the NHS paediatric epilepsy service.
Method(s): Section 1 of the PREM recorded demographic and clinical characteristics, and Section 2 collected information about the users' experience with the service. Section 2 included eighteen statements around three constructs: communication and provision of information to service users, interpersonal skills of staff, and clinic visits and accessibility to the services. Face validity, construct validity, internal reliability, and internal consistency were used to examine the robustness of these statements. The PREM was completed by parents/carers and also children/young people.
Result(s): PREMs were received from 145 of the 192 audit units; 2335 completed forms were returned; the attitude statements were completed by 750 children/young people and 1550 parents/carers. Face validity of the PREM was good. Construct validity was indecisive; confirmatory factor analysis of the hypothesised construct was weak. Exploratory factor analysis identified a four factor solution for the parent/carers dataset and a five factor solution for the children/young people's dataset. Internal reliability was good for the parent/carers dataset but less good for the children/young people. Internal consistency was moderately good for both datasets.
Conclusion(s): These findings indicate that the PREM is likely to be a valid tool with the potential to elicit a wide variety of reliable views from parents/carers of children with epilepsy. The construct validity for the PREM should be reassessed with confirmatory factor analysis in a new dataset. More work needs to be undertaken with children/young people to design statements that capture their specific needs.

90. Reducing adult cardiac surgical site infections and the economic impact of using multidisciplinary collaboration

Authors
Chiwera L.; Wigglesworth N.; Newsholme W.; McCoskery C.; Lucchese G.

Source
Journal of Hospital Infection; Dec 2018; vol. 100 (no. 4); p. 428-436

Publication Date
Dec 2018

Publication Type(s)
Article

Abstract
Background: Cardiac surgical site infections (SSIs) have devastating consequences and present several challenges for patients and healthcare providers. Adult cardiac SSI surveillance commenced in 2009 at our hospitals, Guy's & St Thomas' NHS Foundation Trust, London, as a patient safety initiative amid reported increased incidence of SSIs. Before this time, infection incidence was unclear because data collection was not standardized.

Aim(s): To standardize SSI data collection and establish baseline SSI rates to facilitate deployment of evidence-based targeted interventions within clinical governance structures to improve quality, safety, and efficiency in line with our organizational targets.

Method(s): We standardized local data collection protocols in line with Public Health England recommendations and identified local champions. We undertook prospective SSI surveillance collaboratively to enable us to identify potential practice concerns and address them more effectively through a series of initiatives. Clinical staff completed dedicated surveillance forms intraoperatively and postoperatively.

Finding(s): Overall adult cardiac SSI rates fell from 5.4% in 2009 to 1.2% in 2016 and coronary artery bypass graft rates from 6.5% in 2009 to 1.7% in 2016 (P < 0.001). Gram-negative bacteria were recognized as important SSI causative organisms and were better controlled after introducing stringent infection control measures.

Conclusion(s): Comprehensive, evidence-based infection control practices were successfully implemented through a multidisciplinary collaborative approach, which may have great potential to reduce Gram-negative, Staphylococcus aureus, polymicrobial and overall SSI burden and/or associated costs. We now investigate all SSIs using an established SSI detailed investigation protocol to promote continual quality improvement that aligns us perfectly with global efforts to fight antimicrobial resistance.

91. An evaluation of a safety improvement intervention in care homes in England: a participatory qualitative study

Authors
Marshall M.; Pfeifer N.; Shand J.; de Silva D.; Wei L.; Anderson J.; Cruickshank L.; Attreed-James K.

Source
Journal of the Royal Society of Medicine; Nov 2018; vol. 111 (no. 11); p. 414-421

Publication Date
Nov 2018

Publication Type(s)
Article

Abstract
Background: In England, at least 5% of older people living in care homes die each year from preventable causes. We undertook a participatory qualitative study to evaluate a safety improvement intervention in one care home.

Aim(s): To explore the views and experiences of staff, residents, and families about a safety improvement intervention in a care home.

Method(s): We undertook a participatory qualitative study in a care home in England. We interviewed 29 staff members, 18 residents, and 11 family members. We used open-ended interviews to explore their views and experiences about the intervention.

Finding(s): Staff, residents, and families were positive about the intervention. They perceived it as improving safety and reducing avoidable harm. They valued the involvement of staff in the intervention and the support they received.

Conclusion(s): The safety improvement intervention was perceived as improving safety and reducing avoidable harm. Staff, residents, and families valued the involvement of staff in the intervention and the support they received. More work needs to be undertaken to design statements that capture their specific needs.
Abstract

Objective: A growing proportion of older people live in care homes and are at high risk of preventable harm. This study describes an participatory qualitative evaluation of a complex safety improvement intervention, comprising training, performance measurement and culture-change elements, on the safety of care provided for residents.

Design(s): A participatory qualitative study.

Setting(s): Ninety care homes in one geographical locality in southern England.

Participant(s): A purposeful sample of care home managers, front-line staff, residents, quality improvement facilitators and trainers, local government and health service commissioners, and an embedded researcher.

Main Outcome Measure(s): Changes in care home culture and work processes, assessed using documentary analysis, interviews, observations and surveys and analysed using a framework-based thematic approach.

Result(s): Participation in the programme appears to have led to changes in the value that staff place on resident safety and to changes in their working practices, in particular in relation to their desire to proactively manage resident risk and their willingness to use data to examine established practice. The results suggest that there is a high level of commitment among care home staff to address the problem of preventable harm. Mobilisation of this commitment appears to benefit from external facilitation and the introduction of new methods and tools.

Conclusion(s): An evidence-based approach to reducing preventable harm in care homes, comprising an intervention with both technical and social components, can lead to changes in staff priorities and practices which have the potential to improve outcomes for people who live in care homes.

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92. Impact of a diagnostics-driven antifungal stewardship programme in a UK tertiary referral teaching hospital

Authors
Rautemaa-Richardson R.; Rautemaa V.; Al-Wathiqi F.; Felton TW.; Muldoon E.G.; Moore C.B.; Craig L.

Source
The Journal of antimicrobial chemotherapy; Dec 2018; vol. 73 (no. 12); p. 3488-3495

Publication Date
Dec 2018

Publication Type(s)
Article

PubMedID
30252053

Database
EMBASE

Abstract

Objectives: A concise invasive candidosis guideline (based on the ESCMID candidaemia guideline) utilizing an informative biomarker [serum beta-1-3-d-glucan (BDG)] was developed in 2013 by an antifungal stewardship (AFS) team and implemented with the help of an AFS champion in 2014. The main aims of the AFS programme were to reduce inappropriate use of antifungals and improve patient outcomes. The aim of this project was to evaluate the compliance of the ICU teams with the invasive candidosis guideline and the impact of the AFS programme on mortality and antifungal consumption on the ICUs (total of 71 beds).

Method(s): All patients who were prescribed micafungin for suspected or proven invasive candidosis during 4-month audit periods in 2014 and 2016 were included. Prescriptions and patient records were reviewed against the guideline. Antifungal consumption and mortality data were analysed.

Result(s): The number of patients treated for invasive candidosis decreased from 39 in 2014 to 29 in 2016. This was mainly due to the reduction in patients initiated on antifungal therapy inappropriately: 18 in 2014 and 2 in 2016. Antifungal therapy was stopped following negative biomarker results in 12 patients in 2014 and 10 patients in 2016. Crude mortality due to proven or probable invasive candidosis decreased to 19% from 45% over the period 2003-07. Antifungal consumption reduced by 49% from 2014 to 2016.

Conclusion(s): The AFS programme was successful in reducing the number of inappropriate initiations of antifungals by 90%. Concurrently, mortality due to invasive candidosis was reduced by 58%. BDG testing can guide safe cessation of antifungals in ICU patients at risk of invasive candidosis.

93. Operating a patient medicines helpline: a survey study exploring current practice in England using the RE-AIM evaluation framework

Authors
Williams M.; Scott J.; Jones M.D.; Jordan A.

Source
BMC health services research; Nov 2018; vol. 18 (no. 1); p. 868

Publication Date
Nov 2018

Publication Type(s)
Article

PubMedID
30454023

Database
EMBASE

Abstract

Available at Journal of the Royal Society of Medicine from Leicester General Hospital Library Local Print Collection [location] : British Library via UHL Libraries - please click link to request article.
94. Protein Provision in Critically Ill Adults Requiring Enteral Nutrition: Are Guidelines Being Met?

**Authors**
Brown C.; Abdelrahman T.; Patel N.; Iorwerth A.; Pollitt J.; Holt M.; Lewis W.G.

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**BACKGROUND:** Patient medicines helplines provide a means of accessing medicines-related support following hospital discharge. However, it is unknown how many National Health Service (NHS) Trusts currently provide a helpline, nor how they are operated. Using the RE-AIM evaluation framework (Reach, Effectiveness, Adoption, Implementation, and Maintenance), we sought to obtain key data concerning the provision and use of patient medicines helplines in NHS Trusts in England. This included the extent to which the delivery of helplines meet with national standards that are endorsed by the Royal Pharmaceutical Society (standards pertaining to helpline access, availability, and promotion).

**METHOD(S):** An online survey was sent to Medicines Information Pharmacists and Chief Pharmacists at all 226 acute, mental health, specialist, and community NHS Trusts in England in 2017.

**RESULT(S):** Adoption: Fifty-two percent of Trusts reported providing a patient medicines helpline (acute: 67%; specialist: 41%; mental health: 29%; community: 18%). Reach: Helplines were predominantly available for discharged inpatients, outpatients, and carers (98%, 95% and 93% of Trusts, respectively), and to a lesser extent, the local public (22% of Trusts). The median number of enquiries received per week was five.

**IMPLEMENTATION:** For helpline access, 54% of Trusts reported complying with all ‘satisfactory’ standards, and 26% reported complying with all ‘commendable’ standards. For helpline availability, the percentages were 86% and 5%, respectively. For helpline promotion, these percentages were 3% and 40%. One Trust reported complying with all standards. Maintenance: The median number of years that helplines had been operating was six. Effectiveness: main perceived benefits included patients avoiding harm, and improving patients’ medication adherence.

**CONCLUSION(S):** Patient medicines helplines are provided by just over half of NHS Trusts in England. However, the proportion of mental health and community Trusts that operate a helpline is less than half of that of the acute Trusts, and there are regional variations in helpline provision. Adherence to the national standards could generally be improved, although the lowest adherence was regarding helpline promotion.

Recommendations to increase the use of helplines include increasing the number of promotional methods used, the number of ways to contact the service, and the number of hours that the service is available.

**Abstract**

**Background:** In a previous audit, 81% of enteral protein prescriptions failed to meet protein guidelines. To address this, a very high-protein enteral formula and protein supplements were introduced, and protein prescriptions were adjusted to account for nonnutrition energy sources displacing enteral formula. This follow-up audit compared protein provision in critically ill adults requiring exclusive enteral nutrition (EN), first, with local and international guidelines, and second, after changes to practice, with the previous audit.

**Method(s):** Data were collected from 106 adults consecutively admitted to the ICU of a U.K. tertiary hospital and requiring exclusive EN >=3 days. Protein targets based on local guidelines (1.25, 1.5, or 2.0 g/kg/d), and 18-20, respectively).

**Result(s):** The proportion of day 1-3 protein prescriptions meeting protein targets increased from 19% in 2015 to 69% in 2017 (P <.0005, phi = 0.50). The median percentage of protein target delivered was lower than prescribed (79% vs 103%; P <.0005; r = 0.53) and EN delivery only met the target of 22% of patients. The proportion of protein prescriptions meeting protein targets was similar for days 1-3 (69%), 5-7 (71%), and 8-10 (68%), but increased slightly by days 18-20 (74%). The proportion of patients for which EN delivery met protein targets increased with the number of days post-ICU admission (22%, 26%, 37%, and 53% for days 1-3, 5-7, 8-10, and 18-20, respectively).

**Conclusion(s):** The proportion of protein prescriptions meeting guideline targets was higher after changes to practice.

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95. Rural Rotations at Core: Rarefied Exposure or Real Experience?

**Authors**
Brown C.; Abdelrahman T.; Patel N.; Iorwerth A.; Pollitt J.; Holt M.; Lewis W.G.
Objective: Surgical rotations involving rural General Hospitals (rGH) are frequently associated with recruitment challenges, partly because of adverse perceptions regarding distances from social support networks and training opportunities. The aim of this study was to determine the outcomes of core surgical training rotations involving rGHs when compared with urban hospitals in a single UK Deanery.

Design(s): Online Intercollegiate Surgical Curriculum Programme portfolios from 163 core surgical trainees (CST) were examined related to postlocation, operative experience, workplace-based assessments, and academic achievement. Of the 163 CSTs, 27 had completed at least 50% of their 2-year training posts at rGHs and were compared with 136 control CSTs completing rotations in urban general and teaching hospitals (uGH). The primary outcome measures were MRCS pass rate and success at national ST3 selection.

Setting(s): A core surgical training program serving a single UK Deanery.

Participant(s): Consecutive 177 CSTs appointed to a single UK Deanery between 2010 and 2016.

Result(s): Success at MRCS and national ST3 selection were similar for CSTs from rGH vs uGH rotations-MRCS success: 70.4 vs 72.8% (p = 0.816), and ST3 success: 22.2% vs 27.0% (p = 0.811). Median rGH vs uGH curriculum-based outcomes were operative case load: 378 vs 422 (p = 0.300); workplace-based assessments completed: 79 vs 94 (p = 0.499); audits performed: 4 vs 4 (p = 0.966); learned society communications: 1 vs 2 (p = 0.020); and scientific publications: 0 vs 0 (p = 0.478).

Conclusion(s): CST rotations including rGHs produced a different spectrum of training experience compared with uGH rotations but overall primary outcomes were similar.
Access to high-quality biospecimens with associated data annotations is crucial for research. Recent advances in molecular biology and genetics have resulted in a concomitant increase in the demand for well-annotated, properly preserved specimens. Today, biobanking is a highly dynamic activity which faces many challenges, including the need to deal with ever increasingly complex demands of managing data and integrations with existing databases. The available informatics solutions will not have an 'out of the box' support or sufficient data elements set up appropriately. The informatics platform will need to support the complex sample management workflows and data collection needs which are of diverse nature and specific to each collaborator, disease, or even geographic location. OpenSpecimen is the result of the collaborative efforts of NCI and has continued its further evolution with industry and academic partnership. For the past eight years, Krishagni has worked closely with its biobanking community to develop a robust, scalable and highly flexible open source biobanking informatics platform. As a result, OpenSpecimen is today used in 65+ biobanks across 15 countries. Open source software (OSS) promotes collaboration, avoids single ‘vendor lock-in’ and drives the cost of ownership down. It ensures a higher level of security since the source code is publicly available for audit. In comparison, proprietary software is highly secretive, can only be customized or enhanced by the vendor, usually at a prohibitive cost. In many instances, adopters are left with no option when the vendor ceases operation or decides to focus on some other product or business. In this poster, we will demonstrate how collaboration with biobanks across the globe has allowed OpenSpecimen to expand and meet the ever-increasing needs of this domain. We will present examples of collaboration with Johns Hopkins, Memorial Sloan Kettering, Children’s Hospital (Dallas), UT Southwestern (USA), University of New South Wales, SAHMRI (Australia), Singapore General Health and University of Leicester (United Kingdom). The poster will also highlight the open source methodology and the enhancements developed in OpenSpecimen as part of these collaborations. In summary, this poster will highlight an increased need for informatics systems to stay apace with the changes being experienced by biobanking societies and how OpenSpecimen uses open source to achieve collaboration amongst biobanks across the globe.

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

**Authors** Hazell C.M.; Hayward M.; Strauss C.; Cavanagh K.; Jones A.-M.

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

**Publication Date** May 2018

**Database** EMBASE

**PubMedID** 29033279

**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(S): 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 12 weeks 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.

RESULT(S): 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.

CONCLUSION(S): 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.

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99. Teaching leadership: the medical student society model

**Authors** Matthews J.H.; Morley G.L.; Crossley E.; Bhandari S.
100. Association Between Hospital Volume and Mortality in Status Epilepticus: A National Cohort Study

**Authors**
Goulden R.; Whitehouse T.; Murphy N.; Hayton T.; Khan Z.; Snelson C.; Bion J.; Veenith T.

**Source**
Critical care medicine; Dec 2018; vol. 46 (no. 12); p. 1969-1976

**Publication Date**
Dec 2018

**Publication Type(s)**
Article

**PubMedID**
30134302

**Database**
EMBASE

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**Abstract**
OBJECTIVES: In various medical and surgical conditions, research has found that centers with higher patient volumes have better outcomes. This relationship has not previously been explored for status epilepticus. This study sought to examine whether centers that see higher volumes of patients with status epilepticus have lower in-hospital mortality than low-volume centers. DESIGN: Cohort study, using 2010-2015 data from the nationwide Case Mix Programme database of the U.K.'s Intensive Care National Audit and Research Centre. SETTING: Greater than 90% of ICUs in United Kingdom, Wales, and Northern Ireland. PATIENTS: Twenty-thousand nine-hundred twenty-two adult critical care admissions with a primary or secondary diagnosis of status epilepticus or prolonged seizure. INTERVENTIONS: Annual hospital status epilepticus admission volume. MEASUREMENTS AND MAIN RESULTS: We used multiple logistic regression to evaluate the association between hospital annual status epilepticus admission volume and in-hospital mortality. Hospital volume was modeled as a nonlinear variable using restricted cubic splines, and generalized estimating equations with robust SEs were used to account for clustering by institution. There were 2,462 in-hospital deaths (11.8%). There was no significant association between treatment volume and in-hospital mortality for status epilepticus (p = 0.54). This conclusion was unchanged across a number of subgroup and sensitivity analyses, although we lacked data on seizure duration and medication use. Secondary analyses suggest that many high-risk patients were already transferred from low- to high-volume centers. CONCLUSION(S): We find no evidence that higher volume centers are associated with lower mortality in status epilepticus overall. It is likely that national guidelines and local pathways in the United Kingdom allow efficient patient transfer from smaller centers like district general hospitals to provide satisfactory patient care in status epilepticus. Future research using more granular data should explore this association for the subgroup of patients with refractory and superrefractory status epilepticus.
### Strategy

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