### Strategy

<table>
<thead>
<tr>
<th>#</th>
<th>Database</th>
<th>Search term</th>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>8</td>
<td>EMBASE</td>
<td>(((audit* OR &quot;quality improvement&quot;).ti,ab OR exp &quot;CLINICAL AUDIT&quot;) AND ((NHS OR england OR UK OR &quot;united kingdom&quot; OR &quot;national health service&quot;).ti,ab OR exp &quot;UNITED KINGDOM&quot;/ OR exp &quot;NATIONAL HEALTH SERVICE&quot;)]) [Since 27-May-2019]</td>
<td>143</td>
</tr>
</tbody>
</table>

### Contents

100 of 143 results on EMBASE - (((audit* OR "quality improvement").ti,ab OR exp "CLINICAL AUDIT") AND ((NHS OR england OR UK OR "united kingdom" OR "national health service").ti,ab OR exp "UNITED KINGDOM"/ OR exp "NATIONAL HEALTH SERVICE")]) [Since 27-May-2019]

1. Implementation of cholesterol screening at 2 years of age ........................................................................................................ Page 5
2. Comparing paediatric trauma standardised mortality using tarn and picanet benchmarks .................................................................... Page 5
3. Are we seeing a worrying reversal of falling trends in DKA admissions in newly diagnosed children and young people with diabetes? ........................................................................................................ Page 6
4. An audit of adhd patients attending scottish NHS community child health clinics ........................................................................ Page 6
5. Pilot interventions to improve hba1c within a paediatric diabetes service: a quality improvement initiative ........................................ Page 7
6. Improving our care of paediatric mental health patients ............................................................................................................. Page 8
7. Improving access to adult weight management services: Evidence from a realist synthesis and mixed methods case study .................. Page 8
8. Global health partnerships: Role of nursing collaborations in education and quality improvement ................................................ Page 9
9. A quality improvement project for safe and standardised central line insertion on PICU ..................................................................... Page 9
10. Should district general hospitals stop doing sweat tests? don't sweat! ............................................................................................ Page 10
11. The phenomenon of society's hidden young Carers ......................................................................................................................... Page 10
12. Exploring bronchopulmonary dysplasia (BPD) rates in preterm infants: An in-depth analysis ................................................................. Page 11
13. Positive change is possible: Overcoming the barriers to addressing paediatric obesity in the general outpatient population ........................................................................................................ Page 12
14. Prognosis for childhood CFS is excellent ......................................................................................................................................... Page 12
15. The asthma big room: Improving childhood asthma management .................................................................................................. Page 13
16. Safe as 'owls': Creating paediatric-oncology specific safety huddles .............................................................................................. Page 13
17. Lost in transition? ADHD transition service audit in a DGH setting: A quality improvement project ................................................... Page 14
18. Health equity audit of provision of specialist paediatric neurorehabilitation services in England ...................................................... Page 15
19. Child health promise: Good ideas brought together-childhealthpromise.org .................................................................................... Page 15
20. Evaluation of the health needs of unaccompanied asylum seeking children ................................................................................ Page 16
21. Effect of the introduction of a new pathway for prevention of venous thromboembolism (vte) including neuromuscular electrical stimulation (nmes) on symptomatic vte on immobile stroke patients ................................................................ Page 16
22. Review of the pathway for children with 'swollen' optic discs: A service evaluation and quality improvement study ......................... Page 17
24. Audit on first paediatric afebrile seizure pathway ................................................................................................................................. Page 18
25. Reducing unnecessary blood taking in the NICU-a quality improvement project .................................................................................. Page 19
26. Avoiding term admissions into neonatal units: How do we best identify areas for improvement ................................................................. Page 19
27. Screening for congenital hypothyroidism: A 21-year audit of practice and outcomes from a tertiary UK centre .......................... Page 20
28. Infection screening in unaccompanied asylum-seeking children ........................................................................................................ Page 20
29. Quality improvement: Improving management of paediatrics sepsis in busy district general hospital ........................................ Page 21
30. Standardising the management of hypoglycaemia in paediatric patients with type 1 diabetes ..................................................... Page 22
31. Assessing confidence and gaps in clinical care amongst foundation trainees faced with a rotation in tertiary neonatal medicine with implementation of means to improve these areas for future cohorts: A quality improvement project .......................................................... Page 22
32. Are we administering adequate fluids to children and young people in diabetic ketoacidosis (DKA) .................................................. Page 23
33. Rationalising our diagnostic approach to malaria in children in the paediatric accident & emergency department .......................... Page 23
34. Reaching the ivory tower: Are referrals to PICU effective .................................................................................................................. Page 24
35. Stop the seizure: Improving the management of convulsive status epilepticus .................................................................................. Page 25
36. Early onset sepsis-can we screen fewer babies safely? .......................................................................................................................... Page 25
37. Low rates of administration of pneumococcal vaccination in open head trauma despite national guidance .................................. Page 26
38. The performance of the ABL90 blood gas analyser for jaundice testing ............................................................................................ Page 26
39. Meeting nice guidelines for time to antibiotic administration in infants: A quality improvement project ........................................ Page 27
40. The chameleon project: A children’s end of life care quality improvement project: Preliminary results ............................................ Page 28
41. Can bringing children and older people together, in an acute hospital setting, bring beneficial effects to all those involved ............... Page 28
42. Audit of anaphylaxis management in an NHS trust: Are we following national guidance ............................................................... Page 29
43. An audit of the management of elderly patients with glioblastoma in the UK: Have recent trial results changed treatment? ............................................................................................................. Page 30
44. Membrain project: Provisional results of UK national, prospective audit on the management evaluation of metastases in the brain .................................................................................................................. Page 30
45. Recommendations for the Development and Reform of Microtia and Atresia Services ...................................................................... Page 31
46. Prehospital tranexamic acid shortens the interval to administration by half in Major Trauma Networks: A service evaluation ........................................................................................................................................ Page 31
47. The Impact of Accreditation for 10 Years on Inpatient Units for Adults of Working Age in the United Kingdom .................................. Page 32
48. A multicenter audit of the use of bronchoscopy during open and thoracoscopic repair of esophageal atresia with tracheoesophageal fistula .................................................................................................................................. Page 32
49. Perioperative and oncological outcomes of radical prostatectomy for high-risk prostate cancer in the UK: an analysis of surgeon-reported data .......................... Page 33
50. National prospective observational study of inpatient management of adults with epistaxis - a National Trainee Research Collaborative delivered investigation .................................................................................................................................. Page 33
51. Understanding the Learning Disabilities Linked to Sagittal Craniosynostosis .................................................................................. Page 34
52. IPEM topical report: the first UK survey of dose indices from radiotherapy treatment planning computed tomography scans for adult patients .................................................................................................................................. Page 34
| 64. | Antimicrobial resistance patterns of urine culture specimens from 27 nursing homes: Impact of a two-year antimicrobial stewardship intervention | Page 42 |
| 65. | Implementation of a Complex Intervention to Support Leadership Development in Nursing Homes: A Multimethod Participatory Study | Page 43 |
| 66. | Clinical coding and data quality in oculoplastic procedures | Page 43 |
| 67. | Rethinking priorities: experience of an educational initiative to change attitudes, behaviours and clinical practice in end-of-life care | Page 44 |
| 68. | British Nuclear Medicine Society 47th Annual Spring Meeting | Page 44 |
| 69. | UK audit of left ventricular ejection fraction estimation from MUGA scans | Page 45 |
| 70. | A clinical audit investigating the possibility of predicting the result of SeHCAT Day 1 scan | Page 45 |
| 71. | Gastric Emptying: Does gender, age or body habitus affect stomach function? | Page 46 |
| 72. | A review of the patient experience in the eye emergency department of the mater Misericordiae hospital | Page 46 |
| 73. | Development of tools to facilitate palliative and supportive care referral for patients with idiopathic pulmonary fibrosis | Page 47 |
| 74. | Development of a benchmarking toolkit for adolescent and young adult rheumatology services (BeTAR) | Page 47 |
| 75. | Improving coding and primary care management for patients with chronic kidney disease: an observational controlled study in East London | Page 48 |
| 76. | Incidence and significance of an elevated red blood cell distribution width among hospitalised HIV-infected adult patients | Page 49 |
| 77. | Challenges and barriers to optimising sedation in intensive care: A qualitative study in eight Scottish intensive care units | Page 49 |
| 78. | Vitamin D levels in 577 consecutive elective foot & ankle surgery patients | Page 49 |
| 79. | Measuring appropriate antibiotic prescribing in acute hospitals: Development of a national audit tool through a Delphi consensus | Page 50 |
| 80. | What are the requirements for developing a successful national registry of auditory implants? A qualitative study | Page 50 |
81. Validation of the acute cholecystectomy rate as a quality indicator for emergency general surgery using the SWORD database

82. Higher risk breast screening: cancer detection rates, recall rates, and attendance rates in Northern Ireland

83. Colorectal cancer registries: Comparing the united kingdom and united states of america and the call for international standardization

84. Current grading systems of acute and chronic diverticulitis are not correlative of operative duration or hospital costs

85. Improving engagement of young people with liver disease: The role of youth worker

86. A retrospective case review of a structured dietetic intervention in infants with hypoplastic left heart syndrome

87. Audit of medical staff knowledge of how to support mothers to initiate and to continue providing breastmilk for infants admitted to the neonatal unit

88. A Scotland-wide analysis of children with autoimmune hepatitis: A retrospective prevalence study

89. Maternal and cord serum carotenoid levels and their impact on neonatal hearing screen results

90. Overdiagnosis of non IgE cows milk allergy in primary care

91. Blended diet use across Scotland with cost savings on standard dietetic management

92. Current practice in UK centres providing surgery in paediatric inflammatory bowel disease-a survey from the BSPGHAN IBD working group

93. Paediatric Eosinophilic oesophagitis outcomes following the introduction of a dedicated clinic

94. A global prospective observational study in paediatric-onset IBD: The PIBD-SETQuality inception cohort

95. Evaluation and treatment of gastrointestinal and nutritional complications in children with neurological impairment, a U.K. district general hospital model for improvement

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

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

98. Vaccine uptake in the Irish Travelling community: an audit of general practice records


100. Evaluation of Cancer-Based Criteria for Use in Mainstream BRCA1 and BRCA2 Genetic Testing in Patients With Breast Cancer
1. Implementation of cholesterol screening at 2 years of age

Authors: Hamilton L.; de la Torre A.; Guerra L.; Vinson A.; Wilson D.
Source: Journal of Clinical Lipidology; 2019; vol. 13 (no. 3)
Publication Date: 2019
Publication Type(s): Conference Abstract
Database: EMBASE

Abstract
Lead Author's Financial Disclosures: None. Study Funding: None. Background/Synopsis: In 2011, the NHLBI published guidelines recommending routine cholesterol screening of all children from ages 9 to 11 years. However, Wald et al. suggested screening of children from ages 1 to 9 years provided the most optimal balance of high detection and low false positive rates. These authors initiated a cholesterol screening program of children aged 1 to 2 years in the United Kingdom, screening over 13,000 participants to assess feasibility of screening at a younger age. Based upon these findings, Cook Children's Medical Center has initiated a program providing point-of-care cholesterol screening for 2-year-old children seen one of its 6 neighborhood general pediatric ambulatory clinics. Screening was incorporated into the 2-year health maintenance visit. Objective/Purpose: The purpose of this study was to summarize the results of cholesterol testing and describe the challenges that were encountered.
Method(s): At the time of a patient's 2-year health maintenance visit, point-of-care cholesterol testing is conducted in each of the seven Cook Children's sponsored ambulatory clinics that provide care for children in a 6 county area in Dallas Fort-Worth. Data is reported from 4/1/2017 to 2/1/2018.
Result(s): 4,954 children underwent a 2-year-old health maintenance visit from 4/1/2017 - 2/1/2018. Of the total population seen, 2,247 (45%) underwent cholesterol testing. Of the 2,247 screened, the median LDL-C level was 78 mg/dL. To assess criteria for referral to Cook Children's Medical Center's REACH clinic, multiple LDL-C value thresholds were assessed (Table 1).
Conclusion(s): Successful implementation of a cholesterol screening program at 2-years-of-age is not without challenges. In addition to initial and ongoing efforts to educate the medical and clinic support staff, logistics, cost and clinical work-flow need to be very carefully considered when implementing additional testing in a busy ambulatory Pediatric Clinic. While guidelines for clinical management were helpful, PCP’s often did not follow through with the appropriate recommendation for dietary counseling or referral. Information obtained from this study will provide important information to facilitate process and quality improvement. [Figure presented] Copyright © 2019

2. Comparing paediatric trauma standardised mortality using tarn and picanet benchmarks

Authors: Marlow R.D.; Haythornthwaite G.; Davis P.D.
Source: Archives of Disease in Childhood; May 2019; vol. 104
Publication Date: May 2019
Publication Type(s): Conference Abstract
Database: EMBASE

Abstract
Available at Archives of Disease in Childhood from BMJ Journals - NHS
Available at Archives of Disease in Childhood 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

Introduction and aims Illness and injury severity scoring systems enable assessment of quality of care and benchmarking between units by correcting for case acuity. UK trauma network members are assessed by Trauma Audit and Research Network (TARN) calculations of Probability of Survival (TPS). This is based on Injury Severity Score (ISS), age, gender, conscious state and (adult specific) modified Charlson Comorbidity Index. This is not validated for children resulting in wide confidence intervals and limited clinical utility. Paediatric Intensive Care Units are benchmarked by the validated Paediatric Index of Mortality (PIM) calculated from physiological variables at time of admission and risk stratified diagnosis groups. We observed a clinical disparity between the scores of these methods and sought to determine if we could identify patterns of discrepancies. Methods TARN and PICANet data submissions for our regional trauma centre and PICU were retrospectively analysed for 2014-2017, comparing PIM3 (PIM2 prior to 2016) and TARN mortality (TM calculated as 1-TPS) predictions by age and injury type. All cases with discordant predicted mortality >50% were reviewed, categorising the key influencing factors for their scores. Results 110 trauma patients were admitted to PICU with an actual mortality of 10.9% and mean predicted mortality of PIM 10.3% vs TPS 13.8% (p=0.5). These included all trauma deaths in our Major Trauma Centre during this period. There was minimal correlation between methods (Pearson coefficient 0.4). Examining discordant outliers, children with a high TM (63%) but low PIM (7%) had high ISS (mean 44) with a 60% risk of death. The group with low TM (9%) but high PIM (78%) were predominantly infants with abusive head trauma presenting with out of hospital cardiac arrest and fixed dilated pupils. They had lower ISS (32) but a mortality of 75%. Discussion and conclusion We have found significant discrepancy between the two standard benchmarking systems for critically injured children in the UK. The current use of TARN adult trauma score does not accurately account for variation in paediatric case-mix with variation particularly driven by known predictors of poor neurological outcomes. We suggest simple modifications to allow the derivation of a paediatric specific method to enable meaningful benchmarking of paediatric trauma.

3. Are we seeing a worrying reversal of falling trends in DKA admissions in newly diagnosed children and young people with diabetes?

Authors Jain G.; Raffles A.
Source Archives of Disease in Childhood; May 2019; vol. 104
Publication Date May 2019
Publication Type(s) Conference Abstract
Database EMBASE

Abstract

The annual incidence of T1D in the UK is 22-30 per 100,000 in the 0-14 years age group, with an estimated 76% of incident cases aged 5-14 years. The frequency of presentation in DKA at diagnosis was 23% in the national paediatric diabetes audit (NPDA) in 2017 and 26%-27% in regional studies. Through our continuous audit and closer analysis of all newly diagnosed children and young people with diabetes, we have tried to identify trends and contributing factors. Method This is a retrospective review of all admissions for Children and Young People in our local population, with a diagnosis of Diabetes, presenting in Diabetes Ketoacidosis, either at diagnosis, or during the year of care of their diabetes. The period covered is April 1, 2012- August 31, 2018, and data is from the trusts admissions records, provided quarterly. Results In general, admission numbers were small, but consistent with local incidence rates. Admission rates for newly diagnosed diabetes in C and YP were relatively stable throughout the 6 year period, but presentation of newly diagnosed diabetes in DKA has increased significantly in the last 18 months. DKA at diagnosis initially fell very significantly (46% to 20%) during the period April 2012 to March 2017. In the period, April 2017- August 2018 this trend has reversed and increased to 83% of all newly diagnosed diabetic, in the age range 0-19 years, presenting in DKA. Conclusions Increased rate of DKA at diagnosis is very concerning as it is an indirect measure of service efficiency over the entire range of health care delivery including Primary and Secondary care and the general public awareness. Our recommendation would be to establish a local or network expert panel which reviews admissions, against established guidelines, to identify modifying factors in the patient’s pathways to reduce the risk of an avoidable outcome. Additional socio-economic factors, such as family dynamics, access to health carers and other variables may be important external determinants for avoidance of delayed diagnosis and subsequent presentation in DKA and therefore should also be examined.

4. An audit of adhd patients attending scottish NHS community child health clinics

Authors Ogundele M.O.
Source Archives of Disease in Childhood; May 2019; vol. 104
Publication Date May 2019
Abstract

ADHD is the commonest childhood neurodevelopmental disorder that begins in childhood and persists into adulthood, causing multi-domain impairment and three core symptoms of inattention, hyperactivity, and impulsivity. Objectives We aimed to analyze the cohort of children and young people with ADHD seen in two Community Paediatric clinics of a Mid-Eastern Scottish NHS Trust over a one-year period. Methods Medical records of all patients seen in the outpatient clinics between June 2016 and May 2017 were retrospectively reviewed. No identifiable patient record was used and no research ethical approval was required. ADHD was diagnosed using validated SNAP-IV questionnaires. The socio-economic status (SES) of each patient was estimated using the Scottish Index of Multiple Deprivation (SIMD 2016). Spearman’s rank correlation coefficient was used to determine the relationship between the prevalence of ADHD in different socioeconomic groups. Results A total of 93 out of 543 patients (17%) were diagnosed with ADHD, corresponding to 1.5 per 1000 of children’s population (0-15 years), aged between 5 years and 18 years (Average of 11 years) and 82% males. Each patient had 2 to 3 other co-morbid neurodevelopmental problems (NDPs) (ranging from 1 to 8). The commonest co-morbidities were difficulties with sleep (52%), behaviour (32%), coordination (25%), social communication concerns (24%), and emotional problems (19%). Girls had a higher number of co-morbidities (3 vs 2) and other healthcare professionals (2 vs 1) compared to the boys. There were statistically significant associations between the prevalence of ADHD and the SES of the patients (figure 1) and between the number of co-morbidities and the number of professionals caring for each patient (figure 2). The commonest multi-agency professionals involved included the CAMHS (33%), OT (19%), Educational Psychologists (14%), General Paediatricians (14%) and Clinical Psychologists (12%). Conclusion This study highlights the significant Public Health importance of childhood ADHD requiring high levels of integrated multi-professional involvement. This study confirms that the socio-economic characteristics of the children population have a significant influence on the prevalence of ADHD. The Scottish Government’s various initiatives to reduce health and wellbeing inequalities will help to reduce the overall burden of these disorders in the short- and long-terms.

5. Pilot interventions to improve hba1c within a paediatric diabetes service; a quality improvement initiative

Authors

Khetriwal B.; Dekyem P.; Durso A.; Brown J.; Shah-Enderby K.; Vinter K.

Source

Archives of Disease in Childhood; May 2019; vol. 104

Publication Date

May 2019
6. Improving our care of paediatric mental health patients

**Authors** Buckley A.M.; McEvoy S.; Adenuga L.

**Source** Archives of Disease in Childhood; May 2019; vol. 104

**Publication Date** May 2019

**Publication Type(s)** Conference Abstract

**Database** EMBASE

Abstract
Aim The outlined project arose from the participation of the current paediatric diabetes team within the RCPCH Quality Improvement initiative for Paediatric Diabetes teams in England. The team aimed to reduce mean and median HbA1c of their patient group (n = 120) and to improve patient satisfaction with the service. Method The team attended regular RCPCH QI meetings (from November 2017 - July 2018) and focused on Plan-Do- Study-Act (PDSA) cycles to analyse the effectiveness of a number of pilot interventions, in line with the above aims. Baseline and follow-up feedback on satisfaction with the service was gathered from patients. Baseline data suggested that improvements needed to be made in patient education, patient empowerment and ensuring adherence to clinic appointment times. A number of initiatives were trialled. These included: giving patients topic choices to discuss in clinics (as requested by patients), introducing 'time reminders' to consultants conducting the clinic and changing the format of annual reviews to ensure the recommended key care processes were completed within a timely manner. Diasend workshops were also implemented in order to encourage patients to review and monitor trends in their blood glucose levels between clinic appointments. The team met weekly to ensure the above initiatives were delivered in a clear, coherent and consistent way. Results Since initiating these changes, the clinic median HbA1c for the current patient group has dropped from 67.0 (November 2017) to 60.0 mmol/mol (August 2018), constituting a 10% reduction in median HbA1c within the space of 8 months (see Figure 1). The percentage of patients with an HbA1c of 70 mmol/mol or higher (i.e. those at risk of both acute and long term diabetes-related complications) has reduced from 49 to 23 percent (see Figure 2). On-going feedback from patients also suggests improvements in satisfaction with the service. Conclusion The project was successful in achieving the outlined aim of improving mean and median HbA1c for the current patient group and improving patient satisfaction with the service. Further PDSA cycles with new initiatives will continue to be implemented with the purpose of continuing the improvements observed.

7. Improving access to adult weight management services: Evidence from a realist synthesis and mixed methods case study

**Authors** Blane D.N.

**Source** Obesity Facts; 2019; vol. 12; p. 30-31

**Publication Date** 2019

**Publication Type(s)** Conference Abstract

**Database** EMBASE

Abstract
Aim The outlined project arose from the participation of the current paediatric diabetes team within the RCPCH Quality Improvement initiative for Paediatric Diabetes teams in England. The team aimed to reduce mean and median HbA1c of their patient group (n = 120) and to improve patient satisfaction with the service. Method The team attended regular RCPCH QI meetings (from November 2017 - July 2018) and focused on Plan-Do- Study-Act (PDSA) cycles to analyse the effectiveness of a number of pilot interventions, in line with the above aims. Baseline and follow-up feedback on satisfaction with the service was gathered from patients. Baseline data suggested that improvements needed to be made in patient education, patient empowerment and ensuring adherence to clinic appointment times. A number of initiatives were trialled. These included: giving patients topic choices to discuss in clinics (as requested by patients), introducing 'time reminders' to consultants conducting the clinic and changing the format of annual reviews to ensure the recommended key care processes were completed within a timely manner. Diasend workshops were also implemented in order to encourage patients to review and monitor trends in their blood glucose levels between clinic appointments. The team met weekly to ensure the above initiatives were delivered in a clear, coherent and consistent way. Results Since initiating these changes, the clinic median HbA1c for the current patient group has dropped from 67.0 (November 2017) to 60.0 mmol/mol (August 2018), constituting a 10% reduction in median HbA1c within the space of 8 months (see Figure 1). The percentage of patients with an HbA1c of 70 mmol/mol or higher (i.e. those at risk of both acute and long term diabetes-related complications) has reduced from 49 to 23 percent (see Figure 2). On-going feedback from patients also suggests improvements in satisfaction with the service. Conclusion The project was successful in achieving the outlined aim of improving mean and median HbA1c for the current patient group and improving patient satisfaction with the service. Further PDSA cycles with new initiatives will continue to be implemented with the purpose of continuing the improvements observed.
8. Global health partnerships: Role of nursing collaborations in education and quality improvement

**Authors**
Turner K.; Jyothish D.

**Source**
Archives of Disease in Childhood; May 2019; vol. 104

**Publication Date**
May 2019

**Publication Type(s)**
Conference Abstract

**Database**
EMBASE

Available at [Archives of Disease in Childhood](https://www.ncbi.nlm.nih.gov/pubmed/30816543) from BMJ Journals - NHS
Available at [Archives of Disease in Childhood](https://www.ncbi.nlm.nih.gov/pubmed/30816543) from Available to NHS staff on request from UHL Libraries & Information Services (from non-NHS library) - click this link for more information Local Print Collection [location] : British Library via UHL Libraries - please click link to request article.

**Abstract**
We describe a model of collaborative nurse-led initiatives to drive education and quality improvement in a global health partnership between a tertiary children’s hospital in UK and a children’s hospital in Malawi. A key aim of the partnership is to sustainably improve local health systems by strengthening education and training and enabling leadership in all disciplines. Nurses from UK and from Malawi worked as partners in designing and implementing a series of joint initiatives including Simulation training, Paediatric assessment courses and Infection control. Simulation training was jointly designed by the nurses and specifically addressed the traditional inter-disciplinary boundaries and vertical hierarchy which exists between medical and nursing professions in Malawi. The simulation scenarios empowered the nurses in acquiring communication skills to constructively challenge medical colleagues, contribute to clinical decision making and advocate for patients in the multiprofessional team. Paediatric assessment courses have previously been undertaken by Malawian nurses. They are now trained to be trainers to deliver the course which is attended by UK colleagues too.

Feedback from the UK and Malawi nurses indicated that the leadership, time-management and organisational skills they acquired through this trainer-trainee venture served as incentives to both groups to advance their personal leadership journey. Infection control quality initiatives included joint exploration of culturally acceptable and implementable infection control practices, sourcing locally available antiseptics and nomination of an infection control nurse champion who led the team in educating patients and professionals on hand washing and evaluating the outcomes. The project implementation and working together enabled a collective educational experience with better understanding of global health issues. Our experience indicates that an explicit focus on nursing collaboration in delivering education and quality improvement projects plays an integral role in aligning key colleagues and drives ownership and self-determinism in global health partnerships.

9. A quality improvement project for safe and standardised central line insertion on PICU

**Authors**
Thompson A.; Webster A.; Zizkova E.; Burmester M.

**Source**
Archives of Disease in Childhood; May 2019; vol. 104

**Publication Date**
May 2019

**Publication Type(s)**
Conference Abstract

**Database**
EMBASE

Available at [Archives of Disease in Childhood](https://www.ncbi.nlm.nih.gov/pubmed/30816543) from BMJ Journals - NHS
Available at [Archives of Disease in Childhood](https://www.ncbi.nlm.nih.gov/pubmed/30816543) 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**
Primary care practitioners are well placed to identify individuals with obesity and weight-related co-morbidities and to signpost or refer them to weight management services when appropriate, but this does not often happen in practice. Findings from a realist review of previous interventions to improve identification and referral of adults with obesity in primary care will be presented alongside a mixed methods case study of GP referrals to a large NHS adult weight management service. The realist review involved a systematic search of six databases to identify relevant intervention studies. The final sample consisted of 30 papers (5 RCTs, 5 non-randomised controlled trials, 6 quality improvement studies, 11 pre-post test designs, 2 mixed methods studies, and 1 qualitative process evaluation). Most studies used multiple intervention strategies which could be divided into: 1) Training, 2) Tools to improve identification, 3) Tools to improve ease of referral, 4) Audit/feedback, 5) Working in networks/ quality circles, and 6) Other. The synthesis produced 12 different mechanisms that help us to understand why some interventions were more successful than others. We also offer hypotheses about how these mechanisms might play out differently in different contexts to account for different outcomes. The mixed methods case study of GP referrals to weight management involved: a) multilevel binary logistic regression analysis of cross-sectional GP referral data, including individual patient and practice characteristics, and b) semi-structured interviews with 20 patients and 17 practitioners. Predictors of attendance will be presented alongside qualitative data that helps us to understand barriers and facilitators to referral and attendance.

9. A quality improvement project for safe and standardised central line insertion on PICU

**Authors**
Thompson A.; Webster A.; Zizkova E.; Burmester M.

**Source**
Archives of Disease in Childhood; May 2019; vol. 104

**Publication Date**
May 2019

**Publication Type(s)**
Conference Abstract

**Database**
EMBASE

Available at [Archives of Disease in Childhood](https://www.ncbi.nlm.nih.gov/pubmed/30816543) from BMJ Journals - NHS
Available at [Archives of Disease in Childhood](https://www.ncbi.nlm.nih.gov/pubmed/30816543) 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**
Primary care practitioners are well placed to identify individuals with obesity and weight-related co-morbidities and to signpost or refer them to weight management services when appropriate, but this does not often happen in practice. Findings from a realist review of previous interventions to improve identification and referral of adults with obesity in primary care will be presented alongside a mixed methods case study of GP referrals to a large NHS adult weight management service. The realist review involved a systematic search of six databases to identify relevant intervention studies. The final sample consisted of 30 papers (5 RCTs, 5 non-randomised controlled trials, 6 quality improvement studies, 11 pre-post test designs, 2 mixed methods studies, and 1 qualitative process evaluation). Most studies used multiple intervention strategies which could be divided into: 1) Training, 2) Tools to improve identification, 3) Tools to improve ease of referral, 4) Audit/feedback, 5) Working in networks/ quality circles, and 6) Other. The synthesis produced 12 different mechanisms that help us to understand why some interventions were more successful than others. We also offer hypotheses about how these mechanisms might play out differently in different contexts to account for different outcomes. The mixed methods case study of GP referrals to weight management involved: a) multilevel binary logistic regression analysis of cross-sectional GP referral data, including individual patient and practice characteristics, and b) semi-structured interviews with 20 patients and 17 practitioners. Predictors of attendance will be presented alongside qualitative data that helps us to understand barriers and facilitators to referral and attendance.
10. Should district general hospitals stop doing sweat tests? don't sweat!

Authors
Muhammad A.; Lang T.; Nyamugunduru G.

Source
Archives of Disease in Childhood; May 2019; vol. 104

Publication Date
May 2019

Publication Type(s)
Conference Abstract

Database
EMBASE

Abstract
Aim a. To audit the delivery of sweat testing in a district general hospital against national standards b. To develop recommendations for local practice. Method In our NHS Trust which cares for 300 000 children a retrospective audit against national (RCPCH endorsed) clinical and laboratory standards was performed over 12 months beginning January 2017. Records of sweat tests and laboratory procedures were obtained from the biochemistry laboratory. Clinical indications for sweat testing were obtained from patient electronic notes. The audit was registered with the audit department. Results 43 sweat tests were performed in 41 children whose age ranged from 3 months to 18 years. The most common indications were respiratory (65.9%), failure to thrive (17.1%) and bowel symptoms (12.2%). Out of 39 sweat tests (excluding repeat tests), 13 failed (33%) mostly due to insufficient sweat volume. All the sweat tests showed normal results except for one borderline result that when repeated showed a normal result. Conclusion Despite the high number of sweat tests still being requested by paediatricians there has been no single case of cystic fibrosis (CF) diagnosed in our Trust for 10 years, suggesting the newborn CF screening program in our region is effective. Should hospitals like ours that do not run CF clinics and/or receive newborn CF screening results be doing sweat tests? Also we wonder if the indications and threshold for sweat testing require redefining in the post newborn CF screening era. Our sweat testing failure rate of 33% was very high against the recommended failure rate of <10%. Is this a local blip or a national pattern? We encourage other district general hospitals to publish their results. Subsequently in our hospital discussions within the regional CF centre about the future of our local sweat testing service were initiated. Additional training for laboratory technicians was provided.

11. The phenomenon of society's hidden young Carers

Authors
Rahman N.; Brown S.; Ioannou M.; Heller D.; Fertleman C.; Datt C.

Source
Archives of Disease in Childhood; May 2019; vol. 104

Publication Date
May 2019
12. Exploring bronchopulmonary dysplasia (BPD) rates in preterm infants: An in-depth analysis

**Authors**  Fuller M.A.; Slater C.; Ponnumasamy V.

**Source**  Archives of Disease in Childhood; May 2019; vol. 104

**Publication Date**  May 2019

**Database**  EMBASE

**Abstract**  Background An estimated one in five children are young carers:1 they are assisting in the care of a relative/friend 'who is ill, disabled or misuses drugs or alcohol'2. Children care for a whole variety of reasons3. Despite their integral role within society, young carers remain a largely 'hidden' population4. The impact of young caring has been extensively documented; nevertheless, initiatives specific to young carer identification within healthcare have yet to be developed and implemented. This project worked in collaboration with Family Action as part of a quality improvement project to enhance the identification and experiences of local young carers. Aims This project sought to ascertain and address barriers faced by young carers accessing healthcare in North London from the perspectives of both young carers and healthcare professionals. Methods We conducted semi-structured interviews with ten paediatric and eight adult healthcare professionals and two young carers from a Family Action Carers Group to explore their perceptions of young carers' rights and support. Ten young carers participated in an educational workshop, focused on their rights within the National Health Service, and the co-development of young carer identification cards. Results A qualitative approach uncovered six predominant themes: identification, support, awareness, family dynamic, young carers' voice and impact. Identification emerged to be the primary obstacle hindering young carers from accessing appropriate support, such as information and training. Conclusion A lack of awareness and recognition of young carers by healthcare professionals results in the poor healthcare experiences of these carers. We hope that with increased knowledge of young carer rights and enhanced recognition of their role, young carers will be empowered to more confidently assert their rights within healthcare.

**Database**  EMBASE

**Abstract**  Background UK National Neonatal Audit Programme (NNAP) 2017 defines BPD by level of respiratory support at 28 days and 36 weeks corrected age. Based on this, UK national incidence of BPD for Level 3 NICU’s remain around 40%. We aimed to review our data, including radiological evidence to define BPD rate accurately to improve our practice. Method Included neonates born between January to December 2016, under 32 weeks gestation and admitted to our NICU. Excluded those who died or transferred for special care/surgery. Data collected through BadgerNet and medical records, and subgroup analysis done for inborn and out-born babies. Results Despite predominant non-invasive ventilation in our unit, 50/105 (47.6%) neonates had BPD according to NNAP definition. Demographics showed median birth gestation 28+3 weeks, median birthweight 1041 g, median days of invasive ventilation - 3, BIPAP- 3, CPAP - 6, nasal High flow -18 and nasal oxygen - 22. Additionally, 95% received at least one dose of antenatal steroids, 33% had PROM, 61% received surfactant, median dose 200 mg/kg and median age of 1 hour, and 22% received postnatal steroids, predominantly inhaled budesonide. Of 50 neonates with BPD, 38 did not have a chest X-ray around 36 weeks as not clinically indicated; 7 had normal chest X-ray; and 2 had signs of consolidation. Only 3 (6%) had radiological evidence of BPD. While the overall rate of 47.6% is higher than UK national average for level 3 NICU’s, this does not reflect true rate of BDP. Babies with other pathologies like cardiac, gastro-oesophageal reflux and pneumonias were also included within NNAP definition. The rate of BPD also varies between inborn and out-born babies based on units’ practice. Additionally, rate of BPD also falls slightly to 37% at term corrected age. Conclusion Our rates of BPD appear high despite non-invasive ventilation. Review of definition to capture accurate data is vital to identify true BPD rate in every unit. This will help to improve practices around management of BPD in at risk infants, including early use of surfactant and improved nutrition. Using 40 weeks cut off might be more clinically relevant for long term respiratory morbidities.
13. Positive change is possible: Overcoming the barriers to addressing paediatric obesity in the general outpatient population

**Authors**
McClean A.; O’Connor B.; Orr K.; Anderson P.; Burke S.; MacKenzie D.; Anandarajan M.

**Source**
Archives of Disease in Childhood; May 2019; vol. 104

**Publication Date**
May 2019

**Publication Type(s)**
Conference Abstract

**Database**
EMBASE

Available at [Archives of Disease in Childhood](https://www.archdischild.com) from BMJ Journals - NHS

Available at [Archives of Disease in Childhood](https://www.archdischild.com) from Available to NHS staff on request from UHL Libraries & Information Services (from NULLJ library) - click this link for more information


Available at [Archives of Disease in Childhood](https://www.archdischild.com) 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 Childhood obesity negatively impacts physical health, mental wellbeing and shortens life expectancy.1 A 2017 audit of children attending our district hospital's outpatient clinics (OPC) and rapid response unit (RRU) revealed: 13% of children were overweight and 15% were obese. 86% of overweight and obese children were not picked up by doctors or nurses. Staff focus groups and questionnaires indicated that many paediatric staff felt underprepared and apprehensive about addressing obesity with families. Aims To increase childhood obesity recognition by ensuring that 50% of children will have Body Mass Index (BMI) calculated and plotted by May 2018. To increase staff knowledge, willingness and confidence to address childhood obesity with families. Methods IHI QI methodology was used to introduce routine BMI plotting to RRU and OPC. A multidisciplinary team including dieticians, physiotherapists, psychologists, nurses and doctors was established. Plan-Do-Study-Act cycles introduced practical changes including I-pads with an app for quickly calculating BMI centiles. Parents provided essential feedback. Staff received multidisciplinary training utilising motivational interviewing techniques to have these crucial conversations with families. Results BMI plotting was successfully introduced; going from a median of 0% to 100% for both OPC and RRU and increasing the recognition of overweight/obese children to 100%. 100% of staff who attended multidisciplinary training ‘agreed’/’strongly agreed’ that it improved their willingness, confidence and preparedness to address obesity with families. 100% of parents (27/27) who provided feedback were supportive of the project. 100% of parents stated that doctors have a duty to raise obesity with families. Conclusions Routine BMI plotting has been successfully introduced to our outpatient department and spreading to other hospitals in Northern Ireland. We shared our innovative practice by hosting a regional paediatric obesity awareness day for all Northern Irish healthcare professionals. We are running a one-to-one health coaching pilot for families struggling with weight issues. We have applied for funding to expand this. Our vision is that all overweight/obese children are recognised and given support to achieve a healthier weight.

14. Prognosis for childhood CFS is excellent

**Authors**
Robertson D.; Mansfield K.; Dennis H.; Wilson C.; Kumar Y.

**Source**
Archives of Disease in Childhood; May 2019; vol. 104

**Publication Date**
May 2019

**Publication Type(s)**
Conference Abstract

**Database**
EMBASE

Available at [Archives of Disease in Childhood](https://www.archdischild.com) from BMJ Journals - NHS

Available at [Archives of Disease in Childhood](https://www.archdischild.com) from Available to NHS staff on request from UHL Libraries & Information Services (from NULLJ library) - click this link for more information


Available at [Archives of Disease in Childhood](https://www.archdischild.com) 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.
Aims Services for childhood Chronic Fatigue Syndrome (CFS) are variable across the UK. We evaluated the service and outcomes involving an Occupational Therapy (OT) service commissioned to support children with CFS in the South-West of England. We also evaluated the demographics of the service users, looking at aetiology, gender and age. Methods Patients up to 16 years of age were identified from the CFS Therapist database with data collected from that database along side hospital electronic patient records. All patients who presented for treatment between April 2014 to March 2018 were assessed for suitability. The inclusion criteria used for selecting participants included patients aged 16 or under, diagnosed with CFS, who had attended the CFS service at least once during this period. Results 116 patients are in the study over the 4 year period April 2014-March 2018. Annual Incidence of CFS is 0.4 per 1000 children with male:female ratio of 2:3 with 81% being above 10 years of age. 36.2% of the patients had no precipitating cause identified with 40.7% reporting a recent viral infection. 47.9% of the viral infections were identified as Epstein Barr Virus (EBV). Medication use such as Amitriptyline, Gabapentin and melatonin was noted in 29.4%. 65.5% of the patients were discharged from both the CFS service and the paediatric team with 9.5% of the children transitioned to the adult team, all of whom had a diagnosis at a mean age of 13 years. Conclusion Incidence of CFS in Cornwall is higher compared to reported rates across the West (0.11). As has been shown in adult studies (female: male ratio of 6:1), female children have a higher risk of CFS although not to the same extent. The audit demonstrated no clear precipitating cause. There is association of viral infections with CFS. Unlike in adults, where less than 10% recover to pre-morbid levels, children with CFS have good prognosis with high remission when they are supported by a service that includes OT and paediatricians.

**Abstract**

**15. The asthma big room: Improving childhood asthma management**

**Authors** Coughlan C.; McGeorge E.; Fawcett M.; Smith A.; Slade C.; Thompson N.; Hall S.; Klaber R.

**Source** Archives of Disease in Childhood; May 2019; vol. 104

**Publication Date** May 2019

**Publication Type(s)** Conference Abstract

**Database** EMBASE

Available at Archives of Disease in Childhood from BMJ Journals - NHS
Available at Archives of Disease in Childhood 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 Archives of Disease in Childhood 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**

Introduction Despite effective treatments and clear clinical guidelines, 13 children died from asthma in England and Wales in 2016.1 Asthma accounts for a high proportion of paediatric hospital attendances, 75% of which are ‘avoidable’.2 Patients with a documented asthma care plan are less likely to present to hospital acutely, but coverage remains patchy.3 This underpins the growing consensus that transforming asthma care requires improvement of existing services (QI) rather than paradigm shifts in diagnosis and treatments. Effective asthma management requires engagement of multiple stakeholders, including patients, carers, general practitioners (GPs), hospital doctors and specialist nurses. However, traditional models of healthcare delivery impede collaboration between these groups in co-designing service improvements. Methods In late 2017, an ‘Asthma Big Room’ (ABR) was established at our large inner-city hospital. This QI forum derives from the ‘Oobeya’ model of lean management.4 Stakeholders hold a weekly multidisciplinary team meeting with a flat hierarchy, managed by trained ‘flow coaches’. The ABR facilitates interpretation of data relating to hospital admissions, care plan coverage and patient education; and the design and implementation of rapid tests of change. Stakeholders have created a shared vision of the steps needed to improve care across the region, captured in a ‘driver diagram’. ‘Patient stories’ are brought to the ABR to provide a central clinical focus. Results The ABR has engaged professionals from our Emergency Department (ED), ward and out-patient settings. Other attendees include local GPs, site practitioners and information technology specialists. Baseline audit indicated care plan coverage of 17% for children admitted in April 2018. Discussions in the ABR have led to the design of an electronic care plan which we aim to supply to all children who attend our ED or are admitted with asthma. Future projects devised in this forum include outreach clinics and group consultations. Conclusion Big Rooms constitute a valuable means of engaging stakeholders in quality improvement, with multiple potential applications in Paediatrics.

**16. Safe as ‘owls’: Creating paediatric-oncology specific safety huddles**

**Authors** Knott C.; Leger C.; Sidhanee A.; Stemp F.; Stoneham S.; Windsor R.

**Source** Archives of Disease in Childhood; May 2019; vol. 104

**Publication Date** May 2019

**Publication Type(s)** Conference Abstract

**Database** EMBASE

Available at Archives of Disease in Childhood from BMJ Journals - NHS
17. Lost in transition? ADHD transition service audit in a DGH setting: A quality improvement project

Abstract

Background Situation Awareness for Everyone (S.A.F.E) was introduced by the RCPCH to reduce avoidable error and harm to children on general paediatric wards; ‘huddles’ are central to the SAFE concept. We sought to customise the ‘huddle’ for complex paediatric oncology patients at a London principal treatment centre. Cancer diagnoses included sarcoma, Hodgkin lymphoma and brain tumours treated with radio, chemo and immunotherapies. Aims included highlighting potential oncological ‘red flags’, improved discharge planning and early identification of multidisciplinary needs of the child and family. Methods Plan, do, study, act (PDSA) cycles are recommended by NHS improvement to test an idea by trialling a change on a small scale and assess its impact, building upon the learning from previous cycles in a structured way. We piloted the standard RCPCH ‘huddle’ and developed them to suit our unit using PDSA cycles. A core team, including nurses, doctors, physiotherapist, occupational therapist, dietician, pharmacist, play-specialist, school teacher, house-keeper and administrator, met at regular intervals to review existing processes, identify issues, and implement, then evaluate new ideas. Results Cycle 1: *Oncology Watchers List (OWLS) to replace the RCPCH ‘Watchers’. *Script redeveloped to ensure the SAFE huddle was structured, brief and confidential. *A new inclusive multidisciplinary approach to shared learning and service development Cycle 2: *Commitment to twice daily huddles from entire MDT. *Shared care referrals completed on time increased from 83% to 100% (n=8) over 6 months. *100% of discharge summaries (n=8) completed post huddle implementation ahead of discharge date. Unfortunately, this had not be audited beforehand, however, it had been verbally identified as a previous problem. *Audit demonstrated an improvement in chemotherapy consent (50% increase) and plans (63% increase) sent to community teams prior to first discharge. *Tasks allocated during huddles held individuals to account for completion leading to a perceived feeling of efficiency. Conclusions This practice development project has achieved a number of measurable outcomes in improving patient safety, interdisciplinary communication and team working. Adaptation of the RCPCH SAFE huddle to fit the complex needs of paediatric oncology patients has produced a clinically relevant and effective tool to improve safety, discharge planning and, interdisciplinary communication and learning.
18. Health equity audit of provision of specialist paediatric neurorehabilitation services in England

Authors: Kallfa N.; Lumsden D.; Williams J.; Sharples P.M.
Source: Archives of Disease in Childhood; May 2019; vol. 104
Publication Date: May 2019
Publication Type(s): Conference Abstract
Database: EMBASE

Abstract

Background Intensive early neurorehabilitation is required after severe Acquired Brain Injury (ABI), usually necessitating inpatient care. Adult in-patient Specialist Neurorehabilitation services have been commissioned by NHS England since 2013, but there is no consistent provision and standard for specialist neurorehabilitation services for children. Aims To survey arrangements for ABI children requiring inpatient neurorehabilitation across England. Methods A questionnaire was sent to Lead Clinicians at all paediatric Regional Neuroscience Centres (RNSC) and two stand-alone specialist neurorehabilitation units in England. Centres were asked about neurorehabilitation clinical practice and demographic details of in-patients treated 2012-2015. Results 17 centres responded, 15 RNSC, 2 stand-alone units. Only 29% had neurorehabilitation funding arrangements separate to acute neurology/neurosurgery tariffs. Only 10% had ring-fenced neurorehabilitation beds. Total patients receiving in-patient neurorehabilitation were estimated at 1589 over 3 years (mean/year=530). Numbers increased over time (464 (2012/13); 530 (2013/14); 595 (2014/15)). Estimated mean number of patients treated per centre/year=40 (range 2-98). 18% of centres accepted external neurorehabilitation referrals, 82% did not. 47% had a process for care transfer from acute services to neurorehabilitation, 53% did not. Proportion of total neurorehabilitation in-patients classed as severe ranged from 25%-90%. 6% of centres reported having >7 neurorehabilitation in-patients at any time; 41% 2-7; 41%<2. Length of neurorehabilitation stay ranged from 7-375 days. Percentage of cases with distance from centre to home >=45 min by road ranged from 3%-100%. Many centres reported staffing deficiencies; 40% had protected time for multi-disciplinary team (MDT) meetings for all members, 20% for some, 40% for none. 86% of MDTs included non-NHS funded members. Most patients were discharged from RNSCs to home, but some were discharged as in-patients to district hospitals or specialist neurorehabilitation unit. Conclusions Considerable neurorehabilitation in-patient activity is taking place in RNSCs, despite general absence of secure funding or dedicated beds. Inter-centre variations in funding, clinical practice and discharge destinations indicate absence of clear and consistent pathways for children with ABI and other conditions requiring neurorehabilitation. Care is inequitable across England and compared to adults. Neurorehabilitation is an integral part of the neuroscience clinical pathway and should be commissioned as a specialist service.

19. Child health promise: Good ideas brought together-childhealthpromise.org

Authors: Race H.; Collier L.; Singh G.; Sen C.
Source: Archives of Disease in Childhood; May 2019; vol. 104
Publication Date: May 2019
Publication Type(s): Conference Abstract
Database: EMBASE
Abstract

Aim Child Health Promise (CHP) is a website set up in collaboration with the Royal Society of Medicine (RSM) to share paediatric quality improvement projects. Background As a paediatric trainee, moving around different hospitals and community settings can be frustrating as lots of quality improvement work is repeated, cut short and not shared. The CHP website enables you to quickly create your own project page without having to set up your own website. The projects are all displayed on the CHP website enabling you to disseminate your work. The aim is to inspire, invite others to join and point out both the positives and pitfalls of your project so everyone can learn. Methods We wrote the material for the website to include separate sections explaining the concept for health care professionals, young people and parents. Currently, you can only register to upload a project with an nhs. net email address to avoid safeguarding issues. You then fill in a short form based on SMART objectives about your project, upload photographs and resources. Your project is then displayed on the project page. This is open to the public and other health care professionals to view. The website is funded by the RSM. Results Healthcare professionals from across the UK have uploaded a total of 25 projects in the last 6 months ranging from 'Restart a heart - community resuscitation training for children' to 'Asthmanauts are go' - a comic for children explaining asthma. Three projects were presented at the Child Health Festival, a joint conference with RCPCH, British Association for Child and Adolescent Public Health and the RSM about advocating for child health. Discussion By collaborating with healthcare professionals, young people have been involved in developing and running their own community based projects. We would like CHP to support co-production of sustainable quality improvement projects. Conclusion We hope that CHP changes the culture of quality improvement promoting collaboration between healthcare professionals and the public and across traditional boundaries. Ultimately, this should allow great ideas to be shared and developed together.

20. Evaluation of the health needs of unaccompanied asylum seeking children

Authors
Battersby A.; French J.; Brennan K.; Eisen S.; Ward A.; Fitzgerald F.; Williams B.; Nijman R.

Source
Archives of Disease in Childhood; May 2019; vol. 104

Database
Available at Archives of Disease in Childhood from BMJ Journals - NHS
Available at Archives of Disease in Childhood 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 Archives of Disease in Childhood 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
Aims Following the mass migration of children to Europe in 2015-2016, services faced the challenge of managing the needs of unaccompanied asylum seeking children (UASC). This multi-centre quality improvement project (QIP) aimed to identify common physical and emotional health issues, to aid development of optimal services for this particularly vulnerable group. Methods Initial Health Assessments (IHA) reports of the UASCs in four Community Paediatric Looked After Children services across London were assessed. Data was collected on demographics, personal history and health issues, and stored and analysed in a secure online database; ‘Redcap’. Results Data was gathered from 165 UASCs aged 12-17 years. 81% were male. There was significant variety between centres regarding country of origin; most common were Eritrea, Albania, Sudan and Vietnam. Political (including safety concerns) was the most common reason for leaving their home country (n=98, 59%). Most used multiple transport modes on their journey, and a significant proportion (32%, n=40) travelled over 12 months. The majority (57%, n=94) had experienced abuse; 82 disclosed physical abuse, and 18 disclosed sexual abuse. 55% (n=90) reported symptoms of mental health problems. 76% (n=127) had specific health issues, commonly skin conditions, sleep issues or non-specific pain. 35% (n=57) were assessed high-risk of TB contact; 12 had TB symptoms. Referrals for TB screening were made in 103 cases. 44 UASCs were referred to sexual health services; 25% of those referred specialist sexual abuse centres. Over a third (n=60) of UASCs were referred to mental health services. 47 UASCs had health needs identified requiring GP follow-up. Average days in UK before IHA was 85; most UASCs had already registered with a GP, dentist and optician. Conclusion Multiple needs identified, including infectious disease risks, mental health and sexual health needs; yet despite meeting criteria for specialist services, many referrals were not made. This QIP found issues with length of time in accessing IHA appointments; assessments within 28 days are a statutory requirement. We are now working to develop guidance and pathways to address the needs of this uniquely vulnerable cohort.

21. Effect of the introduction of a new pathway for prevention of venous thromboembolism (vte) including neuromuscular electrical stimulation (nmes) on symptomatic vte on immobile stroke patients

Authors
Williams J.; Natarajan I.; Moss C.; Lambert C.; Richards L.; Roffe C.

Source
Stroke; Feb 2019; vol. 50

Database
EMBASE
22. Review of the pathway for children with 'swollen' optic discs: A service evaluation and quality improvement study

Authors: Christodoulou L.; Parida A.; Wu K.; Donnachie A.; Wren S.; Butler C.

Source: Archives of Disease in Childhood; May 2019; vol. 104

Abstract

Introduction Papilloedema is defined as swelling of the optic disc caused by raised intracranial pressure. Following a recent highly publicised court case, our paediatric and other services have experienced an unprecedented increase in referrals of children with 'suspicious optic discs'. We aimed to evaluate the patient journey of all children presenting with suspected optic disc swelling and make recommendations for an integrated multidisciplinary pathway. Methods A retrospective case notes review in a single UK centre of all patients under 16 presenting with suspected optic disc swelling to Paediatric or Ophthalmology departments. Results During a 9 month period in 2016, 42 referrals concerning 'suspicious' optic discs were received. 39 (92%) of these were from community optometrists. Mean age was 11, ranging from 4-17 years old. 38 (90%) of these patients presented to Ophthalmic Emergency, of whom 18 were sent straight to paediatrics. The remainder came via their GP. 11 (6 DVT, 5 PE) in ‘prophylaxis not required’ and 1 (DVT) in ‘on anticoagulant’. The geko™ device was used for a mean of 9 days/patient and was well tolerated without serious adverse events.

Conclusion(s): The new strategy of increased surveillance, and use of the geko™ device where indicated, for patients who cannot use IPC (intolerance, falls risk, out of stock) was switched to the geko™ device. The incidence in high risk immobile patients requiring MP was 1.9% (13/687), which is lower than the 6.6% in a comparable patient population in the CLOTS-3 study.

24. Audit on first paediatric afebrile seizure pathway

Authors: Palanyiaya H.; Mukhtyar B.; Michael S.
Source: Archives of Disease in Childhood; May 2019; vol. 104
Publication Date: May 2019
Publication Type(s): Conference Abstract
Database: EMBASE

Abstract

Background: Trauma contributes significantly to adolescent morbidity and mortality. There is currently a dearth of literature specific to this field in the UK. We aimed to ascertain the epidemiology of adolescent trauma in England.

Methods: TARN (Trauma Audit Research Network) records all trauma cases which meet pre-specified criteria. Adolescents were defined as 10-24 years. TARN data from English sites over a ten-year period (2008-2017) were included in this analysis.

Results: TARN recorded 26,330 cases of adolescent trauma with 5,266 (20%) aged 10-15 years and 21,064 (80%) aged 16-24 years. The median age was 19.4 years (IQR 16.7-21.7 years). There was a 2.2-fold increase in the annual number of cases reported during the period of study with an increase in the number treated in MTCs (44% 2008 vs 73% 2017). A male predominance was noted (76.7%). Trauma was more likely to occur between 08.00 and 00:00 (77.4%), at weekends and between April and October. Mortality rate was 4.4% (4.47% in 16-24 year old group and 3.84% in 10-15 year old group). Road traffic collision (RTC) was the leading cause of adolescent trauma (52%). Intentional injuries accounted for 19.8%; 16.2% alleged assault and 3.6% suspected self-harm. There was a potential three-fold increase in the number of stabbings reported, resulting in an increase in the proportion of trauma due to stabbings over the study period (9.3% in 2008 to 12.2% in 2017). Those with a known psychiatric diagnosis had a higher mortality (6.5% vs 4.2%; p<0.001). Conclusions: There has been an increase in reported adolescent trauma with RTC and intentional injuries, including stabbings as leading aetiologies. Health care professionals and policy makers need to prioritise national preventative public health measures and early interventions to reduce the incidence of trauma in this vulnerable age group.
25. Reducing unnecessary blood taking in the NICU—a quality improvement project

**Authors**
McDermott H.; Smith A.; Nath P.

**Source**
Archives of Disease in Childhood; May 2019; vol. 104

**Abstract**
Aims Iatrogenic blood loss from blood sampling is one of the key drivers for anaemia in unwell or preterm neonates. We report on a quality improvement initiative piloted in one neonatal intensive care unit (NICU) in the UK to establish blood taking practices and investigating ways in which to safely reduce unnecessary losses. Methods A prospective 4 week period of data collection using a standardised proforma was completed. Following result analysis, a guideline for blood sampling and using the point of care gas machine results was introduced. These changes were evaluated by a subsequent 2 week period of prospective data collection using patient notes, online laboratory results and the same proforma. Results See table 1. The initial audit demonstrated that only 18% of tests resulted in or directly monitored a change in clinical management. It also showed that the point of care gas machine was sufficiently reliable to be used for commonly requested tests, when in the normal range, using Bland Altman analysis. The audit post-guideline showed that the number of laboratory tests significantly reduced, the mean number of tests acted upon to produce a change in clinical management doubled from 18% to 36% and the calculated cost of laboratory tests per patient reduced by 3.50. Conclusion Alarmingly, only 40% of patients presenting with a first afebrile seizure are currently being referred appropriately and under 2% of the patients are being seen within the recommended timeframe of less than 2 weeks. We have therefore created a local guideline for children presenting with a first afebrile seizure which includes a clear referral pathway to Paediatric Epilepsy services, with a plan to commence regular First seizure clinics within the trust.

26. Avoiding term admissions into neonatal units: How do we best identify areas for improvement

**Authors**
Firth C.; Pettinger K.

**Source**
Archives of Disease in Childhood; May 2019; vol. 104

**Abstract**
Introduction The NICE Guideline on Epilepsies recommends that any child presenting with an unprovoked first afebrile seizure should be assessed by a paediatrician with specialist interest in epilepsy within 2 weeks. This has arisen from data that suggest that 30%-50% of these patients can develop recurring seizures and misdiagnosis can occur in up to 30% of these patients. The new NHS contract from April 2017 requires hospital staff to arrange internal referrals with a specialist if a patient presents acutely with that problem, rather than requesting the respective general practitioners (GP) to make a specialist referral. Aims To determine what percentage of patients had follow up arranged and where these follow-up arrangements were to, i.e. GP, Children’s Assessment Unit (CAU), Paediatric outpatient clinic B. To determine the time between the initial patient contact to the clinic appointment Methods Information on patients under the age of 16 who presented with a seizure to the emergency department (ED) between June and December 2017 was collated. A retrospective review of the electronic clinical notes of those who presented with a first afebrile seizure was undertaken. Results 242 entries of patients presenting with a possible seizure was noted during our study period. 53 of these patients presented with a first afebrile seizure in ED. 54% were males, the majority between the ages of 1 and 5 and generalised tonic-clonic seizure was the commonest subtype seen. 39% were referred to a paediatric outpatient clinic, 28% to CAU and 15% were advised follow up with GP. 32/53 children did not get referred to Paediatric Epilepsy services. Only 1/53 patient was seen in a paediatric epilepsy clinic within the NICE recommended timeframe of 2 weeks. Conclusion This shows the successful implementation of a quality improvement project to reduce blood testing, management doubled from 18% to 36% and the calculated cost of laboratory tests per patient reduced by 3.50.

Services, with a plan to commence regular First seizure clinics within the trust.
Abstract

Aims ATAIN (Avoiding Term Admissions Into Neonatal units) is an NHS England Quality Improvement initiative to reduce admission of full-term babies to neonatal care. All term admissions are collaboratively reviewed by neonatal and maternity teams to identify avoidable admissions and areas to focus quality improvement. We aimed to compare our term admissions with the guidance for clinical review teams (GCRTQs) published in the 2013 CHT national screening standards. Data from this study was compared with the region as a whole between 2014-2017. Methods Data from all term admission using GCRTQs, areas for quality improvement are more likely to be identified through collaborative review of clinical incidents related to term admissions, near-misses and unexpected term TC admissions.

27. Screening for congenital hypothyroidism: A 21-year audit of practice and outcomes from a tertiary UK centre

Authors
Shah J.; Lambert C.R.; Barrett T.; Dias R.; Goddard P.; Preece M.A.; Karthikeyan A.

Source
Archives of Disease in Childhood; May 2019; vol. 104

Publication Date
May 2019

Publication Type(s)
Conference Abstract

Database
EMBASE

Available at Archives of Disease in Childhood from BMJ Journals - NHS
Available at Archives of Disease in Childhood 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 Archives of Disease in Childhood 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

Aims The UK newborn screening program facilitates early identification and treatment of Congenital Hypothyroidism (CHT) to prevent neurodevelopmental defects. This study audited practice and outcome data from a regional tertiary centre (RTC) over a 21 year period against the 2013 CHT national screening standards. Data from this centre was compared with the region as a whole between 2014-2017. Methods Data from infants (n=96), collected from patient records and screening laboratory databases who received treatment at the RTC and screened between 1997-2017, was analysed in four consecutive time periods. Regional screening data between 1997-2002 and 2013-2017, median age (range) of screening improved from 9 (7-24) to 6 (5-16) days. Median time for repeat sample after borderline results (thyroid stimulating hormone (TSH) concentration 10-20mU/ L) improved from 11 (8-15) to 8 (2-13) days. Between 1997-2002 and 2013-2017, median age at starting thyroxine replacement improved from 13 (18-14) to 12 (9-21) days. TSH normalised within 1 month of treatment for 20% of infants in 2013-2017. Between 2008-2012 and 2013-2017, median laboratory reporting time improved from 6 (2-26) to 5 days (3-8) and median time from referral to clinician review improved from 1 day (0-7) to the same day (0-2 days). 100% (11/11) of babies identified after initial screening sample were treated by the recommended 14 days of age at the RTC between 2014-2017, compared to the GCRTQs for respiratory symptoms, jaundice and hypoglycaemia. 13/50 (26%) were admitted for other reasons (of whom 6 had bilious vomiting, and 3 required observation for neonatal abstinence with associated social issues). Conclusion The GCRTQs did not identify specific clinical insights in our tertiary neonatal unit, which has relatively low term admission rates and well-established transitional care facilities. We suggest in such settings, rather than review of all term admission using GCRTQs, areas for quality improvement are more likely to be identified through collaborative review of clinical incidents related to term admissions, near-misses and unexpected term TC admissions.

28. Infection screening in unaccompanied asylum-seeking children
Background In 2016, 3175 unaccompanied asylum-seeking children (UASC) entered the United Kingdom. Many originate from countries with high rates of infections which are often treatable in the asymptomatic stages preventing progression to severe disease. Following statutory Initial Health Assessments (IHA), referral to specialist clinics is encouraged, where testing for latent infections may be tailored appropriately. Aims To evaluate the service provided by two infection clinics to determine if UASC infection screening was offered as recommended by Royal College Paediatrics and Child Health guidance Methods A clinical audit was registered at both sites. Data were anonymously and retrospectively extracted from patient records into a Microsoft Excel database for UASC seen between January 1st 2016 and 30th August 2017. Results 77 UASC were seen in clinic, 91% were male, median age was 16 years (range 11-18). They came from 14 different countries; 31 were from Afghanistan, 15 from Eritrea and 10 from Albania. All were tested for TB. 51 were tested for hepatitis B, of whom four (8%) were positive. 51 UASC tested negative for HIV and hepatitis C. Of 24 children tested for schistosomiasis four (16.6%) were positive. Of 74 asymptomatic UASC, 17 (23%) had LTBI. Three UASC with active tuberculosis were referred following presentation at emergency departments, all originally from Afghanistan. Two had been symptomatic for over four months. The median length of time between arriving in the UK and infection screening was 10 months (range 1-60 months; data available on 37 children). Conclusion We demonstrate clinically important rates of detection of treatable infections. Patients were offered testing as recommended by RCPCH guidance but there was significant delay due to high non-attendance and delays in IHA. Intensive liaison work by specialist nurses is ongoing to improve the time to testing, with promising results. We recommend that timely and tailored infection screening be offered to all UASC, by informed consent following expert counselling about their individual risk. More data are needed to inform best practice and develop consistent guidance.

29. Quality improvement: Improving management of paediatrics sepsis in busy district general hospital

Authors Rawal S.; Mushabe M.; Murdoch-Kelly J.; Tebble L.; Manktelow G.
Source Archives of Disease in Childhood; May 2019; vol. 104
Publication Date May 2019
Publication Type(s) Conference Abstract
Database EMBASE

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

Background The Quality improvement programme was undertaken to improve management of sepsis in children 0-16 years, who attend Children’s Emergency Department at Basildon University Hospital NHS Foundation Trust. A new Paediatric Sepsis tool was developed and piloted and rolled out in May 2018.

Intervention The 100 case notes were reviewed. The data was collected by Clinical Practice Facilitator. The findings were shared and reviewed by the multidisciplinary team. The team discussed new changes. This led to the development of teaching tool for staff and review of new sepsis tool. The new sepsis tool was piloted in May 2018. The significant parental concern was added as a trigger to a tool. The pathways of management were changed. We also raised awareness of staff. The Clinical Practice Facilitators developed study days for nursing staff. All new doctors are given teaching induction about sepsis. The Sepsis data is shared with all staff on ward board. Results The Weekly review of 30 patients per month since May 2018 and from August 5 cases per week are reviewed. In the first 2 weeks, 19 children triggered sepsis on the new tool. 8 patients were appropriately deescalated by a senior clinician. The old sepsis 6 tool used to trigger 40 patients per month. The screening within 1 hour including Lactate was done in 100%. The Antibiotics within 1 hour was given in 94%. This has increased from Previous 69%. The assessment of fluids and bolus was given 100%. Conclusion The improvement in the management of sepsis in our patients has been done by using PDSA methodology. A new tool was piloted. The parents and staff feedback were used to make changes for local use. The teaching tool for Nursing staff and Juniors doctors at induction was developed by the team. The sharing the data and learnings from them too by our paediatric staff is also helpful. The challenge moving forward is to keep consistency. We plan to continuously monitor.

30. Standardising the management of hypoglycaemia in paediatric patients with type 1 diabetes

Authors Andrews A.; McLaughlin C.; Coldwell S.; Budd L.; Remorino R.; Irvine V.; Hawes D.; Ford A.

Source Archives of Disease in Childhood; May 2019; vol. 104

Publication Date May 2019

Publication Type(s) Conference Abstract

Database EMBASE

Abstract

Background During 2017-2018 we participated in the RCPCH diabetes quality improvement collaborative to support work in reducing the mean HbA1c of our patient cohort. It is widely acknowledged that a consistent approach is vital in working towards HbA1c targets. One area of focus of our quality improvement work was to standardise the management of hypoglycaemia. As a team we decided to follow the British Society for Paediatric Endocrinology and Diabetes (BSPED) hypoglycaemia guideline (2016) giving clear and personalized recommendations for treating hypoglycaemic episodes with 0.3 g/kg of fast acting carbohydrates. Aim The aim of this audit was to evaluate patients’ management of hypoglycaemia in accordance to BSPED guideline and to assess the impact of standardising advice on patient management and patients’ HbA1c. Patient population The target population was children and young people managed for Type 1 diabetes mellitus in the NHS trust.

Method Between January and March 2018, patients’ management of hypoglycaemia was reviewed with a questionnaire when they attended a multidisciplinary clinic. They were educated and given a patient leaflet including an individualised plan in line with BSPED guidance. Their management of hypoglycaemic episodes was subsequently re-evaluated at future clinic appointments. Results Of the 121 patients initially assessed, 83% used the correct threshold of blood glucose <4 mmol/L to treat hypoglycaemia and 34% managed hypoglycaemic episodes appropriately. After education in clinic and the provision of a patient leaflet this improved to 90% of patients using the correct threshold. For the 52 patients who were assessed pre and post education, initially 23% had appropriate management of hypoglycaemic episodes and this improved to 60%. Over the audit period the average HbA1c dropped from 66.6 to 64.7 mmol/mol on one site and 70 to 66 mmol/mol on the other. Conclusion This audit shows that verbal and written education on management of hypoglycaemic episodes and therefore can enhance patient care.

31. Assessing confidence and gaps in clinical care amongst foundation trainees faced with a rotation in tertiary neonatal medicine with implementation of means to improve these areas for future cohorts: A quality improvement project

Authors Deering R.; McEleney D.; Gerrard C.

Source Archives of Disease in Childhood; May 2019; vol. 104

Publication Date May 2019

Publication Type(s) Conference Abstract

Database EMBASE

Abstract

Background The Quality improvement programme was undertaken to improve management of sepsis in children 0-16 years, who attend Children’s Emergency Department at Basildon University Hospital NHS Foundation Trust. A new Paediatric Sepsis tool was developed and piloted and rolled out in May 2018.

Intervention The 100 case notes were reviewed. The data was collected by Clinical Practice Facilitator. The findings were shared and reviewed by the multidisciplinary team. The team discussed new changes. This led to the development of teaching tool for staff and review of new sepsis tool. The new sepsis tool was piloted in May 2018. The significant parental concern was added as a trigger to a tool. The pathways of management were changed. We also raised awareness of staff. The Clinical Practice Facilitators developed study days for nursing staff. All new doctors are given teaching induction about sepsis. The Sepsis data is shared with all staff on ward board. Results The Weekly review of 30 patients per month since May 2018 and from August 5 cases per week are reviewed. In the first 2 weeks, 19 children triggered sepsis on the new tool. 8 patients were appropriately deescalated by a senior clinician. The old sepsis 6 tool used to trigger 40 patients per month. The screening within 1 hour including Lactate was done in 100%. The Antibiotics within 1 hour was given in 94%. This has increased from Previous 69%. The assessment of fluids and bolus was given 100%. Conclusion The improvement in the management of sepsis in our patients has been done by using PDSA methodology. A new tool was piloted. The parents and staff feedback were used to make changes for local use. The teaching tool for Nursing staff and Juniors doctors at induction was developed by the team. The sharing the data and learnings from them too by our paediatric staff is also helpful. The challenge moving forward is to keep consistency. We plan to continuously monitor.
Abstract
Throughout the UK, a number of Foundation Training programs offer a rotation in Neonatal Medicine. This field of Paediatrics is highly specialised and unlike any other rotation that Foundation Doctors are likely to encounter. The aim of this Quality Improvement Project is to analyse the confidence and abilities of Foundation Trainees in regards to working in Tertiary Neonatal Medicine and implementation of a means to improve these areas for future trainees. Method We conducted a survey amongst 2 cohorts of Foundation Trainees at the beginning and end of their rotation in Neonatal Medicine, focusing on levels of confidence, preparation, support and knowledge of local guidelines. Following this we developed a pocket-sized handbook covering practical and clinical information that Foundation Trainees would routinely require in the job. A subsequent survey was completed with the Trainees to assess the success of the handbook and the opportunity to provide ideas for further improvement. The table below collates the feelings and knowledge of the Foundation Doctors pre- and post-intervention. Conclusion Neonatal medicine remains an extremely specialised area of Paediatrics and from this study we have established that Foundation Trainees feel generally anxious and underprepared prior to starting the rotation. Implementation of a simple handbook for Trainees has shown a great improvement in confidence and knowledge of local guidelines which ultimately has the potential to improve on Patient clinical care of and Patient safety. (Table Presented).

32. Are we administering adequate fluids to children and young people in diabetic ketoacidosis (DKA)
Authors
Adavappa Parvathamma P.; Ryan M.; Shetty A.
Source
Archives of Disease in Childhood; May 2019; vol. 104
Publication Date
May 2019
Publication Type(s)
Conference Abstract
Database
EMBASE
Abstract
Introduction Diabetic Ketoacidosis (DKA) is a life-threatening complication of type-1 diabetes mellitus (T1DM) in children and young people (CYP). An Integrated Care Pathway (ICP) for management of DKA is established in Wales which is based on the 2015 British Society for Paediatric Endocrinology and Diabetes (BSPED) and NICE guidelines. Aims To audit the management of DKA in a teaching hospital following the introduction of the current BSPED and NICE guidance, with a focus on fluid therapy. Methodology Retrospective case note review of all children admitted in DKA to the Children's Hospital between June 2016 and June 2018. Results A total of 24 episodes of DKA were recorded in 23 patients. The median age was 11 years (range 1 to 16 years). 9 of the DKA episodes were in newly diagnosed CYP. 11 patients presented with a pH < 7.1; 6 required 10 ml/kg fluid bolus of 0.9% saline, 6 of whom required a further fluid bolus following clinical assessment. Of the 13 patients with a pH ≥ 7.1, 6 required 10 ml/kg of 0.9% saline fluid boluses, 2 of whom required the bolus after 2-3 hours of initiation of DKA management, and 1 required a further 10 ml/kg bolus. The maintenance fluid infusion rate was increased in 1 case. Hypoglycaemia was documented in 10 of the 24 episodes whilst on the pathway, despite having dextrose in their fluids. Conclusion A significant proportion of CYP being treated for DKA needed a change in their fluid therapy when treated in accordance with the current guideline. This change was made based on ongoing clinical assessments. No adverse outcomes were identified. There was an increased incidence of hypoglycaemia despite a reduction in the rate of insulin in the current guideline. This audit suggests that fluid therapy in DKA requires further evaluation and comparison with other centres using the BSPED and ICP guidance.

33. Rationalising our diagnostic approach to malaria in children in the paediatric accident & emergency department
Authors
Pang R.; Butterfield E.; Carrick-White C.; Morrissey B.
Source
Archives of Disease in Childhood; May 2019; vol. 104
Publication Date
May 2019
Publication Type(s)
Conference Abstract
Database
EMBASE
Abstract
Available at Archives of Disease in Childhood 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 Archives of Disease in Childhood 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.

Introduction
Rationalising our diagnostic approach to malaria in children in the paediatric accident & emergency department

Available at Archives of Disease in Childhood from BMJ Journals - NHS
Available at Archives of Disease in Childhood from BMJ Journals - NHS
Available at Archives of Disease in Childhood from BMJ Journals - NHS
Available at Archives of Disease in Childhood from BMJ Journals - NHS
Available at Archives of Disease in Childhood from BMJ Journals - NHS
Available at Archives of Disease in Childhood from BMJ Journals - NHS
Abstract

Introduction Fever in the returned traveller is a common presentation. Traditionally, guidelines suggest three blood films to rule out malaria however with advances in rapid diagnostic tests (RDTs), sensitivities have improved. RDTs were introduced in 2015 as part of malaria screening in our hospital. Recent data suggest that in travellers to low risk countries, in whom there is a low clinical suspicion of malaria, a single negative RDT is insufficient to exclude malaria. We audited our current diagnostic approach with the aim of rationalising our guideline.

Methods The audit was approved by the local clinical governance department. All children who received malaria screens between 1st January 2015 and 31st December 2017 were identified and retrospective data collected from electronic patient records. Data collected included; demographics; type, number of malaria screen and their results; duration and destination of travel. Risk of malaria was stratified in accordance with the NHS fitfortravel website and Centres for Disease Control data. Statistical analysis was carried out using Microsoft Excel. Results Between 2015-2017, 132 children were investigated for malaria. The median age was 3 years old. 53% of the children (n=70) travelled to a low risk country, mostly to Bangladesh (n=63). Two cases of falciparum malaria were diagnosed from travellers to high risk areas in Africa. RDTs were consistently carried out from August 2017 on all initial malaria screens with blood-film. Only 31% of tests complied with the guideline, receiving 3 malaria screens. 48% received 1 screen and 21% received 2 screens. There was no correlation between the number of screens and whether malaria was the most likely diagnosis (Fisher’s Exact test p=0.15) or the malaria risk in the destination of travel (p=0.36). Conclusion Malaria was very rare in our population. Most travellers returned from a destination of low risk. There was a lack of consistency in the number of malaria screens performed. We proposed a modified guideline based on risk stratification from the destination of travel and the clinical presentation of the child. We encourage clinicians to consider other causes of fever in well children who travelled to low risk countries and suggest a single RDT with blood film would be sufficient to rule out malaria in this group.

34. Reaching the ivory tower: Are referrals to PICU effective

Authors Timings-Thompson A.; Winton M.; Thomas R.
Source Archives of Disease in Childhood; May 2019; vol. 104
Publication Date May 2019
Publication Type(s) Conference Abstract
Database EMBASE

Available at Archives of Disease in Childhood from BMJ Journals - NHS
Available at Archives of Disease in Childhood 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 Archives of Disease in Childhood 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

Aims Internal referrals represent 60% of admissions to PICU at this hospital. A recorded telephone line was introduced for internal referrals to PICU in 2012 following a serious incident attributed to communication breakdown. A Situation, Background, Assessment, Recommendations (SBAR) type proforma is available to referring teams; PICU medics have a similar SBAR proforma. Gold standard for accepting referrals into PICU are completing an SBAR proforma and that the referring team’s consultant is aware of referral. Methods 1. Retrospective re-audit of completed SBAR proformas of all internal non-elective admissions to PICU during January 2018 identified from admissions book. 2. Qualitative review of ten randomly identified recorded phone referrals by ST6 PICU GRID Trainee. 3. Phone questionnaire to all UK PICUs to identify the use of recorded telephone technology and structured referral proformas Results 1. 24 non-elective internal admissions identified. SBAR proforma completed in 16/24 referrals, referring doctor’s consultant aware of referral in 12/24 cases. 2. Findings from recorded telephone referrals: Use of SBAR provides structure. Hierarchy of referral seems upwards to PICU; referrers appear overly differential. Referrers appear threatened when asked for their GMC number and if their consultant is aware of referral. Referrers are not knowledgeable about patients’ non-invasive ventilator settings. Referrals made for high nursing acuity, particularly overnight, have medical symptoms exaggerated. 3. Review of practice across the UK (100% response rate): 16/24 PICUs utilised structured proformas; eight used SBAR, four adapted SBAR Four used audio recordings Eight units had consultant only policy to receive referrals, 4/16 remaining units provided training on this. Conclusions A range of communication styles influenced quality of referrals and advice; use of SBAR ensured desired outcomes. Mixed practice noted nationally, audio recording and training in taking referrals not widely provided but may be useful in improving communication. Changes in progress: 1. Enhanced guidance and training on accepting referrals introduced for PICU medics, and SBAR proforma and guidance notes improved. 2. Guidance notes added to SBAR proforma for referrers, including prompt to inform consultant prior to referral. Recommendations disseminated via Hospital Grand Round. 3. Further re-audit will be undertaken to progress the audit spiral.

35. Stop the seizure: Improving the management of convulsive status epilepticus

Authors
Soo A.K.S.

Source
Archives of Disease in Childhood; May 2019; vol. 104

Publication Date
May 2019

Publication Type(s)
Conference Abstract

Database
EMBASE

Abstract

Aim To reduce seizure treatment administration time and time spent in convulsive status epilepticus through quality improvement methodology. Methods A retrospective care notes analysis was performed. Patients<18 years old presenting to an emergency department in convulsive status epilepticus were included in the analysis. Data was compared between two time periods (Year 1= July 2016 to July 2017; Year 2= July 2017 to July 2018). The UK Advanced Paediatric Life Support 2016 guidelines for status epilepticus was used as the standard approach. A series of quality improvement interventions were administered: i. Regular multidisciplinary, in situ simulation sessions attended by nursing and medical staff from various specialties. ii. Ensuring easy access to APLS guidelines and commonly used status epilepticus medications in paediatric resuscitation areas. iii. Ensuring families of patients with previous prolonged seizures were provided with clear emergency rescue plans and training to deliver home buccal midazolam. iv. Developing an Achieving Clinical Excellence initiative to highlight good practices through educational meetings and newsletters. Results There was 50% reduction (from 15 to 8 cases) in the number of status epilepticus presentations in Year 2. The average time to seizure termination also improved by 35 min (from 38 to 53 min). More patients in Year 2 (75%) were administered a benzodiazepine dose by their parents/carers compared to the Year 1 (53%). The average time to administration of intravenous phenytoin/phenobarbitone also improved by 21 min (from 36 to 15 min). No patients required rapid sequence induction anaesthesia to terminate the seizure in Year 2. Conclusion Status epilepticus is a medical emergency that requires the concerted efforts of all to deliver the right intervention at the right time. Quality improvement in status epilepticus can reduce administration time of medications, seizure morbidity and the need for intensive care.

36. Early onset sepsis-can we screen fewer babies safely?

Authors
Ward H.; Richardson K.; Danko O.; McKeon-Carter R.; Vaitkute R.; Eason J.

Source
Archives of Disease in Childhood; May 2019; vol. 104

Publication Date
May 2019

Publication Type(s)
Conference Abstract

Database
EMBASE
Introduction The 2012 NICE neonatal infection guideline is commonly used in many units to screen newborns for infection and can involve separation from their mother and a prolonged antibiotic course. Concerns about the interpretation of RCOG maternal guidance has led to increasing numbers of well newborn infants receiving antibiotics. We audited two years of decision making under NICE guidance to compare to the Kaiser Permanente Early-Onset Sepsis (EOS) calculator. We implemented the EOS calculator in February 2018 after gaining permission from NHS England. Methods 2 year retrospective data collection (2014-2016) in which Badger discharge letters were examined for: gestation, length of stay, highest CRP, blood culture results and reason(s) for screen. Of 945 term babies, 438 received a partial septic screen for risk factors alone. We compare this to 6 months of data (Feb-July 2018) collected after our change in practice to the EOS calculator. 175 term babies (>37 weeks) with >1 risk factor for early-onset sepsis were assessed with NICE guidance and the EOS calculator. The calculator requires information on gestation, PROM, GBS status, maternal antibiotics and temperature, with a variable incidence of sepsis set at 0.6/1000 live births. Infants require clinical examination and receive NEWS observations for 24 hours, blood culture and observations, or partial septic screen. Results 9 infants were clinically unwell at birth and excluded. 166 term infants were assessed using EOS calculator and the data compared to 438 term infants from the NICE dataset. Of the infants assessed and treated according to NICE, 63% (275 in 2 years) underwent a 5 day course of antibiotics, compared to 5% (9 in 6 months) of those assessed by the EOS calculator. 86% of infants assessed with the EOS calculator were discharged home after 24 hours of observation, without requiring any further investigation. Conclusion Initial results point to the EOS calculator being a safe change in practice in our unit, resulting in a large reduction in babies being treated with unnecessary antibiotics and placing the emphasis back to clinical judgement and regular assessment.

37. Low rates of administration of pneumococcal vaccination in open head trauma despite national guidance

Authors
Dearman L.; Kingsnorth C.; Ali S.; Davies P.

Source
Archives of Disease in Childhood; May 2019; vol. 104

Abstract
Introduction and aims Invasive pneumococcal disease is a major cause of morbidity and mortality and is significantly more common in patients with open head trauma than the general population. Public Health England recommends that all such patients receive pneumococcal vaccination. Our aim was to assess whether patients presenting with open head trauma were immunised during their admission. Methods We retrospectively audited pneumococcal vaccination administration rate in patients with open head trauma admitted to Paediatric Intensive Care Unit (PICU) in our large Major Trauma Centre and Tertiary Neurosurgical Unit. This was following a patient presenting with pneumococcal meningitis one year after open head trauma who was not immunised during his index admission. Analysis of digital health records, hospital reporting systems, and pharmacy dispensing for patients admitted to PICU between 01/01/2012 - 01/06/2018 identified 94 patients with major head trauma. 46 were excluded as their skull fracture was closed or notes were unavailable. Results 48 patients had open head trauma. 15 (31%) received pneumococcal immunisation during their admission. 33 (69%) did not. 1 child presented 18 months post injury with devastating pneumococcal meningitis (albeit a strain not covered by the vaccination). Another received a prolonged course of antibiotics during her initial presentation for assumed meningitis (although all cultures were negative). Neither of these were immunised. Conclusion Our administration record was well below expected standards. We have contacted patients who did not receive pneumococcal vaccination and are arranging community administration. We are adding safeguards to ensure eligible patients are immunised at initial presentation. We plan to reaudit our performance 2 years after making these changes.

38. The performance of the ABL90 blood gas analyser for jaundice testing

Authors
Achilleos H.; Shad N.; Nawaz T.; Gabani R.; Qayum A.

Source
Archives of Disease in Childhood; May 2019; vol. 104
Aims There is a growing interest in faster blood testing methods using smaller blood volumes, particularly for infants and neonates. Blood gas analysers are becoming increasingly popular for bilirubin measurement. We aimed to test the diagnostic validity of whole blood bilirubin measurement using the ABL90 blood gas analyser and its correlation to standard serum measurement. We also studied the time from blood gas to serum results and audited all London neonatal units for their routine bilirubin measurement methods. Secondary outcomes were the analyser’s performance on sodium, potassium and haemoglobin measurements. Methods We used 107 prospectively collected paired samples (serum and whole blood) taken for clinical indications, from jaundiced and non-jaundiced babies. Samples were analysed as per routine practice, using the ABL90 and the Roche/Cobas analysers. Results Data were analysed using GraphPad Prism v6. 91 paired bilirubin data were used. Analysis for jaundice diagnosis yielded: sensitivity 88%, 95% C.I. [51%,99%]; specificity 96%, C.I. [89%,99%]; PPV 72% C.I. [39%,93%]; NPV 98%, C.I. [93%,99%]. The two methods demonstrated excellent correlation (Spearman’s r=0.99, p<0.0001). Bland-Altman analysis yielded a clinically non-significant mean difference [MD=3.27 μmol/L, 95% limits of agreement (LOA): -28.29, 34.84]. There was a skewed positive bias in bilirubin values>200 μmol/L. Time from gas to serum analysis ranged between 0 and 240 min, with a median of 59 min [25%-75% percentiles: 42-79 min]. 8/26 London neonatal units use gas analysers as their standard bilirubin measurement method, 7/26 use serum biochemistry measurements, 7/26 use centrifuged serum measurements and 4/27 use combinations of methods. Sodium measurement results were: MD=-2 μmol/L, LOA [-6.47, 2.47], r=0.81 (p<0.0001); Potassium: MD=0.07 μmol/L, LOA [-1.23, 1.38], r=0.57 (p<0.0001); Haemoglobin: MD=-8.87 g/L, LOA [-26.37, 8.61], r=0.98 (p<0.0001). Conclusions Our results suggest that the ABL90 gas analyser is a valid method for bilirubin measurement that could improve treatment and discharge processes in jaundiced babies. The excellent correlation could translate into serial measurement reliability. Clinical judgement should be exercised around high measurement levels, due to the possibility of false positives regarding the need for treatment.
40. The chameleon project: A children's end of life care quality improvement project: Preliminary results

**Authors** Haynes S.; Wolff A.; Kelly N.; Connolly A.; Turnbull J.; Griffin H.; Dorsett C.; Brown J.

**Source** Archives of Disease in Childhood; May 2019; vol. 104

**Publication Date** May 2019

**Database** EMBASE

**Abstract** Background As there was no specialist paediatric palliative care team in the region, we made a successful bid to DHAS - AUDIT - BUPA for the Chameleon Project1 in 2018. The project has been funded for 12 months to audit and improve children’s end of life care across the region. It provides a regional specialist team: consultant paediatrician 2 days a week, clinical nurse specialist 3 days, clinical academic researcher 2 days, network administrator 2 days, 3 paediatricians with expertise in palliative care in each of 3 district general hospitals 0.5 days. Methods The team developed tools to aid identification of children with end of life care needs. These were embedded by weekly attendances by the team at ward rounds and board rounds in the region's hospitals. We also delivered lectures and case based teaching sessions to clinical teams and at regional study days. A bereaved family feedback tool was adapted from ones used by the London Neonatal Network. Children with life limiting conditions who died an expected death in the 12 months of the project were identified from the child death review databases. Numbers of specialist hospital admissions, bed days, and costs were identified. Quality of care will be evaluated from documentation of care plans and post bereavement family feedback questionnaires. Results Compared to the year before the project started, the mean number of non-elective admissions reduced from 2.3 to 1.9; the number of non-elective bed days reduced from 51 to 32; and the number of non-elective bed days on neonatal and paediatric intensive care units reduced from 28 to 20, in the last 12 months of life per child. Quality of care is currently being assessed against NICE Quality Standards QS160.2 Conclusions These preliminary results indicate that a dedicated paediatric palliative care team can reduce admissions and bed days for children in their last year of life. We hope that further analyses will demonstrate improved family experience and cost savings for local NHS providers.

41. Can bringing children and older people together, in an acute hospital setting, bring beneficial effects to all those involved

**Authors** Lance C.; James J.; Watson M.

**Source** Archives of Disease in Childhood; May 2019; vol. 104

**Publication Date** May 2019

**Publication Type(s)** Conference Abstract

**Abstract** Problem Administration of antibiotics to babies in our unit incurs delays due to environmental factors, and often involves separation of mother and baby. Background Babies requiring antibiotics were brought to the neonatal unit (NNU) for cannulation and administration of first dose of antibiotic. Delays were evident in transfer to, and administration of antibiotics on, the NNU. This hindered antibiotic administration within one hour of decision to treat, as per NICE guideline: ‘Neonatal infection (early onset): antibiotics for prevention and treatment’. Moving baby between wards at times led to separation of mother and baby, contrary to NHS Improvement and NHS England targets. Methodology An initial audit found 25% of babies received first antibiotic within 1 hour; of those who did not, average time was 177 +/- 114 min. It was agreed that cannulation and administration of antibiotics should move to labour-ward. A staff survey found three key areas of concern: staffing levels allowing doctors to leave the NNU, anxiety about support for comforting the baby during this procedure, and availability of equipment outside the NNU. A multidisciplinary team approach between neonatal, midwifery and pharmacy teams meant identified problem were promptly addressed. Midwives had training in neonatal antibiotic administration and comforting babies during cannulation. Neonatal doctors had training at induction and new expectations reiterated by ‘staff champions’ and posters. Cannulation grab bags, designated procedure areas, and an escalation plan were made, and neonatal antibiotics included in labour-ward stock. Results This project was implemented at induction of new staff in September. Concurrent introduction of the Kaiser Sepsis tool reduced the number of babies requiring antibiotics. 1 month after implementation, preliminary audit found 38% of babies received antibiotics within 1 hour, and in those who did not average time to administration of antibiotics was 176 +/-160 min. Conclusion This quality improvement project aims to facilitate all babies receiving antibiotics within 1 hour of decision to treat, in line with NICE guidelines. Early data suggests some improvement has been made; 3 month data will allow further evaluation of processes and be presented at conference. A multidisciplinary staff culture change is key to success of this project.
Abstract

Aim Intergenerational activities—bring two generations together—have shown significant positive outcomes for older people and children. Although they are increasing in frequency in the UK, they are not commonly done in the acute hospital setting, a place where we feel patients would significantly benefit. Evaluation of the impact on participating children is also lacking in comparison to the elderly. Using quality improvement methodology, we are developing intergenerational activities in an acute hospital setting to combat social isolation and create well-being in older people and people with dementia. We also want to understand whether children involved in these programmes benefit and to determine whether these types of activities change children’s perceptions of older people and hospitals. Method Ten 6–7 year-old children, with their teacher and teaching assistants, attended our intergenerational workshop with seven elderly, medically-stable inpatients in an acute hospital ward. The workshop was designed around enjoyment, fun and team-working exercises. Qualitative data was collected in the form of pre- and post-event questionnaires and photographs. Results The workshop was full of enjoyment and laughter. The children thoroughly enjoyed the intergenerational activities and working in teams with the older patients. Children’s perceptions of older people, hospitals and visiting older people in hospital positively improved. The older people showed improved mood, less perceived pain, improved communication, happiness and a sense of joy. Surprisingly, the dementia patients were noted to benefit the most. Staff also showed significant enjoyment. Conclusion Intergenerational activities within an acute hospital setting can make a significant positive impact on all participants, particularly those with dementia. They are a cheap and effective way of improving aspects of mental health, physical health and societal development. A fuller study is underway to introduce intergenerational activities regularly and to further research the effects of intergenerational activities on the children, the older patients—particularly those with dementia—and the staff. An adaptable framework will be created, which other healthcare settings can follow in order to set up similar events.

42. Audit of anaphylaxis management in an NHS trust: Are we following national guidance

Authors
Seager E.; Dhesi A.; Raptaki M.; Makwana N.; Atkinson M.; Karanam S.; Ivanova A.; North J.

Source
Archives of Disease in Childhood; May 2019; vol. 104

Publication Date
May 2019

Publication Type(s)
Conference Abstract
Abstract

Aim Anaphylaxis is an acute systemic reaction which can be life-threatening. Our aim was to evaluate the compliance of our trust with national guidance. Method We performed a retrospective analysis of all children aged 0-16 years, with a coded diagnosis of anaphylaxis in our trust from 2014 to 2016. A proforma was compiled and data was collected from clinical records. Results 49 clinical records were available. 28/49 were considered to have true anaphylaxis. Median age was 11 years. Presenting symptoms were pharyngeal/laryngeal oedema (79%), bronchospasm with tachypnoea (82%), circulatory collapse (4%) and skin/mucosal changes (100%). All had the preceding causative circumstances documented and time of onset of symptoms. The suspected triggers were: nuts (61%), sesame (7%), jackfruit (3.5%), amoxicillin (3.5%), ibuprofen (3.5%) and wheat-dependent exercise-induced anaphylaxis (3.5%). In 18% the exact culprit was unclear or unknown. 50% of patients had a previous history of anaphylactic reaction. 75% received intramuscular (IM) adrenaline with half of these being given pre-hospital. 46% received nebulised salbutamol, 89% antihistamine and 89% steroids. At discharge, in 89% an allergy clinic was planned, 68% had an IM adrenaline autoinjector of which 84% had auto-injector training. Emergency action information in case of anaphylaxis was provided to 68% along with leaflet/written emergency plan in 11%. Information regarding warning signs/symptoms was documented in 61% and where a causative trigger was identified, 48% received avoidance advice. 11% had information regarding the risk of a biphasic reaction but nobody was informed about support groups. Conclusion The diagnosis of ‘severe allergic’ reaction rather than anaphylaxis, may explain why only 75% patients received IM adrenaline. This has however increased compared to an audit performed in our trust from 2002 to 2006 where IM adrenaline was administered to just 57%. Since then, implementation of local guidance may explain the improvement. Interestingly, 37.5% of patients with no airway/breathing/circulation symptoms received adrenaline, highlighting the need for ongoing education. This audit shows good history taking and examination but emphasis needs to be placed on counselling and written emergency plans on discharge. This can then be reinforced at allergy clinic.

43. An audit of the management of elderly patients with glioblastoma in the UK: Have recent trial results changed treatment?

Authors Chong M.; Lorimer C.; Hanna C.; Houston D.; Chalmers A.J.
Source Neuro-Oncology; Oct 2018; vol. 20
Publication Date Oct 2018
Publication Type(s) Conference Abstract
Database EMBASE

Abstract

INTRODUCTION. A new treatment option for elderly patients with glioblastoma (GBM) became available in June 2016 with Perry’s presentation at ASCO showing that hypofractionated radiotherapy (40Gy in 15#) with concomitant and adjuvant temozolomide improved survival compared to hypofractionated radiotherapy only. We investigated uptake of this treatment regimen in two UK oncology centres. METHODS. This retrospective study involved patients from NHS Greater Glasgow and Clyde and Brighton and Sussex University Hospitals. Patients aged 65 or over with a histological or radiological diagnosis of GBM were identified from multidisciplinary meeting and clinic lists between July 2016 and December 2017. RESULTS. 141 patients were identified. 72 had a pathological diagnosis and 69 had a radiological diagnosis of GBM. 23.6% of patients with a pathological diagnosis exhibited MGMT promoter methylation. Median age was 74.4 years and 43.3% of patients were female. 57.7% received at least one oncology appointment. 18.4% of patients received chemotherapy and radiotherapy, 8.5% chemotherapy only and 6.4% radiotherapy only. 63.8% did not receive either chemotherapy or radiotherapy. Patients who received treatment had a significantly lower median age at diagnosis than patients who did not receive treatment (69.4 years v. 76.8 years, P=0.000). Median overall survival was 6 months. Of 26 patients receiving radiotherapy and concomitant chemotherapy, 46.2% received hypofractionated radiotherapy and the remainder received standard radiotherapy (60 Gy in 30#). Median survival for both groups was 12 months (P=0.991). DISCUSSION: While both centres adopted the hypofractionated chemoradiation schedule, a significant proportion of elderly GBM patients received standard chemo-radiotherapy. Importantly, median survival of patients receiving hypofractionated chemo-radiotherapy was equivalent to that of patients receiving long course treatment. The shorter treatment time, better side effect profile and equivalent survival outcomes of the hypofractionated regime indicate that it should be used more widely in the management of GBM patients aged over 65.

44. Membrain project: Provisional results of UK national, prospective audit on the management evaluation of metastases in the brain

Authors Jung J.; Tailor J.; Ashkan K.; Vergani F.
Source Neuro-Oncology; Oct 2018; vol. 20
Publication Date Oct 2018
Publication Type(s) Conference Abstract
Database EMBASE
OBJECTIVE: To determine if brain metastasis referrals to the neurooncology multidisciplinary team (MDT) in the UK & Ireland comply with current NICE guidelines and to understand how patients are being stratified based on recursive partitioning analysis (RPA) and/or graded prognostic assessment (GPA).

METHOD(S): Prospective multi-centre national audit on all adult patients referred to the local MDT with >= 1 cerebral metastasis. After a 2 months trial at King’s College Hospital, neurosurgical units were invited to recruit patients prospectively for a period of 4 months from November 2017. Anonymised data on patient age, type/status of primary malignancy, performance status, location/number of metastases, available imaging, treatment recommendations and length to decision making was entered into a secure online database. Follow-up data will be collected after 12 months.

RESULT(S): A total of 23/32 units participated. By end of February 2018 data on 579 patients (116% of initial target) had been submitted overall. Preliminary results from King’s College Hospital indicate a mean of 7 [range 3-13] referred cases per MDT. The median age of referred patients was 66 years [range 28-93 years] with 54.1% females and 45.9% males. Solitary metastases only comprised 44.6% of the referrals and specialist intervention (in the form of surgery or stereotactic radiosurgery) was only recommended in 48.0% of cases. The most common primary tumour was lung (33.8%) followed by melanoma (21.0%) and breast (21.0%); other comprised 24.4% (gastrointestinal 10.8%, renal 6.1%, cancer of unknown primary 4.1%, genito-urinary 3.4%).

The national results will be presented at the SBNS meeting in autumn 2018.

CONCLUSION(S): The preliminary prospective data is in keeping with our previous audit results. This audit will help to draw up a national picture of brain metastases referrals and inform NICE on current work load and MDT management.

45. Recommendations for the Development and Reform of Microtia and Atresia Services

Authors: Mazeed A.S.; Saied S.; Abulezz T.; Youssef G.; Bulstrode N.W.
Source: The Journal of craniofacial surgery; Jun 2019; vol. 30 (no. 4); p. 1135-1139

BACKGROUND: The initial step in setting up standardized microtia-atresia service is investigating the current status of the service and comparing this to internationally recognized guidelines or care standards. In many countries, documented information about microtia care is lacking. This study is an initiative to guide reform efforts of national microtia service in any country. The UK care standards for microtia-atresia can be a useful model to help set up a comprehensive microtia-atresia service.

METHOD(S): The authors conducted a survey to investigate different aspects of microtia service in Egypt. The major plastic surgery centers (n = 22) were surveyed by a structured questionnaire. The results were compared with the UK care standards for microtia-atresia to identify the aspects that need improvement. Thorough analysis of the main problems in microtia-atresia service is presented.

RESULT(S): The authors found that microtia service is fragmented between the surveyed centers with 65% of the centers treating less than 10 microtia cases annually. Multiple surgeons are responsible for ear reconstruction in 90% of centers and only 25% of them practise a multidisciplinary team approach. None of the centers uses validated tools of aesthetic or psychological patient-reported outcome measures.

RECOMMENDATIONS: These 5 recommendations are the keys to reforming microtia service in any country: (1) Establishing nationally designated centers to concentrate the required expertise. (2) Assigning fewer high-volume surgeons to optimize the surgical outcomes. (3) Providing treatment by experienced multidisciplinary teams. (4) Using validated tools of patient-reported outcome measures. (5) Collecting and keeping standardized records for regular audit and intercenter studies.

46. Prehospital tranexamic acid shortens the interval to administration by half in Major Trauma Networks: A service evaluation

Authors: Marsden M.E.R.; Duffield C.A.B.; Woolley T.G.D.; Buxton W.P.; Steynberg S.; Tai N.R.M.; Rossetto A.; Bagga R.
Source: Emergency Medicine Journal; 2019

METHOD(S): The national results will be presented at the SBNS meeting in autumn 2018.

CONCLUSION(S): The preliminary prospective data is in keeping with our previous audit results. This audit will help to draw up a national picture of brain metastases referrals and inform NICE on current work load and MDT management.
Abstract

Introduction: Tranexamic acid (TXA) reduces bleeding and mortality. Recent trials have demonstrated improved survival with shorter intervals to TXA administration. The aims of this service evaluation were to assess the interval from injury to TXA administration and describe the characteristics of patients who received TXA pre-hospital and in-hospital.

Method(s): We reviewed Trauma and Audit Research Network records and local trauma registries to identify patients of any age that received TXA at all London Major Trauma Centres and Queen’s Medical Centre, Nottingham, during 2017. We used the 2016 NICE Guidelines (NG39) which state that TXA should be given within 3 hours of injury.

Result(s): We identified 1018 patients who received TXA, of whom 661 (65%) had sufficient data to assess the time from injury to TXA administration. The median interval was 74 min (IQR: 47-116). 92% of patients received TXA within 3 hours from injury, and 59% within 1 hour. Half of the patients (54%) received prehospital TXA. The median time to TXA administration when given prehospital was 51 min (IQR: 39-72), and 112 min (IQR: 84-160) if given in-hospital (p<0.001). In-hospital TXA patients had less haemodynamic derangement and lower base deficit on admission compared with patients given prehospital TXA.

Conclusion(s): Prehospital administration of TXA is associated with a shorter interval from injury to drug delivery. Identifying a proportion of patients at risk of haemorrhage remains a challenge. However, further reinforcement is needed to empower pre-hospital clinicians to administer TXA to trauma patients without overt signs of shock.

Copyright © Author(s) (or their employer(s)) 2019. No commercial re-use. See rights and permissions. Published by BMJ.
Abstract

Background: Esophageal atresia (EA) with tracheoesophageal fistula is usually repaired in the neonatal period. Preferential ventilation through the fistula can lead to gastric distension. Bronchoscopy has a role in defining the site and size of the fistula, and may be carried out by the surgeon or the anesthetist. The use of bronchoscopy varies across different institutions.

Method(s): This is a multicenter case note review of infants with EA with tracheoesophageal fistula who underwent surgery between January 2010 and December 2015. This retrospective audit aims primarily to document the use of bronchoscopy during open and thoracoscopic repair at a selection of United Kingdom centers. Respiratory complications, that is relating to airway management, the respiratory system, and difficulty with ventilation, at induction and during surgery, are recorded. The range of techniques for anesthesia and analgesia in these centers is noted.

Result(s): Bronchoscopy was carried out in 52% of cases. The incidence of respiratory complications was 7% at induction and 21% during surgery. Thoracoscopic repair usually took longer. One center used high-frequency oscillatory ventilation, on an elective basis during thoracoscopic repair, to facilitate surgical access and address concerns about hypoxemia and hypercarbia.

Conclusion(s): The use of bronchoscopy varies considerably between institutions. Infants undergoing tracheoesophageal fistula repair are at risk of perioperative respiratory morbidity. The advent of thoracoscopic repair has introduced further variation.

Copyright © 2019 John Wiley & Sons Ltd

49. Perioperative and oncological outcomes of radical prostatectomy for high-risk prostate cancer in the UK: an analysis of surgeon-reported data

Authors
Aning J.J.; Reilly G.S.; Fowler S.; Challacombe B.; McGrath J.S.; Sooriakumaran P.

Source
BJU International; 2019

Publication Date
2019

Publication Type(s)
Article

Database
EMBASE

Abstract
Objectives: To analyse the perioperative and oncological outcomes of all radical prostatectomies (RPs) performed for high-risk prostate cancer in the British Association of Urological Surgeons (BAUS) national registry from 2014 to 2015.

Patients and Methods: We identified and analysed outcomes of all RPs performed for high-risk prostate cancer (clinical stage >T2 and/or biopsy Gleason grade >7 and/or preoperative prostate-specific antigen level >=20 ng/mL) in the national registry for 2014 and 2015. Surgeon reporting of data was mandated during this period. Institution and individual surgeon volume-outcome relationships were assessed.

Result(s): In total, 3671/13 947 (26.3%) patients underwent RP for high-risk prostate cancer over the 2-year period. Robot-assisted RP was the most prevalent approach (60.7%). In all, 39% of men received an extended pelvic lymph node dissection (LND), but over one-third (33.8%) had no LND. Minimally invasive techniques were associated with a significantly shorter length of stay. The reported rates of Clavien-Dindo >=III complications within the dataset were low (2.0%), regardless of surgical modality or surgeon volume. No statistically significant surgeon volume-outcome relationships were identified when surgeon volume was stratified into tertiles.

Conclusion(s): RP for high-risk prostate cancer in the UK appears safe, regardless of modality used or surgeon volume. No clear evidence that surgeon volume impacts on early perioperative outcomes was seen. Quality assurance of the surgeon-reported BAUS dataset is now required to drive quality improvement in national practice.

Copyright © 2019 The Authors BJU International © 2019 BJU International Published by John Wiley & Sons Ltd

50. National prospective observational study of inpatient management of adults with epistaxis - a National Trainee Research Collaborative delivered investigation

Authors
Mehta N.; Stevens K.; Smith M.E.; Williams R.J.; Ellis M.; Hardman J.C.; Hopkins C.

Source
Rhinology; Jun 2019; vol. 57 (no. 3); p. 180-189

Publication Date
Jun 2019

Publication Type(s)
Article

PubMedID
30610832
51. Understanding the Learning Disabilities Linked to Sagittal Craniosynostosis

**Authors**: Cabrejo R.; Brooks E.; Beckett J.; Sun A.; Yang J.; Chuang C.; Steinbacher D.; Alperovich M.; Persing J.; Lacadie C.; Constable T.; Eilbott J.; Ventola P.; Duncan C.; Pelphrey K.

**Source**: The Journal of craniofacial surgery; Mar 2019; vol. 30 (no. 2); p. 497-502

**Abstract**

BACKGROUND: There is a paucity of high-quality evidence relating to the management of epistaxis severe enough to require admission to a hospital. Previous studies of interventions for epistaxis have suffered from small sample sizes. They lacked the power to allow analysis of the effect of an intervention on epistaxis control that is independent of the condition severity or additional interventions given.

OBJECTIVE(S): To determine the effect of specialist treatments on the successful management of severe epistaxis

METHODOLOGY: Secondary analysis of data collected from a national multi-centre audit of patients with epistaxis over 30 days in 2016. Data were entered prospectively, and patients were followed up for 30 days following hospital discharge. 1402 adults admitted for inpatient management of epistaxis were identified in 113 participating UK hospitals, with data entered prospectively during the 30-day audit window. Exposure variables assessed included treatment instigated at first ENT review, intervention strategy during hospitalization, disease factors (e.g. severity), patient risk factors (e.g. co-morbidities, medications) and treatment factors (grade of doctor, therapies initiated during hospital stay). Main Outcomes include treatment time (time from first ENT review to time haemostasis was achieved and patient was safe for hospital discharge) and 30-day hospital readmission rate.

RESULT(S): 834 patients had sufficient data for inclusion. Patients who did not receive nasal cautery at first specialist review had a treatment time greater than double the time of those who were cautioned: Adjusted ratio (aR) 2.5 (95% CI 1.7-3.3), after controlling for age, bleeding severity, and whether they received a nasal pack or not. Only 30% of patients received management that complied with national guidance, but those that did were 87% more likely to achieve haemostasis before those that did not, even after controlling for bleeding severity. Type of treatment, whether initial intervention or management strategy, did not affect 30-day re-attendance.

CONCLUSION(S): Analysis of national audit data suggest that cautery at first specialist review, and management according to national guidance can reduce hospital treatment times without compromising 30-day re-attendance. Future work should investigate why early nasal cautery is infrequently used, and how service delivery can be optimised to allow widespread implementation of evidence-based management for epistaxis.

52. IPEM topical report: the first UK survey of dose indices from radiotherapy treatment planning computed tomography scans for adult patients
## 53. How do information sources influence the reported Cerebral Performance Category (CPC) for in-hospital cardiac arrest survivors? An observational study from the UK National Cardiac Arrest Audit (NCAA)

### Authors
Reynolds E.C.; Zenasni Z.; Harrison D.A.; Rowan K.M.; Nolan J.P.; Soar J.

### Source
Resuscitation; Aug 2019; vol. 141 ; p. 19-23

### Database
EMBASE

### Abstract
Aim: Cerebral Performance Category (CPC) can be used to categorise neurological outcome after cardiac arrest. There is no consensus on what information sources can be used to derive the CPC. This study describes the information sources used by hospitals participating in the UK National Cardiac Arrest Audit (NCAA) and their impact on the CPC reported for individuals surviving an in-hospital cardiac arrest (IHCA).

Method(s): Data on the CPCs and on the information source used to assess the CPC (either case note review, communication with clinical team or direct patient assessment) were abstracted for individual adult patients who survived to discharge following an IHCA in an acute hospital participating in NCAA between 1 May 2014 and 30 April 2016.

Result(s): Data for 33,114 IHCAs (in 31,783 patients) from 195 hospitals were reported to NCAA, of whom 6093 (18.4%) survived to hospital discharge. Of these hospital survivors, 5492 (90.1%) had both the CPC and information source reported: case note review (3989 patients, 72.6%), communication with the clinical team (1053 patients, 19.2%); and direct patient assessment (450 patients, 8.2%). Most (96.6%) survivors were reported to have had a good neurological outcome (CPC 1 or 2). There were small differences in the CPC reported derived from the different information sources but these differences were not clinically important.

Conclusion(s): In the UK IHCA audit, the most commonly used information source for CPC assessment is case notes. Most survivors of IHCA are reported as having a CPC score of 1 or a good outcome (CPC scores 1 or 2).

### 54. Diabetic foot ulcer incidence and survival with improved diabetic foot services: an 18-year study

### Authors
Paisey R.B.; Abbott A.; Walker D.; Paisey C.F.
Diabetic medicine: a journal of the British Diabetic Association; May 2019

Abstract

AIMS: To ascertain the effects of improvements in diabetic foot services over 18 years on incidence of diabetic foot ulceration. We also compared survival time from first ulcer development with presence of neuropathy, peripheral vascular disease, age, and healing.

METHOD(S): Persons at with new ulceration and those at high risk of ulcer development were referred to community podiatry from 1998. Their details were recorded, with verbal consent, on a central database. The effects of neuropathy, peripheral vascular disease, healing and age on survival were analysed by Cox proportional hazards ratios.

RESULT(S): The incidence of first ulcer presentation decreased from 11.1 to 6.1 per 1000 persons between 2003 to 2017 (P < 0.0001). Recurrent ulceration incidence remained stable. Prevalence of chronic and new foot ulceration combined increased from 20.7 to 33.1 per 1000 persons (P < 0.0001). Ten-year survival was 85% for persons presenting with first ulcer and aged < 65 years, 50% for those aged 65-74 years and 25% for those aged 75-81 years (P < 0.0001). In those with peripheral vascular disease 5-year survival was 35% (P < 0.001).

CONCLUSION(S): Integrated care for the diabetic foot in one National Health Service (NHS) health service area over 18 years was associated with a reduction in first presentations of diabetic foot ulceration, but failed to reduce recurrent ulceration. Cumulative prevalence of all ulcers continues to increase. Monitoring ulceration incidence can inform audit and planning of diabetic foot care services. Survival is better than reported previously in persons < 65 years and in the absence of peripheral vascular disease. This article is protected by copyright. All rights reserved.

55. Comprehensive Geriatric Assessment in the perioperative setting; where next?

Authors: Dhesi J.; Partridge J.; Moonesinghe S.R.
Source: Age and ageing; May 2019

Abstract

Comprehensive Geriatric Assessment (CGA) is being employed in the perioperative setting to improve outcomes for older surgical patients. Traditionally CGA is delivered by a geriatrician led multidisciplinary team but with the acknowledged workforce challenges in geriatric medicine, it has been suggested that non-geriatricians may be able to deliver CGA. HOW-CGA developed a toolkit to facilitate the delivery of CGA by non-geriatricians in the perioperative setting. Across two hospital sites uptake and implementation of this toolkit was limited by a potential lack of face validity, behavioural and cultural barriers and an acknowledgement that geriatric medicine expertise is key to CGA and optimisation. In-keeping with this finding there has been an observed expansion in geriatrician led CGA services for older surgical patients in the UK. In order to demonstrate the effectiveness of perioperative CGA services, implementation science should be combined with health services research methodology and the use of big data through linked national audit. Copyright © The Author(s) 2019. Published by Oxford University Press on behalf of the British Geriatrics Society. All rights reserved. For permissions, please email: journals.permissions@oup.com.
57. Prevalence of congenital sensorineural deafness in a population of client-owned purebred kittens in the United Kingdom

**Authors**
Mari L.; Freeman J.; De Risio L.; Van Dijk J.

**Source**
Journal of Veterinary Internal Medicine; 2019

**Publication Date**
2019

**Publication Type(s)**
Article

**PubMedID**
31144374

**Database**
EMBASE

**Abstract**

Objective: To describe the prevalence of CSD in a client-owned population of white purebred kittens and colored littermates in the United Kingdom. Animals: One hundred thirty-two solid white client-owned purebred kittens and 61 colored littermates. Method(s): Retrospective (56 cases) and prospective (137 cases) study. Hearing was assessed by brainstem auditory evoked response testing, and the entire litter was tested. Result(s): Congenital sensorineural deafness was diagnosed only in solid white kittens, with a prevalence of 30.3% (15.9% bilateral, 14.4% unilateral). The prevalence of CSD was significantly higher in white kittens with 1 (44.4%) or 2 (50%) blue irises than in those without blue irises (22.2%). Kittens with at least 1 blue iris were 3.2 times more likely to have CSD than kittens without blue irises. In solid white kittens, CSD was diagnosed in 7 of 15 (46.7%) Turkish Vankedisi, 8 of 18 (44.0%) Maine Coon, 18 of 41 (43.9%) Norwegian Forest, 3 of 11 (27.3%) British Shorthair, 2 of 12 (16.7%) Devon Rex, 2 of 12 (8.3%) Persian, 1 of 21 (4.8%) Russian, and 0 of 2 Sphinx. Conclusion: and Clinical Importance: We identified a high prevalence of CSD in a population of client-owned purebred white kittens in the United Kingdom and suggest differences in breed-specific prevalence of CSD.

Copyright © 2019 The Authors. Journal of Veterinary Internal Medicine published by Wiley Periodicals, Inc. on behalf of the American College of Veterinary Internal Medicine.
### 58. Responding effectively to adult mental health patient feedback in an online environment: A coproduced framework

**Authors**
Baines R.; Regan de Bere S.; Archer J.; Donovan J.; Jones R.

**Source**
Health expectations : an international journal of public participation in health care and health policy; Oct 2018; vol. 21 (no. 5); p. 887-898

**Publication Date**
Oct 2018

**Publication Type(s)**
Article

**PubMedID**
29624815

**Database**
EMBASE

**Abstract**
BACKGROUND: Responding to online patient feedback is considered integral to patient safety and quality improvement. However, guidance on how to respond effectively is limited, with limited attention paid to patient perceptions and reactions.

OBJECTIVE(S): To identify factors considered potentially helpful in enhancing response quality; coproduce a best-practice response framework; and quality-appraise existing responses. DESIGN: A four-stage mixed methodology: (i) systematic search of stories published on Care Opinion about adult mental health services in the South West of England; (ii) collaborative thematic analysis of responses to identify factors potentially helpful in enhancing response quality; (iii) validation of identified factors by a patient-carer group (n = 12) leading to the coproduction of a best-practice response framework; and (iv) quality appraisal of existing responses.

RESULT(S): A total of 245 stories were identified, with 183 (74.7%) receiving a response. Twenty-four (9.8%) had been heard but not yet responded to. 1.6% (n = 4/245) may lead to a change. Nineteen factors were considered influential in response quality. These centred around seven subject areas: (i) introductions; (ii) explanations; (iii) speed of response; (iv) thanks and apologies; (v) response content; (vi) signposting; and (vii) response sign-off that were developed into a conceptual framework (the Plymouth, Listen, Learn and Respond framework). Quality appraisal of existing responses highlighted areas for further improvement demonstrating the framework's utility.

CONCLUSION(S): This study advances existing understanding by providing previously unavailable guidance. It has clear practical and theoretical implications for those looking to improve health-care services, patient safety and quality of care. Further validation of the conceptual framework is encouraged.

### 59. Management of cN2 NSCLC patients treated with radical radiotherapy: Relapse with or without brain metastases

**Authors**
McKay F.; Ansel S.; Lowrie C.; McLoone P.; Mohammed N.

**Source**
Annals of Oncology; Apr 2019; vol. 30

**Publication Date**
Apr 2019

**Publication Type(s)**
Conference Abstract

**Database**
EMBASE

**Abstract**
HDAS Export
Search Strategy: EMBASE - AUDIT

**Export**
HDAS

**Search Strategy**
EMBASE - AUDIT

**03 Apr 19 - 11:07**

Page 38 of 66
Background: The management and treatment of brain metastases (BM) is debated in NSCLC. SIGN guidelines state all cN2 patients should receive brain imaging prior to curative treatment. Furthermore NICE guidelines state those with a PS 0-1 should be offered palliative whole brain radiotherapy (RT) whilst the QUARTZ study recommends none. More recent advances in radiotherapy, surgery and chemotherapy may change this treatment paradigm. Therefore the aim of this study was to investigate the management of BM in a cN2 cohort of NSCLC patients treated with radical RT.

Method(s): Patients with NSCLC stage cN2 diagnosed from April 2013 to December 2016 treated with radical radiotherapy in the West of Scotland were identified. Electronic patient data was audited.

Result(s): In total 87 patients were identified to have received radical RT. The demographics are recorded in the table. Median Follow-up was 34 months from end of radiotherapy and overall survival was 14.4 months (95%CI 11.4-18.6 months). Overall 56 patients experienced relapse, 11 patients had brain relapse and median survival for this group was 4.0m (2.0-upper bound not reached). For patients with other distant site of relapse median survival was 5.5m (2.7-8.8m). Regardless of site of relapse, there was a trend in survival by performance status when diagnosed with distant relapse (p=0.012) - PS 1=8.8m, PS2=3.9m, and PS3=1.8m.

Conclusion(s): This study of cN2 NSCLC demonstrates that pre-treatment brain imaging was not performed as recommended for 80% of patients. The survival outcome for NSCLC cN2 patients treated with radical radiotherapy is poor compared with chemoradiation. In this study, 69% of patients were of PS0-1, and hence it is not clear why chemotherapy was not given. Overall 64% of patients relapsed, of which 20% were diagnosed with BM, with median survival being no different to other sites of relapse. However, performance status at time of relapse was associated with better survival outcome.

60. Implications for UK practice of the use of durvalumab in stage III NSCLC

Authors
Iqbal M.S.; Atherton P.; Macgregor C.; Wieczorek A.; Singer J.; Chowdhury S.; Walther J.; Little F.; Harden S.; Peedell C.; Cyraci A.; Bayne M.; Yip K.; Britten A.; Brock J.; Powell C.; Datta S.; Sevitt T.; Mehta A.; Greystoke A.

Source
Annals of Oncology; Apr 2019; vol. 30

Abstract
Background: The PACIFIC trial showed a survival benefit in patients receiving Durvalumab after concurrent chemoradiotherapy (CRT) in stage III Non-Small Cell Lung Cancer (NSCLC). Key inclusion criteria were platinum doublet chemotherapy with no chemotherapy delivered after concurrent phase. Dose delivered was 54 - 66Gy and treatment started within 42 days of completing radiotherapy. European licence is restricted to patients with PDL1 positive tumours. Previous UK audits have shown a number of CRT regimens in routine use. We assessed the implications to UK practice of adding durvalumab after CRT.

Method(s): A 9 point questionnaire was sent by email to all 50 radiotherapy centres delivering chemoradiotherapy for NSCLC in the UK.

Result(s): 21 responses were received (42%) at the time of submission. Rates of concurrent treatment ranged from 10 - 90% (median 40%, IQR 25-60%) with median surgery rates for N2 disease of 10%. Doses delivered ranged from 55 to 66 Gy (median 60, IQR 55 - 64 Gy) in a median of 30 fractions (IQR 20 to 32). 10 centres used hypofractionated regimens. The most common chemotherapy back-bone was cisplatin and vinorelbine (1 centre used carboplatin and 1 etoposide routinely). 11 centres prescribe chemotherapy post concurrent treatment. Currently only 3 centres scan within the 6 week window after completion of treatment. The majority of centres are now planning to avoid giving consolidative cheemo after concurrent CRT and will scan early after CRT. 13 centres are already testing PDL1 in this context. Durvalumab will be supervised in 16 centres by a clinical oncologist, in 2 by medical oncologist with the remaining 3 undecided.

Conclusion(s): The implementation of consolidative Durvalumab in stage III NSCLC post concurrent CRT will require changes in practice in the majority of UK centres. Most centres have already implemented some changes but more work needs to be done to standardise practice and ensure equality of access for patients.

61. Reductions in MRSA, clostridium difficile and intensive care unit (ICU) acquired bloodstream infections and over 9 years from 276 United Kingdom ICUS

Authors
Batra R.; Edgeworth J.; Wulf J.; Harrison D.

Source
Open Forum Infectious Diseases; Sep 2017; vol. 4

Abstract
From 276 United Kingdom ICUS 61. Reductions in MRSA, clostridium difficile and intensive care unit (ICU) acquired bloodstream infections and over 9 years from Europe PubMed Central - Open Access

Available at Open Forum Infectious Diseases from Oxford Journals - Open Access
Abstract

Background. A major focus on preventing resistant organisms and hospital-acquired infections over the past 10 years has seen well-documented reductions in MRSA and C. difficile at hospital and national level. Less is known about national changes in epidemiology of bloodstream infections, and such data is important to frame future national priorities and targets. Methods. Data from the Intensive Care National Audit and Research Centre Program on MRSA, C. difficile and VRE colonization and ICU-acquired bloodstream infections (UABSI) from 1,195,103 consecutive patients admitted to 276 UK ICUs (excluding Scotland) from 2007 to 2015 was analyzed. Results. MRSA and C. difficile colonizations per 1000 patients decreased significantly (MRSA admissions 38.8 to 12.03 (P = 0.00003); MRSA acquisitions 25.4 to 3.1(P = 0.0008); C. difficile admissions 10.6 to 4.1(P = 0.0001); C. difficile acquisitions 11.1 to 3.3 (p = 0.0005). Reductions predominately occurred between 2007 and 2011 with MRSA but not C. difficile. In contrast VRE admissions and ICU-acquisitions increased from 1.9 to 5.8 (P = 0.002) and 1.5 to 5.6 (P = 0.005), respectively. There were 13,147 UABSI episodes in 11,075 (1.8%) of 621,859 patients staying >48 hours. The UABSI rate fell from 6.6 (95% CI 6.33-6.97) to 1.7 (95% CI 1.5-1.7)/1000 bed days (P < 0.0001), with the reduction taking place between 2007 and 2011 and no significant reduction since. A fixed effect model identified lower age, male sex, severity of illness, larger ICU-size, immunosuppressive therapy (but not immuno-suppressive illness) as significant risk factors for UABSI. MSSA, E. coli, Enterococci, Yeast, Klebsiella sp and P. aeruginosa accounted for 73% of all recorded first UABSI. Greatest reduction was seen for MRSA (97%), Pseudomonas aeruginosa(80%), S. aureus (77%) and Yeast (71%), with lower reductions for E. coli (54%) and Klebsiella(42%). Conclusion. Large decreases in ICU-acquired bloodstream infections occurred across UK ICUs at the same time as reductions in MRSA and C. difficile, but rates have been static since 2011. Reductions were seen for all organisms. The observation that no material reductions in UABSI were observed during the last 5 years of the study, despite continued focus on improving infection control practice throughout, implies that benefits from the current intervention framework have been achieved.

62. Audit of the two-week pathway for patients with suspected cancer of the head and neck and the influence of socioeconomic status

Authors Rogers S.N.; Staunton A.; Girach R.; Langton S.; Lowe D.
Source British Journal of Oral and Maxillofacial Surgery; Jun 2019; vol. 57 (no. 5); p. 419-424
Publication Date Jun 2019
Publication Type(s) Article
PubMedID 31159975
Database EMBASE

Abstract

Rates of head and neck cancer are high in patients with a low socioeconomic status (SES) and outcomes are often poor. The degree to which people from different socioeconomic groups use the fast-track, two-week suspected cancer referral system is, however, unclear. The aim of this audit was therefore to analyse these referrals with reference to SES, and to focus on differences in clinical characteristics, source of referral, and rates of disease. The sample included all patients who were referred to the head and neck department at an inner-city hospital in the northwest of England between July and September 2017. According to the Index of Multiple Deprivation (IMD), most (62%) of them lived in the most deprived quintile. A total of 390 referrals were analysed of which 60% were female, 53% were under 60 years of age, 33% smoked, and 69% consumed fewer than 10 units of alcohol/week. Only 24 were referred by dentists, but these accounted for almost one quarter of those referred to maxillofacial surgery. Common symptoms included a swelling or lump (n = 153, 39%), hoarseness (n = 101, 26%), ulcer (n = 29, 7%), and sore throat (n = 23, 6%). Forty-five per cent were referred with other symptoms. A total of 28 (7%) were diagnosed with cancer of the head and neck. Rates were higher in patients referred by dentists (p = 0.02) and in those who drank more alcohol (p = 0.02). The positive predictive value was higher in the least deprived (17%) than in the most deprived (6%). In primary care, more education that is aimed specifically at people of lower SES might reduce the number of "worried well" and lessen the pressure on departments to achieve the two-week target.

Copyright © 2019 The British Association of Oral and Maxillofacial Surgeons

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

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

Method(s): We did a stepped-wedge cluster-randomised trial of patients aged 40 years or older undergoing emergency open major abdominal surgery. Eligible UK National Health Service (NHS) hospitals (those that had an emergency general surgical service, a substantial volume of emergency abdominal surgery cases, and contributed data to the National Emergency Laparotomy Audit) were organised into 15 geographical clusters and commenced the QI programme in a random order, based on a computer-generated random sequence, over an 85-week period with one geographical cluster commencing the intervention every 5 weeks from the second to the 16th time period. Patients were masked to the study group, but it was not possible to mask hospital staff or investigators. The primary outcome measure was mortality within 90 days of surgery. Analyses were done on an intention-to-treat basis. This study is registered with the ISRCTN registry, number ISRCTN80682973.

Finding(s): Treatment took place between March 3, 2014, and Oct 19, 2015. 22,754 patients were assessed for eligibility. Of 15,873 eligible patients from 93 NHS hospitals, primary outcome data were analysed for 8,482 patients in the usual care group and 7,374 in the QI group. Eight patients in the usual care group and nine patients in the QI group were not included in the analysis because of missing primary outcome data. The primary outcome of 90-day mortality occurred in 1,210 (16%) patients in the QI group compared with 1,393 (16%) patients in the usual care group (HR 1.11, 0.96-1.28).

Interpretation(s): No survival benefit was observed from this QI programme to implement a care pathway for patients undergoing emergency abdominal surgery. Future QI programmes should ensure that teams have both the time and resources needed to improve patient care.

Funding(s): National Institute for Health Research Health Services and Delivery Research Programme.

64. Antimicrobial resistance patterns of urine culture specimens from 27 nursing homes: Impact of a two-year antimicrobial stewardship intervention

Authors

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

Publication Date
Jul 2019

Publication Type(s)
Article

PubMedID
31057141

Database
EMBASE

Available at Infection Control and Hospital Epidemiology from Available to NHS staff on request from UHL Libraries & Information Services (from non-NHS library) - click this link for more information
Objective: Identify changes in the prevalence and antimicrobial resistance patterns of potentially pathogenic bacteria in urine cultures during a 2-year antimicrobial stewardship intervention program in nursing homes (NHs).

Design(s): Before-and-after intervention study.

Setting(s): The study included 27 NHs in North Carolina.

Method(s): We audited all urine cultures ordered before and during an antimicrobial stewardship intervention. Analyses compared culture rates, culture positive rates, and pathogen antimicrobial resistance patterns.

Result(s): Of 6,718 total urine cultures collected, 68% were positive for potentially pathogenic bacteria. During the intervention, significant reductions in the urine culture and positive culture rates were observed (P = .014). Most of the identified potentially uropathogenic isolates were Escherichia coli (38%), Proteus spp (13%), and Klebsiella pneumoniae (12%). A significant decrease was observed during the intervention period in nitrofurantoin resistance among E. coli (P <= .001) and ciprofloxacin resistance among Proteus spp (P <= .001); however, carbapenem resistance increased for Proteus spp (P <= .001). Multidrug resistance also increased for Proteus spp compared to the baseline. The high baseline resistance of E. coli to the commonly prescribed antimicrobials ciprofloxacin and trimethoprim-sulfamethoxazole (TMP/SMX) did not change during the intervention.

Conclusion(s): The antimicrobial stewardship intervention program significantly reduced urine culture and culture-positive rates. Overall, very high proportions of antimicrobial resistance were observed among common pathogens; however, antimicrobial resistance trended downward but reductions were too small and scattered to conclude that the intervention significantly changed antimicrobial resistance. Longer intervention periods may be needed to effect change in resistance patterns.

Copyright © 2019 by The Society for Healthcare Epidemiology of America.

65. Implementation of a Complex Intervention to Support Leadership Development in Nursing Homes: A Multimethod Participatory Study

Authors
Dewar B.; Barrie K.; Sharp C.; Meyer J.

Source
Journal of Applied Gerontology; Jul 2019; vol. 38 (no. 7); p. 931-958

Publication Date
Jul 2019

Publication Type(s)
Article

PubMedID
28452250

Database
EMBASE

Abstract
Leadership is key to quality improvement in nursing homes. This article reports on the initial analysis of the transformational My Home Life Leadership Support program for nursing home managers being implemented in Scotland. It analyses learning from a multimethod participatory descriptive study. Contribution analysis theory informed the evaluation. Evidence-Based Practice, Relationship-Centered Care, Appreciative Inquiry, and Caring Conversations informed the intervention to develop transformational leadership. Data generation methods included baseline and postintervention questionnaires to describe culture change within the study population, together with more in-depth qualitative data generated from group discussions throughout the leadership support program. Qualitative data analysis was an iterative collaborative process with participants to generate themes about the impact of the program on themselves and their practice. Data showed positive changes in managers' perceptions of their self-awareness, leadership communication and relationship skills, and development of positive cultures. This model offers lessons for those interested in ways to approach the emotional, educational, and cultural dynamics of change in other human service contexts.

Copyright © The Author(s) 2017.

66. Clinical coding and data quality in oculoplastic procedures

Authors
Juniat V.; Athwal S.; Khandwala M.

Source
Eye (Basingstoke); 2019

Publication Date
2019

Publication Type(s)
Article

PubMedID
31160703

Database
EMBASE

Abstract
Leadership is key to quality improvement in nursing homes. This article reports on the initial analysis of the transformational My Home Life Leadership Support program for nursing home managers being implemented in Scotland. It analyses learning from a multimethod participatory descriptive study. Contribution analysis theory informed the evaluation. Evidence-Based Practice, Relationship-Centered Care, Appreciative Inquiry, and Caring Conversations informed the intervention to develop transformational leadership. Data generation methods included baseline and postintervention questionnaires to describe culture change within the study population, together with more in-depth qualitative data generated from group discussions throughout the leadership support program. Qualitative data analysis was an iterative collaborative process with participants to generate themes about the impact of the program on themselves and their practice. Data showed positive changes in managers' perceptions of their self-awareness, leadership communication and relationship skills, and development of positive cultures. This model offers lessons for those interested in ways to approach the emotional, educational, and cultural dynamics of change in other human service contexts.
Abstract

Introduction: Hospitals in England are reimbursed via national tariffs set out by NHS England. The tariffs payable to hospitals are determined by the activity coded for each patient's hospital visit. There are no national standards or publications within oculoplastics for coding accuracy. Our audit aimed to determine the accuracy of coding oculoplastic procedures carried out in theatres and to assess the financial implications of any discrepancies.

Method(s): We carried out a prospective audit of consecutive oculoplastic procedures performed at one hospital site over a 6-week period. We subsequently created a coding proforma and performed a re-audit using the same methods.

Result(s): In the first cycle, clinical coding was 'correct' in 30.7% of cases, 'incomplete' for 12.9% and 'incorrect' for 56.5%. Of the 'incorrect' codes, 54.3% were coded as non-oculoplastic procedures (e.g. extraocular muscle surgery). We discussed our findings with the coding team in order to address the sources of error. We also created a 'tick box' coding proforma, for completion by surgeons. Our re-audit results showed an improvement of 'correct' coding to 85.7%.

Conclusion(s): Clinical coding is complex and vulnerable to inaccuracy. Our audit showed a high rate of coding error, which improved following collaboration with our coding team to address the sources of error and by creating a coding proforma to improve accuracy. Accurate clinical coding has financial implications for hospital trusts and consequently Clinical Commissioning Groups. In times of severe financial pressures, this could be a valuable tool, if rolled out over all specialities, to make much needed savings.

Copyright © 2019, The Royal College of Ophthalmologists.

67. Rethinking priorities: experience of an educational initiative to change attitudes, behaviours and clinical practice in end-of-life care

Authors
Edwards A.; Barros D'Sa V.; Hicks F.

Source
BMJ supportive & palliative care; Mar 2019; vol. 9 (no. 1); p. 54-59

Publication Date
Mar 2019

Publication Type(s)
Article

PubMedID
28483923

Abstract
To implement the National End of Life Care strategy and enable more people to express and achieve their preferences about care at the end of life, senior clinicians outside palliative medicine need to make it a routine part of their practice. However, it is acknowledged that recognising that people are entering the last phase of their illness is not always straightforward, and having conversations about aims of treatment and planning for future care may not be easy. In order to begin to address these challenges, funding was sought from the Yorkshire and the Humber Strategic Health Authority (SHA), and subsequently Health Education England, Yorkshire and the Humber (HEEYH), to pilot a development programme in 2 acute trusts. 2 palliative medicine consultants shared the trainer role at each site, supporting hospital consultants from a range of specialties, with a GP to give a community perspective. The programme involved individual clinicians identifying their own learning needs and specific issues for end-of-life care in their patients. The group met together monthly in action learning sets to discuss issues in a safe yet challenging environment. Following evaluation using a combination of training needs analyses, feedback questionnaires, audits and service evaluations, it was modified slightly and repiloted in 2 further trusts as 'Rethinking Priorities'. This paper describes the programme and its outcomes, especially in relation to participants’ learning, service development and leadership. It also highlights the challenges, including different learning styles, the concept of action learning, obtaining funding and dedicated time, and how to evaluate the effectiveness of a programme. Overall, it suggests that an educational initiative based on clinicians identifying their own learning needs, and using an action learning approach to explore issues with other colleagues, with the addition of some targeted sessions, can result in positive change in knowledge, behaviour and clinical practice.

Copyright Published by the BMJ Publishing Group Limited. For permission to use (where not already granted under a licence) please go to http://www.bmj.com/company/products-services/rights-and-licensing/.

68. British Nuclear Medicine Society 47th Annual Spring Meeting

Authors
anonymous

Source
Nuclear Medicine Communications; Apr 2019; vol. 40 (no. 4)

Publication Date
Apr 2019

Publication Type(s)
Conference Review

Database
EMBASE
Abstract
The proceedings contain 161 papers. The topics discussed include: imaging patients with possible cardiac sarcoidosis: review of initial experience; moving to single sample GFRs: variability in using estimated GFR to predict measured GFR and the time saved by using a single sample GFR method; appropriateness of bone scan imaging referrals in prostate cancer: preliminary data from a quality improvement project; a review of incidental cardiac uptake on Ga-68 DOTA peptide PET/CT scans; a clinical audit investigating the possibility of predicting the result of SeHCAT day 1 scan; radiographer reporting - a personal experience and viewpoint; the role of a health care assistant in nuclear medicine; UK audit of left ventricular ejection fraction estimation from MUGA scans; and assessment of the effect of cardiac contraction on SPECT myocardial perfusion imaging.

69. UK audit of left ventricular ejection fraction estimation from MUGA scans
Authors
Carson K.; Barnfield M.; Cade S.; Cullis J.; Kenny B.; Murray A.; O'Shaughnessy E.; Taylor J.; Towey D.
Source
Nuclear Medicine Communications; Apr 2019; vol. 40 (no. 4); p. 396-397
Publication Date
Apr 2019
Publication Type(s)
Conference Abstract
Database
EMBASE
Abstract
Aim: An audit of left ventricular ejection fraction (LVEF) results obtained from multi-gated (MUGA) scans was performed by the IPEM Nuclear Medicine Software Quality Group. The aim was to investigate variability of results obtained from computer analysis of MUGA studies by different Nuclear Medicine centres; compare results to a previous audit performed by the group; and review local protocols against British Nuclear Medicine Society (BNMS) guidelines.
Method(s): 14 MUGA scan datasets were distributed to participating centres, with a questionnaire on MUGA scanning practice. Datasets were typical clinical images including one duplicate set and one set of three identical images with different counts. Participants analysed the images using their routine processing software and reported the LVEF; end diastolic and systolic frame numbers; and the count value of the first point on the time activity curve.
Result(s): Results were obtained from 34 centres, using software from 5 manufacturers. Many centres perform small numbers of MUGA scans annually (56% < 100). All studies showed a distribution of results, but variation was less than in the previous audit (overall standard deviation (SD) of 0.056 compared to 0.079). After correcting for systematic differences the SD due to random errors was estimated as 0.047. Intra-operator repeatability was assessed from SD of the difference between the LVEF values for identical studies (0.039).
Conclusion(s): The variability of LVEF results appears to be lower than seen in a previous audit. It is important to ensure potential causes of variability are minimised to ensure the clinical expectations of the technique are met.

70. A clinical audit investigating the possibility of predicting the result of SeHCAT Day 1 scan
Authors
Gape P.; Wroe E.; Lindsay V.; Dizdarevic S.; Aplin M.
Source
Nuclear Medicine Communications; Apr 2019; vol. 40 (no. 4); p. 394
Publication Date
Apr 2019
Publication Type(s)
Conference Abstract
Database
EMBASE
Abstract
A clinical audit investigating the possibility of predicting the result of SeHCAT day 1 scan.
Abstract

Purpose: To establish whether the result of SeHCAT Day 1 scan can be predicted accurately from the patient’s BMI or abdominal thickness. This would allow patients to forego the Day 1 scan, thus reducing the patient burden and saving up to 0.5 days of camera time/week.

Method(s): The patients had a Day 1 scan. Their height, weight and abdominal thickness were also measured. Thickness was measured at the height of the umbilicus using calipers by the technologist administering the capsule. Empirical relationships between the measured Day 1 result and patient thickness/BMI were determined from the group data. Predicted Day 1 result was calculated, based on the empirical relationship described above. The measured Day 7 result was used to calculate the patient’s measured and predicted retention.

Result(s): Thirty-two patients undergoing routine SeHCAT studies at Brighton and Sussex University Hospitals NHS Trust have so far been included. The principal measure of success was the number of patients that would have received a different diagnosis, based on NICE diagnostics guidance (2012), had the predicted Day 1 result been used instead of the measured result. No patients received a different diagnosis based on the measured abdominal thickness, and 4 received a different diagnosis based on BMI. Average percentage difference between measured and predicted Day 1 result was 2.24% for thickness and 3.41% for BMI.

Conclusion(s): This is an encouraging result which should prompt further investigation. A larger cohort of patients is required to determine the relationship between thickness and Day 1 result with greater confidence.

71. Gastric Emptying: Does gender, age or body habitus affect stomach function?

Authors
James G.; O’Brien J.; Thomson B.; Croasdale J.; Notghi A.; Hansrod S.

Source
Nuclear Medicine Communications; Apr 2019; vol. 40 (no. 4); p. 419

Publication Date
Apr 2019

Publication Type(s)
Conference Abstract

Database
EMBASE
Available at Nuclear Medicine Communications 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: We have recently established gastric emptying normal ranges for two meals (scrambled egg sandwich and porridge) following a UK nationwide audit. The aim of this study is to establish whether different normal ranges are required for gender, age or body habitus.

Method(s): 42 healthy volunteers (20 males, 22 females, age range 22-68) were studied. Each volunteer consumed two meals with similar nutritional composition on two separate days: gluten-free porridge and scrambled eggs with 2 slices of bread. Anterior-posterior images were acquired with the patient standing between the detectors. Images were acquired every 5 min over a two-hour period, followed by a single image at 3-hours. Twosample t-tests were used to assess any gender related differences in gastric emptying. Regression analysis was used to assess correlation of gastric emptying with age and body habitus (BSA).

Result(s): Overall, females showed slower gastric emptying than males although statistical significance was only found for exponential half-life and 3-hour retention for the scrambled egg meal (P = 0.023 and P = 0.007 respectively). Gastric emptying generally became faster with age and body habitus although statistical significance was only found for the half-emptying time for the porridge meal (P = 0.022).

Conclusion(s): With the exception of only a few functional parameters, statistical analysis generally showed weak significance for the effect of gender, age or body habitus on gastric emptying. There is not enough evidence to use normal ranges that are specific to gender, age or body habitus although consideration of such demographic factors may be useful in borderline cases.

72. A review of the patient experience in the eye emergency department of the mater Misericordiae hospital

Authors
Murtagh J.; O’Neill E.; Fulcher T.; Keegan D.

Source
Irish Journal of Medical Science; Feb 2019; vol. 188

Publication Date
Feb 2019

Publication Type(s)
Conference Abstract

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

The Ophthalmology Department at MMUH is the main hub for the provision of Ophthalmology services in North Dublin and the North East. The Eye Casualty Department saw over 11,500 patients in 2015. The service operates Monday to Friday from 8am to 8pm with the consultant team on call outside of those hours, providing emergency treatment for urgent, sight-threatening problems and for issues that cannot wait for a routine appointment. Patients are triaged on arrival by specialist nurses based on the seriousness of their condition in a clear and prioritised manner. Attendances at Eye Casualty increased by over 25% since 2010 with an anticipated rise to over 15,000 this year. Patient experience encompasses the range of interactions that patients have with the health care system. Understanding patient experience is a key step in moving toward patient-centred care. A retrospective survey was conducted of 133 visits to the Eye Emergency department over a two-week period in July 2018 - total departmental attendance for July was 1000 visits. The survey included patients who were return presentations, seen and discharged, admitted and patients who were seen by the on-call Ophthalmology team. The survey itself was based on a previous NHS Eye Emergency Service Audit and included 32 questions and one free text section (RCOPTH, 2013). Participants were asked to complete a survey which recorded: patient demographics, aetiology of presentation, waiting times in the department, prescription & management advice given and overall patient experiences. The result of the survey concluded that patients had a high levels of satisfaction with the care and medical advice they received at the Mater Hospital Eye Emergency Department. Waiting times were identified as the primary source of patient dissatisfaction. Some practical issues were identified which could enhance both the accessibility of the department and enhance the overall patient experience.

73. Development of tools to facilitate palliative and supportive care referral for patients with idiopathic pulmonary fibrosis

Authors
Sharp C.; Lamb H.; Adamali H.; Jordan N.; Kendall C.; Edwards A.; Gunary R.; Meek P.; Millar A.B.

Source
BMJ supportive & palliative care; Sep 2018; vol. 8 (no. 3); p. 340-346

Publication Date
Sep 2018

Publication Type(s)
Article

Abstract
OBJECTIVES: Palliative care is underused in non-malignant respiratory diseases, including interstitial lung diseases (ILDs). We investigated current practices around palliative and supportive care and explored the impact of a supportive care decision aid tool.

METHOD(S): This was a single centre study in a UK ILD centre. Retrospective analysis of hospice referrals and patients with idiopathic pulmonary fibrosis (IPF) under the Bristol ILD (BILD) service were used to identify unmet palliative and supportive care needs. Using quality improvement methodology, we explored the impact of a supportive care decision aid on clinician behaviours for patients with ILD.

RESULT(S): 108 patients with ILD were referred for hospice care between 2010 and 2015, representing 0.15% of all referrals, compared with a population prevalence of IPF of 0.9%. The median interval between referral and death was 124 days. Records were reviewed for 64 deceased and 89 living patients with IPF seen on July-December 2014. The decision aid was prospectively assessed with 73 patients. The deceased patients had greater markers of severity. There were no other differences between the groups. After introduction, the decision aid tool was completed for 49.3% of patients and resulted in significant increases in documented discussion of referral to palliative care (11.2% vs 53.6%, p<0.01) and end-of-life discussions (15.7% vs 91.8%, p<0.01). Tool completion led to an increase in referral for palliative care (2.7% vs 16.7%, p<0.01).

CONCLUSION(S): Palliative care services are underused in ILD and a supportive care decision aid can prompt consideration of palliative and supportive care needs.

Copyright © Article author(s) (or their employer(s) unless otherwise stated in the text of the article) 2018. All commercial use is permitted unless otherwise expressly granted.

74. Development of a benchmarking toolkit for adolescent and young adult rheumatology services (BeTAR)

Authors

Source
Pediatric Rheumatology; May 2019; vol. 17 (no. 1)

Publication Date
May 2019

Publication Type(s)
Article

Abstract
OBJECTIVES: To identify the gaps in the provision of adolescent and young adult (A&Y) rheumatology services and to develop an online, accessible, and freely available benchmarking toolkit (BeTAR) that identifies those gaps and provides recommended targets.

METHOD(S): An online survey was conducted of 348 rheumatology services in the UK to assess the current provision of A&Y services. This informed the development of BeTAR, which includes 24 domains and 51 key performance indicators. Services are then benchmarked against the expectations of BeTAR.

RESULT(S): The survey identified a number of gaps in the current provision of A&Y services. For example, 40% of services did not have a specific A&Y clinic, and 30% did not have a consultant dedicated to A&Y patients. BeTAR provides a detailed list of recommended targets for each domain, which includes examples of best practice.

CONCLUSION(S): BeTAR is a valuable tool for identifying gaps in the provision of A&Y rheumatology services and provides a framework for improving the quality of care for these patients.

Copyright © Article author(s) (or their employer(s) unless otherwise stated in the text of the article) 2019. All commercial use is permitted unless otherwise expressly granted.
Background: Young people (YP; 12-24 years old) with rheumatic diseases face many challenges associated with chronic illness in addition to the physiological and psychosocial changes of adolescence. Timely access to developmentally appropriate multidisciplinary care is key to successfully managing rheumatic diseases, but gaps in the care of this vulnerable age group still exist. This study aimed to develop a benchmarking toolkit to enable comparative evaluation of YP rheumatology services in order to promote best practice and reduce variations in service delivery.

Method(s): A staged and consultative method was used across a broad group of stakeholders in the UK (YP, parents/other carers, and healthcare professionals, HCPs) to develop this toolkit, with reference to pre-existing standards of YP-friendly healthcare. Eighty-seven YP (median age 19 years, range 12-24 years) and 26 rheumatology HCPs with 1-34 years of experience caring for YP have participated.

Result(s): Thirty quality criteria were identified, which were grouped into four main domains: assessment and treatment, information and involvement, accessibility and environment, and continuity of care. Two toolkit versions, one to be completed by HCPs and one to be completed by patients, were developed. These were further refined by relevant groups and face validity was confirmed.

Conclusion(s): A toolkit has been developed to systematically evaluate and benchmark YP rheumatology services, which is key in setting standards of care, identifying targets for improvement and facilitating research. Engagement from YP, clinical teams, and commissioners with this tool should facilitate investigation of variability in levels of care and drive quality improvement.

Copyright © 2019 The Author(s).

75. Improving coding and primary care management for patients with chronic kidney disease: an observational controlled study in East London

Authors: Hull S.A.; Rajabzadeh V.; Thomas N.; Hoong S.; Dreyer G.; Rainey H.; Ashman N.

Source: The British journal of general practice : the journal of the Royal College of General Practitioners; Jun 2019

Publication Date: Jun 2019

Publication Type(s): Article

PubMedID: 31160369

Database: EMBASE

Abstract: BACKGROUND: The UK national chronic kidney disease (CKD) audit in primary care shows diagnostic coding in the electronic health record for CKD averages 70%, with wide practice variation. Coding is associated with improvements to risk factor management; CKD cases coded in primary care have lower rates of unplanned hospital admission. AIM: To increase diagnostic coding of CKD (stages 3-5) and primary care management, including blood pressure to target and prescription of statins to reduce cardiovascular disease risk. DESIGN AND SETTING: Controlled, cross-sectional study in four East London clinical commissioning groups (CCGs).

METHOD(S): Interventions to improve coding formed part of a larger system change to the delivery of renal services in both primary and secondary care in East London. Quarterly anonymised data on CKD coding, blood pressure values, and statin prescriptions were extracted from practice computer systems for 1-year pre- and post-initiation of the intervention.

RESULT(S): Three intervention CCGs showed significant coding improvement over a 1-year period following the intervention (regression for post-intervention trend P<0.001). The CCG with highest coding rates increased from 76-90% of CKD cases coded; the lowest coding CCG increased from 52-81%. The comparison CCG showed no change in coding rates. Combined data from all practices in the intervention CCGs showed a significant increase in the proportion of cases with blood pressure achieving target levels (difference in proportion P<0.001) over the 2-year study period. Differences in statin prescribing were not significant.

CONCLUSION(S): Clinically important improvements to coding and management of CKD in primary care can be achieved by quality improvement interventions that use shared data to track and monitor change supported by practice-based facilitation. Alignment of clinical and CCG priorities and the provision of clinical targets, financial incentives, and educational resource were additional important elements of the intervention.

Copyright © British Journal of General Practice 2019.
76. Incidence and significance of an elevated red blood cell distribution width among hospitalised HIV-infected adult patients

**Authors** Dissanayake O.; Merriman R.C.; Alnajar S.; Hunter A.; Burns F.; Miller R.F.

**Source** BMJ Open; May 2019; vol. 9 (no. 5)

**Publication Date** May 2019

**Publication Type(s)** Article

**PubMedID** 31129576

**Database** EMBASE

**Abstract**

We audited the records of unselected hospitalised HIV-positive adults admitted to a University-affiliated inner London hospital to identify the frequency of elevated red blood cell distribution width (RDW), and potential associations with specific diagnoses, and with outcome. Of 259 patients audited, 188 (73%) were men. Patients' median age was 47 years (interquartile range=41-54). An elevated RDW was seen in 50 patients (19%); 200 (77%) had an elevated C-reactive protein (CRP), and 77 (30%) had a low haemoglobin. Only five patients had an elevated RDW without an elevated CRP and/or low haemoglobin. An elevated RDW was associated with a wide range of infectious, inflammatory, and malignant conditions similar to observed associations reported in the general non-HIV infected adult population. Additionally an elevated RDW occurred both in patients with well-controlled HIV infection and in receipt of antiretroviral therapy, as well as in those with newly diagnosed and poorly-controlled infection. Five (10%) of 50 patients with an elevated RDW needed intensive care unit (ICU) admission and two (4%) died. Two (0.95%) of 209 patients with a normal RDW needed ICU admission and four (1.9%) died. The findings of this audit are limited by the relatively small number of patients and the single site nature of the audit.

77. Challenges and barriers to optimising sedation in intensive care: A qualitative study in eight Scottish intensive care units

**Authors** Kydonaki K.; Hanley J.; Huby G.; Antonelli J.; Walsh T.S.

**Source** BMJ Open; May 2019; vol. 9 (no. 5)

**Publication Date** May 2019

**Publication Type(s)** Article

**PubMedID** 31129576

**Database** EMBASE

**Abstract**

Objectives Various strategies to promote light sedation are highly recommended in recent guidelines, as deep sedation is associated with suboptimum patient outcomes. Yet, the challenges met by clinicians in delivering high-quality analgosedation is rarely addressed. As part of the evaluation of a cluster-randomised quality improvement trial in eight Scottish intensive care units (ICUs), we aimed to understand the challenges to optimising sedation in the Scottish ICU settings prior to the trial. This article reports on the findings. Design A qualitative exploratory design: We conducted focus groups (FG) with clinicians during the preintervention period. Setting and participants: Eight Scottish ICUs. Nurses, physiotherapists and doctors working in each ICU volunteered to participate. FG were recorded and verbatim transcribed and inserted in NVivo V.10 for analysis. Qualitative thematic analysis was undertaken to develop emergent themes from the patterns identified in relation to sedation practice. Ethical approval was secured by Scotland A Research ethics committee. Results Three themes emerged from the inductive analysis: (a) a recent shift in sedation practice, (b) uncertainty in decision-making and (c) system-level factors including the ICU environment, organisational factors and educational gaps. Clinicians were challenged daily to manage agitated or difficult-to-sedate patients in the era of a progressive mantra of a just sedate less’ imposed by the pain-agitation-delirium guidelines. Conclusions The current implementation of guidelines does not support behaviour change strategies to allow a patient-focused approach to sedation management, which obstructs optimum sedation-analgesia management. Recognition of the various challenges when mandating less sedation needs to be considered and novel sedation-analgesia strategies should allow a system-level approach to improve sedation-analgesia quality. DESIST registration number NCT01634451

Copyright © Author(s) (or their employer(s)) 2019. Re-use permitted under CC BY-NC. No commercial re-use. See rights and permissions. Published by BMJ.

78. Vitamin D levels in 577 consecutive elective foot & ankle surgery patients

**Authors** Aujla R.S.; Allen P.E.; Ribbans W.J.

**Source** Foot and Ankle Surgery; Jun 2019; vol. 25 (no. 3); p. 310-315
79. Measuring appropriate antibiotic prescribing in acute hospitals: Development of a national audit tool through a Delphi consensus

**Authors**
Hood G.; Hopkins S.; Ashiru-Oredope D.; Hand K.S.; Cramp E.; Howard P.

**Source**
Antibiotics; Jun 2019; vol. 8 (no. 2)

**Abstract**
This study developed a patient-level audit tool to assess the appropriateness of antibiotic prescribing in acute National Health Service (NHS) hospitals in the UK. A modified Delphi process was used to evaluate variables identified from published literature that could be used to support an assessment of appropriateness of antibiotic use. At a national workshop, 22 infection experts reached a consensus to define appropriate prescribing and agree upon an initial draft audit tool. Following this, a national multidisciplinary panel of 19 infection experts, of whom only one was part of the workshop, was convened to evaluate and validate variables using questionnaires to confirm the relevance of each variable in assessing appropriate prescribing. The initial evidence synthesis of published literature identified 25 variables that could be used to support an assessment of appropriateness of antibiotic use. All the panel members reviewed the variables for the first round of the Delphi; the panel accepted 23 out of 25 variables. Following review by the project team, one of the two rejected variables was rephrased, and the second neutral variable was re-scored. The panel accepted both these variables in round two with a 68% response rate. Accepted variables were used to develop an audit tool to determine the extent of appropriateness of antibiotic prescribing at the individual patient level in acute NHS hospitals through infection expert consensus based on the results of a Delphi process.

Copyright © 2019 by the authors. Licensee MDPI, Basel, Switzerland.

80. What are the requirements for developing a successful national registry of auditory implants? A qualitative study

**Authors**
Mandavia R.; Schilder A.G.M.; Knight A.; Littlejohns P.; Carter A.W.; Mossialos E.; Toal C.

**Source**
BMJ Open; 2018; vol. 8 (no. 9)

**Abstract**
This study investigated the requirements for developing a successful national registry of auditory implants. A qualitative study was conducted to explore the perspectives of those involved in the field. The study used a combination of focus group discussions and one-on-one interviews to gather data. The findings highlighted the need for clear governance, robust data collection processes, and stakeholder engagement. The study also emphasized the importance of ensuring patient confidentiality and data protection. The results provided insights into the necessary components for a successful national registry, which could be used to inform the development and implementation of such a registry.

Copyright © 2018 by the authors. Licensee MDPI, Basel, Switzerland.
81. Validation of the acute cholecystectomy rate as a quality indicator for emergency general surgery using the SWORD database

Authors: Palser T.R.; Navarro A.P.; Beckingham I.J.; Swift S.
Publication Date: Jun 2019
Publication Type(s): Article
PubMedID: 31155890
Database: EMBASE

INTRODUCTION: Despite an increasing emphasis on data-driven quality improvement, few validated quality indicators for emergency surgical services have been published. The aims of this study therefore were: 1) to investigate whether the acute cholecystectomy rate is a valid process indicator; and 2) to use this rate to examine variation in the provision of acute cholecystectomy in England. MATERIALS AND METHODS: The Surgical Workload and Outcomes Research Database (SWORD), derived from the Hospital Episode Statistics database, was interrogated for the 2012-2017 financial years. All adult patients admitted with acute biliary pancreatitis, cholecystitis or biliary colic to hospitals in England were included and the acute cholecystectomy rate in each one examined.

RESULT(S): A total of 328,789 patients were included, of whom 42,642 (12.9%) underwent an acute cholecystectomy. The acute cholecystectomy rate varied significantly between hospitals, with the overall rate ranging from 1.2% to 36.5%. This variation was consistent across all disease groupings and time periods, and was independent of the annual number of procedures performed by each NHS trust. In 41 (29.9%) trusts, fewer than one in ten patients with acute gallbladder disease underwent cholecystectomy within two weeks. IN Conclusion(S): The acute cholecystectomy rate is easily measurable using routine administrative datasets, modifiable by local services and has a strong evidence base linking it to patient outcomes. We therefore advocate that it is an ideal process indicator that should be used in quality monitoring and improvement. Using it, we identified significant variation in the quality of care for acute biliary disease in England.

Abstract

Objectives Hearing loss is an area of unmet need, and industry is targeting this field with a growing range of surgically implanted hearing devices. Currently, there is no comprehensive UK registry capturing data on these devices; in its absence, it is difficult to monitor clinical and cost-effectiveness and develop national policy. Recognising that developing such a registry faces considerable challenges, it is important to gather opinions from stakeholders and patients. This paper builds on our systematic review on surgical registry development and aims to identify the specific requirements for developing a successful national registry of auditory implants. Design Qualitative study. Participants Data were collected in two ways: (1) semistructured interviews with UK professional stakeholders; and (2) focus groups with patients with hearing loss. The interview and focus group schedules were informed by our systematic review on registry development. Data were analysed using directed content analysis. Judges mapped the themes obtained against a conceptual framework developed from our systematic review on registry development. The conceptual framework consisted of five categories for successful registry development: (1) planning, (2) registry governance, (3) registry dataset, (4) anticipating challenges, (5) implementing solutions. results Twenty-seven themes emerged from 40 semistructured interviews with professional stakeholders and 18 themes emerged from three patient focus groups. The most important factor for registry success was high rates of data completion. Benefits of developing a successful registry of auditory implants include: strengthening the evidence base and regulation of auditory implants, driving quality and safety improvements, increased transparency, facilitating patient decision-making and informing policy and guidelines development. Conclusions This study identifies the requirements for developing a successful national registry of auditory implants, benefiting from the involvement of numerous professional stakeholder groups and patients with hearing loss. Our approach may be used internationally to inform successful registry development.

Copyright © Author(s) (or their employer(s)) 2018.
83. Colorectal cancer registries: Comparing the united kingdom and united states of america and the call for international standardization

**Authors**
Nikolaou S.; Tekkis P.; Kontovounisios C.; Taylor J.; Stem M.; Chung H.; Efron J.; Safar B.

**Source**
Diseases of the Colon and Rectum; Jun 2019; vol. 62 (no. 6)

**Publication Date**
Jun 2019

**Database**
EMBASE

**Abstract**
AIM: To evaluate the outcomes of higher risk screening in Northern Ireland (NI) and compare with the UK National Health Service Breast Screening Programme (NHSBSP). MATERIALS AND METHODS: Higher risk breast screening commenced in NI in April 2013. Data on the programme were audited retrospectively through the Higher Risk screening centre. As there are no national standards for attendance rates and cancer detection rates, screening data and standards from the NHSBSP were used as a baseline for comparison.

RESULT(S): Attendance rates for the higher risk screening population have increased each of the last 3 years up to 77.7%. Recall rates have improved year on year from initial 14.2%-8.6%. Cancer detection rates have varied each year with a range from 21.5 per 1,000 women screened to 30.9 per 1,000 women screened.

CONCLUSION(S): The Higher Risk Breast Screening Programme in NI represents a success story in risk stratified screening. Performance outcomes are excellent. The data outcomes may be used to inform standards of acceptable practice in the wider NHSBSP.

Copyright © 2019 The Royal College of Radiologists

84. Current grading systems of acute and chronic diverticulitis are not correlative of operative duration or hospital costs
Abstract

Purpose/Background: The incidence of diverticulitis continues to rise each year. There are two current systems for grading disease severity of diverticulitis: modified Hinchey and American Association for Surgery in Trauma (AAST). The goal of the study is to discern if the current grading systems are predictive of operative duration and overall hospital costs in treating acute or chronic diverticulitis. Methods/Interventions: This is a retrospective cohort study at a single institution, University of Kentucky (UK), and its National Surgical Quality Improvement Program (NSQIP) database was used to identify patients who developed diverticulitis and were treated between 1/1/2012 to 12/31/2017. Patients were divided into acute or chronic diverticulitis presentation to compare differences in clinical outcomes after treatment by either acute care surgery or colorectal surgery after adjusting for patient presentation and clinical risk factors. Results/Outcome(s): 248 patients over a five year span underwent surgical treatment for acute or chronic diverticulitis. 34% [N=85] underwent operative intervention for acute emergent and acute non-emergent diverticulitis. When evaluating for cost outcomes for both the modified Hinchey and the AAST classification systems, regression models reveal that both classification systems do not correlate with costs (p = 0.105 and p = 0.123 respectively). 84.3% of chronic diverticulitis were treated by CRS whereas 67.4% of acute diverticulitis were treated by ACS (p<0.001). The vast majority of ACS patients were treated emergently (83.1%, p<0.001) and were more likely to present with sepsis compared to their CRS counterparts (p<0.001). Median total costs were higher for the ACS group ($24.4k vs. $15.9k, p<0.001), but this difference was insignificant after adjusting for patients’ clinical factors (p = 0.98). Conclusions/Discussion: Hinchey classification and AAST diverticulitis grade are not valid predictors of operative duration and hospital costs. With our reimbursement system becoming more strongly associated with patient outcomes, it is imperative to have improved pre-operative grading systems to better predict disease severity, outcomes, and overall costs of treatments.

HDAS Export
Search Strategy EMBASE - AUDIT

Authors Bautista R.F.; Bhakta A.S.; Kay D.; Judge J.M.; Davenport D.
Source Diseases of the Colon and Rectum; Jun 2019; vol. 62 (no. 6)
Publication Date Jun 2019
Publication Type(s) Conference Abstract
Database EMBASE
Available at Diseases of the Colon and Rectum from Ovid (Journals @ Ovid) - Remote Access
Available at Diseases of the Colon and Rectum 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 Diseases of the Colon and Rectum 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.

85. Improving engagement of young people with liver disease: The role of youth worker

Authors Mensah A.; Day J.; Yerlett J.; Clay L.; Deepak J.; Grant A.M.; Samyn M.; Mckie P.
Source Journal of Pediatric Gastroenterology and Nutrition; May 2019; vol. 68 ; p. 849-850
Publication Date May 2019
Publication Type(s) Conference Abstract
Database EMBASE
Available at Journal of Pediatric Gastroenterology and Nutrition 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 and Study: Young people with chronic liver disease encounter additional psychological, social and emotional challenges relative to their healthy peers. There is growing evidence that these challenges are detrimental to physical health outcomes, and the benefits of including Youth Work in multi-disciplinary working to combat this has recently been highlighted by the UK Government. Data from a recent quality improvement project at our centre demonstrated an overall non-attendance rate of 20.6% between 2013-2016 for YP attending multidisciplinary liver transition clinics. Timely identification and intervention for psychosocial stressors improves both adherence to treatment and engagement with services, and positively impacts on long-term outcomes. This study describes the added benefits of introducing a youth worker (YW) role to multi-disciplinary liver transition clinic.

Method(s): As part of a pilot project between February and September 2018, patients with an upcoming initial appointment with the liver transition service were contacted 2 weeks prior. The purpose of the call was to check whether the YP were aware of the appointment and able to attend, as well as introduce the provision of the service and address any immediate questions or concerns. Information about the service was also sent to prospective patients. The YW then met with all YP attending the clinic for the first time, in order to complete a psychosocial screen and promote engagement with the service. All YP admitted on inpatient wards under the liver service were also seen by the YW for this purpose. A Youth Work Assessment (adapted from a modified version of the HEADSS assessment tool) was carried out with each YP. Engagement was defined as the number of YP who accepted the offer of a review by the YW. Consent was taken and confidentiality was explained prior to the assessment.

Result(s): The YW managed to speak with 73 of the 116 patients (63%) contacted by telephone prior to their appointment. There was an increased rate of attendance at clinic appointment and rescheduling of appointments for those spoken to, compared to those who could not be reached. During the project, a total of 64 patients (F 35) aged 12-25 (mean 18.3, SD 2.74) years were approached by the YW. Almost all (97%) of YP consented to see the YW. In almost all (82%) of YP seen, the primary concerns identified were non-medical needs, including mental health concerns, substance misuse, social reengagement, and helping to get back into employment or education. The YW coordinated referrals to members of the multidisciplinary team (clinical psychologist n=7, specialist social worker n=2) as well as referring and signposting 11 YP to other services including charities (n=9).

Conclusion(s): The skills of the YW make an essential contribution to ensure holistic care is provided for YP looked after by health professionals. This is particularly relevant in the context of the reciprocal interaction between physical health outcomes and emotional wellbeing in this population. In addition, communicating with YP by telephone prior to their clinic appointments appears to improve attendance however other means such as email and electronic messaging systems should be explored to increase the yield of contact.

86. A retrospective case review of a structured dietetic intervention in infants with hypoplastic left heart syndrome

Authors Flannagan L.
Source Journal of Pediatric Gastroenterology and Nutrition; May 2019; vol. 68 ; p. 1212
Publication Date May 2019
Publication Type(s) Conference Abstract
Database EMBASE

Available at Journal of Pediatric Gastroenterology and Nutrition 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 and Study: Hypoplastic Left Heart Syndrome (HLHS) occurs in 1.6-3.6 out of every 10,000 live births within the UK. Without surgery (Norwood 1 procedure at birth, a Bi-directional Glenn around 3-6 months of age, Fontan around 18-36 months after the Glenn) life expectancy is short. Poor oral feeding and slow growth are common and associated with poor outcome and a higher incidence of feeding related complications. The Wisconsin Home Monitoring Programme (WHMP- 2000) demonstrated reduced mortality during the inter-stage period (between Norwood 1 and the Bidirectional Glen) and is recognised good practice. Elements of the WHMP were adopted by the Cardiac Unit at The Royal Hospital for Children, Glasgow, the first centre in the UK to do so. This audit was designed to assess the impact of structured dietetic intervention during the inter-stage period with the aim of improving growth, clinical outcome and reducing tube feed dependency at one year of age.
Method(s): Infants born between 2011 and 2013, referred to the Home Monitoring Programme (HMP) received intensive dietetic input (reviewed by a minimum of twice weekly telephone contacts alongside a dietetic review at the cardiology clinic). Each review included an assessment of total daily fluid volumes taken, feed tolerance, energy intake and weight ensuring this met the HMP criteria (infant should gain a minimum of 20 grams over a 3 day period; infant should not lose 30 grams or more over a 2 day period; enteral intake should equate to a minimum of 120 mls per kg per 24 hours). Advice was given and feed plans altered as required on each review to maintain adequate intake, ensure sufficient weight gain and promote growth. Seventeen infants were referred to the HMP. Case records for these children were examined. Clinical outcomes were categorised as: growth, health care use (admissions, re-admissions, length of stay) and feeding type (naso-gastric tube, gastrostomy tube).
Result(s): Dietetic input: the review demonstrated that there was a positive correlation between the number of dietetic contacts and the infant’s weight before the Bi-directional Glen procedure. Feeding tube outcome: although no comparative data were available before 2011 it was noted that with intensive dietetic input 64.7% of infants were feeding normally at 1 year of age. Of the 3/17 who weren’t; 11.77% had a gastrostomy tube, 11.77% a naso-gastric tube, 11.77% died.
Conclusion(s): This review supports the importance of dietetic input as part of the cardiology team in the treatment of patients with HLHS. Intensive dietetic input not only improves weight gain but also promotes normal feeding, preventing tube dependency following the Bi-directional Glen thereby improving quality of life.

87. Audit of medical staff knowledge of how to support mothers to initiate and to continue providing breastmilk for infants admitted to the neonatal unit
Authors: Cleminson J.; Douglass M.; Embleton N.
Source: Journal of Pediatric Gastroenterology and Nutrition; May 2019; vol. 68 ; p. 1148
Publication Date: May 2019
Publication Type(s): Conference Abstract
Database: EMBASE
Available at Journal of Pediatric Gastroenterology and Nutrition 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 and Study: The UK has amongst the lowest breastfeeding rates in Europe. The WHO/UNICEF Baby Friendly Initiative (BFI) sets evidence-based standards of practice for healthcare units that aim to protect, promote, and support breastfeeding provision. This has potential significant health benefits for the infant, with preterm and/or sick infants standing to benefit the most. A lack of awareness of these standards of care and false beliefs surrounding breastfeeding advice can affect a doctor’s ability to provide the correct support. Our objectives were to use the UK BFI audit criteria to assess junior medical staff awareness of key areas: current local and national breastfeeding rates; risk factors that influence breastfeeding continuation; the benefits of breastfeeding and skin-to-skin for the infant and the mother; knowledge of correct (and incorrect) advice to mother’s who intend to provide EBM and breastfeed on the neonatal unit; and how to provide general support for parental involvement in the care of their infant on the neonatal unit.

Method(s): 16 paediatric trainees based at a tertiary neonatal unit were invited to complete a 10-point questionnaire, composed of a variety of questioning styles, without learning aids and without a time limit for completion.

Result(s): There were 14 respondents (4 x level 1, 6x level 2, 4 x level 3 trainees). Areas of strength included the knowledge of benefits of breastfeeding and skin-to-skin, awareness of the influence of social background on risk of premature discontinuation of breastfeeding, knowledge of what advice to give regarding expressing breast milk, and approaches to involve parents in the care of their infant on NNU. Areas of weakness included a lack of awareness of breastfeeding rates, understanding the potential impact of mother’s health on the likelihood of continuing breastfeeding, pervading false beliefs surrounding safe provision of breast milk, knowing how to identify risk factors that indicate the need for extra support, and a knowledge of available breastfeeding support services.

Conclusion(s): We have identified areas of knowledge that can impact on a professional’s ability to provide good support to mothers providing breast milk to their infants on the NNU. This highlights the importance of a need for tailored, medical based education for practitioners in this subject area, delivered at important time points throughout under- and post-graduate training. The results have been presented locally to key stakeholders with multi-disciplinary engagement to facilitate quality improvement processes and to inform the development of medical staff educational tools, to ultimately improve quality of care.

88. A Scotland-wide analysis of children with autoimmune hepatitis: A retrospective prevalence study

Authors
Sutton H.; Cowieson J.; Fraser K.; Hansen R.; Tayler R.; Henderson P.; Chalmers I.

Source
Journal of Pediatric Gastroenterology and Nutrition; May 2019; vol. 68 ; p. 903-904

Publication Date
May 2019

Publication Type(s)
Conference Abstract

Database
EMBASE

Available at Journal of Pediatric Gastroenterology and Nutrition from Available to NHS staff on request from UHL Libraries & Information Services (from non-NHS library) - click this link for more information Local Print Collection [location] : British Library via UHL Libraries - please click link to request article.
Objectives and Study: The aim of this audit was to retrospectively analyse how children with autoimmune hepatitis (AIH) in Scotland initially presented, were investigated and subsequently managed. Due to the collaborative work within Scotland we were able to determine epidemiological information on children with AIH with a captive denominator.

Method(s): A patient list was generated to include all prevalent population of patients with AIH cared for in paediatric services between January 2013 and September 2018. Patient data was obtained from electronic patient records in the three main academic paediatric centres who care for all children with liver disease in Scotland (Glasgow, Aberdeen and Edinburgh). Information on diagnosis, initial presentation, investigations, management and outcomes were recorded and analysed.

Result(s): 38 patients were included (25 female) with median follow-up of 33 months (range 2-145 months). Prevalence rate was 3.3 per 100,000 children under 18 years old. 17 patients were referred following presentation to A+E, 17 were referred from the community and 4 were referred post diagnosis. Median time from referral to first appointment was 0.5 days (range 0-49 days)). Presentations included jaundice (45%), transaminitis (26%), abdominal pain (26%) fatigue (18%), colitic symptoms (16%), weight changes (10%), vomiting (8%), dark urine (5%), and organomegaly (3%). Median time from start of symptoms to diagnosis was 4 weeks (range 3 days - 72 weeks). 8 patients had a diagnosis of AIH with primary sclerosing cholangitis overlap. 6 patients had a family history of autoimmune diseases and 18 had a significant co-morbidity, 12 with inflammatory bowel disease. Median values for albumin, alanine aminotransferase (ALT), aspartate aminotransferase (AST), alkaline phosphatase (ALP), bilirubin, immunoglobulin G (IGG) platelets and spleen size z score at diagnosis and 1 year are summarised in Table 1. 35 (92%) patients tested antibody positive: ANA n=23 (61% of total), Anti-SMA n=19 (50%), Anti-MPO3 n=3 (8%) Anti-cytosol-1 n=2 (5%) and Anti mitochondrial n=1 (3%). 37 patients were treated with oral corticosteroids, 30 required treatment with Azathioprine, and 23 received ursodeoxycholic acid. 4 patients had a disease flare requiring an increase in oral steroids. 7 had flares requiring resumption of maximum dose of oral steroids and 6 had flares requiring IV steroids (median course length= 6 days). No patient had more than 2 flares and there were 0.14 flares per total patient years. 3 patients required liver transplantation with an overall 5- year survival rate without the need for transplantation of 98%.

Conclusion(s): For Children with AIH in Scotland we calculated a prevalence rate of 3.3 per 100,000 children. The vast majority were antibody positive with 61% being ANA positive. Children were managed with corticosteroids in the first instance and azathioprine as a second line therapy. These children had low rates of disease flares and need for transplantation was rare. (Table Presented).

89. Maternal and cord serum carotenoid levels and their impact on neonatal hearing screen results

Authors: Van Ormer M.; Thompson M.; Anderson-Berry A.; Hanson C.; Thoene M.; Furtado J.
Source: Journal of Pediatric Gastroenterology and Nutrition; May 2019; vol. 68 ; p. 1140
Publication Date: May 2019
Publication Type(s): Conference Abstract
Database: EMBASE

Available at Journal of Pediatric Gastroenterology and Nutrition 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 and Study: Antioxidant compounds such as the carotenoids are important protective nutrients, especially during fetal neurodevelopment. However, their impact on clinical hearing outcomes in the neonate is not well described. The purpose of this study is to examine the relationship between maternal and cord serum levels of these nutrients and abnormal Newborn Hearing Screens (NHS) during post-partum hospital admission.

Method(s): An IRB-approved study enrolled mother-infant pairs (n=333) at time of delivery for collection of maternal and cord serum samples. Carotenoid levels in each sample were analyzed using high performance liquid chromatography (HPLC), and NHS results were collected from the Electronic Medical Record (EMR) at the time of discharge. The relationships between nutrient levels and NHS results were assessed using both univariate independent sample T-tests and multivariate logistic regression, adjusting for corrected gestational age and maternal smoking status. A p < 0.05 was considered statistically significant.

Result(s): 342 maternal-infant dyads were enrolled in this cohort. Of the 342 infants, 53.8% were male and 46.2% were female. Average gestational age at delivery was 38.1 weeks. Of the 342 participants, 333 maternal and 313 cord serum samples were available for analysis. In the univariate analyses, higher retinol levels in both maternal serum (p < 0.01, 95% CI 20.40-123.24 mcg/L) and cord serum (p=0.03, 95% CI 2.93-45.53 mcg/L) were associated with abnormal NHS. Higher maternal serum levels of lutein+zeaxanthin (p=0.09), beta-cryptoxanthin (p=0.09), and alpha-carotene (p=0.06) also approached significant relationships with abnormal NHS results. No other carotenoids in either maternal or cord serum demonstrated a significant relationship.

Conclusion(s): Although other studies have demonstrated the protective effect of higher antioxidant levels on auditory function, additional considerations are necessary when evaluating the impact of maternal nutrient stores on infant health outcomes. These counterintuitive findings indicate that further study is necessary to examine the complicated relationship between maternal nutrient levels, infant clinical outcomes, and the tightly-regulated placental barrier separating the two during gestation.

90. Overdiagnosis of non IgE cows milk allergy in primary care

Authors
Wright C.; McDonald G.; Cuthbert U.; Roberts M.; Maclean A.

Source
Journal of Pediatric Gastroenterology and Nutrition; May 2019; vol. 68; p. 1137

Abstract

Objectives and Study: Cow milk allergy (CMA) has a prevalence in infancy of between 0.5%1 and 3%2 and the definitive diagnosis of non IgE CMA requires a trial of milk exclusion followed by challenge. Non IgE CMA has a strong tendency to remit within the first year. Following introduction of primary care CMA assessment and treatment protocol in Greater Glasgow and Clyde NHS health board, an audit was undertaken in order to establish how commonly infants were commenced on hypoallergenic formula milks (HAFM), how many were challenged and how long they remained on them.

Method(s): All infants prescribed HAFM in two sub districts of Glasgow, from April 2017-March 2018 were identified from a central prescribing database. In one of these, East Dunbartonshire, details of their management were retrieved from their primary care electronic record.

Result(s): There were 3100 births in the two districts, of whom 382 patients were prescribed HAFM, suggesting an incidence rate for all CMA of 12.3%. Clinical details were retrieved for 123 infants, of whom 101 (82%) had Non-IgE symptoms. The first prescription was before age 13 weeks for 50%, 13 - 24 weeks for 32% and after 6 months for 18%. Treatment was initiated in primary care for 77%. The most commonly prescribed formula for first treatment was an extensively hydrolysed formula, with or without lactose, but 20% infants were first prescribed an amino acid formula. A record of a home challenge at 2-4 weeks was found for only 27 infants, of whom 4 (17%) stopped treatment after 4 weeks or less, but so did 20% of those not challenged. In total 54% continued HAFM for more than 6 months, and 31% of infants remained on treatment beyond the age of one year.

Conclusion(s): One in eight children were prescribed a HAFM, where only 0.5-3% of children would be expected to develop CMA. There was no test of the validity of the diagnosis in 80% and over half remained on HAFM for at least 6 months. The diagnosis of CMA has major cost implications, as well as the risk and difficulty of complementary feeding using a dairy free diet. More rigorous diagnostic procedures are required.

91. Blended diet use across Scotland with cost savings on standard dietetic management

Authors

Source
Journal of Pediatric Gastroenterology and Nutrition; May 2019; vol. 68; p. 1070
Objectives and Study: The use of blended diet is felt to be increasing across the UK, however there are no studies discussing uptake on a population basis. Blended diet involves the provision of solid food administered via a gastrostomy whether alongside or in place of commercial formula. Proposed benefits to the patient include reduction in reflux or vomiting and improved stooling. The purpose of the audit was to assess the uptake of blended diet across Scotland and explore any potential cost savings.

Method(s): 15 health boards were identified within Scotland. Questionnaires were sent to 11 of these health boards who were known to employ specialist paediatric dietitians. A proforma was designed to gather the demographics of patients on blended diet, determine who recommended this, and identify the indications for commencing and the dietetic feed plan pre- and post-introduction of blended diet.

Result(s): Questionnaires were returned from 9/11 (81%) health boards. Throughout these 9 health boards, 31 patients were identified as receiving blended diet. The most common diagnosis in this patient group was other neurological conditions (12/31; 39%) followed by cerebral palsy (11/31; 35%). All patients had a gastrostomy in situ and all were sized 12Fr or above. The most common device (11/31; 35%) was a 14Fr mickey button. The majority of patients (18/31; 58%) commenced blended diet in 2018, the longest standing patient commenced blended diet in 2005. The main reason for commencing blended diet was to manage reflux/improve vomiting (14/31; 45%) with 8/31 (26%) to improve constipation/stooling. 3/31 (97%) were commenced as a trial prior to jejunal feeding or consideration of a fundoplication. 15/31 (48%) were on full blended diet and commercial formula had been discontinued. 15/31 (48%) had no change to prescribed medication, 4/31 (13%) had stopped thickeners added to feed, 6/31 (19%) had PPI discontinued and 6/31 (19%) had laxatives either stopped or reduced since introduction of blended diet. The reduction in feeds alone calculated on a list price from the British National Formulary showed a Scotland wide saving of 123,178.56 per annum.

Conclusion(s): There has been a rapid uptake of blended diet in Scotland in 2018. In addition to potential social benefits to the family, blended diet may potentially impact on healthcare budgets attributed to enteral feeding and prescription costs with reductions in prescribing of some medications and savings on the cost for feeds and plastics to deliver these. Further research is required to demonstrate the benefits to dietitian time and to formally study the quality of life impact for families.

92. Current practice in UK centres providing surgery in paediatric inflammatory bowel disease-a survey from the BSPGHAN IBD working group

Authors: Ashton J.; Paul T.; Spray C.; Devadason D.; Stanton M.
Source: Journal of Pediatric Gastroenterology and Nutrition; May 2019; vol. 68; p. 495-496
Abstract

Objectives and Study: The aim of this study was to obtain a snapshot of current practice at UK centres regarding provision of services (with an emphasis on surgery) for paediatric inflammatory bowel disease (PIBD) patients. We planned to use information obtained from this survey to highlight and share areas of good practice, and to facilitate quality improvement. Recent published guidelines for surgery in both paediatric ulcerative colitis and Crohn's disease (ESPGHAN/ECCO) make recommendations regarding best practice. For example, it is recommended that pouch surgery case volume should be 9-10 case per year to maintain good outcomes.

Method(s): Invitation to participate in a piloted and validated online survey were sent to all UK centres with tertiary paediatric gastroenterology/surgery services in December 2017. Follow-up invitations were sent in January and November 2018. Results are presented as median values (range). Several centres were unable to provide numbers of newly diagnosed cases per year.

Result(s): Responses from 19 centres were received, approximately 50% from surgery and 50% from gastroenterology teams. Reported new IBD cases diagnosed per year were 52 (22-90), 35 CD (9-60), 20 UC (11-30), IBDU 7 (2-12). All centres (100%) have a regular gastroenterology/PIBD multi-disciplinary team (MDT) meeting. Transition clinics take place at 13/19 (68%) centres. Yearly frequency of index surgical procedures was ileo-caecal resection 3 (0-10), subtotal colectomy 3 (0-5), ileal pouchanal anastomosis (IPAA) 1 (0-8). Laparoscopic resectional surgery is undertaken at 16/19 (84%) of centres. IPAA surgery was performed by paediatric surgeons alone at 4 centres, with annual case frequency of 8, 2, 2, 0.5 per year at these centres. Endoscopic balloon dilation was available at 15/19 (79%) centres.

Conclusion(s): There was evidence of good practice - with regular MDT meetings, transition clinics and collaboration with adult surgical services. There is a wide variation in the number of new cases diagnosed per year. As per ECCO/ESPghan guidelines, laparoscopic surgery was widely practiced, although annual IPAA case volume was lower than recommended in some centres. This survey provides a broad overview of practice within the UK, specifically in relation to IBD surgery and number of new cases diagnosed. Prospective data collection on procedures and outcomes is important in paediatric IBD surgery to improve quality and maintain good practice.

93. Paediatric Eosinophilic oesophagitis outcomes following the introduction of a dedicated clinic

Authors
McNulty M.; Hansen R.; Cardigan T.; Flynn D.

Source
Journal of Pediatric Gastroenterology and Nutrition; May 2019; vol. 68 ; p. 307

Publication Date
May 2019

Publication Type(s)
Conference Abstract

Database
EMBASE

Available at Journal of Pediatric Gastroenterology and Nutrition 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 and Study: Eosinophilic oesophagitis (EoE) is an important oesophageal disease in children. To ensure that diagnosis is accurate and that local management and outcomes are documented and standardised, a dedicated regional Paediatric EoE clinic was established in March 2016. The aim of this retrospective study is to report on the outcomes of the clinic.

Method(s): A retrospective study reviewed the clinical proforma and medical records of all patients referred to a dedicated clinic at a tertiary centre, between March 2016 and September 2018.

Result(s): 57 children were referred to the clinic. 3 were excluded as there was insufficient data leaving a total of 54 patients, 46 male (85%). Of these 31 patients (57%) were diagnosed prior to March 2016. Median age at diagnosis was 10yr 3 month (22 months - 15yr 11 months), with a history of food allergy and/or atopy in 46 (85%). Family history of allergy/atopy was present in 31 (57%). The median number of endoscopies since diagnosis was 3 (range 1 to 15). Number of eosinophils per hpf at diagnosis ranged from 17->100. At the time of data collection, 34/54 patients (63%) were symptom free, 14/54 (26%) had active disease and 8 had transitioned to adult services. 27/45 patients (60%) achieved complete histological remission (defined as < 15 eosinophils per hpf) and a further 6 achieved partial improvement (eosinophil counts decreased by 50%). 10 patients are awaiting reassessment. 15/54 patients (28%) received swallowed budesonide therapy. 26/27 (96%) in complete remission responded to dietary exclusion alone or in combination with medication: 4 (15%) PPI, 4 (15%) PPI & swallowed budesonide, 5 (19%) soya, elemental diet, 7 (26%) combination therapy. In those with partial improvement (n=6) 2 received PPI, 2 dietary allergen exclusion and 2 had dietary allergen exclusion in combination with PPI. 9 of 12 patients who achieved complete remission whilst on milk free diet developed tolerance to milk using the milk ladder. 5/54 patients (9%) were refractory to treatment. There was no new stricture development aside from 2 patients at time of diagnosis. 2 (4%) underwent fundoplication with one having complete symptom resolution, 2 (4%) developed inflammatory bowel disease and 2 (4%) were reclassified as gastro-oesophageal reflux disease. Compliance was an issue for at least 15 patients (28%), encompassing non-attendance, scope refusal and an inability to tolerate medication or food exclusions.

Conclusion(s): In our patient cohort complete or partial remission was achieved most patients although poor compliance with ongoing therapy / reassessment was common. The importance of reassessing for alternative diagnoses such as GORD or IBD, where suspected, is also highlighted. The development of a designated EO service ensures patients receive uniformity of management and adherence to best practice and guidelines whilst facilitating data collection for audit and research purposes. Disclosure of Interest: Hansen, R. Financial support for research: RH is supported by an NHS Research Scotland Senior Research Fellowship. / Lecture fee(s): RH has received speaker’s fees, travel support, and/or participated in medical board meetings with MSD Immunology, Dr Falk, Nutricia & 4D Pharma. Diana Flynn- DF has received speaker’s fees, travel support, and/or participated in medical board meetings with Nestle, Nutricia, Mead Johnson, Danone & Shire.

94. A global prospective observational study in paediatric-onset IBD: The PIBD-SETQuality inception cohort

Authors
Aardoom M.A.; Tindemans I.; Samsom J.N.; De Ridder L.; Kemos P.; Croft N.; Rueemmele F.

Source
Journal of Pediatric Gastroenterology and Nutrition; May 2019; vol. 68; p. 14

Publication Date
May 2019

Publication Type(s)
Conference Abstract

Database
EMBASE

Available at Journal of Pediatric Gastroenterology and Nutrition 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 and Study: The consequences of paediatric IBD (PIBD), such as growth failure, bowel resection at young age and a lifelong risk of treatment-related adverse events may hugely influence the patient’s further development and quality of life. Unfortunately we are still not able to predict which patients are at risk of developing a complicated disease course. In order to investigate this, large prospective international studies with long term follow up are needed. Currently there are no European or Asian international cohorts to compare findings during follow up within or between countries. In this first global cohort we aim to evaluate which patients are at risk based on patient- and disease characteristics, immune pathology and environmental factors.

Method(s): In this international prospective observational study, which is part of the PIBD Network for Safety, Efficacy, Treatment and Quality improvement of care (PIBD-SETQuality), children and adolescents diagnosed with IBD < 18 years are included at disease diagnosis. Follow up is based on a visit schedule that is in line with standard PIBD care and is intended to continue for up to 20 years. Patient- and disease characteristics, as well as results of investigations, are collected at baseline and during follow up. In addition environmental factors are being assessed. In specific centres with the ability to perform extensive immunological analyses biomaterial is being collected and analysed in therapy naive patients at baseline and during follow up.

Result(s): Fourteen centres in the United Kingdom (UK), The Netherlands (NL), Italy, Israel and Malaysia are currently recruiting 12-13 PIBD patients per month. Twelve extra centres (in 5 new countries) are preparing for their first recruitment with an estimated 19 extra patients per month. Well organized data management and responsive sites led to a completion rate of 76% of the 1700 raised queries. To date 187 PIBD patients (63% Crohn’s disease (CD), 32% ulcerative colitis (UC), 5% IBDU) have been recruited which equals 21% of the target number. Patients have varied ethnicity (66.1% white; 13.9% South Asian; 3.3% black. 1.1% South East Asian; 0.6% East Asian; 0.6% hispanic/latino; 13.9% other ethnicity or mixed race). Median length of follow up of these patients is 9 months. The median disease activity scores (wPCDAI and PUCAI scores) at baseline are 47 (IQR 35-58) and 45 (IQR 30-66) in CD and UC respectively. Baseline endoscopy scores showed a median SES-CD score of 10 (IQR 6-16) and UCEIS of 4.0 (IQR 3.0-5.0). Comparing data between the UK and NL shows that the use of maintenance therapy is similar with 62% and 61% on an immunomodulator within of diagnosis. Analysis of international and racial differences regarding presenting phenotype, performed diagnostics and induction therapies are ongoing.

Conclusion(s): As the first global inception cohort including data from European and Asian countries, this reveals valuable data on standard clinical practice and immune pathology, facilitates comparisons on diagnostic and therapeutic strategies between countries and provides opportunities to compare findings with other national cohorts. This study enables the investigation of predictors of therapy effectiveness and provides more insight in factors associated with the risk of a complicated disease course.
Abstract

Objectives and Study: Children with Neurodisability have feeding and swallowing problems which can lead to insufficient calories intake. They encounter varying degrees gastroesophageal reflux, and recurrent aspiration. On the other end of the spectrum, they also experience chronic recurrent diarrhoea or constipation due to gut dysmotility. Society paper for the ESPGHAN published in JPGN August 2017 looked at evidence based guidelines for the evaluation and treatment of GI problems of those children. We audited our practice against the 31 clinical questions and recommendations addressing the multidisciplinary management of those conditions. We looked for the clinical improvement as target achievement following the intervention. Parent’s satisfaction was used as a tool for quality improvement as we consider it more feasible and reliable than Quality of life questionnaires for this group of children.

Method(s): Children with Neurodisability are regularly seen and assessed in the neurodevelopmental and feeding clinic run by Paediatric Neurodisability consultant with the support of Speech and language therapist (SLT) and dietician. They are discussed regularly in a multidisciplinary (MDT) set up. The meeting are attended by Paediatric gastroenterologist, Paediatric Surgeon, Dietician. SLT attends when individual cases are discussed. We looked retrospectively to children discussed in 2016-2017. We compared our MDT Neurodisability meeting management with recommendations addressing the clinical questions posed in the ESPGHAN society paper. Crucial decision about nutritional management and whether to use or not to use the oral methods in relation to safe versus unsafe swallow. The choice of nutrition, Enteral Nutrition including Tube feeding, Gastrostomy/Jejunostomy when indicated and whether there is other Surgical intervention (Nissen Fundoplication), Management of Gastrointestinal issues including Dysphagia/Oral Motor Dysfunction, Gastroesophageal reflux disease and other symptoms due to gut Dysmotility is discussed.

Result(s): 40 patients with complex Neurodisability, feeding and Gastrointestinal issues were followed up during the study period. Some had more than one diagnosis with other medical/surgical problems needing the involvement of a Paediatric surgeon. Neurodisability Diagnoses: 19/40 cerebral palsy/ex. Prem. 4/40 IUGR 9/40 with Down's syndrome, and 9/40 other Chromosomal anomalies 8/40 epilepsy/dystonia 7/40 global developmental delay 3/40 Autistic Spectrum Disorder Management Outcome: 16/40 had medical treatment, 9/40 had diagnostic endoscopy, 7/40 had gastrostomy, 5/40 gastrostomy and fundoplication. One had further surgical treatment. None had surgical jejunal tube insertion. 33/40, 82.5% have clinically improved with target achieved (p< 0.01). We achieved parent’s satisfaction in 30/40, 75% (p< 0.01). 6/40 having ongoing care. 5 passed away due to their complex condition.

Conclusion(s): Systematic multidisciplinary team (MDT) for the care of children with Neurodisability is crucial to manage gastrointestinal problems appropriately in a timely fashion. The ESPGHAN Guidelines on Gastrointestinal and nutritional complications for those children have been very useful in our model which can be used successfully in the proper set up in a district general hospital.
Abstract

Aims: The CHHiP trial investigated the use of moderate hypofractionation for the treatment of localised prostate cancer using intensity-modulated radiotherapy (IMRT). A radiotherapy quality assurance programme was developed to assess compliance with treatment protocol and to audit treatment planning and dosimetry of IMRT. This paper considers the outcome and effectiveness of the programme.

Material(s) and Method(s): Quality assurance exercises included a pre-trial process document and planning benchmark cases, prospective case reviews and a dosimetry site visit on-trial and a post-trial feedback questionnaire.

Result(s): In total, 41 centres completed the quality assurance programme (37 UK, four international) between 2005 and 2010. Centres used either forward-planned (field-in-field single phase) or inverse-planned IMRT (25 versus 17). For pre-trial quality assurance exercises, 7/41 (17%) centres had minor deviations in their radiotherapy processes; 45/82 (55%) benchmark plans had minor variations and 17/82 (21%) had major variations. One hundred prospective case reviews were completed for 38 centres. Seventy-one per cent required changes to clinical outlining pre-treatment (primarily prostate apex and base, seminal vesicles and penile bulb). Errors in treatment planning were reduced relative to pre-trial quality assurance results (49% minor and 6% major variations); Dosimetry audits were conducted for 32 centres. Ion chamber dose point measurements were within +/-2.5% in the planning target volume and +/-8% in the rectum. 28/36 films for combined fields passed gamma criterion 3%/3 mm and 11/15 of IMRT fluence film sets passed gamma criterion 4%/4 mm using a 98% tolerance. Post-trial feedback showed that trial participation was beneficial in evolving clinical practice and that the quality assurance programme helped some centres to implement and audit prostate IMRT.

Conclusion(s): Overall, quality assurance results were satisfactory and the CHHiP quality assurance programme contributed to the success of the trial by auditing radiotherapy treatment planning and protocol compliance. Quality assurance supported the introduction of IMRT in UK centres, giving additional confidence and external review of IMRT where it was a newly adopted technique.

Copyright © 2019 The Royal College of Radiologists

97. 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; Jun 2019; vol. 102 (no. 2): p. 200-218

Publication Date: Jun 2019

Publication Type(s): Article

PubMedID: 30359646

Database: EMBASE

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.

Copyright © 2018
98. Vaccine uptake in the Irish Travelling community: an audit of general practice records

Authors: Dixon K.C.; Mullis R.; Blumenfeld T.
Source: Journal of public health (Oxford, England); Dec 2017; vol. 39 (no. 4)
Publication Date: Dec 2017
Publication Type(s): Article
PubMedID: 27642124
Database: EMBASE

Abstract
Background: Compared to the general population, the Traveller community has substantial health inequalities. Vaccination coverage in Traveller children is estimated to be low and Travellers are at higher risk of vaccine-preventable diseases due to their social circumstances.

Method(s): Audit of vaccination history of Traveller (n = 214) and non-Traveller (n = 776) children registered at a general practice in England. The Green Book childhood immunization schedule was used as a reference standard.

Result(s): There was significantly lower coverage for Traveller children compared to non-Traveller children for all vaccinations in the routine childhood immunization schedule. The percentage of children completing the schedule at all time points was significantly lower in the Traveller community.

Conclusion(s): Traveller communities have significantly lower uptake of vaccinations, and therefore Travellers’ children should be targeted by general practitioners for catch-up vaccination to improve outcomes for individuals and local herd immunity.

Copyright © The Author 2016. Published by Oxford University Press on behalf of Faculty of Public Health. All rights reserved. For permissions, please e-mail: journals.permissions@oup.com


Authors: Shawihdi M.; Dodd S.; Kallis C.; Dixon P.; Grainger R.; Pearson M.; Bodger K.; Bloom S.; Cummings F.
Source: Alimentary pharmacology & therapeutics; May 2019
Publication Date: May 2019
Publication Type(s): Article
PubMedID: 31135073
Database: EMBASE

Abstract
Background: Compared to the general population, the Traveller community has substantial health inequalities. Vaccination coverage in Traveller children is estimated to be low and Travellers are at higher risk of vaccine-preventable diseases due to their social circumstances.

Method(s): Audit of vaccination history of Traveller (n = 214) and non-Traveller (n = 776) children registered at a general practice in England. The Green Book childhood immunization schedule was used as a reference standard.

Result(s): There was significantly lower coverage for Traveller children compared to non-Traveller children for all vaccinations in the routine childhood immunization schedule. The percentage of children completing the schedule at all time points was significantly lower in the Traveller community.

Conclusion(s): Traveller communities have significantly lower uptake of vaccinations, and therefore Travellers’ children should be targeted by general practitioners for catch-up vaccination to improve outcomes for individuals and local herd immunity.

Copyright © The Author 2016. Published by Oxford University Press on behalf of Faculty of Public Health. All rights reserved. For permissions, please e-mail: journals.permissions@oup.com
BACKGROUND: The UK IBD Audit Programme reported improved inpatient care processes for ulcerative colitis (UC) between 2005 and 2013. There are no independent data describing national or institutional trends in patient outcomes over this period. AIM: To assess the association between the outcome of emergency admission for UC and year of treatment.

METHOD(S): Retrospective analysis of hospital administrative data, focused on all emergency admissions to English public hospitals with a discharge diagnosis of UC. We extracted case mix factors (age, sex, co-morbidity, emergency bed days in last year, deprivation status), outcomes of index admission (death and first surgery), 30-day emergency readmissions (all-cause, and selected causes) and outcome of readmission.

RESULT(S): There were 765 deaths and 3837 unplanned first operations in 44 882 emergency admissions, with 5311 emergency readmissions (with a further 171 deaths and 517 first operations). Case mix adjusted odds of death for any given year were 9% lower (OR 0.91, 95% CI: 0.89-0.94), and that for emergency surgery 3% lower (OR 0.97, 95% CI: 0.95-0.98) than the preceding year. Results were robust to sensitivity analysis (admissions lasting >=4 days). There was no reduction in odds for all-cause readmission, but rates for venous thromboembolism declined significantly. Analysis of institutional-level metrics across 136 providers showed a stepwise reduction in outliers for mortality and unplanned surgery.

CONCLUSION(S): Risk of death and unplanned surgery for UC patients admitted as emergencies declined consistently, as did unexplained variation between hospitals. Risk of readmission was unchanged (over 1 in 10). Multiple factors are likely to explain these nationwide trends.

Copyright © 2019 The Authors. Alimentary Pharmacology & Therapeutics published by John Wiley & Sons Ltd.

100. Evaluation of Cancer-Based Criteria for Use in Mainstream BRCA1 and BRCA2 Genetic Testing in Patients With Breast Cancer

Authors
Kemp Z.; Turner N.; George A.; Rahman N.; Turnbull A.; Yost S.; Seal S.; Mahamdallie S.; Poyastro-Pearson E.; Warren-Perry M.; Strydom A.; Eccleston A.; Tan M.-M.; Teo S.H.

Source
JAMA network open; May 2019; vol. 2 (no. 5)

Publication Date
May 2019

Publication Type(s)
Article

PubMedID
31125106

Database
EMBASE

Abstract
Importance: Increasing BRCA1 and BRCA2 (collectively termed herein as BRCA) gene testing is required to improve cancer management and prevent BRCA-related cancers.

Objective(s): To evaluate mainstream genetic testing using cancer-based criteria in patients with cancer.

Design, Setting, and Participant(s): A quality improvement study and cost-effectiveness analysis of different BRCA testing selection criteria and access procedures to evaluate feasibility, acceptability, and mutation detection performance was conducted at the Royal Marsden National Health Service Foundation Trust as part of the Mainstreaming Cancer Genetics (MCG) Programme. Participants included 1184 patients with cancer who were undergoing genetic testing between September 1, 2013, and February 28, 2017.

Main Outcomes and Measures: Mutation rates, quality-adjusted life-years (QALYs), and incremental cost-effectiveness ratios were the primary outcomes.

Result(s): Of the 1184 patients (1158 women [97.8%]) meeting simple cancer-based criteria, 117 had a BRCA mutation (9.9%). The mutation rate was similar in retrospective United Kingdom (10.2% [235 of 2294]) and prospective Malaysian (9.7% [103 of 1061]) breast cancer studies. If traditional family history criteria had been used, more than 50% of the mutation-positive individuals would have been missed. Of the 117 mutation-positive individuals, 115 people (98.3%) attended their genetics appointment and cascade to relatives is underway in all appropriate families (85 of 85). Combining with the equivalent ovarian cancer study provides 5 simple cancer-based criteria for BRCA testing with a 10% mutation rate: (1) ovarian cancer; (2) breast cancer diagnosed when patients are 45 years or younger; (3) 2 primary breast cancers, both diagnosed when patients are 60 years or younger; (4) triple-negative breast cancer; and (5) male breast cancer. A sixth criterion-breast cancer plus a parent, sibling, or child with any of the other criteria-can be added to address family history.

Criteria 1 through 5 are considered the MCG criteria, and criteria 1 through 6 are considered the MCGplus criteria. Testing using MCG or MCGplus criteria is cost-effective with cost-effectiveness ratios of $1330 per discounted QALYs and $1225 per discounted QALYs, respectively, and appears to lead to cancer and mortality reductions (MCG: 804 cancers, 161 deaths; MCGplus: 1020 cancers, 204 deaths per year over 50 years). Use of MCG or MCGplus criteria might allow detection of all BRCA mutations in patients with breast cancer in the United Kingdom through testing one-third of patients. Feedback questionnaires from 259 patients and 23 cancer team members (12 oncologists, 8 surgeons, and 3 nurse specialists) showed acceptability of the process with 100% of patients pleased they had genetic testing and 100% of cancer team members confident to approve patients for genetic testing. Use of MCGplus criteria also appeared to be time and resource efficient, requiring 95% fewer genetic consultations than the traditional process.

Conclusions and Relevance: This study suggests that mainstream testing using simple, cancer-based criteria might be able to efficiently deliver consistent, cost-effective, patient-centered BRCA testing.