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1. Quality improvement in mental health services.

Authors: Boland, Billy
Source: BJPsych bulletin; Feb 2020; vol. 44 (no. 1); p. 30-35
Publication Date: Feb 2020
Publication Type(s): Journal Article
PubMedID: 31685071
Database: Medline

Abstract:
Quality improvement (QI) approaches are becoming increasingly important in the delivery of mental healthcare internationally. They were originally developed in the manufacturing industry, but the principle of having a systematic approach to improvement has spread to many other industries, not least to healthcare. Quality improvement approaches in healthcare were pioneered in the USA at organisations such as Virginia Mason and the Institute for Healthcare Improvement. In recent years, they have become firmly established in mental health services in the UK's National Health Service (NHS). There are a number of different approaches to quality improvement, but two leading models have taken root: 'lean thinking' (also known as 'lean methodology' or simply 'lean'), which arose out of Virginia Mason, and the 'Model for Improvement', which came out of the Institute of Healthcare Improvement. This article describes these two quality improvement approaches, critiques their philosophy and explores how they can apply in the provision of mental healthcare, particularly with reference to the use of data, evidence and metrics.

2. Wessex Acute Frailty Audit: applying quality improvement methodology to design and implement a regional frailty audit using a collaborative, multiprofessional approach.

Authors: Lewis, Lucy Anne; Corbett, Teresa; Burrows, Kerry; Spice, Claire; Davies, Cheryl; Wallis, Kathy
Source: BMJ open quality; Feb 2020; vol. 9 (no. 1)
Publication Date: Feb 2020
Publication Type(s): Journal Article
PubMedID: 32019752
Database: Medline

Abstract:
INTRODUCTION
An acute hospital stay increases the risk of negative outcomes for those living with frailty. This paper describes the application of quality improvement methodology to design and implement a regional audit to gain an understanding of care provision. METHODS Small scale tests of change (Plan-Do-Study-Act cycles) were used to design the audit structure and questions. Data collectors met face to face with 2-3 multiprofessional clinicians on 58 wards in 10 hospitals across the region, using an electronic tool to gather data. Outcomes were analysed manually in Excel by extracting from the electronic audit tool. RESULTS 58 wards across 10 hospitals participated in the audit, which identified three key themes: lack of awareness and frailty training outside medicine for older people specialties, and significant variability of both frailty identification and comprehensive geriatric assessment. CONCLUSION Combining quality improvement methodology with a collaborative, regional approach to design and implementation of a frailty audit creates a reliable tool ensuring all stakeholders are considering improvement from the outset. The results have facilitated an agreed regional approach on how best to use local resources to improve and standardise frailty care provision. By highlighting areas of good practice and significant gaps in frailty identification, personalised care planning and hospital wide provision of frailty training, this region of the UK will now be able to drive up standards of care.

3. Patient and public involvement facilitators: Could they be the key to the NHS quality improvement agenda?

Authors: Todd, Sarah; Coupland, Christine; Randall, Raymond
Source: Health expectations : an international journal of public participation in health care and health policy; Feb 2020
Publication Date: Feb 2020
Publication Type(s): Journal Article
4. Pilot implementation and evaluation of a national quality improvement taught curriculum for urology residents: Lessons from the United Kingdom.

**Authors**
Pallari, Elena; Khadjesari, Zarnie; Bivani, Chandra Shekhar; Jain, Sunjay; Hodgson, Dominic; Green, James S A; Sevdalis, Nick

**Source**
American journal of surgery; Feb 2020; vol. 219 (no. 2); p. 269-277

**Abstract**
OBJECTIVE Research into patient and public involvement (PPI) has not examined in detail patient and public involvement facilitators’ (PPIFs) roles and activities. This study analysed PPIFs' roles using qualitative data gathered from three different UK health-care organizations. DESIGN Thematic analysis was used to examine cross-sectional data collected using a mixed-methods approach from three organizations: a mental health trust, a community health social enterprise and an acute hospital trust. The data set comprised of 27 interviews and 48 observations. FINDINGS Patient and public involvement facilitators roles included the leadership and management of PPI interventions, developing health-care practices and influencing quality improvements (QI). They usually occupied middle-management grades but their PPIF role involved working in isolation or in small teams. They reported facilitating the development and maintenance of relationships between patients and the public, and health-care professionals and service managers. These roles sometimes required them to use conflict resolution skills and involved considerable emotional labour. Integrating information from PPI into service improvement processes was reported to be a challenge for these individuals. CONCLUSIONS Patient and public involvement facilitators capture and hold information that can be used in service improvement. However, they work with limited resources and support. Health-care organizations need to offer more practical support to PPIFs in their efforts to improve care quality, particularly by making their role integral to developing QI strategies.


**Authors**
Dick, Jeremy; Darras, Kathryn E; Lexa, Frank J; Denton, Erika; Ebara, Shigeru; Galloway, Howard; Jankharia, Bhavin; Kassing, Pam; Kumamaru, Kanako Kunishima; Mildenberger, Peter; Morozov, Sergey; Pyatigorskaya, Nadya; Song, Bin; Sosna, Jacob; van Buchem, Marcus; Forster, Bruce B
PURPOSE The aim of this study was to determine the status of radiology quality improvement programs in a variety of selected nations worldwide.

METHODS A survey was developed by select members of the International Economics Committee of the American College of Radiology on quality programs and was distributed to committee members. Members responded on behalf of their country. The 51-question survey asked about 12 different quality initiatives which were grouped into 4 themes: departments, users, equipment, and outcomes. Respondents reported whether a designated type of quality initiative was used in their country and answered subsequent questions further characterizing it.

RESULTS The response rate was 100% and represented Australia, Canada, China, England, France, Germany, India, Israel, Japan, the Netherlands, Russia, and the United States. The most frequently reported quality initiatives were imaging appropriateness (91.7%) and disease registries (91.7%), followed by key performance indicators (83.3%) and morbidity and mortality rounds (83.3%). Peer review, equipment accreditation, radiation dose monitoring, and structured reporting were reported by 75.0% of respondents, followed by 58.3% of respondents for quality audits and critical incident reporting. The least frequently reported initiatives included Lean/Kaizen exercises and physician performance assessments, implemented by 25.0% of respondents.

CONCLUSION There is considerable diversity in the quality programs used throughout the world, despite some influence by national and international organizations, from whom further guidance could increase uniformity and optimize patient care in radiology.

6. Differences in Caregiver Reports of the Quality of Hospice Care Across Settings.

Authors Quigley, Denise D; Parast, Layla; Haas, Ann; Elliott, Marc N; Teno, Joan M; Anhang Price, Rebecca

Source Journal of the American Geriatrics Society; Feb 2020

Publication Date Feb 2020

Publication Type(s) Journal Article

PubMedID 32039474

Database Medline

Available at Journal of the American Geriatrics Society from Wiley Online Library Medicine and Nursing Collection 2019 - NHS

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

Available at Journal of the American Geriatrics Society from Available to NHS staff on request from UHL Libraries & Information Services (from non-NHS library) - click this link for more information Local Print Collection [location] : British Library via UHL Libraries - please click link to request article.
OBJECTIVES To examine variation in reported experiences with hospice care by setting.

DESIGN Consumer Assessment of Healthcare Providers and Systems Hospice (CAHPS®) Survey data from 2016 were analyzed. Multivariate linear regression analysis was used to examine differences in measure scores by setting of care (home, nursing home [NH], hospital, freestanding hospice inpatient unit [IPU], and assisted living facility [ALF]).

SETTING A total of 2636 US hospices.

PARTICIPANTS A total of 311,635 primary caregivers of patients who died in hospice.

MEASUREMENTS Outcomes were seven hospice quality measures, including five composite measures that assess aspects of hospice care important to patients and families, including hospice team communication, timeliness of care, treating family member with respect, symptom management, and emotional and spiritual support, and two global measures of the overall rating of the hospice and willingness to recommend it to friends and family. Analyses were adjusted for mode of survey administration and differences in case-mix between hospices.

RESULTS Caregivers of decedents who received hospice care in a NH reported significantly worse experiences than caregivers of those in the home for all measures. ALF scores were also significantly lower than home for all measures, except providing emotional and spiritual support. Differences in NH and ALF settings compared to home were particularly large for hospice team communication (ranging from -11 to -12 on a 0-100 scale) and getting help for symptoms (ranging from -7 to -10). Consistently across all care settings, hospice team communication, treating family member with respect, and providing emotional and spiritual support were most strongly associated with overall rating of care.

CONCLUSIONS Important opportunities exist to improve quality of hospice care in NHs and ALFs. Quality improvement and regulatory interventions targeting the NH and ALF settings are needed to ensure that all hospice decedents and their family receive high-quality, patient- and family-centered hospice care.


Authors Morton, Jennifer L; Kramlich, Debra; Simpson, Nancy

Source Nursing education perspectives; Feb 2020

Abstract Effective academic advising is a dynamic process that is linked to student success. In 2015, a private institution in northern New England began the process of reenvisioning academic advisement as a quality improvement goal for program evaluation. A three-tiered model was used that encompassed targeted academic advising during the early foundational period (core coursework), academic advising during intensive theory and clinical coursework, and postgraduation advising targeting NCLEX-RN support and mentoring. The goal of this advising model is to develop a relationship with students in forming a plan that leads to a self-fulfilling academic journey and life.


Authors Edge, Chantal; George, Julie; Black, Georgia; Gallagher, Michelle; Ala, Aftab; Patel, Shamir; Edwards, Simon; Hayward, Andrew

Source BMJ open; Feb 2020; vol. 10 (no. 2); p. e035837

INTRODUCTION
People in prison tend to experience poorer health, access to healthcare services and health outcomes than the general population. Use of video consultations (telemedicine) has been proven effective at improving the access, cost and quality of secondary care for prisoners in the USA and Australia. Implementation and use in English prison settings has been limited to date despite political drivers for change. We plan to research the implementation of a new prison-hospital telemedicine model in an English county to understand what factors drive or hinder implementation and whether the model can improve healthcare outcomes as demonstrated in other contextual settings.

METHODS AND ANALYSIS
We will undertake a hybrid type 2 implementation effectiveness study to gather evidence on both clinical and implementation outcomes. Data collection will be guided by the theoretical constructs of Normalisation Process Theory. We will prospectively collect data through: (1) prisoner/patient focus groups, interviews and questionnaires, (2) prison healthcare, hospital and wider prison staff interviews and questionnaires, (3) routine quality improvement and service evaluation data. Up to four prisons and three hospital settings in Surrey (England) will be included in the telemedicine research, dependent on their telemedicine readiness during the study period. Prisons proposed include male and female prisoners, remand (not yet sentenced) and sentenced individuals and different security categorisations. In addition, focus groups in five telemedicine naïve prisons will provide information on patient preconceptions and concerns surrounding telemedicine.

ETHICS AND DISSEMINATION
This study has received National Health Service Research Ethics Committee, Her Majesty’s Prison and Probation Service National Research Committee and Health Research Authority approval. Dissemination of results will take place through peer-reviewed journals, conferences and existing health and justice networks.

9. Improving epilepsy management with EpSMon: A Templar to highlight the multifaceted challenges of incorporating digital technologies into routine clinical practice.

Authors: Newman, Craig; Ashby, Samantha; McLean, Brendan; Shankar, Rohit
Source: Epilepsy & behavior : E&B; Feb 2020; vol. 103; p. 106514
Publication Date: Feb 2020
Publication Type(s): Journal Article
PubMedID: 31526645
Database: Medline

Abstract
The digital epilepsy self-monitor (EpSMon) app was developed to address the challenge of improving risk education and management in the UK. The tool, which has emerged out of quality improvement methodology, demonstrates efficacy and has been met with peer-reviewed support and international awards. The focus of this paper is about the development and integration into care of a digital self-assessment epilepsy risk empowerment tool into the UK health system. This paper provides detail into the specific challenges of incorporating a digital epilepsy intervention into routine clinical practice. Despite a strong narrative and evidence, the engagement of commissioners, clinicians, and people with epilepsy is slow. A breakdown of the strategies used, the current governance landscape, and emerging opportunities to develop an informed implementation strategy is provided to support others who seek to create impact with digital solutions for people with epilepsy. This paper is for the Special Issue: Prevent 21: SUDDEP Summit - Time to Listen”.


Authors: Honeyford, Kate; Cooke, Graham S; Kinderlerer, Anne; Williamson, Elizabeth; Gilchrist, Mark; Holmes, Alison; Sepsis Big Room; Glampson, Ben; Mulla, Abdulrahim; Costelloe, Ceire
Source: Journal of the American Medical Informatics Association : JAMIA; Feb 2020; vol. 27 (no. 2); p. 274-283
Publication Date: Feb 2020
Publication Type(s): Journal Article
PubMedID: 31743934
Database: Medline

Available at Journal of the American Medical Informatics Association : JAMIA from Available to NHS staff on request from UHL Libraries & Information Services (from non-NHS library) - click this link for more information

Local Print Collection [location] : British Library via UHL Libraries - please click link to request article.

Available at Journal of the American Medical Informatics Association : JAMIA from Unpaywall
Epilepsy deaths in children: Improvements driven by data and surveillance in pediatrics.

Abstract

OBJECTIVE: The study sought to determine the impact of a digital sepsis alert on patient outcomes in a UK multisite hospital network.

MATERIALS AND METHODS: A natural experiment utilizing the phased introduction (without randomization) of a digital sepsis alert into a multisite hospital network. Sepsis alerts were either visible to clinicians (patients in the intervention group) or running silently and not visible (the control group).

Inverse probability of treatment-weighted multivariable logistic regression was used to estimate the effect of the intervention on individual patient outcomes.

OUTCOMES: In-hospital 30-day mortality (all inpatients), prolonged hospital stay (≥7 days) and timely antibiotics (≤60 minutes of the alert) for patients who alerted in the emergency department.

RESULTS: The introduction of the alert was associated with lower odds of death (odds ratio, 0.76; 95% confidence interval [CI], 0.70-0.84; n = 21 183), lower odds of prolonged hospital stay (≥7 days (OR, 0.93; 95% CI, 0.88-0.99; n = 9988), and in patients who required antibiotics, an increased odds of receiving timely antibiotics (OR, 1.71; 95% CI, 1.57-1.87; n = 4622).

DISCUSSION: Current evidence that digital sepsis alerts are effective is mixed. In this large UK study, a digital sepsis alert has been shown to be associated with improved outcomes, including timely antibiotics. It is not known whether the presence of alerting is responsible for improved outcomes or whether the alert acted as a useful driver for quality improvement initiatives.

CONCLUSIONS: These findings strongly suggest that the introduction of a network-wide digital sepsis alert is associated with improvements in patient outcomes, demonstrating that digital based interventions can be successfully introduced and readily evaluated.


Authors

Gallagher, Robyn; Ferry, Cate; Candelaria, Dion; Ladak, Laila; Zecchin, Robert

Source

Heart, lung & circulation; Feb 2020

Publication Date

Feb 2020

Publication Type(s)

Journal Article

PubMedID

32094082

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Medline

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At Heart, lung & circulation 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: Australia, unlike most high-income countries, does not have published benchmarks for cardiac rehabilitation (CR) delivery. This study provides cross-state data on CR delivery for initial benchmarks and assesses performance against international minimal standards.

METHODSA prospective observational study March-May 2017 of CR programs in NSW (n=36), Tasmania (n=2) and ACT (n=1) was undertaken. Data were collected on 11 indicators (published dictionary), then classified as higher or lower performing using the UK National Audit of Cardiac Rehabilitation (NACR) criteria. Equity of access to higher performing CR was assessed using logistic regression.

RESULTS: Participants (n=2,436) had a mean age of 66.06±12.54 years, 68.9% were male, 16.2% culturally and linguistically diverse (CALD) and 2.6% Aboriginal and Torres Strait Islander peoples. At patient level, waiting time was median 15 (Interquartile range [IQR] 9-25) days, 24.3% had an assessment before starting, 41.8% on completion, a median 12 sessions (IQR 6-16) were delivered, which 59.1% peoples. At program level, waiting time was median 15 (Interquartile range [IQR] 9-25) days, 24.3% had an assessment before starting, 41.8% on completion, a median 12 sessions (IQR 6-16) were delivered, which 59.1%

CONCLUSION: These findings strongly suggest that the introduction of a network-wide digital sepsis alert is associated with improvements in patient outcomes, demonstrating that digital based interventions can be successfully introduced and readily evaluated.


Authors

Abdel-Mannan, Omar; Hughes, Elaine; Dunkley, Colin

Source

Epilepsy & behavior : E&B; Feb 2020; vol. 103 ; p. 106493

Publication Date

Feb 2020

Publication Type(s)

Journal Article Review

PubMedID

31526647

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Medline

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Abstract

Epilepsy-related death in children and young people deserves understanding and intervention along with epilepsy-related deaths in adults. Risk of death from epilepsy varies at different ages, and the specific calculations of risk remains complex and varies between studies. There have been several UK studies examining factors associated with epilepsy-related deaths. A UK national audit with other national initiatives has evidenced improving quality of care and more recently allowed service provision factors associated with reduced epilepsy-related death to be evidenced. A national program of health education, formalized epilepsy networks, commissioned surgical pathways, and patient information resources around risk and participation are examples of quality improvement initiatives. Epilepsy-related death is a key outcome, and there remains many difficulties and opportunities at local, regional, and national level to better understand and improve this outcome for children and young people and the adults that they should become. This paper is for the Special Issue: Prevent 21: SUDEP Summit - Time to Listen.


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<th>Authors</th>
<th>Quigley, Denise D; Palimaru, Alina; Lerner, Carlos; Hays, Ron D</th>
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| Abstract         | CONTEXTAchieving high-quality patient-centered care requires assessing patient and family experiences to identify opportunities for improvement. With the Child Hospital Consumer Assessment of Healthcare Providers and Systems Survey, hospitals can assess performance and make national comparisons of inpatient pediatric experiences. However, using patient and family experience data to improve care remains a challenge.OBJECTIVEWe reviewed the literature on best practices for monitoring performance and undertaking activities aimed at improving pediatric patient and family experiences of inpatient care.DATA SOURCESWe searched PubMed, Cumulative Index to Nursing and Allied Health Literature, and PsychINFO.STUDY SELECTIONWe included (1) English-language peer-reviewed articles published from January 2000 to April 2019; (2) articles based in the United States, United Kingdom, or Canada; (3) articles focused on pediatric inpatient care; (4) articles describing pediatric patient and family experiences; and (5) articles including content on activities aimed at improving patient and family experiences. Our review included 25 articles.DATA EXTRACTIONTwo researchers reviewed the full article and abstracted specific information: country, study aims, setting, design, methods, results, Quality Improvement (QI) initiatives performed, internal reporting description, best practices, lessons learned, barriers, facilitators and study implications for clinical practice, patient-experience data collection, and QI activities. We noted themes across samples and care settings.RESULTSWe identified 10 themes of best practice. The 4 most common were (1) use evidence-based approaches, (2) maintain an internal system that communicates information and performance on patient and family experiences to staff and hospital leadership, (3) use experience survey data to initiate and/or evaluate QI interventions, and (4) identify optimal times (eg, discharge) and modes (eg, print) for obtaining patient and family feedback. These correspond to adult inpatient best practices.CONCLUSIONSBoth pediatric and adult inpatient best practices rely on common principles of culture change (such as evidence-based clinical practice), collaborative learning, multidisciplinary teamwork, and building and/or supporting a QI infrastructure that requires time, money, collaboration, data tracking, and monitoring. QI best practices in both pediatric and adult inpatient settings commonly rely on identifying drivers of overall ratings of care, rewarding staff for successful implementation, and creating easy-to-use and easy-to-access planning and QI tools for staff.


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<th>Authors</th>
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<td>Source</td>
<td>The Journal of surgical research; Feb 2020; vol. 246 ; p. 300-304</td>
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<td>Publication Type(s)</td>
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Available at The Journal of surgical research from Available to NHS staff on request from UHL Libraries & Information Services (from non-NHS library) - click this link for more information Local Print Collection [location] : British Library via UHL Libraries - please click link to request article.

**Source**
Annals of the Royal College of Surgeons of England; Feb 2020; vol. 102 (no. 2); p. 110-114

**Abstract**
INTRODUCTION Breast cancer usually necessitates breast-conserving surgery or mastectomy, which adversely affect appearance and wellbeing. Immediate reconstruction restores the breast mound but its availability and efficacy are uncertain. MATERIALS AND METHODS Two discrete datasets were used to evaluate mastectomies in England: Hospital Episode Statistics to measure overall activity and variation over time and by region and a national prospective audit to evaluate immediate reconstruction decision making, complication rates and patient-reported satisfaction with information, choice and outcomes. RESULTS The 2005-08 Hospital Episode Statistics analyses identified 20% breast-conserving surgery reoperation rates nationally, frequently involving mastectomy. Rates were higher with in-situ disease present (30% vs 18%) and varied across NHS trusts (10th-90th centiles 12-30%). The 2008-09 national audit examined 18,216 women. The 19% immediate reconstruction rates increased from 10% to 23% from 2000 to 2014, but regional variation persisted. Despite high care satisfaction, just 65% of mastectomy patients received the right amount of reconstructive information (90% for immediate reconstruction). Women from deprived areas experienced higher complication rates. Flap-based immediate reconstruction led to greater satisfaction with breast area appearance, emotional and sexual wellbeing and overall outcome than mastectomy; implant-only immediate reconstruction scored no better. CONCLUSION Reconstruction is central to improving breast cancer outcomes. The differential outcomes and persistent regional inequalities identified should facilitate decision making, support improved access to all reconstructive options and inform the development of an optimal patient pathway.


**Source**
Acta neurologica Scandinavica; Feb 2020

**Abstract**
BACKGROUND The National Emergency Laparotomy Audit (NELA) highlights the importance of identifying high-risk patients due to the potential for significant morbidity and mortality. The NELA risk prediction calculator (NRPC) was developed from data in England and Wales and is one of several calculators available. We seek to determine the utility of NRPC in the Australian population and compare it with Portsmouth Physiological and Operative Severity Score for the enumeration of mortality and Morbidity (P-POSSUM) and American College of Surgeons National Surgical Quality Improvement Program (ACS-NSQIP) calculators. METHODS A retrospective review of all emergency laparotomies undertaken at four Australian centers was performed between January 2016 and December 2017. Data extracted from patient records were used to calculate NRPC, ACS-NSQIP, and P-POSSUM scores for 30-day mortality risk. The sensitivity of NRPC was assessed using the NELA high-risk cohort score of ≥10% and this was compared with the other two calculators. RESULTS There were 562 (M = 261, mean age = 66 [±17] y) patient charts reviewed in the study period. 59 patients died within 30 d (10.5%). NRPC was able to identify 52 (sensitivity = 88.1%) of these as being within the high-risk group. Using the NELA high-risk cutoff, NRPC identified 52 deaths of 205 (25.4%) high-risk patients, P-POSSUM identified 46 of 245 (18.8%), and ACS-NSQIP identified 46 of 201 (22.9%). Using the McNemar test, no significant difference was noted between NRPC and P-POSSUM (P = 0.07) or NRPC and ACS-NSQIP (P = 0.18). CONCLUSIONS In the Australian context, the NRPC is a highly sensitive and useful tool for predicting 30-day mortality in high-risk emergency laparotomy patients and is comparable with P-POSSUM and ACS-NSQIP calculators.

Objective
Annual completion of a Valproate Risk Acknowledgement Form (RAF) is mandated in the United Kingdom due to neurodevelopmental risks of in utero valproate exposure. The number of women of childbearing potential taking valproate, the uptake of the RAF within this population and their clinical outcomes is not known or monitored. The aim of this study was to evaluate current alcohol prevention, screening and treatment service provision in maternity care across the region, and inform future recommendations.

Method
A service evaluation survey was developed to systematically consult strategic stakeholders across all nine maternity trusts in the region over a 2-month period in 2018. Content analysis was employed to identify fundamental themes and inform future recommendations.

Results
215 respondents covering more than 4775 patient encounters were captured. Most patients continued on valproate, 90% with epilepsy as the indication. Respondents reported that seizure control deteriorated when switched to levetiracetam (33%) and lamotrigine (43%), compared to 7% when continuing valproate (P<0.001). CONCLUSIONS: 33-43% of clinicians reported seizure control deterioration in women changed to alternatives to valproate. Informed consent requires women considering a change to be given information. Systematic capture of data automated through online RAFs and linked to patient outcomes is needed. There remains little data on valproate given for indications other than epilepsy.

18. ERP markers are associated with neurodevelopmental outcomes in 1-5 month old infants in rural Africa and the UK.

Objective
ERP markers are associated with neurodevelopmental outcomes in 1-5 month old infants in rural Africa and the UK.

Method
ERP markers were recorded in 1-5 month old infants in rural Africa (n=25) and the UK (n=25) and compared to age and sex matched healthy controls (n=25) from the same region. The source of the ERP data was the NeuroImage database.

Results
ERP markers were significantly different between the two groups. CONCLUSIONS: ERP markers are associated with neurodevelopmental outcomes in 1-5 month old infants in rural Africa and the UK.

Abstract
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Abstract
OBJECTIVES ERP markers are associated with neurodevelopmental outcomes in 1-5 month old infants in rural Africa and the UK.
Abstract

INTRODUCTION
Infants and children in low- and middle-income countries are frequently exposed to a range of poverty-related risk factors, increasing their likelihood of poor neurodevelopmental outcomes. There is a need for culturally objective markers, which can be used to study infants from birth, thereby enabling early identification and ultimately intervention during a critical time of neurodevelopment.

METHOD
In this paper, we investigate developmental changes in auditory event related potentials (ERP) associated with habituation and novelty detection in infants between 1 and 5 months living in the United Kingdom and The Gambia, West Africa. Previous research reports that whereas newborns’ ERP responses are increased when presented with stimuli of higher intensity, this sensory driven response decreases over the first few months of life, giving rise to a cognitively driven, novelty-based response. Anthropometric measures were obtained concurrently with the ERP measures at 1 and 5 months of age. Neurodevelopmental outcome was measured using the Mullen Scales of Early Learning (MSEL) at 5 months of age.

RESULTS
The described developmental change was observed in the UK cohort, who exhibited an intensity-based response at 1 month and a novelty-based response at 5 months of age. This change was accompanied by greater habituation to stimulus intensity at 5 compared to 1 month. In the Gambian cohort we did not see a change from an intensity- to a novelty-based response, and no change in habituation to stimulus intensity across the two age points. The degree of change from an intensity towards a novelty-based response was further found to be associated with MSEL scores at 5 months of infant age, whereas infants’ growth between 1 and 5 months was not.

DISCUSSION
Our study highlights the utility of ERP-based markers to study young infants in rural Africa. By implementing a well-established paradigm in a previously understudied population we have demonstrated its use as a culturally objective tool to better understand early learning in diverse settings world-wide. Results offer insight into the neurodevelopmental processes underpinning early neurocognitive development, which may in the future contribute to early identification of infants at heightened risk of adverse neurodevelopmental outcome.
# Abstract

**BACKGROUND** In the UK, there is increased pressure on general practitioners' time due to an increase in (elderly) population and a shortage of general practitioners. This means that time has to be used efficiently, whilst optimizing adherence to consistent, appropriate and timely provision of care. **OBJECTIVE(S)** Create an audit tool that assists general practitioners and family practice staff to evaluate if patients are managed as effectively as possible, and to test the usefulness of this tool in a family practice. **METHODS** The '7S' audit tool has seven outcome elements; these broadly stand for what the actual and desired patient contact outcome was, or should have been. Terms include ‘surgery’, ‘speak’ and ‘specific other’ for an appointment at the practice, by telephone or with a dedicated specialist such as a practice nurse or phlebotomist, respectively. **RESULTS** A very small, rural, general practice in the UK was audited using the 7S tool. Five hundred patient contacts were reviewed by an independent general practitioner and the decision made if the mode of contact was appropriate or not for each case; in one of the three cases, the choice of care provision was inappropriate and chronic disease cases contributed most to this. General practitioners instigated the majority of poor patient management choices, and chronic disease patients were frequently seen in suboptimal settings. **CONCLUSIONS** Inefficiencies in the management of patients in family practice can be identified with the 7S audit tool, thereby producing evidence for staff education and service reconfiguration.

## 21. Can child safeguarding training be improved?: findings of a multidisciplinary audit.

**Abstract**

**INTRODUCTION** Child protection has become a very poignant subject in the UK. The Laming report into the death of Victoria Climbié led to the implementation of multidisciplinary safeguarding policies and training for healthcare professionals, social services staff and police. However, many dental practitioners, as well as other healthcare professionals, have little confidence when reporting their concerns and reducing the 'gap' between suspicion and reporting (Laming in The victoria climbie inquiry: report of an inquiry by Lord Laming, 2003. https://www.gov.uk/government/publications/the-victoria-climbie-inquiry-report-of-an-inquiry-by-lord-laming). Our audit aimed to identify and address the barriers of reporting safeguarding concerns amongst the hospital team. **MATERIALS AND METHODS** Questionnaires were distributed to staff at Surrey and Sussex Healthcare National Health Service Trust with a valid Safeguarding Children Level 3 certificate in order to assess their knowledge of safeguarding children. Changes to traditional safeguarding training (Group 1) were implemented to include a broader range of speakers, each speaking for shorter times with more personal and focused presentations (Groups 2 and 3). Three cohorts of participants were assessed including healthcare assistants, nurses, dentists, and doctors. **RESULTS** Group 1 (n = 100) reported 64% experience of reporting compared with group 2 (n = 100) 43% and group 3 (n = 76) 51%. Confidence was higher in those with more experience in child protection. The most common barrier was the uncertainty of diagnosis. More barriers to reporting existed in the new style of training in groups 2 and 3. The scenarios were answered with appropriate concern and reporting by groups 1 and 2, however, less for group 3. **CONCLUSION** Experienced and trained practitioners are more likely to refer children to child protection teams when they have concerns of abuse or neglect. Personalising training was shown to be less effective and the focus should be more on diagnosis and local protocols. Early training from undergraduate level was a unanimous request.

## 22. The health behaviour status of teenage and young adult cancer patients and survivors in the United Kingdom.

**Authors** Pugh, G; Hough, R; Gravestock, H; Fisher, A

**Source** Supportive care in cancer : official journal of the Multinational Association of Supportive Care in Cancer; Feb 2020; vol. 28 (no. 2); p. 767-777

**PubMedID** 31144171

**Database** Medline
Abstract
PURPOSE The primary aim of this study was to investigate the health behaviour status of teenage and young adult (TYA) cancer patients and survivors; the secondary aim was to determine if TYA cancer patients and survivors health behaviour differs to general population controls. METHOD Two hundred sixty-seven young people with cancer (n = 83 cancer patients receiving active treatment; n = 174 cancer survivors, 57.1% > 1 year since treatment completion) and 321 controls completed a health and lifestyle questionnaire which included validated measures of physical activity (PA) (Godin Leisure Time Exercise Questionnaire), diet (Dietary Instrument for Nutrition Education, DINE), smoking status, and alcohol consumption (AUDIT-C). RESULT General population controls and cancer survivors were more likely to meet current (PA) recommendations (p < 0.001) than TYA cancer patients undergoing treatment (54.8% vs 52.3% vs 30.1%, respectively). Less than 40% of young people with cancer and controls met fat intake, sugar intake, fibre intake or current fruit and vegetable recommendations. TYA cancer survivors were more likely to report binge drinking than controls (OR = 3.26, 95% CI 2.12-5.02, p < 0.001). Very few young people with in the study were current smokers. The majority of TYA cancer patients and survivors reported a desire to make positive changes to their health behaviour. CONCLUSION Consideration should be given to whether existing health behaviour change interventions which have demonstrated positive effects among the general TYA population could be adapted for young people with cancer.

23. Improved results demonstrated in the 2017 national audit of early syphilis management in the United Kingdom.
Authors Menon-Johansson, A S; Curtis, H; Mohammad, H; Hamlyn, E; Hughes, A; McClean, H; Pal, N; Tayal, S; Sullivan, A K
Source International journal of STD & AIDS; Feb 2020; p. 956462419896706
Publication Date Feb 2020
Publication Type(s) Journal Article
PubMedID 32041481
Database Medline

Authors Ingoe, Helen Ma; Eardley, William; McDaid, Catriona; Rangan, Amar; Lawrence, Tom; Hewitt, Catherine
Source Injury; Feb 2020; vol. 51 (no. 2); p. 218-223
Publication Date Feb 2020
Publication Type(s) Journal Article
PubMedID 31690496
Database Medline
INTRODUCTION
Chest wall trauma is commonly seen in patients admitted with both high and low-energy transfer injury. Whilst often associated with other injuries, it is also seen in isolation following simple falls in the older patient. Fixation of the chest wall grows in popularity as part of optimising patient care, particularly in terms of critical care stay. There is currently no description of the epidemiology of these injuries at a national level; nor has there been identification of factors that predict which of these patients undergoes surgery.

METHODS
The United Kingdom Trauma Audit & Research Network (TARN) database was analysed for the period April 2016 to 30th May 2017 for all adult patients presenting with a rib or sternal fracture. Characteristics of the population were described and a binary logistic regression model constructed to explore the influences of several explanatory variables on whether fixation was performed.

RESULTS
Of 16,638 patients with chest wall trauma, 402 underwent fixation. Most chest wall injury patients were admitted under three specialties (orthopaedics (19.1%), emergency medicine (16.6%) and general surgery (17.7%)). The odds of fixation in unilateral flail chest was 107.51 (p < 0.0001), in bilateral flail or combined complexternal fracture 47.63 (p = 0.007) and in 3 or more non-flail ribs 15.62 (p<0.0001) when compared to less than three non-flail rib fractures. The odds of fixation was higher in an MTC (p<0.0001) compared to a non-specialist hospital. The odds of fixation was higher in older patients (1.02, p<0.0001) and the more severely injured (1.02, p<0.0001).

CONCLUSION
There is considerable variation nationally in the management of chest wall trauma. Injury type, patient age and care setting contribute to decision making in fracture fixation. This unique national dataset characterises for the first time the nature of contemporary chest wall trauma management and should help inform the design of future research on this topic.
Abstract

INTRODUCTION Alcohol-related harm continues to represent a major public health problem and previous evidence suggests that alcohol misuse within the UK Armed Forces is higher than in the general population. The aim was to introduce a population-level primary care intervention with an existing evidence base to identify and support Service Personnel whose drinking places them at greater risk of harm.

IMPLEMENTATION Following successful piloting, the Alcohol Use Disorders Identification Test-Consumption (AUDIT-C) brief screening tool was introduced as part of routine dental inspections by Defence Primary Healthcare (DPHC) dentists. Alcohol brief intervention (ABI) advice and signposting to support services was offered to personnel identified as being at increased risk and recorded in the patient’s electronic health record. ACHIEVEMENTS TO DATE Patients attending DPHC Dental Centres are now routinely offered AUDIT-C with 74% (109 459) personnel screened in the first 12 months rising to over 276 000 at 24 months, representing the single largest use of AUDIT-C and ABIs in a military population to date.

DISCUSSION Introduction of AUDIT-C has seen Defence successfully deliver a whole population alcohol initiative, overcoming implementation barriers to demonstrate the flexibility of a dental workforce to deliver a public health intervention at scale and contributing towards promoting positive attitudes towards alcohol use. The initiative represents a first step towards the goal of a standardised alcohol screening and treatment pathway across DPHC while recognising that the Defence Medical Services are only one aspect of the broader public health approach required to tackle alcohol-related harm in Service Personnel.

27. Analysis of a 7-year national online audit of the management of open reconstructive urethral surgery in men.

Authors Payne, Stephen R; Fowler, Sarah; Mundy, Anthony R
Source BJU international; Feb 2020; vol. 125 (no. 2); p. 304-313
Publication Date Feb 2020
Publication Type(s) Journal Article
PubMedID 31419368
Database Medline

Abstract

OBJECTIVE To conduct an audit of the management of urethral pathology in men presenting for reconstructive urethral surgery in the UK. METHODS Between 1 June 2010 and 31 May 2017, data on men presenting with urethral pathologies requiring reconstruction were entered onto a secure online data platform. Surgeon-entered information was collected in 95 fields regarding the stricture aetiology, prior management, mode of presentation, type of surgery and outcomes, with a potential 283 variable responses in the 95 fields. Data were analysed to compare UK practice with that reported in the contemporary literature and with guidelines. RESULTS Data on 4809 men were entered by 39 centres and 50 surgeons. Field completeness was 70.7%, 74.3% and 53.7% for preoperative, operative and follow-up data, respectively. Referral for stricture reconstruction frequently followed two prior endoscopic procedures and the stricture was not always assessed anatomically before surgery. Urinary retention was a common symptom in men awaiting reconstruction. Short unifocal strictures of the anterior urethra were the commonest reason for referral, whilst lichen sclerosus and hypospadias generated a significant volume of revisional stricture surgery. Lower numbers of very complex interventions are required for the management of posterior urethral pathology. Although precise criteria for determining success are not clear, management of urethral reconstruction in the UK was found to have a low risk of Clavien-Dindo grade 3 or higher complications, and was associated with outcomes similar to those reported in contemporary series except in the management of posterior urethral fistulae. CONCLUSIONS Online databases can provide volume data on the management of reconstructive urethral surgery across a multiplicity of centres in one country. They can also indicate compliance with accepted standards of, and expected outcomes from, this tertiary practice.

28. Outcomes of delivering a fertility preservation service for women with cancer over a 12-year period at a UK assisted conception unit.

Authors McDougall, Sophia; Vogt, Katharina S; Wilkinson, Anna; Skull, Jonathan; Jones, Georgina L
Source Journal of obstetrics and gynaecology : the journal of the Institute of Obstetrics and Gynaecology; Feb 2020; vol. 40 (no. 2); p. 252-259
Publication Date Feb 2020
Publication Type(s) Journal Article
PubMedID 31392913
Database Medline
PURPOSE Epilepsy is associated with costly unplanned health service use. The UK’s National Audits of Seizure Management in Hospital found use was often clinically unnecessary, avoidable and typically led to little benefit for epilepsy management. We systematically identified how services have responded to reduce such use.

METHODS We invited England’s ambulance services, neuroscience and neurology centres and a random sample of Emergency Departments (EDs) to complete a survey. It asked what innovations they (or services they worked with) had made in the past 5 years or were making, the priority afforded to them, user involvement, what comprised usual practice, and barriers to change.

RESULTS 72/87 of invited (82.8%) services responded. Worked with) had made in the past 5 years or were making, the priority afforded to them, user involvement, what comprised usual practice, and barriers to change. Eleven types of change were identified; 5 types. Overall, 60% of services reported a change(s) and/or were planning one. Neurology/neuroscience sites ascribed less priority to reducing emergency hospital use for epilepsy and convulsions, than other service types. Overall, 60% of services reported a change(s) and/or were planning one. Neurology/neuroscience sites were more likely to report change; EDs (15.4%) least likely. Eleven types of change were identified; 5 sought to promote proactive epilepsy care and avert the need for emergency care; 3 focused on the care received from emergency services; and 3 focused on follow-up care ED attendees received. Most were for those with established, rather than new epilepsy and targeted known limitations to current care provision.

CONCLUSION Reducing emergency hospital use by PWE is a high priority for most health services in England and a number of new services have been developed. However, they have not been consistently implemented and innovation is lacking in some areas of care.

Abstract
This service evaluation aimed to appraise the delivery of a fertility preservation service for women with cancer which was established in 2005 as part of an Assisted Conception Unit. First, the ACU-database was interrogated between 08/2005 and 01/2017; revealing 174 women received referrals over the 12-year period with a steady referral increase each year. Demographic analyses revealed factors, such as being partnered, to be strong indicators of whether women would seek FP or not. To improve service provision, women who had consented to be contacted for audit, administrative and research purposes, received questionnaires to ascertain their perspectives on the FP decision-making process, their outcomes and ACU after-care. The majority perceived their experience as excellent due to the care they received from ACU staff, speed and efficiency in service delivery. The increasing number of referrals since 2005 is reassuring. However, this audit also highlighted shortcomings of the service, such as limited awareness of the fertility counselling service and lack of after-care. IMPACT STATEMENT What is already known on this subject? There has been an increase in women diagnosed with cancer undergoing fertility preservation (FP) before starting potential gonadotoxic treatment. Offering FP to these women is essential as the ability to have future children is often perceived as equally as important as survivorship, and a source of hope for the future. What do the results of this study add? This study presents a service evaluation, across a 12-year period, of delivering FP services to women with cancer in one UK Assisted Conception Unit (ACU). Women’s experiences of the service were evaluated to enhance service delivery and make recommendations for clinical practice. What are the implications of these findings for clinical practice and/or future research? The current service evaluation demonstrated increased rates of FP referral over a 12-year period for women with cancer. While this increasing number is reassuring and reflecting increased awareness among professionals and patients; shortcomings in the care pathway were also found: women reported limited opportunity to see fertility counsellors and desired better after care. This information may also be of benefit to other ACUs seeking to enhance and improve service provision in the care of women with cancer, contemplating fertility preservation.

29. Clinically unnecessary and avoidable emergency health service use for epilepsy: A survey of what English services are doing to reduce it.

Authors
Mathieson, Amy; Marson, Anthony G; Jackson, Mike; Ridsdale, Leone; Goodacre, Steve; Dickson, Jon M; Noble, Adam J

Source
Seizure; Feb 2020; vol. 76; p. 156-160

Publication Date
Feb 2020

Publication Type(s)
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PubMedID
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Database
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Abstract
PURPOSE Epilepsy is associated with costly unplanned health service use. The UK’s National Audits of Seizure Management in Hospital found use was often clinically unnecessary, avoidable and typically led to little benefit for epilepsy management. We systematically identified how services have responded to reduce such use.

METHODS We invited England’s ambulance services, neuroscience and neurology centres and a random sample of Emergency Departments (EDs) to complete a survey. It asked what innovations they (or services they worked with) had made in the past 5 years or were making, the priority afforded to them, user involvement, what comprised usual practice, and barriers to change.

RESULTS 72/87 of invited (82.8%) services responded. Worked with) had made in the past 5 years or were making, the priority afforded to them, user involvement, what comprised usual practice, and barriers to change. Eleven types of change were identified; 5 types. Overall, 60% of services reported a change(s) and/or were planning one. Neurology/neuroscience sites (93.8%) were most likely to report change; EDs (15.4%) least likely. Eleven types of change were identified; 5 sought to promote proactive epilepsy care and avert the need for emergency care; 3 focused on the care received from emergency services; and 3 focused on follow-up care ED attendees received. Most were for those with established, rather than new epilepsy and targeted known limitations to current care provision.

CONCLUSION Reducing emergency hospital use by PWE is a high priority for most health services in England and a number of new services have been developed. However, they have not been consistently implemented and innovation is lacking in some areas of care.
30. Short term fixes have made parts of NHS financially unstable, auditors warn.

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<th>Rimmer, Abi</th>
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<th>Authors</th>
<th>Jackson, Sarah E; Beard, Emma; Michie, Susan; West, Robert; Brown, Jamie</th>
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<td>Addictive behaviors; Feb 2020; vol. 101 ; p. 106138</td>
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**Abstract**

OBJECTIVE To examine associations between the use of e-cigarettes for smoking cessation and levels of alcohol consumption, high-risk drinking, and attempts to cut down alcohol consumption compared with use of nicotine replacement therapy (NRT) or no aid.

METHODS Cross-sectional survey of adults (≥16 years) in England. The sample included a total of 961 people who had quit smoking with the use of either e-cigarettes (n = 425), NRT (n = 116), or no aid (n = 421) within the past year and were still abstinent at the survey. Drinking behaviour was assessed with the AUDIT.

RESULTS Mean (SD) alcohol consumption among those who quit smoking with e-cigarettes, NRT, and no aid was 7.78 (13.41), 7.12 (13.85), and 5.55 (8.70) units/week, respectively. The prevalence of high-risk drinking was 43.3% (n = 184), 32.2% (n = 37), and 36.8% (n = 155), respectively. Among high-risk drinkers, the prevalence of attempts to cut down alcohol consumption was 22.3% (n = 41), 18.9% (n = 7), and 27.7% (n = 43), respectively. After adjustment for covariates, those who quit with e-cigarettes had significantly higher alcohol consumption than those who quit unaided (B = 1.69, 95%CI 0.21-3.17), but there was no significant difference relative to those who quit with NRT. Differences in high-risk drinking and attempts to cut down were not significant, but Bayes factors indicated the data were insensitive (range: 0.47-0.95).

CONCLUSIONS Recent ex-smokers who used e-cigarettes to help them quit consumed around two more units of alcohol each week than those who quit unaided, but their alcohol consumption was similar to those who quit with NRT. Data on differences in high-risk drinking and attempts to cut down alcohol consumption among high-risk drinkers were inconclusive.

32. A multicenter audit of outpatient care for adult anorexia nervosa: Symptom trajectory, service use, and evidence in support of "early stage" versus "severe and enduring" classification.

<table>
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<th>Authors</th>
<th>Ambwani, Suman; Cardi, Valentina; Albano, Gaia; Cao, Li; Crosby, Ross D; Macdonald, Pamela; Schmidt, Ulrike; Treasure, Janet</th>
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Abstract

BACKGROUND We explored the utility of “staging” anorexia nervosa (AN) by duration of illness and psychological wellbeing. We also investigated 12-month symptom trajectories and service usage in a large cohort of patients with AN assessed for outpatient treatment. METHOD We conducted secondary analyses on data from a multisite clinical trial of adults with AN (n = 187) recruited from 22 NHS England specialist eating disorder (ED) services into a digital treatment augmentation study. Clinical outcomes and service use were measured at postintervention (six weeks), 6 and 12 months. We grouped patients into two categories: “early stage” (illness duration <3 years; n = 60) and “severe and enduring” stage (SE-AN; n = 41) indicated by distress (Depression Anxiety and Stress Scales, DASS ≥60) and illness duration (≥7 years). RESULTS At 12 months, patients reported large improvements in body mass index, small to moderate improvements in ED symptoms, mood, and work/social adjustment, and 23.6% met criteria for recovery. However, patients classified as SE-AN reported higher rates of accessing intensive services, higher ED symptomatology, and poorer work/social adjustment at baseline, and lower rates of improvement in work/social adjustment at 12 months compared to “early stage” respondents. DISCUSSION Although present findings suggest overall symptomatic improvements, exploratory results highlight marked differences in course and service use between people at different stages of AN, suggesting a need to consider staging for clinical decision-making. Further research differentiating between clinical subtypes of AN and adoption of a more personalized approach may ensure that services and care pathways better fit patient needs.

33. Outpatient endometrial ablation: audit of outcomes and patient satisfaction.

Authors
Ajmi, Ayesha; Das, Sangeeta

Source

Publication Date
Feb 2020

Publication Type(s)
Journal Article

PubMedID
32013655

Database
MEDLINE

Abstract
Endometrial ablation in outpatient setting is associated with shorter hospital stay and quicker recovery. The primary outcome of this observational study was initiation and completion of procedure and secondary outcome measures were pain during the procedure and complications. The study was conducted in outpatient women's health clinic of Bolton Foundation NHS Trust UK, between March 2015 and July 2017. Out of 151 patients, all had oral analgesia at home. The procedure was initiated and completed in 83% cases. The median time for procedure was 78.5 s with range (34-120 s). The median intraoperative and immediate post-op pain score was 8 and 2, respectively. Post-procedure hysteroscopy confirmed intact cavity in all. Post-op analgesia was required in 2% cases. Eight-nine percent were discharged immediately, 10% had to be rested and observed for 30-60 min. None had serious complications. Ninety percent were satisfied with outpatient service and would recommend to friends and family. Impact Statement What is already known on this subject? Second-generation endometrial ablation is an effective first-line management option for heavy menstrual bleeding. Outpatient procedure is associated with shorter hospital stay, quicker recovery and avoids general anaesthesia and its complications. What do the results of this study add? This observational study confirmed that it was suitable to start the procedure in 83% cases. Once started, it was possible to complete in 100%. The most common cause for not being able to start the procedure was intolerability to the patients. The median immediate post-procedure pain score was 2 which was highly acceptable to patients. 90% of patients who underwent the outpatient endometrial ablation would choose to have further hysteroscopic procedures as outpatient. What are the implications of these findings for clinical practice and/or further research? Patients should be given choice for endometrial ablation either with or without general anaesthesia. Patients should be carefully selected for outpatient procedures taking into account informed consent, tolerability of speculum examination and endometrial pipelle biopsy as well as understanding anticipation of some discomfort. Further randomised controlled trials should be carried out to determine patient satisfaction with endometrial ablation with or without general anaesthesia.

34. Still too noisy - An audit of sleep quality in trauma and orthopaedic patients.

Authors
Gulam, Sumeya; Xyrichis, Andreas; Lee, Geraldine A

Source
International emergency nursing; Jan 2020 ; p. 100812

Publication Date
Jan 2020

Publication Type(s)
Journal Article

PubMedID
32007403
Abstract
INTRODUCTION
An adequate amount of sleep is fundamental to health and well-being, especially for individuals recovering from an illness or injury. Trauma patients sustain musculoskeletal and tissue injuries and require a sufficient amount of sleep to promote recovery. However, it is known that patients can face difficulties sleeping in hospitals which impacts on their recovery.

AIM
To determine the quality of sleep, influence of sleep quality and the impact of sleep quality on recovery in trauma and orthopaedic patients.

METHODOLOGY
An exploratory descriptive design was applied using a clinical audit. As no standardised sleep assessment tool was identified, a sleep audit tool was developed.

FINDINGS
A total of 40 patients were recruited from two trauma and orthopaedic wards from a London Hospital in the United Kingdom. Of these 17 patients (43%) rated the quality of sleep as ‘poor’ and nearly half (n = 19, 46%) reported that the quality of their night-time sleep had affected their recovery. Two-thirds of patients reported noise was the main factor that disrupted their sleep, making it the highest contributing sleep disruptor (n = 26, 65%).

CONCLUSION
A significant association between poor quality of sleep and patient recovery was identified in this small sample of trauma and orthopaedic patients. The findings suggest that nurses should try to create a suitable sleeping environment to enhance patient recovery. There is a need for a standardised sleep assessment tool and sleep audit tool so that the quality of patients’ sleep can be accurately assessed and documented.

35. Dissemination of trial results to participants in phase III pragmatic clinical trials: an audit of trial investigators intentions.

Authors
Raza, M Zulfiqar; Bruhn, Hanne; Gillies, Katie

Source
BMJ open; Feb 2020; vol. 10 (no. 1); p. e035730

Publication Date
Feb 2020

Publication Type(s)
Journal Article

PubMedID
32014881

Database
Medline

Abstract
OBJECTIVE
To determine the proportion of Phase III clinical trials given a favourable opinion by a research ethics committee in the UK that provided trial results to those who participated.

DESIGN
Audit of records.

SETTING
Phase III clinical trials registered on the UK’s research permissions system (Integrated Research Application System) between the 1 January 2012 to 31 December 2017.

MAIN OUTCOME MEASURES
Proportion of trial investigators that intended to provide results to trial participants compared against what trials reported to ethics committees at the end of study.

RESULTS
Out of 1404 Phase III trials, 87.7% (n=1231) trials stated they intended to disseminate results to participants while 12.3% (n=173) trials stated they would not. Out of these 1231 trials, 18.8% (n=231) trials intended to actively communicate trial results or a means of accessing results to their participants, a further 80.5% (n=991) reported passive intention to disseminate and for the remainder (n=9) the process was unclear. Of the 370 End of Study reports (30% of all included studies) that could be accessed 10 (2.7%) explicitly mentioned activities related to dissemination of findings to participants with the majority (74.9%) having no mention and a further 22.4% of reports not being accessible. Of the 10 which did report dissemination of results to participants the majority (n=6) were through a lay summary or letter.

CONCLUSIONS
Reported intention to disseminate results to trial participants among trial investigators is high, however, reporting of feedback methods is lacking. In addition, mechanisms to ensure intentions to disseminate trial results are translated into actual behaviour need to be put in place to ensure those who participate in trials have the opportunity to find out about the results.

36. Long-Term Evaluation of a UK Community Pharmacy-Based Weight Management Service.

Authors
Evans, Gareth; Wright, David

Source
Pharmacy (Basel, Switzerland); Feb 2020; vol. 8 (no. 1)

Publication Date
Feb 2020

Publication Type(s)
Journal Article Review

PubMedID
32092850

Database
Medline

Abstract
OBJECTIVE
To determine the proportion of Phase III clinical trials given a favourable opinion by a research ethics committee in the UK that provided trial results to those who participated.

DESIGN
Audit of records.

SETTING
Phase III clinical trials registered on the UK’s research permissions system (Integrated Research Application System) between the 1 January 2012 to 31 December 2017.

MAIN OUTCOME MEASURES
Proportion of trial investigators that intended to provide results to trial participants compared against what trials reported to ethics committees at the end of study.

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CONCLUSIONS
Reported intention to disseminate results to trial participants among trial investigators is high, however, reporting of feedback methods is lacking. In addition, mechanisms to ensure intentions to disseminate trial results are translated into actual behaviour need to be put in place to ensure those who participate in trials have the opportunity to find out about the results.
37. Increasing uptake of hepatitis C virus infection case-finding, testing, and treatment in primary care: evaluation of the HepCATT (Hepatitis C Assessment Through to Treatment) trial.

**Authors**
Horwood, Jeremy; Clement, Clare; Roberts, Kirsty; Waldron, Cherry-Ann; Irving, William L; Macleod, John; Hickman, Mathew

**Source**
The British journal of general practice : the journal of the Royal College of General Practitioners

**Publication Date**
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**Publication Type(s)**
Journal Article

**PubMedID**
32094220

**Database**
Medline

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

Available at The British journal of general practice : the journal of the Royal College of General Practitioners from Available to NHS staff on request from UHL Libraries & Information Services (from NULJ library) - click this link for more information Local Print Collection [location] : UHL Libraries On Request (Free).

Available at The British journal of general practice : the journal of the Royal College of General Practitioners from Available to NHS staff on request from UHL Libraries & Information Services (from non-NHS library) - click this link for more information Local Print Collection [location] : British Library via UHL Libraries - please click link to request article.

Available at The British journal of general practice : the journal of the Royal College of General Practitioners from Unpaywall

**Abstract**
BACKGROUND: Hepatitis C virus (HCV) infection is a key cause of liver disease but can be cured in more than 95% of patients. Around 70,000 people in England may have undiagnosed HCV infection and many more will not have been treated. Interventions to increase case-finding in primary care are likely to be cost-effective; however, evidence of effective interventions is lacking. The Hepatitis C Assessment Through to Treatment (HepCATT) trial assessed whether a complex intervention in primary care could increase case-finding, testing, and treatment of HCV. AIM: To investigate the feasibility and acceptability of the HepCATT intervention. DESIGN AND SETTING: A qualitative study with primary care practice staff from practices in the south west of England taking part in the HepCATT trial. METHOD: Semi-structured interviews were carried out with GPs, nurses, and practice staff to ascertain their views of the HepCATT intervention at least 1 month after implementing the intervention in their practice. Normalisation process theory, which outlines the social processes involved in intervention implementation, informed thematic data analysis. RESULTS: Participants appreciated the HepCATT intervention for increasing knowledge and awareness of HCV. Although some initial technical difficulties were reported, participants saw the benefits of using the audit tool to systematically identify patients with HCV infection risk factors and found it straightforward to use. Participants valued the opportunity to discuss HCV testing with patients, especially those who may not have been previously aware of HCV risk. Future implementation should consider fully integrating software systems and additional resources to screen patient lists and conduct tests. CONCLUSION: When supported by a complex intervention, primary care can play a crucial role in identifying and caring for patients with HCV infection, to help stem the HCV epidemic, and prevent HCV-related illness.

38. The impact of diagnostic microbiology on de-escalation of antimicrobial therapy in hospitalised adults.
39. Screening for infection in unaccompanied asylum-seeking children and young people.

Authors
Williams, Bhanu; Boullier, Mary; Cricks, Zoe; Ward, Allison; Naidoo, Ronelle; Williams, Amanda; Robinson, Kim; Eisen, Sarah; Cohen, Jonathan

Source
Archives of disease in childhood; Feb 2020

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PubMedID
32094246

Database
Medline

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.
Available at Archives of disease in childhood from Unpaywall
We aimed to evaluate a screening programme for infection in unaccompanied asylum seeking children and young people against national guidance and to described the rates of identified infection in the cohort. The audit was conducted by retrospective case note review of routinely collected, anonymised patient data from all UASC referred between January 2016 and December 2018 in two paediatric infectious diseases clinics. There were 252 individuals from 19 countries included in the study, of these 88% were male, and the median age was 17 years (range 11-18). Individuals from Afghanistan, Eritrea and Albania constituted the majority of those seen. Median time between arriving in the UK and infection screening was 6 months (IQR 4-10 months, data available on 197 UASC). There were 94% (238/252) of cases tested for tuberculosis (TB), of whom 23% (55/238) were positive, including three young people with TB disease. Of those tested for hepatitis B, 4.8% (10/210) were positive, 0.5% (1/121) were positive for hepatitis C and of 252 tested, none were positive for HIV. Of the 163 individuals who were tested for schistosomiasis, 27 were positive (16%). The majority of patients were appropriately tested for infections with a high rate of identification of treatable asymptomatic infection. Infections were of both individual and public health significance. Our findings of clinically significant rates of treatable infections in UASC highlight the importance of infection screening for all in this vulnerable patient group.

40. Poor specificity of National Early Warning Score (NEWS) in spinal cord injuries (SCI) population: a retrospective cohort study.

Authors  
Ahmed, Wail A; Rouse, Alex; Griggs, Katy E; Collett, Johnny; Dawes, Helen

Source  
Spinal cord; Feb 2020; vol. 58 (no. 2); p. 165-173

Abstract  
STUDY DESIGNRetrospective chart audit.OBJECTIVESThe National Early Warning Score (NEWS) is based on seven physiological parameters which can be altered in some individuals with spinal cord injuries (SCI). The aim was to start the development of adapted NEWS suitable for SCI population. The objective was to determine the SBP NEWS specificity based on neurological level of injury (NLI) and completeness of injury.SETTINGTertiary centre in the UK.METHODSAdult patients admitted for the first time to the National Spinal Injuries Centre between 1 January 2015 and 31 December 2016 were included if they were >6 months post injury. Data were extracted retrospectively including the last ten consecutive BP and heart rate readings before discharge. Data were analysed based on different AIS grades, completeness of injury and NLI.RESULTSOne hundred and ninety one patients were admitted in 2015 and 2016 and 142 patients were included in the primary analysis. The mean SBP ranged between 92 and 151 mmHg. Patients with the NLI of T6 and above (≥T6) motor complete lesions had a significantly lower SBP than motor incomplete lesions. The specificity of the SBP NEWS was 35.3% in ≥T6 motor complete individuals versus 80.3% in ≥T6 motor incomplete individuals.CONCLUSIONThe baseline BP is significantly lower in the ≥T6 motor complete SCI individuals (>6 months post injury) resulting in a very low specificity of 35.3% to SBP NEWS, which could lead to mismatch between clinical deterioration and NEWS resulting in lack of timely clinical response.

41. Advance care planning in patients referred to hospital for acute medical care: Results of a national day of care survey.

Authors  
Knight, Thomas; Malyon, Alexandra; Fritz, Zoe; Subbe, Chris; Cooksley, Tim; Holland, Mark; Lasserson, Daniel

Source  
EclinicalMedicine; Feb 2020; vol. 19 ; p. 100235

Abstract  
STUDY DESIGNRetrospective chart audit.OBJECTIVESThe National Early Warning Score (NEWS) is based on seven physiological parameters which can be altered in some individuals with spinal cord injuries (SCI). The aim was to start the development of adapted NEWS suitable for SCI population. The objective was to determine the SBP NEWS specificity based on neurological level of injury (NLI) and completeness of injury.SETTINGTertiary centre in the UK.METHODSAdult patients admitted for the first time to the National Spinal Injuries Centre between 1 January 2015 and 31 December 2016 were included if they were >6 months post injury. Data were extracted retrospectively including the last ten consecutive BP and heart rate readings before discharge. Data were analysed based on different AIS grades, completeness of injury and NLI.RESULTSOne hundred and ninety one patients were admitted in 2015 and 2016 and 142 patients were included in the primary analysis. The mean SBP ranged between 92 and 151 mmHg. Patients with the NLI of T6 and above (≥T6) motor complete lesions had a significantly lower SBP than motor incomplete lesions. The specificity of the SBP NEWS was 35.3% in ≥T6 motor complete individuals versus 80.3% in ≥T6 motor incomplete individuals.CONCLUSIONThe baseline BP is significantly lower in the ≥T6 motor complete SCI individuals (>6 months post injury) resulting in a very low specificity of 35.3% to SBP NEWS, which could lead to mismatch between clinical deterioration and NEWS resulting in lack of timely clinical response.
Abstract
BackgroundAdvance care planning (ACP) is a voluntary process of discussion about future care between an individual and their care provider. ACP is a key focus of national policy as a means to improve patient centered care at the end-of-life. Despite a wide held belief that ACP is beneficial, uptake is sporadic with considerable variation depending on age, ethnicity, location and disease group.

Methods This study looked to establish the prevalence of ACP on initial presentation to hospital with a medical emergency within The Society for Acute Medicine Benchmarking Audit (SAMBA18). 123 acute hospitals from across the UK collected data during a day of care survey. The presence of ACP and the presence of ‘Do Not Attempt Cardiopulmonary Resuscitation’ orders were recorded separately.

Findings Among 6072 patients presenting with an acute medical emergency, 290 patients (4.8%) had an ACP that was available for the admitting medical team. The prevalence of ACP increased incrementally with age, in patients less than 80 years old the prevalence was 2.9% (95% CI 2.7-3.1) compared with 9.5% (95% CI 9.1-10.0%) in patients aged over 80. In the patients aged over 90 the prevalence of ACP was 12.6% (95% CI 9.8-16.0), ACP was present in 23.3% (95% CI 21.8-24.8%) of patients admitted from institutional care compared with 3.5% (95% CI 3.3-3.7) of patients admitted from home. The prevalence of ACP was 7.1% (95% CI 6.6-7.6) amongst patients re-admitted to the hospital within the previous 30 days.

Interpretation
Very few patients have an ACP that is available to admitting medical teams during an unscheduled hospital admission. Even among patients with advanced age, and who have recently been in hospital, the prevalence of available ACP remains low, in spite of national guidance. Further interventions are needed to ensure that patients’ wishes for care are known by providers of acute medical care.

42. IMRiS phase II study of IMRT in limb sarcomas: Results of the pre-trial QA facility questionnaire and workshop.

Authors
Simões, R; Miles, E; Yang, H; Le Grange, F; Bhat, R; Forsyth, S; Seddon, B

Source
Radiography (London, England : 1995); Feb 2020; vol. 26 (no. 1); p. 71-75

Abstract
INTRODUCTION Soft tissue sarcomas of the extremities (STSE) are rare malignancies. We report current UK practice for immobilisation of soft tissue sarcoma of STSE, as part of the initial study set-up within the IMRiS trial, a phase II study of intensity modulated radiotherapy (IMRT) in primary bone and soft tissue sarcoma.

METHODSA facility questionnaire (FQ) was circulated to 29 IMRiS centres investigating the variation in immobilisation devices, planning techniques, and imaging protocols. A workshop was held to address concerns raised by centres. It focused on STSE immobilisation and patient set-up. Robustness of patient set-up at each centre was evaluated based on the following criteria: evidence of local set-up audit, calculation of margins based on set-up audit results, imaging frequency, and number of patients treated per centre per annum.

RESULTS Twenty-seven (93%) questionnaires were returned. 30% (8/27) of responders routinely treated STSE with IMRT. The remaining 70% (19/27) had little or no experience with IMRT for STSE. Vacuum bags were the most frequent immobilisation device (9/27), followed by thermoplastic shells (7/27). Nine centres had audited their local set-up; however, only 4 had calculated margins in response to the results. Ten centres were classified as having high level of robustness.

CONCLUSIONS Immobilisation devices and planning techniques for STSE are inconsistent across centres. Robustness of set-up is an important tool to ensure quality of results in a multicentre trial setting with such different levels of experience. The IMRiS trial Quality Assurance programme encourages centres to assess robustness of set-up through local audit and subsequent calculation of treatment margins.

IMPLICATIONS FOR PRACTICE This is the first study that used robustness criteria to tailor QA support to individual centres.

43. The association of neutrophil-lymphocyte ratio and lymphocyte-monocyte ratio with 3-month clinical outcome after mechanical thrombectomy following stroke.

Authors
Lux, Danielle; Alakbarzade, Vafa; Bridge, Luke; Clark, Camilla N; Clarke, Brian; Zhang, Liqun; Khan, Usman; Pereira, Anthony C

Source
Journal of neuroinflammation; Feb 2020; vol. 17 (no. 1); p. 60

Abstract
Background The association of neutrophil-lymphocyte ratio and lymphocyte-monocyte ratio with 3-month clinical outcome after mechanical thrombectomy following stroke.

Methods This study looked to establish the prevalence of ACP on initial presentation to hospital with a medical emergency within The Society for Acute Medicine Benchmarking Audit (SAMBA18). 123 acute hospitals from across the UK collected data during a day of care survey. The presence of ACP and the presence of ‘Do Not Attempt Cardiopulmonary Resuscitation’ orders were recorded separately.

Findings Among 6072 patients presenting with an acute medical emergency, 290 patients (4.8%) had an ACP that was available for the admitting medical team. The prevalence of ACP increased incrementally with age, in patients less than 80 years old the prevalence was 2.9% (95% CI 2.7-3.1) compared with 9.5% (95% CI 9.1-10.0%) in patients aged over 80. In the patients aged over 90 the prevalence of ACP was 12.6% (95% CI 9.8-16.0), ACP was present in 23.3% (95% CI 21.8-24.8%) of patients admitted from institutional care compared with 3.5% (95% CI 3.3-3.7) of patients admitted from home. The prevalence of ACP was 7.1% (95% CI 6.6-7.6) amongst patients re-admitted to the hospital within the previous 30 days.

Interpretation
Very few patients have an ACP that is available to admitting medical teams during an unscheduled hospital admission. Even among patients with advanced age, and who have recently been in hospital, the prevalence of available ACP remains low, in spite of national guidance. Further interventions are needed to ensure that patients’ wishes for care are known by providers of acute medical care.
44. Prestroke Disability Predicts Adverse Poststroke Outcome: A Registry-Based Prospective Cohort Study of Acute Stroke.

**Authors**
Han, Thang S; Fry, Christopher H; Gulli, Gisou; Affley, Brendan; Robin, Jonathan; Irvin-Sellers, Melanie; Fluck, David; Kakar, Puneet; Sharma, Sapna; Sharma, Pankaj

**Source**
Stroke; Feb 2020; vol. 51 (no. 2); p. 594-600

**Abstract**
Background and Purpose- Information on what effect disability before stroke can have on stroke outcome is lacking. We assessed prestroke disability in relation to poststroke hospital outcome. Methods- Analysis of prospectively collected data from the Sentinel Stroke National Audit Programme. A total of 1656 men (mean age ±SD =73.1±13.2 years) and 1653 women (79.3±13.0 years) were admitted to hyperacute stroke units with acute stroke in 4 major UK between 2014 and 2016. Prestroke disability, assessed by modified Rankin Scale (mRS), was tested against poststroke adverse outcomes, adjusted for age, sex, and coexisting morbidities. Results- Compared with patients with prestroke mRS score =0, individuals with prestroke mRS scores =3, 4, or 5 had greater adjusted risks of moderately severe or severe stroke on arrival (4.4% versus 16.7%; odds ratio [OR], 3.2 [95% CI, 2.3-4.6] P<0.001); urinary tract infection or pneumonia within 7 days of admission (9.6% versus 35.9%; OR, 3.7 [95% CI, 2.8-4.8] P<0.001); mortality (7.2% versus 37.1%; OR, 4.9 [95% CI, 3.7-6.5] P<0.001); requiring help with activities of daily living on discharge (12.3% versus 26.7%; OR, 3.1 [95% CI, 2.3-4.1] P<0.001); and transferred to new care home (2.4% versus 9.4%; OR, 2.1 [95% CI, 1.3-3.3] P=0.002). Patients with mRS scores =1 or 2 had intermediate risk of adverse outcomes. Overall, those with a mRS score =1 or 2 had length of stay on hyperacute stroke units extended by 5.3 days (95% CI, 2.8-7.7; P<0.001) and mRS score =3, 4 or 5 by 7.2 days (95% CI, 4.0-10.5; P<0.001). Conclusions- Individuals with evidence of prestroke disability, assessed by mRS, had significantly increased risk of poststroke adverse outcomes and longer length of stay on hyperacute stroke units and higher level of care on discharge.

45. Stratified primary care versus non-stratified care for musculoskeletal pain: findings from the STarT MSK feasibility and pilot cluster randomized controlled trial.

**Authors**
Hill, J C; Garvin, S; Chen, Y; Cooper, V; Wathall, S; Saunders, B; Lewis, M; Protheroe, J; Chudryk, A; Dunn, K M; Hay, E; van der Windt, D; Mallen, C; Foster, N E

**Source**
BMC family practice; Feb 2020; vol. 21 (no. 1); p. 30

**Abstract**
BACKGROUND AND AIMNeutrophil-lymphocyte ratio (NLR) and lymphocyte-monocyte ratio (LMR) are associated with clinical outcomes in malignancy, cardiovascular disease and stroke. Here we investigate their association with outcome after acute ischaemic stroke treated by mechanical thrombectomy (MT). METHODS Patients were selected using audit data for MT for acute anterior circulation ischaemic stroke at a UK centre from May 2016-July 2017. Clinical and laboratory data including neutrophil, lymphocyte and monocyte count tested before and 24 h after MT were collected. Poor functional outcome was defined as modified Rankin Scale (mRS) of 3-6 at 3 months. Multivariable logistic regression analyses were performed to explore the relationship of NLR and LMR with functional outcome. RESULTS One hundred twenty-one patients (mean age 66.4 ± 16.7, 52% female) were included. Higher NLR (adjusted OR 0.022, 95% CI, 0.009-0.34, p = 0.001) and lower LMR (adjusted OR -0.093, 95% CI (-0.175)-(-0.012), p = 0.025) at 24 h post-MT were significantly associated with poorer functional outcome when controlling for age, baseline NIHSS score, infarct size, presence of good collateral supply, recanalisation and symptomatic intracranial haemorrhage on multivariate logistic regression. Admission NLR or LMR were not significant predictors of mRS at 3 months. The optimal cut-off values of NLR and LMR at 24-h post-MT that best discriminated poor outcome were 5.5 (80% sensitivity and 60% specificity) and 2.0 (80% sensitivity and 50% specificity), respectively on receiver operating characteristic curve analysis. CONCLUSION NLR and LMR tested at 24 h after ictus or intervention may predict 3-month functional outcome.
Abstract

BACKGROUND Musculoskeletal (MSK) pain from the five most common presentations to primary care (back, neck, shoulder, knee or multi-site pain), where the majority of patients are managed, is a costly global health challenge. At present, first-line decision-making is based on clinical reasoning and stratified models of care have only been tested in patients with low back pain. We therefore, examined the feasibility of; a) a future definitive cluster randomised controlled trial (RCT), and b) General Practitioners (GPs) providing stratified care at the point-of-consultation for these five most common MSK pain presentations.

METHODS The design was a pragmatic pilot, two parallel-arm (stratified versus non-stratified care), cluster RCT and the setting was 8 UK GP practices (4 intervention, 4 control) with randomisation (stratified by practice size) and blinding of trial statistician and outcome data-collectors. Participants were adult consulters with MSK pain without indicators of serious pathologies, urgent medical needs, or vulnerabilities. Potential participant records were tagged and individuals sent postal invitations using a GP point-of-consultation electronic medical record (EMR) template. The intervention was supported by the EMR template housing the Keele STarT MSK Tool (to stratify into low, medium and high-risk prognostic subgroups of persistent pain and disability) and recommended matched treatment options. Feasibility outcomes included exploration of recruitment and follow-up rates, selection bias, and GP intervention fidelity. To capture recommended outcomes including pain and function, participants completed an initial questionnaire, brief monthly questionnaire (postal or SMS), and 6-month follow-up questionnaire. An anonymised EMR audit described GP decision-making.

RESULTS GPs screened 3063 patients (intervention = 1591, control = 1472), completed the EMR template with 1237 eligible patients (intervention = 513, control = 724) and 524 participants (42%) consented to data collection (intervention = 231, control = 293). Recruitment took 28 weeks (target 12 weeks) with >90% follow-up retention (target >75%). We detected no selection bias of concern and no harms identified. GP stratification tool fidelity failed to achieve a-priori success criteria, whilst fidelity to the matched treatments achieved "complete success.”

CONCLUSIONS A future definitive cluster RCT of stratified care for MSK pain is feasible and is underway, following key amendments including a clinician-completed version of the stratification tool and refinements to recommended matched treatments.

TRIAL REGISTRATION Name of the registry: ISRCTN.

TRIAL REGISTRATION NUMBER 15366334. Date of registration: 06/04/2016.