Strategy 432444/8

## Database

### Search term

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(((audit* OR "quality improvement*").ti,ab OR exp "CLINICAL AUDIT"/ OR exp "QUALITY IMPROVEMENT"/)) AND ((NHS OR england OR UK OR "united kingdom" OR "national health service"),ti,ab OR exp "UNITED KINGDOM"/)) [Since 26-Mar-2019]
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35. The Reality of Pain Scoring in the Emergency Department: Findings From a Multiple Case Study Design. Page 19

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38. Does rhythm matter in acute heart failure? An insight from the British Society for Heart Failure National Audit. Page 21
1. Paediatric Endoscopy Global Rating Scale: Development of a Quality Improvement Tool and Results of a National Pilot.

**Authors**  
Narula, Priya; Broughton, Raphael; Howarth, Lucy; Piggott, Anna; Bremner, Ronald; Tzivinikos, Christos; Gillett, Peter; Henderson, Paul; Rawat, David; Cullen, Mick; Loganathan, Sabari; Devadason, David; Afzal, Nadeem A; Maginnis, Janis; McKenna, Sharon; Thomson, Mike; Green, John; Johnston, Debbie

**Source**  
Journal of pediatric gastroenterology and nutrition; Apr 2019

**Publication Date**  
Apr 2019

**PubMedID**  
30964821

**Database**  
Medline

**Abstract**  
INTRODUCTION AND OBJECTIVES: The endoscopy Global Rating Scale (GRS) is a web-based self-assessment quality improvement (QI) tool that provides a framework for service improvement. Widespread use of the GRS in adult endoscopy services in the United Kingdom (UK) has led to a demonstrable improvement in quality. The adult GRS is not directly applicable to paediatric endoscopy services. The objective of this study is to develop and pilot a paediatric endoscopy Global Rating Scale (P-GRS) as a QI tool.

METHODS: Members of the British Society of Paediatric Gastroenterology, Hepatology and Nutrition (BSPGHAN) Endoscopy Working Group collaborated with the Joint Advisory Group on Gastrointestinal Endoscopy (JAG) to develop the P-GRS. After a period of consultation, this was piloted nationally at 9 centres and data were collected prospectively at 2 census points, May and December 2016.

RESULTS: The P-GRS mirrors the adult GRS by dividing care into 4 domains and includes 19 standards with several measures that underpin the standards. Eight services completed the online P-GRS return in May 2016 and 6 in December 2016. All pilot sites identified areas that needed improvement and post-pilot reflected on the key challenges and developments. Several positive developments were reported by the pilot sites.

CONCLUSIONS: The national pilot helped ensure that the P-GRS developed was relevant to the paediatric endoscopy services. The pilot demonstrated that even in the first year of engaging with this QI tool, services were starting to identify areas that needed improvement, share best practice documents, put in place QI plans, and support greater patient involvement in services.

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

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

**Source**  
Health expectations : an international journal of public participation in health care and health policy; Apr 2019

**Publication Date**  
Apr 2019

**PubMedID**  
31016863

**Database**  
Medline

**Abstract**  
INTRODUCTION AND OBJECTIVES: Patient experience feedback is important in health care to improve quality and ensure services meet patient needs. There are many different types of patient experience feedback, each with its own strengths and weaknesses.

METHODS: A systematic review of the literature was conducted to identify the different types of patient experience feedback available in UK hospitals. The types of feedback were classified based on the source, method of collection, and purpose.

RESULTS: Five main types of patient experience feedback were identified: patient surveys, complaints, patient advisory panels, patient involvement in service development, and patient experience reports. Each type of feedback has different strengths and weaknesses in terms of reliability, validity, and timeliness.

CONCLUSIONS: Patient experience feedback is a valuable tool for improving quality in health care. Different types of feedback can be used to complement each other and ensure that all aspects of patient experience are considered in quality improvement initiatives.
BACKGROUND & OBJECTIVES: The comparative uses of different types of patient experience (PE) feedback as data within quality improvement (QI) are poorly understood. This paper reviews what types are currently available and categorizes them by their characteristics in order to better understand their roles in QI.

METHODOLOGY: A scoping review of types of feedback currently available to hospital staff in the UK was undertaken. This comprised academic database searches for "measures of PE outcomes" (2000-2016), and grey literature and websites for all types of "PE feedback" potentially available (2005-2016). Through an iterative consensus process, we developed a list of characteristics and used this to present categories of similar types.

MAIN RESULTS: The scoping review returned 37 feedback types. A list of 12 characteristics was developed and applied, enabling identification of 4 categories that help understand potential use within QI: (1) Hospital-initiated (validated) quantitative surveys; for example the NHS Adult Inpatient Survey; (2) Patient-initiated qualitative feedback: for example complaints or twitter comments; (3) Hospital-initiated qualitative feedback: for example Experience Based Co-Design; (4) Other: for example Friends & Family Test. Of those routinely collected, few elicit "ready-to-use" data and those that do elicit data most suitable for measuring accountability, not for informing ward-based improvement. Guidance does exists for linking collection of feedback to QI for some feedback types in Category 3 but these types are not routinely used. CONCLUSION: If feedback is to be used more frequently within QI, more attention must be paid to obtaining and making available the most appropriate types.


Authors: Taylor, Louise M; Eost-Telling, Charlotte L; Ellerton, Annie
Source: Journal of clinical nursing; Apr 2019; vol. 28 (no. 7-8); p. 1164-1173
Publication Date: Apr 2019
Publication Type(s): Journal Article
PubMedID: 30431190
Database: Medline

AIMS AND OBJECTIVES: To review and analyse current preceptorship programmes within NHS trusts in the North West of England. To evaluate the pedagogic rigour of the programme and suggest recommendations to inform the future design of preceptorship programmes.

BACKGROUND: Enhancing the retention of newly qualified staff is of particular importance given that the journey from a new registrant to a competent healthcare professional poses a number of challenges, for both the individual staff member and organisations.

DESIGN: A mixed methods evaluative approach was employed, using online questionnaires and content analysis of preceptorship documentation.

METHODS: Forty-one NHS trusts across the North West region employing newly qualified nurses were invited to participate in the completion of an online questionnaire. In addition, preceptorship programme documentation was requested for inclusion in the content analysis. This study used the SQUIRE (Standards for Quality Improvement Reporting Excellence) guidelines.

RESULTS: The response rate for the questionnaire was 56.1% (n = 23). Eighteen trusts (43.9%) forwarded their programme documentation. Findings highlighted the wide variation in preceptorship and preceptorship programmes where there was a clear link between the strategic vision, that is, trust policy, and its delivery, that is, preceptorship offering. There was no one framework that would universally meet the needs of all trusts; yet, there are key components which should be included in all preceptorship programmes. Therefore, we would encourage innovation and creativity in preceptorship programmes, cognisant of local context.

RELEVANCE TO CLINICAL PRACTICE: The significant shortage of nursing staff in the UK is an ongoing issue. Recruitment and retention are key to ameliorating the shortfall, and formal support mechanisms like preceptorship, can improve the retention of newly qualified staff. Understanding current preceptorship programmes is an important first step in establishing the fundamental building blocks of successful preceptorship programmes and enabling the sharing of exemplary good practice across organisations.

4. The pharmacological management of acute behavioural disturbance: Data from a clinical audit conducted in UK mental health services.

Authors: Paton, Carol; Adams, Clive E; Dye, Stephen; Fagan, Elizabeth; Okocha, Chike; Barnes, Thomas Re
Source: Journal of psychopharmacology (Oxford, England); Apr 2019; vol. 33 (no. 4); p. 472-481
Publication Date: Apr 2019
Publication Type(s): Journal Article
PubMedID: 30565486
**5. Current imaging practice for suspected scaphoid fracture in patients with normal initial radiographs: UK-wide national audit.**

**Authors** Chunara, M H; McLeavy, C M; Kesavanarayanan, V; Paton, D; Ganguly, A

**Source** Clinical radiology; Apr 2019

**Publication Date** Apr 2019

**Publication Type(s)** Journal Article

**PubMedID(s)** 30952360

**Database** Medline

**Abstract**

AIM To assess the current practice of scaphoid fracture imaging (where initial scaphoid radiographs are normal) in the UK. MATERIALS AND METHODS A survey monkey questionnaire was sent to 140 eligible NHS trusts derived from the NHS England database following exclusion of all non-acute and specialist centres. Four questions were asked regarding the provision of magnetic resonance imaging (MRI) for radiographically occult scaphoid fractures, time to MRI, number of departmental MRI scanners, and alternative imaging offered. RESULTS Responses were received from 74 trusts (53%). Thirty-eight offered MRI as a first-line test in plain-film occult scaphoid injury, 25 preferred computed tomography (CT), and 11 opted for repeat plain radiographs. Of the 38 trusts who offered MRI, 26 provided this within 1 week; the rest within 2 weeks. No trends were identified based on the size of the hospital or its geographical location. Statistical analysis of the data revealed no significant relationship between the number of MRI scanners and the provision of MRI, nor between the numbers of MRI scanners and the time to MRI. CONCLUSIONS MRI has been recognised in the literature as a highly specific, highly sensitive, and cost-effective tool, yet only 51% of trusts provide this service in the UK. For those who cannot offer MRI first-line, CT remains a very accurate and reliable alternative.

**6. Applicability of ENCHANTED trial results to current acute ischemic stroke patients eligible for intravenous thrombolysis in England and Wales: Comparison with the Sentinel Stroke National Audit Programme registry.**

**Authors** Robinson, Thompson G; Bray, Benjamin D; Paley, Lizz; Sprigg, Nikola; Wang, Xia; Arima, Hisatomi; Bath, Philip M; Broderick, Joseph P; Durham, Alice C; Kim, Jong S; Lavados, Pablo M; Lee, Tsong-Hai; Martins, Sheila; Nguyen, Thang H; Pandian, Jeyaraj D; Parsons, Mark W; Pontes-Neto, Octavio M; Ricci, Stefano; Sharma, Vijay K; Wang, Jiguang; Woodward, Mark; Rudd, Anthony G; Chalmers, John; S Anderson, Craig; ENCHANTED Investigators and the SSNAP Collaboration

**Source** International journal of stroke : official journal of the International Stroke Society; Apr 2019 ; p. 1747493019841246

**Publication Date** Apr 2019

**Publication Type(s)** Journal Article

**PubMedID(s)** 30961463

**Database** Medline

**Authors**
Sainsbury, David C G; Davies, Amy; Wren, Yvonne; Southby, Lucy; Chadha, Ambika; Slator, Rona; Stock, Nicola Marie; Cleft Multidisciplinary Collaborative

**Source**
The Cleft palate-craniofacial journal: official publication of the American Cleft Palate-Craniofacial Association; Apr 2019; vol. 56 (no. 4); p. 502-507

**PubmedID**
30068232

**Abstract**
BACKGROUND: As a growing paradigm of health research, trainee collaboratives can influence clinical practice through the generation of cost-effective multicenter audit and research projects. The aims of the present article are to outline and discuss the establishment of a multidisciplinary collaborative in the context of cleft lip and/or palate (CL/P).

METHODS: The Cleft Multidisciplinary Collaborative (CMC) was formed in April 2016 under the overarching supervision of the National Institute for Health Research. Membership of the CMC is open to all participants represent all 17 cleft teams from the United Kingdom and encompass a wide range of disciplines.

RESULTS: To date, 48 clinical participants are involved in the CMC. These participants represent all 17 cleft teams from the United Kingdom and encompass a wide range of disciplines. The CMC has undertaken 2 major projects so far. The first involved collection of phenotype data to support a national cohort study. The second, still in progress, is a systematic review investigating factors associated with velopharyngeal competence following cleft palate repair.

CONCLUSIONS: The concept of a multidisciplinary collaborative in CL/P has been demonstrated through the generation of a United Kingdom-wide network of committed clinicians and researchers and the effective undertaking of 2 large research projects. As the CMC gathers momentum, it hopes to attract funding to support its activities, to promote more involvement from the allied health and nursing professions, to encourage a more ingrained research culture within the CL/P community, and to promote the wider ambition of a global collaborative.


**Authors**
Resnick, Matthew J

**Source**
The Journal of urology; Apr 2019; vol. 201 (no. 4); p. 656-657

**PubmedID**
30664091

**Abstract**
BACKGROUND: Randomized controlled trials provide high-level evidence, but the necessity to include selected patients may limit the generalisability of their results.

METHODS: Comparisons were made of baseline and outcome data between patients with acute ischemic stroke (AIS) recruited into the alteplase-dose arm of the international, multi-center, Enhanced Control of Hypertension and Thrombolysis Study (ENCANTED) in the United Kingdom (UK), and alteplase-treated AIS patients registered in the UK Sentinel Stroke National Audit Programme (SSNAP) registry, over the study period June 2012 to October 2015.

RESULTS: There were 770 AIS patients (41.2% female; mean age 72 years) included in ENCHANTED at sites in England and Wales, which was 19.5% of alteplase-treated AIS patients registered in the SSNAP registry. Trial participants were significantly older, had lower baseline neurological severity, less likely Asian, and had more premorbid symptoms, hypertension and atrial fibrillation. Although ENCHANTED participants had higher rates of symptomatic intracerebral hemorrhage than those in SSNAP, there were no differences in onset-to-treatment time, levels of disability (assessed by the modified Rankin scale) at hospital discharge, and mortality over 90 days between groups.

CONCLUSIONS: Despite the high level of participation, equipoise over the dose of alteplase among UK clinician investigators favored the inclusion of older, frailer AIS patients in the ENCHANTED trial.

CLINICAL TRIAL REGISTRATION Clinical Trial Registration-URL: http://www.clinicaltrials.gov. Unique identifier: NCT01422616.

**Authors**
Sankaran, Sridevi; Brown, Anna; Kent, Andrew; Odejinmi, Funlayo

**Publication Date**
Apr 2019

**Publication Type(s)**
Journal Article

**PubMedID**
30422734

**Abstract**
The aim of this study was to evaluate the practices of laparoscopic specimen retrieval among Gynaecologists in the United Kingdom and to determine any variation in practice. A survey of Consultant Gynaecologist members of the British Society of Gynaecological Endoscopy (BSGE) was conducted using Survey Monkey™. Of the 460 registered consultants, 187 (40%) responded to the questionnaire. Sixty-two percent (62%) of the respondents considered themselves to be advanced laparoscopic surgeons whilst 34% considered themselves to be intermediate laparoscopic surgeons. The umbilical port was the most commonly used port for specimen retrieval and it was used to remove 49% of ectopic pregnancies, 43% of ovarian cysts and 43% of endometrioma. Most respondents would not insert an extra port or extend the existing port just for the retrieval of a specimen. The level of laparoscopic experience and the gender did not affect the method of specimen retrieval in cases of ectopic pregnancies, endometrioma and ovarian cysts (p value >.05, not significant). The majority of respondents used power morcellation for a laparoscopic myomectomy (85% of respondents) and laparoscopic subtotal hysterectomy (93% of respondents), despite the recent concerns surrounding power morcellation. Impact statement What is already known on this subject? There is a paucity of literature regarding laparoscopic specimen retrieval in gynaecology. In view of recent controversy pertaining to the potential upstaging of leiomyosarcoma with morcellation, other methods of specimen retrieval are gaining an importance. What do the results of this study add? This study shows that the umbilical port is the most commonly used port for specimen retrieval among UK gynaecologists and that most gynaecologists would not insert an additional port purely for specimen retrieval. Most respondents would still use power morcellation for a laparoscopic myomectomy and subtotal hysterectomy, despite the recent concerns over morcellation and its safety. What are the implications of these findings for clinical practice and/or further research? This paper demonstrates the need for development of a database of morcellation practices to enable analysis of both benefits and potential adverse outcomes. This paper will also encourage future research and the audit of specimen retrieval.

10. Change in Prescribing for Secondary Prevention of Stroke and Coronary Heart Disease in Finnish Nursing Homes and Assisted Living Facilities.

**Authors**
Jokanovic, Natali; Kautiainen, Hannu; Bell, J Simon; Tan, Edwin C K; Piltkälä, Kaisu H

**Publication Date**
Apr 2019

**Publication Type(s)**
Journal Article

**PubMedID**
30949985

**Abstract**
The aim of this study was to evaluate the practices of laparoscopic specimen retrieval among Gynaecologists in the United Kingdom and to determine any variation in practice. A survey of Consultant Gynaecologist members of the British Society of Gynaecological Endoscopy (BSGE) was conducted using Survey Monkey™. Of the 460 registered consultants, 187 (40%) responded to the questionnaire. Sixty-two percent (62%) of the respondents considered themselves to be advanced laparoscopic surgeons whilst 34% considered themselves to be intermediate laparoscopic surgeons. The umbilical port was the most commonly used port for specimen retrieval and it was used to remove 49% of ectopic pregnancies, 43% of ovarian cysts and 43% of endometrioma. Most respondents would not insert an extra port or extend the existing port just for the retrieval of a specimen. The level of laparoscopic experience and the gender did not affect the method of specimen retrieval in cases of ectopic pregnancies, endometrioma and ovarian cysts (p value >.05, not significant). The majority of respondents used power morcellation for a laparoscopic myomectomy (85% of respondents) and laparoscopic subtotal hysterectomy (93% of respondents), despite the recent concerns surrounding power morcellation. Impact statement What is already known on this subject? There is a paucity of literature regarding laparoscopic specimen retrieval in gynaecology. In view of recent controversy pertaining to the potential upstaging of leiomyosarcoma with morcellation, other methods of specimen retrieval are gaining an importance. What do the results of this study add? This study shows that the umbilical port is the most commonly used port for specimen retrieval among UK gynaecologists and that most gynaecologists would not insert an additional port purely for specimen retrieval. Most respondents would still use power morcellation for a laparoscopic myomectomy and subtotal hysterectomy, despite the recent concerns over morcellation and its safety. What are the implications of these findings for clinical practice and/or further research? This paper demonstrates the need for development of a database of morcellation practices to enable analysis of both benefits and potential adverse outcomes. This paper will also encourage future research and the audit of specimen retrieval.
Abstract

BACKGROUND One quarter of residents in long-term care facilities (LTCFs) have a diagnosis of CHD or stroke and over half use at least one preventative cardiovascular medication. There have been no studies that have investigated the longitudinal change in secondary preventative cardiovascular medication use in residents in LTCFs over time. OBJECTIVE The aim of this study was to investigate the change in cardiovascular medication use among residents with coronary heart disease (CHD) and prior stroke in nursing homes (NHs) and assisted living facilities (ALFs) in Finland over time, and whether this change differs according to dementia status.

METHODS Three comparable cross-sectional audits of cardiovascular medication use among residents aged 65 years and over with CHD or prior stroke in NHs in 2003 and 2011 and ALFs in 2007 and 2011 were compared. Logistic regression analyses adjusted for gender, age, mobility, cancer and length of stay were performed to examine the effect of study year, dementia and their interaction on medication use.

RESULTS Cardiovascular medication use among residents with CHD (NHs: 89% vs 70%; ALFs: 89% vs 84%) and antithrombotic medication use among residents with stroke (NHs: 72% vs 63%; ALFs: 78% vs 69%) declined between 2003 and 2011 in NHs and 2007 and 2011 in ALFs. Decline in the use of diuretics, nitrates and digoxin were found in both groups and settings. Cardiovascular medication use among residents with CHD and dementia declined in NHs (88% [95% CI 85-91] in 2003 vs 70% [95% CI 64-75] in 2011) whereas there was no change among people without dementia. There was no change in cardiovascular medication use among residents with CHD in ALFs with or without dementia over time. Antithrombotic use was lower in residents with dementia compared with residents without dementia in NHs (p < 0.001) and ALFs (p = 0.026); however, the interaction between dementia diagnosis and time was non-significant.

CONCLUSIONS The decline in cardiovascular medication use in residents with CHD and dementia suggests Finnish physicians are adopting a more conservative approach to the management of cardiovascular disease in the NH population.


Authors
Reis, Flavia Mara Fernandes da Silva; Gonçalves, Claudia Giglio de Oliveira; Conto, Juliana De; Iantas, Milena; Lüders, Débora; Marques, Jair

Source
International archives of otorhinolaryngology; Apr 2019; vol. 23 (no. 2); p. 157-164

Abstract
Introduction Hearing is the main sensory access in the first years of life. Therefore, early detection and intervention of hearing impairment must begin before the first year of age. Objective To analyze the results of the electrophysiological hearing assessment of children at risk for hearing loss as part of the newborn hearing screening (NHS). Methods This is a cross-sectional study held at a hearing health public service clinic located in Brazil, with 104 babies at risks factors for hearing loss referred by public hospitals. A questionnaire was applied to parents, and the auditory brainstem response (ABR) test was held, identifying those with alterations in the results. The outcome of the NHS was also analyzed regarding risk factor, gestational age and gender. Results Among the 104 subjects, most of them were male (53.85%), and the main risk factor found was the admission to the neonatal intensive care unit (NICU) for a period longer than 5 days (50.93%). Eighty-five (81.73%) subjects were screened by NHS at the maternity and 40% of them failed the test. Through the ABR test, 6 (5.77%) infants evidenced sensorineural hearing loss, 4 of them being diagnosed at 4 months, and 2 at 6 months of age; all of them failed the NHS and had family history and admission at NICU for over 5 days as the most prevalent hearing risks; in addition, family members of all children perceived their hearing impairment. Conclusion Advances could be observed regarding the age of the diagnosis after the implementation of the NHS held at the analyzed public service clinic.

12. Verbal abuse during pregnancy increases frequency of newborn hearing screening referral: The Japan Environment and Children’s Study.

Authors
Komori, Kaori; Komori, Masahiro; Eitoku, Masamitsu; Joelle Muchanga, Sifa Marie; Ninomiya, Hitoshi; Kobayashi, Taisuke; Sugauna, Narufumi; Japan Environment and Children’s Study (JECS) Group

Source
Child abuse & neglect; Apr 2019; vol. 90; p. 193-201

Abstract
In 2017, an intervention of hearing impairment must begin before the first year of age. Objective To analyze the results of the electrophysiological hearing assessment of children at risk for hearing loss as part of the newborn hearing screening (NHS). Methods This is a cross-sectional study held at a hearing health public service clinic located in Brazil, with 104 babies at risks factors for hearing loss referred by public hospitals. A questionnaire was applied to parents, and the auditory brainstem response (ABR) test was held, identifying those with alterations in the results. The outcome of the NHS was also analyzed regarding risk factor, gestational age and gender. Results Among the 104 subjects, most of them were male (53.85%), and the main risk factor found was the admission to the neonatal intensive care unit (NICU) for a period longer than 5 days (50.93%). Eighty-five (81.73%) subjects were screened by NHS at the maternity and 40% of them failed the test. Through the ABR test, 6 (5.77%) infants evidenced sensorineural hearing loss, 4 of them being diagnosed at 4 months, and 2 at 6 months of age; all of them failed the NHS and had family history and admission at NICU for over 5 days as the most prevalent hearing risks; in addition, family members of all children perceived their hearing impairment. Conclusion Advances could be observed regarding the age of the diagnosis after the implementation of the NHS held at the analyzed public service clinic.
BACKGROUND Verbal abuse during pregnancy has a greater impact than physical and sexual violence on the incidence of postnatal depression and maternal abuse behavior towards their children. In addition, exposure of children (aged 12 months to adolescence) to verbal abuse from their parents exerts an adverse impact to the children's auditory function. However, the effect of verbal abuse during pregnancy on fetal auditory function has not yet been thoroughly investigated.

OBJECTIVE The objective of the study was to examine the relationship between intimate partner verbal abuse during pregnancy and newborn hearing screening (NHS) referral, which indicates immature or impaired auditory function.

PARTICIPANTS AND SETTING The Japan Environment and Children's Study is an ongoing nationwide population-based birth-cohort study designed to determine environmental factors during and after pregnancy that affect the development, health, or wellbeing of children. Pregnant women living in 15 areas of Japan were recruited between January 2011 and March 2014.

METHODS Multiple imputation for missing data was performed, followed by multiple logistic regression using 16 confounding variables.

RESULTS Of 104,102 records in the dataset, 79,985 mother-infant pairs submitted complete data for questions related to verbal and physical abuse and the results of NHS. Of 79,985 pregnant women, 10,786 (13.5%) experienced verbal abuse and 978 (1.2%) experienced physical abuse. Of 79,985 newborns, 787 (0.98%) received a NHS referral. Verbal abuse was significantly associated with NHS referral (adjusted odds ratio: 1.44; 95% confidence interval: 1.05-1.98).

CONCLUSIONS Verbal abuse should be avoided during pregnancy to preserve the newborn's auditory function.


Authors O'Neill, Dan G; O'Sullivan, Aoife M; Manson, Erin A; Church, David B; McGreevy, Paul D; Boag, Amanda K; Brodbelt, Dave C

Source The Veterinary record; Mar 2019; vol. 184 (no. 13); p. 409

Publication Date Mar 2019

Publication Type(s) Journal Article

PubMedID 30718270

Database Medline

Available at The Veterinary record from ProQuest (Health Research Premium) - NHS Version
Available at The Veterinary record 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 Canine dystocia is a relatively common veterinary presentation. First opinion emergency care clinical data from 50 Vets Now clinics across the UK were used to explore dystocia management and outcomes in bitches. Caesarean section (CS) was performed on 341/701 (48.6 per cent (95 per cent CI 44.9 to 52.4)) of dystocia cases. The bulldog (OR 7.60, 95 per cent CI 1.51 to 38.26, P=0.014), Border terrier (OR 4.89, 95 per cent CI 0.92 to 25.97, P=0.063) and golden retriever (OR 4.07, 95 per cent CI 0.97 to 17.07, P=0.055) had the highest odds of CS among dystocic bitches compared with crossbreds. Brachycephalic dystocic bitches had 1.54 (95 per cent CI 1.05 to 2.28, P=0.028) times the odds of CS compared with non-brachycephalics. Oxytocin was administered to 380/701 dystocia cases (54.2 per cent) and calcium gluconate was administered to 82/701 (11.7 per cent) of dystocic bitches. 12 of 701 dystocia cases (1.7 per cent) died during emergency care. These results can help veterinary surgeons to provide better evidence on the risks to owners who may be contemplating breeding from their bitches. In addition, the results on the management and clinical trajectory of dystocia can facilitate clinical benchmarking and encourage clinical audit within primary care veterinary practice.

14. A balanced randomised placebo controlled blinded phase IIa multi-centre study to investigate the efficacy and safety of AUT00063 versus placebo in subjective tinnitus: The QUIET-1 trial.

Authors Hall, Deborah A; Ray, Jaydip; Watson, Jeannette; Sharman, Alice; Hutchison, John; Harris, Peter; Daniel, Matija; Millar, Bonnie; Large, Charles H

Source Hearing research; Mar 2019; vol. 377 ; p. 153-166

Publication Date Mar 2019

Publication Type(s) Journal Article

PubMedID 30939361

Database Medline

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

AUT00063 is an experimental new medicine that has been demonstrated to suppress spontaneous hyperactivity by modulating the action of voltage-gated potassium-channels in central auditory cortical neurons of a rodent model. This neurobiological property makes it a good candidate for treating the central component of subjective tinnitus but this has not yet been tested in humans. The main purpose of the QUIET-1 (QUest In Eliminating Tinnitus) trial was to examine the effect of AUT00063 on the severity of tinnitus symptoms in people with subjective tinnitus. The trial was a randomised, placebo-controlled, observer, physician and participant blinded multi-centre superiority trial with two parallel groups and a primary endpoint of functional impact on tinnitus 28 days after the first drug dosing day. The trial design overcame the scale and logistical challenges of delivering a scientifically robust, statistically powered multi-centre study for subjective tinnitus within the National Health Service in England. The trial was terminated early for futility. Overall, 212 participants consented across 18 sites with 91 participants randomised to groups using age, gender, tinnitus symptom severity and hearing status as minimisation factors. While the pharmacokinetic markers confirm the uptake of AUT00063 in the body, within the expected therapeutic range, with respect to clinical benefit findings indicated that AUT00063 was not effective in alleviating tinnitus symptoms (1.56 point change in Tinnitus Functional Index). In terms of clinical harms, results indicated that a daily dose of 800mg capsules of AUT00063 taken for 28 days was safe and well tolerated. These findings provide significant advances in the drug development field for hearing sciences, but raise questions about the predictive validity of certain rodent models of noise-induced hearing loss and tinnitus, as least for the mechanism evaluated in the present study. Trial Registration: (EudraCT) 2014-002179-27; NCT02315508.

15. Familial unilateral vestibular schwannoma is rarely caused by inherited variants in the NF2 gene.

Authors
Evans, D Gareth; Wallace, Andrew J; Hartley, Claire; Freeman, Simon R; Lloyd, Simon K; Thomas, Owen; Axon, Patrick; Hammerton-Ward, Charlotte L; Pathmanaban, Omar; Rutherford, Scott A; Kellett, Mark; Laitt, Roger; King, Andrew T; Bischetsrieder, Jemma; Blakeley, Jaishri; Smith, Miriam J

Source
The Laryngoscope; Apr 2019; vol. 129 (no. 4); p. 967-973

Abstract
OBJECTIVES/HYPOTHESE Unilateral vestibular schwannoma (VS) occurs with a lifetime risk of around 1 in 1,000 and is due to inactivation of the NF2 gene, either somatically or from a constitutional mutation. It has been postulated that familial occurrence of unilateral VS occurs more frequently than by chance, but no causal mechanism has been confirmed. STUDY DESIGN Retrospective database analysis. METHODS The likelihood of chance occurrence of unilateral VS, or occurring in the context of neurofibromatosis type 2 (NF2), was assessed using national UK audit data and data from the national NF2 database. Families with familial unilateral VS (occurrence in first- and second-degree relatives) were assessed for constitutional NF2 and LZTR1 genetic variants, and where possible the tumor was also analyzed. RESULTS Approximately 1,000 cases of unilateral VS occurred annually in the United Kingdom between 2013 and 2016. Of these, 2.5 may be expected to have a first-degree relative who had previously developed a unilateral VS. The likelihood of this occurring in NF2 was considered to be as low as 0.05 annually. None of 28 families with familial unilateral VS had a constitutional NF2 intragenic variant, and in nine cases where the VS was analyzed, both mutational events in NF2 were identified and excluded from the germline. Only three variants of uncertain significance were found in LZTR1. CONCLUSIONS Familial occurrence of unilateral VS is very unlikely to be due to a constitutional NF2 or definitely pathogenic LZTR1 variant. The occurrence of unilateral VS in two or more first-degree relatives is likely due to chance. This phenomenon may well increase in clinical practice with increasing use of cranial magnetic resonance imaging in older patients. LEVEL OF EVIDENCE 2b Laryngoscope, 129:967-973, 2019.


Authors
Davies, Emma L

Source
Psychology & health; Apr 2019; vol. 34 (no. 4); p. 403-421

Abstract
Similarity to prototypical heavy drinkers and non-drinkers predicts AUDIT-C and risky drinking in young adults: prospective study.
OBJECTIVE The aim of the present study was to explore whether constructs within the Prototype Willingness Model (PWM) predicted risky drinking as measured by AUDIT-C, drinking harms and unplanned drunkenness in a sample of UK young adults. Previous studies exploring the PWM often do not use validated measures of alcohol consumption, and the outcomes of risky drinking are underexplored.

DESIGN An online prospective study design with 4 week follow-up was employed and 385 young adults completed the study (M age = 21.76, SD = 3.39, 69.6% female; 85.2% students).

MAIN OUTCOME MEASURES Intentions to get drunk, AUDIT-C, drinking harms experienced in the last 4 weeks, and unplanned drunkenness in the last 4 weeks.

RESULTS Heavy and non-drinker prototype similarity predicted AUDIT-C, drinking harms and unplanned drunkenness when controlling for past behaviour and reasoned action pathway constructs. Intentions and willingness both mediated the relationship between prototype perceptions and AUDIT-C.

CONCLUSION This study supports the use of the PWM in the prediction of AUDIT-C, drinking harms and unplanned drinking in a UK sample. Prototype perceptions influenced behaviour via both reasoned and reactive cognitions. Targeting similarity to heavy and non-drinker prototypes should be the focus of future interventions in this population.
Abstract

OBJECTIVE To describe the demographics, mechanisms, presentation, injury patterns and outcomes for children with traumatic injuries. SETTING Data collected from the UK's Trauma and Audit Research Network. DESIGN AND PATIENTS The demographics, mechanisms of injury and outcomes were described for children with moderate and severe injuries admitted to the Major Trauma Network in England between 2012 and 2017. RESULTS Data regarding 9851 children were collected. Most (69%) were male. The median age was 6.4 (SD 5.2) years, but infants aged 0.1 year (36.5 days) were the most frequently injured of all ages (0-15 years); 447 (36.0%) of injuries in infants aged <1 year were from suspected child abuse. Most injuries occurred in the home, from falls <2 m, after school hours, at weekends and during the summer. The majority of injuries were of moderate severity (median Injury Severity Score 9.0, SD 8.7). The limbs and pelvis, followed by the head, were the most frequently and most severely injured body parts. Ninety-two per cent were discharged home and 72.8% made a ‘good recovery’ according to the Glasgow Outcome Scale. 3.1% of children died, their median age was 7.0 years (SD 5.8), but infants were the most commonly fatally injured group. CONCLUSION A common age of injury and mortality was infants aged <1 year. Accident prevention strategies need to focus on the prevention of non-accidental injuries in infants. Trauma services need to be organised to accommodate peak presentation times, which are after school, weekends and the summer.


Authors Smith, Christopher A; Hardern, Richard D; LeClerc, Simon; Howes, Richard J
Source Emergency medicine journal: EMJ; Apr 2019; vol. 36 (no. 4); p. 213-218
Publication Date Apr 2019
Publication Type(s) Journal Article
PubMedID 30679194
Database Medline

OBJECTIVE To compare the mortality and morbidity of traumatically injured patients who received additional prehospital care by a doctor and critical care paramedic enhanced care team (ECT), with those solely treated by a paramedic non-ECT. METHODS A retrospective analysis of Trauma Audit and Research Network (TARN) data and case note review of all severe trauma cases (Injury Severity Score ≥9) in North East England from 1 January 2014 to 1 December 2017 who were treated by the North East Ambulance Service, the Great North Air Ambulance Service or both. TARN methods were used to calculate the number of unexpected survivors or deaths in each group (W score (Ws)). The Glasgow Outcome Scores were contrasted to evaluate morbidity. RESULTS The ECT group treated 531 patients: there were 17 unexpected survivors and no unexpected deaths. The non-ECT group treated 1202 patients independently: there were no unexpected survivors and 31 unexpected deaths. The proportion of patients requiring critical care interventions differed between the two groups 49% versus 33% (CI for difference 12% to 20%). In the ECT group, the Ws was 3.22 (95% CI 0.79 to 5.64). In the non-ECT group, the Ws was -2.97 (95% CI -4.22 to -4.4). The difference between the Ws was 6.18 (95% CI 3.19 to 9.17). There was no evidence of worse morbidity in the ECT group. CONCLUSION This is the first UK ECT service to demonstrate a risk-adjusted mortality benefit in trauma patients with no detriment in morbidity; our results demonstrate an additional 3.22 survivors per 100 severe trauma casualties when treated by an ECT. The authors encourage other ECT services to conduct similar research.

20. Patients with in-situ metallic coils and Amplatzer vascular plugs used to treat pulmonary arteriovenous malformations since 1984 can safely undergo magnetic resonance imaging.

Authors Alsafi, Ali; Jackson, James E; Fatania, Gavin; Patel, Maneesh C; Glover, Alan; Shovlin, Claire L
Source The British journal of radiology; Apr 2019 ; p. 20180752
Publication Date Apr 2019
Publication Type(s) Journal Article
PubMedID 30894022
Database Medline

OBJECTIVE To describe the demographics, mechanisms, presentation, injury patterns and outcomes for children with traumatic injuries. SETTING Data collected from the UK's Trauma and Audit Research Network. DESIGN AND PATIENTS The demographics, mechanisms of injury and outcomes were described for children with moderate and severe injuries admitted to the Major Trauma Network in England between 2012 and 2017. RESULTS Data regarding 9851 children were collected. Most (69%) were male. The median age was 6.4 (SD 5.2) years, but infants aged 0.1 year (36.5 days) were the most frequently injured of all ages (0-15 years); 447 (36.0%) of injuries in infants aged <1 year were from suspected child abuse. Most injuries occurred in the home, from falls <2 m, after school hours, at weekends and during the summer. The majority of injuries were of moderate severity (median Injury Severity Score 9.0, SD 8.7). The limbs and pelvis, followed by the head, were the most frequently and most severely injured body parts. Ninety-two per cent were discharged home and 72.8% made a ‘good recovery’ according to the Glasgow Outcome Scale. 3.1% of children died, their median age was 7.0 years (SD 5.8), but infants were the most commonly fatally injured group. CONCLUSION A common age of injury and mortality was infants aged <1 year. Accident prevention strategies need to focus on the prevention of non-accidental injuries in infants. Trauma services need to be organised to accommodate peak presentation times, which are after school, weekends and the summer.


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20. Patients with in-situ metallic coils and Amplatzer vascular plugs used to treat pulmonary arteriovenous malformations since 1984 can safely undergo magnetic resonance imaging.

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Abstract

OBJECTIVE To examine the MRI safety of metallic coils and Amplatzer vascular plugs. Currently, concern regarding MR safety of devices used to treat pulmonary arteriovenous malformations (PAVMs) causes delays in performing emergency MRI in patients presenting with acute neurological symptoms. METHODS A retrospective audit was performed on all patients who underwent PAVM embolization at Hammersmith Hospital, London UK between 1984 and 2017. Outcomes of all MRI studies performed at our institution were recorded. In addition, known outcomes of all known MRI studies performed on patients treated with the earliest steel coils (1984-1995) were recorded. RESULTS At our institution, 20 patients underwent 1.5 T MRI after the insertion of 100 steel coils (15.5 - 28.6, median 22 years later), 140 coils designated MR-conditional (0.42 - 12.7, median 9.3 years later), and 54 MRI-conditional Amplatzer vascular plugs (0.17 - 8.0, median 0.75 years later), many in combination. The majority of scans were for cerebral indications, but other body regions scanned included spinal, thoracic, and pelvic regions. No adverse events were reported. Similarly, there were no adverse events in any MR scan known to have been performed in other institutions in seven further patients treated with the earliest steel coils (1984-1995). Again, the majority of scans were for cerebral indications. CONCLUSION The findings demonstrate MR safety at 1.5 T of all PAVM embolization devices inserted in a main UK centre since inception in 1984. ADVANCES IN KNOWLEDGE MRI of patients who have had PAVMs treated by embolization can be implemented without contacting specialist pulmonary arteriovenous malformation treatment centres for approval.

21. A review of compliance with pain assessments within a UK ICU.

Authors Melia, Rachel; Morrell-Scott, Nicola; Maine, Norman
Source British journal of nursing (Mark Allen Publishing); Mar 2019; vol. 28 (no. 6); p. 382-386
Publication Date Mar 2019
Publication Type(s) Journal Article
PubMedID 30925247
Database Medline
Available at British journal of nursing (Mark Allen Publishing) from Available to NHS staff on request from UHL Libraries & Information Services (from NULL library) - click this link for more information Local Print Collection [location] : UHL Libraries On Request (Free).
Available at British journal of nursing (Mark Allen Publishing) 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: clinical audits highlight areas where care may not be of the desired quality; they are essential to ensure care is safe and effective. Effective assessment and management of pain have been shown to improve patient wellbeing and clinical outcomes. AIM: this audit aimed to identify compliance with pain assessment tools and documentation within intensive care and make recommendations to improve practice. DISCUSSION: compliance with documenting pain assessments was poor, a finding that is consistent with the literature. Although a wealth of evidence has shown pain assessments are not being completed effectively, this continues to be a problem. Intensive care has significant areas for improvement in this area, which would improve patients’ experiences and outcomes. Nurses should be educated in the use of pain assessment tools and compliance. CONCLUSION: providing patients in intensive care with appropriate analgesia benefits their physical and psychological health. Areas for improvement identified in this audit include that pain assessments need to be carried out and documented regularly. The audit has implications for practice in that it shows a need for reinforced education for staff, better communication and updates to promote pain assessment and the implementation of guidelines.

22. Role of comprehensive geriatric assessment in healthcare of older people in UK care homes: realist review.

Authors Chadborn, Neil H; Goodman, Claire; Zubair, Maria; Sousa, Lidia; Gladman, John R F; Dening, Tom; Gordon, Adam L
Source BMJ open; Apr 2019; vol. 9 (no. 4); p. e026921
Publication Date Apr 2019
Publication Type(s) Journal Article
PubMedID 30962238
Database Medline
Available at BMJ Open from Europe PubMed Central - Open Access
Available at BMJ Open from HighWire - Free Full Text
OBJECTIVES Comprehensive geriatric assessment (CGA) may be a way to deliver optimal care for care home residents. We used realist review to develop a theory-driven account of how CGA works in care homes.

DESIGN Realist review.

SETTING Care homes.

METHODS The review had three stages: first, interviews with expert stakeholders and scoping of the literature to develop programme theories for CGA; second, iterative searches with structured retrieval and extraction of the literature; third, synthesis to refine the programme theory of how CGA works in care homes. We used the following databases: Medline, CINAHL, Scopus, PsychInfo, PubMed, Google Scholar, Greylit, Cochrane Library and Joanna Briggs Institute.

RESULTS 130 articles informed a programme theory which suggested CGA had three main components: structured comprehensive assessment, developing a care plan and working towards patient-centred goals. Each of these required engagement of a multidisciplinary team (MDT). Most evidence was available around assessment, with tension between structured assessment led by a single professional and less structured assessment involving multiple members of an MDT. Care planning needed to accommodate visiting clinicians and there was evidence that a core MDT often used care planning as a mechanism to seek external specialist support. Goal-setting processes were not always sufficiently patient-centred and did not always accommodate the views of care home staff. Studies reported improved outcomes from CGA affecting resident satisfaction, prescribing, healthcare resource use and objective measures of quality of care.

CONCLUSION The programme theory described here provides a framework for understanding how CGA could be effective in care homes. It will be of use to teams developing, implementing or auditing CGA in care homes. All three components are required to make CGA work—this may explain why attempts to implement CGA by interventions focused solely on assessment or care planning have failed in some long-term care settings.

TRIAL REGISTRATION NUMBER CRD42017062601.


Authors Fragkos, Konstantinos C; Di Caro, Simona; Mehta, Shameer J; Rahman, Farooq

Source Clinical nutrition (Edinburgh, Scotland); Apr 2019; vol. 38 (no. 2); p. 968

Publication Date Apr 2019

Publication Type(s) Letter

PubMedID 30642735

Database Medline

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

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


Authors Lei, Harry; Barnicot, Kirsten; Maynard, Emily; Etherington, Angela; Zalewska, Kryssia; Quirk, Alan; Sanatinia, Rahil; Cooper, Stephen J; Crawford, Mike J

Source BJPsych bulletin; Apr 2019; p. 1-9

Publication Date Apr 2019

Publication Type(s) Journal Article

PubMedID 30971324

Database Medline

Abstract Available at BJPsych bulletin from Europe PubMed Central - Open Access Available at BJPsych bulletin 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).

Aims and method We conducted a secondary analysis of data from the National Audit of Psychosis to identify factors associated with use of community treatment orders (CTOs) and assess the quality of care that people on CTOs receive. RESULTS: Between 1.1 and 20.2% of patients in each trust were being treated on a CTO. Male gender, younger age, greater use of in-patient services, coexisting substance misuse and problems with cognition predicted use of CTOs. Patients on CTOs were more likely to be screened for physical health, have a current care plan, be given contact details for crisis support, and be offered cognitive-behavioural therapy. Clinical implications CTOs appear to be used as a framework for delivering higher-quality care to people with more complex needs. High levels of variation in the use of CTOs indicate a need for better evidence about the effects of this approach to patient care.

Declaration of interest None.


Authors Wilkinson, Chris; Bebb, Owen; Dondo, Tatsendashe B; Munyombwe, Theresa; Casadei, Barbara; Clarke, Sarah; Schiele, François; Timmis, Adam; Hall, Marlous; Gale, Chris P
# 26. Defining patterns of care in the management of patients with brain metastases in a large oncology centre: A single-centre retrospective audit of 236 cases.

**Authors**
- Bentley, Rebecca; O'Cathail, Micheal; Aznar-Garcia, Luis; Crosby, Vincent; Wilcock, Andrew; Christian, Judith

## Abstract
AIMSTo investigate sex differences in acute myocardial infarction (AMI) guideline-indicated care as defined by the European Society of Cardiology (ESC) Acute Cardiovascular Care Association (ACCA) quality indicators.

**Source**
- European journal of cancer care; Apr 2019; vol. 105 (no. 7); p. 516-523

### Materials and Methods
Nationwide cohort study comprising 691,290 AMI hospitalisations in England and Wales (n=233 hospitals) from the Myocardial Ischaemia National Audit Project between 1 January 2003 and 30 June 2013.

### Results
There were 34.5% (n=238 489) women (median age 76.7 (IQR 66.3-84.0) years; 33.9% (n=80 884) ST-elevation myocardial infarction (STEMI)) and 65.5% (n=452 801) men (median age 67.1 (IQR 56.9-77.2) years; 42.5% (n=192 229) STEMI). Women less frequently received 13 of the 16 quality indicators compared with men, including timely reperfusion therapy for STEMI (76.8% vs 78.9%; p<0.001), timely coronary angiography for non-STEMI (24.2% vs 36.7%; p<0.001), dual antiplatelet therapy (75.4% vs 78.7%) and secondary prevention therapies (87.2% vs 89.6% for statins, 82.5% vs 85.6% for ACE inhibitor/angiotensin receptor blockers and 62.6% vs 67.6% for beta-blockers; all p<0.001). Median 30-day Global Registry of Acute Coronary Events risk score adjusted mortality was higher for women than men (median: 5.2% (IQR 1.8%-13.1%) vs 2.3% (IQR 0.8%-7.1%), p<0.001). An estimated 8243 (95% CI 8111 to 8375) deaths among women could have been prevented over the study period if their quality indicator attainment had been equal to that attained by men.

### Conclusion
According to the ESC ACCA AMI quality indicators, women in England and Wales less frequently received guideline-indicated care and had significantly higher mortality than men.

Greater attention to the delivery of recommended AMI treatments for women has the potential to reduce the sex-AMI mortality gap.

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**27. Patient reported outcomes for preschool children with recurrent wheeze.**

**Authors**
- Heidi, Makrinioti; Emily, Keating; Benjamin, Holden; Michael, Coren; Robert, Klaber; Mitch, Blair; Chris, Griffiths; Mando, Watson; Andrew, Bush

### Abstract
AIMSThe role of selected treatments for brain metastases (BM) is well documented; however, the prevalence of these is not.

We report on the patterns of care in the management of BM in a large oncology centre.

**Materials and Methods**
We retrospectively audited 236 cases of newly diagnosed BM from January 2016 to December 2017 by looking at 2 years of radiology reports and gathered data on primary site, survival, treatment received, palliative care input and brain metastases-related admissions.

**Results**
Eighty-two per cent of cases were related to lung, breast and melanoma primaries. Half of patients received a form of treatment with the other half receiving best supportive care. Of these, whole-brain radiotherapy (39%) and stereotactic radiosurgery (40%) were the most common treatment modalities. Most common reasons for admissions were headaches, seizures, weakness and confusion.

**Conclusion**
This is the first study in the UK that gives an in-depth overview of the real-world management of brain metastases. We have demonstrated the prevalence of treatment across the spectrum of brain metastases patients. Radiotherapy is the mainstay of treatment in nearly 80% of cases; however, care needs to be taken in ensuring that SRS is offered to those who are suitable.
Abstract
Children with preschool wheeze regularly attend UK emergency departments. There is no international consensus on any specific personalised management approach. This paper describes the first attempt to co-design patient-centred outcomes with families. Preschool wheezers’ parents participated in semi-structured interviews and focus-group discussions to air their concerns and identify potential additional support. Fifty-seven families participated in these interviews. From these, themes were defined through qualitative content analysis. Parental experience was mapped to the patient pathway and seven important personalised outcomes were described. These can be used to inform a tool which following further validation could potentially support management of children with preschool wheeze and provide an additional patient focused clinical outcome measure in audit and research.

28. Intention to reduce drinking alcohol and preferred sources of support: An international cross-sectional study.

Authors
Davies, Emma L; Maier, Larissa J; Winstock, Adam R; Ferris, Jason A

Source
Journal of substance abuse treatment; Apr 2019; vol. 99; p. 80-87

Abstract
INTRODUCTION Drinking alcohol is legal in most countries of the world. Given the social acceptance of this behavior despite potential negative impact on health, help-seeking behavior could differ when compared to other drugs. This paper aimed to assess intentions to reduce drinking and the preferred sources of support among a large international sample of people who drink alcohol. MATERIALS AND METHODS The Global Drug Survey (GDS) is the world’s largest annual survey of drug use. This paper included data from 82,190 respondents from 12 countries on four continents who reported the use of alcohol in the last 12 months, collected during November 2016-January 2017 (GDS2017). RESULTS Overall, 34.8% said they would like to drink less in the following 12 months and 7.6% said they would like help to drink less. Online tools were the preferred source of support to reduce drinking by respondents from Australia, New Zealand, and the UK, those with low AUDIT scores and without a mental health condition. Specialist counselling was most preferred by those from Germany, Switzerland, and Denmark and those with high AUDIT scores, not educated to degree level and with a mental health condition. CONCLUSION Interest in online interventions for harmful drinking is significant and highest among people who drink at low risk. Online tools should offer brief screening and feedback, ensuring that people with high risk drinking patterns are referred to more specialist services.

29. Standards and core components for cardiovascular disease prevention and rehabilitation.

Authors
Cowie, Aynsley; Buckley, John; Doherty, Patrick; Furze, Gill; Hayward, Jo; Hinton, Sally; Jones, Jennifer; Speck, Linda; Dalal, Hasnain; Mills, Joseph; British Association for Cardiovascular Prevention and Rehabilitation (BACPR)

Source
Heart (British Cardiac Society); Apr 2019; vol. 105 (no. 7); p. 510-515

Abstract
CONCLUSIONS The guidelines are a clear, concise and pragmatic approach for cardiovascular disease prevention and rehabilitation and will be, when available, a valuable tool for clinicians and their patients alike.
Abstract

In 2017, the British Association for Cardiovascular Prevention and Rehabilitation published its official document detailing standards and core components for cardiovascular prevention and rehabilitation. Building on the success of previous editions of this document (published in 2007 and 2012), the 2017 update aims to further emphasise to commissioners, clinicians, politicians and the public the importance of robust, quality indicators of cardiac rehabilitation (CR) service delivery. Otherwise, its overall aim remains consistent with the previous publications - to provide a precedent on which all effective cardiovascular prevention and rehabilitation programmes are based and a framework for use in assessment of variation in service delivery quality. In this 2017 edition, the previously described seven standards and core components have both been revised to six, with a greater focus on measurable clinical outcomes, audit and certification. The principles within the updated document underpin the six-stage pathway of care for CR, and reflect the extensive evidence base now available within the field. To help improve current services, close collaboration between commissioners and CR providers is advocated, with use of the CR costing tool in financial planning of programmes. The document specifies how quality assurance can be facilitated through local audit, and advocates routine upload of individual-level data to the annual British Heart Foundation National Audit of Cardiac Rehabilitation, and application for national certification ensuring attainment of a minimum quality standard. Although developed for the UK, these standards and core components may be applicable to other countries.

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

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

Source
Anaesthesia; Apr 2019; vol. 74 (no. 4); p. 473-479

Publication Date
Apr 2019

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

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

Abstract

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

31. Outcomes following restrictive or liberal red blood cell transfusion in patients with lower gastrointestinal bleeding.

Authors
Kherad, Omar; Restellini, Sophie; Martel, Myriam; Sey, Michael; Murphy, Michael F; Oakland, Kathryn; Barkun, Alan; Jairath, Vipul

Source
Alimentary pharmacology & therapeutics; Apr 2019; vol. 49 (no. 7); p. 919-925

Publication Date
Apr 2019

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32. Investigating the effects of under-triage by existing major incident triage tools.

**Abstract**

OBJECTIVES Triage is a key principle in the effective management of a major incident. Its effectiveness is a balance between identifying those in need of life-saving intervention, and those triaged incorrectly as either needing/not needing a life-saving intervention. The primary aim of this study was to report mortality in those under-triaged by existing major incident triage tools. Secondary aims were to report the ability of triage tools at identifying serious injury by body region (defined as an Abbreviated Injury Scale severity score ≥3). PATIENTS AND METHODS Retrospective database analysis of the UK Trauma Audit Research Network for all adult patients (≥18 years) between 2006 and 2014. Patients were defined as priority one using a previously published list. Using the first recorded hospital physiology, patients were categorized by the Modified Physiological Triage Tool (MPTT), National Ambulance Resilience Unit (NARU) Sieve and the Major Incident Medical Management and Support (MIMMS) Triage Sieve. Categorical and continuous data were analyzed using a χ²-test and Mann-Whitney U-test respectively. RESULTS During the study period, 218,985 adult patients met the Trauma Audit Research Network inclusion criteria, with 24,791 (19.5%) priority one patients, of which 70% were male with a median age of 51 (33-71) years and injury severity score of 16 (9-25). The MPTT showed the lowest rate of under-triage (42.4%, P < 0.001). Compared with existing methods, the MPTT under-triage population had significantly lower mortality (5.7%, P < 0.001) with significantly fewer serious thoracic and head injuries under-triaged than both the NARU Sieve and MIMMS Triage Sieve (P < 0.001). CONCLUSION This study has defined the implications of under-triage in the context of a major trauma population. The MPTT misses fewer severely injured patients, with a significant reduction in mortality. We suggest the MPTT to be considered as an alternative to existing major incident triage tools.


**Abstract**

Shelley, B G; McCall, P J; Glass, A; Orzechowska, I; Klein, A A; Association of Cardiothoracic Anaesthesia and collaborators

OBJECTIVES The Association of Cardiothoracic Anaesthesia and Critical Care (ACTACC) National Audit of thoracic lung resection surgery: the second Association of Cardiothoracic Anaesthesia and Critical Care (ACTACC) National Audit. The primary aim of the study was to examine the association between anaesthetic technique and unplanned admission to intensive care after thoracic lung resection surgery. Secondary aims were to report the ability of anaesthetic techniques at identifying serious injury by body region (defined as an Abbreviated Injury Scale severity score ≥3). PATIENTS AND METHODS This was a retrospective analysis of the UK National Cooperative Audit of thoracic lung resection surgery: the second Association of Cardiothoracic Anaesthesia and Critical Care (ACTACC) National Audit. Categorical and continuous data were analyzed using a χ²-test and Mann-Whitney U-test respectively. RESULTS Of 2,000 patients enrolled from 63 hospitals in the original study, 666 (26.3%) received anaesthesia. Anaesthetic technique was associated with unplanned admission to intensive care (OR 0.89, 95% CI 0.6-1.22) with significantly fewer thoracic and head injuries in the group with anesthetic technique associated with unplanned admission to intensive care (P < 0.001). CONCLUSION This study has defined the implications of anaesthetic technique in the context of thoracic lung resection surgery. Anaesthetic technique is associated with unplanned admission to intensive care after thoracic lung resection surgery.
Unplanned intensive care admission is a devastating complication of lung resection and is associated with significantly increased mortality. We carried out a two-year retrospective national multicentre cohort study to investigate the influence of anaesthetic and analgesic technique on the need for unplanned postoperative intensive care admission. All patients undergoing lung resection surgery in 16 thoracic surgical centres in the UK in the calendar years 2013 and 2014 were included. We defined critical care admission as the unplanned need for either tracheal intubation and mechanical ventilation or renal replacement therapy, and sought an association between mode of anaesthesia (total intravenous anaesthesia vs. volatile) and analgesic technique (epidural vs. paravertebral) and need for intensive care admission. A total of 253 out of 11,208 patients undergoing lung resection in the study period had an unplanned admission to intensive care in the postoperative period, giving an incidence of intensive care unit admission of 2.3% (95%CI 2.0-2.6%). Patients who had an unplanned admission to intensive care unit had a higher mortality (29.00% vs. 0.03%, p < 0.001), and hospital length of stay was increased (26 vs. 6 days, p < 0.001). Across univariate, complete case and multiple imputation (multivariate) models, there was a strong and significant effect of both anaesthetic and analgesic technique on the need for intensive care admission. Patients receiving total intravenous anaesthesia (OR 0.50 (95%CI 0.34-0.70)), and patients receiving epidural analgesia (OR 0.56 (95%CI 0.41-0.78)) were less likely to have an unplanned admission to intensive care after thoracic surgery. This large retrospective study suggests a significant effect of both anaesthetic and analgesic technique on outcome in patients undergoing lung resection. We must emphasise that the observed association does not directly imply causation, and suggest that well-conducted, large-scale randomised controlled trials are required to address these fundamental questions.

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

Objective/Hypothesis: This study set out to describe the progression of hearing loss in patients with neurofibromatosis type 2 (NF2), treated in a quaternary multidisciplinary clinic. It also aimed to compare hearing loss across patients grouped according to a known genetic severity score to explore its utility for prognostication.

Study Design: Retrospective cohort study.

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

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

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

Level of Evidence: 2c

35. The Reality of Pain Scoring in the Emergency Department: Findings From a Multiple Case Study Design.
36. Treatment outcomes for amblyopia using PEDIG amblyopia protocols: a retrospective study of 877 cases.

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**Abstract** BACKGROUND: The landmark Pediatric Eye Disease Investigators Group (PEDIG) Amblyopia Treatment Studies (ATS) 2A and 2B concluded that 6 hours of occlusion were as efficacious as full-time occlusion in treating severe amblyopia and that 2 hours occlusion were as effective as 6 in treating moderate amblyopia. We present the first retrospective study of real-world outcomes of amblyopia treatment using PEDIG amblyopia protocols in 877 patients treated at a single center. METHODS: Electronic patient records were reviewed retrospectively to identify children of Leeds, England, meeting ATS2A (severe amblyopia) and ATS2B (moderate amblyopia) inclusion criteria who presented at the Gloucestershire Eye Unit from 2013 to 2017. Clinical data for each patient were entered during routine clinical care. Severely amblyopic children were prescribed 6 hours occlusion daily, and moderately amblyopic children 2 hours, after 12 weeks refractive adaptation. RESULTS: A total of 288 children were in the ATS2A group and 589 in the ATS2B group. Of the severely amblyopic eyes, 40% achieved best-corrected visual acuity better than 0.4 logMAR at 32 weeks, increasing to 55% at 48 weeks; of the moderately amblyopic eyes, 71% achieved best-corrected visual acuity better than 0.3 logMAR at 32 weeks. The mean number of lines of visual improvement was 4.2 for severely amblyopic eyes and 2.1 for moderately amblyopic eyes. CONCLUSION: This is the largest reported series of amblyopia treated according to PEDIG protocols. The study population achieved outcomes comparable to those demonstrated by the PEDIG studies. This audit represents a “real-world” benchmark for treatment outcomes in clinical practice.

37. Associations between childhood deaths and adverse childhood experiences: An audit of data from a child death overview panel.

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**Source** Child abuse & neglect; Apr 2019; vol. 90: p. 22-31
Abstract

BACKGROUND Despite strong associations between adverse childhood experiences (ACEs) and poor health, few studies have examined the cumulative impact of ACEs on causes of childhood mortality. METHODS This study explored if data routinely collected by child death overview panels (CDOPs) could be used to measure ACE exposure and examined associations between ACEs and child death categories. Data covering four years (2012-2016) of cases from a CDOP in North West England were examined. RESULTS Of 489 cases, 20% were identified as having ≥4 ACEs. Deaths of children with ≥4 ACEs were 22.26 (5.72-86.59) times more likely (than those with 0 ACEs) to be classified as ‘avoidable and non-natural’ causes (e.g., injury, abuse, suicide; compared with ‘genetic and medical conditions’). Such children were also 3.44 (1.75-6.73) times more likely to have their deaths classified as ‘chronic and acute conditions’. CONCLUSIONS This study evidences that a history of ACEs can be compiled from CDOP records. Measurements of ACE prevalence in retrospective studies will miss individuals who died in childhood and may underestimate the impacts of ACEs on lifetime health. Strong associations between ACEs and deaths from ‘chronic and acute conditions’ suggest that ACEs may be important factors in child deaths in addition to those classified as ‘avoidable and non-natural’. Results add to an already compelling case for ACE prevention in the general population and families affected by child health problems. Broader use of routinely collected child death records could play an important role in improving multi-agency awareness of ACEs and their negative health and mortality risks as well in the development of ACE informed responses.