

Strategy 432447/9

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9	CINAHL	((audit* OR "quality improvement").ti,ab OR exp AUDIT/ OR exp "NURSING 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 29-Apr-2020]	25

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1. Risky Alcohol Consumption and Associated Health Behaviour Among HIV-Positive and HIV-Negative Patients in a UK Sexual Health and HIV Clinic: A Cross-Sectional Questionnaire Study.

Authors Suonpera ; Matthews, Rebecca; Milinkovic, Ana; Arenas-Pinto, Alejandro
Source AIDS & Behavior; Jun 2020; vol. 24 (no. 6); p. 1717-1726
Publication Date Jun 2020
Publication Type(s) Academic Journal
Database CINAHL

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Abstract Alcohol misuse has been associated with negative consequences among HIV-positive patients. Data on real prevalence of risky alcohol consumption among the HIV-positive population in the UK are lacking. A cross-sectional questionnaire study using standardised validated instruments among HIV-positive (n = 227) and HIV-negative (n = 69) patients was performed. The prevalence of risky alcohol consumption (AUDIT) and associations with depressive symptoms (PHQ-9), problematic drug use (DUDIT), adherence to ART (CASE Adherence Index), sexual behaviour and demographic characteristics were assessed among both patient groups independently. A quarter (25.1%) of HIV-positive patients and 36.1% of HIV-negative patients reported risky alcohol consumption (AUDIT-score \geq 8). In the multivariable analysis among HIV-positive patients depressive symptoms (p = 0.03) and problematic drug use (p = 0.007) were associated with risky alcohol consumption. Among HIV-negative patients these associations were not present. Risky alcohol consumption among HIV-positive patients is prevalent, and together with depressive symptoms and problematic drug use, may influence HIV-disease progression and patients' wellbeing.

2. Impact of Peer Review in Reducing Uncertainty in the Definition of the Lung Target Volume Among Trainee Oncologists.

Authors Mercieca ; Pan, S.; Belderbos, J.; Salem, A.; Tenant, S.; Aznar, M.C.; Woolf, D.; Radhakrishna, G.; van Herk, M.
Source Clinical Oncology; Jun 2020; vol. 32 (no. 6); p. 363-372
Publication Date Jun 2020
Publication Type(s) Academic Journal
Database CINAHL

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

Abstract To evaluate the impact of peer review and contouring workshops on reducing uncertainty in target volume delineation for lung cancer radiotherapy. Data from two lung cancer target volume delineation courses were analysed. In total, 22 trainees in clinical oncology working across different UK centres attended these courses with prior experience in lung cancer radiotherapy. The courses were made up of short presentations and contouring practice sessions. The participants were divided into two groups and asked to first individually delineate (IND) and then individually peer review (IPR) the contours of another participant. The contours were discussed with an expert panel consisting of two consultant clinical oncologists and a consultant radiologist. Contours were analysed quantitatively by measuring the volume and local distance standard deviation (localSD) from the reference expert consensus contour and qualitatively through visual analysis. Feedback from the participants was obtained using a questionnaire. All participants applied minor editing to the contours during IPR, leading to a non-statistically significant reduction in the mean delineated volume (IND = 140.92 cm³, IPR = 125.26 cm³, P = 0.211). The overall interobserver variation was similar, with a localSD of 0.33 cm and 0.38 cm for the IND and IPR, respectively (P = 0.848). Six participants (29%) carried out correct major changes by either including tumour or excluding healthy tissue. One participant (5%) carried out an incorrect edit by excluding parts of the tumour, while another observer failed to identify a major contour error. The participants' level of confidence in target volume delineation increased following the course and identified the discussions with the radiologist and colleagues as the most important highlights of the course. IPR could improve target volume delineation quality among trainee oncologists by identifying most major contour errors. However, errors were also introduced after IPR, suggesting the need to further discuss major changes with a multidisciplinary team. • We introduced the first course incorporating peer review in the definition of the GTV. • Peer review can reduce but not completely eliminate delineation errors. • Errors can also be introduced after individual peer review. • Role of alternative workflows in improving accuracy needs further investigation.

3. Comment on Taylor SJ, Allan K, Clemente R. Undetected Cortrak tube misplacements in the United Kingdom 2010–17: An audit of trace interpretation. Intensive Crit Care Nurs. 2019 Dec;55:102766...Taylor SJ, Allan K, Clemente R. Undetected Cortrak tube misplacements in the United Kingdom 2010–17: An audit of trace interpretation. INTENSIVE CRIT CARE NURS. 2019;55.

Authors Torsy ; Eriksson, Mats; Beeckman, Dimitri
Source Intensive & Critical Care Nursing; Jun 2020; vol. 58
Publication Date Jun 2020
Publication Type(s) Academic Journal
Database CINAHL
 Available at [Intensive and Critical Care Nursing](#) from Available to NHS staff on request from UHL Libraries & Information Services (from NULJ library) - click this link for more information Local Print Collection [location] : UHL Libraries On Request (Free).
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4. Barriers and facilitators to incident reporting in mental healthcare settings: A qualitative study.

Authors Archer ; Thibaut, Bethan I.; Dewa, Lindsay H.; Ramtale, Christian; D'Lima, Danielle; Simpson, Alan; Murray, Kevin; Adam, Sheila; Darzi, Ara
Source Journal of Psychiatric & Mental Health Nursing (John Wiley & Sons, Inc.); Jun 2020; vol. 27 (no. 3); p. 211-223
Publication Date Jun 2020
Publication Type(s) Academic Journal
Database CINAHL
 Available at [Journal of Psychiatric and Mental Health Nursing](#) from Wiley Online Library Medicine and Nursing Collection 2019 - NHS
 Available at [Journal of Psychiatric and Mental Health Nursing](#) 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 Psychiatric and Mental Health Nursing](#) from Available to NHS staff on request from UHL Libraries & Information Services (from non-NHS library) - click this link for more information Local Print Collection [location] : British Library via UHL Libraries - please click link to request article.

Abstract Accessible Summary: What is known on the subject?: The barriers and facilitators to incident reporting are becoming well known in general healthcare settings due to a large body of research in this area. At present, it is unknown if these factors also affect incident reporting in mental healthcare settings as the same amount of research has not been conducted in these settings. What the paper adds to existing knowledge: Some of the barriers and facilitators to incident reporting in mental healthcare settings are the same as general healthcare settings (i.e., learning and improvement, time and fear). Other factors appear to be specific to mental healthcare settings (i.e., the role of patient diagnosis and how incidents involving assault are dealt with). What are the implications for practice?: Interventions to improve incident reporting in mental healthcare settings may be adapted from general healthcare settings in some cases. Bespoke interventions for mental healthcare settings that focus specifically on violence and aggression should be co-designed with patients and staff. Thresholds for incident reporting (i.e., what types of incidents will not be tolerated) need to be set, communicated and adopted Trust wide to ensure parity across staff groups and services. Introduction: Barriers and facilitators to incident reporting have been widely researched in general health care. However, it is unclear if the findings are applicable to mental health care where care is increasingly complex. Aim: To investigate if barriers and facilitators affecting incident reporting in mental health care are consistent with factors identified in other healthcare settings. Method: Data were collected from focus groups (n = 8) with 52 members of staff from across West London NHS Trust and analysed with thematic analysis. Results: Five themes were identified during the analysis. Three themes (a) learning and improvement, (b) time and (c) fear were consistent with the existing wider literature on barriers and facilitators to incident reporting. Two further themes (d) interaction between patient diagnosis and incidents and (e) aftermath of an incident—prosecution specifically linked to the provision of mental health care. Conclusions: Whilst some barriers and facilitators to incident reporting identified in other settings are also prevalent in the mental healthcare setting, the increased incidence of violent and aggressive behaviour within mental health care presents a unique challenge for incident reporting. Clinical implications: Although interventions to improve incident reporting may be adapted/adopted from other settings, there is a need to develop specific interventions to improve reporting of violent and aggressive incidents.

5. International benchmarking in type 1 diabetes: Large difference in childhood HbA1c between eight high-income countries but similar rise during adolescence—A quality registry study.

Authors Anderzén ; Hermann, Julia M.; Samuelsson, Ulf; Charalampopoulos, Dimitrios; Svensson, Jannet; Skrivarhaug, Torild; Fröhlich-Reiterer, Elke; Maahs, David M.; Akesson, Karin; Kapellen, Thomas; Fritsch, Maria; Birkebak, Niels H.; Drivvoll, Ann K.; Miller, Kellee; Stephenson, Terence; Hofer, Sabine E.; Fredheim, Siri; Kummernes, Siv J.; Foster, Nicole; Amin, Rakesh
Source Pediatric Diabetes; Jun 2020; vol. 21 (no. 4); p. 621-627
Publication Date Jun 2020
Publication Type(s) Academic Journal
Database CINAHL

Available at [Pediatric Diabetes](#) from Wiley Online Library Medicine and Nursing Collection 2019 - NHS
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Abstract Objectives: To identify differences and similarities in HbA1c levels and patterns regarding age and gender in eight high-income countries. Subjects: 66 071 children and adolescents below 18 years of age with type 1 diabetes for at least 3 months and at least one HbA1c measurement during the study period. Methods: Pediatric Diabetes Quality Registry data from Austria, Denmark, England, Germany, Norway, Sweden, the United States, and Wales were collected between 2013 and 2014. HbA1c, gender, age, and duration were used in the analysis. Results: Distribution of gender and age groups was similar in the eight participating countries. The mean HbA1c varied from 60 to 73 mmol/mol (7.6%-8.8%) between the countries. The increase in HbA1c between the youngest (0-9 years) to the oldest (15-17 years) age group was close to 8 mmol/mol (0.7%) in all countries (P < .001). Females had a 1 mmol/mol (0.1%) higher mean HbA1c than boys (P < .001) in seven out of eight countries. Conclusions: In spite of large differences in the mean HbA1c between countries, a remarkable similarity in the increase of HbA1c from childhood to adolescence was found.

6. Geo-temporal provision of pre-hospital emergency anaesthesia by UK Helicopter Emergency Medical Services: an observational cohort study.

Authors Bourn ; Turner, Jake; Raitt, James; Tucker, Harriet
Source BJA: The British Journal of Anaesthesia; May 2020; vol. 124 (no. 5); p. 571-578
Publication Date May 2020
Publication Type(s) Academic Journal
PubMedID NLM32307033
Database CINAHL

Available at [British journal of anaesthesia](#) from Leicester General Hospital Library Local Print Collection [location] : Leicester General Library. [title_notes] : Issues before 2000 held in Archive.
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Abstract

Background: Pre-hospital emergency anaesthesia (PHEA) is frequently required for injured patients. National Institute for Health and Care Excellence (NICE) quality standards state that PHEA should be delivered within 45 min of an emergency call. We investigated whether there is geo-temporal variation in service provision to the UK population. Methods: We retrospectively audited the time of day when PHEA is provided by UK Helicopter Emergency Medical Services (HEMS), by recording PHEA provision on a randomly selected week and weekend day in 2018. Pre-hospital emergency anaesthesia in the United Kingdom: an observational cohort study retrospectively assessed the time from emergency call to pre-hospital emergency anaesthesia delivery by HEMS during a 1 yr period from April 2017 to March 2018. The population coverage likely to receive pre-hospital emergency anaesthesia in accord with NICE guidelines was estimated by integrating population data with the median time to PHEA, hours of service provision, geographic location, and transport modality. Results: On a weekday 20 HEMS units (comprising from four to 31 enhanced care teams) were estimated to be able to meet NICE guidelines for delivery of PHEA to a population of 6.6-35.2 million individuals (at times of minimum and maximal staffing, respectively). At the weekend, 17 HEMS units (comprising from 5 to 28 enhanced care teams) were estimated to be able to meet NICE guidelines for PHEA delivery to a population of 6.8-34.1 million individuals (minimum and maximal staffing, respectively). Conclusions: There is marked geo-temporal variation in the ability of HEMS organisations to deliver pre-hospital emergency anaesthesia in the UK.

7. COVID-19 pandemic: changing the way we live and die.

Authors Nyatanga

Source British Journal of Community Nursing; May 2020; vol. 25 (no. 5); p. 254-254

Publication Date May 2020

Publication Type(s) Academic Journal

Database CINAHL

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Abstract

The article looks at a report by the Intensive Care National Audit Research Centre on the impact of the COVID-19 pandemic on Great Britain. Topics mentioned include mortality rate for 165 patients admitted to 285 intensive care units in England, Wales, and Northern Ireland since February 2020, percentage of those admitted with COVID-19 who were clinically obese, and the role of the government to ensure that health experts in all settings have the correct personal protective equipment.

8. The impact of the Tracey judgment on the rates and outcomes of in-hospital cardiac arrests in UK hospitals participating in the National Cardiac Arrest Audit.

Authors Zenasni ; Reynolds, Emily C.; Harrison, David A.; Rowan, Kathryn M.; Nolan, Jerry P.; Soar, Jasmeet; Smith, Gary B.

Source Clinical Medicine; May 2020; vol. 20 (no. 3); p. 319-323

Publication Date May 2020

Publication Type(s) Academic Journal

Database CINAHL

Available at [Clinical medicine \(London, England\)](#) from EBSCO (MEDLINE Complete)

Available at [Clinical medicine \(London, England\)](#) from ProQuest (Health Research Premium) - NHS Version

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Available at [Clinical medicine \(London, England\)](#) from Unpaywall

Abstract Aims The aim was to determine if the 17 June 2014 Tracey judgment regarding 'do not attempt cardiopulmonary resuscitation' decisions led to increases in the rate of in-hospital cardiac arrests resulting in a resuscitation attempt (IHCA) and/or proportion of resuscitation attempts deemed futile. Method Using UK National Cardiac Arrest Audit data, the IHCA rate and proportion of resuscitation attempts deemed futile were compared for two periods (pre-judgment (01 July 2012 -- 16 June 2014, inclusive) and post-judgment (01 July 2014 -- 30 June 2016, inclusive)) using interrupted time series analyses. Results A total of 43,109 IHCA (115 hospitals) were analysed. There were fewer IHCA post- than pre-judgment (21,324 vs 21,785, respectively). The IHCA rate was declining over time before the judgment but there was an abrupt and statistically significant increase in the period immediately following the judgment ($p < 0.001$). This was not sustained post-judgment. The proportion of resuscitation attempts deemed futile was smaller post-judgment than pre-judgment (8.2% vs 14.9%, respectively). The rate of attempts deemed futile decreased post-judgment ($p < 0.001$). Conclusion The IHCA rate increased immediately after the Tracey judgment while the proportion of resuscitation attempts deemed futile decreased. The precise mechanisms for these changes are unclear.

9. The patient safety collaborative programme: opportunities for physician engagement.

Authors Illingworth ; Crocker, Cheryl; Roberts, C. Michael
Source Clinical Medicine; May 2020; vol. 20 (no. 3); p. 334-338
Publication Date May 2020
Publication Type(s) Academic Journal
Database CINAHL

Available at [Clinical Medicine](#) from EBSCO (MEDLINE Complete)

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Abstract Driving improvements in patient safety has been a core goal of the Academic Health Science Networks (AHSNs) in England since their inception in 2013. The National Patient Safety Collaborative Programme, nested within the 15 geographically located AHSNs, was established in 2014 in response to the Berwick review. In 2019, the new NHS national patient safety strategy was published, which placed the AHSNs as a key vehicle for delivering its ambitions. This paper explores the achievements of, and opportunities presented by, the collaborative in addressing some of the key patient safety challenges facing physicians and their wider teams. Case studies illustrate the AHSNs' contribution to support national ambitions, including the adoption of the National Early Warning Score (NEWS) 2, and the impact of regionally-led work on patient outcomes, such as reducing mortality from sepsis and acute kidney injury. We set out current activities, opportunities for physician engagement and plans for future work.

10. Cancer diagnosis in Scottish primary care: Results from the National Cancer Diagnosis Audit.

Authors Murchie ; Adam, Rosalind; McNair, Emma; Swann, Ruth; Witt, Jana; Wood, Rose; Weller, David
Source European Journal of Cancer Care; May 2020; vol. 29 (no. 3); p. 1-15
Publication Date May 2020
Publication Type(s) Academic Journal
Database CINAHL

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Abstract Objective: To characterize cancer diagnosis in Scottish primary care and draw comparisons with cancer diagnostic activity in England. Method: A national audit of cancer diagnosis was conducted in Scottish and English general practices. Participating GPs collected diagnostic pathway data on patients diagnosed in 2014 from medical records. Data were supplemented by linkage to national cancer registries. Analysis explored and compared patient characteristics, diagnostic intervals, and routes to diagnosis. Results: 7.7% of all Scottish general practices in 2017 provided data on 2,014 cancer diagnoses. 71.5% of cases presented to GPs and 37.4% were referred using the "Urgent-Suspected Cancer" route. The median primary care interval was 5 days (IQR 0-23 days) and median diagnostic interval was 30 days (IQR 13-68). Both varied by cancer-site. Diagnostic intervals were longer in the most remote patients and those with more comorbidities. Scottish and English samples corresponded closely in key characteristics. Conclusions: Most people diagnosed with cancer in Scotland present to a GP first. Most are referred and diagnosed quickly, with variations by cancer-site. Intervals were longest for the most remote patients. GPs in Scotland and England appear to perform equally but, in view of growing differences between health systems, future comparative audits may be informative.

11. Cardiopulmonary resuscitation discussions with patients admitted to acute oncology wards: A national audit of current practice.

Authors Tol ; Cumber, Elspeth; Nakakande, Daphne; Wijaya, Silvana; Turberfield, Catherine; Badran, Abdul; Siddiqui, Safia; Srivastava, Prakhar; Chung, Bethany; Dineen, Molly; Devlin, Cariosa; Worrall, Claire; Green, Rebecca; Bennett, Emily; Golding, Elizabeth; Lillis, Ashling; Sabharwal, Ami; Protheroe, Andrew S.; Watson, Robert A.

Source European Journal of Cancer Care; May 2020; vol. 29 (no. 3); p. 1-7

Publication Date May 2020

Publication Type(s) Academic Journal

Database CINAHL

Available at [European journal of cancer care](#) from Wiley Online Library Medicine and Nursing Collection 2019 - NHS

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

Abstract Objectives: To map current practice regarding discussions around resuscitation across England and Scotland in patients with cancer admitted acutely to hospital and to demonstrate the value of medical students in rapidly collecting national audit data. Methods: Collaborators from the Macmillan medical student network collected data from 251 patient encounters across eight hospitals in England and Scotland. Data were collected to identify whether discussion regarding resuscitation was documented as having taken place during inpatient admission to acute oncology. As an audit standard, it was expected that all patients should be invited to discuss resuscitation within 24 hr of admission. Results: Resuscitation discussions were had in 43.1% of admissions and of these 64.0% were within 24 hr; 27.6% of all admissions. 6.5% of patients had a "do not attempt resuscitation" order prior to admission with a difference noted between patients receiving palliative and curative treatment (8.5% and 0.39%, respectively, $p < .05$). Discussions regarding escalation of care took place in only 29.3% of admissions. Conclusions: These data highlight deficiencies in the number of discussions regarding resuscitation that are being conducted with cancer patients that become acutely unwell. It also demonstrates the value of medical student collaboration in rapidly collecting national audit data.

12. Innovating access to the nurse-led hepatitis C clinic using co-production.

Authors Wolstenholme ; Poll, Ray; Tod, Angela

Source Journal of Research in Nursing; May 2020; vol. 25 (no. 3); p. 211-224

Publication Date May 2020

Publication Type(s) Academic Journal

Database CINAHL

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Abstract Background: Many reasons for missed appointments are given by people who inject drugs and it is suggested that one solution cannot solve this complex issue (Poll et al., 2017). Increasingly, nurses and other health professionals are expected to actively involve patients and service users in developing innovative, effective and accessible services. This project used co-production as the approach to address this challenge. Aims: This paper describes how a co-production method was used to develop accessible nurse-led hepatitis C virus services for people who inject drugs. Methods: Using research evidence from a study conducted by the lead author as a starting point, a series of co-production workshops were run using creative co-design methods to identify the barriers to engagement with clinics. Potential solutions were then co-produced. Results: The solutions included myth-busting posters, peer-support, a mobile clinic van and the offer of incentives and enablers (travel costs or a reward for attendance). Conclusions: The service-development project illustrates how, with the right methods, it is possible to successfully engage with hard-to-access groups to co-produce innovative solutions for an important clinical challenge.

13. Designing and implementing an electronic nursing record to support compassionate and person-centred nursing practice in an acute hospital using practice development processes.

Authors Hardiman ; Connolly, Marie; Hanley, Sinead; Kirrane, Jackie; O'Neill, Winifred
Source Journal of Research in Nursing; May 2020; vol. 25 (no. 3); p. 241-253
Publication Date May 2020
Publication Type(s) Academic Journal
Database CINAHL

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Available at [Journal of Research in Nursing](#) 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).

Abstract Background: The complexity of nursing practice can pose challenges to the development of an e-record that meets all the requirements and standards whilst capturing the essence of the relationship between the nurse and his/her patients. Aims: 1. Describe the process of designing the content of an electronic nursing record (e-record) specific to nursing in an Irish/UK context, using Practice Development (PD) methodology. 2. To share the learning of involving the end-user in the development of a person-centred e-nursing record. Methods: Evidence-based PD methodologies, principles and evaluation tools were employed to involve end users in the development of a person-centred and evidence-based e-record. Results: The results are limited to evaluation of the design process and reported using the SQUIRE guidelines for reporting quality improvement. Investing in time to involve end users in the design and implementation phase resulted in satisfaction and adoption of the e-record by nurses. Conclusions: For nurses to be satisfied with the content and process flow of an e-nursing record it needs to include the relational and non-clinical aspect of nursing practice in addition to the clinical pre-set content. Involving the end user in a meaningful way supports a positive outcome.

14. A qualitative exploration of escalation of care in the acute ward setting.

Authors Ede ; Jeffs, Emma; Vollam, Sarah; Watkinson, Peter
Source Nursing in Critical Care; May 2020; vol. 25 (no. 3); p. 171-178
Publication Date May 2020
Publication Type(s) Academic Journal
Database CINAHL

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Abstract Background: "Failure to Rescue" includes failing to prevent avoidable patient deterioration and death. Despite its use, delays in care escalation still affect patient outcomes. Aims and Objective: The aim of this qualitative service evaluation was to map the barriers and facilitators to the escalation of care in the acute ward setting and identify those that are modifiable. Design: A total of 55 hours of qualitative observations were completed to capture care escalation events. These were conducted at two hospital sites in one National Health Service trust. Methods: Observations were iterative, with research team meetings being used to discuss the data and future methods. Field notes were analysed thematically by two researchers, extracting data on barriers and facilitators to escalation of care. Results: Clinical nursing staff challenged the sensitivity and specificity of Early Warning Scores, describing tool failings in certain clinical scenarios. Staff did not escalate based on the alerting Early Warning Scores alone but used other clinical factors, such as bleeding, which are not necessarily captured in the scoring systems. Staff frequently did not re-escalate low-level scores. Patient and non-patient factors identified as posing barriers to escalation were complex care needs, patient outlier status, and involvement of multiple care teams. Factors negatively affecting the chain of communication during escalation were team tension, staffing levels, and inadequate handover. Conclusion: This service evaluation identified barriers and facilitators to the escalation of care in the acute ward setting. Unlike other studies, we found that re-escalation or tracking of deterioration was problematic. Patients identified as being at a higher risk of escalation failure included complex patients, outliers, and patients with multiple care teams. Relevance to clinical practice: This service evaluation demonstrates continuing health care communication barriers. Patient groups (complex patients and outliers) risk process failures during escalation. This can be applied in clinical practice by staff anticipating problems in these patients, documenting clear escalation pathways.

15. Pay, terms and conditions for primary care nursing teams.

Authors Marsden
Source Practice Nursing; May 2020; vol. 31 (no. 5); p. 216-218
Publication Date May 2020
Publication Type(s) Academic Journal
Database CINAHL
 Available at [Practice Nursing](#) 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 [Practice Nursing](#) from Available to NHS staff on request from UHL Libraries & Information Services (from non-NHS library) - click this link for more information Local Print Collection [location] : British Library via UHL Libraries - please click link to request article.

Abstract With recruitment into primary care slow and pay structures still up for debate, Paula Marsden reveals how Primary Care Networks and the new Allied Health Professional roles can assist general practices in retaining nurses The Government has promised to deliver 50 000 more nurses and to partially reinstate the student nurse bursary plan. One programme that has been successful in creating a more rigid career framework for primary care nurses is the General Practice Nursing 10 Point Plan (GPN10PP) (NHS England, 2017). However, the GPN10PP omitted any reference to pay, terms and conditions. Furthermore, the number of nurses moving out of the community setting and into general practice remains slow, due to general practices' ability to provide adequate training placements. This paper discusses how the newly formed Primary Care Networks (PCNs) can aid in improving recruitment, as well as how to improve pay, terms and conditions for primary care nurses.

16. Interviewing stroke survivors about experiences of their stroke journey.

Authors DiGregorio ; Matthew, Janine
Source British Journal of Neuroscience Nursing; Apr 2020; vol. 16 (no. Sup2)
Publication Date Apr 2020
Publication Type(s) Academic Journal
Database CINAHL
 Available at [British Journal of Neuroscience Nursing](#) 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 [British Journal of Neuroscience Nursing](#) from Available to NHS staff on request from UHL Libraries & Information Services (from non-NHS library) - click this link for more information Local Print Collection [location] : British Library via UHL Libraries - please click link to request article.

Abstract The article provides information on semistructured interviews conducted by the Northamptonshire stroke services in stroke survivors' homes to gather an alternative perspective of their experiences within the Northamptonshire stroke pathway.

17. Root cause analysis in the NHS: time for change?

Authors Kumar ; Kline, Roger; Boylin, Tracy
Source British Journal of Hospital Medicine (17508460); Apr 2020; vol. 81 (no. 4); p. 1-4
Publication Date Apr 2020

Publication Type(s) Academic Journal
Database CINAHL
Available at [British Journal of Hospital Medicine](#) 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 Root cause analyses were intended to search for system vulnerabilities rather than individual errors, using a human factors engineering approach. In practice, root cause analyses done in the NHS may generally fail to identify components where there are organisational failures, as there may be an inherent desire to protect institutional reputation. A human factors approach to root cause analysis looks at system vulnerabilities, considering the entirety of the environment in which an individual works and taking into account factors such as the physical environment and individual mental characteristics. Other human factors include group dynamics, task complexity and concurrent tasks. It is time that the growing evidence of the potential shortcomings of root cause analysis, especially as frequently applied within the NHS, is heeded. At present, rather than assisting learning it may be an impediment to patient safety. The authors propose that root cause analyses should be performed by a group of people who are not managing the service. External organisations such as the General Medical Council, Nursing and Midwifery Council, Care Quality Commission and Practitioner Performance Assessment are heavily reliant on this tool when concerns are raised. If the flaws in root cause analysis can be eliminated, drawing on the available evidence, cases such as those of Dr Hadiza Bawa-Garba and Mr David Sellu might be avoided.

18. Would integrating women's professional care of pelvic organ prolapse improve the symptoms and quality of life: an integrative literature review.

Authors Davies ; Burdett, Teresa
Source Journal of Integrated Care; Apr 2020; vol. 28 (no. 2); p. 119-133
Publication Date Apr 2020
Publication Type(s) Academic Journal
Database CINAHL
Available at [Journal of Integrated Care](#) from Emerald eJournals Premier
Available at [Journal of Integrated Care](#) 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 Integrated Care](#) from Available to NHS staff on request from UHL Libraries & Information Services (from non-NHS library) - click this link for more information Local Print Collection [location] : British Library via UHL Libraries - please click link to request article.

Abstract Purpose: Integrated healthcare is a central tenant of the NHS Long Term Plan (NHS, 2019). NICE in 2019 published guidelines; advising the integration of multidisciplinary professionals which may lead to an improvement in conservative treatment methods of pelvic organ prolapse. Therefore, current literature on the conservative treatments for pelvic organ prolapse needs to be reviewed to ascertain if an integrated approach would improve the symptoms and quality of life for women. Design/methodology/approach: A systematic review of the literature between 2013 and 2018 was implemented. Papers included were written in English, peer-reviewed and consisted of treatments of pelvic organ prolapse in women. Papers containing surgical interventions, postpartum participants, reviews, evaluations, guidelines, follow-up studies, focusing on cost effectiveness, sexual function were excluded. Findings: Seven studies in total were included, and two overarching themes were identified: quality of life after treatment and the effect of conservative treatment on pelvic organ prolapse symptoms. The literature suggested that integrating care had a more positive outcome on pelvic organ symptoms and quality of life. Research limitations/implications: To develop a robust enhanced model of care for conservative treatment of pelvic organ prolapse through more mixed method or qualitative research, that incorporates integrative treatment methods with collaboration from multidisciplinary professionals. Practical implications: The practical implications of integrating the conservative management of pelvic organ prolapse is the communication between the multidisciplinary team must be exceptional to ensure everyone understands and agrees the treatment that is being provided to patient. Also, effective teamwork is important to ensure the patient receives the best care with input from the correct disciplines. The multi-professional team will need to have regular meetings to discuss and implement care plans for patients that might prove difficult to schedule due to differing commitments and priorities. This must be overcome to insure a successful and effective integrated approach to pelvic organ prolapse is delivered. Social implications: The social implications of integrating the professional approach to women's care of pelvic organ prolapse involves reducing the severity of the symptoms therefore, increasing the quality of life. This may result in the reduction of surgical intervention due to the patient being satisfied with the conservative management. Through integrating the management of the prolapse the patient will receive an accessible individualised care plan pathway that focuses on treating or reducing the impact of the symptoms that are bothersome to the patient whilst managing patient expectations. Patients will also, be reassured by the number of multi-disciplinary professionals involved in their care. Originality/value: Global integration of conservative treatments and multidisciplinary-professionals specialising in pelvic organ prolapse and pelvic floor dysfunction is needed.

19. Research identified variation in nutrition practice by community prescribing dietitians with regards to the identification and management of malnutrition amongst community dwelling adults.

Authors Allmark ; Calder, Philip C.; Marino, Luise V.
Source Nutrition Research; Apr 2020; vol. 76 ; p. 94-105
Publication Date Apr 2020
Publication Type(s) Academic Journal
Database CINAHL

Available at [Nutrition 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 To improve nutritional outcomes of community dwelling adults with malnutrition we identified three related hypotheses to be tested: i) Southampton Community Prescribing Support Service dietitians achieve 100% compliance with selected standards of the National Institute for Health and Clinical Excellence Clinical Guideline (CG) 32, ii) patient service satisfaction amongst community dwelling adults accessing the prescribing support service is high (90%), and iii) nationally, dietitians use weight gain goal >10% and BMI >18.5 kg/m2 as outcome measures from the service phases of prescribing support. A retrospective audit of records of 100 community-dwelling adults accessing local services considered CG32 "Indications for nutrition support in hospital and community standard 1.3.1" and CG32 "Monitoring of nutrition support in hospital and community standard 1.5.6". A questionnaire was distributed to community-dwelling adults (n = 52) accessing the service, in addition to a national survey of dietetic practice. Compliance with standard 1.3.1 was 46% and with standard 1.5.6 it was 82%. The majority of patients (86%; n = 13) reported satisfaction with the support service. Nationally, 89% (n = 51) of dietitians use weight and 87% (n = 50) use BMI as an outcome measure for success of nutritional intervention. All research hypotheses were rejected. These results suggest there is considerable variation in the identification and management of malnutrition amongst community dwelling adults, which may impact on clinical and nutritional outcomes. Future work should consider quality improvement projects to address potential barriers to achieving best practice by community prescribing dietitians through the use of nutrition pathways to support older adults with malnutrition.

20. Older people's involvement in healthcare education: views and experiences of older experts by experience.

Authors Thompson ; Tiplady, Sue; Cook, Glenda
Source Working with Older People: Community Care Policy & Practice; Apr 2020; vol. 24 (no. 2); p. 125-135
Publication Date Apr 2020
Publication Type(s) Academic Journal
Database CINAHL

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

Abstract Purpose: "Experts by experience" (EBE) involvement in professional health-care education programmes contributes to developing students' caring skills by supporting students' understanding of the lived experience and reality of service-users' situations. Also, involvement in health-care education is a beneficial experience for EBEs themselves. This study aims to explore specifically older people's experiences and perceptions of their involvement of EBE in gerontological education to generate insight into their understanding of this experience. Design/methodology/approach: In this qualitative study, EBEs contributing to delivery of health-care professional education programmes at a UK university took part in focus groups (n = 14) to discuss their views and experiences of involvement in EBE teaching. Data were analysed using open coding. Findings: Four themes emerged from the data, suggesting that older EBEs' involvement in education may be beneficial for their well-being. The four themes were "contributing to improved care", "having a purpose", "being included" and "feeling appreciated". Practical implications: Findings support the requirement for nurse educators to develop EBE programmes that involve older people as not only a teaching strategy for students but also a method of promoting the health and well-being of the older EBEs. Originality/value: There is limited research regarding specifically older EBEs' experiences of involvement in gerontological education. This is an important area of study because involvement in education may constitute a means of engaging in social, community and voluntary activities for older people, which recent UK health policies advocate as methods of promoting and facilitating healthy ageing.

21. An Analysis on Prevention Interventions: Lessons Learned.

Authors Wahl ; Chresten, Olaf; Andrioti Bygvraa, Despena
Source International Journal of Caring Sciences; Jan 2020; vol. 13 (no. 1); p. 207-214
Publication Date Jan 2020

Publication Type(s) Academic Journal
Database CINAHL
 Available at [International Journal of Caring Sciences](#) from ProQuest (Health Research Premium) - NHS Version
Abstract Background: Infectious diseases prevention has been highly documented and applied. In the current article we analyse the intervention on chlamydia screening from a policy perspective. The National Chlamydia Screening Programme (NCSP) that was launched in the United Kingdom in 2003 serves as an example. Objectives: This on-desk research aims to critically analyse the Chlamydia Screening Policy in the UK to point out strength and weaknesses, and to draw recommendations for improvements. Methodology: To analyse the screening policy a selective and structured on-desk research was conducted. Systematic reviews, evaluation papers and official documents of main executive agencies as the Public Health England from the years 2000 to 2019 were included. Data were analysed by the Health Policy Triangle framework. Results: The NCSP is an opportunistic screening programme and aims to prevent transmission, to control and to early detect the chlamydia infections in the age group of 15 to 24-year-old sexually active people. Factors that lead to the implementation were mainly politically driven, rather than based on a sophisticated analysis of subpopulations in need and a cost-effectiveness analysis. Strengths are the local embedment in primary health care which provides a low threshold approach for those in need and clear guidance for health professionals. Evaluation however is executed mainly internal and monitors more than it critically evaluates the programme on a multidimensional level. Conclusion: Analysing the NCSP reveals lack of evidence in opportunistic screening of Chlamydia overall and the need of deeper research in terms of cost-effectiveness. A relaunch of the programme with a special focus on sub-population, the expansion of digital services and a multidimensional approach of prevention is required to legitimate the programme (e.g. Antibiotic Resistance, limited resources).

22. Adaptation of the WHO Essential Medicines List for national antibiotic stewardship policy in England: being AWaRe.

Authors Budd ; Cramp, Emma; Sharland, Mike; Hand, Kieran; Howard, Philip; Wilson, Peter; Wilcox, Mark; Muller-Pebody, Berit; Hopkins, Susan
Source Journal of Antimicrobial Chemotherapy (JAC); Nov 2019; vol. 74 (no. 11); p. 3384-3389
Publication Date Nov 2019
Publication Type(s) Academic Journal
PubMedID NLM31361000
Database CINAHL
 Available at [The Journal of antimicrobial chemotherapy](#) 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 Journal of antimicrobial chemotherapy](#) from Unpaywall
Abstract Objectives: Appropriate use of and access to antimicrobials are key priorities of global strategies to combat antimicrobial resistance (AMR). The WHO recently classified key antibiotics into three categories (AWaRe) to improve access (Access), monitor important antibiotics (Watch) and preserve effectiveness of 'last resort' antibiotics (Reserve). This classification was assessed for antibiotic stewardship and quality improvement in English hospitals. Methods: Using an expert elicitation exercise, antibiotics used in England but not included in the WHO AWaRe index were added to an appropriate category following a workshop consensus exercise with national experts. The methodology was tested using national antibiotic prescribing data and presented by primary and secondary care. Results: In 2016, 46/108 antibiotics included within the WHO AWaRe index were routinely used in England and an additional 25 antibiotics also commonly used in England were not included in the WHO AWaRe index. WHO AWaRe-excluded and -included antibiotics were reviewed and reclassified according to the England-adapted AWaRE index with the justification by experts for each addition or alteration. Applying the England-adapted AWaRe index, Access antibiotics accounted for the majority (60.9%) of prescribing, followed by Watch (37.9%) and Reserve (0.8%); 0.4% of antibiotics remained unclassified. There was unexplained 2-fold variation in prescribing between hospitals within each AWaRe category, highlighting the potential for quality improvement. Conclusions: We have adapted the WHO AWaRe index to create a specific index for England. The AWaRe index provides high-level understanding of antibiotic prescribing. Subsequent to this process the England AWaRe index is now embedded into national antibiotic stewardship policy and incentivized quality improvement schemes.

23. Paediatric Endoscopy Global Rating Scale: Development of a Quality Improvement Tool and Results of a National Pilot.

Authors Narula ; Broughton, Raphael; Howarth, Lucy; Piggott, Anna; Bremner, Ronald; Tzivnikos, 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 & Nutrition; Aug 2019; vol. 69 (no. 2); p. 171-175
Publication Date Aug 2019
Publication Type(s) Academic Journal
PubMedID NLM30964821
Database CINAHL

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

Available at [Journal of pediatric gastroenterology and nutrition](#) from Unpaywall

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.

24. Sensitivity of Administrative Coding in Identifying Inpatient Acute Strokes Complicating Procedures or Other Diseases in UK Hospitals.

Authors Centre for Prevention of Stroke and Dementia, Nuffield Department of Clinical Neuroscience, University of Oxford, United Kingdom; Binney, Lucy E.; Carter, Samantha; Gutnikov, Sergei A.; Beebe, Sally; Bowsher-Brown, Karen; Silver, Louise E.; Rothwell, Peter M.; Li, Linxin

Source Journal of the American Heart Association; Jul 2019; vol. 8 (no. 14); p. 1-10

Publication Date Jul 2019

Publication Type(s) Academic Journal

PubMedID NLM31266385

Database CINAHL

Available at [Journal of the American Heart Association](#) from Europe PubMed Central - Open Access

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Available at [Journal of the American Heart Association](#) from Wiley Online Library Free Content - NHS

Available at [Journal of the American Heart Association](#) from Unpaywall

Abstract

Background Administrative hospital diagnostic coding data are increasingly used in "big data" research and to assess complication rates after surgery or acute medical conditions. Acute stroke is a common complication of several procedures/conditions, such as carotid interventions, but data are lacking on the sensitivity of administrative coding in identifying acute stroke during inpatient stay. **Methods and Results** Using all acute strokes ascertained in a population-based cohort (2002-2017) as the reference, we determined the sensitivity of hospital administrative diagnostic codes (International Classification of Diseases, Tenth Revision; ICD-10) for identifying acute strokes that occurred during hospital admission for other reasons, stratified by coding strategies, study periods, and stroke severity (National Institutes of Health Stroke Score

25. The current status of clinical trials in emergency gastrointestinal surgery: A systematic analysis of contemporary clinical trials.

Authors Milton ; Drake, Thomas M.; Lee, Matthew J.

Source Journal of Trauma & Acute Care Surgery; Mar 2019; vol. 86 (no. 3); p. 524-531

Publication Date Mar 2019

Publication Type(s) Academic Journal

PubMedID NLM30399137

Database CINAHL

Available at [The journal of trauma and acute care surgery](#) from Available to NHS staff on request from UHL Libraries & Information Services (from NULJ library) - click this link for more information Local Print Collection [location]: UHL Libraries On Request (Free).

Available at [The journal of trauma and acute care surgery](#) from Unpaywall

Abstract

Background: Emergency gastrointestinal surgery (EGS) conditions represent a significant healthcare burden globally requiring emergency operations that are associated with mortality rates as high as 80%. EGS is currently focused on quality improvement and internal audits, which occurs at a national or local level. An appreciation of what EGS trials are being conducted is important to reduce research wastage and develop coordinated research strategies in surgery. The primary aim of this study was to identify and quantify recent and active trials in EGS. The secondary aim was to identify conditions of interest and which aspects of care were being modified. Methods: A systematic search of WHO, UK, US, Australian, and Canadian trials databases was undertaken using broad terms to identify studies addressing emergency abdominal surgery and specific high-risk diagnoses. Studies registered between 2013 and 2018 were eligible for inclusion. Data on study topic, design, and funding body were collected. Interventions were classified into "perioperative", "procedural", "postoperative", "non-surgical", and "other" categories. Results: Searches identified 5603 registered trials. After removal of duplicates, 4492 studies remained and 42 were eligible for inclusion. Almost 50% of trials were located in Europe and 17% (n = 7) in the United States. The most common condition addressed was acute appendicitis (n = 11), with the most common intervention being procedure based (n = 23). Hospital-based funding was the most common funder (n = 30). Conclusion: There is large disparity in the number of surgical trials in emergency surgery, which are primarily focused on high-volume conditions. More research is needed into high-mortality conditions. Level Of Evidence: Systematic review, level III.