

Strategy 432447/10

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#	Database	Search term	Results
10	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"/)) [DT 2018-2018] [Since 20-Dec-2018]	38

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1. Multidrug Resistant *Candida auris*...5th Iranian Congress in Medical Mycology, Tehran, Iran, Dec 4-6, 2018.

Authors Badali, Hamid
Source Current Medical Mycology; Dec 2018; vol. 4 ; p. 15-16
Publication Date Dec 2018
Publication Type(s) Academic Journal
Database CINAHL
Abstract *Candida auris* is an emerging multi-drugresistant yeast which was first isolated from the external auditory canal in Japan. *C. auris* is attracting great attention due to its globally rising reports, transmission through healthcare-workers, high rate of treatment failure, and multidrug resistant. Nowadays, reports from all continents except Australia exist, i.e., Pakistan, India, South Korea, Malaysia, South Africa, Kuwait, Oman, Kenya, United Arab Emirates, Saudi Arabia, China, Venezuela, Colombia, the United States, Russia, Canada, Panama, the United Kingdom. *C. auris* is highly virulent, causes disease in all types of patients, and spreads easily in the environment and among patients, thereby posing an imminent threat to our patients. We conclude that *C. auris* is isolated not only from immunocompromised host, but also from otherwise healthy individuals. Therefore, comprehensive report of the global spread of *C. auris*, focusing on clinical and microbiological characteristics, mechanisms of virulence and antifungal resistance, and efficacy of available control, preventive, and therapeutic strategies highly recommended.

2. New national accreditation scheme for liver services.

Authors Bufton, Sally; Bano, Madeline; Ghumman, Rumneet; Ferguson, James
Source Gastrointestinal Nursing; Dec 2018
Publication Date Dec 2018
Publication Type(s) Academic Journal
Database CINAHL
Available at [Gastrointestinal Nursing](#) from MAG Online Library Please log in before trying to access articles. Click on 'SIGN IN' and then on 'SIGN in via OPENATHENS'. You probably won't need to put your Athens details in again.
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Available at [Gastrointestinal 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 discusses new national accreditation on the Improving Quality in Liver Services (IQILS) in Great Britain as of December 2018. Topics covered include the funding of participating services by an annual subscription fee, the introduction of agreed national standards on the quality of liver services, and the two steps in the accreditation process. Also noted is the importance of recruiting experienced hepatology nurses to ensure quality assessments.

3. Parkinson's: mental health matters too.

Authors Carney, Sam
Source British Journal of Neuroscience Nursing; Dec 2018; vol. 14 (no. 6); p. 272-274
Publication Date Dec 2018
Publication Type(s) Academic Journal
Database CINAHL
Available at [British Journal of Neuroscience Nursing](#) from MAG Online Library Please log in before trying to access articles. Click on 'SIGN IN' and then on 'SIGN in via OPENATHENS'. You probably won't need to put your Athens details in again.
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Abstract The author discusses a report by the All-Party Parliamentary Group on Parkinson's on improving mental health services for people with Parkinson's experiencing anxiety and depression. The report looked at data on the use of existing services by people with Parkinson's. It found that people with Parkinson's faced barriers in accessing mental health services, including difficulties with diagnosis. Complexities in the referral process has created further unnecessary delays.

4. Will the outpatient appointment become extinct?

Authors Thomas, Sue
Source British Journal of Neuroscience Nursing; Dec 2018; vol. 14 (no. 6); p. 292-294
Publication Date Dec 2018
Publication Type(s) Academic Journal
Database CINAHL
Available at [British Journal of Neuroscience Nursing](#) from MAG Online Library Please log in before trying to access articles. Click on 'SIGN IN' and then on 'SIGN in via OPENATHENS'. You probably won't need to put your Athens details in again.
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Abstract The article looks at a report by the Royal College of Physicians that outlined thinking on how outpatient care should be managed in the future. Outpatient appointment (OPA) in Great Britain account for nearly 85 percent of hospital activity. OPAs in England have reached more than 118 million appointments each year. The National Audit Office detailed a 44-percent increase in OPA from 1 million in 2005-2006 to under 1.4 million in 2009-2010.

5. Improving the approach to future care planning in care homes.

Authors Kinley, Julie; Denton, Lilette; Levy, Jean
Source International Journal of Palliative Nursing; Dec 2018; vol. 24 (no. 12); p. 576-583
Publication Date Dec 2018
Publication Type(s) Academic Journal
Database CINAHL
Available at [International journal of palliative nursing](#) from MAG Online Library Please log in before trying to access articles. Click on 'SIGN IN' and then on 'SIGN in via OPENATHENS'. You probably won't need to put your Athens details in again.
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Available at [International journal of palliative 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 Background: There is international and national interest in the availability and provision of quality end-of-life care. In the UK this includes the promotion of advance care planning (ACP). Aims: To support care home staff to apply national policy on ACP in practice. Methods: A proactive document, the PErsonalised Advisory CarE (PEACE) plan, was created. An audit was undertaken of its implementation in practice in one care home. Findings: All of the residents with a PEACE plan who died (n=8) did so in their preferred place of care; only 50% of residents (3 out of 6) without a PEACE plan died in their preferred place of care. No family members declined the opportunity to have a PEACE plan conversation. Conclusion: Future care planning, rather than ACP, is required in nursing care homes. Research investigating the outcomes and cost-effectiveness of undertaking these conversations is required to further guide national recommendations.

6. Palliative care in dementia: a fragmented pathway?

Authors Dening, Karen Harrison; Scates, Caroline; Lloyd-Williams, Mari
Source International Journal of Palliative Nursing; Dec 2018; vol. 24 (no. 12); p. 585-596
Publication Date Dec 2018
Publication Type(s) Academic Journal
Database CINAHL
Available at [International Journal of Palliative Nursing](#) from MAG Online Library Please log in before trying to access articles. Click on 'SIGN IN' and then on 'SIGN in via OPENATHENS'. You probably won't need to put your Athens details in again.

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Abstract

Background: Most deaths occur in people over the age of 65 years, yet there is widespread evidence that older people have inequitable access to good palliative and end-of-life care. For people with dementia, there are further barriers to receiving palliative care. Identifying when older people with dementia are reaching the end of their lives is not straightforward. A palliative approach to care has been recognised as key in UK practice guidance; the National Institute of Health and Care Excellence recommends that, from diagnosis, people living with dementia should be offered flexible, needs-based palliative care that takes into account how unpredictable dementia progression can be. However there are still wide gaps in care in the dementia pathway, largely because commissioning is fragmented. Method: This paper describes the Admiral Nurse case management approach to palliative care by benchmarking its practice against the European Association of Palliative Care white paper recommendations for palliative care in dementia.

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

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

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

Publication Date Dec 2018

Publication Type(s) Academic Journal

PubMedID 29604297

Database CINAHL

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Abstract

Background: Cardiac surgical site infections (SSIs) have devastating consequences and present several challenges for patients and healthcare providers. Adult cardiac SSI surveillance commenced in 2009 at our hospitals, Guy's & St Thomas' NHS Foundation Trust, London, as a patient safety initiative amid reported increased incidence of SSIs. Before this time, infection incidence was unclear because data collection was not standardized. Aim: To standardize SSI data collection and establish baseline SSI rates to facilitate deployment of evidence-based targeted interventions within clinical governance structures to improve quality, safety, and efficiency in line with our organizational targets. Methods: We standardized local data collection protocols in line with Public Health England recommendations and identified local champions. We undertook prospective SSI surveillance collaboratively to enable us to identify potential practice concerns and address them more effectively through a series of initiatives. Clinical staff completed dedicated surveillance forms intraoperatively and postoperatively. Findings: Overall adult cardiac SSI rates fell from 5.4% in 2009 to 1.2% in 2016 and coronary artery bypass graft rates from 6.5% in 2009 to 1.7% in 2016 (P < 0.001). Gram-negative bacteria were recognized as important SSI causative organisms and were better controlled after introducing stringent infection control measures. Conclusion: Comprehensive, evidence-based infection control practices were successfully implemented through a multidisciplinary collaborative approach, which may have great potential to reduce Gram-negative, Staphylococcus aureus, polymicrobial and overall SSI burden and/or associated costs. We now investigate all SSIs using an established SSI detailed investigation protocol to promote continual quality improvement that aligns us perfectly with global efforts to fight antimicrobial resistance.

8. The Weekend Efficiency and Safety Timetable (WEST) project: Weekend handover going WEST?

Authors Piggott, Liam; Ionescu, Magdalena

Source Journal of Patient Safety & Risk Management; Dec 2018; vol. 23 (no. 6); p. 269-271

Publication Date Dec 2018

Publication Type(s) Academic Journal

Database CINAHL

Abstract The project aims to develop a safer and more efficient method of general surgery firms handing over their patients to the on-call team, for the planning of weekend ward round reviews and checking blood results.

9. What difference does a year make?

Authors Webb, Rachel

Source Journal of Wound Care; Dec 2018; vol. 27 (no. 12); p. 801-801

Publication Date Dec 2018

Publication Type(s) Academic Journal

Database CINAHL
 Available at [Journal of Wound Care](#) from MAG Online Library Please log in before trying to access articles. Click on 'SIGN IN' and then on 'SIGN in via OPENATHENS'. You probably won't need to put your Athens details in again.
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Abstract The author reflects on the developments on the standard of wound care in the National Health Service (NHS) in Great Britain in 2018. Topics include the implementation of a National Wound Care Strategy for NHS in England, the strategy's progress on such areas as leg ulcers, pressure ulcers, and surgical acute wounds, and the Journal of Wound Care (JWC) Awards nominations for 2019.

10. Championing safety: What you need to know about maternity safety champions.

Source Midwives; Dec 2018 (no. 4); p. 44-44
Publication Date Dec 2018
Publication Type(s) Periodical
Database CINAHL
 Available at [Midwives](#) 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).

11. Sodium Content of Processed Foods Available in the Mexican Market.

Authors Nieto, Claudia; Tolentino-Mayo, Lizbeth; Medina, Catalina; Monterrubio-Flores, Eric; Denova-Gutiérrez, Edgar; Barquera, Simón
Source Nutrients; Dec 2018; vol. 10 (no. 12); p. 2008-2008
Publication Date Dec 2018
Publication Type(s) Academic Journal
Database CINAHL
 Available at [Nutrients](#) from Europe PubMed Central - Open Access
 Available at [Nutrients](#) 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: Sodium intake is related to several adverse health outcomes, such as hypertension and cardiovascular diseases. Processed foods are major contributors to the population's sodium intake. The aim of the present study was to determine sodium levels in Mexican packaged foods, as well as to evaluate the proportion of foods that comply with sodium benchmark targets set by the United Kingdom Food Standards Agency (UK FSA) and those set by the Mexican Commission for the Protection of Health Risks (COFEPRIS). We also evaluated the proportion of foods that exceeded the Pan American Health Organization (PAHO) targets. Methods: This was a cross-sectional study that comprised data collected from the package of 2248 processed foods from selected supermarkets in Mexico. Results: Many processed food categories contained an excessive amount of sodium. Processed meats, ham, bacon and sausages, had the highest concentrations. The proportion of foods classified as compliant in our sample was lower for international targets (FSA UK and PAHO) compared to the Mexican COFEPRIS criteria. Conclusions: These data provided a critical baseline assessment for monitoring sodium levels in Mexican processed foods.

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

Authors Maini, Rishma; Kirkpatrick, Martin; McCafferty, Aileen; Dunkley, Colin; Ogston, Simon; Williams, Fiona
Source Seizure; Dec 2018; vol. 63 ; p. 71-78
Publication Date Dec 2018
Publication Type(s) Academic Journal
PubMedID 30445294
Database CINAHL
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Abstract Purpose: To validate a patient-reported-experience-measure, PREM, of the NHS paediatric epilepsy service. Methods: Section 1 of the PREM recorded demographic and clinical characteristics, and Section 2 collected information about the users' experience with the service. Section 2 included eighteen statements around three constructs: communication and provision of information to service users, interpersonal skills of staff, and clinic visits and accessibility to the services. Face validity, construct validity, internal reliability, and internal consistency were used to examine the robustness of these statements. The PREM was completed by parents/carers and also children/young people. Results: PREMs were received from 145 of the 192 audit units; 2335 completed forms were returned; the attitude statements were completed by 750 children/young people and 1550 parents/carers. Face validity of the PREM was good. Construct validity was indecisive; confirmatory factor analysis of the hypothesised construct was weak. Exploratory factor analysis identified a four factor solution for the parent/carers dataset and a five factor solution for the children/young people's dataset. Internal reliability was good for the parent/carers dataset but less good for the children/young people. Internal consistency was moderately good for both datasets. Conclusions: These findings indicate that the PREM is likely to be a valid tool with the potential to elicit a wide variety of reliable views from parents/carers of children with epilepsy. The construct validity for the PREM should be reassessed with confirmatory factor analysis in a new dataset. More work needs to be undertaken with children/young people to design statements that capture their specific needs.

13. BJN Awards: Runner up 2018.

Authors Tyrer, Julie
Source British Journal of Nursing; Nov 2018; vol. 27 (no. 20)
Publication Date Nov 2018
Publication Type(s) Academic Journal
Database CINAHL

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Abstract The article discusses the selection of Julie Tyrer, Tissue Viability Nurse Consultant of the Liverpool Heart and Chest Hospital NHS Foundation Trust, as the BJN Pressure Care and Tissue Viability Nurse of the Year runner up for 2018.

14. Report of the proceedings of a UK skin safety advisory group.

Authors Browning, Paul; Beeckman, Dimitri; White, Richard; Connolly, Roisin; Rodgers, Angela; Maclean, Gillian; Fumarola, Sian; Harker, Judy; Murray, Victoria; Foster, Steve
Source British Journal of Nursing; Nov 2018; vol. 27 (no. 20)
Publication Date Nov 2018
Publication Type(s) Academic Journal
Database CINAHL

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Abstract Moisture-associated skin damage, especially incontinence-associated dermatitis, continues to present significant health challenges and requires multidisciplinary input to provide effective prevention and treatment. In the absence of mandatory reporting such damage is under- or wrongfully reported, resulting in a lack of accurate data on prevalence and costs of associated care. In March this year, a multidisciplinary team of experts met in the UK to seek to determine measures to improve patient skin care. They aimed to identify activities to increase awareness and education, collect data, and improve prevention and treatment regimes. This article describes that discussion and the conclusions made by the group, such as the key actions required to effect policy changes.

15. Care Quality Commission spotlights effective quality improvement initiatives.

Authors Glasper, Alan
Source British Journal of Nursing; Nov 2018; vol. 27 (no. 20); p. 1202-1203
Publication Date Nov 2018
Publication Type(s) Academic Journal
Database CINAHL
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Abstract Emeritus Professor Alan Glasper, from the University of Southampton, discusses a recent report showing how trusts rated as outstanding by the regulator have embedded a culture of change that involves all staff

16. Communication breakdown in healthcare settings.

Authors Tingle, John
Source British Journal of Nursing; Nov 2018; vol. 27 (no. 20); p. 1204-1205
Publication Date Nov 2018
Publication Type(s) Academic Journal
Database CINAHL
Available at [British Journal of Nursing](#) from EBSCO (CINAHL Plus with Full Text)
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Abstract John Tingle, Associate Professor (Teaching and Scholarship), Nottingham Trent University, discusses a report by NHS Improvement, the patient safety initiative group, on spoken communication and patient safety in the NHS

17. International Classification of Functioning--An Approach to Outcome Measurement.

Authors Enderby, Pam; Moyses, Kathryn
Source Perspectives of the ASHA Special Interest Groups; Nov 2018; vol. 3 (no. 17); p. 99-108
Publication Date Nov 2018
Publication Type(s) Academic Journal
Database CINAHL

Abstract Background: Research underpinning evidence-based practice for speech and language therapists and phoniatrists is undoubtedly improving the impact of therapy. However, trials tend to include small numbers of subjects with specific criteria, which makes it difficult to generalize results to the heterogeneous patient groups seeking these services. The ultimate objective of the work presented here is to capture basic information relating to the impact of speech and language therapy on all clients receiving intervention in the United Kingdom. Method: Following a consultation led by the Royal College of Speech and Language Therapists, the Therapy Outcome Measure based on the World Health Organization's (2001) International Classification of Functioning, Disability and Health was selected from 67 other measures as being psychometrically robust, appropriate for all client groups, and easy to use. The Therapy Outcome Measure is a psychometrically robust tool reflecting 4 overarching domains (impairment, activity restriction, social participation, and well-being). The Royal College of Speech and Language Therapists invested in the development of a nationally available database and is piloting this approach with services from across the United Kingdom to collect information on all clients receiving speech and language therapy. Results: The 12 services piloting the approach entered information on 11,611 clients covering the whole age range, spectrum of speech and language conditions, and medical etiologies, including aphasia (858), dysarthria (525), and learning disability (144). More than a quarter of the individuals improved in all 4 domains, and more than 3/4 improved in some way.

18. Improving transition from child and adolescent mental health services.

Authors Glasper, Alan
Source British Journal of Nursing; Oct 2018; vol. 27 (no. 19); p. 1130-1131

Publication Date Oct 2018
Publication Type(s) Academic Journal
Database CINAHL
Available at [British Journal of Nursing](#) from EBSCO (CINAHL Plus with Full Text)
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Abstract The article discusses transitioning from child and adolescent mental health services into mental health services for adults (AMHS) in Great Britain's National Health Service, referencing a report by the British Healthcare Safety Investigation branch (HSIB). An overview of the HSIB's investigation into a youth's suicide is provided.

19. Patient safety and Never Events.

Authors Tingle, John
Source British Journal of Nursing; Oct 2018; vol. 27 (no. 19); p. 1134-1135
Publication Date Oct 2018
Publication Type(s) Academic Journal
Database CINAHL
Available at [British Journal of Nursing](#) from EBSCO (CINAHL Plus with Full Text)
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Abstract The article discusses the British National Health Service's (NHS's) monitoring of Never Events in medicine to ensure patient safety. An overview of Never Events in surgery, including the operating on the wrong hand, unnecessary laser eye surgery and the distractions of surgeons, is provided.

20. Finding your voice.

Authors Taylor, Julia
Source British Journal of Nursing; Oct 2018; vol. 27 (no. 18)
Publication Date Oct 2018
Publication Type(s) Academic Journal
Database CINAHL
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Abstract An editorial is presented which addresses nursing-related workplace challenges, the importance of delivering high-quality nursing care to patients, and various aspects of the British Association of Urology Nurses (BAUN) organization. The BAUN Annual Conference and Exhibition on November 26-27, 2018 in Bournemouth, England is examined, along with "British Journal of Nursing" Lifetime Achievement Award recipient Professor Dame Elizabeth Anionwu.

21. An audit of completion of diaries for rehabilitation in an intensive care unit.

Authors Ascough, Lisa; Morrell-Scott, Nicola
Source British Journal of Nursing; Oct 2018; vol. 27 (no. 18); p. 1054-1058
Publication Date Oct 2018

Publication Type(s) Academic Journal
Database CINAHL
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Abstract Intensive care unit (ICU) diaries are increasingly being used in UK hospitals as a therapeutic means to address the psychological effects of an ICU stay on patients. The National Institute for Health and Care Excellence recommends that services are developed to meet the psychological needs of patients following critical illness. This article discusses ICU diaries as a service to meet these needs. There is a greater demand for evidence-based research to support the positive effects of the diaries. Equally, there is a need to highlight the negative impact they may have on patients who would not wish to have a diary because of the traumatic experience of critical illness. To gain an insight into the use of patient diaries, an audit was conducted at one ICU, which found compliance with completing them was poor. This article gives an overview of the available literature. Recommendations are made to improve the use of ICU diaries for clinical practice in the future.

22. Early screening and treatment of gestational diabetes in high-risk women improves maternal and neonatal outcomes: A retrospective clinical audit.

Authors Ryan, David K.; Haddow, Laura; Ramaesh, Aksha; Kelly, Rod; Johns, Emma C.; Denison, Fiona C.; Dover, Anna R.; Reynolds, Rebecca M.; Ryan, David

Source Diabetes Research & Clinical Practice; Oct 2018; vol. 144 ; p. 294-301

Publication Date Oct 2018

Publication Type(s) Academic Journal

PubMedID 30244050

Database CINAHL

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

Abstract Aims: Evidence suggests that screening for gestational diabetes (GDM) occurs too late in pregnancy, when changes in glucose metabolism and fetal growth rates can already be detected. In August 2016 NHS Lothian began screening women with risk factors for GDM during early pregnancy (11-13 weeks). We hypothesised that an earlier identification and treatment of dysglycaemia would improve pregnancy outcomes compared to previous standard care. Methods: We compared management and outcomes for singleton pregnancies with GDM delivering at Royal Infirmary Edinburgh, UK, diagnosed through routine or early screening from 01/01/2015-31/10/2017 (routine screening n = 335, early screening n = 241). Results: Early screening increased the proportion of women diagnosed before 24 weeks' gestation (n = 59/335, 17.6% vs n = 103/241, 42.7%, p < 0.001) but did not change the average monthly rate of diagnosis. Early screening increased the median duration of GDM during pregnancy (71 vs 93 days of gestation, p < 0.001) with no significant changes in the pharmacological management. Early screening improved the primary composite outcome (emergency caesarean section, neonatal hypoglycaemia and macrosomia; n = 138/335, 41.2% vs n = 73/241, 30.3%, adjusted Odds Ratio [95% confidence interval] 0.62 [0.43-0.91]. Conclusions: There is a role for early screening and management of GDM however it is unclear whether this represents a cost-effective intervention.

23. Patient surveys highlight areas for improving cancer care.

Authors Foulkes, Mark; Cardin, Una

Source British Journal of Nursing; Sep 2018; vol. 27 (no. 17)

Publication Date Sep 2018

Publication Type(s) Academic Journal

Database CINAHL

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Abstract The article discusses cancer patients' attitudes on improving medical care and cancer treatment in England and Northern Ireland (NI), referencing the National Cancer Patient Experience Survey. Topics, including patient satisfaction, communication in medicine, social services' support following treatment and demographic factors in patient attitudes, are discussed.

24. Ambulatory approach to cancer care. Part 1: the patient experience.

Authors Comerford, Diana; Shah, Raakhee
Source British Journal of Nursing; Sep 2018; vol. 27 (no. 17)
Publication Date Sep 2018
Publication Type(s) Academic Journal
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Abstract Ambulatory care (AC) is an approach within which inpatient chemotherapy regimens and supportive care are delivered in an outpatient service. Patients receive their treatments and supportive care daily in AC and stay at a nearby hotel or their home, rather than in an inpatient bed. A systematic literature search found a growing amount of literature on AC and the specific regimens used. However, little was found on AC with regard to the patient experience, safety, the benefits and challenges of running an AC service. This series of three articles is based on the authors' experiences of working within an AC service at a major London teaching hospital. The authors discuss the approach and explore how it can improve the patient experience. They look at the roles of the multidisciplinary team and their part in patient safety, and the benefits, challenges and cost considerations of an AC service.

25. Patient preferences for involvement in health service development.

Authors Finn, Vincent; Stephenson, John; Astin, Felicity
Source British Journal of Nursing; Sep 2018; vol. 27 (no. 17); p. 1004-1010
Publication Date Sep 2018
Publication Type(s) Academic Journal
Database CINAHL

Available at [British Journal of Nursing](#) from EBSCO (CINAHL Plus with Full Text)

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Abstract Background: patient involvement in the design, planning and delivery of health services is acknowledged to be a local and national priority. Aims: to improve service quality through a quality improvement initiative to explore patient preferences for involvement in health services design, planning and delivery. Methods: a questionnaire was developed to: assess patient preferences for involvement in hospital service development; and explore differences in responses between patient subgroups. Findings: 162 patients were recruited. Most were positive about being engaged in all service developments, not just those used personally. Involvement through questionnaires with infrequent email communication was favoured over attendance at public meetings. Time was a greater barrier to being involved than distance or remuneration. Conclusion: Patients valued involvement in health service development, but finding free time during working hours was difficult. There were no differences in preferences for involvement between subgroups defined by gender, ethnicity, home situation or health.

26. A protocol to improve the sharing of concerns about health care.

Authors Gasper, Alan

Source British Journal of Nursing; Sep 2018; vol. 27 (no. 17); p. 1012-1013
Publication Date Sep 2018
Publication Type(s) Academic Journal
Database CINAHL
 Available at [British Journal of Nursing](#) from EBSCO (CINAHL Plus with Full Text)
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Abstract Emeritus Professor Alan Glasper, from the University of Southampton, discusses the Emerging Concerns Protocol, designed to help health and social care institutions and regulators share concerns more effectively

27. Postdischarge Unscheduled Care Burden After Lower Limb Arthroplasty.

Authors Tucker, Adam; Walls, Andrew; Leckey, Beverley; Hill, Janet C.; Phair, Glenn; Bennett, Damien B.; O'Brien, Seamus; Beverland, David E.; O'Brien, Seamus
Source Journal of Arthroplasty; Sep 2018; vol. 33 (no. 9); p. 2745-2745
Publication Date Sep 2018
Publication Type(s) Academic Journal
PubMedID 29805105
Database CINAHL
 Available at [Journal of Arthroplasty](#) from Available to NHS staff on request from UHL Libraries & Information Services (from NULJ library) - click this link for more information Local Print Collection [location] : UHL Libraries On Request (Free).
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Abstract Background: In contrast to postdischarge arthroplasty readmission rates, the unscheduled reattendance burden to primary care is under-reported. Understanding reasons for reattendance would allow for implementation of strategies to reduce this burden. The present study aims to quantify the out-of-hours (OOH) general practitioner and emergency department (ED) service reattendance burden and readmission rate after primary total hip arthroplasty and total knee arthroplasty, with estimation of the associated costs. Methods: This is a prospective consecutive cohort study. A prospective audit of all total hip arthroplasty and total knee arthroplasty patients in 2016 in a single high-volume UK arthroplasty unit was performed. Incidence and reasons for reattendance to OOH and ED service, as well as readmission rates, at both 30 and 90 days following discharge are reported. A multivariate analysis was performed to determine patient characteristics, which results in increased reattendance and readmission rates. Results: A total of 2351 procedures resulted in 374 attendances of OOH service and 665 to ED with a total estimated cost of £190,000 within 90 days. The readmission rate was 6.8%. Risk factors for reattendance and readmission were increasing age and a prolonged length of stay. The use of a 5-day postdischarge phone call and a dedicated Arthroplasty Care Practitioner favors reduced reattendances but not the readmission rate, with the additional benefit of being cost-effective. Conclusion: The postdischarge arthroplasty reattendance burden is associated with significant costs, and strategies to reduce this should be developed. Further research is required to assess the effectiveness and cost-effectiveness of multicomponent strategies to reduce reattendance operating at scale.

28. Persistent inaccuracies in completion of medical certificates of stillbirth: A cross-sectional study.

Authors Higgins, Lucy E.; Heazell, Alexander E. P.; Whitworth, Melissa K.
Source Paediatric & Perinatal Epidemiology; Sep 2018; vol. 32 (no. 5); p. 474-481
Publication Date Sep 2018
Publication Type(s) Academic Journal
PubMedID 30300448
Database CINAHL
 Available at [Paediatric & Perinatal Epidemiology](#) from Wiley Online Library Medicine and Nursing Collection 2018 - NHS
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Abstract Background: The UK Medical Certificate of Stillbirth (MCS) records information relevant to the cause of stillbirth of infants ≥ 24 weeks' gestation. A cross-sectional audit demonstrated widespread inaccuracies in MCS completion in 2009 in North West England. A repeat study was conducted to assess whether practice had improved following introduction of a regional care pathway. Methods: 266 MCS issued in 14 North West England obstetric units during 2015 were studied retrospectively. Cause of death was assigned following review of information available at the time of MCS completion. This was compared to that documented on the MCS, and to data from 2009. Results: Twenty-three certificates were excluded (20 inadequate data, 3 late miscarriages). 118/243 (49%) MCS contained major errors. Agreement between the MCS and adjudicated cause of stillbirth was fair (Kappa 0.31; 95% CI 0.24, 0.38) and unchanged from 2009 (0.29). In 2015, excluding 34 terminations of pregnancy, the proportion of MCSs documenting "unexplained" stillbirths (113/211; 54%) was reduced compared to 2009 (158/213; 74%); causality could be assigned after case note review in 78% cases. Recognition of fetal growth restriction (FGR) as a cause of stillbirth improved (2015: 30/211; 14% vs 2009: 1/213; 0.5%), although 71% cases were missed. 47% MCSs following termination of pregnancy documented an iatrogenic primary cause of death. Conclusions: Completion of MCSs remains inaccurate, particularly in recognition of FGR as a cause of stillbirth. Detailed case note review before issuing the MCS could dramatically improve the usefulness of included information; evaluation of practitioner education programmes/internal feedback systems are recommended.

29. Anaesthesia, surgery, and life-threatening allergic reactions: protocol and methods of the 6th National Audit Project (NAP6) of the Royal College of Anaesthetists.

Authors Cook, T.M.; Harper, N.J.N.; Farmer, L.; Garcez, T.; Floss, K.; Marinho, S.; Torevell, H.; Warner, A.; McGuire, N.; Ferguson, K.; Hitchman, J.; Egner, W.; Kemp, H.; Thomas, M.; Lucas, D.N.; Nasser, S.; Karanam, S.; Kong, K.-L.; Farooque, S.; Bellamy, M.

Source BJA: The British Journal of Anaesthesia; Jul 2018; vol. 121 (no. 1); p. 124-133

Publication Date Jul 2018

Publication Type(s) Academic Journal

PubMedID 29935564

Database CINAHL

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Abstract Background: Anaphylaxis during anaesthesia is a serious complication for patients and anaesthetists. Methods: The Sixth National Audit Project (NAP6) of the Royal College of Anaesthetists examined the incidence, predisposing factors, management, and impact of life-threatening perioperative anaphylaxis in the UK. NAP6 included: a national survey of anaesthetists' experiences and perceptions; a national survey of allergy clinics; a registry collecting detailed reports of all Grade 3-5 perioperative anaphylaxis cases for 1 yr; and a national survey of anaesthetic workload and perioperative allergen exposure. NHS and independent sector (IS) hospitals were approached to participate. Cases were reviewed by a multi-disciplinary expert panel (anaesthetists, intensivists, allergists, immunologists, patient representatives, and stakeholders) using a structured process designed to minimise bias. Clinical management and investigation were compared with published guidelines. This paper describes detailed study methods and reports on project engagement by NHS and IS hospitals. The methodology includes a new classification of perioperative anaphylaxis and a new structured method for classifying suspected anaphylactic events including the degree of certainty with which a causal trigger agent can be attributed. Results: NHS engagement was complete (100% of hospitals). Independent sector engagement was limited (13% of approached hospitals). We received >500 reports of Grade 3-5 perioperative anaphylaxis, with 266 suitable for analysis. We identified 199 definite or probable culprit agents in 192 cases. Conclusions: The methods of NAP6 were robust in identifying causative agents of anaphylaxis, and support the accompanying analytical papers.

30. An observational national study of anaesthetic workload and seniority across the working week and weekend in the UK in 2016: the 6th National Audit Project (NAP6) Activity Survey.

Authors Kemp, H.; Marinho, S.; Cook, T.M.; Farmer, L.; Bellamy, M.; Egner, W.; Farooque, S.; Ferguson, K.; Floss, K.; Garcez, T.; Karanam, S.; Hitchman, J.; Kong, K.-L.; McGuire, N.; Nasser, S.; Lucas, D.N.; Thomas, M.; Torevell, H.; Warner, A.; Harper, N.J.N.

Source BJA: The British Journal of Anaesthesia; Jul 2018; vol. 121 (no. 1); p. 134-145

Publication Date Jul 2018
Publication Type(s) Academic Journal
PubMedID 29935565
Database CINAHL
 Available at [BJA: The 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: UK national anaesthetic activity was studied in 2013 but weekend working was not examined. Understanding changes since 2013 in workload and manpower distribution, including weekends, would be of value in workforce planning. Methods: We performed an observational survey of NHS hospitals' anaesthetic practice in October 2016 as part of the 6th National Audit Project of the Royal College of Anaesthetists (NAP6). All cases cared for by an anaesthetist during the study period were included. Patient characteristics and details of anaesthetic conduct were collected by local anaesthetists. Results: Responses were received from 342/356 (96%) hospitals. In total, 15 942 cases were reported, equating to an annual anaesthetic workload of ≈3.13 million cases. Approximately 95% (9888/10 452) of elective and 72% (3184/4392) of emergency work was performed on weekdays and 89% (14 145/15 942) of activity was led by senior (consultant or career grade) anaesthetists and 1.1% (180/15942) by those with <2 yr anaesthetic experience. During weekends case urgency increased, the proportion of healthy patients reduced and case mix changed. Cases led by senior anaesthetists fell to 80% (947/1177) on Saturday and 66% (342/791) on Sunday. Senior involvement in obstetric anaesthetic activity was 69% (628/911) during the week and 45% (182/402) at weekends, compared with 93% (791/847) in emergency orthopaedic procedures during the week and 89% (285/321) at weekends. Since 2013, the proportion of obese patients, elective weekend working, and depth of anaesthesia monitoring has increased [12% (1464/12 213) vs 2.8%], but neuromuscular monitoring has not [37% (2032/5532) vs 38% of paralysed cases]. Conclusions: Senior clinicians deliver most UK anaesthesia care, including at weekends. Our findings are important for any planned workforce reorganisation to rationalise 7-day working.

31. Cross-sectional study of perioperative drug and allergen exposure in UK practice in 2016: the 6th National Audit Project (NAP6) Allergen Survey.

Authors Marinho, S.; Kemp, H.; Cook, T.M.; Farmer, L.; Farooque, S.; Lucas, D.N.; Garcez, T.; Floss, K.; Torevell, H.; Thomas, M.; Warner, A.; Hitchman, J.; Ferguson, K.; Egner, W.; Nasser, S.; Karanam, S.; Kong, K.-L.; McGuire, N.; Bellamy, M.; Harper, N.J.N.
Source BJA: The British Journal of Anaesthesia; Jul 2018; vol. 121 (no. 1); p. 146-158
Publication Date Jul 2018
Publication Type(s) Academic Journal
PubMedID 29935566
Database CINAHL
 Available at [BJA: The 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: Details of the current UK drug and allergen exposure were needed for interpretation of reports of perioperative anaphylaxis to the 6th National Audit Project (NAP6). Methods: We performed a cross-sectional survey of 356 NHS hospitals determining anaesthetic drug usage in October 2016. All cases cared for by an anaesthetist were included. Results: Responses were received from 342 (96%) hospitals. Within-hospital return rates were 96%. We collected 15 942 forms, equating to an annual caseload of 3.1 million, including 2.4 million general anaesthetics. Propofol was used in 74% of all cases and 90% of general anaesthetics. Maintenance included a volatile agent in 95% and propofol in 8.7%. Neuromuscular blocking agents were used in 47% of general anaesthetics. Analgesics were used in 88% of cases: opioids, 82%; paracetamol, 56%; and non-steroidal anti-inflammatory drugs, 28%. Antibiotics were administered in 57% of cases, including 2.5 million annual perioperative administrations; gentamicin, co-amoxiclav, and cefuroxime were most commonly used. Local anaesthetics were used in 74% cases and 70% of general anaesthetics. Anti-emetics were used in 73% of cases: during general anaesthesia, ondansetron in 78% and dexamethasone in 60%. Blood products were used in ≈3% of cases, gelatin <2%, starch very rarely, and tranexamic acid in ≈6%. Chlorhexidine and povidone-iodine exposures were 74% and 40% of cases, and 21% reported a latex-free environment. Exposures to bone cement, blue dyes, and radiographic contrast dye were each reported in 2-3% of cases. Conclusions: This survey provides insights into allergen exposures in perioperative care, which is important as denominator data for the NAP6 registry.

32. Anaesthesia, surgery, and life-threatening allergic reactions: epidemiology and clinical features of perioperative anaphylaxis in the 6th National Audit Project (NAP6).

Authors Harper, N.J.N.; Cook, T.M.; Garcez, T.; Farmer, L.; Floss, K.; Marinho, S.; Torevell, H.; Warner, A.; Ferguson, K.; Hitchman, J.; Egner, W.; Kemp, H.; Thomas, M.; Lucas, D.N.; Nasser, S.; Karanam, S.; Kong, K.-L.; Farooque, S.; Bellamy, M.; McGuire, N.

Source BJA: The British Journal of Anaesthesia; Jul 2018; vol. 121 (no. 1); p. 159-171

Publication Date Jul 2018

Publication Type(s) Academic Journal

PubMedID 29935567

Database CINAHL

Available at [BJA: The 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: Anaphylaxis during anaesthesia is a serious complication for patients and anaesthetists. Methods: The 6th National Audit Project (NAP6) on perioperative anaphylaxis collected and reviewed 266 reports of Grades 3-5 anaphylaxis over 1 yr from all NHS hospitals in the UK. Results: The estimated incidence was ≈1:10 000 anaesthetics. Case exclusion because of reporting delays or incomplete data means true incidence might be ≈70% higher. The distribution of 199 identified culprit agents included antibiotics (94), neuromuscular blocking agents (65), chlorhexidine (18), and Patent Blue dye (9). Teicoplanin comprised 12% of antibiotic exposures, but caused 38% of antibiotic-induced anaphylaxis. Eighteen patients reacted to an antibiotic test dose. Succinylcholine-induced anaphylaxis, mainly presenting with bronchospasm, was two-fold more likely than other neuromuscular blocking agents. Atracurium-induced anaphylaxis mainly presented with hypotension. Non-depolarising neuromuscular blocking agents had similar incidences to each other. There were no reports of local anaesthetic or latex-induced anaphylaxis. The commonest presenting features were hypotension (46%), bronchospasm (18%), tachycardia (9.8%), oxygen desaturation (4.7%), bradycardia (3%), and reduced/absent capnography trace (2.3%). All patients were hypotensive during the episode. Onset was rapid for neuromuscular blocking agents and antibiotics, but delayed with chlorhexidine and Patent Blue dye. There were 10 deaths and 40 cardiac arrests. Pulseless electrical activity was the usual type of cardiac arrest, often with bradycardia. Poor outcomes were associated with increased ASA, obesity, beta blocker, and angiotensin-converting enzyme inhibitor medication. Seventy per cent of cases were reported to the hospital incident reporting system, and only 24% to Medicines and Healthcare products Regulatory Agency via the Yellow Card Scheme. Conclusions: The overall incidence of perioperative anaphylaxis was estimated to be 1 in 10 000 anaesthetics.

33. Anaesthesia, surgery, and life-threatening allergic reactions: management and outcomes in the 6th National Audit Project (NAP6).

Authors Harper, N.J.N.; Cook, T.M.; Garcez, T.; Lucas, D.N.; Thomas, M.; Kemp, H.; Kong, K.-L.; Marinho, S.; Karanam, S.; Ferguson, K.; Hitchman, J.; Torevell, H.; Warner, A.; Egner, W.; Nasser, S.; McGuire, N.; Bellamy, M.; Floss, K.; Farmer, L.; Farooque, S.

Source BJA: The British Journal of Anaesthesia; Jul 2018; vol. 121 (no. 1); p. 172-188

Publication Date Jul 2018
Publication Type(s) Academic Journal
PubMedID 29935569
Database CINAHL
 Available at [BJA: The 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: Anaphylaxis during anaesthesia is a serious complication for patients and anaesthetists. There is little published information on management and outcomes of perioperative anaphylaxis in the UK. Methods: The 6th National Audit Project of the Royal College of Anaesthetists (NAP6) collected and reviewed 266 reports of Grade 3-5 anaphylaxis from all UK NHS hospitals over 1 yr. Quality of management was assessed against published guidelines. Results: Appropriately senior anaesthetists resuscitated all patients. Immediate management was 'good' in 46% and 'poor' in 15%. Recognition and treatment of anaphylaxis were prompt in 97% and 83% of cases, respectively. Epinephrine was administered i.v. in 76%, i.m. in 14%, both in 6%, and not at all in 11% of cases. A catecholamine infusion was administered in half of cases. Cardiac arrests (40 cases; 15%) were promptly treated but cardiac compressions were omitted in half of patients with unrecordable BP. The surgical procedure was abandoned in most cases, including 10% where surgery was urgent. Of 54% admitted to critical care, 70% were level 3, with most requiring catecholamine infusions. Ten (3.8%) patients (mostly elderly with cardiovascular disease) died from anaphylaxis. Corticosteroids and antihistamines were generally administered early. We found no clear evidence of harm or benefit from chlorphenamine. Two patients received vasopressin and one glucagon. Fluid administration was inadequate in 19% of cases. Treatment included sugammadex in 19 cases, including one when rocuronium had not been administered. Adverse sequelae (psychological, cognitive, or physical) were reported in one-third of cases. Conclusions: Management of perioperative anaphylaxis could be improved, especially with respect to administration of epinephrine, cardiac compressions, and i.v. fluid. Sequelae were common.

34. 'It's a nice place, a nice place to be'. The story of a practice development programme to further develop person-centred cultures in palliative and end-of-life care.

Authors McCormack, Brendan; Dickson, Caroline; Smith, Tracy; Ford, Hilary; Ludwig, Steffi; Moyes, Rhona; Lee, Laura; Adam, Elaine; Paton, Tracy; Lydon, Brigid; Spiller, Juliet
Source International Practice Development Journal; May 2018; vol. 8 (no. 1); p. 1-23
Publication Date May 2018
Publication Type(s) Academic Journal
Database CINAHL
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Abstract Background: Palliative and end-of-life care services need to be person centred. However, it cannot be assumed that such services are 'naturally' person centred as, in reality, they face the same pressures and challenges as any other service. This is the case in the practice development research reported in this article. While the service had good patient and family feedback/satisfaction, the context of care provision for staff did not reflect these same levels of satisfaction. This contrast poses challenges for organisations in the context of staff wellbeing and the sustainability of person-centred care. The work undertaken in this programme aimed to address this issue. Aim: To implement a programme of practice development to further the development of a culture of person-centred practice in the Marie Curie Edinburgh Hospice. Methods: The programme was theoretically informed by the Person-centred Practice Framework of McCormack and McCance (2017) and operationalised through the methodology of transformational practice development. Thirteen multidisciplinary team members formed a 'core group' and participated in 10 three-hour workshops of learning and development, spread over a 12-month period. Practice development activities were planned in between the workshops to be undertaken by the group members. Evaluation data were collected at the beginning of the practice development programme and as a continuous process throughout the 12 months. Data collected included patient and staff stories, practice observations, creative expressions and routinely collected data. These data were analysed through a participatory approach with the group members and theorised through the lens of human flourishing. Results: The findings are located within a framework exploring the conditions for human flourishing. They illustrate the tension between person-centred care and person-centred cultures. Key findings demonstrate the need for all persons to be 'known' in order for effective person-centred relationships to exist, the significance of shared values, the importance of addressing 'small' practice changes as well as the need to ensure the hearing of different voices. Findings from routine collected data further demonstrate the relationship between the development of a person-centred culture with patient and staff outcomes. Conclusions and implications for practice: This programme is one of the first explicitly to use a framework for human flourishing to analyse the relationship between person-centred culture and care provision. The programme demonstrates the importance of person-centred cultures for sustainable person-centred care. Implications for practice include: • Practice settings need to be clear about the difference between patient- and person-centredness • The engagement of a multidisciplinary team in interdisciplinary systematic transformational practice development has the potential to transform the culture and context of care, and produce sustainable outcomes • Human flourishing is an appropriate focus to adopt in exploring how practice settings embrace the principles of person-centredness for all persons

35. Improving student midwives' practice learning in Uganda through action research: the MOMENTUM project.

Authors Kemp, Joy; Shaw, Eleanor; Nanjogo, Sarah; Mondeh, Kade
Source International Practice Development Journal; May 2018; vol. 8 (no. 1); p. 1-23
Publication Date May 2018
Publication Type(s) Academic Journal
Database CINAHL
 Available at [International Practice Development Journal](#) from ProQuest (Hospital Premium Collection) - NHS Version

Abstract Available at [International Practice Development Journal](#) from Unpaywall
 Background and context: The Royal College of Midwives is engaged in a long-term twinning partnership with the Uganda Private Midwives Association. Uganda is one of the poorest countries in the world and only 27% of women and newborns have their needs met (UNFPA, 2014). A well-skilled, competent midwifery workforce is required to meet these needs yet Ugandan student midwives often receive poor-quality clinical education. The Ugandan Nurses and Midwives Council approached the Royal College of Midwives for assistance in designing a system of mentorship for Ugandan midwifery to address this gap. The project was funded by UK-Aid through the Tropical Health and Education Trust. Aims of the project: MOMENTUM was a 20-month action research project that aimed to develop and pilot a model of mentorship for student midwives in Uganda. This article focuses on one workstream relating to practice development, a twinning project that used workbased learning and appreciative inquiry, embedded in an action research approach, to facilitate practice development. Conclusions: This project added to the body of knowledge about midwifery twinning for building capacity in mentorship, research, and cross-cultural competence. MOMENTUM created a powerful community of practice that was enabling, fulfilling and transformative. Replication of this would require funding, management capacity and sufficient lead time for participatory planning and piloting. MOMENTUM's audit tool was a bespoke design for this pilot project and so may not be transferable to other settings without further development, testing and validation. Implications for practice: • Twinning, action research, appreciative enquiry and workbased learning can be effective in enabling practice development • The impact of midwifery twinning on leadership development requires further investigation, together with greater evidence on the reciprocal impact of twinning on the sending country

36. Incretin-based Drugs and the Incidence of Colorectal Cancer in Patients with Type 2 Diabetes.

Authors Abrahams, Devin; Hui Yin; Yu, Oriana H. Y.; Pollak, Michael N.; Azoulay, Laurent; Yin, Hui
Source Epidemiology; Mar 2018; vol. 29 (no. 2); p. 246-253

Publication Date Mar 2018
Publication Type(s) Academic Journal
PubMedID 29283894
Database CINAHL

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Abstract Background: Evidence on the safety of the incretin-based drugs (glucagon-like peptide-1 [GLP-1] analogues and dipeptidyl peptidase-4 [DPP-4] inhibitors) with respect to colorectal cancer is contradictory. The objective of this study was to determine whether use of incretin-based drugs is associated with risk of incident colorectal cancer in patients with type 2 diabetes. Methods: Using data from the UK Clinical Practice Research Datalink, we identified a cohort of 112,040 patients newly treated with antidiabetic drugs between 1 January 2007 and 31 March 2015. We modeled use of GLP-1 analogues and DPP-4 inhibitors as time-varying variables and compared them with use of sulfonylureas. We lagged exposures by 1 year for latency and to reduce reverse causality and detection bias. We used time-dependent Cox proportional hazards models to estimate hazard ratios with 95% confidence intervals of incident colorectal cancer associated with the use of GLP-1 analogues and DPP-4 inhibitors overall, by cumulative duration of use and by time since initiation. Results: During 388,619 person-years of follow-up, there were 733 incident colorectal cancer events (incidence rate: 1.9 per 1,000 person-years). Use of GLP-1 analogues was not associated with colorectal cancer incidence (hazard ratio: 1.0; 95% confidence interval = 0.7, 1.6), nor was use of DPP-4 inhibitors (hazard ratio: 1.2; 95% confidence interval = 1.0, 1.5). There was no evidence of a duration-response relation for either drug. Conclusions: The results of this large population-based study indicate that use of incretin-based drugs is not associated with colorectal cancer incidence among patients with type 2 diabetes.

37. Identifying Primary Care Pathways from Quality of Care to Outcomes and Satisfaction Using Structural Equation Modeling.

Authors Ricci-Cabello, Ignacio; Stevens, Sarah; Dalton, Andrew R. H.; Griffiths, Robert I.; Campbell, John L.; Valderas, Jose M.; Ricci-Cabello, Ignacio

Source Health Services Research; Feb 2018; vol. 53 (no. 1); p. 430-449

Publication Date Feb 2018

Publication Type(s) Academic Journal

PubMedID 28217876

Database CINAHL

Available at [Health Services Research](#) from Wiley Online Library Medicine and Nursing Collection 2018 - NHS Available at [Health Services 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.

Available at [Health Services Research](#) from Unpaywall

Abstract Objective: To study the relationships between the different domains of quality of primary health care for the evaluation of health system performance and for informing policy decision making. Data Sources: A total of 137 quality indicators collected from 7,607 English practices between 2011 and 2012. Study Design: Cross-sectional study at the practice level. Indicators were allocated to subdomains of processes of care ("quality assurance," "education and training," "medicine management," "access," "clinical management," and "patient-centered care"), health outcomes ("intermediate outcomes" and "patient-reported health status"), and patient satisfaction. The relationships between the subdomains were hypothesized in a conceptual model and subsequently tested using structural equation modeling. Principal Findings: The model supported two independent paths. In the first path, "access" was associated with "patient-centered care" ($\beta = 0.63$), which in turn was strongly associated with "patient satisfaction" ($\beta = 0.88$). In the second path, "education and training" was associated with "clinical management" ($\beta = 0.32$), which in turn was associated with "intermediate outcomes" ($\beta = 0.69$). "Patient-reported health status" was weakly associated with "patient-centered care" ($\beta = -0.05$) and "patient satisfaction" ($\beta = 0.09$), and not associated with "clinical management" or "intermediate outcomes." Conclusions: This is the first empirical model to simultaneously provide evidence on the independence of intermediate health care outcomes, patient satisfaction, and health status. The explanatory paths via technical quality clinical management and patient centeredness offer specific opportunities for the development of quality improvement initiatives.

38. Key strategies to improve systems for managing patient complaints within health facilities - what can we learn from the existing literature?

Authors Mirzoev, Tolib; Kane, Sumit

Source Global Health Action; Jan 2018; vol. 11 (no. 1); p. 1-1

Publication Date Jan 2018

Publication Type(s) Academic Journal

Database CINAHL

Available at [Global Health Action](#) from Europe PubMed Central - Open Access

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Available at [Global Health Action](#) from Unpaywall

Abstract

Background: Information from patient complaints - a widely accepted measure of patient satisfaction with services - can inform improvements in service quality, and contribute towards overall health systems performance. While analyses of data from patient complaints received much emphasis, there is limited published literature on key interventions to improve complaint management systems. Objectives: The objectives are two-fold: first, to synthesise existing evidence and provide practical options to inform future policy and practice and, second, to identify key outstanding gaps in the existing literature to inform agenda for future research. Methods: We report results of review of the existing literature. Peer-reviewed published literature was searched in OVID Medline, OVID Global Health and PubMed. In addition, relevant citations from the reviewed articles were followed up, and we also report grey literature from the UK and the Netherlands. Results: Effective interventions can improve collection of complaints (e.g. establishing easy-to-use channels and raising patients' awareness of these), analysis of complaint data (e.g. creating structures and spaces for analysis and learning from complaints data), and subsequent action (e.g. timely feedback to complainants and integrating learning from complaints into service quality improvement). No one single measure can be sufficient, and any intervention to improve patient complaint management system must include different components, which need to be feasible, effective, scalable, and sustainable within local context. Conclusions: Effective interventions to strengthen patient complaints systems need to be: comprehensive, integrated within existing systems, context-specific and cognizant of the information asymmetry and the unequal power relations between the key actors. Four gaps in the published literature represent an agenda for future research: limited understanding of contexts of effective interventions, absence of system-wide approaches, lack of evidence from low- and middle-income countries and absence of focused empirical assessments of behaviour of staff who manage patient complaints.

Strategy 432447

#	Database	Search term	Results
1	CINAHL	(audit* OR "quality improvement").ti,ab	45769
2	CINAHL	(NHS OR england OR UK OR "united kingdom" OR "national health service").ti,ab	94784
3	CINAHL	exp AUDIT/	14417
4	CINAHL	exp "NURSING AUDIT"/	894
5	CINAHL	exp "QUALITY IMPROVEMENT"/	47268
6	CINAHL	exp "UNITED KINGDOM"/	282168
7	CINAHL	(1 OR 3 OR 4 OR 5)	90474
8	CINAHL	(2 OR 6)	316673
9	CINAHL	(7 AND 8)	11787
10	CINAHL	9 [DT 2018-2018] [Since 20-Dec-2018]	38
11	CINAHL	(audit*).ti,ab	31614
12	CINAHL	(3 OR 4 OR 11)	39029
13	CINAHL	(8 AND 12)	7404
14	CINAHL	13 [DT 2018-2018]	108
15	CINAHL	(leicester* OR glenfield).ti,ab,aa	8481
16	CINAHL	(13 AND 15)	158
17	CINAHL	16 [DT FROM 2018]	0