

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 18-Jun-2018]	20

Contents 20 of 20 results on 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 18-Jun-2018]

1. Children and young people need to be engaged in asthma treatment.....	Page 2
2. Self-Reported Knowledge, Correct Knowledge and use of UK Drinking Guidelines Among a Representative Sample of the English Population.	Page 2
3. Balancing measures or a balanced accounting of improvement impact: a qualitative analysis of individual and focus group interviews with improvement experts in Scotland.	Page 2
4. Surgical consent practice in the UK following the Montgomery ruling: A national cross-sectional questionnaire study.	Page 3
5. Two and five year survival for colorectal cancer after resection with curative intent: A retrospective cohort study.....	Page 3
6. The use of red wristbands for allergy documentation in day case surgery.	Page 4
7. Will the CQC's new business plan bring greater efficiency?.....	Page 4
8. Working together and knowing when to stand up.....	Page 4
9. Commissioning for Quality and Innovation target for wound assessment -- is it working?	Page 5
10. Supporting evidence-based practice in nutrition and hydration.	Page 5
11. Audit of pressure ulcer healing rates in an acute hospital.....	Page 5
12. Work of the NHS England Youth Forum and its effect on health services.....	Page 6
13. Implementing new care models: learning from the Greater Manchester demonstrator pilot experience.	Page 6
14. Exploring Variation in Glycemic Control Across and Within Eight High-Income Countries: A Cross-sectional Analysis of 64,666 Children and Adolescents With Type 1 Diabetes.	Page 7
15. The primary care home: a new vehicle for the delivery of population health in England.	Page 7
16. Exploring breastfeeding peer supporters' experiences of using the Solihull Approach model.....	Page 8
17. The Birth of the European Doula Network.	Page 8
18. The effects of nutritional guideline implementation on nursing home staff performance: a controlled trial.....	Page 8
19. An audit of chronic oedema within the care home setting.....	Page 9
20. RISKS OF PRETERM LABOUR AMONG WOMEN WHO ATTEND PUBLIC ANTENATAL CARE CLINICS.....	Page 9
Full search strategy	Page 11

Results 20 of 20 results on 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 18-Jun-2018]

1. Children and young people need to be engaged in asthma treatment.

Authors Milnes, Linda
Source Nursing Children & Young People; Jul 2018; vol. 30 (no. 4); p. 20-20
Publication Date Jul 2018
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Database CINAHL
Available at [Nursing Children and Young 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 [Nursing Children and Young 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 Despite clear guidelines and recommendations for the education of and inclusion of patients in the development of personalised asthma self-management plans (British Thoracic Society and Scottish Intercollegiate Guideline Network 2016, Royal College of Physicians 2014), national audits report continued and unacceptable asthma-associated morbidity and mortality in the UK (Royal College of Physicians 2014, Haggell et al 2017).

2. Self-Reported Knowledge, Correct Knowledge and use of UK Drinking Guidelines Among a Representative Sample of the English Population.

Authors Buykx, Penny; Li, Jessica; Gavens, Lucy; Hooper, Lucie; Gomes De Matos, Elena; Holmes, John
Source Alcohol & Alcoholism; Jul 2018; vol. 53 (no. 4); p. 453-460
Publication Date Jul 2018
Publication Type(s) Academic Journal
Database CINAHL
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Available at [Alcohol and Alcoholism](#) 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: Promotion of lower risk drinking guidelines is a commonly used public health intervention with various purposes, including communicating alcohol consumption risks, informing drinkers' decision-making and, potentially, changing behaviour. UK drinking guidelines were revised in 2016. To inform potential promotion of the new guidelines, we aimed to examine public knowledge and use of the previous drinking guidelines, including by population subgroup. Methods: A demographically representative, cross-sectional online survey of 2100 adults living in England in July 2015 (i.e. two decades after adoption of previous guidelines and prior to introduction of new guidelines). Univariate and multivariate logistic regressions examined associations between demographic variables, alcohol consumption (AUDIT-C), smoking, and knowledge of health conditions and self-reported knowledge and use of drinking guidelines. Multinomial logistic regression examined the same set of variables in relation to accurate knowledge of drinking guidelines (underestimation, accurate-estimation, overestimation). Results: In total, 37.8% of drinkers self-reported knowing their own-gender drinking guideline, of whom 66.2% gave an accurate estimate. Compared to accurate estimation, underestimation was associated with male gender, lower education and AUDIT-C score, while overestimation was associated with smoking. Few (20.8%) reported using guidelines to monitor drinking at least sometimes. Drinking guideline use was associated with higher education, overestimating guidelines and lower AUDIT-C. Correctly endorsing a greater number of health conditions as alcohol-related was associated with self-reported knowledge of guidelines, but was not consistently associated with accurate estimation or use to monitor drinking. Conclusions: Two decades after their introduction, previous UK drinking guidelines were not well known or used by current drinkers. Those who reported using them tended to overestimate recommended daily limits. **SHORT SUMMARY:** We examined public knowledge and use of UK drinking guidelines just before new guidelines were released (2016). Despite previous guidelines being in place for two decades, only one in four drinkers accurately estimated these, with even fewer using guidelines to monitor drinking. Approximately 8% of drinkers overestimated maximum daily limits.

3. Balancing measures or a balanced accounting of improvement impact: a qualitative analysis of individual and focus group interviews with improvement experts in Scotland.

Authors Toma, Madalina; Dreischulte, Tobias; Gray, Nicola M.; Campbell, Diane; Guthrie, Bruce
Source BMJ Quality & Safety; Jul 2018; vol. 27 (no. 7); p. 547-556
Publication Date Jul 2018
Publication Type(s) Academic Journal
Database CINAHL
 Available at [BMJ quality & safety](#) from BMJ Journals - NHS

Abstract Background As quality improvement (QI) programmes have become progressively larger scale, the risks of implementation having unintended consequences are increasingly recognised. More routine use of balancing measures to monitor unintended consequences has been proposed to evaluate overall effectiveness, but in practice published improvement interventions hardly ever report identification or measurement of consequences other than intended goals of improvement. Methods We conducted 15 semistructured interviews and two focus groups with 24 improvement experts to explore the current understanding of balancing measures in QI and inform a more balanced accounting of the overall impact of improvement interventions. Data were analysed iteratively using the framework approach. Results Participants described the consequences of improvement in terms of desirability/undesirability and the extent to which they were expected/ unexpected when planning improvement. Four types of consequences were defined: expected desirable consequences (goals); expected undesirable consequences (trade-offs); unexpected undesirable consequences (unpleasant surprises); and unexpected desirable consequences (pleasant surprises). Unexpected consequences were considered important but rarely measured in existing programmes, and an improvement pause to take stock after implementation would allow these to be more actively identified and managed. A balanced accounting of all consequences of improvement interventions can facilitate staff engagement and reduce resistance to change, but has to be offset against the cost of additional data collection. Conclusion Improvement measurement is usually focused on measuring intended goals, with minimal use of balancing measures which when used, typically monitor trade-offs expected before implementation. This paper proposes that improvers and leaders should seek a balanced accounting of all consequences of improvement across the life of an improvement programme, including deliberately pausing after implementation to identify and quantitatively or qualitatively evaluate any pleasant or unpleasant surprises.

4. Surgical consent practice in the UK following the Montgomery ruling: A national cross-sectional questionnaire study.

Authors McKinnon, Chris; Loughran, Dafydd; Finn, Roisín; Coxwell-Matthewman, Madeline; Jeyaretna, Deva Sanjeeva; Williams, Adam P.
Source International Journal of Surgery; Jul 2018; vol. 55 ; p. 66-72
Publication Date Jul 2018
Publication Type(s) Academic Journal
PubMedID 29775736
Database CINAHL
 Available at [International Journal of 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 [International Journal of Surgery](#) from Available to NHS staff on request from UHL Libraries & Information Services (from non-NHS library) - click this link for more information Local Print Collection [location] : British Library via UHL Libraries - please click link to request article.

Abstract Background: The Supreme Court case of Montgomery vs Lanarkshire Health Board in 2015 was a landmark case for consent practice in the UK which shifted focus from a traditional paternalistic model of consent towards a more patient-centered approach. Widely recognised as the most significant legal judgment on informed consent in the last 30 years, the case was predicted to have a major impact on the everyday practice of surgeons working in the UK National Health Service (NHS). Two years after the legal definition of informed consent was redefined, we carried out an audit of surgical consent practice across the UK to establish the impact of the Montgomery ruling on clinical practice. Materials & Methods: Data was collected by distribution of an electronic questionnaire to NHS doctors working in surgical specialities with a total of 550 respondents. Results: 81% of surgical doctors were aware of the recent change in consent law, yet only 35% reported a noticeable change in the local consent process. Important barriers to modernisation included limited consent training, a lack of protected time for discussions with patients and minimal uptake of technology to aid decision-making/documentation. Conclusions: On the basis of these findings, we identify a need to develop strategies to improve the consent process across the NHS and limit the predicted rise in litigation claims.

5. Two and five year survival for colorectal cancer after resection with curative intent: A retrospective cohort study.

Authors Tarazi, Munir; Guest, Katherine; Cook, Alastair J.; Balasubramaniam, Dinesh; Bailey, Charles M.H.
Source International Journal of Surgery; Jul 2018; vol. 55 ; p. 152-155
Publication Date Jul 2018
Publication Type(s) Academic Journal
PubMedID 29857054
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Abstract

Introduction: Colorectal cancer is a major cause of illness, disability and death in the United Kingdom. The stage of disease at diagnosis has a major impact on survival rates. The aim of this study is to assess whether the survival rates of patients receiving curative treatment in our centre are comparable with national results published by Cancer Research UK, National Bowel Cancer Audit Annual Report 2016, and NCIN Colorectal Cancer Survival by Stage Data Briefing. Methods: The study involved a retrospective survival analysis of consecutive patients who underwent colorectal cancer resections with curative intent performed by two surgeons between January 2009 and March 2012. Patients were identified from a prospectively collected database. Data was collected via hospital computer systems including patient notes, laboratory, pathology, and radiology systems. Exclusion criteria included all patients with advanced disease who underwent surgery with palliative intent. Results: A total of 281 patients were included. The median age at operation was 71. Overall 2-year survival was 82.6% and overall 5-year survival was 69%. 2-year and 5-year survival, respectively, for Dukes A was 93.7% and 92%, Dukes B was 85.6% and 76.7%, Dukes C1 was 81.1% and 57.8%, Dukes C2 was 56.3% and 25%, and Dukes D was 61.9% and 47.6%. Conclusion: Our data demonstrates that our survival rates compare favourably with current published national survival rates. Dukes C2 patients had the poorest five year survival, highlighting the significance of a positive apical node. Dukes D patients had a particularly good outcome which indicates good patient selection by the multi-disciplinary meeting (MDT) and high quality oncology and tertiary surgical support.

6. The use of red wristbands for allergy documentation in day case surgery.

Authors Clark, Charles; Sayani, Junaid; Sayani, Irfan; Ge, Xingtao; Ricketts, David; Rogers, Benedict

Source Journal of Perioperative Practice; Jul 2018; vol. 28 (no. 7/8); p. 199-202

Publication Date Jul 2018

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Database CINAHL

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Available at [Journal of Perioperative 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

In England over six million day case surgical procedures are performed each year. Many of these patients have an allergy and are given a red armband to notify staff of this. This audit compared the use of red armbands to indicate allergy at two institutions undertaking day case surgery. The presence of wristbands, the allergies recorded on them and the correlation to allergies documented in the patient notes were analysed.

7. Will the CQC's new business plan bring greater efficiency?

Authors Frankova, Helena

Source Nursing & Residential Care; Jul 2018; vol. 20 (no. 7); p. 336-338

Publication Date Jul 2018

Publication Type(s) Academic Journal

Database CINAHL

Available at [Nursing and Residential 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).

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Abstract

In 2016 the Care Quality Commission set out a five-year strategy, focusing on a more responsive inspection model and improving information to the public. Helena Frankova evaluates the goals that have been set out in its new business plan.

8. Working together and knowing when to stand up.

Authors FLETCHER, JACQUI

Source Wounds UK; Jul 2018; vol. 14 (no. 3); p. 7-7

Publication Date Jul 2018

Publication Type(s) Academic Journal

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Available at [Wounds UK](#) 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 author talks about the national strategy of wound care in England, the controversy of untimely death of patients in Gosport Hospital in Hampshire, and TVNs rallying against the quality of care that is being delivered.

9. Commissioning for Quality and Innovation target for wound assessment -- is it working?

Authors FLETCHER, JACQUI
Source Wounds UK; Jul 2018; vol. 14 (no. 3); p. 12-15
Publication Date Jul 2018
Publication Type(s) Academic Journal
Database CINAHL
Available at [Wounds UK](#) from EBSCO (CINAHL Plus with Full Text)
Available at [Wounds UK](#) 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 [Wounds UK](#) 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 presents a conversation between wound care professionals including Jacqui Fletcher, Heidi Sandoz, and Maria Hughes. They talk about patients not receiving proper wound assessment that eventually fail to heal. They also discuss how organizations are spending time in updating the electronic patient record templates. The need for a 4-weekly reassessment in acute care is also highlighted.

10. Supporting evidence-based practice in nutrition and hydration.

Authors CARTER, RACHEL; LECKO, CAROLINE
Source Wounds UK; Jul 2018; vol. 14 (no. 3); p. 18-21
Publication Date Jul 2018
Publication Type(s) Academic Journal
Database CINAHL
Available at [Wounds UK](#) from EBSCO (CINAHL Plus with Full Text)
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Available at [Wounds UK](#) 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 Nutrition and hydration have a fundamental role in keeping skin healthy. Yet despite recognition by the National Institute of Health and Care Excellence (NICE, 2014) that deficiencies in diet are a risk for developing pressure ulcers and international guidance by the US National Pressure Ulcer Advisory Panel (NPUAP), European Pressure Ulcer Advisory Panel (EPUAP) and Pan Pacific Pressure Injury Alliance (PPPIA) to undertake nutritional assessment and screening to assess risk of malnutrition as part of pressure ulcer risk assessment (NPUAP, EPUAP, PPPIA, 2014), nutrition and hydration are frequently still not appreciated as a significant element of pressure ulcer prevention and management. In 2017, NHS Improvement brought together a team of dietitians with a special interest in pressure ulcer prevention and management to develop some practical resources to support clinical teams in improving the nutritional care that individuals at risk of pressure ulcers receive. This article provides the context for the development of these resources and suggests recommendations for future practice.

11. Audit of pressure ulcer healing rates in an acute hospital.

Authors NEWCOMB, SALLY; WARNER, VICTORIA
Source Wounds UK; Jul 2018; vol. 14 (no. 3); p. 26-28
Publication Date Jul 2018
Publication Type(s) Academic Journal
Database CINAHL
Available at [Wounds UK](#) from EBSCO (CINAHL Plus with Full Text)
Available at [Wounds UK](#) 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 [Wounds UK](#) 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 Pressure ulcers are known to have a profound negative effect on people's quality of life as well as being a huge financial cost to the NHS. While many acute hospitals are effectively reducing the number of hospital-acquired pressure ulcers, Chesterfield Royal Hospital wanted to ensure that in addition to achieving this target, patients admitted with existing pressure ulceration were discharged with their pressure damage improving and progressing towards healing. Wound dimensions and tissue type were monitored for category 3 and above pressure ulcers. A total of 78% of these ulcers improved during a 2-week period, with 17% of ulcers remaining static. The implementation of hybrid mattresses, along with regular repositioning, good skin care and nutrition, all contributed to improvement in the condition of pressure ulcers.

12. Work of the NHS England Youth Forum and its effect on health services.

Authors Whiting, Lisa; Petty, Julia; Meager, Gary; Evans, Kath
Source Nursing Children & Young People; Jun 2018; vol. 29 (no. 4); p. 1-1
Publication Date Jun 2018
Publication Type(s) Academic Journal
Database CINAHL

Available at [Nursing children and young 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 [Nursing children and young 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 Aim To examine the role of members of the NHS England Youth Forum (NHSEYF) and the strategies used to influence health service provision for children and young people. Method An evaluative mixed-methods study was commissioned by NHS England and undertaken by the University of Hertfordshire between July 2015 and September 2016. Data collection comprised activity logs, a form of questionnaire, and semi-structured interviews. Findings The analysis of the activity logs revealed that the young people were undertaking a wide range of activities across England. Seven themes emerged from the interviews: the young people; motivation; commitment; community (the local area as well as a community spirit); knowledge experts; youth workers; and funding. In summary, the members of the NHSEYF were committed to their role and their work was having a positive effect on health service provision. Conclusion The NHSEYF has developed rapidly and successfully. It is enabling the voice of young people to be heard.

13. Implementing new care models: learning from the Greater Manchester demonstrator pilot experience.

Authors Elvey, Rebecca; Bailey, Simon; Checkland, Kath; McBride, Anne; Parkin, Stephen; Rothwell, Katy; Hodgson, Damian
Source BMC Family Practice; Jun 2018; vol. 19 (no. 1)
Publication Date Jun 2018
Publication Type(s) Academic Journal
Database CINAHL

Available at [BMC Family Practice](#) from BioMed Central

Available at [BMC Family Practice](#) from Europe PubMed Central - Open Access

Available at [BMC Family Practice](#) from EBSCO (MEDLINE with Full Text)

Available at [BMC Family Practice](#) from ProQuest (Hospital Premium Collection) - NHS Version

Abstract Background: Current health policy focuses on improving accessibility, increasing integration and shifting resources from hospitals to community and primary care. Initiatives aimed at achieving these policy aims have supported the implementation of various 'new models of care', including general practice offering 'additional availability' appointments during evenings and at weekends. In Greater Manchester, six 'demonstrator sites' were funded: four sites delivered additional availability appointments, other services included case management and rapid response. The aim of this paper is to explore the factors influencing the implementation of services within a programme designed to improve access to primary care. The paper consists of a qualitative process evaluation undertaken within provider organisations, including general practices, hospitals and care homes. Methods: Semi-structured interviews, with the data subjected to thematic analysis. Results: Ninety-one people participated in interviews. Six key factors were identified as important for the establishment and running of the demonstrators: information technology; information governance; workforce and organisational development; communications and engagement; supporting infrastructure; federations and alliances. These factors brought to light challenges in the attempt to provide new or modify existing services. Underpinning all factors was the issue of trust; there was consensus amongst our participants that trusting relationships, particularly between general practices, were vital for collaboration. It was also crucial that general practices trusted in the integrity of anyone external who was to work with the practice, particularly if they were to access data on the practice computer system. A dialogical approach was required, which enabled staff to see themselves as active rather than passive participants. Conclusions: The research highlights various challenges presented by the context within which extended access is implemented. Trust was the fundamental underlying issue; there was consensus amongst participants that trusting relationships were vital for effective collaboration in primary care.

14. Exploring Variation in Glycemic Control Across and Within Eight High-Income Countries: A Cross-sectional Analysis of 64,666 Children and Adolescents With Type 1 Diabetes.

Authors Charalampopoulos, Dimitrios; Hermann, Julia M.; Svensson, Jannet; Skrivarhaug, Torild; Maahs, David M.; Akesson, Karin; Warner, Justin T.; Holl, Reinhard W.; Birkebæk, Niels H.; Drivvoll, Ann K.; Miller, Kellee M.; Svensson, Ann-Marie; Stephenson, Terence; Hofer, Sabine E.; Fredheim, Siri; Kummernes, Siv J.; Foster, Nicole; Hanberger, Lena; Amin, Rakesh; Rami-Merhar, Birgit
Source Diabetes Care; Jun 2018; vol. 41 (no. 6); p. 1180-1187
Publication Date Jun 2018
Publication Type(s) Academic Journal
PubMedID 29650804
Database CINAHL

Available at [Diabetes 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 Objective: International studies on childhood type 1 diabetes (T1D) have focused on whole-country mean HbA1c levels, thereby concealing potential variations within countries. We aimed to explore the variations in HbA1c across and within eight high-income countries to best inform international benchmarking and policy recommendations. Research Design and Methods: Data were collected between 2013 and 2014 from 64,666 children with T1D who were <18 years of age across 528 centers in Germany, Austria, England, Wales, U.S., Sweden, Denmark, and Norway. We used fixed- and random-effects models adjusted for age, sex, diabetes duration, and minority status to describe differences between center means and to calculate the proportion of total variation in HbA1c levels that is attributable to between-center differences (intraclass correlation [ICC]). We also explored the association between within-center variation and children's glycemic control. Results: Sweden had the lowest mean HbA1c (59 mmol/mol [7.6%]) and together with Norway and Denmark showed the lowest between-center variations (ICC ≤4%). Germany and Austria had the next lowest mean HbA1c (61-62 mmol/mol [7.7-7.8%]) but showed the largest center variations (ICC ~15%). Centers in England, Wales, and the U.S. showed low-to-moderate variation around high mean values. In pooled analysis, differences between counties remained significant after adjustment for children characteristics and center effects (P value <0.001). Across all countries, children attending centers with more variable glycemic results had higher HbA1c levels (5.6 mmol/mol [0.5%] per 5 mmol/mol [0.5%] increase in center SD of HbA1c values of all children attending a specific center). Conclusions: At similar average levels of HbA1c, countries display different levels of center variation. The distribution of glycemic achievement within countries should be considered in developing informed policies that drive quality improvement.

15. The primary care home: a new vehicle for the delivery of population health in England.

Authors Lewis, Richard Q.; Chana, Nav
Source Journal of Integrated Care; Jun 2018; vol. 26 (no. 3); p. 219-230
Publication Date Jun 2018
Publication Type(s) Academic Journal
Database CINAHL

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).

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Abstract

Purpose The purpose of this paper is to consider how the evolving concept of the "primary care home" (PCH) that is developing in England might be an effective vehicle for the delivery of the goals of "population health". The authors examine evidence from earlier initiatives to achieve similar objectives of primary care-led health system planning and care integration to understand relevant lessons for the PCH. Design/methodology/ approach This paper is based on a descriptive review of the PCH using documentary sources and a non-systematic review of literature relating to primary care commissioning initiatives and recent initiatives to deliver general practice services on a larger scale. Findings The PCH is likely to bring forth relatively high engagement from general practitioners due to its neighbourhood scale, voluntary nature and its focus on professional partnership, personalisation of care and outcomes. It is important that participants have sufficient autonomy to act and that financial incentives are aligned with the goals of population health. It is also important that, unlike some earlier primary care initiatives, the PCH is given time to develop to maturity. Originality/value The PCH is a recent phenomenon that is developing in England and elsewhere. This paper locates the PCH within a historical context and draws conclusions from a relevant evidence base.

16. Exploring breastfeeding peer supporters' experiences of using the Solihull Approach model.

Authors Thelwell, Emily; Rheeston, Mary; Douglas, Hazel
Source MIDIRS Midwifery Digest; Jun 2018; vol. 28 (no. 2); p. 226-234
Publication Date Jun 2018
Publication Type(s) Academic Journal
Database CINAHL

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Abstract

Background: The Solihull Approach is a model designed to support professionals, including breastfeeding peer supporters, to think about their work with children and families. Aims: To gain insight into breastfeeding peer supporters' experiences of using the Solihull Approach by exploring breastfeeding peer supporters' motivation to volunteer, their experiences of peer supporter breastfeeding training, and their experiences of putting this training into practice. The study also sought to identify factors that could contribute to improving the service. Methods: A qualitative study was undertaken with three voluntary and four paid peer supporters. Participants were interviewed using a semi-structured schedule and data were analysed using thematic analysis with an inductive approach. Findings: Three key themes and their sub-themes emerged: motivation to volunteer, experience of being a peer supporter, and practical and personal applications of the Solihull Approach. Conclusions: Several benefits have been highlighted when incorporating the Solihull Approach into peer professionals' practice, including increased confidence levels and improved team communication, as well as positive outcomes in their personal lives.

17. The Birth of the European Doula Network.

Authors Kalau, Mary
Source Midwifery Today; Jun 2018 (no. 126); p. 36-37
Publication Date Jun 2018
Publication Type(s) Periodical
Database CINAHL

Abstract

The article focuses on the organization European Doula Network (EDN) which was founded by various doula associations and training organizations from Europe, Australia and the U.S. Topics discussed include sharing of information through social forums, raising awareness of birth related services, and developing of code of ethics. It also a list of venues where the EDN congresses were held since 2011.

18. The effects of nutritional guideline implementation on nursing home staff performance: a controlled trial.

Authors Törmä, Johanna; Winblad, Ulrika; Saletti, Anja; Cederholm, Tommy
Source Scandinavian Journal of Caring Sciences; Jun 2018; vol. 32 (no. 2); p. 622-633
Publication Date Jun 2018
Publication Type(s) Academic Journal
Database CINAHL

Available at [Scandinavian journal of caring sciences](#) from Wiley Online Library Medicine and Nursing Collection 2018 - NHS

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Abstract

Rationale: Suboptimal nutritional practices in elderly care settings may be resolved by an efficient introduction of nutritional guidelines. Aims: To compare two different implementation strategies, external facilitation (EF) and educational outreach visits (EOVs), when introducing nutritional guidelines in nursing homes (NHs), and study the impact on staff performance. Methodological design: A quasi-experimental study with baseline and follow-up measurements. Outcome measures: The primary outcome was staff performance as a function of mealtime ambience and food service routines. Interventions/research methods: The EF strategy was a 1-year, multifaceted intervention that included support, guidance, practice audit and feedback in two NH units. The EOV strategy comprised one-three-hour lecture about nutritional guidelines in two other NH units. Both strategies were targeted to selected NH teams, which consisted of a unit manager, a nurse and 5-10 care staff. Mealtime ambience was evaluated by 47 observations using a structured mealtime instrument. Food service routines were evaluated by 109 food records performed by the staff. Results: Mealtime ambience was more strongly improved in the EF group than in the EOV group after the implementation. Factors improved were laying a table ($p = 0.03$), offering a choice of beverage ($p = 0.02$), the serving of the meal ($p = 0.02$), interactions between staff and residents ($p = 0.02$) and less noise from the kitchen ($p = 0.01$). Food service routines remained unchanged in both groups. Conclusions: An EF strategy that included guidance, audit and feedback improved mealtime ambience when nutritional guidelines were introduced in a nursing home setting, whereas food service routines were unchanged by the EF strategy.

19. An audit of chronic oedema within the care home setting.

Authors Stephen-Haynes, Jackie; Callaghan, Rosie
Source British Journal of Community Nursing; Apr 2018; vol. 23
Publication Date Apr 2018
Publication Type(s) Academic Journal
Database CINAHL

Available at [British Journal of Community 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 Community 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

This articles outlines the important issue of chronic oedema, its definition and the physiology of the three main categories. The care delivered in the care home (nursing) sector was the subject of a printed questionnaire and the results are presented here. They are discussed and the implications for practice and an evidenced-based approach to care delivery are considered. Several conclusions can be drawn from this study but would be strengthened by a larger study. Care for patients with chronic oedema could be enhanced and this would improve clinical outcomes; significantly fewer patients would need to be referred for GP management if an appropriate and timely first-line treatment was agreed and provided by nursing staff. An educational resource should be developed, including: a resource folder; e-learning, patient information, and a patient leg exercise regime; a crib sheet and myth buster information; and clinical competencies. A further study would be required to confirm whether fewer patients experienced falls or presented with chronic oedema when lower leg swelling was managed.

20. RISKS OF PRETERM LABOUR AMONG WOMEN WHO ATTEND PUBLIC ANTENATAL CARE CLINICS.

Authors Fourie, N.; du Rand, S. M.; Morton, D. G.
Source Africa Journal of Nursing & Midwifery; Mar 2018; vol. 20 (no. 1); p. 1-16
Publication Date Mar 2018
Publication Type(s) Periodical
Database CINAHL
Available at [Africa Journal of Nursing and Midwifery](#) from EBSCO (CINAHL Plus with Full Text)

Abstract

Preterm births are the leading cause of perinatal morbidity and mortality worldwide. Complications of prematurity are the single largest cause of neonatal death and the second leading cause of deaths among children under the age of five years. The study aimed to identify the possible causes for preterm labour among women who attend antenatal care clinics in the East London area of the Buffalo City Metropolitan Health District in South Africa. A quantitative, explorative, descriptive, and retrospective design was used. The target population was women who delivered preterm infants in the year 2014. Patient files were used to collect the data and simple random sampling was used to select patient files. The sample only included women who delivered preterm infants and who received antenatal care at primary healthcare clinics. An audit tool was developed and used to collect data. The findings suggest that many of the women did not receive quality antenatal care with certain tests and procedures being omitted and underreported by nurses, leading to some conditions being poorly monitored or even undiagnosed. In conclusion, many preterm births could be prevented among women who attend antenatal care clinics, provided that they attend early, adhere to return dates and experience quality basic antenatal care services.

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 18-Jun-2018]	20
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