

Strategy 432447/10

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1. Examining community and consumer food environments for children: An urban-suburban-rural comparison in Southwestern Ontario.

Authors DuBreck, Catherine M.; Sadler, Richard C.; Arku, Godwin; Gilliland, Jason A.
Source Social Science & Medicine; Jul 2018; vol. 209 ; p. 33-42
Publication Date Jul 2018
Publication Type(s) Academic Journal
Database CINAHL

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Abstract The aim of this study is to evaluate how retail food environments for children in the City of London and Middlesex County, Ontario, Canada, vary according to level of urbanicity and level of socioeconomic distress. Urbanicity in this study is defined as a neighbourhood's designation as urban, suburban, or rural. We assessed community food environments (e.g., the type, location, and accessibility of food outlets) using 800m and 1600m network buffers (school zones) around all public and private elementary schools, and we calculated and compared density of junk food opportunities (JFO) (e.g., fast food and full-service restaurants, grocery stores, and convenience stores) within each school zone in urban, suburban and rural settings. The study also assessed consumer food environments (e.g., the price, promotion, placement, and availability of healthy options and nutrition information) through restaurant children's menu audits using the Children's Menu Assessment tool. Results suggest JFO density is greater around elementary schools in areas with higher levels of socioeconomic distress and urbanicity, while urbanicity is also associated with greater use of branded marketing and inclusion of an unhealthy dessert on children's menus.

2. 'The big buzz': a qualitative study of how safe care is perceived, understood and improved in general practice.

Authors de Wet, Carl; Bowie, Paul; O'Donnell, Catherine
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)

Abstract Background: Exploring frontline staff perceptions of patient safety is important, because they largely determine how improvement interventions are understood and implemented. However, research evidence in this area is very limited. This study therefore: explores participants' understanding of patient safety as a concept; describes the factors thought to contribute to patient safety incidents (PSIs); and identifies existing improvement actions and potential opportunities for future interventions to help mitigate risks. Methods: A total of 34 semi-structured interviews were conducted with 11 general practitioners, 12 practice nurses and 11 practice managers in the West of Scotland. The data were thematically analysed. Results: Patient safety was considered an important and integral part of routine practice. Participants perceived a proportion of PSIs as being inevitable and therefore not preventable. However, there was consensus that most factors contributing to PSIs are amenable to improvement efforts and acknowledgement that the potential exists for further enhancements in care procedures and systems. Most were aware of, or already using, a wide range of safety improvement tools for this purpose. While the vast majority was able to identify specific, safety-critical areas requiring further action, this was counter-balanced by the reality that additional resources were a decisive requirement. Conclusion: The perceptions of participants in this study are comparable with the international patient safety literature: frontline staff and clinicians are aware of and potentially able to address a wide range of safety threats. However, they require additional resources and support to do so.

3. The trusts yet to reach food standards: Hospitals are making good progress on the five nutritional standards - but there is still work to be done.

Authors Longhurst, Chris
Source Nursing Standard; Jun 2018; vol. 33 (no. 3); p. 67-68

Publication Date Jun 2018
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Database CINAHL
Available at [Nursing Standard](#) 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 Standard](#) 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 the progress and struggles of National Health Service (NHS) trusts in Great Britain in reaching five hospital nutritional standards as of June 2018. Topics covered include the Council of Europe's characteristics of good nutrition and hydration care and multidisciplinary nutrition strategy approach, the five standards that trusts have to adhere to, and the 75% standards compliance by trusts. Also noted are what nurses can do to help hospitals achieve the standards.

4. Information and choice of residential care provider for older people: a comparative study in England, the Netherlands and Spain.

Authors TRIGG, LISA; KUMPUNEN, STEPHANIE; HOLDER, JACQUETTA; MAARSE, HANS; SOLÉ JUVÉS, MERITXELL; GIL, JOAN
Source Ageing & Society; Jun 2018; vol. 38 (no. 6); p. 1121-1147
Publication Date Jun 2018
Publication Type(s) Academic Journal
Database CINAHL

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

Abstract This study compared how older people use quality information to choose residential care providers in England, the Netherlands and Spain (Catalonia). The availability of information varies between each country, from detailed inspection and survey information in the Netherlands, through to a lack of publicly available information in Catalonia. We used semi-structured interviews and group workshops with older people, families and professionals to compare experiences of the decision-making process and quality information, and also to explore what quality information might be used in the future. We found that most aspects of the decision-making experience and preferences for future indicators were similar across the three countries. The use of quality information was minimal across all three, even in England and the Netherlands where information was widely available. Differences arose mainly from factors with the supply of care. Older people were most interested in the subjective experiences of other residents and relatives, rather than 'hard' objective indicators of aspects such as clinical care. We find that the amount of publicly available quality information does not in itself influence the decisions or the decision-making processes of older people and their carers. To improve the quality of decisions, more effort needs to be taken to increase awareness and to communicate quality in more accessible ways, including significant support from professionals and better design of quality information.

5. Geographic Region and Profit Status Drive Variation in Hospital Readmission Outcomes Among Inpatient Rehabilitation Facilities in the United States.

Authors Daras, Laura Coots; Ingber, Melvin J.; Deutsch, Anne; Hefe, Jennifer Gaudet; Perloff, Jennifer
Source Archives of Physical Medicine & Rehabilitation; Jun 2018; vol. 99 (no. 6); p. 1060-1066
Publication Date Jun 2018
Publication Type(s) Academic Journal
Database CINAHL
Available at [Archives of physical medicine and rehabilitation](#) from Available to NHS staff on request from UHL Libraries & Information Services (from NULJ library) - click this link for more information Local Print Collection
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Abstract Objective To examine whether there are differences in inpatient rehabilitation facilities' (IRFs') all-cause 30-day postdischarge hospital readmission rates vary by organizational characteristics and geographic regions. Design Observational study. Setting IRFs. Participants Medicare fee-for-service beneficiaries discharged from all IRFs nationally in 2013 and 2014 (N = 1166 IRFs). Interventions Not applicable. Main Outcome Measures We applied specifications for an existing quality measure adopted by Centers for Medicare & Medicaid Services for public reporting that assesses all-cause unplanned hospital readmission measure for 30 days postdischarge from inpatient rehabilitation. We estimated facility-level observed and risk-standardized readmission rates and then examined variation by several organizational characteristics (facility type, profit status, teaching status, proportion of low-income patients, size) and geographic factors (rural/urban, census division, state). Results IRFs' mean risk-standardized hospital readmission rate was 13.00%±0.77%. After controlling for organizational characteristics and practice patterns, we found substantial variation in IRFs' readmission rates: for-profit IRFs had significantly higher readmission rates than did not-for-profit IRFs (P <.001). We also found geographic variation: IRFs in the South Atlantic and South Central census regions had the highest hospital readmission rates than did IRFs in New England that had the lowest rates. Conclusions Our findings point to variation in quality of care as measured by risk-standardized hospital readmission rates after IRF discharge. Thus, monitoring of readmission outcomes is important to encourage quality improvement in discharge care planning, care transitions, and follow-up.

6. Using report cards and dashboards to drive quality improvement: lessons learnt and lessons still to learn.

Authors Ivers, Noah M.; Barrett, Jon
Source BMJ Quality & Safety; Jun 2018; vol. 27 (no. 6); p. 417-420
Publication Date Jun 2018
Publication Type(s) Academic Journal
Database CINAHL
Available at [BMJ quality & safety](#) from BMJ Journals - NHS

7. Detection of breech presentation: Abdominal palpation and hand-held scanning by midwives.

Authors Keable, Joanna; Crozier, Kenda
Source British Journal of Midwifery; Jun 2018; vol. 26 (no. 6); p. 371-376
Publication Date Jun 2018
Publication Type(s) Academic Journal
Database CINAHL
Available at [British Journal of Midwifery](#) from EBSCO (CINAHL Plus with Full Text)
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Abstract Background: The NHS Litigation Authority's 'sign up to safety' campaign aims to prevent undiagnosed breech birth and possible poor birth outcomes. An audit was completed following the introduction of hand-held scanning ultrasound examination. Aims: The hand-held ultrasound was used by midwives for all women in labour and before induction of labour to confirm presentation. Methods: A criterion-based retrospective audit, conducted over 6 months in 2016, with a sample of 2737 women. Findings: The audit demonstrated that 22 breech presentations were detected when using the hand-held ultrasound before induction of labour or in labour. The audit standard of 100% of women receiving an ultrasound scan was not met, and potential reasons are explored. Conclusions: The results support the use of hand-held ultrasound, as it did detect breech presentation before induction of labour or spontaneous labour and birth. Further work includes the audit of the reasons that hand-held ultrasound scanning was not used, to ensure that a targeted action plan can be created. Future research into midwifery values, cultural attitudes and the effectiveness of abdominal palpation is also needed, to develop the knowledge base on which scanning can be framed.

8. Facilitation of an end-of-life care programme into practice within UK nursing care homes: A mixed-methods study.

Authors Kinley, Julie; Preston, Nancy; Froggatt, Katherine
Source International Journal of Nursing Studies; Jun 2018; vol. 82 ; p. 1-10
Publication Date Jun 2018
Publication Type(s) Academic Journal
Database CINAHL
Available at [International Journal of Nursing Studies](#) 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 The predicted demographic changes internationally have implications for the nature of care that older people receive and place of care as they age. Healthcare policy now promotes the implementation of end-of-life care interventions to improve care delivery within different settings. The Gold Standards Framework in Care Homes (GSFCH) programme is one end-of-life care initiative recommended by the English Department of Health. Only a small number of care homes that start the programme complete it, which raises questions about the implementation process. Aim To identify the type, role, impact and cost of facilitation when implementing the GSFCH programme into nursing care home practice. Design A mixed-methods study. Setting Nursing care homes in south-east England. Participants Staff from 38 nursing care homes undertaking the GSFCH programme. Staff in 24 nursing care homes received high facilitation. Of those, 12 also received action learning. The remaining 14 nursing care homes received usual local facilitation of the GSFCH programme. Methods Study data were collected from staff employed within nursing care homes (home managers and GSFCH coordinators) and external facilitators associated with the homes. Data collection included interviews, surveys and facilitator activity logs. Following separate quantitative (descriptive statistics) and qualitative (template) data analysis the data sets were integrated by 'following a thread'. This paper reports study data in relation to facilitation. Results Three facilitation approaches were provided to nursing home staff when implementing the GSFCH programme: 'fitting it in' facilitation; 'as requested' facilitation; and 'being present' facilitation. 'Being present' facilitation most effectively enabled the completion of the programme, through to accreditation. However, it was not sufficient to just be present. Without mastery and commitment, from all participants, including the external facilitator, learning and initiation of change failed to occur. Implementation of the programme required an external facilitator who could mediate multi-layered learning at an individual, organisational and appreciative system level. The cost savings in the study outweighed the cost of providing a 'being present' approach to facilitation. Conclusions Different types of facilitation are offered to support the implementation of end-of-life care initiatives. However, in this study 'being present' facilitation, when supported by multi-layered learning, was the only approach that initiated the change required.

9. RN4CAST@IT-Ped: Nurse staffing and children's safety.

Authors Sasso, Loredana; Bagnasco, Annamaria; Petralia, Paolo; Scelsi, Silvia; Zanini, Milko; Catania, Gianluca; Aleo, Giuseppe; Dasso, Nicoletta; Rossi, Silvia; Watson, Roger; Sermeus, Walter; Icardi, Giancarlo; Aiken, Linda H.

Source Journal of Advanced Nursing; Jun 2018; vol. 74 (no. 6); p. 1223-1225

Publication Date Jun 2018

Publication Type(s) Academic Journal

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Abstract The article reports on exposing hospitalized patients to death risks associated with understaffing. England-based Care Quality Commission has included staffing levels as one of the auditing quality standards when inspecting hospitals and health centres. The Royal College of Nursing (RCN) defined which nurse staffing levels should be adopted by policy makers to ensure the provision of safe care.

10. Care pathways for low-risk transient ischaemic attack.

Authors Bulger, Jenna K; Ali, Khalid; Edwards, Adrian; Ford, Gary; Hampton, Chelsey; Jones, Charlene; Moore, Chris; Porter, Alison; Quinn, Tom; Seagrove, Anne; Snooks, Helen; Rees, Nigel

Source Journal of Paramedic Practice; Jun 2018; vol. 10 (no. 6); p. 256-259

Publication Date Jun 2018

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Abstract Background: In secondary care, the urgency of review for transient ischaemic attack (TIA) has relied upon the use of the ABCD2 score, but this tool is not validated for use by emergency ambulance crews. There is a need to evaluate alternative care pathways for patients who might be eligible for direct referral to TIA clinics without prior conveyance to the emergency department (ED). Aim: The aim of this national survey was to describe current service provision across the UK for pre-hospital emergency care of patients with TIA. Methods: The authors approached all UK Ambulance trusts (n=13) by email, asking them to provide details of TIA patient referral pathways. Findings: Twelve ambulance services responded to the survey and nine reported that they had no current pathway; one had discontinued a pathway because of service reconfiguration; and three were currently using one. All pathways used the ABCD2 tool to screen patients and classified patients as low-risk if the ABCD2 score was 3 or below. Non-conveyance exclusion criteria varied. Although compliance with referral pathways was audited in an initial pilot in one service, no other evaluations of the effectiveness of pathways were reported. Conclusion: A minority of UK ambulance services report introducing referral pathways for low-risk TIA patients, avoiding initial assessment in the ED. Safety, effectiveness and acceptability of such pathways have not been evaluated to date.

11. Can Sepsis Be Detected in the Nursing Home Prior to the Need for Hospital Transfer?

Authors Sloane, Philip D.; Ward, Kimberly; Weber, David J.; Kistler, Christine E.; Brown, Benjamin; Davis, Katherine; Zimmerman, Sheryl
Source Journal of the American Medical Directors Association; Jun 2018; vol. 19 (no. 6); p. 492-492
Publication Date Jun 2018
Publication Type(s) Academic Journal
Database CINAHL
 Available at [Journal of the American Medical Directors Association](#) 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

Abstract Objectives To determine whether and to what extent simple screening tools might identify nursing home (NH) residents who are at high risk of becoming septic. Design Retrospective chart audit of all residents who had been hospitalized and returned to participating NHs during the study period. Setting and Participants A total of 236 NH residents, 59 of whom returned from hospitals with a diagnosis of sepsis and 177 who had nonsepsis discharge diagnoses, from 31 community NHs that are typical of US nursing homes overall. Measures NH documentation of vital signs, mental status change, and medical provider visits 0–12 and 13–72 hours prior to the hospitalization. The specificity and sensitivity of 5 screening tools were evaluated for their ability to detect residents with incipient sepsis during 0–12 and 13–72 hours prior to hospitalization: The Systemic Inflammatory Response Syndrome criteria, the quick Sequential Organ Failure Assessment (SOFA), the 100-100-100 Early Detection Tool, and temperature thresholds of 99.0°F and 100.2°F. In addition, to validate the hospital diagnosis of sepsis, hospital discharge records in the NHs were audited to calculate SOFA scores. Results Documentation of 1 or more vital signs was absent in 26%–34% of cases. Among persons with complete vital sign documentation, during the 12 hours prior to hospitalization, the most sensitive screening tools were the 100-100-100 Criteria (79%) and an oral temperature >99.0°F (51%); and the most specific tools being a temperature >100.2°F (93%), the quick SOFA (88%), the Systemic Inflammatory Response Syndrome criteria (86%), and a temperature >99.0°F (85%). Many SOFA data points were missing from the record; in spite of this, 65% of cases met criteria for sepsis. Conclusions NHs need better systems to monitor NH residents whose status is changing, and to present that information to medical providers in real time, either through rapid medical response programs or telemetry.

12. Development of a National Wound Care Strategy: debating the issues.

Source Journal of Wound Care; Jun 2018; vol. 27 (no. 6); p. 403-403
Publication Date Jun 2018
Publication Type(s) Academic Journal
Database CINAHL
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Abstract Following on from the debate in the House of Lords (London, UK) 'Improving the standard of wound care in the NHS' in November 2017, Rt Hon. Lord Hunt of Kings Heath set up a meeting on 22 May to discuss the further action to be taken and work that has started to establish a National Wound Care Strategy.

13. National Diabetes Inpatient Audit: how can inpatient teams make patients feel safer?

Authors Johnston, Paula
Source British Journal of Nursing; May 2018; vol. 27 (no. 10); p. 534-536
Publication Date May 2018
Publication Type(s) Academic Journal
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Abstract The article provide a summary of the 2017 findings of the National Diabetes Inpatient Audit (NaDIA) of diabetes inpatient care in England and Wales. According to the author, the audit measures the quality of diabetes care provided to people with diabetes while they are admitted to hospital. Topics include summary of the audit findings, recommendations, and analysis of hospital inpatient activity.

14. Influences on the adoption of patient safety innovation in primary care: a qualitative exploration of staff perspectives.

Authors Litchfield, Ian; Gill, Paramjit; Avery, Tony; Campbell, Stephen; Perryman, Katherine; Marsden, Kate; Greenfield, Sheila
Source BMC Family Practice; May 2018; vol. 19 (no. 1)
Publication Date May 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 PubMed Central

Abstract Background: Primary care is changing rapidly to meet the needs of an ageing and chronically ill population. New ways of working are called for yet the introduction of innovative service interventions is complicated by organisational challenges arising from its scale and diversity and the growing complexity of patients and their care. One such intervention is the multi-strand, single platform, Patient Safety Toolkit developed to help practices provide safer care in this dynamic and pressured environment where the likelihood of adverse incidents is increasing. Here we describe the attitudes of staff toward these tools and how their implementation was shaped by a number of contextual factors specific to each practice. Methods: The Patient Safety Toolkit comprised six tools; a system of rapid note review, an online staff survey, a patient safety questionnaire, prescribing safety indicators, a medicines reconciliation tool, and a safe systems checklist. We implemented these tools at practices across the Midlands, the North West, and the South Coast of England and conducted semi-structured interviews to determine staff perspectives on their effectiveness and applicability. Results: The Toolkit was used in 46 practices and a total of 39 follow-up interviews were conducted. Three key influences emerged on the implementation of the Toolkit these related to their ease of use and the novelty of the information they provide; whether their implementation required additional staff training or practice resource; and finally factors specific to the practice's local environment such as overlapping initiatives orchestrated by their CCG. Conclusions: The concept of a balanced toolkit to address a range of safety issues proved popular. A number of barriers and facilitators emerged in particular those tools that provided relevant information with a minimum impact on practice resource were favoured. Individual practice circumstances also played a role. Practices with IT aware staff were at an advantage and those previously utilising patient safety initiatives were less likely to adopt additional tools with overlapping outputs. By acknowledging these influences we can better interpret reaction to and adoption of individual elements of the toolkit and optimise future implementation.

15. Designing a nurse-delivered delirium bundle: What intensive care unit staff, survivors, and their families think?

Authors Bannon, Leona; McGaughey, Jennifer; Clarke, Mike; McAuley, Daniel F.; Blackwood, Bronagh
Source Australian Critical Care; May 2018; vol. 31 (no. 3); p. 174-179
Publication Date May 2018
Publication Type(s) Academic Journal
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Abstract Background Implementation of quality improvement interventions can be enhanced by exploring the perspectives of those who will deliver and receive them. We designed a non-pharmacological bundle for delirium management for a feasibility trial, and we sought to obtain the views of intensive care unit (ICU) staff, survivors, and families on the barriers and facilitators to its implementation. Objective The objective of this study is to determine the barriers and facilitators to a multicomponent bundle for delirium management in critically ill patients comprising (1) education and family participation, (2) sedation minimisation and pain, agitation, and delirium protocol, (3) early mobilisation, and (4) environmental interventions for sleep, orientation, communication, and cognitive stimulation. Methods Nine focus group interviews were conducted with ICU staff (n = 68) in 12 UK ICUs. Three focus group interviews were conducted with ICU survivors (n = 12) and their family members (n = 2). Interviews were digitally recorded, transcribed, and thematically analysed using the Braun and Clarke framework. Results Overall, staff, survivors, and their families agreed the bundle was acceptable. Facilitating factors for delivering the bundle were staff and relatives' education about potential benefits and encouraging family presence. Facilitating factors for sedation minimisation were evening ward rounds, using non-verbal pain scores, and targeting sedation scores. Barriers identified by staff were inadequate resources, poor education, relatives' anxiety, safety concerns, and ICU culture. Concerns were raised about patient confidentiality when displaying orientation materials and managing resources for early mobility. Survivors cited that flexible visiting and re-establishing normality were important factors; and staff workload, lack of awareness, and poor communication were factors that needed to be considered before implementation. Conclusion Generally, the bundle was deemed acceptable and deliverable. However, like any complex intervention, component adaptations will be required depending on resources available to the ICU; in particular, involvement of pharmacists in the ward round and physiotherapists in mobilising intubated patients.

16. Green paper fails to offer speedy solution for children's mental health services.

Authors Quaile, Alistair
Source British Journal of Healthcare Management; May 2018; vol. 24 (no. 5); p. 214-215
Publication Date May 2018
Publication Type(s) Academic Journal
Database CINAHL
 Available at [British Journal of Healthcare Management](#) 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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17. Correlation between workplace learning and job satisfaction of NHS healthcare professionals.

Authors Iliopoulos, Efthymios; Morrissey, Natasha; Baryeh, Kwaku; Polyzois, Ioannis
Source British Journal of Healthcare Management; May 2018; vol. 24 (no. 5); p. 226-233
Publication Date May 2018
Publication Type(s) Academic Journal
Database CINAHL
 Available at [British Journal of Healthcare Management](#) 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 Healthcare Management](#) 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 Introduction: Job satisfaction is directly connected to job performance. This correlation is very important in the health service, where employee performance is linked to patient care. It has been reported in other organisations that workplace learning enhances job satisfaction. The aim of this study is to investigate if such a correlation exists within the health service. Methods: Job satisfaction and workplace learning questionnaires were distributed to healthcare employees at an NHS hospital. The participants were directly involved in patient care. The professionals who participated in the study were doctors, nurses, paramedics, physiotherapists and radiographers. Results: In total, 102 questionnaires were collected. There was a direct significant correlation between job satisfaction and workplace learning (Pearson's correlation=0.38). Compared to doctors, nurses felt that workplace training was better (P=0.001). Moreover, total job experience and the time spent in the Trust had a mild negative correlation with job satisfaction. Frequent departmental teaching also had a significant positive impact on employee job satisfaction (P=0.05). Conclusion: Workplace learning is directly linked to employee job satisfaction in the NHS, and frequently scheduled departmental teaching enhances staff satisfaction.

18. Making a great patient experience.

Authors Ferrer, Itamar

Source British Journal of Healthcare Management; May 2018; vol. 24 (no. 5); p. 254-255
Publication Date May 2018
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Database CINAHL
 Available at [British Journal of Healthcare Management](#) 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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19. Increasing rates for certification of visual impairment at Royal Cornwall Hospital Trust: An audit series.

Authors Savage, Nicholas St John; Claridge, Kate; Green, Jessica
Source British Journal of Visual Impairment; May 2018; vol. 36 (no. 2); p. 143-151
Publication Date May 2018
Publication Type(s) Academic Journal
Database CINAHL
Abstract The audit series investigated how rates of Certification of Visual Impairment (CVI) at Royal Cornwall Hospital Trust (RCHT) performed when compared against Public Health England (PHE) indices. Our aim was to assess whether CVI rates could be improved by promoting clinician awareness. We collected CVI data for Sight Impairment (SI) and Severe Sight Impairment (SSI) from a prospective MS Excel database maintained at RCHT for all certifications between 1 August 2014 and 31 July 2016. Annual local certification rates were compared to regional and national rates using data from Public Health Outcomes Framework (PHOF) for glaucoma, age-related macular degeneration (ARMD), and diabetic eye disease. We found that overall rates of certification were above both those of the South West region and England; however, certifications for ARMD and glaucoma fell below the regional and national rates. Reasons for this may include variations in ethnicity, introduction of anti-vascular endothelial growth factor (anti-VEGF) agents, and/or the potential delay in CVI completion while under treatment for ARMD. We concluded that raising awareness among clinicians did not prove a satisfactory intervention to improve certification rates. In response to these findings, RCHT and a local charity, iSight Cornwall, have jointly funded an Eye Clinic Liaison Officer (ECLLO) to enhance the certification process. This is expected to deliver immediate service improvement. Considerable overlap in dual diagnoses presents a problem in interpretation of CVI data, which could be targeted by the implementation of electronic certification.

20. The use of process mapping in healthcare quality improvement projects.

Authors Antonacci, Grazia; Reed, Julie E.; Lennox, Laura; Barlow, James
Source Health Services Management Research; May 2018; vol. 31 (no. 2); p. 74-84
Publication Date May 2018
Publication Type(s) Academic Journal
Database CINAHL
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 Available at [Health services management 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
Abstract Introduction Process mapping provides insight into systems and processes in which improvement interventions are introduced and is seen as useful in healthcare quality improvement projects. There is little empirical evidence on the use of process mapping in healthcare practice. This study advances understanding of the benefits and success factors of process mapping within quality improvement projects. Methods Eight quality improvement projects were purposively selected from different healthcare settings within the UK's National Health Service. Data were gathered from multiple data-sources, including interviews exploring participants' experience of using process mapping in their projects and perceptions of benefits and challenges related to its use. These were analysed using inductive analysis. Results Eight key benefits related to process mapping use were reported by participants (gathering a shared understanding of the reality; identifying improvement opportunities; engaging stakeholders in the project; defining project's objectives; monitoring project progress; learning; increased empathy; simplicity of the method) and five factors related to successful process mapping exercises (simple and appropriate visual representation, information gathered from multiple stakeholders, facilitator's experience and soft skills, basic training, iterative use of process mapping throughout the project). Conclusions Findings highlight benefits and versatility of process mapping and provide practical suggestions to improve its use in practice.

21. Supporting clinical practice and development.

Authors Wells, Louise; Jenkins, Karen
Source Journal of Kidney Care; May 2018; vol. 3 (no. 3); p. 176-177

Publication Date May 2018
Publication Type(s) Academic Journal
Database CINAHL

22. The value of chest X-ray in the Scottish Referral Guidelines for suspected head and neck cancer in 2144 patients.

Authors Finland, P; Carswell, V; Tikka, T; Douglas, C M; Montgomery, J
Source Journal of Laryngology & Otology; May 2018; vol. 132 (no. 5); p. 434-438
Publication Date May 2018
Publication Type(s) Academic Journal
Database CINAHL

Available at [The Journal of laryngology and otology](#) 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 Objective: In Scotland, patients with suspected head and neck cancer are referred on the basis of the Scottish Referral Guidelines for Suspected Cancer, rather than the National Institute for Health and Care Excellence guidelines. A chest X-ray should be requested by the general practitioner at the same time as referral for persistent hoarseness. The evidence for this is level 4. Methods: This audit identified adherence to this recommendation and X-ray results. All 'urgent suspicion of cancer' referrals to the ENT department in the National Health Service Greater Glasgow and Clyde for 2015–2016 were audited. Results: Persistent hoarseness for more than 3 weeks instigated referral in 318 patients (15.7 per cent). Chest X-ray was performed in 120 patients (38 per cent), which showed: no abnormality in 116 (96.7 per cent), features of infection in 2 (1.7 per cent) and something else in 2 patients (1.7 per cent). No chest X-ray altered the management of a patient. Conclusion: Performance of chest X-ray does not alter management and its removal from the Scottish Referral Guidelines for Suspected Cancer is recommended.

23. East Lancashire Hospital Trust creates an open culture paving the way for service improvement 'Below ten thousand'.

Authors Tomlinson, Robert
Source Journal of Perioperative Practice; May 2018; vol. 28 (no. 5); p. 115-119
Publication Date May 2018
Publication Type(s) Academic Journal
Database CINAHL

Available at [Journal of perioperative practice](#) 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 Reacting to a never event is difficult and often embarrassing for staff involved. East Lancashire Hospitals NHS Trust has demonstrated that treating staff with respect after a never event, creates an open culture that encourages problem solving and service improvement. The approach has allowed learning to be shared and paved the way for the trust to be the first in the UK to launch the patient centric behavioural noise reduction strategy 'Below ten thousand'.

24. Scan4Safety.

Authors Veitch, Stephen; Drag, Rob
Source Journal of Perioperative Practice; May 2018; vol. 28 (no. 5); p. 120-122
Publication Date May 2018
Publication Type(s) Academic Journal
Database CINAHL

Available at [Journal of perioperative practice](#) 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 Salisbury NHS Foundation Trust, a Scan4Safety Demonstrator Site, is taking the learnings from retail to improve patient safety, reduce variation and increase clinical productivity and efficiency in theatres and wards. The programme has the potential to save lives and up to £1 billion for the NHS over the next seven years.

25. Building an effective and efficient theatre team and harnessing its power.

Authors Bennett, Laura; Ryan, Shouphyna; Walker, Lisa
Source Journal of Perioperative Practice; May 2018; vol. 28 (no. 5); p. 123-127
Publication Date May 2018
Publication Type(s) Academic Journal
Database CINAHL
Available at [Journal of perioperative practice](#) 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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26. Growing our own theatre staff: Practice development and education.

Authors Cresswell, Becky; Davies, Corrina; Langlois, Sue; Richter, Dan
Source Journal of Perioperative Practice; May 2018; vol. 28 (no. 5); p. 128-132
Publication Date May 2018
Publication Type(s) Academic Journal
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Abstract Royal Bournemouth & Christchurch Hospitals NHS Foundation Trust engaged in a quality improvement project aimed at improving quality and safety in theatres. The improvements delivered were recruitment to full staffing template, reduction in agency staffing to zero, and creating a theatre coordinator role to ensure safe staffing. The Practice Education Team was increased fivefold with no extra investment as a result of these improvements. Student satisfaction results amongst ODPs and nurses have increased alongside staff morale and productivity.

27. An inquiry into what organised difficult advance care planning conversations in a Scottish residential care home using institutional ethnography.

Authors Reid, Lorna; Kydd, Angela; Slade, Bonnie
Source Journal of Research in Nursing; May 2018; vol. 23 (no. 2/3); p. 220-236
Publication Date May 2018
Publication Type(s) Academic Journal
Database CINAHL
Available at [Journal of Research in Nursing](#) from SAGE A - Z To make sure you get access to all available issues, at the top of the screen please click on 'Institution' and then 'Open Athens'.
Available at [Journal of Research in Nursing](#) from Leicester General Hospital Library Local Print Collection [location] : Leicester General Library. [title_notes] : Issues before 2000 held in Archive.
Available at [Journal of Research in Nursing](#) from Available to NHS staff on request from UHL Libraries & Information Services (from NULJ library) - click this link for more information Local Print Collection [location] : UHL Libraries On Request (Free).

Abstract Aim: This paper provides an institutional ethnographic analysis of how advance care planning discussions, which included advance decisions about serious illness, hospital admission and Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) forms, were systematically placed into the hands of senior social careworkers (SSCWs) in a residential care home (RCH). RCHs are care settings where there are no on-site nurses, and access to hospital and/or community doctors and nurses is limited. Methods: The paper traces the organising features of day-to-day work gathered from interviews with SSCWs (n=44) and others (n=6) whose (well-intentioned) work shaped what happened in the RCH. Results: It shows how the experience of SSCWs was socially organised to happen as it did as they (and others) complied with powerful organising texts such as national and local policy documents, care plans and audit forms. The paper concludes that although SSCWs decisionmaking conversations were out of alignment with the national DNACPR policy, they cannot simply be described as poor practice. This is because they were socially organised by a complex web of institutional practices related to the occupancy rate in the RCH, the inspection process of the care home scrutiny body, the quality assurance process of the RCH company, the funding of palliative care education, and powerful political and fiscal drives to reduce spending on over-75s. These practices had little to do with the actual care needs of RCH residents or the actual support needs of RCH staff. Conclusions: The paper points towards necessary policy changes. It also highlights how 'competent' work driven by ideological institutional practices can result in ethically troubling situations in day-to-day working life. This emphasises the importance of carefully examining the social organisation of situations typically described as poor practice if we are to understand how they are (re)produced. It also offers a different account of care home deaths than is typically presented in the professional literature.

28. A smarter way of inspecting.

Authors Wilson, Jane
Source Nursing & Residential Care; May 2018; vol. 20 (no. 5); p. 195-197
Publication Date May 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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29. Single centre audit of early impact of inclusion of the three vessel and trachea view in obstetric screening.

Authors Edwards, Hazel; Hamilton, Richard
Source Ultrasound; May 2018; vol. 26 (no. 2); p. 93-100
Publication Date May 2018
Publication Type(s) Academic Journal
Database CINAHL
Available at [Ultrasound](#) 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 Detection rates of congenital cardiac malformations have traditionally remained low. The NHS Fetal Anomaly Screening Programme (FASP) aims to increase these detection rates for various reasons, including influencing perinatal management and aiding parental decision making. The inclusion of the three vessel view and trachea (3VT) view in 2015 aimed to improve detection rates of arch abnormalities in particular. This study evaluated the early impact of the new initiative at one NHS Trust. Departmental screen-positive rates were compared for a full year before and after implementation. Referrals to, and opinions of, the foetal medicine unit (FMU) were assessed; as were undetected congenital heart defects for the two time periods. Compared with the pre-implementation (pre-3VT) period, the number of completed anomaly scans performed after implementation (post-3VT) increased by 3% and the number of FMU referrals increased by 625%. Departmental screen-positive rates for cardiac abnormalities increased from 40% (pre-3VT) to 91% (post-3VT). Over half (52%) of the FMU referrals were made due to a suspected abnormal 3VT view. Early evaluation of 3VT implementation at this NHS Trust indicates that it has been a success. Departmental screen-positive rates for congenital cardiac malformations have risen. However, this performance has come at a cost: Some abnormalities now being detected, such as loose vascular ring and PLSVC, are frequently asymptomatic and likely to be clinically insignificant. The implementation of 3VT achieves the aims of FASP but may begin to exceed what is expected from a low risk population screening programme.

30. Development and preliminary testing of the Brief Developmental Assessment: an early recognition tool for children with heart disease.

Authors Wray, Jo; Brown, Katherine L.; Ridout, Deborah; Lakhanpaul, Monica; Smith, Liz; Scarisbrick, Angie; O'Curry, Sara; Hoskote, Aparna
Source Cardiology in the Young; Apr 2018; vol. 28 (no. 4); p. 582-591
Publication Date Apr 2018
Publication Type(s) Academic Journal
PubMedID 29433600
Database CINAHL
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Abstract IntroductionNeurodevelopmental abnormalities are common in children with CHD and are the highest-priority concerns for parents and professionals following cardiac surgery in childhood. There is no additional routine monitoring of development for children with CHD in the United Kingdom; hence, neurodevelopmental concerns may be detected late, precluding early referral and intervention.MethodsAn early recognition tool – the "Brief Developmental Assessment" – was developed using quality improvement methodology involving several iterations and rounds of pilot testing. Our requirements were for a tool covering important developmental domains and practicable for use within inpatient and outpatient settings by paediatric cardiac health professionals who are non-developmental specialists, without specialised equipment and which involved direct observation, as well as parental report.ResultsItems were included in the tool based on existing developmental measures, covering the domains of gross and fine motor skills, daily living skills, communication, socialisation, and general understanding. Items were developed for five age bands – 0–16 weeks, 17–34 weeks, 35–60 weeks, 15 months–2.9 years, and 3–4.9 years – and the final versions included a traffic light scoring system for identifying children with possible delay in any or all domains. Preliminary testing indicated excellent inter-rater reliability, an ability to detect children with a diagnosis known to be associated with developmental delay, and largely acceptable internal reliability.ConclusionWe report the evolution and preliminary testing of an early recognition tool for assessing the development of children with heart disease; this was encouraging and sufficiently good to support further validation in a larger study.

31. Audit sheds light on impact of shortage of children's nurses.

Authors Ford, Steve
Source Nursing Times; Apr 2018; vol. 114 (no. 4); p. 9-9
Publication Date Apr 2018
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Database CINAHL
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32. Blackpool trust to up health visitor contacts from five to eight in first.

Authors Stephenson, Jo
Source Nursing Times; Apr 2018; vol. 114 (no. 4); p. 16-16
Publication Date Apr 2018
Publication Type(s) Periodical
Database CINAHL
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33. Renal nurses asked to improve insertion of needles for dialysis.

Authors Stephenson, Jo
Source Nursing Times; Apr 2018; vol. 114 (no. 4); p. 148-148
Publication Date Apr 2018
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34. Respiratory nurses highlight staffing concerns in COPD care.

Authors Stephenson, Jo
Source Nursing Times; Apr 2018; vol. 114 (no. 4); p. 150-150
Publication Date Apr 2018
Publication Type(s) Periodical
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35. Neurological sleep medicine: a case note audit from a specialist clinic.

Authors Romiszewski, Stephanie; Croft, Declan; Veale, Joanne; Matthews, Louise; Ryland, Helen; May, Felix; Zeman, Adam
Source Progress in Neurology & Psychiatry; Apr 2018; vol. 22 (no. 2); p. 9-17
Publication Date Apr 2018
Publication Type(s) Academic Journal
Database CINAHL

Available at [Progress in Neurology and Psychiatry](#) from Wiley Online Library Medicine and Nursing Collection 2018 - NHS

Available at [Progress in Neurology and Psychiatry](#) 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 On average, humans sleep for a third of their lives, and sleep disorders are common and treatable. However, services for most sleep disorders are highly variable across the UK, and sleep medicine is neglected in the medical curriculum. We report the findings of an audit of patients with neurological sleep disorders seen in a combined cognitive neurology and sleep disorder clinics over a seven-year period, 75 with hypersomnias, 67 with parasomnias and 39 with insomnia. Also, the results of a pilot of a cognitive behavioural therapy service for insomnia undertaken in the same population are analysed.

36. Freeing up senior charge nurses' time through admin support.

Authors Somerville, Christine; Morrison, Victoria
Source Nursing Times; Mar 2018; vol. 114 (no. 3); p. 49-49
Publication Date Mar 2018
Publication Type(s) Periodical
Database CINAHL

Available at [Nursing Times](#) 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 Two senior charge nurses at University Hospital Crosshouse in Scotland, working in the acute stroke unit and on a general medical ward respectively, found that they were overwhelmed by admin tasks impacting on their ability to be visible clinical leaders for patients and staff. An administrative support role was piloted for six months and then made permanent. Each senior charge nurse now has 15 hours of administrative support per week, which allows them to be visible clinical leaders and has brought significant improvements for staff and patients. This article discusses the pilot, its background, implementation and outcomes.

37. Maidstone and Tunbridge Wells hospitals still require improvement, says CQC.

Authors Merrifield, Nicola
Source Nursing Times; Mar 2018; vol. 114 (no. 3); p. 80-80
Publication Date Mar 2018
Publication Type(s) Periodical

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Available at [Nursing Times](#) 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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38. Charity warns diabetes care in hospitals 'still needs improvement' on back of latest audit.

Authors Ford, Steve
Source Nursing Times; Mar 2018; vol. 114 (no. 3); p. 89-89
Publication Date Mar 2018
Publication Type(s) Periodical
Database CINAHL
Available at [Nursing Times](#) 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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39. Impact of a Systems -- Centred Intervention for Reducing Repeat Prescribing Risks in a Large Primary Care Organisation.

Authors Price, Julie; Baylis, Diane; Taylor, Kate; Mason, Matthew; Burgess, Vanessa; Shu Ling Man; Bowie, Paul
Source Quality in Primary Care; Mar 2018; vol. 26 (no. 2); p. 64-73
Publication Date Mar 2018
Publication Type(s) Academic Journal
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Available at [Quality in Primary Care](#) from Available to NHS staff on request from UHL Libraries & Information Services (from NULJ library) - click this link for more information Local Print Collection [location] : UHL Libraries On Request (Free).

Available at [Quality in Primary 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 Background and aim: Repeat prescribing of medications is a high volume general practice activity that carries significant patient safety risk. Building on previous work to design and test an online systems-based risk management model to identify and measure repeat prescribing hazards, we aimed to advise and support practices to implement recommended improvement actions, with the target goal to reduce baseline risk rating profile scores by 80%. Methods: Multiple methods were utilised including use of a web-based risk assessment system, application of a risk rating scoring process, external review visits and follow-up visit or telephone support calls by experienced, independent Medical Protection risk professionals who made multiple improvement recommendations and provided related implementation advice to local practices. Results: 45/48 practices in a large primary care organisation participated (93.8%), with 40 (88.9%) achieving the target goal of reducing their risk rating score by 80% or greater. The aggregated mean risk rating profile score reduced from 1781.8 (range: 405 to 3890; SD=907.2) to 146.6 (range: 0 to 1290; SD=255.0). 26 practice teams (57.8%) were able to comply with 100% of the improvement actions recommended, with a further 12 (26.7%) complying with 80.0 to 99.5% of recommendations. Overall the mean percentage of recommended actions implemented was 88.8% (range: 0 to 100%; SD=20.5). Conclusion: The combined web-based benchmarking system and risk management method employed have potential to drive safety improvements in repeat prescribing systems at local practice and primary care organisational levels. The improvement approach described will be of strong interest to primary care organisations internationally as part of evolving patient safety priorities.

40. Audit finds 'marked variability' in NHS fracture liaison services.

Authors Ford, Steve
Source Nursing Times; Feb 2018; vol. 114 (no. 2); p. 6-6
Publication Date Feb 2018
Publication Type(s) Periodical
Database CINAHL
Available at [Nursing Times](#) 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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41. Hertfordshire hospital nurses celebrate 'much improved performance' on pressure ulcers.

Authors Stephenson, Jo
Source Nursing Times; Feb 2018; vol. 114 (no. 2); p. 55-55
Publication Date Feb 2018
Publication Type(s) Periodical
Database CINAHL
Available at [Nursing Times](#) 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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42. 'Slight' improvement in women's view of NHS maternity care, finds CQC survey.

Authors Castella, Tom de
Source Nursing Times; Jan 2018; vol. 114 (no. 1); p. 72-72
Publication Date Jan 2018
Publication Type(s) Periodical
Database CINAHL
Available at [Nursing Times](#) 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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43. Nurse managers told to use raft of new NHS safe staffing guidance.

Authors Ford, Steve
Source Nursing Times; Jan 2018; vol. 114 (no. 1); p. 120-120
Publication Date Jan 2018
Publication Type(s) Periodical
Database CINAHL
Available at [Nursing Times](#) 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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44. More registered nurses on ward improves inpatient satisfaction, suggests major study.

Authors Merrifield, Nicola
Source Nursing Times; Jan 2018; vol. 114 (no. 1); p. 140-140
Publication Date Jan 2018
Publication Type(s) Periodical
Database CINAHL
Available at [Nursing Times](#) 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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45. Tool launched to reduce 'variability' in dementia training quality.

Authors Ford, Steve
Source Nursing Times; Jan 2018; vol. 114 (no. 1); p. 170-170
Publication Date Jan 2018
Publication Type(s) Periodical
Database CINAHL
Available at [Nursing Times](#) 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 Times](#) 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.

46. Exclusive: Nurse training to be launched 'to combat incorrect use of safe staffing tool'.

Authors Merrifield, Nicola
Source Nursing Times; Jan 2018; vol. 114 (no. 1); p. 171-171
Publication Date Jan 2018
Publication Type(s) Periodical
Database CINAHL
Available at [Nursing Times](#) 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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47. Trusts urged to focus on nutrition when treating pressure ulcers.

Authors Ford, Steve
Source Nursing Times; Jan 2018; vol. 114 (no. 1); p. 175-175
Publication Date Jan 2018
Publication Type(s) Periodical
Database CINAHL
Available at [Nursing Times](#) 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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48. Using RightCare to engage general practice nurses in Liverpool.

Authors Poll, Sharon; Lloyd, Kerry
Source Nursing Times; Jan 2018; vol. 114 (no. 1); p. 188-188
Publication Date Jan 2018
Publication Type(s) Periodical
Database CINAHL
Available at [Nursing Times](#) 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 Times](#) 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 NHS England RightCare programme can help tackle the challenge of local unwarranted variation in the care provided at general practice level. Liverpool Clinical Commissioning Group is using the RightCare approach to engage nurses working in its 92 GP practices, prompting them to discuss what can be done to improve care and reduce variation. This article describes this approach, in which the use of relevant and meaningful data is key. It is published in parallel with an overview of RightCare and the role of nursing, midwifery and care staff in exploring unwarranted variation.

49. West Hertfordshire trust set to be removed from special measures.

Authors Merrifield, Nicola
Source Nursing Times; Jan 2018; vol. 114 (no. 1); p. 195-195
Publication Date Jan 2018
Publication Type(s) Periodical
Database CINAHL
Available at [Nursing Times](#) 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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1	CINAHL	(audit* OR "quality improvement").ti,ab	45769
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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
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12	CINAHL	(3 OR 4 OR 11)	39029
13	CINAHL	(8 AND 12)	7404
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