

Strategy 432447/10

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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 19-Oct-2018]	56

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1. The hospital provision of reasonable adjustments for people with learning disabilities: Findings from Freedom of Information requests.

Authors Heslop, Pauline; Read, Stuart; Dunwoodie Stirton, Fred
Source British Journal of Learning Disabilities; Dec 2018; vol. 46 (no. 4); p. 258-267
Publication Date Dec 2018
Publication Type(s) Academic Journal
Database CINAHL
Available at [British Journal of Learning Disabilities](#) from Wiley Online Library Medicine and Nursing Collection 2018 - NHS
Available at [British Journal of Learning Disabilities](#) 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 Accessible Summary: The Equality Act is a law to make sure that people are treated fairly. The law says that anyone providing a service to the general public, including hospitals, must make "reasonable adjustments" for disabled people. A reasonable adjustment is changing the way the hospital usually does things so that disabled people are able to use their services. The aim of this study was to find out whether the funders of health care (called Clinical Commissioning Groups or CCGs) and hospitals were keeping to the Equality Act. Some funders and hospitals did not reply to our questions. All of the other funders said that they wrote into their agreements that disabled people must be able to use the hospital. Eight of 186 told us that they checked up on whether this happened or not. Most of the hospitals could tell us the number of people with learning disabilities that had been inpatients, but fewer could tell us the number of people with learning disabilities who used outpatients or accident and emergency. About half of the hospitals said they did not check up on services for people with learning disabilities or they did not share these reports with the public. This research is important because it suggests that some hospitals may not be following the Equality Act, and that more could be done to make sure that people with learning disabilities are able to access health care. Background: The Equality Act places a duty on service providers to make "reasonable adjustments" for disabled people. The aim of this study was to explore key aspects relating to the provision of reasonable adjustments for people with learning disabilities in hospitals. Methods: The research questions were explored using Freedom of Information (FOI) requests submitted to 206 CCGs and 141 hospital trusts in England. Results: One hundred and eighty-six CCGs reported that they included the requirement to provide equal access to services in their contracts with providers. Eight CCGs provided evidence about how they ensured reasonable adjustments were provided. One hundred and twelve of 132 responding hospital trusts provided information about the number of inpatients with learning disabilities; eighty-three of 132 provided data about outpatients and 88 of 132 provided data about A&E. Sixty-four of 125 responding trusts explicitly stated that they did not undertake audits of learning disability services or did not make any such reports publicly accessible. Conclusions: The findings contribute to concern about the gap between legislation and guidance, and its practical application "on the ground." If CCGs are not assessing contractual compliance to provide equitable access to services for people with learning disabilities, and trusts are not aware of the number of people with learning disabilities using their services, or their access requirements, this raises concerns about their compliance with the Equality Act.

2. Renal inpatient ward nurse experience and job satisfaction: A qualitative study.

Authors McKenzie, Aisha Tamika; Addis, Gulen
Source Journal of Clinical Nursing; Dec 2018; vol. 27 (no. 23/24); p. 4353-4360
Publication Date Dec 2018
Publication Type(s) Academic Journal
Database CINAHL
Available at [Journal of clinical nursing](#) from Wiley Online Library Medicine and Nursing Collection 2018 - NHS
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Available at [Journal of clinical 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 Aims and objectives: To examine the experience of registered nurses working in renal inpatient wards at an acute National Health Service (NHS) hospital Trust. Nurse perceptions of their experience particularly in relation to job satisfaction were analysed. Background: Increased understanding of workplace organisation and culture can contribute to improved nurse work experience and better patient care. Worldwide many studies conducted on nurse experience and job satisfaction show that job satisfaction level varies across work settings so analysis of job satisfaction at a local level such as in a ward is important for producing useful analysis and recommendations. Method: Using purposive sampling, semistructured individual interviews were conducted on twelve registered nurses working on renal inpatient wards. Results: The study identified three themes: safe care, organisational culture and work environment. Although staffing was identified as a key element to providing safe care maintaining adequate staffing levels remained a challenge. Whilst there were opportunities for professional development more support is needed for newly qualified nurses. Conclusions: Findings highlighted that renal patients were complex. It is important to maintain adequate staffing levels. Good clinical leadership is required to support and develop the positive experience of nurses. Relevance to clinical practice: The high turnover of newly qualified nurses is a particular problem and nurse managers need to develop strategies to retain such nurses. Regular audits on staffing levels as part of improving workforce planning and patient safety need to be conducted.

3. Are young adults appreciating the health promotion messages on diet and exercise?

Authors Berry, Emma; Aucott, Lorna; Poobalan, Amudha
Source Journal of Public Health (09431853); Dec 2018; vol. 26 (no. 6); p. 687-696
Publication Date Dec 2018
Publication Type(s) Academic Journal
Database CINAHL

Available at [Journal of Public Health](#) from Unpaywall

Abstract Aim: This study aims to determine if current health promotion messages relating to diet and physical activity are sufficiently targeted towards young adults. In addition, we examine what elements of these messages might be improved to ensure they encourage improved diet and exercise behaviours within this underserved group. Subject and methods: Using qualitative methods, five focus group discussions (FGDs) and two semi-structured in-depth interviews were conducted among 19 young adults in Aberdeen City. An appropriate topic guide was developed for this purpose. After obtaining consent, all FGDs and interviews were audio-recorded and transcribed verbatim. A thematic analysis was conducted that allowed for emerging themes to be identified from the data. Links between themes were established and key quotes identified. Results: Five major themes emerged: (1) exposure to health messages over time; (2) chains of healthy or unhealthy behaviours; (3) perceptions and attitudes towards health messages; (4) facilitators and barriers; (5) improving the usability of health messages. Conclusions: The results demonstrate that young adults did not find current health promotion messages engaging. These messages did not support them in overcoming their perceived barriers, nor were they suitably formatted or located for them. There were suggestions from young adults on how to improve these messages including using social media, presenting messages in more usable forms, and working with larger corporations to make these messages more effective. Tailoring these messages specifically for young adults could improve their diet and exercise behaviours, thereby helping to reduce future obesity levels and co-morbidities within Scotland.

4. Development of a multidisciplinary care pathway for people with profound and multiple learning disabilities.

Authors Cocquyt, Claire
Source Learning Disability Practice; Nov 2018 ; p. 1-1
Publication Date Nov 2018
Publication Type(s) Academic Journal
Database CINAHL

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Available at [Learning Disability 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 The adult community learning disability team in Cornwall made a commitment to provide a better service for people with profound and multiple learning disabilities (PMLD) This resulted in audits against government papers and reports that encourage high-quality care for people with PMLD and a range of projects, including care pathway development and implementation, staff training and improving links with primary care. The care pathway aims to provide multidisciplinary assessment and intervention for people's specialist health needs. Evidence shows that it has had a positive effect, but also identified areas for further work. Further recommendations have been proposed to improve care delivery for people with PMLD in the Cornwall adult learning disability service.

5. Swept under the carpet?

Authors Peate, Ian
Source British Journal of Nursing; Nov 2018; vol. 27 (no. 20); p. 1147-1147
Publication Date Nov 2018
Publication Type(s) Academic Journal
Database CINAHL
Available at [British Journal of Nursing](#) from EBSCO (CINAHL Plus with Full Text)
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Abstract The article discusses the release of the National Health Service (NHS) England annual report Learning Disabilities Mortality Review (LeDeR) for 2018. Topics include the lack of access to the information in the report, the role of the agency Health Quality Improvement Partnership (HQIP) in commissioning the report, and the relatively short lifespans of people with learning disabilities in Great Britain.

6. Care Quality Commission spotlights effective quality improvement initiatives.

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

7. Communication breakdown in healthcare settings.

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

8. The influence of childhood intelligence, social class, education and social mobility on memory and memory decline in late life.

Authors Staff, R T; Hogan, M J; Whalley, L J
Source Age & Ageing; Nov 2018; vol. 47 (no. 6); p. 847-852
Publication Date Nov 2018

Publication Type(s) Academic Journal
Database CINAHL
 Available at [Age and Ageing](#) from Ovid (Journals @ Ovid) - Remote Access
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 Available at [Age and Ageing](#) 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 an observational longitudinal study of a sub-sample of the Aberdeen 1936 birth cohort, from age 62 to 77 years, we investigated childhood intelligence, social class, education, life-course social mobility, memory test performance and memory decline in late life. We examined 388 local residents who had attended school in Aberdeen in 1947 and measured Auditory-Verbal Learning Test (AVLT) at recruitment age about 64 years and up to five times until age about 77 years. Better performance at age about 64 on AVLT was predicted by early socioeconomic status (SES), social mobility and childhood intelligence. The trajectory of AVLT decline was steeper in those who had received less education. This relationship was independent of childhood ability, sex, SES in childhood and social mobility. The protection of memory by education suggests that education supports resilience to age-related cognitive impairment. Upward social mobility does not enhance this effect, suggesting that resilience to age-related decline may be established in early life.

9. Errors and discrepancies in the administration of intravenous infusions: a mixed methods multihospital observational study.

Authors Lyons, Imogen; Furniss, Dominic; Blandford, Ann; Chumbley, Gillian; Iacovides, Ioanna; Li Wei; Cox, Anna; Mayer, Astrid; Vos, Jolien; Galal-Edeen, Galal H.; Schnock, Kumiko O.; Dykes, Patricia C.; Bates, David W.; Franklin, Bryony Dean

Source BMJ Quality & Safety; Nov 2018; vol. 27 (no. 11); p. 892-901

Publication Date Nov 2018

Publication Type(s) Academic Journal

Database CINAHL
 Available at [BMJ Quality & Safety](#) from BMJ Journals - NHS
 Available at [BMJ Quality & Safety](#) from Unpaywall

Abstract
 Introduction Intravenous medication administration has traditionally been regarded as error prone, with high potential for harm. A recent US multisite study revealed few potentially harmful errors despite a high overall error rate. However, there is limited evidence about infusion practices in England and how they relate to prevalence and types of error. Objectives To determine the prevalence, types and severity of errors and discrepancies in infusion administration in English hospitals, and to explore sources of variation, including the contribution of smart pumps. Methods We conducted an observational point prevalence study of intravenous infusions in 16 National Health Service hospital trusts. Observers compared each infusion against the medication order and local policy. Deviations were classified as errors or discrepancies based on their potential for patient harm. Contextual issues and reasons for deviations were explored qualitatively during observer debriefs. Results Data were collected from 1326 patients and 2008 infusions. Errors were observed in 231 infusions (11.5%, 95% CI 10.2% to 13.0%). Discrepancies were observed in 1065 infusions (53.0%, 95% CI 50.8% to 55.2%). Twenty-three errors (1.1% of all infusions) were considered potentially harmful; none were judged likely to prolong hospital stay or result in long-term harm. Types and prevalence of errors and discrepancies varied widely among trusts, as did local policies. Deviations from medication orders and local policies were sometimes made for efficiency or patient need. Smart pumps, as currently implemented, had little effect, with similar error rates observed in infusions delivered with and without a smart pump (10.3% vs 10.8%, p=0.8). Conclusion Errors and discrepancies are relatively common in everyday infusion administrations but most have low potential for patient harm. Better understanding of performance variability to strategically manage risk may be a more helpful tactic than striving to eliminate all deviations.

10. Improving the personalisation of care in a district nursing team: a service improvement project.

Authors McKendry, Mandy; Green, Helen

Source British Journal of Community Nursing; Nov 2018; vol. 23 (no. 11); p. 552-558

Publication Date Nov 2018

Publication Type(s) Academic Journal

Database CINAHL
 Available at [British Journal of Community Nursing](#) from EBSCO (CINAHL Plus with Full Text)
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Abstract Service users can benefit in a variety of ways from a personalised approach to care. This service improvement project aimed to improve personalisation for patients being cared for by a community nursing team in the south of England. A plan, study, do, act (PDSA) approach to the project was undertaken with a community nursing team. Both quantitative and qualitative data showed improvement once the focus on personalisation had been improved. Patient and staff satisfaction scores improved and a documentation audit showed the focus on personalisation had increased. Qualitative data suggested that personalisation had also saved staff time, although this measurement was not included in the project. A focus on personalisation can be beneficial for staff and service users

11. Assessing antibiotic stewardship using the surgical site infection prevention bundle.

Authors Mohamed, Ryan; Wall, Josh; Arumainathan, Renuka; Fink, Douglas; Sandhu, Taranveer; Garg, Suchika; Spiers, Shabnamnaomi; Hughes, Jonathan; Burdett, Edward

Source British Journal of Hospital Medicine (17508460); Nov 2018; vol. 79 (no. 11); p. 643-647

Publication Date Nov 2018

Publication Type(s) Academic Journal

Database CINAHL

Available at [British journal of hospital medicine \(London, England : 2005\)](#) from MAG Online Library Please log in before trying to access articles. Click on 'SIGN IN' and then on 'SIGN in via OPENATHENS'. You probably won't need to put your Athens details in again.

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Abstract Background: Antibiotic prophylaxis is crucial in head and neck surgery to prevent infection from clean contaminated wounds. Scottish Intercollegiate Guidelines Network (SIGN) guidance, the gold standard of practice, recommends that administration of broad spectrum antibiotics is discontinued after 24 hours post-operation. A three-audit cycle quality improvement project was conducted to assess clinical practice against SIGN guidance at a large London teaching hospital. Methods: Three change initiatives were implemented to improve antibiotic stewardship. First, an update of Trust guidelines with an associated poster campaign to educate staff and improve awareness. Second, introduction of a specific 'prophylactic antibiotics in head and neck surgery' bundle on the electronic hospital-wide prescribing system. Third, an update to an antibiotic prescribing guide (Microguide). Results: Over a 3-year study period the number of patients receiving antibiotics beyond 24 hours declined significantly (88% in 2015, 76% in 2016, 25% in 2018), demonstrating improved compliance with SIGN guidelines overall. Despite this, staff documentation of indications for extended antibiotic use remains suboptimal (58% in 2016 and 44% in 2018) as does the number of specimens sent for microbiological analysis (52% in 2016 and 0% in 2018). Conclusions: Appropriate prophylactic antibiotic prescribing can improve morbidity and mortality rates in head and neck cancer patients. Three change initiatives have been demonstrated which can help to improve prescribing compliance in line with SIGN guidance. Ongoing auditing is required to maintain the longevity of improvements made and encourage staff documentation of indications for extended antibiotic use and microbiology specimen analysis.

12. Maternity safety champions.

Authors Dunkley-Bent, Jacqueline

Source British Journal of Midwifery; Nov 2018; vol. 26 (no. 11); p. 698-698

Publication Date Nov 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 What is a maternity safety champion and what does the role involve? Jacqueline Dunkley-Bent has the answers—from the key responsibilities of the job to where it will go next

13. PREVENTION UPDATE.

Source Healthcare Purchasing News; Nov 2018; vol. 42 (no. 11); p. 22-22
Publication Date Nov 2018
Publication Type(s) Trade Publication
Database CINAHL
Abstract The article provides updates on disease control and prevention around the world as of November 2018, including the 2016 Healthcare-Associated Infection Progress Report published by the U.S. Centers for Disease Control and Prevention and the link of a Candida auris outbreak at a hospital in England to reusable patient-monitoring equipment.

14. Staff experiences of working with patients with prolonged disorders of consciousness: a focus group analysis.

Authors Logeswaran, Sophini; Papps, Benjamin; Turner-Stokes, Lynne
Source International Journal of Therapy & Rehabilitation; Nov 2018; vol. 25 (no. 11); p. 602-612
Publication Date Nov 2018
Publication Type(s) Academic Journal
Database CINAHL
 Available at [International Journal of Therapy and Rehabilitation](#) from MAG Online Library Please log in before trying to access articles. Click on 'SIGN IN' and then on 'SIGN in via OPENATHENS'. You probably won't need to put your Athens details in again.
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Abstract Background/Aims: UK national clinical guidelines recommend assessment of patients in prolonged disorders of consciousness in specialist centres. Working in these centres can be challenging, but little is currently published about what staff experience or how best to support them. We explored the views of health care professionals working with prolonged disorders of consciousness patients in one specialist rehabilitation unit. Methods: Six focus groups were run with allied health professionals, medical and nursing staff in discipline-specific groups to explore the rewards and challenges of working with patients in prolonged disorders of consciousness, and what staff felt they needed to assist them. Transcribed data were analysed using thematic analysis. Findings: Five positive themes emerged: seeing change, supporting families, quality of the team and clinical input, work complexity and its personal impact. Three negative themes were identified: dealing with death and 'living death', dealing with family expectations and distress, and the negative professional and personal impact on staff. In terms of what would assist staff, three themes emerged: greater support with family communication, additional prolonged disorders of consciousness-specific training and further development of assessments of awareness. Conclusions: Staff recommendations on what would assist them could be used to inform the development of high-quality approaches to assessment and care in prolonged disorders of consciousness.

15. The detection of significant fractures in suspected infant abuse.

Authors Raynor, Emma; Konala, Praveen; Freemont, Anthony
Source Journal of Forensic & Legal Medicine; Nov 2018; vol. 60 ; p. 9-14
Publication Date Nov 2018
Publication Type(s) Academic Journal
PubMedID 30196192
Database CINAHL
 Available at [Journal of forensic and legal medicine](#) from Available to NHS staff on request from UHL Libraries & Information Services (from non-NHS library) - click this link for more information Local Print Collection [location]: British Library via UHL Libraries - please click link to request article.

Abstract

Objective: Skeletal survey is a commonly used means of detecting fractures in infants, and is used as a screen in suspected cases of physical abuse. It is recognised that in live infants, a repeat survey some days after a suspected episode of injury will detect more fractures than one taken shortly after the suspected injury, indicating that the latter lacks sensitivity. In infants who die soon after a suspected episode of physical abuse, the managing clinicians do not have the option of a second survey; however there is the opportunity for the microscopic examination of bones removed at autopsy. Increasingly Osteoarticular Pathology at the Manchester University NHS Foundation Trust (MFT) is being sent samples of bones from infants suspected of inflicted injury for histological examination, both from bones with fractures detected at autopsy or skeletal survey and from posterior ribs and long bone metaphyses (sites of significance in assessing for abusive injury) when there is no evidence of fracture on skeletal survey or autopsy. Here we report the results of an audit of the anonymised data from a series of such cases, to establish the sensitivity of skeletal survey (SS) to detect fractures and to define the medico-legal value of submitting bones for histological examination. Methods: This was an audit of skeletal injuries in 38 infants aged <18 months presenting to MFT for specialist histopathological evaluation of suspected non-accidental fractures between January 2011 and June 2017. Histopathological examination was performed on all bones submitted and compared with contact radiography of isolated bones and post-mortem skeletal surveys undertaken by specialist paediatric or musculoskeletal radiologists for the presence of fracture. Results: A total of 318 fractures were detected histologically; of these, 178 (56%) were of the ribs, 119 (37.5%) were of major limb long bones, 10 (3%) were of the skull, and 11 (3.5%) were recorded as 'other'. Excluding refractures, skeletal survey detected 54% of the fractures recorded histologically. No fractures were detected radiologically that were not seen histologically. Generally, for skeletal survey, detection rates improved with the age of the lesion, and rib fractures were more difficult to detect than long bone fractures. Ribs 5-8 were the most frequently fractured ribs, and metaphyses around the knee accounted for most metaphyseal limb long bone fractures undetected by SS. Conclusion: In infants coming to post-mortem, histopathology is more sensitive than SS for the detection of clinically significant fractures. In children suspected of non-accidental injuries but with negative or equivocal SS, sampling of the anterior and posterior end of ribs 5-8 and the bones around the knee for histological examination could reveal clinically unsuspected fractures and significant evidence of physical abuse. 71% of infants showed evidence of old fractures typical of non-accidental injury.

16. An initiative to improve wound management within community services across one Clinical Commissioning Group in England.

Authors IVINS, NICOLA; CLARK, MICHAEL; FALLON, MAUREEN

Source Wounds UK; Nov 2018; vol. 14 (no. 5); p. 45-51

Publication Date Nov 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 Background and local problem: The objective of this quality improvement project (QIP) was to identify a) the number and type of wounds treated in primary and community care within a single Clinical Commissioning Group (CCG) and b) compare current wound care practice against local policy and best practice. An eight-step quality improvement plan was implemented and wound care practice and documentation re-audited a year later. Results: Pre-implementation: Sixty nurses and healthcare support workers were observed to deliver wound care, with the majority being registered nurses (n=44/60; 73.3%). Over the 3 week evaluation period, wound care was delivered to 147 patients with the majority treated in the patients' own home (n=98; 66.7%). The majority of patients had their skin assessed in both GP practices and in their own homes ($\chi^2=1.11, df=2, p=0.57$). Wounds were more likely to be photographed in patients' homes ($\chi^2=4.28; df=1, p=0.04$). All other direct observations of care occurred less frequently when care was delivered in patients' homes (appropriate wound care advice provided $\chi^2=6.38, df=1, p=0.01$; comprehensive wound assessment $\chi^2=5.67, df=1, p=0.02$; and appropriate primary dressing $\chi^2=10.80, df=2, p=0.005$). Post-implementation: Over the 1-week evaluation period, Welsh Wound Innovation Centre and CCG staff observed wound care provided to 77 patients. Thirty-four patients received wound care in GP practices, 43 patients in their own home. Notably, fewer omissions in wound care were observed and this difference approached statistical significance across four aspects of care with the sole exception of use of an appropriate primary dressing in GP practices ($\chi^2=3.31, df=2, p=0.19$) in both audits. Conclusions: This QIP identified that there were weaknesses in current practice (for example, under 40% of patients received an appropriate primary wound dressing when cared for in their own home) and documentation (for example, 50% of patients treated in their homes did not have a correct wound diagnosis). Re-evaluation after implementation of an eight-step improvement plan showed marked improvements in both wound care delivery and documentation especially where care was delivered in patients' homes. This project has shown how complex health care delivery across primary and community care can be improved through a focused QI approach.

17. Improving holistic assessment of chronic wounds: how to meet patient expectation using the new Best Practice Statement.

Authors FLETCHER, JACQUI; BARRETT, SIMON
Source Wounds UK; Nov 2018; vol. 14 (no. 5); p. 92-95
Publication Date Nov 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 Wounds UK Best Practice Statement 'Improving holistic assessment of chronic wounds' emphasises the need for wide-ranging assessment that considers the impact of all aspects of the patient's health and wellbeing on the healing process. Each best practice statement has an accompanying 'Patient Expectation', which indicates to patients what to expect in care. This article provides a guide to the Patient Expectations and how to discuss these with your patients to engage them in their treatment.

18. A retrospective audit of the treatment of wounds with moderate to high exudate levels.

Authors STEPHEN-HAYNES, JACKIE; CALLAGHAN, ROSIE; RIPPON, MARK G.; SIMM, SUE
Source Wounds UK; Nov 2018; vol. 14 (no. 5); p. 124-133
Publication Date Nov 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 A retrospective audit of clinical data of patients was taken who required treatment for the management of moderately to highly exuding wounds. The inclusion criteria for this retrospective audit included patients (n=30) from the Worcestershire Health & Care NHS Trust that have already been treated and that required a wound dressing for the management of moderately to highly exuding wounds. Results and discussion: The results of the "in use" evaluations showed a high use of foam secondary dressings with adjunct treatments to manage exudate. However, 65% of these treatments did not meet the clinical objectives related to exudate management. The assessment of how effectively the patient's treatment regimens managed exudate produced by the various wounds showed that exudate management was rated as "poor" or only "adequate" in the majority of cases. It is noteworthy that a proportion of patients suffered from peri-wound skin conditions, e.g. eczema, maceration and excoriation. Over 95% of patients received peri-wound skin treatments to prevent/treat these conditions. As a consequence, these additional treatments add to the product costs and nursing time required. The use of appropriate wound dressings for the management of moderate to high levels of exudate would have prevented these severe skin conditions and likely significantly reduce treatment costs. Conclusion: This paper shows that 65% of the patients included in this audit failed to meet the clinical objective of exudate management. Adverse event sequelae such as skin maceration/excoriation occurred and, consequently, direct and indirect costs associated with treating these patients increased. Using a more appropriate wound dressing such as superabsorbent polymer demonstrated significantly reduced costs when compared to these audit costs.

19. Talk CPR - a technology project to improve communication in do not attempt cardiopulmonary resuscitation decisions in palliative illness.

Authors Taubert, Mark; Norris, James; Edwards, Sioned; Snow, Veronica; Finlay, Ilora Gillian
Source BMC Palliative Care; Oct 2018; vol. 17 (no. 1)
Publication Date Oct 2018
Publication Type(s) Academic Journal
Database CINAHL
 Available at [BMC palliative care](#) from ProQuest (Hospital Premium Collection) - NHS Version
 Available at [BMC palliative care](#) from BioMed Central
 Available at [BMC palliative care](#) from Europe PubMed Central - Open Access

Abstract Background: A national Do Not Attempt Cardiopulmonary Resuscitation policy was rolled out for the National Health Service in Wales in 2015. A national steering group led on producing information videos and a website for patients, carers and healthcare professionals, forming part of a quality improvement program. Videos were planned, scripted and produced with healthcare professionals and patient/carer representatives, and were completed with both English and Welsh language versions. The TalkCPR videos encourage and promote open discussion about Cardiopulmonary Resuscitation (CPR) and DNACPR in palliative care situations. Methods: We worked with patient/carer groups to evaluate whether video resources to convey the salient facts involved in CPR and DNACPR decisions for people with palliative and life-limiting illness were acceptable or not. We conducted a mixed-method design service review in five phases to evaluate whether this technological resource could help. After creating video and website materials, they were evaluated by doctors, nurses and a patient/carer group. We also sent out one lightweight TalkCPR video media pad to each practice in Wales. These rechargeable electronic video media pads had communication videos pre-loaded for easy viewing, especially in areas with poor roaming data coverage. Results: Videos were demonstrably acceptable to both patient and carer groups, and improved healthcare professional confidence and understanding. Videos went live on the TalkCPR website, in all Welsh Health Boards and on Youtube, and are now used in routine practice throughout Wales. Conclusion: This is the first time that DNACPR information videos are aimed directly at palliative care patients and carers, to explore this sensitive subject with them, and to encourage them to approach their doctor or nurse about it. The website, app and video media pads were developed by patients, the Digital Legacy Association, Welsh NHS IT services, Welsh Government, the Bevan Commission and the Dying Matters Charity in Wales 'Byw Nawr'. The GMC, the Royal College of General Practitioners and NICE have listed TalkCPR as a learning resource. There has also been a collaboration with Falmouth University Art College, who helped produce graphic designs to facilitate and encourage discussions about CPR and end of life care.

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

Authors Glasper, Alan
Source British Journal of Nursing; Oct 2018; vol. 27 (no. 19); p. 1130-1131
Publication Date Oct 2018
Publication Type(s) Academic Journal
Database CINAHL
 Available at [British Journal of Nursing](#) from EBSCO (CINAHL Plus with Full Text)
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Abstract

The article discusses the need for England's National Health Service (NHS) to improve mental health services transitions from child and adolescent mental health services (CAMHS) to adult mental health services (AMHS). Topics include a case of youth suicide after a failed transition to AMHS from CAMHS, a report on the issue by the British government Healthcare Safety Investigation branch (HSIB), and transition policies that can be used by clinicians.

21. Patient safety and Never Events.

Authors

Tingle, John

Source

British Journal of Nursing; Oct 2018; vol. 27 (no. 19); p. 1134-1135

Publication Date

Oct 2018

Publication Type(s)

Academic Journal

Database

CINAHL

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Abstract

The article discusses the concept of a Never Event in relation to patient safety efforts in England's National Health Service (NHS). Topics include findings of the British government Care Quality Commission (CQC), the relation of patient safety to the culture of the NHS, and the impacts of errors in written medical communication.

22. A new age for stroke rehabilitation?

Authors

Bennett, Beverley

Source

British Journal of Neuroscience Nursing; Oct 2018; vol. 14

Publication Date

Oct 2018

Publication Type(s)

Academic Journal

Database

CINAHL

Available at [British Journal of Neuroscience Nursing](#) from MAG Online Library Please log in before trying to access articles. Click on 'SIGN IN' and then on 'SIGN in via OPENATHENS'. You probably won't need to put your Athens details in again.

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Abstract

The author conveys her thoughts about the renewed emphasis on stroke rehabilitation and the great opportunities it gives for nurses and therapists to explore new ways of collaborating with stroke survivors and their families, with topics mentioned such as the National Health Service, the New Era for Stroke campaign, and Sentinel Stroke National Audit Programme.

23. Barriers to delivering advanced cancer nursing: A workload analysis of specialist nurse practice linked to the English National Lung Cancer Audit.

Authors

Stewart, Iain; Leary, Alison; Tod, Angela; Borthwick, Diana; Khakwani, Aamir; Hubbard, Richard; Beckett, Paul; Tata, Laila J.

Source

European Journal of Oncology Nursing; Oct 2018; vol. 36 ; p. 103-111

Publication Date

Oct 2018

Publication Type(s)

Academic Journal

Database

CINAHL

Available at [European Journal of Oncology 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

Available at [European Journal of Oncology 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 Purpose Health services across the world utilise advanced practice in cancer care. In the UK, lung cancer nurse specialists (LCNS) are recognised as key components of quality care in national guidelines, yet access to LCNS contact is unequal and some responsibilities are reportedly left undone. We assess whether any variation in working practices of LCNS is attributable to factors of the lung cancer service at the hospital trust. Method Nationwide workload analysis of LCNS working practices in England, linked at trust level to patient data from the National Lung Cancer Audit. Chi-squared tests were performed to assess whether patient contact, workload, involvement in multidisciplinary teams (MDT), and provision of key interventions were related to 1) the trust's lung cancer service size, 2) LCNS caseload, 3) anti-cancer treatment facilities and 4) lung cancer patient survival. Results Unpaid overtime was substantial for over 60% of nurses and not associated with particular service factors assessed; lack of administrative support was associated with large caseloads and chemotherapy facilities. LCNS at trusts with no specialty were more likely to challenge all MDT members (80%) compared with those at surgical (53%) or chemotherapy (58%) trusts. The most frequent specialist nursing intervention to not be routinely offered was proactive case management. Conclusion Working practices of LCNS vary according to service factors, most frequently associated with trust anti-cancer treatment facilities. High workload pressures and limited ability to provide key interventions should be addressed across all services to ensure patients have access to recommended standards of care. Highlights • Workforce survey of English lung cancer nurse specialists linked to audit data of over 125,000 patients. • Evidence for high workload pressures posing barriers to specialist nurses across hospitals irrespective of service factors. • Majority of lung cancer nurse specialists work beyond contracted hours with no administrative support available. • Proactive management was nursing intervention most frequently not provided along cancer pathway. • Multidisciplinary teams could further benefit from nurse expertise if inclusivity improved.

24. Patient preferences in tinnitus outcomes and treatments: a qualitative study.

Authors Pryce, Helen; Hall, Amanda; Shaw, Rachel; Culhane, Beth-Anne; Swift, Sarah; Straus, Jean; Claesen, Beth
Source International Journal of Audiology; Oct 2018; vol. 57 (no. 10); p. 784-790
Publication Date Oct 2018
Publication Type(s) Academic Journal
Database CINAHL

Abstract In order to identify patient preferences in care for tinnitus an in depth grounded theory study was conducted. This consisted of interviews with 41 patients who had sought help for tinnitus across a range of locations and tinnitus services in England. Preferences for outcomes were for both the removal of the tinnitus and for improved coping and management of the tinnitus. Preferences for treatment were for individualized care, tailored information and for treatment to assist with psychological adjustment and auditory distraction. Adoption of treatments to manage tinnitus were based on a trial and error approach. Patients' preferences for individual treatments varied but were informed by the information they received. Information plays an important role in care for people with tinnitus. Patients hold individual preferences and require engagement in shared decision making.

25. Improving weekend review for trauma and elective orthopaedic patients in the post-operative period.

Authors Khoury, Alexandra; Jones, Mark; Buckle, Christopher; Williamson, Mark; Slater, Guy
Source International Journal of Health Governance; Oct 2018; vol. 23 (no. 4); p. 264-268
Publication Date Oct 2018
Publication Type(s) Academic Journal
Database CINAHL

Available at [International Journal of Health Governance](#) 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 Purpose Weekend surgery carries higher mortality than weekday surgery, with complications most commonly arising within the first 48 hours. There is a reduced ability to identify complications at the weekend, with early signs going undetected in the absence of thorough early patient review, particularly in the elderly with multiple co-morbidities. Weekend working practices vary amongst UK hospitals and specialties. The weekend effect has been a prominent feature in the literature over the past decade. The purpose of this paper is to identify the number of patients undergoing weekend surgery who receive a Day 1 post-operative review and improve this outcome by implementing an effective change. Design/methodology/approach It was observed that not all patients undergoing surgery on a Friday or Saturday at the authors' District General Hospital were receiving Day 1 post-operative review by a clinician. A retrospective audit was carried out to identify percentage of patients reviewed on post-operative Day 1 at the weekend. A change in handover practice was implemented before re-audit. Findings In Phase 1, 54 per cent of patients received Day 1 post-operative reviews at the weekend against a set standard of 100 per cent. A simple change to handover practice was implemented to improve patient safety in the immediate post-operative period resulting in 96 per cent of patients reviewed on Day 1 post-operatively at re-audit. Originality/value This study confirms that simple changes in handover practices can produce effective and translatable improvements to weekend working. This further contributes to the body of literature that acknowledges the existence of a weekend effect, but aims to evolve weekend working practices to accommodate improvement within current staffing and resource availability by maximising efficiency and communication.

26. Simplifying prescribing data: OpenPrescribing two years on.

Authors Ogden, Joy
Source Prescriber; Oct 2018; vol. 29 (no. 10); p. 31-34
Publication Date Oct 2018
Publication Type(s) Academic Journal
Database CINAHL
Available at [Prescriber](#) from Wiley Online Library Medicine and Nursing Collection 2018 - NHS
Available at [Prescriber](#) 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 OpenPrescribing is an online service launched in 2016 that facilitates the analysis of NHS primary care prescribing data in order to improve the quality and cost-effectiveness of prescribing. In this article, Joy Ogden talks to its founders Dr Ben Goldacre and Dr Peter Brindle about what the service has achieved since its launch, and their plans for its future development.

27. Application of process mapping to understand integration of high risk medicine care bundles within community pharmacy practice.

Authors Weir, Natalie M.; Newham, Rosemary; Corcoran, Emma D.; Ali Atallah Al-Gethami, Ashwag; Mohammed Abd Alridha, Ali; Bowie, Paul; Watson, Anne; Bennie, Marion
Source Research in Social & Administrative Pharmacy; Oct 2018; vol. 14 (no. 10); p. 944-950
Publication Date Oct 2018
Publication Type(s) Academic Journal
PubMedID 29198732
Database CINAHL
Available at [Research in Social and Administrative Pharmacy](#) 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: The Scottish Patient Safety Programme - Pharmacy in Primary Care collaborative is a quality improvement initiative adopting the Institute of Healthcare Improvement Breakthrough Series collaborative approach. The programme developed and piloted High Risk Medicine (HRM) Care Bundles (CB), focused on warfarin and non-steroidal anti-inflammatories (NSAIDs), within 27 community pharmacies over 4 NHS Regions. Each CB involves clinical assessment and patient education, although the CB content varies between regions. To support national implementation, this study aims to understand how the pilot pharmacies integrated the HRM CBs into routine practice to inform the development of a generic HRM CB process map. Methods: Regional process maps were developed in 4 pharmacies through simulation of the CB process, staff interviews and documentation of resources. Commonalities were collated to develop a process map for each HRM, which were used to explore variation at a national event. A single, generic process map was developed which underwent validation by case study testing. Results: The findings allowed development of a generic process map applicable to warfarin and NSAID CB implementation. Five steps were identified as required for successful CB delivery: patient identification; clinical assessment; pharmacy CB prompt; CB delivery; and documentation. The generic HRM CB process map encompasses the staff and patients' journey and the CB's integration into routine community pharmacy practice. Pharmacist involvement was required only for clinical assessment, indicating suitability for whole-team involvement. Conclusions: Understanding CB integration into routine practice has positive implications for successful implementation. The generic process map can be used to develop targeted resources, and/or be disseminated to facilitate CB delivery and foster whole team involvement. Similar methods could be utilised within other settings, to allow those developing novel services to distil the key processes and consider their integration within routine workflows to effect maximal, efficient implementation and benefit to patient care.

28. Improving access to therapy for older people.

Source Therapy Today; Oct 2018; vol. 29 (no. 8); p. 45-45
Publication Date Oct 2018
Publication Type(s) Periodical
Database CINAHL
Available at [Therapy Today](#) from EBSCO (CINAHL Plus with Full Text)
Available at [Therapy Today](#) 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 The article offers information on the round-table meetings which will be held at the Edinburgh Quaker meeting house and Mossley Mill, Newtownabbey, in Northern Ireland, on November 2, 2018 and December 12, 2018 respectively.

29. Improving the experience of death verification in the community.

Authors Edwards, Emily
Source Education for Primary Care; Sep 2018; vol. 29 (no. 5); p. 314-316
Publication Date Sep 2018
Publication Type(s) Academic Journal
Database CINAHL
Available at [Education for 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).
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30. Improving the experience of young men with continence problems.

Authors Dix, Ann
Source Nursing Times; Sep 2018; vol. 114 (no. 9); p. 2-2
Publication Date Sep 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 About 900,000 children and young people are affected by bladder and bowel problems in the UK but, because of the stigma attached, many hide the issue and do not access the help they need. Young men are particularly vulnerable as there is little recognition of male continence problems. A survey of young people showed that almost half would feel "uncomfortable" talking about their continence problems to relatives and friends, and almost two-thirds would be embarrassed to see a doctor. This is compounded by a lack of early intervention, gaps in specialist children's bladder and bowel services, and lack of support in the transition from child to adult services. Healthcare staff often have little training in continence issues and poor awareness of its impact on young people. This article reports the experience of one young man with continence problems, while two continence specialists -- a nurse and an occupational therapist -- explain how staff can improve the experience of care for young people with incontinence.

31. Enhancing leadership in infection prevention through training.

Authors Millward, Sue
Source Nursing Times; Sep 2018; vol. 114 (no. 9); p. 7-7
Publication Date Sep 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 role of director of infection prevention and control was introduced in the UK in 2003 to ensure effective leadership in infection prevention and control. In Nuffield Health's 31 hospitals in the UK, the role is held by the hospital matron, who is the clinical lead (equivalent to a director of nursing in the NHS). However, matrons may not always have the knowledge and skills to be effective leaders in this area, and there was no director of infection prevention and control training in the UK. We identified that our matrons had gaps in their knowledge and in 2014 launched our own education programme to help improve reporting and reduce infection rates.

32. Birmingham trust issued warning notice over health visiting service 'meltdown'.

Authors Mitchell, Gemma
Source Nursing Times; Sep 2018; vol. 114 (no. 9); p. 79-79
Publication Date Sep 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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33. CQC warning on sexual incidents in mental health settings.

Authors Castella, Tom de
Source Nursing Times; Sep 2018; vol. 114 (no. 9); p. 84-84
Publication Date Sep 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.

34. Regulators put Norfolk hospital trust back in 'special measures'.

Authors Ford, Steve
Source Nursing Times; Sep 2018; vol. 114 (no. 9); p. 114-114
Publication Date Sep 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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35. West Sussex care home closed after damning CQC inspections.

Authors Castella, Tom de
Source Nursing Times; Sep 2018; vol. 114 (no. 9); p. 129-129
Publication Date Sep 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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36. New RCN film to celebrate safe nurse staffing law in Wales.

Authors Castella, Tom de
Source Nursing Times; Sep 2018; vol. 114 (no. 9); p. 149-149
Publication Date Sep 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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37. Online training drive announced for NHS nursing staff in Wales.

Authors Stephenson, Jo
Source Nursing Times; Sep 2018; vol. 114 (no. 9); p. 181-181
Publication Date Sep 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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38. Next CNO to work across NHS England and NHS Improvement.

Authors Ford, Steve
Source Nursing Times; Sep 2018; vol. 114 (no. 9); p. 186-186
Publication Date Sep 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. Senior nurse vows to fight for CPD improvements in new NHS plan.

Authors Mitchell, Gemma
Source Nursing Times; Sep 2018; vol. 114 (no. 9); p. 190-190

Publication Date Sep 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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40. NHS learning disability nursing workforce hits record low.

Authors Mitchell, Gemma
Source Nursing Times; Sep 2018; vol. 114 (no. 9); p. 191-191
Publication Date Sep 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. Hospital charity aims to raise funds for nurse trauma research.

Authors Rice, Genevieve
Source Nursing Times; Sep 2018; vol. 114 (no. 9); p. 201-201
Publication Date Sep 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. How assessment websites of academic libraries convey information and show value.

Authors Clunie, Simone; Parrish, Darlene Ann
Source Performance Measurement & Metrics; Sep 2018; vol. 19 (no. 3); p. 203-212
Publication Date Sep 2018
Publication Type(s) Academic Journal
Database CINAHL
Abstract Purpose As libraries are required to become more accountable and demonstrate that they are meeting performance metrics, an assessment website can be a means for providing data for evidence-based decision making and an important indicator of how a library interacts with its constituents. The purpose of this paper is to share the results of a review of websites of academic libraries from four countries, including the UK, Canada, Australia and the USA. Design/methodology/approach The academic library websites included in the sample were selected from the Canadian Association of Research Libraries, Research Libraries of the United Kingdom, Council of Australian University Libraries, Historically Black College & Universities Library Alliance, Association of Research Libraries and American Indian Higher Education Consortium. The websites were evaluated according to the absence or presence of nine predetermined characteristics related to assessment. Findings It was discovered that "one size does not fit all" and found several innovative ways institutions are listening to their constituents and making improvements to help users succeed in their academic studies, research and creative endeavors. Research limitations/implications Only a sample of academic libraries from each of the four countries were analyzed. Additionally, some of the academic libraries were using password protected intranets unavailable for public access. The influences of institutional history and country-specific practices also became compelling factors during the analysis. Originality/value This paper seeks to broaden the factors for what is thought of as academic library assessment with the addition of qualitative and contextual considerations.

43. Rise in care home hydration and nutrition levels reported after CCG support scheme.

Authors Ford, Steve
Source Nursing Times; Aug 2018; vol. 114 (no. 8); p. 27-27
Publication Date Aug 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.

44. 'Until the NHS has a blame-free culture it will never learn from cases like Bawa-Garba'

Authors Ford, Steve
Source Nursing Times; Aug 2018; vol. 114 (no. 8); p. 83-83
Publication Date Aug 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. Figures suggest almost half of maternity units forced to temporarily shut during 2017.

Authors Ford, Steve
Source Nursing Times; Aug 2018; vol. 114 (no. 8); p. 149-149
Publication Date Aug 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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46. Trusts urged to use bank instead of agency staff to save NHS £480m.

Authors Mitchell, Gemma
Source Nursing Times; Aug 2018; vol. 114 (no. 8); p. 172-172
Publication Date Aug 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. Improved Medical Treatment and Surgical Surveillance of Children and Adolescents with Ulcerative Colitis in the United Kingdom.

Authors Auth, Marcus Karl-Keinz; Bunn, Su K.; Protheroe, Aimee Leanne; Williams, Linda Jane; Fell, John M.; Muhammed, Rafeeq; Croft, Nicholas Michael; Beattie, R. Mark; Willmott, Anne; Spray, Christine; Vadamalayan, Babu; Rodrigues, Astor; Puntis, John; Pigott, Anna Jane; Wilson, David C.; Mitton, Sally; Furman, Mark; Charlton, Charlie; Chong, Sonny K. F.; Russell, Richard K.
Source Inflammatory Bowel Diseases; Jul 2018; vol. 24 (no. 7); p. 1520-1530
Publication Date Jul 2018
Publication Type(s) Academic Journal
Database CINAHL
Available at [Inflammatory Bowel Diseases](#) 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

Available at [Inflammatory Bowel Diseases](#) 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.

Background: Pediatric ulcerative colitis (UC) presents at an earlier age and increasing prevalence. Our aim was to examine morbidity, steroid sparing strategies, and surgical outcome in children with active UC. Methods: A national prospective audit was conducted for the inpatient period of all children with UC for medical or surgical treatment in the United Kingdom (UK) over 1 year. Thirty-two participating centers recruited 224 children in 298 admissions, comparisons over 6 years were made with previous audits. Results: Over 6 years, recording of Paediatric Ulcerative Colitis Activity Index (PUCAI) score (median 65)(23% to 55%, $P < 0.001$), guidelines for acute severe colitis (43% to 77%, $P < 0.04$), and ileal pouch surgery registration (4% to 56%, $P < 0.001$) have increased. Corticosteroids were given in 183/298 episodes (61%) with 61/183 (33%) not responding and requiring second line therapy or surgery. Of those treated with anti-TNFalpha (16/61, 26%), 3/16 (18.8%) failed to respond and required colectomy. Prescription of rescue therapy (26% to 49%, $P = 0.04$) and proportion of anti-TNFalpha (20% to 53%, $P = 0.03$) had increased, colectomy rate (23.7% to 15%) was not significantly reduced ($P = 0.5$). Subtotal colectomy was the most common surgery performed ($n = 40$), and surgical complications from all procedures occurred in 33%. In 215/224 (96%) iron deficiency anemia was detected and in 51% treated, orally (50.2%) or intravenously (49.8%). Conclusions: A third of children were not responsive to steroids, and a quarter of these were treated with anti-TNFalpha. Colectomy was required in 41/298 (13.7%) of all admissions. Our national audit program indicates effectiveness of actions taken to reduce steroid dependency, surgery, and iron deficiency.

48. Guidance sets out change in pressure ulcer recording at end of life.

Authors Stephenson, Jo
Source Nursing Times; Jul 2018; vol. 114 (no. 7); p. 83-83
Publication Date Jul 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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49. Government response to MPs' nursing workforce inquiry described as 'missed opportunity'.

Authors Stephenson, Jo
Source Nursing Times; Jul 2018; vol. 114 (no. 7); p. 145-145
Publication Date Jul 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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50. Summary: What ministers said on key nursing workforce concerns.

Authors Stephenson, Jo
Source Nursing Times; Jul 2018; vol. 114 (no. 7); p. 146-146
Publication Date Jul 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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51. 'Nurse involvement in commissioning can bring experience to pathways of care'.

Authors Glass, Lynnette
Source Nursing Times; Jun 2018; vol. 114 (no. 6); p. 53-53

Publication Date Jun 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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52. Nurse-led 'telecare' project has cut emergency admissions by third.

Authors de Castella, Tom
Source Nursing Times; Jun 2018; vol. 114 (no. 6); p. 152-152
Publication Date Jun 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.

53. The effect of ethnicity on the performance of protein-creatinine ratio in the prediction of significant proteinuria in pregnancies at risk of or with established hypertension: an implementation audit and cost implications.

Authors Bhatti, Sadia; Cordina, Mark; Penna, Leonie; Sherwood, Roy; Dew, Tracy; Kametas, Nikos A.
Source Acta Obstetrica et Gynecologica Scandinavica; May 2018; vol. 97 (no. 5); p. 598-607
Publication Date May 2018
Publication Type(s) Academic Journal
PubMedID 29355892
Database CINAHL
Available at [Acta Obstetrica et Gynecologica Scandinavica](#) from Wiley Online Library Medicine and Nursing Collection 2018 - NHS
Available at [Acta Obstetrica et Gynecologica Scandinavica](#) 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: The replacement of 24-h urine collection by protein-creatinine ratio (PCR) for the diagnosis of preeclampsia has been recently recommended. However, the literature is conflicting and there are concerns about the impact of demographic characteristics on the performance of PCR. Material and Methods: This was an implementation audit of the introduction of PCR in a London Tertiary obstetric unit. The performance of PCR in the prediction of proteinuria ≥ 300 mg/day was assessed in 476 women with suspected preeclampsia who completed a 24-h urine collection and an untimed urine sample for PCR calculation. Multivariate logistic regression was used to assess the independent predictors of significant proteinuria. Results: In a pregnant population, ethnicity and PCR are the main predictors of ≥ 300 mg proteinuria in a 24-h urine collection. A PCR cut-off of 30 mg/mmol would have incorrectly classified as non-proteinuric, 41.4% and 22.9% of black and non-black women, respectively. Sensitivity of 100% is achieved at cut-offs of 8.67 and 20.56 mg/mmol for black and non-black women, respectively. Applying these levels as a screening tool to inform the need to perform a 24-h urine collection in 1000 women, would lead to a financial saving of €2911 in non-black women and to an additional cost of €3269 in black women. Conclusions: Our data suggest that a move from screening for proteinuria with a 24-h urine collection to screening with urine PCR is not appropriate for black populations. However, the move may lead to cost-saving if used in the white population with a PCR cut-off of 20.5.

54. CQC warns private mental health provider over nurse training levels.

Authors Stephenson, Jo
Source Nursing Times; May 2018; vol. 114 (no. 5); p. 41-41
Publication Date May 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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55. Hospital nurses urged to offer views for dementia audit.

Authors Stephenson, Jo
Source Nursing Times; May 2018; vol. 114 (no. 5); p. 46-46
Publication Date May 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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56. Challenges in the management of syphilis in pregnancy: completing a multicentre audit cycle with mixed outcomes.

Authors Howe, Bridie; Foster, Kirsty; Waldram, Alison; Hussey, Jane
Source International Journal of STD & AIDS; Mar 2018; vol. 29 (no. 3); p. 418-420
Publication Date Mar 2018
Publication Type(s) Academic Journal
PubMedID 29409434
Database CINAHL
Available at [International journal of STD & AIDS](#) 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
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
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