

**Strategy** 432447/9

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**1. A naturalistic pilot study assessing the impact of assessment pathways and intake methods within Improving Access to Psychological Therapies services.**

**Authors** Steen, Scott; Hemmings, Adrian; Foster, Joan; Bedford, Jill; Gorbng, Sue  
**Source** Counselling & Psychotherapy Research; Dec 2019; vol. 19 (no. 4); p. 431-440  
**Publication Date** Dec 2019  
**Publication Type(s)** Academic Journal  
**Database** CINAHL  
**Abstract** Fast access pathways characterise many Improving Access to Psychological Therapy (IAPT) services, allowing them to see increasing numbers of referrals year on year. At the same time, emerging research is highlighting potential care inefficiencies, including early treatment disengagement, inappropriate treatment allocation, less than optimal clinical outcomes, and repeat referrals. Integrating more stratified models based on in-depth and comprehensive assessment techniques which include some therapeutic input could help better target interventions. This could lead to improved engagement and clinical outcomes, while also providing enough therapeutic support to those attending one session only. This pilot study assesses the impact of assessment pathways and intake methods involving a 90-min face-to-face therapeutic consultation, compared with a 45-min over-the-phone assessment session across two IAPT providers in the south of England, and three assessment pathways involving elements of either method and service. Using an observational analysis of routinely collected data across 12 months, intake scores, attendance data and clinical measures of reliable recovery and improvement were considered. The comparisons of intake method reported no significant differences when both services were included; however, there were significant differences in treatment effect sizes and session attendance on an assessment pathway basis. Where assessment sessions were delivered, there was a higher rate of disengagement between sessions one and two, indicating increased attrition. Based on the initial findings and supporting literature, there appears to be great promise in exploring pathway modelling and intake processes within IAPT services.

**2. Diabetic foot ulcer incidence and survival with improved diabetic foot services: an 18-year study.**

**Authors** Paisey, R. B.; Abbott, A.; Paisey, C. F.; Walker, D.; Birch, Rebecca; Bowen, Belinda; Brown, Roger; Clark, Cheryl; Collings, Richard; Cutts, Steve; Davies, Joanne; Ellin, Sean; Evans, Kerry-Ann; Fisher, Rob; Glasser, Sam; Hillstead, Martyn; Hine, Gemma; Levi, Sarah; Martin, Amanda; Mackintosh, Lauren  
**Source** Diabetic Medicine; Nov 2019; vol. 36 (no. 11); p. 1424-1430  
**Publication Date** Nov 2019  
**Publication Type(s)** Academic Journal  
**Database** CINAHL  
**Abstract** Aims: To ascertain the effects of improvements in diabetic foot services over 18 years on incidence of diabetic foot ulceration. We also compared survival time from first ulcer development with presence of neuropathy, peripheral vascular disease, age and healing. Methods: Persons with new ulceration and those at high risk of ulcer development were referred to community podiatry from 1998. Their details were recorded, with verbal consent, on a central database. The effects of neuropathy, peripheral vascular disease, healing and age on survival were analysed by Cox proportional hazards ratios. Results: The incidence of first ulcer presentation decreased from 11.1 to 6.1 per 1000 persons between 2003 to 2017 (P <0.0001). Recurrent ulceration incidence remained stable. Prevalence of chronic and new foot ulceration combined increased from 20.7 to 33.1 per 1000 persons (P <0.0001). Ten-year survival was 85% for persons presenting with first ulcer and aged < 65 years, 50% for those aged 65–74 years and 25% for those aged 75–81 years (P < 0.0001). In those with peripheral vascular disease 5-year survival was 35% (P <0.001). Conclusions: Integrated care for the diabetic foot in one National Health Service (NHS) health service area over 18 years was associated with a reduction in first presentations of diabetic foot ulceration, but failed to reduce recurrent ulceration. Cumulative prevalence of all ulcers continues to increase. Monitoring ulceration incidence can inform audit and planning of diabetic foot care services. Survival is better than reported previously in persons < 65 years and in the absence of peripheral vascular disease. What's new?: Prevention of diabetic foot ulceration has been difficult to achieve. Survival after diabetic foot ulceration has historically been poor. This study has shown reduction in first diabetes related foot ulceration with improved foot care services. Participant survival after development of first diabetic foot ulceration was longer than in recent reports especially for those under 65 years of age, where ulcers healed, and in those without peripheral vascular disease. Adequate commissioning of diabetic foot care services is necessary to prevent first foot ulceration. Counselling for younger patients with diabetic foot ulceration can be more positive.

### 3. British children's performance on the listening in spatialised noise-sentences test (LISN-S).

**Authors** Murphy, C. F. B.; Hashim, E.; Dillon, H.; Bamiou, D. E.  
**Source** International Journal of Audiology; Nov 2019; vol. 58 (no. 11); p. 754-760  
**Publication Date** Nov 2019  
**Publication Type(s)** Academic Journal  
**Database** CINAHL  
**Abstract** Objective: To investigate whether British children's performance is equivalent to North American norms on the listening in spatialised noise-sentences test (LiSN-S). Design: Prospective study comparing the performance of a single British group of children to North-American norms on the LiSN-S (North American version). Study sample: The British group was composed of 46 typically developing children, aged 6–11 years 11 months, from a mainstream primary school in London. Results: No significant difference was observed between the British's group performance and the North-American norms for Low-cue, High-cue, Spatial Advantage and Total Advantage measure. The British group presented a significantly lower performance only for Talker Advantage measure (z-score: 0.35, 95% confidence interval –0.12 to –0.59). Age was significantly correlated with all unstandardised measures. Conclusion: Our results indicate that, when assessing British children, it would be appropriate to add a corrective factor of 0.35 to the z-score value obtained for the Talker Advantage in order to compare it to the North-American norms. This strategy would enable the use of LiSN-S in the UK to assess auditory stream segregation based on spatial cues.

### 4. Endocrine disorders in pregnancy.

**Authors** Chong, Hsu Phern; Alazzani, Halimah; Boelaert, Kristien  
**Source** Obstetrics, Gynaecology & Reproductive Medicine; Nov 2019; vol. 29 (no. 11); p. 301-305  
**Publication Date** Nov 2019  
**Publication Type(s)** Academic Journal  
**Database** CINAHL  
**Abstract** Endocrine disorders in pregnancy are common. Good outcomes can be achieved with multi-disciplinary care in pregnancy. The primary objective of this review is to provide the reader with an overview of national guidelines and where applicable, recent advances with regard to care of women with endocrine disorders in pregnancy. We have outlined care for a broad range of conditions ranging from diabetes and thyroid disorders, to the rarer conditions such as pheochromocytoma. In addition to the reading list below, we would encourage the reader to keep up to date with reports from the United Kingdom Obstetric Surveillance Service (UKOSS) which studies a range of uncommon conditions in pregnancy as well as the confidential enquiry into maternal and child death [Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries across the UK (MBRRACE-UK)]. The latter is especially useful for lessons learnt from past maternal deaths, the most common cause of which were indirect maternal deaths from pre-existing medical conditions.

### 5. Inequalities in glycemic control in childhood onset type 2 diabetes in England and Wales—A national population-based longitudinal study.

**Authors** Khanolkar, Amal R.; Amin, Rakesh; Taylor-Robinson, David; Viner, Russell M.; Warner, Justin; Stephenson, Terence  
**Source** Pediatric Diabetes; Nov 2019; vol. 20 (no. 7); p. 821-831  
**Publication Date** Nov 2019  
**Publication Type(s)** Academic Journal  
**Database** CINAHL

**Abstract** Background: Not much is known about glycaemic-control trajectories in childhood-onset type 2 diabetes (T2D). We investigated characteristics of children and young people (CYP) with T2D and inequalities in glycaemic control. Methods: We studied 747 CYP with T2D, <19 years of age in 2009-2016 (from the total population-based National Pediatric Diabetes Audit [>95% diabetes cases in England/Wales]). Linear mixed-effects modeling was used to assess socioeconomic and ethnic differences in longitudinal glycated hemoglobin (HbA1c) trajectories during 4 years post-diagnosis (3326 HbA1c data points, mean 4.5 data points/subject). Self-identified ethnicity was grouped into six categories. Index of Multiple Deprivation (a small geographical area-level deprivation measure) was grouped into SES quintiles for analysis. Results: Fifty-eight percent were non-White, 66% were female, and 41% were in the most disadvantaged SES quintile. Mean age and HbA1c at diagnosis were 13.4 years and 68 mmol/mol, respectively. Following an initial decrease between diagnosis and end of year 1 (-15.2 mmol/mol 95%CI, -19.2, -11.2), HbA1c trajectories increased between years 1 and 3 (10 mmol/mol, 7.6, 12.4), followed by slight gradual decrease subsequently (-1.6 mmol/mol, -2, -1.1). Compared to White CYP, Pakistani children had higher HbA1c at diagnosis (13.2 mmol/mol, 5.6-20.9). During follow-up, mixed-ethnicity and Pakistani CYP had poorer glycaemic control. Compared to children in the most disadvantaged quintile, those in the most advantaged had lower HbA1c at diagnosis (-6.3 mmol, -12.6, -0.1). Differences by SES remained during follow-up. Mutual adjustment for SES and ethnicity did not substantially alter the above estimates. Conclusions: About two-thirds of children with childhood-onset T2D were non-White, female adolescents, just under half of whom live in the most disadvantaged areas of England and Wales. Additionally, there are substantial socioeconomic and ethnic inequalities in diabetes control.

**6. Vulnerabilities in diabetic eye screening for children and young people in England.**

**Authors** Ibanez-Bruron, Maria C.; Solebo, Ameenat L.; Cumberland, Phillippa M.; Rahi, Jugnoo S.; Althausen, S.; Anderson, J.; Ashworth, J.; Ayoola, O.; Bhattacharyya, P.; Biswas, S.; Brand, C.; Broadbent, D.; Brown, A.; Burton, B.; Chandna, A.; Chen, HC.; Chong, V.; Choudhary, S.; Cilliers, H.; Clarke, M.  
**Source** Pediatric Diabetes; Nov 2019; vol. 20 (no. 7); p. 932-940  
**Publication Date** Nov 2019  
**Publication Type(s)** Academic Journal  
**Database** CINAHL  
**Abstract** The article discusses the integrated patient-centered care for the children and young people living with diabetes. According to the author, diabetic retinopathy screening may be related to the degree of services integration. Vulnerabilities in diabetic eye screening also discussed.

**7. The Scottish prostate cryotherapy service—the role of the clinical nurse specialist.**

**Authors** Birrell, Fiona; Leung, Hing Y  
**Source** British Journal of Nursing; Oct 2019; vol. 28 (no. 18)  
**Publication Date** Oct 2019  
**Publication Type(s)** Academic Journal  
**Database** CINAHL  
**Abstract** This article outlines the role of the clinical nurse specialist in establishing a Scotland-wide national designated service for prostate cryotherapy for patients with radiation-recurrent prostate cancer. The service was established in 2009 and provides prostate cryotherapy across Scotland. This article reviews and discusses the challenges involved in setting up a new service for tertiary treatment as well as highlighting the key achievements of the service. The challenges have included introducing the cryotherapy procedure in a safe and quality assured manner, developing and refining the referral process, educating both primary and secondary care teams on salvage prostate cryotherapy as a treatment modality and surgical procedure, as well as managing of complications following salvage prostate cryotherapy. The article also outlines the achievements of both the service and the treatment as well as how the service has developed since 2009.

**8. How the Leading Change, Adding Value framework enables nursing, midwifery and care staff to transform practice.**

**Authors** Aitkenhead, Susan; Robinson, Kate; Bosanquet, Joanne; Fenton, Liz; Packman, Zoe; Power, Corinne; Garratt, Hilary  
**Source** British Journal of Nursing; Oct 2019; vol. 28 (no. 18); p. 1210-1212  
**Publication Date** Oct 2019  
**Publication Type(s)** Academic Journal  
**Database** CINAHL  
**Abstract** The article discusses the Leading Change, Adding Value (LCAV) framework enables nursing, midwifery, and care staff to transform practice. Topics mentioned include whole-system endorsement of the framework in addition to alignment with other national policy initiatives, the National Health Service (NHS) Long Term Plan and the Long Term Plan Implementation Plan by NHS England, and three products that were made as part of the LCAV framework to support colleagues to lead transformational change.

**9. Methods of the ITC Four Country Smoking and Vaping Survey, wave 1 (2016).**

**Authors** Thompson, Mary E.; Fong, Geoffrey T.; Boudreau, Christian; Driezen, Pete; Li, Grace; Gravely, Shannon; Cummings, K. Michael; Heckman, Bryan W.; O'Connor, Richard; Thrasher, James F.; Nahhas, Georges; Borland, Ron; Yong, Hua-Hie; McNeill, Ann; Hitchman, Sara C.; Quah, Anne C. K.

**Source** Addiction; Oct 2019; vol. 114 ; p. 6-14

**Publication Date** Oct 2019

**Publication Type(s)** Academic Journal

**Database** CINAHL

**Abstract** Aim: To describe the methods of the 2016 International Tobacco Control (ITC) Four Country Smoking and Vaping (4CV) Survey, conducted in 2016 in Australia (AU), Canada (CA), England (EN) and the United States (US). Methods: The respondents were cigarette smokers, former smokers (quit within the previous 2 years), and at-least-weekly vapers, aged 18 years and older. Eligible cohort members from the ITC Four Country Survey (4C) were retained. New respondents were sampled by commercial firms from their panels. Where possible, ages 18–24 and vapers were oversampled. Data were collected online, and respondents were remunerated. Survey weights were calibrated to benchmarks from nationally representative surveys. Results: Response rates by country for new recruits once invited ranged from 15.2 to 49.6%. Sample sizes for smokers/former smokers were 1504 in AU, 3006 in CA, 3773 in EN and 2239 in the US. Sample sizes for additional vapers were 727 in CA, 551 in EN and 494 in the US. Conclusion: The International Tobacco Control Four Country Smoking and Vaping Survey design and data collection methods allow analyses to examine prospectively the use of cigarettes and nicotine vaping products in jurisdictions with different regulatory policies. The effects on the sampling designs and response quality of recruiting the respondents from commercial panels are mitigated by the use of demographic and geographic quotas in sampling; by quality control measures; and by the construction of survey weights taking into account smoking/vaping status, sex, age, education and geography.

**10. P18 Audit on pre-methotrexate screening in a paediatric rheumatology centre...Paediatric and Adolescent Rheumatology Conference, October 7-9, 2019, Birmingham, UK**

**Authors** Foster, Rebecca; Deepak, Samundeeswari; Warriar, Kishore; Rangaraj, Satyapal; Camina, Nikki

**Source** Rheumatology; Oct 2019; vol. 58

**Publication Date** Oct 2019

**Publication Type(s)** Academic Journal

**Database** CINAHL

**Abstract** Background The BSPAR section council consensus-based guidance is the most widely used guideline on the use of methotrexate. This recommends that varicella immunity status is checked prior to commencing methotrexate and to consider immunisation if the child is non-immune. It also suggests considering checking measles status and testing for TB in high risk patients. We aim to evaluate our practice of screening paediatric rheumatological patients prior to commencing them on methotrexate. All patients in our centre have methotrexate teaching with a clinical nurse specialist prior to commencing treatment. Methods This study included paediatric patients who were prescribed methotrexate in all forms (subcutaneous, intravenous and orally) for rheumatological conditions and uveitis during a 2-year period (2016 – 2018) regardless of when it was first commenced. Digital health records were accessed to obtain the data retrospectively. Patients were excluded if they had been started on methotrexate prior to joining our centre, or were lost to follow up during the study period or if the required data was unavailable. Results 123 patients were identified to have been prescribed methotrexate during the 2-year study period and 102 patients were included in the study. 28 patients were commenced on methotrexate during 2016 /17 and others were commenced anytime between 2008 -2015. 91 (89%) patients had their varicella status checked prior to commencing methotrexate and 7 patients were checked after treatment was commenced. It was not checked in 4 patients (1 sample rejected and not repeated). Of those checked 20 patients were non-immune and 16 were vaccinated. 57 patients had had measles serology checked, 31 of these prior to commencing methotrexate. 35 patients had TB Quantiferon checked prior to methotrexate being started and 39 after. There were no positive results and 6 (8%) indeterminate of which 5 were repeated and 4 were negative. Of the indeterminate results 4 samples were taken prior to commencing methotrexate and 2 after. Conclusion This study shows that local adherence to checking varicella status prior to commencing methotrexate and vaccinating non-immune patients is good. Routine practice for checking measles, hepatitis and TB is varied. The data was captured over a 2-year period but actually included practice of methotrexate commencement over 9 years and thus time span and change in doctors will have contributed to the variation in practice. We believe some results from outreach clinics were not captured. All four tests are often carried out if it is felt the patient is likely to go on to require biologics. An updated guideline would help streamline the pre-DMARD screening and may limit the number of unnecessary investigations. Conflicts of Interest The authors declare no conflicts of interest.

**11. P32 Kawasaki disease: learning points from 6 years of audit data from a large university teaching hospital...Paediatric and Adolescent Rheumatology Conference, October 7-9, 2019, Birmingham, UK.**

**Authors** Patel, Fahim; Sridhar, Arani

**Source** Rheumatology; Oct 2019; vol. 58

**Publication Date** Oct 2019

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**Publication Type(s)** Academic Journal  
**Database** CINAHL  
**Abstract** Background Kawasaki disease is the most common cause of acquired childhood heart disease in developed countries. If left untreated, 15 to 25% of children develop coronary artery aneurysms and more worryingly 2 to 3% will die from coronary vasculitis. Prompt recognition and management including referral to a cardiologist can ameliorate this. The clinical challenge however is the lack of any diagnostic tests and that many cases do not fit the typical diagnostic criteria. Here we present the results from an original audit assessing our practice against RCPCH guidelines. We show findings from audit cycles spanning six years from Leicester's children's hospital. We also take one step further to analyse this data looking for trends in presentation and lab findings. Methods Original audit data was collected from cases between 2008-2012 and 2015-2017 (audit standards are shown in figure 1). The data generated from these audits was re-analysed to assess for trends in presentation and laboratory findings. Open in new tab Download slide P32 Figure 1. Audit standards and results (IVIG = intravenous immunoglobulin). Open in new tab Download slide P32 Figure 1. Audit standards and results (IVIG = intravenous immunoglobulin). Results In six years we saw 41 cases: 23 were of atypical presentation and 18 were typical (figure 2); 27 patients were male and 14 were female. The age range was 1 month to 13 years. All patients received IVIG, aspirin and were referred to cardiology. No patients required biological therapies. Cardiological events: Data incomplete - patients disseminated across several tertiary units; acutely - 6 patients had a borderline/abnormal echocardiogram; long-term - 1 patient has persistent but resolving coronary artery aneurysms. Open in new tab Download slide P32 Figure 2. Presentations of Kawasaki disease defined by typical vs. atypical. Open in new tab Download slide P32 Figure 2. Presentations of Kawasaki disease defined by typical vs. atypical. Mortalities A 4-month old in 2008 died as a result of untreated atypical Kawasaki disease. This patient was diagnosed only at autopsy. Conclusion Over the 2 audit periods we noted a higher than expected caseload of atypical KD. At presentation: 88% had no desquamation, 30% had only mildly raised CRP, and 2% did not have fever for more than 5 days. Conflicts of Interest The authors declare no conflicts of interest.

**12. P54 Pneumocystis jirovecii prophylaxis in patients on rituximab...Paediatric and Adolescent Rheumatology Conference, October 7-9, 2019, Birmingham, UK**

**Authors** Warriar1, Kishore; Salvesani, Catherine; Deepak, Samundeeswari  
**Source** Rheumatology; Oct 2019; vol. 58  
**Publication Date** Oct 2019  
**Publication Type(s)** Academic Journal  
**Database** CINAHL



**Abstract**

Background Rituximab is a chimeric monoclonal antibody that depletes the B cell population by targeting cells bearing the CD20 surface marker and is used widely in the management of paediatric rheumatological conditions like juvenile systemic lupus erythematosus (JSLE), juvenile dermatomyositis (JDM), mixed connective tissue disease (MCTD) and juvenile idiopathic arthritis (JIA). Pneumocystis jirovecii pneumonia (PCP) is a potentially fatal opportunistic infection associated with congenital and acquired defects in T cell-mediated immunity. Our guideline did not recommend prophylaxis against PCP for patients on rituximab, unlike patients on cyclophosphamide, who are on cotrimoxazole until three months after cessation of the treatment. Cyclophosphamide is an alkylating agent which affects both B and T lymphocytes. Following the death of 16 year-old girl with JSLE due to PCP, the team reviewed the possible contributing factors, undertook a review of literature and discussed this at multi-disciplinary meetings involving the microbiology and immunology teams. This patient was found to have other risk factors for PCP – low CD4 T cells, concomitant use of corticosteroids and hypogammaglobulinaemia (IgG 3.0g/L). Although there is limited evidence that rituximab on its own increases the risk of PCP, there is emerging data that B cells may have a role in the protection against pneumocystis. Following the review, it was concluded that children on rituximab and an additional immunosuppressant (including corticosteroids) should receive prophylactic cotrimoxazole to cover PCP. Methods Retrospective audit carried out by the team to look at adherence to the new guideline regarding the use of cotrimoxazole for PCP prophylaxis in patients who have had rituximab between August 2017 and May 2019. Results P54 Table 1 Total number of patients who had rituximab 10 Number of patients who had other immunosuppressants concomitantly / recently (within previous 3 months) 7 Number of patients on rituximab monotherapy 2 Number of patients who are 6 months post-treatment 1 Number of patients with other risk factors for PCP 1 (hypogammaglobulinaemia) Number of patients who are eligible for prophylaxis, as per the guideline 8 (7 for concomitant immunosuppression and 1 for hypogammaglobulinaemia) Number of patients on cotrimoxazole 7 (87.5%) - one of the patients is on methotrexate, which is advised not to combine with cotrimoxazole Total number of patients who had rituximab 10 Number of patients who had other immunosuppressants concomitantly / recently (within previous 3 months) 7 Number of patients on rituximab monotherapy 2 Number of patients who are 6 months post-treatment 1 Number of patients with other risk factors for PCP 1 (hypogammaglobulinaemia) Number of patients who are eligible for prophylaxis, as per the guideline 8 (7 for concomitant immunosuppression and 1 for hypogammaglobulinaemia) Number of patients on cotrimoxazole 7 (87.5%) - one of the patients is on methotrexate, which is advised not to combine with cotrimoxazole P54 Table 1 Total number of patients who had rituximab 10 Number of patients who had other immunosuppressants concomitantly / recently (within previous 3 months) 7 Number of patients on rituximab monotherapy 2 Number of patients who are 6 months post-treatment 1 Number of patients with other risk factors for PCP 1 (hypogammaglobulinaemia) Number of patients who are eligible for prophylaxis, as per the guideline 8 (7 for concomitant immunosuppression and 1 for hypogammaglobulinaemia) Number of patients on cotrimoxazole 7 (87.5%) - one of the patients is on methotrexate, which is advised not to combine with cotrimoxazole We achieved 87.5% compliance in prescribing cotrimoxazole for PCP prophylaxis to all rheumatology patients receiving rituximab alongside another immunosuppressant agent; the one patient who this was not adhered to was due to potential adverse drug pharmacodynamic interaction between cotrimoxazole and methotrexate. Conclusion Although the current evidence points to increased risk of PCP in patients with inherited and iatrogenic defect of T cell function, there is emerging evidence that B cells may have a role too. Hence more work is required to determine the risk of PCP in patients on B cell targeted therapy (BCTT) and the need for prophylaxis. Conflicts of Interest The authors declare no conflicts of interest.

**13. P57 Ensuring safe and efficient prescribing: an audit of external prescription requests from the National Centre of Paediatric Rheumatology, Ireland...Paediatric and Adolescent Rheumatology Conference, October 7-9, 2019, Birmingham, UK**

**Authors** Byrne, Dearbhla; MacMahon, Jayne M; Deely, Derek; Peate, Karen; O'Gara, Emir; MacDermott, Emma J; Killeen, Orla G  
**Source** Rheumatology; Oct 2019; vol. 58  
**Publication Date** Oct 2019  
**Publication Type(s)** Academic Journal  
**Database** CINAHL

**Abstract** Background Medication prescribing in paediatric rheumatology is closely monitored, particularly as a large number of medications used are either DMARDs or biologic therapy. Within our centre, we aim to give prescriptions when patients are attending outpatient clinics however due to long waiting lists, some patients require prescriptions before their clinic appointment. Currently, this is arranged by parents phoning in to our secretaries, however they often do not have the medication dose or route and this can delay efficient prescribing. We have also found that as most patients have their blood monitoring done in a primary care setting, we do not have access to their results. The aim of our audit was to formally assess outpatient prescribing in our centre, with a view to streamlining the process. Methods Data was collected over a one month period between 05/03/19 and the 05/04/19. Each prescription request was received by our CNS or secretary and passed to the NCHDs. The date and medication required was documented, along with chart availability, last clinic date, last bloods taken, whether the parents gave the dose and if a prescription was ultimately written. All data was analysed using Microsoft Excel. Results In total 36 prescriptions were requested. The majority of prescriptions (28) were routine prescriptions, with an additional 6 for 'emergency' prescriptions (e.g. diclofenac, ondansetron, NSAIDs and prednisolone) and 2 prescriptions were for a change in medication. Overall, 17 requests were for biologic agents, 7 for methotrexate and 5 for both biologic and methotrexate. Charts were available for 27 patients. Of those not available, 5 parents had given doses with their requests. If doses and charts were not available the dose from the last clinic letter on the system was used. Only in 10 cases out of 36, did parents leave a dose for medication with their prescription request. In total, 21 patients had recent blood tests recorded on our hospital database in the last 3 months and 27 had had clinic appointments in the preceding 6 months, with 13 of these occurring in the preceding 3 months. Conclusion This study highlights the large volume of external prescription requests received, as well as the potential for error in prescribing. We are currently planning on introducing a form that parents will be required to complete with all prescription requests, detailing dose and route of medication along with the results of their most recent blood tests. We hope that this will both streamline the process and allow for safer prescribing and plan to re-audit 3 months after its implementation. Conflicts of Interest The authors declare no conflicts of interest.

**14. P58 A re-audit on the adherence to blood monitoring guidelines in paediatric rheumatology patients on methotrexate, etanercept and adalimumab after the introduction of a blood clerk in the team...Paediatric and Adolescent Rheumatology Conference, October 7-9, 2019, Birmingham, UK**

**Authors** Hunter, Eleanor; Cuevas, Octavio Aragon

**Source** Rheumatology; Oct 2019; vol. 58

**Publication Date** Oct 2019

**Publication Type(s)** Academic Journal

**Database** CINAHL

**Abstract** Background A previous audit carried out in 2017 showed that the blood monitoring of patients on methotrexate was substandard with over 60% of patients not being monitored according to guidelines. A positive correlation was found between postcode distance to the tertiary centre and substandard monitoring (those patients living further away showing worse monitoring records). As a result of this audit, a blood clerk was introduced in the team who would be responsible for chasing patients for blood results. This is a re-audit to ascertain the impact of the changes introduced to our service. Methods All rheumatology patients being prescribed methotrexate, etanercept and adalimumab were captured using dispensing records. The electronic prescribing software MEDITECHv6 was used to gather data for each patient including demographic data, frequency of blood tests and varicella and measles immune status. Patients were divided into two groups: methotrexate and biologics. These were further divided into treatment starters and maintenance patients. Treatment starters needed to meet the following 6 criteria in order to achieve appropriate monitoring: correct frequency of tests, full blood count (FBC) checked, liver function tests (LFTs) checked, renal function checked and varicella and measles immunity checked. Maintenance patients needed to meet 4 criteria to achieve appropriate monitoring: correct frequency of monitoring, FBC, LFTs and renal function. Potential correlations between substandard monitoring and postcode distance to the centre were explored. Blood clerk intervention rates and their effects were analysed. Results 216 patients were included in the audit. Overall 76 of them (35%) were appropriately monitored. For all patients on methotrexate and those on maintenance biologics, the main reason for substandard monitoring was a delayed timing of blood taking (50% and 65% of patients respectively). For patients starting on biologics the main factor affecting standard of monitoring was the lack of documentation of varicella and measles immune status (42% of patients). 72% of the patients with inappropriate frequency of blood tests received an intervention from the blood clerk. No correlation was found between distance to the centre and appropriateness of monitoring. Conclusion Adherence to monitoring guidelines has not significantly changed after the introduction of the blood clerk, with figures of adequate monitoring very similar to the previous audit (35%). The blood clerk contacts starting patients at 4 weekly intervals if needed, and maintenance patients every 3 months. Bearing in mind the time needed to set up a blood monitoring appointment after a blood clerk intervention, the number of patients with appropriate monitoring raises to 64% in the methotrexate group and 67% in the maintenance biologics group. This shows efficacy of the blood clerk intervention once it happens. Improved guideline adherence may be achieved by bringing forward the blood clerk interventions by 2 to 4 weeks in each patient group. Conflicts of Interest The authors declare no conflicts of interest.

**15. P62 Getting to know you: a quality improvement project designed to enhance paediatric inpatient rehabilitation for those with non-inflammatory musculoskeletal pain...Paediatric and Adolescent Rheumatology Conference, October 7-9, 2019, Birmingham, UK.**

**Authors** McKenna, Dearbhla; Rooney, Madeline; Jackson, Paul; Harkness, Cathryn

**Source** Rheumatology; Oct 2019; vol. 58

**Publication Date** Oct 2019

**Publication Type(s)** Academic Journal

**Database** CINAHL

**Abstract** Background In November 2018 the paediatric rheumatology team in Belfast attended the Bridges self-management course. Bridges reflects on what works well as a team and how you can build upon current practice, with an emphasis upon a self-management approach. There are eleven Bridges principles aiming to help interdisciplinary team's co-ordinate their service around the patient. Bridges believes that the language we use can improve our clinical practice, especially with regards to problem solving, encouraging self-discovery, encouraging patients to reflect and enabling them to take action. Our team felt that we should use this approach to enhance our inpatient rehabilitation service. We chose this group of patients as we felt that this can be a challenging group to treat and it can take a long time to build supportive and trusting relationships. Methods Prior to commencing this project each member of the multidisciplinary team assessed the patient individually on the first day of admission. In retrospect we discovered that this led to repetition for the patient and this assessment was very clinician led. It also focused on clinician led (SMART) goals and achieving these. We furthermore realised we did not separately ask patients and parents what they wanted to gain from our service. Our method of improvement was to devise three questionnaires. One for a parent, one for a child under fourteen and over fourteen. These are distributed prior to being assessed by the team, allowing us to gather information and negating the need for repetition. The questionnaire gathers information regarding family members, education, school attendance, additional educational assistance, past medical history. For the patient we ask, what are their main concerns, what has helped so far, what support the patient has, what activities they enjoy as a family and what they hope to gain from their inpatient stay. The patient must fill out a description of their typical day, including their mood. Questions specifically for the parents are asking why their child has been referred, what their main concerns are, to outline their typical day, what do they feel has helped and what do they aim to gain from our team. Results We have utilised the questionnaires for every inpatient since January 2019. All team members feel that this new approach allows us to gain valuable information from patients and their parents thus encouraging them to adopt a self-management approach and to prioritise the patient's story. As a team we feel that we learn a lot about our patients using this method and that it is more time effective. It allows us to identify unrealistic hopes and discuss these. Conclusion We believe that using the Bridges approach and by mainly adapting our language skills and organisation we have improved this service. Conflicts of Interest The authors declare no conflicts of interest.

**16. P63 Evaluation of new patients seen by physiotherapy for obesity...Paediatric and Adolescent Rheumatology Conference, October 7-9, 2019, Birmingham, UK**

**Authors** Pattenden, Amy; Hurley, Matthew; Deepak, Samundeeswari

**Source** Rheumatology; Oct 2019; vol. 58

**Publication Date** Oct 2019

**Publication Type(s)** Academic Journal

**Database** CINAHL

**Abstract** Background Obesity levels have been increasing rapidly worldwide for the past two decades. The WHO has estimated the UK to be among the most overweight countries in the world, and according to government figures, the UK is now the fattest country in Europe with one in four adults obese. Obesity levels continue to rise within upcoming generations and if current trends continue, the forecast for the future health of today's children is bleak. Methods We aim to evaluate the body mass index (BMI) of children seen at the paediatric physiotherapy team. All new patients seen by a paediatric physiotherapist during the one month period June 2019 had their heights and weight measured at the first visit. The heights and weights of children were measured for all the children attending one physiotherapist's clinic. The BMI was calculated for these children using NHS BMI child calculator. Results A total of 28 new children attended the physiotherapist clinic. Of these, only 11 children were in the healthy BMI range and 17 were above the 90th centile. Among these 17 children, 12 were on the 98/99th centile. Ankle pain, lower back pain, knee or hip pain appeared to be the most common presenting symptoms of these children. Among the 28 children seen, 61% were above the 90th centile and 43% were on 98-99th centile. This data reflects only the children seen by one general paediatric physiotherapist. Children known to rheumatology team were seen by the therapists attached to the rheumatology team. Conclusion This audit highlights that children who are overweight and obese, experience more mechanical musculoskeletal symptoms. We conclude that further studies are needed to determine the epidemiology of musculoskeletal symptoms in children who are obese and overweight. The limitations of this project are small size and no collection of comorbidity data. As the trend of obesity is increasing, these issues should be addressed at every opportunity of contact with the health professionals. It is important, linking the weight issues to the conditions we are treating, and raising awareness to patient and carers. Conflicts of Interest The authors declare no conflicts of interest.

#### 17. Nurse leadership in new NHS systems.

**Authors** David, Ami  
**Source** British Journal of Community Nursing; Oct 2019; vol. 24 (no. 10); p. 465-465  
**Publication Date** Oct 2019  
**Publication Type(s)** Academic Journal  
**Database** CINAHL  
**Abstract** The article discusses the nurse leadership in new National Health Society (NHS) systems. Topics discussed include the Long Term Plan of NHS, which will focus on integrated care systems and establishment of merged clinical commissioning group; mentions that NHS need to ensure that its services are deliverable and affordable; and a reports by the Recent Care Quality Commission regarding NHS's plan.

#### 18. Quality improvement of prescribing safety: a pilot study in primary care using UK electronic health records.

**Authors** Kosari, Sam; Deeks, Louise S; Goss, John; Naunton, Mark  
**Source** British Journal of General Practice; Oct 2019; vol. 69 (no. 687); p. 490-490  
**Publication Date** Oct 2019  
**Publication Type(s)** Academic Journal  
**PubMedID** 31558521  
**Database** CINAHL

#### 19. GP incentives to design hypertension and atrial fibrillation local quality-improvement schemes: a controlled before-after study in UK primary care.

**Authors** Smith, Timothy; Fell, Christopher; Otete, Harmony; Chauhan, Umesh  
**Source** British Journal of General Practice; Oct 2019; vol. 69 (no. 687)  
**Publication Date** Oct 2019  
**Publication Type(s)** Academic Journal  
**PubMedID** 31455643  
**Database** CINAHL

**Abstract** Background: Financial incentives in the UK such as the Quality and Outcomes Framework (QOF) reward GP surgeries for achievement of nationally defined targets. These have shown mixed results, with weak evidence for some measures, but also possible unintended negative effects. Aim: To look at the effects of a local intervention for atrial fibrillation (AF) and hypertension, with surgeries rewarded financially for work, including appointing designated practice leads, attendance at peer review workshops, and producing their own protocols. Design and Setting: A controlled before-after study comparing surgery performance measures in UK primary care. Method: This study used published QOF data to analyse changes from baseline in mean scores per surgery relating to AF and hypertension prevalence and management at T1 (12 months) and T2 (24 months) for the intervention group, which consisted of all 58 surgeries in East Lancashire Clinical Commissioning Group (CCG), compared to the control group, which consisted of all other surgeries in north-west England. Results: There was a small acceleration between T0 (baseline) and T2 in recorded prevalence of hypertension in the intervention group compared to the controls, difference 0.29% (95% confidence interval [CI] = 0.05 to 0.53), P = 0.017, but AF prevalence did not increase more in the intervention group. Improvement in quality of management of AF was significantly better in the intervention group, difference 3.24% (95% CI = 1.37 to 5.12), P = 0.001. Conclusion: This intervention improved diagnosis rates of hypertension but not AF, though it did improve quality of AF management. It indicates that funded time to develop quality-improvement measures targeted at a local population and involving peer support can engage staff and have the potential to improve quality.

**20. Investigating the cost-effectiveness of structured diabetes education.**

**Authors** Swift, Jim; Barker, Chris; Palin, Richard; Peck, Gill  
**Source** British Journal of Healthcare Management; Oct 2019; vol. 25 (no. 10); p. 1-15  
**Publication Date** Oct 2019  
**Publication Type(s)** Academic Journal  
**Database** CINAHL  
**Abstract** Background/Aims: The National Institute for Health and Care Excellence recommend that people with type 2 diabetes should have access to structured diabetes education. The aim of this study was to evaluate the outcomes and the impact of the EMPOWER T2n structured diabetes education programme. Methods: Audit data were obtained from 443 participants from four Clinical Commissioning Groups in England. Clinical parameters, including glycated haemoglobin levels and cholesterol, were collected before EMPOWER T2n started, as well as at 6 months into the programme and 14-months after its completion. Results: There was a statistically significant reduction in glycated haemoglobin at 6-months (-8.2mmol/mol), which was maintained at 14 months (-7.8mmol/mol). Modelled 3-year changes in costs in the base case were -£42.30 for coronary heart disease, -£0.75 for stroke and -£7.79 for microvascular events. The mean number of medicines used decreased from 0.5 at baseline to 0.37 at 14 months (-13.1%). This produced an actual saving of £44.28, with a further saving of £98.78, compared to the modelled increase in medicine use over time. All of these changes translated into an overall gross saving of £193.89 per participant over the 3-year model timeframe. These savings exceeded the average cost of delivering EMPOWER T2n (£96.17 per participant). Conclusion: Participation in the EMPOWER T2n structured diabetes education programme was associated with improvements against a range of clinical parameters and associated with modelled net cost savings over a 3-year timeframe.

**21. Mapping transactional analysis to clinical leadership models.**

**Authors** Thiagarajan, Prarthana; McKimm, Judy  
**Source** British Journal of Hospital Medicine (17508460); Oct 2019; vol. 80 (no. 10); p. 600-604  
**Publication Date** Oct 2019  
**Publication Type(s)** Academic Journal  
**Database** CINAHL  
**Abstract** Leaders in today's NHS face the unenviable task of reconciling rising demand, frozen resource allocation and increasing accountability. As the NHS itself stands at the nexus of an unstable political and socioeconomic landscape, its future success relies largely on its ability to nurture excellence, to encourage open communication within and across health-care teams, and to inspire its workforce through exemplary leadership and followership. Key to these endeavours are clinicians on the 'shop floor', whose daily interactions with patients and staff help to shape prevailing culture and drive progress through quality improvement and leadership initiatives. This article considers how transactional analysis can be incorporated into professional development to help doctors develop insight into and optimize the use of different communication styles. The authors propose that a working knowledge of the transactional analysis ego state model can enhance effective communication, leadership and followership within and across health-care teams, with a view to optimizing patient outcomes and workforce interactions.

**22. HEALTH AND SOCIAL CARE IMPROVEMENT SERVICE RELAUNCHING.**

**Source** Community Practitioner; Oct 2019; vol. 92 (no. 8); p. 10-10  
**Publication Date** Oct 2019

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**Publication Type(s)** Academic Journal  
**Database** CINAHL  
**Abstract** The article mentions the relaunching of the service for improving the health and social care services of people in Wales as of October 2019.

**23. Pulmonary embolism following complex trauma: UK MTC observational study.**

**Authors** Glover, Thomas E.; Sumpter, Joanna E.; Ercole, Ari; Newcombe, Virginia F. J.; Lavinio, Andrea; Carrothers, Andrew D.; Menon, David K.; O'Leary, Ronan  
**Source** Emergency Medicine Journal; Oct 2019; vol. 36 (no. 10); p. 608-612  
**Publication Date** Oct 2019  
**Publication Type(s)** Academic Journal  
**PubMedID** 31551302  
**Database** CINAHL  
**Abstract** Objectives: To describe the incidence of pulmonary embolism (PE) in a critically ill UK major trauma centre (MTC) patient cohort. Methods: A retrospective, multidataset descriptive study of all trauma patients requiring admission to level 2 or 3 care in the East of England MTC from 1 November 2014 to 1 May 2017. Data describing demographics, the nature and extent of injuries, process of care, timing of PE prophylaxis, tranexamic acid (TXA) administration and CT scanner type were extracted from the Trauma Audit and Research Network database and hospital electronic records. PE presentation was categorised as immediate (diagnosed on initial trauma scan), early (within 72 hours of admission but not present initially) and late (diagnosed after 72 hours). Results: Of the 2746 trauma patients, 1039 were identified as being admitted to level 2 or 3 care. Forty-eight patients (4.6%) were diagnosed with PE during admission with 14 immediate PEs (1.3%). Of 32.1% patients given TXA, 6.3% developed PE compared with 3.8% without TXA (p=0.08). Conclusion: This is the largest study of the incidence of PE in UK MTC patients and describes the greatest number of immediate PEs in a civilian complex trauma population to date. Immediate PEs are a rare phenomenon whose clinical importance remains unclear. Tranexamic acid was not significantly associated with an increase in PE in this population following its introduction into the UK trauma care system.

**24. Preparing for a parliamentary election.**

**Source** Frontline (20454910); Oct 2019; vol. 25 (no. 13); p. 10-11  
**Publication Date** Oct 2019  
**Publication Type(s)** Periodical  
**Database** CINAHL

**25. Re-thinking traditional approaches...Marc Berry**

**Authors** Berry, Marc  
**Source** Frontline (20454910); Oct 2019; vol. 25 (no. 13); p. 44-45  
**Publication Date** Oct 2019  
**Publication Type(s)** Periodical  
**Database** CINAHL

**26. More Procedures Needed for Endoscopic Retrograde Cholangiopancreatography Competency.**

**Authors** Alleman, Samantha  
**Source** Gastroenterology & Hepatology; Oct 2019; p. 564-565  
**Publication Date** Oct 2019  
**Publication Type(s)** Academic Journal  
**Database** CINAHL

**27. Education in stoma care: a survey and interviews with stoma care nurses.**

**Authors** Stronge, Kirsty; Burch, Jennie  
**Source** Gastrointestinal Nursing; Oct 2019; vol. 17 (no. 8); p. 26-31  
**Publication Date** Oct 2019  
**Publication Type(s)** Academic Journal  
**Database** CINAHL

**Abstract** Guidance for stoma care clinical nurse specialists (CNSs) provided by the Association of Stoma Care Nurses (ASCN) UK and Royal College of Nursing (RCN) states that senior nurses are expected to have at least a degree-level specialist qualification in conjunction with clinical experience. To determine how to better meet the educational needs of stoma care CNSs, data were collected from this group of professionals. One-in-five stoma care CNS in the UK replied to an online survey, plus telephone interviews. The findings showed that, when attending a course, accreditation was important, as well as that education was predominantly used for professional development and underpinning clinical knowledge. There were three themes that emerged from the surveys and interviews: development of education, delivery style and future developments. These were felt to be important to the nurses when attending educational courses.

**28. Improving the mental health of young people in Scotland.**

**Source** Healthcare Counselling & Psychotherapy Journal; Oct 2019; vol. 19 (no. 4); p. 4-4  
**Publication Date** Oct 2019  
**Publication Type(s)** Periodical  
**Database** CINAHL

**29. Establishing the minimum clinically important difference for the Genetic Counseling Outcome Scale (GCOS-24).**

**Authors** Thomas, Charlene; McAllister, Marion  
**Source** Journal of Genetic Counseling; Oct 2019; vol. 28 (no. 5); p. 1003-1010  
**Publication Date** Oct 2019  
**Publication Type(s)** Academic Journal  
**Database** CINAHL  
**Abstract** To establish the smallest change in genetic counseling outcome that is meaningful for patients, the aim of this study was to establish the Minimum Clinically Important Difference (MCID) for the Genetic Counseling Outcome Scale (GCOS-24). GCOS-24 is a patient-reported outcome measure for clinical genetics services. Secondary aims included understanding what patients deem important for reaching this score. Participants were 74 new patients recruited from the All Wales Medical Genetics Service, between April 2016 and December 2016. An anchor-based, global transition question methodology was used to identify the MCID, by asking participants how much meaningful change they experienced following their genetics appointment, and comparing this with GCOS-24 change scores. This ensured that the established score was clinically meaningful to patients. Comments from a free text response box were analyzed using qualitative thematic analysis. The mean score of the group who felt "a little better" was determined to be the MCID. The MCID was established to be a GCOS-24 score increase of 10.3 points after a clinical genetics appointment. This score was significantly different from the group "neutral" (0.64 points), using an independent samples t test. Themes identified as important for reaching the MCID included "future and family". These findings contribute to interpretability of GCOS-24 and provide some useful insights for genetic counseling service development.

**30. Implementing a step down intermediate care service.**

**Authors** Levin, Kate A.; Miller, Martine A.; Henderson, Marion; Crighton, Emilia  
**Source** Journal of Integrated Care; Oct 2019; vol. 27 (no. 4); p. 276-284  
**Publication Date** Oct 2019  
**Publication Type(s)** Academic Journal  
**Database** CINAHL  
**Abstract** Purpose: The purpose of this paper is to explore implementation and development of step-down intermediate care (IC) in Glasgow City from the perspective of staff. Design/methodology/approach: The study used qualitative methods. Nine key members of staff were interviewed and three focus groups were run for social work, rehabilitation and care home staff. Framework analysis was used to identify common themes. Findings: The proposed benefits of IC were supported anecdotally by staff. Perceived enablers included: having a range of engaged stakeholders, strong leadership and a risk management system in place, good relationships, trust and communication between agencies, a discharge target, training of staff, changing perception of risk and risk aversion, the right infrastructure and staffing, an accommodation-based strategy for patients discharged from IC, the right context of political priorities, funding and ongoing adaptation of the model in discussion with frontline staff. Potential improvements included a common recording system shared across all agencies, improving transition of patients from hospital to IC, development of a tool for identifying suitable candidates for IC, overcoming placement issues on discharge from IC, ensuring appropriate rehabilitation facilities within IC units, attachment of social work staff to IC units and finding solutions to issues related to variation in health and social care systems between sectors and hospitals. Originality/value: The findings of this study help the ongoing refinement of the IC service. Some of the recommendations have already been implemented and will be of value to similar services being developed elsewhere.

**31. Hospital Readmissions Among Post-acute Nursing Home Residents: Does Obesity Matter?**

**Authors** Cai, Shubing; Wang, Sijiu; Mukamel, Dana B.; Caprio, Thomas; Temkin-Greener, Helena  
**Source** Journal of the American Medical Directors Association; Oct 2019; vol. 20 (no. 10); p. 1274-1274

**Publication Date** Oct 2019  
**Publication Type(s)** Academic Journal  
**Database** CINAHL  
**Abstract** To explore profiles of obese residents who receive post-acute care in nursing homes (NHs) and to assess the relationship between obesity and hospital readmissions and how it is modified by individual comorbidities, age, and type of index hospitalizations. Retrospective cohort study. Medicare fee-for-service beneficiaries who were newly admitted to free-standing US NHs after an acute inpatient episode between 2011 and 2014 (N = 2,323,019). The Minimum Data Set 3.0 were linked with Medicare data. The outcome variable was 30-day hospital readmission from an NH. Residents were categorized into 3 groups based on their body mass index (BMI): nonobese, mildly obese, moderate-to-severely obese. We tested the relationship between obesity and 30-day readmissions by fixed-effects logit models and stratified analyses by the type of index hospitalization and residents' age. Forty percent of the identified residents were admitted after a surgical episode, and the rest were admitted after a medical episode. The overall relationship between obesity and readmissions suggested that obesity was associated with higher risks of readmission among the oldest old ( $\geq 85$  years) residents but with lower risks of readmission among the youngest group (65-74 years). After accounting for individual covariates, the association between obesity and readmissions among the oldest old residents became weaker; the adjusted odds ratio was 1.061 (P = .049) and 1.004 (P = .829) for moderate-to-severely obese patients with surgical and medical index hospitalizations, respectively. The protective effect of obesity among younger residents reduced after adjusting for covariates. The relationship between obesity and hospital readmission among post-acute residents could be affected by comorbidities, age, and the type of index hospitalization. Further studies are also warranted to understand how to effectively measure NH quality outcomes, including hospital readmissions, so that policies targeting at quality improvement can successfully achieve their goals without unintended consequences.

### 32. Nursing Home Star Ratings and New Onset of Depression in Long-Stay Nursing Home Residents.

**Authors** Yuan, Yiyang; Lapane, Kate L.; Baek, Jonggyu; Jesdale, Bill M.; Ulbricht, Christine M.  
**Source** Journal of the American Medical Directors Association; Oct 2019; vol. 20 (no. 10); p. 1335-1335  
**Publication Date** Oct 2019  
**Publication Type(s)** Academic Journal  
**Database** CINAHL  
**Abstract** To examine the association between nursing home (NH) quality and new onset of depression and severity of depressive symptoms in a national cohort of long-stay NH residents in the United States. Cohort study. 129,837 long-stay residents without indicators of depression admitted to 13,921 NHs. NH quality was measured by Nursing Home Compare star ratings (overall, health inspection, staffing, quality measures) closest to admission. Study outcomes at 90 days from the Minimum Data Set 3.0 included depression diagnosis and severity of depressive symptoms (minimal; mild; moderate; moderately severe/severe). Symptoms were measured by resident self-report Patient Health Questionnaire (PHQ-9) or a staff-report observational version (PHQ-9-OV). Logistic and multinomial logistic models with generalized estimating equations were used to estimate adjusted odds ratios (aORs) and 95% confidence intervals (CIs). At 90 days postadmission, 14.1% of residents had a new diagnosis of depression, and odds did not differ across star ratings. Nearly 90% of these residents had minimal depressive symptoms, with only 8.5% reporting mild symptoms and 2.6% with moderate to severe symptoms. Using minimal depressive symptoms as the reference, residents in NHs with 5-star overall ratings were 12% less likely than those in 3-star NHs to experience mild (95% CI: 0.81-0.96) and 31% less likely to experience moderate symptoms (95% CI: 0.58-0.82). In NHs with 1-star staffing compared to 3-star, residents had 37% higher odds of moderate symptoms (95% CI: 1.14-1.64) and 57% higher odds of moderately severe to severe depressive symptoms (95% CI: 1.17-2.12). The odds of any above-minimal depressive symptoms decreased as quality measure ratings increased. Lower NH quality ratings were associated with more severe depressive symptoms. Further investigation is warranted to identify potential mechanisms for a targeted intervention to improve quality and provide more equitable care.

### 33. Benchmarking veterinary librarians' participation in systematic reviews and scoping reviews.

**Authors** Toews, Lorraine  
**Source** Journal of the Medical Library Association; Oct 2019; vol. 107 (no. 4); p. 499-507  
**Publication Date** Oct 2019  
**Publication Type(s)** Academic Journal  
**Database** CINAHL



**Abstract** Objectives: The objectives of this study were to benchmark roles that veterinary librarians at universities and colleges play in systematic reviews (SRs) and scoping reviews that are conducted by faculty and students at their institutions, to benchmark the level of training that veterinary librarians have in conducting SRs, to identify barriers to their participation in SRs, and to identify other types of literature reviews that veterinary librarians participate in. Methods: Sixty veterinary librarians in universities and colleges in Canada, the United States, England, Scotland, Ireland, Australia, and New Zealand were surveyed online about their roles and training in conducting SRs, barriers to participation in SRs, and participation in other types of literature reviews. Results: Veterinary librarians' highest participation was at an advising level in traditional librarian roles as question formulator, database selector, search strategy developer, and reference manager. Most respondents reported pretty good to extensive training in traditional roles and no or some training in less traditional roles. Sixty percent of respondents received few or no requests to participate in SRs, and only half of respondents had participated in SRs as a review team member. Sixty percent of respondents stated that their libraries had no policies regarding librarian roles and participation in SRs. Conclusions: The surveyed veterinary librarians participated in SRs to a lesser degree than human health sciences librarians, experienced low demand from veterinary faculty and students to participate in SRs, and participated as review team members at significantly lower rates than human health sciences librarians. The main barriers to participation in SRs were lack of library policies, insufficient training, and lack of time.

**34. Applying interprofessional education to the practice setting.**

**Authors** Way, Susan; Dixon, Leigh-Anne  
**Source** British Journal of Nursing; Sep 2019; vol. 28 (no. 17); p. 1144-1147  
**Publication Date** Sep 2019  
**Publication Type(s)** Academic Journal  
**Database** CINAHL  
**Abstract** Interprofessional education is a key requirement identified in various professional and regulatory body education standards in the UK. However, recent high-profile investigatory reports into adverse incidents in NHS organisations have demonstrated failures of translating interprofessional education into practice. This paper explores how a university in the south of England uses service improvement projects to address this. Working with key senior clinicians, small groups of students from a variety of professional backgrounds collaborate to address an identified problem in practice to bring about better, safer practice to benefit patients. This style of learning enables students to acquire essential attributes in preparation for employment, such as critical thinking, teamworking, ethical practice and leadership.

**35. 235 Pyjama Paralysis: Time to Make a Move!...67th Annual & Scientific Meeting of the Irish Gerontological Society, Innovation, Advances and Excellence in Ageing, 26-28 September 2019, Cork, Ireland**

**Authors** Fitzpatrick, Donal; Doyle, Kate; Finn, Gerard; Gallagher, Paul  
**Source** Age & Ageing; Sep 2019; vol. 48  
**Publication Date** Sep 2019  
**Publication Type(s)** Academic Journal  
**Database** CINAHL  
**Abstract** Background The adverse effects of inpatient falls are well known. The harms of unwarranted bedrest and prolonged immobilisation present insidiously but, arguably, have a greater impact. Deconditioning, itself, is a major contributor to falls in older adults. There is still a troubling assumption that falls can be prevented through restraint and preventing at-risk patients from mobilising. Methods We reviewed medical and nursing notes and conducted brief-structured interviews with nurses and brief bedside observations for medical inpatients aged ≥75. We constructed a research template based on the UK National Falls audit 20151 and the Hospital Elder Life Program (HELP) - mobility toolkit2. We included all patients on medical wards over the age of 75, admitted for 3 or more days. We excluded patients who were critically unwell or imminently dying. Results We reviewed 100 medical inpatients aged over 75. Patients' mobility deteriorated significantly from their baseline, with 73% of patients requiring assistance compared to 22% at baseline. PJ paralysis was endemic with only one third of patients wearing day clothes. 75% of patients spent more than half of the day in bed. There were 8 falls during the entire study period. Poorer levels of mobility correlated with delirium and incontinence. Conclusion The deleterious effects on older patient of the traditional model of acute hospital care with gratuitous bedrest are universally acknowledged. Falls should be prevented through supervision rather than restraint. Campaigns such as "End PJ Paralysis" and the HELP mobility toolkit can enable a cultural change within hospitals. Such change is impossible without the staffing and leadership to endorse it.

**36. 61 Impact of Dedicated Geriatrician Involvement on National Emergency Laparotomy Audit Standards and Outcomes...67th Annual & Scientific Meeting of the Irish Gerontological Society, Innovation, Advances and Excellence in Ageing, 26-28 September 2019, Cork, Ireland.**

**Authors** Coary, Roisin; Jenkins, Kath; Mitchell, Emma; Pullyblank, Anne; Shipway, David  
**Source** Age & Ageing; Sep 2019; vol. 48  
**Publication Date** Sep 2019

**Publication Type(s)** Academic Journal  
**Database** CINAHL  
**Abstract** Background Older patients undergoing emergency laparotomy (EmLap) have high levels of mortality and morbidity. The National Emergency Laparotomy Audit (NELA) in the United Kingdom records processes and outcome measures for patients undergoing EmLap. Recent data shows that geriatrician review is associated with reduced post-surgical mortality (Oliver C.M. et al. British Journal of Anaesthesia 2018). Geriatrician review of all patients aged ≥70 years is a NELA standard. However, the most recent national report shows only 23% compliance, falling short of the target of 80% and consistently the poorest performing standard. Methods In August 2018, we established a dedicated gastrointestinal surgery liaison service to replace ad hoc geriatrician reviews. We evaluated the impact on NELA standard compliance and patient outcomes. Data were extracted from the local NELA database on all patients aged ≥70 years, for the first six months of the service (September to February). These were compared to the same time period in the preceding year prior to service launch. Results Following service introduction, increased numbers of patients aged ≥70 years underwent EmLap: 50 (2018-9) vs 31 (2017-8). Geriatrician review occurred in 86% (n=43) in 2018-9, compared to 16% (n=5) in 2017-8. Inpatient mortality fell from 23% (n=7) in 2017-8 to 14% (n=7) in 2018-9. Discharge to own home rose to 76% (n=38) in 2018-9 from 68% (n=21) in 2017-8. One patient in each cohort was newly discharged to a nursing home. Mean length of stay was 17.9 days in 2018-9 (range 3-75), versus 17.6 in 2017-8 (range 3-94). Conclusion Introduction of a dedicated geriatric surgical liaison service is associated with increased compliance with NELA standards. Despite more emergency laparotomies being performed on older patients, this was associated with improved mortality and rates of home discharge, consistent with published data. Targeted investment in surgical liaison services may therefore be warranted.

**37. 254 An Audit of the Frequency of Early Swallow Screens Performed in Patients Diagnosed with a Stroke...67th Annual & Scientific Meeting of the Irish Gerontological Society, Innovation, Advances and Excellence in Ageing, September 26-28, 2019, Cork, Ireland**

**Authors** Kelly, Lisa; Murtagh, Niamh; Leonard, Rachel; O'Malley, Tom  
**Source** Age & Ageing; Sep 2019; vol. 48  
**Publication Date** Sep 2019  
**Publication Type(s)** Academic Journal  
**Database** CINAHL  
**Abstract** Background The National Stroke Audit 2015 showed that Ireland had made great advances in stroke care but one notable area of deficiency was in access to early swallow screening (within 4 hours). An early swallow screen is recommended by the Royal College of Physicians Stroke Guidelines (2016) to minimise the risk of aspiration pneumonia. The National Guideline for Swallow Screening in Stroke was released in May 2017 and outlines the need to have staff who are trained in swallow screening available 24/7. This audit aimed to evaluate the percentage of stroke patients in our hospital who received a documented swallow screen within 4 hours of admission. Methods Data relating to swallow screens/assessments and the time in which they were performed was extracted from our hospital's HIPE database. The sample size included all confirmed strokes seen by the stroke service in our hospital in the first 6 months of 2018 (1/1/2018- 30/06/2018 inclusive). This amounted to 78 patients. Results In our hospital >90% of patients diagnosed with stroke get admitted to our stroke unit. Of the 78 patients, 38 (48.1%) had a documented swallow screen/assessment during admission, 27 did not have a documented swallow screen/assessment (34.2%) and for 14 patients (17.7%) it was unclear whether they had one during admission. Of the 38 patients who had documented swallow screens/assessments during admission 5 (13.2%) of these occurred within 4 hours of admission. Conclusion In summary while our hospital is succeeding in getting the vast majority of diagnosed strokes into our stroke unit we are not currently meeting the UK target for early swallow screening. We aim to roll out an education and training programme targeting nurses and doctors in our stroke unit regarding early swallow screening and re-audit this in 6-12 month's time.

**38. 281 Collateral Damage: The Cost of Failing to Take a Comprehensive Collateral History for Older Adults with Cognitive Impairment...67th Annual & Scientific Meeting of the Irish Gerontological Society, Innovation, Advances and Excellence in Ageing, 26-28 September 2019, Cork, Ireland.**

**Authors** Doyle, Kate; Fitzpatrick, Donal; Finn, Gerard; Gallagher, Paul  
**Source** Age & Ageing; Sep 2019; vol. 48  
**Publication Date** Sep 2019  
**Publication Type(s)** Academic Journal  
**Database** CINAHL

**Abstract** Background Age-related syndromes of cognitive impairment, including delirium and dementia, are becoming more prevalent in our hospitals. Patients with cognitive impairment are often unable to provide information relating to their pre-morbid cognition and function as well as their admission diagnosis. Such information is essential to correctly identifying delirium and dementia, as well as making an accurate diagnosis and planning appropriate treatment. It is the standard of care recommended by both the Irish National Audit of Dementia 2014 and the UK National Audit of Dementia Care 2017 that a collateral history is obtained. Methods We reviewed the medical notes and conducted brief structured interviews with nursing staff for 100 medical inpatients aged  $\geq 75$ . Results Only 44% of patients with cognitive impairment had a collateral history. Half of patients described as having dementia did not have any further detail on the severity of dementia documented. 80% of collateral histories were sourced by the admitting NCHD; if the collateral history was not obtained on admission, it was unlikely to be obtained at all. Among those for whom a collateral history was obtained, the level of detail regarding pre-morbid cognition, function, mobility and continence was sparse. The most common informant was the patient's son or daughter (66%), followed by spouse (16%). Only 13% of patients had formal cognitive testing. Conclusion Acute illness characteristically causes significant impairments in cognition and function in frail older patients. Identifying and reversing these impairments is impossible without a comprehensive collateral history. It is alarming that such an essential component of clinical assessment is so often disregarded and highlights the lack of awareness from clinicians of the importance of collateral history in the management of patients with dementia and delirium. This must be emphasised in both undergraduate and postgraduate teaching. An appropriate admission proforma would also promote competent collateral history taking.

**39. 290 Are Clients Satisfied with Integrated Care? Enhancing Client Feedback on Discharge from a Domiciliary Based Multidisciplinary Integrated Care Service...67th Annual & Scientific Meeting of the Irish Gerontological Society, Innovation, Advances and Excellence in Ageing, 26–28 September 2019, Cork, Ireland.**

**Authors** Boyle, Nichola; McDonnell, Sinead; Balasubramanian, Subha; Reynolds, Niamh; Geary, Niamh; O'Shea, Diarmuid; Hession, Eilis  
**Source** Age & Ageing; Sep 2019; vol. 48  
**Publication Date** Sep 2019  
**Publication Type(s)** Academic Journal  
**Database** CINAHL  
**Abstract** Background The Integrated Care Programme for Older People has supported the development of integrated care services at pioneer sites in Ireland, each developed to meet local needs. Patient Reported Experience Measures (PREMs) have been used to evaluate user experience in intermediate care in the United Kingdom. This project aimed to evaluate client experience of a domiciliary based, multidisciplinary, integrated care service. Methods A qualitative audit of the experience of clients of the Older Persons' Integrated Care Team (OPICT) was performed. This project was undertaken in conjunction with the Royal College of Physicians of Ireland's Quality Improvement in Action programme. A feedback questionnaire was designed and distributed to consecutively discharged clients from OPICT from February 2019, providing qualitative assessment for service improvement. The results of feedback from the first questionnaire design are reported. Results Twenty OPICT clients received a feedback questionnaire following their final interaction with the OPICT service. Eighteen clients responded: 11 males and 9 females with mean age 81 years. Two male clients did not return the questionnaire (mean age 86 years). In terms of the treatment and advice provided by the team, all 18 clients agreed with statements that they were involved in decision making, treatment was explained in a way that they could understand and was effective and met their needs. All clients responding indicated that they were listened to, treated with dignity and had confidence and trust in the team. All 18 respondents would recommend the service to another older person. Respondents also provided individual comments which all indicated satisfaction with the service. Conclusion Older people accessing integrated care delivered in their home reported a positive experience and can provide important information on further service development.

**40. A nurse-led review of patient experience for development of quality services.**

**Authors** Weston, Charlotte  
**Source** Cancer Nursing Practice; Sep 2019; vol. 18 (no. 5); p. 44-49  
**Publication Date** Sep 2019  
**Publication Type(s)** Academic Journal  
**Database** CINAHL  
**Abstract** This article gives an example of a nurse-led service review and explains the process of evaluating a service that includes nurse-led clinics, patient information and patient experience. The aim of the evaluation was to engage with patients to gather information about and understand their experience, to inform the development of quality services and patient pathways.

**41. The Poole Young People's Diabetes Service.**

**Authors** Dalton, Jo; Burtles, Linda; Masding, Mike; Nicholls, Adam; Cook, Sarah; Lopes, Belisa; Hanna, Jo; McAulay, Antoinette; Deamer, Susie

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**Source** Journal of Diabetes Nursing; Aug 2019; vol. 23 (no. 5); p. 1-5  
**Publication Date** Aug 2019  
**Publication Type(s)** Academic Journal  
**Database** CINAHL  
**Abstract** In 2012, paediatric Best Practice Tariff funding was used to expand the paediatric diabetes service in Poole, Dorset, to set up a specific service for patients aged 15-23 years who were transitioning to adult diabetes care. The resulting Young People's Diabetes Service (YPDS) has undergone continuous development since then, based on feedback from the children's diabetes service, the adult diabetes team, and young people and their families and carers. Since 2014, the YPDS has achieved improved HbA1c and greater engagement with the service, with fewer missed clinic appointments and fewer diabetes-related hospital admissions. This article describes how the service was developed, how it operates today and how it is looking to evolve in the future.

**42. Variation in National Clinical Audit Data Capture: Is Using Routine Data the Answer?...The 17th World Congress of Medical and Health Informatics, 25-30 August 2019, Lyon, France**

**Authors** Dowding, Dawn W.; Alvarado, Natasha; McVey, Lynn; Mamas, Mamas; Randell, Rebecca  
**Source** Studies in Health Technology & Informatics; Aug 2019; vol. 264 ; p. 1658-1659  
**Publication Date** Aug 2019  
**Publication Type(s)** Academic Journal  
**Database** CINAHL  
**Abstract** National Clinical Audit (NCA) data are collected from all National Health Service providers in the UK, to measure the quality of care and stimulate quality improvement initiatives. As part of a larger study we explored how NHS providers currently collect NCA data and the resources involved. Study results highlight a dependence on manual data entry and use of professional resources, which could be improved by exploring how routine clinical data could be captured more effectively.

**43. Unmet needs in patients with high risk uveal melanoma undergoing liver surveillance.**

**Authors** Upton, Joanne  
**Source** Cancer Nursing Practice; Jul 2019; vol. 18 (no. 4); p. 36-41  
**Publication Date** Jul 2019  
**Publication Type(s)** Academic Journal  
**Database** CINAHL  
**Abstract** Uveal melanoma (UM) is a rare form of cancer diagnosed in about 500 people a year in the UK. In most patients at time of diagnosis the disease is limited to the eye, but about 30% die of distant metastasis before five years and about 45% at 15 years post diagnosis. Although the survival benefits of liver screening are not proven, national guidance recommends liver surveillance for patients with high-risk disease every six months in the first five years after diagnosis, then annually for the rest of the person's life. This article describes the findings of an audit of the unmet needs of patients undergoing regular liver surveillance following diagnosis of UM. The audit was conducted retrospectively over 12 months using the Macmillan National Cancer Survivorship Initiative holistic needs assessment checklist. The findings provide a snapshot of the issues faced by patients who survive a rare cancer and who are undergoing regular follow-up at a specialist cancer centre.

**44. It's time we talked about Charcot foot: results of a podiatry patient education questionnaire.**

**Authors** Bullen, Benjamin; Young, Matthew; McArdle, Carla; Ellis, Mairghread  
**Source** Diabetic Foot Journal; Jul 2019; vol. 22 (no. 3); p. 12-16  
**Publication Date** Jul 2019  
**Publication Type(s)** Academic Journal  
**Database** CINAHL

**Abstract** In contrast with diabetic foot ulceration (DFU) and lower-extremity amputation (LEA), current Scottish patient information leaflets reserve Charcot foot education for individuals 'In Remission' from, or with active, Charcot foot. A small group of Scottish NHS podiatrists recently agreed Charcot foot education should be delivered to all 'At-risk' individuals with diabetic peripheral neuropathy. This study sought to compare discussion about diabetes foot disease and Charcot foot between 'At-risk' and 'In Remission' groups among this cohort. Fourteen participants completed an 'At-risk' component of the Charcot foot patient education questionnaire, while six also completed an 'In Remission' component. Topics investigated for both groups included DFU and LEA risk, footwear and insoles, and signs of infection and Charcot foot. Frequency of discussion data was captured with a five-point Likert scale. Median response and interquartile range (IQR) were described and compared between groups. Median values and IQR for discussion of DFU and LEA risk were 5 (IQR 1) and 3 (IQR 1.25) respectively for 'At-risk' groups, and 5 (IQR 0.25) and 3 (IQR 2), respectively, among the 'In Remission' group. For discussion of footwear and insoles, the median response was 4 (IQR 1) for 'At-risk' and 5 (IQR 1) for 'In Remission' groups, reversed for discussion of signs of infection. The greatest between-group discrepancy was found for discussion of Charcot foot, with median responses and IQR found to be 3 (IQR 2) and 5 (IQR 0.25) for 'At-risk' and 'In Remission' groups, respectively. This discrepancy has potential implications for Charcot foot educational strategies, audit and research. It is proposed that 'always' should be the benchmark for frequency of Charcot foot education, not just for those 'In Remission' but also those 'At risk'.

**45. End-of-Life Care: Redesigning Access Through Leveraging the Institute of Medicine Future of Nursing Recommendations.**

**Authors** Rochon, Therese; Emard, Esther  
**Source** Home Healthcare Now; Jul 2019; vol. 37 (no. 4); p. 208-212  
**Publication Date** Jul 2019  
**Publication Type(s)** Academic Journal  
**Database** CINAHL  
**Abstract** In 2010, the Institute of Medicine published the vision for how to transform healthcare to achieve a more seamless patient-centered, high-quality system of care. Among the recommendations were four specifically focused on leveraging nursing which is the largest group of healthcare workers: (1) Ensure that nurses can practice to the full extent of their education and training, (2) Improve nursing education, (3) Provide opportunities for nurses to assume leadership positions and to serve as full partners in healthcare redesign and improvement efforts, and (4) Improve data collection for workforce planning and policy making. At the Care New England Health Care System's Visiting Nurse Association, located in the state of Rhode Island, we redesigned access to end-of-life care by leveraging these recommendations. An experienced palliative care nurse practitioner (NP) leads the program development to improve care delivered by home healthcare nurses and NP specialists. This program was designed to allow patients to remain in their preferred setting of care—their home—until the end of their life. In the 5 years of this program's existence, it has achieved a yearly impact on community-based palliative care and hospice services. The number of documented advance directives increased by 75%, referrals to palliative care and hospice increased by 300% and the length of time on hospice doubled. In addition, NP home visits became an accepted referral source and improvements in both the quality and satisfaction scores for the home healthcare agency were realized.

**46. Action needed to halt growth in waiting times.**

**Source** Cancer Nursing Practice; May 2019; vol. 18 (no. 3); p. 7-7  
**Publication Date** May 2019  
**Publication Type(s)** Academic Journal  
**Database** CINAHL  
**Abstract** The article reports on the National Audit Office's (NAO) data which showed longer waiting times for people who need cancer treatment or elective care and mentions NAO's call for the National Health Service (NHS) England and NHS Improvement to address the declining waiting time performance.

**47. Can training improve staff skills with complex trauma?**

**Authors** Robinson, Paula; Griffith, Emma; Gillmore, Chris  
**Source** Mental Health Review Journal; Apr 2019; vol. 24 (no. 2); p. 112-123  
**Publication Date** Apr 2019  
**Publication Type(s)** Academic Journal  
**Database** CINAHL

**Abstract** Purpose: Studies show that experiences of repeated or complex trauma are very common in patients with severe mental health problems. Unfortunately, many professionals do not routinely ask about abuse, due to concerns about how to ask and respond. There is also a need for frontline staff to be trained in trauma-informed care. The purpose of this paper is to identify the needs of inpatient staff and developed a tailor-made training package. Design/methodology/approach: A training programme was developed from focus-group discussion and delivered to the team. Questionnaires were administered pre-, post-training and at three-month follow-up, to assess changes in knowledge, confidence and worries in the assessment and treatment of complex trauma. Findings: There was an increase in self-reported staff confidence ( $p=0.001$ ) and knowledge ( $p=0.028$ ) about working with complex trauma and their worries decreased ( $p=0.026$ ) between pre- and post-training. Practical implications: In order to sustain the benefits of training for longer, recommendations were made to the service for on-going training, supervision and evaluation. Originality/value: Given the recent interest in complex trauma within the literature (Diagnostic and Statistical Manual of Mental Disorders – Fifth Version (DSM-V); International Statistical Classification of Diseases – 11th Version (ICD-11)), the piloting and development of complex trauma training packages is timely. To the author's knowledge, this is the first published account of complex trauma training for inpatient staff. This paper offers clinical and research implications to services who may want to develop as trauma-informed services within the NHS.

#### 48. Mental health, social inclusion and the development of vocational services in the NHS – what can be learnt?

**Authors** Bertram, Mark  
**Source** Mental Health Review Journal; Apr 2019; vol. 24 (no. 2); p. 133-143  
**Publication Date** Apr 2019  
**Publication Type(s)** Academic Journal  
**Database** CINAHL  
**Abstract** Purpose: The purpose of this paper is to describe the learning from a historical NHS vocational service development that focused on: mental health, employment and social inclusion – in an inner city area – involving service users, staff and commissioners. Design/methodology/approach: It is a descriptive case study. A range of historical documents was content analysed and described through a first-person narrative: service user consultations, service specifications, audit records, outcome frameworks, internal service evaluations and published literature. Findings: When vocational NHS service developments are grounded in what service users say helps them (person-centred, networked and co-ordinated approaches) the evidence indicates people can achieve their vocational goals. Research limitations/implications: The range of documents described is factual, although the learning insights from some of the service developments are based on personal judgements. The author was the responsible manager – personal bias is high. There is not enough robust evidence to warrant generalisation. Practical implications: When employment and social inclusion are prioritised, as core business in NHS, outcomes and health impact can increase. Greater detail is needed from healthcare policy makers – focusing on who exactly should undertake this work and what the key commissioning social inclusion performance indicators are. Originality/value: The bulk of literature on employment support focuses on promoting evidence from one model: individual placement and support. Evidence here indicates a broader range of activity (education, training and volunteering) can have value and health impact.

#### 49. Cancer care improves, but still falls short of targets: Health Foundation report finds that 10,000 lives in England could be saved each year if cancer services were improved.

**Authors** Allen, Daniel  
**Source** Cancer Nursing Practice; Jan 2019; vol. 18 (no. 1); p. 8-9  
**Publication Date** Jan 2019  
**Publication Type(s)** Academic Journal  
**Database** CINAHL  
**Abstract** The article reports on the findings of the Health Foundation report, published by British oncologist Mike Richards and colleagues in November 2018, which explored the state of cancer care and related services in England.

#### 50. A Comparison of Mortality From Sepsis in Brazil and England: The Impact of Heterogeneity in General and Sepsis-Specific Patient Characteristics.

**Authors** Ranzani, Otavio T.; Shankar-Hari, Manu; Harrison, David A.; Rabello, Lígia S.; Salluh, Jorge I. F.; Rowan, Kathryn M.; Soares, Marcio  
**Source** Critical Care Medicine; Jan 2019; vol. 47 (no. 1); p. 76-84  
**Publication Date** Jan 2019  
**Publication Type(s)** Academic Journal  
**PubMedID** 30247269  
**Database** CINAHL

**Abstract** Objectives: To test whether differences in both general and sepsis-specific patient characteristics explain the observed differences in sepsis mortality between countries, using two national critical care (ICU) databases. Design: Cohort study. Setting: We analyzed 62 and 164 ICUs in Brazil and England, respectively. Patients: Twenty-two-thousand four-hundred twenty-six adult ICU admissions from January 2013 to December 2013. Interventions: None. Measurements and Main Results: After harmonizing relevant variables, we merged the first ICU episode of adult medical admissions from Brazil (ORGanizational CHARactEerISTICS in cRitical cAre study) and England (Intensive Care National Audit & Research Centre Case Mix Programme). Sepsis-3 definition was used, and the primary outcome was hospital mortality. We used multilevel logistic regression models to evaluate the impact of country (Brazil vs England) on mortality, after adjustment for general (age, sex, comorbidities, functional status, admission source, time to admission) and sepsis-specific (site of infection, organ dysfunction type and number) patient characteristics. Of medical ICU admissions, 13.2% (4,505/34,150) in Brazil and 30.7% (17,921/58,316) in England met the sepsis definition. The Brazil cohort was older, had greater prevalence of severe comorbidities and dependency compared with England. Respiratory was the most common infection site in both countries. The most common organ dysfunction was cardiovascular in Brazil (41.2%) and respiratory in England (85.8%). Crude hospital mortality was similar (Brazil 41.4% vs England 39.3%; odds ratio, 1.12 [0.98-1.30]). After adjusting for general patient characteristics, there was an important change in the point-estimate of the odds ratio (0.88 [0.75-1.02]). However, after adjusting for sepsis-specific patient characteristics, the direction of effect reversed again with Brazil having higher risk-adjusted mortality (odds ratio, 1.22 [1.05-1.43]). Conclusions: Patients with sepsis admitted to ICUs in Brazil and England have important differences in general and sepsis-specific characteristics, from source of admission to organ dysfunctions. We show that comparing crude mortality from sepsis patients admitted to the ICU between countries, as currently performed, is not reliable and that the adjustment for both general and sepsis-specific patient characteristics is essential for valid international comparisons of mortality amongst sepsis patients admitted to critical care units.

**51. Exploring the Pathways Revealed by International Sepsis Benchmarking.**

**Authors** Walkey, Allan J.  
**Source** Critical Care Medicine; Jan 2019; vol. 47 (no. 1); p. 135-137  
**Publication Date** Jan 2019  
**Publication Type(s)** Academic Journal  
**PubMedID** 30557248  
**Database** CINAHL  
**Abstract** The article focuses on the importance of benchmarking in the medical care industry in order to promote innovation and development in healthcare. It talks about World Health Organization trying to improve the care provided to patients with sepsis and to provide awareness regarding the diagnosis, prevention and management of the disease.

**52. Mental Disorders Among Elderly People in Baghdad, Iraq, 2017.**

**Authors** Ibrahim, Ahmed Abdulameer; Al-Lami, Faris; Al-Rudainy, Riyadh; Khader, Yousef S.  
**Source** Inquiry (00469580); Jan 2019; vol. 56  
**Publication Date** Jan 2019  
**Publication Type(s)** Academic Journal  
**Database** CINAHL  
**Abstract** This study aimed to estimate the prevalence and determinants of mental disorders (MDs) among elderly people residing in nursing homes (NHs) and those living with their families (WF) in Baghdad, Iraq, 2017. A cross-sectional study was conducted on all elderly individuals residing in all NHs in Baghdad and an equal number of elderly people residing WF. MDs were defined based on Kessler Psychological Distress Scale (K10). We used relevant World Health Organization-accredited tools to identify the types of MDs. The prevalence of MDs among elderly people was 38.7%, being statistically significantly ( $P < .01$ ) higher among those in NH (55.8%) compared with those living WF (21.5%). The proportion of types of MDs among NH versus WF residents was as follows: depression (35.4% vs 16.6%), anxiety (32.6% vs 9.9%), dementia (19.3% vs 5%), and suicide thoughts (25.4% vs 4.4%). The multivariate analysis showed many factors that were associated with MD. Low income, dependency on others, and being neglected were stronger determinant of MD among elderly people living WF. However, chronic joint pain, visual impairment, auditory impairment, and economic status deterioration were stronger determinant among those in NHs. The prevalence of MDs in the NH is more than double the prevalence in the community. We recommended enhancing elderly mental health care services including curative, preventive, and promotive activities.

**53. Reflective Practice for Patient Benefit: An Analysis of Doctors' Appraisal Portfolios in Scotland.**

**Authors** Wakeling, Judy; Holmes, Sarah; Boyd, Alan; Tredinnick-Rowe, John; Cameron, Niall; Marshall, Martin; Bryce, Marie; Archer, Julian  
**Source** Journal of Continuing Education in the Health Professions; Jan 2019; vol. 39 (no. 1); p. 13-20  
**Publication Date** Jan 2019

**Publication Type(s)** Academic Journal  
**Database** CINAHL  
**Abstract** Introduction: Reflective practice has become the cornerstone of continuing professional development for doctors, with the expectation that it helps to develop and sustain the workforce for patient benefit. Annual appraisal is mandatory for all practicing doctors in the United Kingdom as part of medical revalidation. Doctors submit a portfolio of supporting information forming the basis of their appraisal discussion where reflection on the information is mandated and evaluated by a colleague, acting as an appraiser. Methods: Using an in-depth case study approach, 18 online portfolios in Scotland were examined with a template developed to record the types of supporting information submitted and how far these showed reflection and/or changes to practice. Data from semistructured interviews with the doctors (n = 17) and their appraisers (n = 9) were used to contextualize and broaden our understanding of the portfolios. Results: Portfolios generally showed little written reflection, and most doctors were unenthusiastic about documenting reflective practice. Appraisals provided a forum for verbal reflection, which was often detailed in the appraisal summary. Portfolio examples showed that reflecting on continued professional development, audits, significant events, and colleague multisource feedback were sometimes considered to be useful. Reflecting on patient feedback was seen as less valuable because feedback tended to be uncritical. Discussion: The written reflection element of educational portfolios needs to be carefully considered because it is clear that many doctors do not find it a helpful exercise. Instead, using the portfolio to record topics covered by a reflective discussion with a facilitator would not only prove more amenable to many doctors but would also allay fears of documentary evidence being used in litigation.

**54. Impact of a diagnostics-driven antifungal stewardship programme in a UK tertiary referral teaching hospital.**

**Authors** Rautemaa-Richardson, R; Rautemaa, V; Al-Wathiqi, F; Moore, C B; Craig, L; Felton, T W; Muldoon, E G  
**Source** Journal of Antimicrobial Chemotherapy (JAC); Dec 2018; vol. 73 (no. 12); p. 3488-3495  
**Publication Date** Dec 2018  
**Publication Type(s)** Academic Journal  
**PubMedID** 30252053  
**Database** CINAHL  
**Abstract** Objectives: A concise invasive candidosis guideline (based on the ESCMID candidaemia guideline) utilizing an informative biomarker [serum  $\beta$ -1-3-d-glucan (BDG)] was developed in 2013 by an antifungal stewardship (AFS) team and implemented with the help of an AFS champion in 2014. The main aims of the AFS programme were to reduce inappropriate use of antifungals and improve patient outcomes. The aim of this project was to evaluate the compliance of the ICU teams with the invasive candidosis guideline and the impact of the AFS programme on mortality and antifungal consumption on the ICUs (total of 71 beds). Methods: All patients who were prescribed micafungin for suspected or proven invasive candidosis during 4 month audit periods in 2014 and 2016 were included. Prescriptions and patient records were reviewed against the guideline. Antifungal consumption and mortality data were analysed. Results: The number of patients treated for invasive candidosis decreased from 39 in 2014 to 29 in 2016. This was mainly due to the reduction in patients initiated on antifungal therapy inappropriately: 18 in 2014 and 2 in 2016. Antifungal therapy was stopped following negative biomarker results in 12 patients in 2014 and 10 patients in 2016. Crude mortality due to proven or probable invasive candidosis decreased to 19% from 45% over the period 2003-07. Antifungal consumption reduced by 49% from 2014 to 2016. Conclusions: The AFS programme was successful in reducing the number of inappropriate initiations of antifungals by 90%. Concurrently, mortality due to invasive candidosis was reduced by 58%. BDG testing can guide safe cessation of antifungals in ICU patients at risk of invasive candidosis.

**55. Minority report: 'Healthcare providers have limited understanding of black and minority ethnic communities' needs,' watchdog warns.**

**Authors** Kendall Raynor, Petra  
**Source** Cancer Nursing Practice; Nov 2018; vol. 17 (no. 6); p. 24-25  
**Publication Date** Nov 2018  
**Publication Type(s)** Academic Journal  
**Database** CINAHL  
**Abstract** The article reports on a paper published by the Race Equality Foundation about the prevalence of black and minority ethnic people with cancer being hindered by a lack of data relating to the communities, with topics mentioned such as lecturer Qulsom Fazil, National Health Service, and the 2017 National Cancer Patient Experience survey.

**56. Evaluation of the cost-effectiveness of rifaximin- $\alpha$  for the management of patients with hepatic encephalopathy in the United Kingdom.**

**Authors** Berni, Ellen; Murphy, Daniel; Whitehouse, James; Conway, Pete; Di Maggio, Paola; Currie, Craig J.; Poole, Chris  
**Source** Current Medical Research & Opinion; Nov 2018; vol. 34 (no. 11); p. 2001-2008  
**Publication Date** Nov 2018  
**Publication Type(s)** Academic Journal



**PubMedID** 29995455  
**Database** CINAHL  
**Abstract** Objective: Rifaximin- $\alpha$  550 mg twice daily plus lactulose has demonstrated efficacy in reducing recurrence of episodes of overt hepatic encephalopathy (OHE) and the risk of hepatic encephalopathy (HE)-related hospitalizations compared with lactulose alone. This analysis estimated the cost effectiveness of rifaximin- $\alpha$  550 mg twice daily plus lactulose versus lactulose alone in United Kingdom (UK) cirrhotic patients with OHE. Method: A Markov model was built to estimate the incremental cost-effectiveness ratio (ICER). The perspective was that of the UK National Health Service (NHS). Clinical data was sourced from a randomized controlled trial (RCT) and an open-label maintenance study in cirrhotic patients in remission from recurrent episodes of OHE. Health-related utility was estimated indirectly from disease-specific quality of life RCT data. Resource use data describing the impact of rifaximin- $\alpha$  on hospital admissions and length of stay for cirrhotic patients with OHE was from four single-center UK audits. Costs (2012) were derived from published sources; costs and benefits were discounted at 3.5%. The base-case time horizon was 5 years. Results: The average cost per patient was £22,971 in the rifaximin- $\alpha$  plus lactulose arm and £23,545 in the lactulose arm, a saving of £573. The corresponding values for benefit were 2.35 quality adjusted life years (QALYs) and 1.83 QALYs per person, a difference of 0.52 QALYs. This translated into a dominant base-case ICER. Key parameters that impacted the ICER included number of hospital admissions and length of stay. Conclusion: Rifaximin- $\alpha$  550 mg twice daily in patients with recurrent episodes of OHE was estimated to generate cost savings and improved clinical outcomes compared to standard care over 5 years.

**57. An evaluation of a safety improvement intervention in care homes in England: a participatory qualitative study.**

**Authors** Marshall, Martin; Pfeifer, Nadine; de Silva, Debi; Wei, Li; Anderson, James; Cruickshank, Lesley; Attreed-James, Kieran; Shand, Jenny  
**Source** Journal of the Royal Society of Medicine; Nov 2018; vol. 111 (no. 11); p. 414-421  
**Publication Date** Nov 2018  
**Publication Type(s)** Academic Journal  
**PubMedID** 30235053  
**Database** CINAHL  
**Abstract** Objective: A growing proportion of older people live in care homes and are at high risk of preventable harm. This study describes a participatory qualitative evaluation of a complex safety improvement intervention, comprising training, performance measurement and culture-change elements, on the safety of care provided for residents. Design: A participatory qualitative study. Setting: Ninety care homes in one geographical locality in southern England. Participants: A purposeful sample of care home managers, front-line staff, residents, quality improvement facilitators and trainers, local government and health service commissioners, and an embedded researcher. Main Outcome Measures: Changes in care home culture and work processes, assessed using documentary analysis, interviews, observations and surveys and analysed using a framework-based thematic approach. Results: Participation in the programme appears to have led to changes in the value that staff place on resident safety and to changes in their working practices, in particular in relation to their desire to proactively manage resident risk and their willingness to use data to examine established practice. The results suggest that there is a high level of commitment among care home staff to address the problem of preventable harm. Mobilisation of this commitment appears to benefit from external facilitation and the introduction of new methods and tools. Conclusions: An evidence-based approach to reducing preventable harm in care homes, comprising an intervention with both technical and social components, can lead to changes in staff priorities and practices which have the potential to improve outcomes for people who live in care homes.

**58. Use of Infliximab Biosimilar Versus Originator in a Pediatric United Kingdom Inflammatory Bowel Disease Induction Cohort.**

**Authors** Chanchlani, Neil; Mortier, Kaja; Williams, Linda J.; Muhammed, Rafeeq; Auth, Marcus K. H.; Cosgrove, Mike; Fagbemi, Andrew; Fell, John; Sonny Chong; Zamvar, Veena; Hyer, Warren; Bisset, Michael; Morris, Mary-Anne; Rodrigues, Astor; Mitton, Sally G.; Su Bunn; Beattie, Mark; Willmott, Anne; Wilson, David C.; Russell, Richard K.  
**Source** Journal of Pediatric Gastroenterology & Nutrition; Oct 2018; vol. 67 (no. 4); p. 513-519  
**Publication Date** Oct 2018  
**Publication Type(s)** Academic Journal  
**PubMedID** 29697550  
**Database** CINAHL

**Abstract** Objectives: The aim of the study was to summarize short-term effectiveness, safety, and cost of using infliximab biosimilar (IFX-B) drugs, (Inflectra [Hospira] and Remsima [NAAP]) compared to originator infliximab (IFX-O) (Remicade [MSD]) in biologic naive pediatric inflammatory bowel disease in the United Kingdom. Methods: Prospective audit of patients starting anti-tumour necrosis factor (TNF) therapy. Disease severity, response to treatment, and remission rate was measured by Pediatric Crohn's Disease Activity Index (PCDAI) and/or Physician Global Assessment. Results: Between March 2015 and February 2016, 278 patients (175 IFX-O, 82 IFX-B, and 21 Adalimumab) were started on anti-TNF therapy. This was compared with collected data on 398 patients started on IFX-O from 2011 to 2015. At initiation, median PCDAI was 36 (20,48) (n=42) in the IFX-O group and 28 (20,40) (n=29) in the IFX-B group, (P=0.08). Immunosuppression rates were similar: 150/175 (86%) for IFX-O and 65/82 (79%) for IFX-B (P>0.05). Post induction, median PCDAI score was 5 (0,11) (n=19) and 0 (0,8) (n=15) in the IFX-O and IFX-B groups, respectively (P=0.35). There was no difference in response to treatment using Physician Global Assessment 85% (n=28) in IFX-O group and 86% (n=19) in IFX-B group (P>0.05). Adverse events at initiation and post induction were not different between both groups (P>0.05). Using conservative calculations, £875,000 would have been saved for a 1-year period with universal adoption of biosimilars in patients who were instead treated with IFX-O. Conclusions: IFX-B is likely as effective as IFX-O in treating IBD in comparable pediatric populations. Sites should adopt infliximab biosimilar for new starts due to cost reduction with no difference in other parameters.

**59. The Impact of Accreditation for 10 Years on Inpatient Units for Adults of Working Age in the United Kingdom.**

**Authors** Chaplin, Robert; Raphael, Hannah; Beavon, Mark  
**Source** Psychiatric Services; Oct 2018; vol. 69 (no. 10); p. 1053-1055  
**Publication Date** Oct 2018  
**Publication Type(s)** Academic Journal  
**PubMedID** 30041590  
**Database** CINAHL  
**Abstract** Psychiatric inpatient units in the United Kingdom have been criticized for having falling bed numbers, staff shortages, and brief compulsory admissions. This column describes the impact over 10 years of a voluntary U.K. quality improvement program to provide accreditation for inpatient wards. Performance on evidence-based standards was assessed during peer review visits, and 92 of the 140 wards participating are currently accredited. Improvement was found in patient contact, access to therapies, safety, crisis planning, ability among staff to take breaks, and doctor availability. Availability of activities outside working hours needs improvement. Further work is needed to incorporate clinical outcomes in the accreditation program.

**60. Improving the adoption of PBS and ABA using diffusion of innovations theory.**

**Authors** Hayward, Brent A.; Poed, Shiralee; McKay-Brown, Lisa  
**Source** Tizard Learning Disability Review; Oct 2018; vol. 23 (no. 4); p. 178-186  
**Publication Date** Oct 2018  
**Publication Type(s)** Academic Journal  
**Database** CINAHL  
**Abstract** Purpose: The purpose of this paper is to describe and discuss the variables which have contributed to the adoption of positive behaviour support (PBS) and applied behaviour analysis (ABA). Differences and similarities are highlighted, applications to contemporary issues in the UK and Australia are emphasised, and considerations posed for their improved adoption. Design/methodology/approach: A conceptual framework for diffusion of innovations theory is used to guide the analysis of three sets of articles, and application of the framework is guided by narrative analysis. Findings: Eight variables from the conceptual framework were identified, and the communication networks for PBS and ABA are argued to be distinct. There has been a positive change in the perception of PBS by the ABA field, but PBS has leveraged diffusion more successfully. ABA appears to have been separated from PBS in the UK while Australia is yet to fully benefit from the contributions of ABA. Those working in the fields of PBS and ABA should further collaborate for their mutual benefit. Practical implications: Greater attention to the factors which promote diffusion can assist PBS and ABA to improve their adoption. Originality/value: This is the first paper to use diffusion of innovations theory to analyse the adoption of PBS and ABA.

**61. Characteristics and Outcomes of Surgical Patients With Solid Cancers Admitted to the Intensive Care Unit.**

**Authors** Puxty, Kathryn; McLoone, Philip; Quasim, Tara; Sloan, Billy; Kinsella, John; Morrison, David S.  
**Source** JAMA Surgery; Sep 2018; vol. 153 (no. 9); p. 834-840  
**Publication Date** Sep 2018  
**Publication Type(s)** Academic Journal  
**PubMedID** 29955801  
**Database** CINAHL

**Abstract** Importance: Within the surgical population admitted to intensive care units (ICUs), cancer is a common condition. However, clinicians can be reluctant to admit patients with cancer to ICUs owing to concerns about survival.Objective: To compare the clinical characteristics and outcomes of surgical patients with and without cancer who are admitted to ICUs.Design, Setting, and Participants: An observational retrospective cohort study using ICU audit records linked to hospitalization discharge summaries, cancer registrations, and death records of all 16 general adult ICUs in the West of Scotland was conducted. All 25017 surgical ICU admissions between January 1, 2000, and December 31, 2011, were included, and data analysis was conducted during that time.Exposures: Patients were dichotomized based on a diagnosis of a solid malignant tumor as determined by its documentation in the Scottish Cancer Registry within the 2 years prior to ICU admission.Main Outcomes and Measures: Intensive care unit patients with cancer were compared with ICU patients without cancer in terms of patient characteristics (age, sex, severity of illness, reason for admission, and organ support) and survival (ICU, hospital, 6 months, and 4 years).Results: Within the 25017 surgical ICU patients, 13684 (54.7%) were male, the median (interquartile range [IQR]) age was 64 (50-74), and 5462 (21.8%) had an underlying solid tumor diagnosis. Patients with cancer were older (median [IQR] age, 68 [60-76] vs 62 [45-74] years;  $P < .001$ ) with a higher proportion of elective hospitalizations (60.5% vs 19.8%;  $P < .001$ ), similar Acute Physiology and Chronic Health Evaluation II scores (median for both, 17), but lower use of multiorgan support (57.9% vs 66.7%;  $P < .001$ ). Intensive care unit and hospital mortality were lower for the cancer group, at 12.2% (95% CI, 11.3%-13.1%) vs 16.8% (95% CI, 16.3%-17.4%) ( $P < .001$ ) and 22.9% (95% CI, 21.8%-24.1%) vs 28.1% (27.4%-28.7%) ( $P < .001$ ). Patients with cancer had an adjusted odds ratio for hospital mortality of 1.09 (95% CI, 1.00-1.19). By 6 months, mortality in the cancer group was higher than that in the noncancer group at 31.3% compared with 28.2% ( $P < .001$ ). Four years after ICU admission, mortality for those with and without cancer was 60.9% vs 39.7% ( $P < .001$ ) respectively.Conclusions and Relevance: Cancer is a common diagnosis among surgical ICU patients and this study suggests that initial outcomes compare favorably with those of ICU patients with other conditions. Consideration that a diagnosis of cancer should not preclude admission to the ICU in patients with surgical disease is suggested.

#### 62. Optimizing carbapenem use through a national quality improvement programme.

**Authors** Robson, Siân E; Cockburn, Alison; Sneddon, Jacqueline; Mohana, Abdulrhman; Bennie, Marion; Mullen, Alexander B; Malcolm, William; Armstrong, Jennifer; Patton, Andrea; Seaton, Ronald Andrew; Robson, Siân E  
**Source** Journal of Antimicrobial Chemotherapy (JAC); Aug 2018; vol. 73 (no. 8); p. 2223-2230  
**Publication Date** Aug 2018  
**Publication Type(s)** Academic Journal  
**PubMedID** 29800290  
**Database** CINAHL  
**Abstract** Background: Concern about increasing carbapenem and piperacillin/tazobactam use led the Scottish Antimicrobial Prescribing Group (SAPG) to develop national guidance on optimal use of these agents, and to implement a quality improvement programme to assess the impact of guidance on practice.Objectives: To evaluate how SAPG guidance had been implemented by health boards, assess how this translated into clinical practice, and investigate clinicians' views and behaviours about prescribing carbapenems and alternative agents.Methods: Local implementation of SAPG guidance was assessed using an online survey. A bespoke point prevalence survey was used to evaluate prescribing. Clinicians' experience of using carbapenems and alternatives was examined through semi-structured interviews. National prescribing data were analysed to assess the impact of the programme.Results: There were greater local restrictions for carbapenems than for piperacillin/tazobactam. Laboratory result suppression was inconsistent between boards and carbapenem-sparing antibiotics were not widely available. Compliance with local guidelines was good for meropenem but lower for piperacillin/tazobactam. Indication for use was well documented but review/stop dates were poorly documented for both antibiotics. Decisions to prescribe a carbapenem were influenced by local guidelines and specialist advice. Many clinicians lacked confidence to de-escalate treatment. Use of both antibiotics decreased during the course of the programme.Conclusions: A multifaceted quality improvement programme was used to gather intelligence, promote behaviour change, and focus interventions on the use of carbapenems and piperacillin/tazobactam. Use of these antimicrobials decreased during the programme-a trend not seen elsewhere in Europe. The programme could be generalized to other antimicrobials.

#### 63. Delivery and impact of the NHS Health Check in the first 8 years: a systematic review.

**Authors** Martin, Adam; Saunders, Catherine L; Harte, Emma; Griffin, Simon J; MacLure, Calum; Mant, Jonathan; Meads, Catherine; Walter, Fiona M; Usher-Smith, Juliet A  
**Source** British Journal of General Practice; Jul 2018; vol. 68 (no. 672)  
**Publication Date** Jul 2018  
**Publication Type(s)** Academic Journal  
**PubMedID** 29914882  
**Database** CINAHL

**Abstract** Background: Since 2009, all eligible persons in England have been entitled to an NHS Health Check. Uncertainty remains about who attends, and the health-related impacts. Aim: To review quantitative evidence on coverage (the proportion of eligible individuals who attend), uptake (proportion of invitees who attend), and impact of NHS Health Checks. Design and Setting: A systematic review and quantitative data synthesis. Included were studies or data reporting coverage or uptake and studies reporting any health-related impact that used an appropriate comparison group or before- and-after study design. Method: Eleven databases and additional internet sources were searched to November 2016. Results: Twenty-six observational studies and one additional dataset were included. Since 2013, 45.6% of eligible individuals have received a health check. Coverage is higher among older people, those with a family history of coronary heart disease, those living in the most deprived areas, and some ethnic minority groups. Just under half (48.2%) of those invited have taken up the invitation. Data on uptake and impact (especially regarding health-related behaviours) are limited. Uptake is higher in older people and females, but lower in those living in the most deprived areas. Attendance is associated with small increases in disease detection, decreases in modelled cardiovascular disease risk, and increased statin and antihypertensive prescribing. Conclusion: Published attendance, uptake, and prescribing rates are all lower than originally anticipated, and data on impact are limited, with very few studies reporting the effect of attendance on health-related behaviours. High-quality studies comparing matched attendees and non-attendees and health economic analyses are required.

**64. Importance of accessibility and opening hours to overall patient experience of general practice: analysis of repeated cross-sectional data from a national patient survey.**

**Authors** Cowling, Thomas E; Majeed, Azeem; Harris, Matthew J  
**Source** British Journal of General Practice; Jul 2018; vol. 68 (no. 672)  
**Publication Date** Jul 2018  
**Publication Type(s)** Academic Journal  
**PubMedID** 29914881  
**Database** CINAHL  
**Abstract** Background: The UK government aims to improve the accessibility of general practices in England, particularly by extending opening hours in the evenings and at weekends. It is unclear how important these factors are to patients' overall experiences of general practice. Aim: To examine associations between overall experience of general practice and patient experience of making appointments and satisfaction with opening hours. Design and Setting: Analysis of repeated cross-sectional data from the General Practice Patient Surveys conducted from 2011-2012 until 2013-2014. These covered 8289 general practice surgeries in England. Method: Data from a national survey conducted three times over consecutive years were analysed. The outcome measure was overall experience, rated on a five-level interval scale. Associations were estimated as standardised regression coefficients, adjusted for responder characteristics and clustering within practices using multilevel linear regression. Results: In total, there were 2 912 535 responders from all practices in England (n = 8289). Experience of making appointments ( $\beta$  0.24, 95% confidence interval [CI] = 0.24 to 0.25) and satisfaction with opening hours ( $\beta$  0.15, 95% CI = 0.15 to 0.16) were modestly associated with overall experience. Overall experience was most strongly associated with GP interpersonal quality of care ( $\beta$  0.34, 95% CI = 0.34 to 0.35) and receptionist helpfulness was positively associated with overall experience ( $\beta$  0.16, 95% CI = 0.16 to 0.17). Other patient experience measures had minimal associations ( $\beta \leq 0.06$ ). Models explained  $\geq 90\%$  of variation in overall experience between practices. Conclusion: Patient experience of making appointments and satisfaction with opening hours were only modestly associated with overall experience. Policymakers in England should not assume that recent policies to improve access will result in large improvements in patients' overall experience of general practice.

**65. Implementing the Recovery Package: a survey of cancer workforce readiness.**

**Authors** Greenfield, Diana  
**Source** Cancer Nursing Practice; Jul 2018; vol. 17 (no. 4); p. 24-28  
**Publication Date** Jul 2018  
**Publication Type(s)** Academic Journal  
**Database** CINAHL  
**Abstract** Implementation of the Recovery Package is a priority in the recent NHS England cancer strategy, but information on local workforce readiness to implement the package was unavailable. Therefore, a survey of the lead cancer clinician and lead clinical nurse specialist for each cancer multidisciplinary team across Sheffield Teaching Hospitals NHS Foundation Trust was undertaken to measure understanding of the Recovery Package, good practice and gaps in service provision. This article reports on the results of the survey, which found that the Recovery Package's terminology -- particularly the word 'recovery', which implies the package is relevant only for those treated curatively -- has led to misunderstandings and that implementation has been variable across cancer teams. The article also discusses proposed solutions, which include improving medical staff awareness, reviewing nurse specialist workload and considering different ways of working.

**66. Looking forward to a brighter future.**

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**Authors** Dean, Erin  
**Source** Cancer Nursing Practice; May 2018; vol. 17 (no. 3); p. 18-20  
**Publication Date** May 2018  
**Publication Type(s)** Academic Journal  
**Database** CINAHL  
**Abstract** The article reports on an announcement by National Health Service England in September 2017 that quality of life for people with cancer will be tracked to improve care once treatment ends, with topics mentioned such as Recovery Package, treatment and recovery adviser Dany Bell, and cancer charities. INSET: Addressing difficulties faced by children and young people.

**67. Cancer Research UK commends higher rates of earlier diagnosis to improve cancer survival.**

**Source** Cancer Nursing Practice; Feb 2018; vol. 17 (no. 1); p. 7-7  
**Publication Date** Feb 2018  
**Publication Type(s)** Academic Journal  
**Database** CINAHL  
**Abstract** The article reports on Public Health England's data-gathering project, Routes to Diagnosis aimed at improving cancer survival and mentions a reduction in diagnoses from emergency presentations between 2006 and 2015 while those through urgent physician referrals increased.