Strategy 432447/9

#	Database	Search term	Results
9	CINAHL	(((audit* OR "quality improvement").ti,ab OR exp AUDIT/ OR exp "NURSING AUDIT"/ OR exp "QUALITY IMPROVEMENT"/) AND ((NHS OR england OR UK OR "united kingdom" OR "national health service").ti,ab OR exp "UNITED KINGDOM"/)) [Since 27-Aug-2019]	57

Contents 57 of 57 results on CINAHL - (((audit* OR "quality improvement").ti,ab OR exp AUDIT/ OR exp "NURSING AUDIT"/ OR exp "QUALITY IMPROVEMENT"/) AND ((NHS OR england OR UK OR "united kingdom" OR "national health service").ti,ab OR exp "UNITED KINGDOM"/)) [Since 27-Aug-2019]

Results 57 of 57 results on CINAHL - (((audit* OR "quality improvement").ti,ab OR exp AUDIT/ OR exp "NURSING AUDIT"/ OR exp "QUALITY IMPROVEMENT"/) AND ((NHS OR england OR UK OR "united kingdom" OR "national health service").ti,ab OR exp "UNITED KINGDOM"/)) [Since 27-Aug-2019]

1. Children's services in the age of information technology: What matters most to frontline professionals.

Authors Harris, Martin; Sarwar, Atif
Source Journal of Social Work; Nov 2019; vol. 19 (no. 6); p. 699-718
Publication Date Nov 2019
Publication Type(s) Academic Journal
Database CINAHL
Abstract Summary: The last two decades have seen information systems featuring prominently in calls for the modernisation of the UK social care system. However, critics have maintained that these systems are of limited value to social care professionals whose design and implementation is driven by a preoccupation with performance management and a culture of professional audit and accountability, precepts of 'managerialism'. However, this area of research has often suffered from lack of focus on how technological changes affect public administration and service delivery and often characterises technology as a politically neutral tool detached from its socio-political context whilst also ignoring the strategic predispositions of human service professionals. Findings: This research was conducted in three local authorities in England. Using the 'technological affordance' perspective, we contend that the way social workers interact with Integrated Children's System is shaped by the discord between socio-historically evolved professional values epitomising the social work profession and managerialist reforms promoting standardised ways of performing it. Application: Integrated Children's System has transformed social work from an art to a technical activity, dominated by unimaginative and routinised working practices. Social workers are becoming peripheral figures and this is where social work needs to be reclaimed. Policymakers need to rethink taken for granted assumptions that practitioners would replace their professional expertise with technology and realise that the effective use of Integrated Children's System depends on bureau-professionalised judgements of social workers. Whilst specific patterns of technology usage can be developed and institutionalised, real objectives of children's social services should not be sacrificed.

2. Author's reply: the 5th National Audit Project Handbook and the realities of the dynamic phases of (dys)anaesthesia and EEG limitations.

Authors Pandit, J. J.; Odor, P. M.
Source Anaesthesia; Oct 2019; vol. 74 (no. 10); p. 1333-1334
Publication Date Oct 2019
Publication Type(s) Academic Journal
PubMedID 31486540
Database CINAHL
Abstract Secondly, in much of the UK there is inadequate provision of processed EEG monitoring and in 2015 "depth of anaesthesia monitoring" was used in < 3% of all UK anaesthetics [4]. Notably, these positive responses to verbal command are obtained even when processed EEG parameters otherwise indicate adequate depth of anaesthesia [8], which in turn casts doubt on the reliability of the EEG to guarantee unconsciousness [9].

3. What is the impact of supervision on direct practice with families?

Authors Bostock, Lisa; Patrizo, Louis; Godfrey, Tessa; Forrester, Donald
Source Children & Youth Services Review; Oct 2019; vol. 105
Publication Date Oct 2019
Publication Type(s) Academic Journal
Database CINAHL

Abstract Supervision has been described as the "pivot" upon which the integrity and excellence of social work practice can be maintained. However, there is little research that examines its impact on how social workers work directly with children and their families. Where effectiveness studies exist, they tend to explore the impact of supervision on organisational and staff-related outcomes such as retention rates or worker well-being. The current study focuses on one specific sub-category of the wider supervision and practice literature: systemic group supervision or "systemic supervision" and is based on a wider evaluation of systemic social work practice in the UK. The paper pairs observations of systemic supervision (n = 14) and observations of direct practice (n = 18) in peoples' homes. It presents correlational data on the relationship between supervision quality and direct practice quality to assess whether there is an association between the two practice forums. The paper demonstrates that there is a statistically significant relationship between supervision quality and overall quality of direct practice. Supervision was also associated with relationship-building skills and use of "good authority" skills; that is, practice that was more purposeful, child-focused and risks to children better articulated. Interestingly, where a clinician qualified in systemic family therapy was present in supervision, this was associated with both improved supervisory and direct practice quality. This suggests that there may be an important association between the discussions held in systemic supervision, particularly where a clinician is present and the quality of conversations that practitioners have with children and families. These findings contribute to a growing body of knowledge about the relationship between effective supervision and direct practice within children and families social work. • Pairs observations of systemic supervision with observations of direct practice. • Supervision and direct practice independently assessed for quality. • Systemically-informed supervision associated with skilful practice with families. • This includes both relationship-building and use of "good authority" skills. • Systemically-trained clinicians associated with improved supervisory and practice. • High quality supervision has the potential to support and shape "practice-making."

4. Stereotactic Ablative Body Radiotherapy Versus Radical Radiotherapy: Comparing Real-World Outcomes in Stage I Lung Cancer.

Authors Phillips, I.; Sandhu, S.; Lüchtenborg, M.; Harden, S.
Source Clinical Oncology; Oct 2019; vol. 31 (no. 10); p. 681-687
Publication Date Oct 2019
Publication Type(s) Academic Journal
Database CINAHL

Abstract Stereotactic ablative body radiotherapy (SABR) is now considered the standard of care for medically inoperable stage I non-small cell lung cancer (NSCLC). The English National Cancer Registration and Analysis Service (NCRAS) collects data on all patients diagnosed with lung cancer, including information on treatment. We wanted to compare outcomes for patients with stage I NSCLC treated with radical radiotherapy with either SABR or fractionated radiotherapy. All patients diagnosed with stage I NSCLC in 2015 and 2016 were identified from the NCRAS dataset, validated by the National Lung Cancer Audit, and their treatment data were collated. For patients who received radiotherapy, those receiving radical dose fractionations, including SABR, were identified through linkage to the national Radiotherapy Dataset. Clinical outcomes for those receiving SABR or more fractionated radical radiotherapy were compared using univariate and fully adjusted Cox proportional hazards models. In total, 12 384 patients with stage I NSCLC were identified during the study period; 53.5% underwent surgical resection, 24.3% received no documented treatment, 18.6% received radical radiotherapy and 3.5% received other non-curative-intent treatments. For those receiving radical radiotherapy, 69% received SABR and 31% received fractionated treatment. The hazard ratio of death for the 1587 patients who received SABR was 0.69 (95% confidence interval 0.61–0.79) compared with 717 patients who received radical fractionated radiotherapy; this benefit was seen for both stage Ia and stage Ib disease. The median overall survival was also longer for SABR versus radical radiotherapy (715 days versus 648 days). Exploratory travel time analysis shows that compared with stage I NSCLC patients receiving SABR, those receiving fractionated radiotherapy and those receiving no active treatment would have to travel longer and further to reach their nearest radiotherapy SABR centre. This study adds to the data that SABR has a survival benefit when compared with fractionated radical radiotherapy. Although the use of SABR increased in England over this study period, it has still not reached levels of use seen in other countries. This study also highlights that one quarter of stage I NSCLC patients overall received no active treatment. • For stage I NSCLC patients treated with radical radiotherapy, survival is improved when SABR is used. • 69% of patients in England receiving radical radiotherapy for stage 1 NSCLC receive SABR, this is lower than other countries. • 24% of patients with stage I NSCLC in England receive no active treatment.

5. Stage III Non-small Cell Lung Cancer Management in England.

Authors Adizie, J.B.; Khakwani, A.; Beckett, P.; Navani, N.; West, D.; Woolhouse, I.; Harden, S.V.
Source Clinical Oncology; Oct 2019; vol. 31 (no. 10); p. 688-696
Publication Date Oct 2019
Publication Type(s) Academic Journal
Database CINAHL

Abstract We present the first analysis of the management and outcomes of stage III non-small cell lung cancer (NSCLC) conducted in England using National Lung Cancer Audit data. Patients diagnosed with stage III NSCLC in 2016 were identified. Linked datasets (including Hospital Episode Statistics, the National Radiotherapy Dataset, the Systemic Anti-Cancer Dataset, pathology reports and death certificate data) were used to categorise the treatment received. Kaplan–Meier survival curves were obtained, with survival defined from the date of diagnosis to the date of death. In total, 6276 cases of stage III NSCLC were analysed: 3827 stage IIIA and 2449 stage IIIB; 1047 (17%) patients were treated with radical radiotherapy with 676 (11%) of these also receiving chemotherapy. Twenty per cent of patients with stage IIIA disease underwent surgery, with half of these also receiving chemotherapy, predominantly delivered in the adjuvant setting. Of note, 2148 (34%) patients received palliative-intent treatment and 2265 (36%) received no active anti-cancer treatment. The 1-year survival was 32.9% (37.4% for stage IIIA), with the highest survival seen for those patients receiving chemotherapy and surgery. We highlight important gaps in the optimal care of patients with stage III NSCLC in England. Multimodality treatment with either surgery or radical radiotherapy combined with chemotherapy was delivered to less than one-fifth of patients, even though these regimens are considered optimal. Timely access to specialist resources and staff, the practice of effective shared decision making and challenging preconceptions have the potential to optimise management. • One-third of patients with stage III NSCLC in England receive no active treatment (36%). • 38% of patients receive curative-intent treatment, with less than one-fifth receiving multimodality treatment. • Sequential chemoradiotherapy was delivered almost twice as often as concurrent. • The most commonly used radical therapy includes surgery (1/5th of patients).

6. Curative Radiotherapy for Lung Cancer in the UK: International Benchmarking.

Authors McAleese, J.; Rooney, C.M.; Baluch, S.; Drinkwater, K.J.; Hanna, G.G.
Source Clinical Oncology; Oct 2019; vol. 31 (no. 10); p. 731-731
Publication Date Oct 2019
Publication Type(s) Academic Journal
Database CINAHL

7. The development and use of the assessment of dementia awareness and person-centred care training tool in long-term care.

Authors Creese, Byron; Garrod, Lucy; Chenoweth, Lynn; Griffiths, Alys Wyn; Surr, Claire A
Source Dementia (14713012); Oct 2019; vol. 18 (no. 7/8); p. 3059-3070
Publication Date Oct 2019
Publication Type(s) Academic Journal
Database CINAHL
Abstract Policy and practice guidelines recommend person-centred care to support people to live well with dementia in long-term care. Therefore, staff working in long-term care settings need to be trained in dementia awareness and person-centred care. However, the access to, content of and reach of training across long-term care settings can be varied. Data on current and ongoing access to person-centred care training can form an important component of data gathered on usual care in research studies, in particular clinical trials within long-term care. However, no suitable assessment tools are available to measure dementia awareness and person-centred care training availability, content and reach. This paper describes the development of a training audit tool to meet this need for a usual care measure of dementia awareness and person-centred care training. The 'Assessment of Dementia Awareness and Person-centred care Training' tool was based on a review of published person-centred care literature and consultation with dementia and aged care experts. The Assessment of Dementia Awareness and Person-centred care Training tool was piloted in 13 long-term care facilities the UK and Australia, before being used to assess the content of dementia and person-centred care awareness training in 50 UK settings in a randomized controlled trial as part of usual care recording. Following pilot testing, modifications to the Assessment of Dementia Awareness and Person-centred care Training tool's wording were made to enhance item clarity. When implemented in the randomized controlled trial, pre-baseline training assessment data showed that the Assessment of Dementia Awareness and Person-centred care Training tool was able to differentiate between the training in different long-term care settings and identify settings where further dementia awareness training was required. The Assessment of Dementia Awareness and Person-centred care Training tool was then used as a method of recording data on dementia awareness and person-centred care training as part of ongoing usual care data collection. The Assessment of Dementia Awareness and Person-centred care Training tool is suitable for use by researchers to establish the availability, content and reach of dementia and person-centred care awareness training to staff within research studies.

8. Competency in esophagogastroduodenoscopy: a validated tool for assessment and generalizable benchmarks for gastroenterology fellows.

Authors Miller, Alexander T.; Sedlack, Robert E.
Source Gastrointestinal Endoscopy; Oct 2019; vol. 90 (no. 4); p. 613-613
Publication Date Oct 2019
Publication Type(s) Academic Journal
Database CINAHL

Abstract The Assessment of Competency in Endoscopy (ACE) tools for colonoscopy and EGD were both put forth by the Training Committee of the American Society for Gastrointestinal Endoscopy (ASGE), with the intent of providing teachers and programs a means to continuously assess fellow skills in these procedures throughout their years of training. Despite the availability of the tools, there are no data that define when competency in EGD has been reached. The goal of this study is to validate the EGD ACE tool (ACE-E) and for the first time describe learning curves and competency benchmarks for EGD by examining a large national cohort of trainees. In a prospective, multicenter trial, gastroenterology fellows at all stages of training had their core cognitive and motor skills in EGDs assessed by staff using the ACE-E tool. Evaluations occurred at set intervals of every 50 procedures over an academic year. Like the previously reported and validated ACE tool for colonoscopy, the ACE-E tool uses a 4-point grading scale to define a skills continuum from novice to competent. At each assessment interval, average scores for each skill were computed and overall competency benchmarks for each skill were established using the contrasting groups method. Ninety-six GI fellows at 10 U.S. academic institutions had 1002 EGDs assessed using the ACE-E tool. Average ACE-E scores of 3.5 were found to be inclusive of all minimal competency thresholds identified for each core skill. In addition, independent intubation of the second part of the duodenum (D2) at rates of ≥95% as well as D2 intubation times of ≤4.75 minutes and average total procedure times of ≤12.5 minutes were identified as the points separating competent from non-competent groups. Although the average fellow achieves the D2 intubation rates and time criteria by 100 and 150 procedures, respectively, achieving ACE-E threshold scores on the remaining metrics was typically not achieved until 200 to 250 procedures. Nationally generalizable learning curves for EGD skills in GI fellows are described. Average ACE-E scores of 3.5, independent D2 intubation rates of 95%, and D2 intubation times of ≤4.75 minutes are recommended as minimum competency criteria. On average, it takes GI fellows only 150 procedures to simply drive the scope adequately but 250 procedures to achieve minimum competence in the remaining cognitive and motor skills. The D2 intubation rate threshold and learning curve found in this multicenter cohort using the ACE-E tool are similar to those recently described by researchers in the United Kingdom; however, development of cognitive and overall competence requires a higher procedure threshold than previously described.

9. Factors influencing decisions of mental health professionals to release service users from seclusion: A qualitative study.

Authors Jackson, Haley; Baker, John; Berzins, Kathyrn
Source Journal of Advanced Nursing (John Wiley & Sons, Inc.); Oct 2019; vol. 75 (no. 10); p. 2178-2188
Publication Date Oct 2019
Publication Type(s) Academic Journal
Database CINAHL
Abstract Aim: This study aims to explore and understand factors influencing the decisions of mental health professionals releasing service users from seclusion. Background: Seclusion should only be used as a last resort and for the minimum possible duration. Current evidence outlines which service users are more likely to be secluded, why and what influences professionals' decision to seclude. Little is known about factors professionals consider when releasing service users. Design: A qualitative study was undertaken to explore factors which influence decision-making of mental health professionals when terminating episodes of seclusion. Methods: Semi-structured face-to-face interviews with 21 professionals were undertaken between May 2017–January 2018. Framework analysis was used to systematically manage, analyse, and identify themes, while maintaining links to primary data and providing a transparent audit trail. Results: Six themes were identified where professionals looked for service users to demonstrate cooperation and compliance before they would be released. Decisions were subjective, being influenced by the experience and composition of the review team, the availability of resources plus the emotional tone and physical environment of the ward. Release could be delayed by policy and protocol. Conclusion: Professionals should have greater awareness of factors that hinder or facilitate decisions to release service from seclusion and an understanding of how service user views and involves in decisions regarding seclusion should be explored. Impact: Senior staff should be available to facilitate release at the earliest opportunity. Staff should ensure that policy and procedures do not prolong the time service users remain secluded.

10. Can the regular presence of speech and language therapy (SALT) make a difference to best practice on a neonatal unit?

Authors Peck, M.; Connolly, A.; Carty, B.
Source Journal of Neonatal Nursing; Oct 2019; vol. 25 (no. 5); p. 229-233
Publication Date Oct 2019
Publication Type(s) Academic Journal
Database CINAHL

Abstract Since 2009 the recommendations for speech and language therapy (SALT) staffing levels on neonatal units specified an 'access to' model, leading to a wide discrepancy in delivery of services across the UK. A comparative quality improvement project (QIP) was delivered in 2017–2018 to determine if regular integrated presence versus historical 'access to' SALT service could influence best practice on a level 2 neonatal unit. Provision of 0.4wte Band 7 SALT to a 18 bed unit over 7 months was agreed. Findings showed a quantifiable increase in referral rates, patterns, and SALT initial assessment response times during QIP. A range of best practice developmental and therapeutic SALT interventions was recorded during QIP, previously not achievable with historical 'access to' model. This QIP could be used to provide evidence of the justified need for regular presence and integrated SALT on a neonatal unit.

11. Implications of parenteral chemotherapy dose standardisation in a tertiary oncology centre.

Authors Finch, Milly; Masters, Neil
Source Journal of Oncology Pharmacy Practice; Oct 2019; vol. 25 (no. 7); p. 1687-1691
Publication Date Oct 2019
Publication Type(s) Academic Journal
Database CINAHL
Abstract Background: Dose banding parenteral chemotherapy has the potential to optimise aseptic unit capacity and reduce drug expenditure without compromising the service provided. Methods: Dose banding tables from NHS England were implemented into the electronic chemotherapy prescribing system. Compliance to the dose bands was analysed and submitted quarterly. Analysis of drug expenditure, drug use and cost per milligram data was also collected. Results: Expenditure on the 17 drugs identified in the 2016/17 dose standardisation CQUIN reduced by approximately £100,000 per month over the CQUIN despite an increase in the number of prescribed doses of these drugs. At the beginning of the year, the percentage of work compounded in house was 60%, which was reduced to 51% of total workload at the end of the year due to outsourcing commonly prescribed doses from commercial pharmaceutical aseptic manufacturers. Conclusion: Dose banding parenteral chemotherapy is an efficient cost-saving strategy which also can help to increase the capacity of the aseptic unit.

12. Splenic artery embolisation in trauma: A five-year single-centre experience at a UK major trauma centre.

Authors Davies, James; Wells, David
Source Trauma; Oct 2019; vol. 21 (no. 4); p. 280-287
Publication Date Oct 2019
Publication Type(s) Academic Journal
Database CINAHL
Abstract Introduction: Since the introduction of major trauma centres and regional trauma networks in 2012, management of splenic injury has shifted, with non-operative management now favoured. For those requiring intervention, splenic artery embolisation is well established as a first-line treatment in all but the most severely injured. Follow-up is variable, with few guidelines, highlighting the paucity of data addressing the need for further imaging and antimicrobial prophylaxis. This review was undertaken to assess practice and outcomes at our centre in the context of the contemporary literature. Methods: This retrospective study captured splenic embolisations over five years (January 2012–December 2016). CRIS interventional radiology codes were used to retrieve embolisation cases and Trauma Audit and Research Network and hospital event statistics data were used to identify all cases of traumatic splenic injury and to identify splenectomy and non-operative management patients. Outcomes were compared with available standards from different sources. Results: Over the study period 176 splenic injuries were identified, of which 122 underwent non-operative management, 28 were laparotomy first, and 26 undergoing embolisation with an increased trend to an 'embolisation-first' approach over this time. In the embolisation group, the age range was 16–79 yr (mean 41), 18 were male and the median time to intervention was 2 h 9 min (range 1.1–171 h), with eight following failed non-operative management. The proportion of proximal versus selective embolisation versus both was 10:14:1 and the predominant mechanism was coiling. One patient was not embolised due to absence of contrast extravasation on initial angiogram and two proceeded to splenectomy due to failure of splenic artery embolisation. There were complications in six patients: five ongoing left upper quadrant pain, one infected haematoma requiring drainage, two chest infections with pleural effusions, one of which required drainage. There were two deaths from other injuries. Fifteen of the 25 patients who underwent splenic artery embolisation had follow-up imaging, seven did not and three were excluded due to splenectomy and/or death; five patients were vaccinated according to the hospital splenectomy protocol, and six received prophylactic antibiotics. Conclusion: Our data show that non-operative management is the mainstay of treatment for the majority of splenic injury patients. Serious complications are not common but variation does exist in follow-up. The changing management trends are in line with national data. These findings will help to further implement and develop local protocols but more work is required to address splenic function after embolisation and the requirement for antimicrobial prophylaxis.

13. Effect of a Standard vs Enhanced Implementation Strategy to Improve Antibiotic Prescribing in Nursing Homes: A Trial Protocol of the Improving Management of Urinary Tract Infections in Nursing Institutions Through Facilitated Implementation (IMUNIFI) Study

Authors Ford II, James H.; Vranas, Lillian; Coughlin, DaRae; Selle, Kathi M.; Nordman-Oliveira, Susan; Ryther, Brenda; Ewers, Tola; Griffin, Victoria L.; Eslinger, Anna; Boero, Joe; Hardgrove, Paula; Crnich, Christopher J.
Source JAMA Network Open; Sep 2019; vol. 2 (no. 9)
Publication Date Sep 2019
Publication Type(s) Academic Journal
Database CINAHL
Abstract Key Points: Question: Does external facilitation improve adoption and effects of a complex antibiotic stewardship intervention in nursing homes? Findings: This trial protocol describes a cluster-randomized hybrid type 2 effectiveness-implementation clinical trial of implementation of a multicomponent toolkit focused on improving the recognition and management of suspected urinary tract infection (UTI) in nursing homes. The trial seeks to evaluate whether delivery of external facilitation—coaching, collaborative learning, and peer comparison feedback—to implement this toolkit results in higher rates of toolkit adoption and reduced rates of urine testing and initiation of antibiotics for treatment of suspected UTI. Meaning: If successful, external facilitation could become an effective approach for improving spread and adoption of antibiotic stewardship interventions, as well as other quality improvement initiatives, in the nursing home setting. This trial protocol describes a randomized clinical trial intended to compare 2 strategies for implementing a toolkit for enhancing recognition and management of urinary tract infections in nursing homes. Importance: Suspicion of urinary tract infection (UTI) is the major driver of overuse and misuse of antibiotics in nursing homes (NHs). Effects of interventions to improve the recognition and management of UTI in NHs have been mixed, potentially owing to differences in how interventions were implemented in different studies. An improved understanding of how implementation approach influences intervention adoption is needed to achieve wider dissemination of antibiotic stewardship interventions in NHs. Objective: To compare the effects of 2 implementation strategies on the adoption and effects of a quality improvement toolkit to enhance recognition and management of UTIs in NHs. Design, Setting, and Participants: This cluster-randomized hybrid type 2 effectiveness-implementation clinical trial will be performed over a 6-month baseline (January to June 2019) and 12-month postimplementation period (July 2019 to June 2020). A minimum of 20 Wisconsin NHs with 50 or more beds will be recruited and randomized in block sizes of 2 stratified by rurality (rural vs urban). All residents who are tested and/or treated for UTI in study NHs will be included in the analysis. All study NHs will implement a quality improvement toolkit focused on enhancing the recognition and management of UTIs. Facilities will be randomized to either a usual or enhanced implementation approach based on external facilitation (coaching), collaborative peer learning, and peer comparison feedback. Enhanced implementation is hypothesized to be associated with improvements in adoption of the quality improvement toolkit and clinical outcomes. Primary outcomes of the study will include number of (1) urine cultures per 1000 resident days and (2) antibiotic prescriptions for treatment of suspected UTI per 1000 resident-days. Secondary outcomes of the study will include appropriateness of UTI treatments, treatment length, use of fluoroquinolones, and resident transfers and mortality. A mixed-methods evaluation approach will be used to assess extent and determinants of adoption of the UTI quality improvement toolkit in study NHs. Discussion: Knowledge gained during this study could help inform future efforts to implement antibiotic stewardship and quality improvement interventions in NHs. Trial Registration: ClinicalTrials.gov identifier: NCT03520010

14. Do nurses know how to use the Mental Health Act? Care Quality Commission finds legislation is not applied as intended due to lack of staff awareness.

Authors Jones-Berry, Stephanie
Source Mental Health Practice; Sep 2019; vol. 22 (no. 5); p. 8-9
Publication Date Sep 2019
Publication Type(s) Academic Journal
Database CINAHL
Abstract The article reports that the Mental Health Act (MHA) 1983 is not being used as intended by nurses due to a lack of awareness and understanding of the statutory guidance among providers, according to the Care Quality Commission. Topics mentioned include thoughts from Royal College of Nursing official Catherine Gamble on widespread staff shortages, failure of MHA to emphasise the importance of education in human rights and mental capacity, and the role of the service user in recovery.

15. Acceptability of the BATHE technique amongst GPs and frequently attending patients in primary care: a nested qualitative study.

Authors Thomas, Clare; Cramer, Helen; Jackson, Sue; Kessler, David; Metcalfe, Chris; Record, Charlie; Barnes, Rebecca K.
Source BMC Family Practice; Sep 2019; vol. 20 (no. 1)
Publication Date Sep 2019
Publication Type(s) Academic Journal

Database CINAHL
Abstract Background: BATHE is a brief psychosocial intervention designed for physician use in patient consultations. The technique has gained some international recognition, but there is currently limited research evidence to demonstrate its acceptability and benefits to patient care. We conducted a pilot cluster randomised controlled trial and feasibility study to explore the use of BATHE as a key component of a person-focused intervention to improve the care of frequent attending patients in UK primary care. Methods: A nested qualitative interview study conducted within a pilot trial. The trial took place in six general practices in the South West of England. Eligible patients had been identified as being in the top 3% of attenders in the previous 12 months. General practitioners (GPs) were trained to use BATHE during a one-hour initial training session, and two top-up trainings which included feedback on implementation fidelity. GPs were asked to use BATHE with their study patients for a period of 12 months. 34 GPs were trained and documented using BATHE in a total of 577 consultations with eligible patients during the intervention period. At the end of the intervention period, GPs and study patients from the intervention practices were invited to take part in an interview. Interviews were semi-structured, audio-recorded and transcribed. Thematic analysis was used. Results: Eleven GPs and 16 patients took part in post-intervention interviews. Benefits of using BATHE included making consultations more person-centred, challenging assumptions that the GP knew what was going on for the patient and their main concerns, and supporting self-management. Difficulties reported included changing existing consultation habits, identifying appropriate consultations in which to use BATHE, and organisational constraints. Conclusions: The study suggests that using BATHE is both acceptable and beneficial but also highlighted some of the difficulties GPs had incorporating BATHE into routine practice. Strategies to reduce these difficulties are needed before the extent of the potential benefits of BATHE can be fully assessed. Trial registration: ISRCTN62939408 Prospectively registered on 24/06/2015.

16. Donated human milk use and subsequent feeding pattern in neonatal units.

Authors Alyahya, Wesam; Barnett, Debbie; Cooper, Andrew; Garcia, Ada L.; Edwards, Christine A.; Young, David; Simpson, Judith H.
Source International Breastfeeding Journal; Sep 2019; vol. 14 (no. 1)
Publication Date Sep 2019
Publication Type(s) Academic Journal
Database CINAHL
Abstract Background: Donated human milk (DHM) is a safe alternative in the absence of mother's own milk (MOM); however, specific clinical indications for DHM use and its impact on subsequent feeding practice remain unclear. We aimed to audit local DHM use and explore the impact of the introduction of DHM as the first enteral feed on subsequent MOM availability. Methods: We retrospectively audited DHM recipients nursed in Royal Hospital for Children, Glasgow from 2014 to 2016 against local guidelines. Data were collected from an operational electronic database. Descriptive data analysis was performed to describe DHM use. To explore the association between the first human milk feed with subsequent MOM availability Kruskal Wallis test was used. Adjustments for confounding variables were performed using analysis of variance (ANOVA). Results: A total of 165 recipients of DHM (5.3% of all admission to RHC) were identified. The majority of recipients (69%) were born < 32 weeks of gestation. The main indication for DHM was prematurity, other indications included congenital anomalies of bowel and heart. The local guideline was adhered to in 87% of cases. The median interquartile range (IQR) at DHM introduction was 6 days (3, 17) and the duration of use was 12 days (6, 22). In those born < 32 weeks of gestation the type of human milk (DHM and/ or MOM) used as first feed did not influence the subsequent median IQR days of feeding with any MOM [DHM 40 (9, 51); MOM 28 (17, 49), MOM & DHM 17 (10, 26) p value = 0.465] after adjusting for birthweight and length of hospital stay. Conclusions: In our unit, DHM is mainly used in preterm neonates in accordance with existing local guidance. Using DHM as first milk feed did not affect subsequent MOM availability.

17. Repeat dental general anaesthetic in a community dental service: A two cycle audit...British Society of Paediatric Dentistry Annual Conference, 10-13 September, 2019, Birmingham, England.

Source International Journal of Paediatric Dentistry; Sep 2019; vol. 29 ; p. 66-67
Publication Date Sep 2019
Publication Type(s) Academic Journal
Database CINAHL
Abstract The authors discuss the use of repeated dental general anesthesia in children. They mention the need to avoid a repeat of anesthesia since the first instance can present a number of complications, present an audit of the Oxfordshire Community Dental Service to discover the extent of repeat anesthesias. and note the improvement in numbers

18. Body Mass Index Audit: Are we assessing the whole patient?...British Society of Paediatric Dentistry Annual Conference, 10-13 September, 2019, Birmingham, England

Source International Journal of Paediatric Dentistry; Sep 2019; vol. 29 ; p. 67-69
Publication Date Sep 2019

Publication Type(s) Academic Journal
Database CINAHL
Abstract The authors reports on the assessment of body mass index (BMI) in children. They mention the auditing of a program at the University Dental Hospital of Manchester in England to ensure compliance, the plan to make referrals to dieticians, and the improvement in the recording of BMIs and and the making of referrals.

19. Antibiotic prescribing practices and protocols of the Department of Paediatric Dentistry...British Society of Paediatric Dentistry Annual Conference, 10-13 September, 2019, Birmingham, England.

Source International Journal of Paediatric Dentistry; Sep 2019; vol. 29 ; p. 69-71
Publication Date Sep 2019
Publication Type(s) Academic Journal
Database CINAHL
Abstract The authors discuss prescribing practices for antibiotics. They mention the importance of including antibiotic prescribing in the clinical notes, the training and policies at the Eastman Dental Hospital in England, and the results of an audit to assess compliance with guidelines on antibiotic prescribing practices.

20. Three-cycle audit of a neurology team's understanding of emergency dental avulsion management...British Society of Pediatric Dentistry Annual Conference, 10-13 September, 2019, Birmingham, England.

Source International Journal of Paediatric Dentistry; Sep 2019; vol. 29 ; p. 71-72
Publication Date Sep 2019
Publication Type(s) Academic Journal
Database CINAHL
Abstract The authors discuss the awareness of hospital neurology staff regarding dental injuries in epileptic children. They mention the problem of dental avulsion in children having seizures, the issue of training personnel at Great Ormond Street Hospital in London, England, and the auditing of staff for their awareness of treatment.

21. Comprehensive Geriatric Assessment in the perioperative setting; where next?

Authors Dhesi, Jugdeep; Moonesinghe, S Ramani; Partridge, Judith
Source Age & Ageing; Sep 2019; vol. 48 (no. 5); p. 624-627
Publication Date Sep 2019
Publication Type(s) Academic Journal
Database CINAHL
Abstract Comprehensive Geriatric Assessment (CGA) is being employed in the perioperative setting to improve outcomes for older surgical patients. Traditionally CGA is delivered by a geriatrician led multidisciplinary team but with the acknowledged workforce challenges in geriatric medicine, it has been suggested that non-geriatricians may be able to deliver CGA. HOW-CGA developed a toolkit to facilitate the delivery of CGA by non-geriatricians in the perioperative setting. Across two hospital sites uptake and implementation of this toolkit was limited by a potential lack of face validity, behavioural and cultural barriers and an acknowledgement that geriatric medicine expertise is key to CGA and optimisation. In-keeping with this finding there has been an observed expansion in geriatrician led CGA services for older surgical patients in the UK. In order to demonstrate the effectiveness of perioperative CGA services, implementation science should be combined with health services research methodology and the use of big data through linked national audit.

22. Can comprehensive geriatric assessment be delivered without the need for geriatricians? A formative evaluation in two perioperative surgical settings.

Authors Kocman, David; Regen, Emma; Phelps, Kay; Martin, Graham; Parker, Stuart; Gilbert, Thomas; Conroy, Simon
Source Age & Ageing; Sep 2019; vol. 48 (no. 5); p. 644-649
Publication Date Sep 2019
Publication Type(s) Academic Journal
Database CINAHL

Abstract Introduction the aim of this study was to design an approach to improving care for frail older patients in hospital services where comprehensive geriatric assessment (CGA) was not part of the clinical tradition. Methods the intervention was based on the principles of CGA, using quality improvement methodology to embed care processes. Qualitative methods and coproduction were used to inform development of the intervention, which was directed towards the health care professionals involved in peri-operative/surgical cancer care pathways in two large UK teaching hospitals. A formative, qualitative evaluation was undertaken; data collection and analysis were guided by normalisation process theory. Results the clinicians involved agreed to use the toolkit, identifying potential benefits including improved surgical decision making and delivery of interventions pre-operatively. However, sites concluded that pre-operative assessment was not the best place for CGA, and at the end of the 12-month trial, implementation was still nascent. Efforts competed against the dominance of national time-limited targets, and concerns relating to patients' immediate treatment and recovery. Some participants involved in the peri-operative pathway felt that CGA required ongoing specialist input from geriatricians, but it was not clear that this was sustainable. Conclusions clinical toolkits designed to empower non-geriatric teams to deliver CGA were received with initial enthusiasm, but did not fully achieve their stated aims due to the need for an extended period of service development with geriatrician support, competing priorities, and divergent views about appropriate professional domains.

23. Patterns of emergency department attendance among older people in the last three months of life and factors associated with frequent attendance: a mortality follow-back survey.

Authors Bone, Anna E; Evans, Catherine J; Henson, Lesley A; Gao, Wei; Higginson, Irene J; study, BUILDCARE
Source Age & Ageing; Sep 2019; vol. 48 (no. 5); p. 680-687
Publication Date Sep 2019
Publication Type(s) Academic Journal
Database CINAHL
Abstract Background frequent emergency department (ED) attendance at the end of life disrupts care continuity and contradicts most patients' preference for home-based care. Objective to examine factors associated with frequent (≥3) end of life ED attendances among older people to identify opportunities to improve care. Methods pooled data from two mortality follow-back surveys in England. Respondents were family members of people aged ≥65 who died four to ten months previously. We used multivariable modified Poisson regression to examine illness, service and sociodemographic factors associated with ≥3 ED attendances, and directed content analysis to explore free-text responses. Results 688 respondents (responses from 42.0%); most were sons/daughters (60.5%). Mean age at death was 85 years. 36.5% had a primary diagnosis of cancer and 16.3% respiratory disease. 80/661 (12.1%) attended ED ≥3 times, accounting for 43% of all end of life attendances. From the multivariable model, respiratory disease (reference cancer) and ≥2 comorbidities (reference 0) were associated with frequent ED attendance (adjusted prevalence ratio 2.12, 95% CI 1.21–3.71 and 1.81, 1.07–3.06). Those with ≥7 community nursing contacts (reference 0 contacts) were more likely to frequently attend ED (2.65, 1.49–4.72), whereas those identifying a key health professional were less likely (0.58, 0.37–0.88). Analysis of free-text found inadequate community support, lack of coordinated care and untimely hospital discharge were key issues. Conclusions assigning a key health professional to older people at increased risk of frequent end of life ED attendance, e.g. those with respiratory disease and/or multiple comorbidities, may reduce ED attendances by improving care coordination.

24. Involuntary psychiatric treatment in custody – To be unequivocally opposed or supported with safeguards and significant service improvements?

Authors Spencer, Sarah-Jane; Dean, Kimberlie
Source Australian & New Zealand Journal of Psychiatry; Sep 2019; vol. 53 (no. 9); p. 839-840
Publication Date Sep 2019
Publication Type(s) Academic Journal
Database CINAHL
Abstract The article discusses mental health legislation in jurisdictions with no provisions for involuntary treatment of mentally ill patients in custody. Topics discussed include legislative provisions in Australia for enforced treatment of mentally ill patients who lack capacity to make decisions, ethical dilemma for clinicians working in custody in England and Wales, and the Mental Health Review Tribunal (MHRT) in New South Wales.

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

Authors Booth, Helen P; Gallagher, Arlene M; Mullett, David; Carty, Lucy; Padmanabhan, Shivani; Myles, Puja R; Welburn, Stephen J; Hoghton, Matthew; Rafi, Imran; Valentine, Janet
Source British Journal of General Practice; Sep 2019; vol. 69 (no. 686)
Publication Date Sep 2019
Publication Type(s) Academic Journal
Database CINAHL

26. Developing clinical academic researchers: insights from practitioners and managers in nursing, midwifery and allied health.

Authors Roddam, Hazel; Cross, Lucy; Georgiou, Rachel; Gibson, Josephine; Jones, Stephanie; Olive, Philippa; Smith, Grete; Thomas, Lois
Source British Journal of Healthcare Management; Sep 2019; vol. 25 (no. 9); p. 282-292
Publication Date Sep 2019
Publication Type(s) Academic Journal
Database CINAHL
Abstract Background/Aims: Developing a clinical academic role in nursing, midwifery and the allied health professions is challenging because of the lack of a national career pathway, recognition and understanding of the role. This evaluation aimed to explore perspectives of aspiring, or active clinical academics, and healthcare managers in nursing, midwifery and the allied health professions about the benefits, barriers and enablers of engagement in these career pathways. Methods: In total, eight workshops were facilitated across England (four each for managers and prospective clinical academics), where 162 participants shared their experiences and perceptions of clinical academic research activities. Results: Three major themes were identified that related to the perceived benefits, barriers and enablers of engagement in these career pathways: building health research capacity, building individuals' health research capability, and improving patient care. Conclusion: This article demonstrates factors that are valued and perceived to be working well by practitioners and their clinical service managers, and highlights key priorities for further strategic support.

27. Trust compliance with best practice tariff criteria for total hip and knee replacement.

Authors Vanhegan, Ivor; Sankey, Andrew; Radford, Warwick; Ball, Simon; Gibbons, Charles
Source British Journal of Hospital Medicine (17508460); Sep 2019; vol. 80 (no. 9); p. 537-540
Publication Date Sep 2019
Publication Type(s) Academic Journal
Database CINAHL
Abstract Background: Satisfaction of the best practice tariff criteria for primary hip and knee replacement enables on average an additional £560 of reimbursement per case. The Getting it Right First Time report highlighted poor awareness of these criteria among orthopaedic departments. Methods: The authors investigated the reasons for non-compliance with the best practice tariff criteria at their trust and implemented a quality improvement approach to ensure successful adherence to the standards (a minimum National Joint Registry compliance rate of 85%, a National Joint Registry unknown consent rate below 15%, a patient-reported outcome measure participation rate of ≥50%, and an average health gain not significantly below the national average). This was investigated using quarterly online reports from the National Joint Registry and NHS Digital. Results: Initially, the trust had a 31% patient-reported outcome measures participation rate arising from a systematic error in the submission of preoperative patient-reported outcome measure scores. Re-audit following the resubmission of patient-reported outcome measure data under the trust's correct organization data service code confirmed an improvement in patient-reported outcome measure compliance to 90% and satisfaction of all criteria resulting in over £450 000 of additional reimbursement to the trust. Conclusions: The authors would urge others to review their compliance with these four best practice tariff criteria to ensure that they too are not missing out on this significant reimbursement sum.

28. Putting it into practice.

Source Frontline (20454910); Sep 2019; vol. 25 (no. 12); p. 36-38
Publication Date Sep 2019
Publication Type(s) Periodical
Database CINAHL

29. The service's perspective...Alice Kenward

Source Frontline (20454910); Sep 2019; vol. 25 (no. 12); p. 38-39
Publication Date Sep 2019
Publication Type(s) Periodical
Database CINAHL

30. A mixed-methods evaluation of a Recovery College in South East Essex for people with mental health difficulties.

Authors Wilson, Ceri; King, Matthew; Russell, Jessica
Source Health & Social Care in the Community; Sep 2019; vol. 27 (no. 5); p. 1353-1362
Publication Date Sep 2019
Publication Type(s) Academic Journal
Database CINAHL

Abstract Recovery Colleges aim to assist people with mental health difficulties in the journey to recovery through education. They bring together professional and lived experience of mental health challenges in a non-stigmatising college environment and operate on college principles. All courses are designed to contribute towards well-being and recovery. Despite the ever-growing number of Recovery Colleges (both in the UK and internationally), the evaluative evidence is limited; comprising mostly non-peer-reviewed evaluations, audits and case studies. The present article comprises a mixed-methods evaluation of a newly established Recovery College in South East Essex, UK. The evaluation comprised questionnaires of mental well-being and social inclusion at baseline and 3 and 6 month follow-up, in addition to three focus groups. There were significant improvements in both mental well-being and social inclusion from baseline to 6 month follow-up (25 participants completed the measure of well-being at both time points and 19 completed the measure of social inclusion). This was supported by additional free-text questionnaire comments and focus group findings (17 participants participated across the focus groups), with reports of increased confidence, reduced anxiety and increased social inclusion/reduced social isolation. Additionally, at 6 month follow-up a majority of respondents were planning on attending courses external to the Recovery College, volunteering and/or gaining paid employment. Challenges and recommendations identified through the focus groups indicate the importance for standardisation of processes (which is particularly important when multiple organisations are involved in the running of a Recovery College), as well as consideration of longer-running courses. Funders should continue to invest in the Recovery College movement as the growing evidence-base is demonstrating how these colleges can help address the high prevalence of mental health difficulties, by promoting mental well-being and social inclusion.

31. Eating well in care homes: Testing the feasibility of a staff training programme aimed at improving social interaction and choice at mealtimes.

Authors Watkins, Ross; Goodwin, Victoria A.; Abbott, Rebecca A.; Tarrant, Mark
Source International Journal of Older People Nursing; Sep 2019; vol. 14 (no. 3)
Publication Date Sep 2019
Publication Type(s) Academic Journal
Database CINAHL
Abstract Background: The health and well-being of care home residents are influenced by their experience of mealtimes, which provide an opportunity for residents to socialise and exercise control over their lives, as well as providing essential sustenance. Care home staff are pivotal to this experience, responsible for the provision of meals and eating assistance, but also for establishing a positive mealtime culture valued by residents. Despite this, mealtimes can be task-focussed, as the pressure on staff to perform multiple duties in limited time, or a lack of knowledge and awareness, means that resident needs and preferences risk being neglected. Methods: A staff-focussed training programme aimed at improving social interaction, and resident choice was developed and delivered in a workshop. Intervention feasibility was assessed using a qualitative survey and workshop observations. A combination of descriptive and content analyses was conducted on the data. Results: Thirteen women and one man took part in the workshops, representing multiple roles within two homes in the South West UK. The workshops were found to be deliverable and practicable. Participants responded positively to the workshops, anticipating that improvements to the mealtime experience would result from their workshop outputs. Conclusion: This study suggests that staff training workshops based on improving the mealtime experience are feasible to deliver within the day-to-day running of a care home and are acceptable to staff. Positive changes resulting from these workshops could improve the health and well-being of residents. Implications for practice: Mealtimes in care homes may be improved by increasing social interaction and by providing residents with greater choice. Management-faciltated staff training may be a useful tool to encourage staff to reflect on current practice and develop their own strategies to improve the mealtime experience for residents.

32. Recommendations for the prevention of deaths among nursing home residents with unexplained absences.

Authors Woolford, Marta H.; Bugeja, Lyndal; Weller, Carolina; Boag, Jane; Willoughby, Melissa; Ibrahim, Joseph E.
Source International Journal of Older People Nursing; Sep 2019; vol. 14 (no. 3)
Publication Date Sep 2019
Publication Type(s) Academic Journal
Database CINAHL

Abstract Objectives: Unexplained absences (UAs) contribute to the mortality and morbidity rates in the nursing home (NH) population. Valuing expert professional knowledge and skills is central to the achievement of improved care in NHs. This study developed and prioritised recommendations to prevent deaths of NH residents (NHRs) with UAs. Methods: Two expert consultation forums using the modified nominal group technique to develop recommendations were conducted, followed by an online survey to prioritise the most important recommendations for implementation. A framework applying the temporal dimension ("pre-event," "event" and "post-event") of an internationally accepted injury prevention framework, Haddon's Matrix, was applied to the recommendations. Participants were purposively sampled and identified via aged care organisations; and were selected based on their experience in aged care practice, policy, research, elder rights, seniors' law, or missing persons search and rescue (SAR). Results: Forum one comprised six, and forum two comprised nine experts from mixed disciplines. Seven participants completed the online survey. Twenty recommendations to prevent future injury and death were developed, five of which were prioritised for implementation in the aged care sector. In order of priority, these include: universal UA definition; mandated SAR plan, early assessment of NHRs; unmet needs behavioural assessments; and participation in decision-making. Conclusions: The recommendations cover the broad spectrum of complex issues raised in managing unexplained absences, and are a vital first step towards informing care providers, governments and SAR teams about how to prevent injury and death of NHRs in residents with UAs. Future research should explore how to translate and evaluate the recommendations into practice.

33. Pragmatic Challenge of Sustainability: Long-Term Adherence to COPD Care Bundle Maintains Lower Readmission Rate.

Authors Zafar, Muhammad Ahsan; Nguyen, Brave; Gentene, Anthony; Ko, Jonathan; Otten, Lisa; Panos, Ralph J.; Alessandrini, Evaline A.
Source Joint Commission Journal on Quality & Patient Safety; Sep 2019; vol. 45 (no. 9); p. 639-645
Publication Date Sep 2019
Publication Type(s) Academic Journal
Database CINAHL
Abstract Background Long-term sustainability of successful improvement initiatives remains a pragmatic challenge with limited literature guidance. A chronic obstructive pulmonary disease (COPD) care bundle was developed and implemented to mitigate care-delivery failures and unmet patient needs at University of Cincinnati Medical Center that led to a 35% reduction in 30-day all-cause readmissions. Here, two-year outcomes and the method of achieving sustainability are presented. Methods After implementation of the COPD care bundle, 30-day all-cause readmissions reduced from 22.7% to 14.7%. In 2016 the project transitioned from implementation to the sustainability phase. A four-member sustainability team was formed (pulmonologist, hospitalist, respiratory therapist, and pharmacist) with clearly defined roles for monitoring and facilitating sustainability actions. The process of bundle delivery was purposefully designed for higher reliability. Staff education and daily operations were updated to incorporate the new process. Outcome (readmission rate) and process (bundle adherence) measures were monitored monthly. Any significant drop (special cause variation) would be reviewed by the team and further action taken, if needed. The National Health Service sustainability model was used, with adjustments made to meet our contextual needs. Results The 30-day all-cause readmission rate remained the same as during the initial implementation phase (14.9%). Adherence to COPD care bundle components was 87.7%. During the two-year period, three occasions triggered a team discussion and detailed review. Conclusion Sustainability requires a purposefully designed, resilient process; standard work; engagement of the team and leadership; and a monitoring system of key process and outcome measures. Application of sustainability models should be adjusted for specific contextual needs.

34. Action in asthma: the basics and beyond.

Authors Mendes, Aysha
Source Journal of Prescribing Practice; Sep 2019; vol. 1 (no. 9); p. 424-426
Publication Date Sep 2019
Publication Type(s) Academic Journal
Database CINAHL

35. Nursing care at end of life: a UK-based survey of the deaths of people living in care settings for people with intellectual disability.

Authors Todd, Stuart; Hunt, Katherine; Hopes, Paula; Morgan, Rachel; Shearn, Julia; Worth, Rhian; Bernal, Jane; Northway, Ruth
Source Journal of Research in Nursing; Sep 2019; vol. 24 (no. 6); p. 366-382
Publication Date Sep 2019
Publication Type(s) Academic Journal
Database CINAHL

Abstract Background: People with intellectual disability are believed to be at risk of receiving poor end-of-life care. Nurses, given their advocacy role and duty to provide compassionate end-of-life care, have the potential to change this situation but research regarding this aspect of their role is limited. Aims: This paper thus seeks to answer the question 'How and when are nurses involved in providing care at end of life for people with intellectual disability?' Methods: A total of 38 intellectual disability care providers in the UK providing support to 13,568 people with intellectual disability were surveyed. Data regarding 247 deaths within this population were gathered in two stages and subsequently entered into SPSSX for analysis. Results: Findings revealed that the majority of deaths occurred between the ages of 50 and 69 years, the most commonly reported cause of death being respiratory problems. Both community and hospital-based nurses were involved in supporting individuals during their final 3 months of life, and sometimes more than one type of nurse provided support to individuals. Generally nursing care was rated positively, although room for improvement was also identified. Conclusions: Nurses are involved in supporting people with intellectual disability at end of life and appropriate education is required to undertake this role. This may require change in curricula and subsequent research to determine the impact of such change on nursing support to this population.

36. Analyzing Hospital Transfers Using INTERACT Acute Care Transfer Tools: Lessons from MOQI.

Authors Popejoy, Lori L.; Vogelsmeier, Amy A.; Alexander, Greg L.; Galambos, Colleen M.; Crecelius, Charles A.; Ge, Bin; Flesner, Marcia; Canada, Kelli; Rantz, Marilyn
Source Journal of the American Geriatrics Society; Sep 2019; vol. 67 (no. 9); p. 1953-1959
Publication Date Sep 2019
Publication Type(s) Academic Journal
Database CINAHL
Abstract OBJECTIVES: We explored the differences in potentially avoidable/unavoidable hospital transfers in a retrospective analysis of Interventions to Reduce Acute Care Transfers (INTERACT) Acute Transfer Tools (ACTs) completed by advanced practice registered nurses (APRNs) working in the Missouri Quality Improvement (QI) Initiative (MOQI). DESIGN: Cross-sectional descriptive study of 3996 ACTs for 32.5 calendar months from 2014 to 2016. Univariate analyses examined differences between potentially avoidable vs unavoidable transfers. Multivariate logistic regression analysis of candidate factors identified those contributing to avoidable transfers. Setting: Sixteen nursing homes (NHs), ranging from 120 to 321 beds, in urban, metro, and rural communities within 80 miles of a large midwestern city. PARTICIPANTS: A total of 5168 residents with a median age of 82 years. MEASUREMENTS: Data from 3946 MOQI-adapted ACTs. RESULTS: A total of 54% of hospital transfers were identified as avoidable. QI opportunities related to avoidable transfers were earlier detection of new signs/symptoms (odds ratio [OR] = 2.35; 95% confidence interval [CI] = 1.61-3.42; P < .001); discussions of resident/family preference (OR = 2.12; 95% CI = 1.38-3.25; P < .001); advance directive/hospice care (OR = 2.25; 95% CI = 1.33-3.82; P = .003); better communication about condition (OR = 4.93; 95% CI = 3.17-7.68; P < .001); and condition could have been managed in the NH (OR = 16.63; 95% CI = 10.9-25.37; P < .001). Three factors related to unavoidable transfers were bleeding (OR =.59; 95% CI =.46-.77; P < .001), nausea/vomiting (OR =.7; 95% CI =.54-.91; P = .007), and resident/family preference for hospitalization (OR =.79; 95% CI =.68-.93; P = .003). CONCLUSION: Reducing avoidable hospital transfers in NHs requires challenging assumptions about what is avoidable so QI efforts can be directed to improving NH capacity to manage ill residents. The APRNs served as the onsite coaches in the use and adoption of INTERACT. Changes in health policy would provide a revenue stream to support APRN presence in NH, a role that is critical to improving resident outcomes by increasing staff capacity to identify illness and guide system change. J Am Geriatr Soc 67:1953–1959, 2019

37. A programme to cut inappropriate use of non-sterile medical gloves.

Authors Dunn, Helen; Wilson, Nicola; Leonard, Amy
Source Nursing Times; Sep 2019; vol. 115 (no. 9); p. 18-20
Publication Date Sep 2019
Publication Type(s) Periodical
Database CINAHL
Abstract Healthcare workers should only use non-sterile gloves for self-protection when exposure to blood or body fluids is likely. Overuse of gloves - can have negative repercussions, including higher expenditure and waste, more skin problems and missed opportunities to decontaminate hands. At Great Ormond Street Hospital, infection control audits had shown that clinical staff were not always using non-sterile gloves appropriately or complying with hand-hygiene requirements. In April 2018, an educational awareness programme was launched to help staff risk assess the use of gloves for self-protection. Created by practice educators and infection prevention and control nurses, with input from all those affected by the changes, the programme has had good initial outcomes.

38. Practical solutions for optimising hydration in care home residents.

Authors Greene, Carolynn; Wilson, Jennie; Tingle, Alison; Loveday, Heather
Source Nursing Times; Sep 2019; vol. 115 (no. 9); p. 30-33

Publication Date Sep 2019
Publication Type(s) Periodical
Database CINAHL
Abstract As people age, they become increasingly vulnerable to dehydration. Older people living in care homes are particularly at risk and ensuring that they receive and consume adequate amounts of fluid every day can be a challenge. This article describes the findings of a quality improvement project conducted in two London care homes aimed at optimising residents' fluid intake. A range of simple and inexpensive practical solutions were developed and implemented with good results. The research team that worked with staff on the project has since developed a free resource pack on hydration in care homes.

39. Use of a learning disabilities and autism toolkit in mental health care.

Authors Bridges, Sue
Source Nursing Times; Sep 2019; vol. 115 (no. 9); p. 55-58
Publication Date Sep 2019
Publication Type(s) Periodical
Database CINAHL
Abstract The Green Light Toolkit provides a framework to help mental health services adequately respond to the needs of people with learning disabilities and/or autism, including by making reasonable adjustments. It involves an annual audit that provides ongoing monitoring of quality improvements in this key policy area. Wider adoption of the toolkit would provide a broader picture of the quality of services that people with learning disabilities and/or autism receive, and support the adoption of the learning disability improvement standards for NHS trusts. This article describes the experience of Norfolk and Suffolk NHS Foundation Trust in implementing the Green Light Toolkit.

40. Less is more when reducing antimicrobial prescribing.

Authors Haddock, Gail
Source Practice Nursing; Sep 2019; vol. 30 (no. 9); p. 452-455
Publication Date Sep 2019
Publication Type(s) Academic Journal
Database CINAHL
Abstract As primary care is the main provider of antimicrobial prescriptions, knowing when and what to prescribe, and for how long, is hugely important to public health. Gail Haddock shares useful resources and toolkits to help practice nurses in their decision making Clinicians have reduced their antimicrobial prescribing by 6% in the past 5 years, but this is not enough to overcome the ever-increasing antimicrobial resistance that is a threat to modern medicine. The UK's new target is to reduce prescribing by a further 15% by 2020. This can only be achieved by the commitment of the full general practice team to only prescribe at the right time (ie only if necessary), and the right dose of the right antibiotic for the right length of time. There are numerous excellent resources for patients and clinicians alike on the TARGET website.

41. Costs of Quality in Clinical Development.

Authors Eriksson, Bolennart
Source Therapeutic Innovation & Regulatory Science; Sep 2019; vol. 53 (no. 5); p. 706-713
Publication Date Sep 2019
Publication Type(s) Academic Journal
Database CINAHL
Abstract Background: The basis for this article is an individual project during a Master of Science program at Cranfield University, UK. Research and development (R&D) costs in the pharmaceutical industry have increased at a rate where costs have doubled compared to previous decades since the 1980s. In parallel, during recent years, there has been an increased focus on quality management within clinical development. Furthermore, pharma companies are talking about quality as a competitive advantage with an increased focus on quality metrics. The objective of this research was to confirm/reject the assumption that costs of quality are not being tracked within clinical development. Methods: The key component of this research consists of a survey that was sent out to approximately 15 of the top 50 global pharmaceutical companies. Results: The research showed that the praxis of tracking and analyzing costs of quality was not widespread within clinical development, although the tools are available and experience from other industries showed that there are potential benefits to be realized, including a reduction of total quality costs. Conclusions: Even though tools for analyzing costs of quality have been available since the 1950s, there is little evidence in the literature that quality costs are being tracked and analyzed in clinical development. On the contrary, there are examples that the clinical research part of the pharma industry is stuck in traditional ways of working. However, it is likely that tracking and analyzing costs of quality can help limit the increase of R&D costs.

42. The role of patients and carers in diffusing a health-care innovation: A case study of "My Medication Passport".

Authors Barber, Susan; French, Catherine; Matthews, Rachel; Lovett, Derryn; Rollinson, Tom; Husson, Fran; Turley, Margaret; Reed, Julie
Source Health Expectations; Aug 2019; vol. 22 (no. 4); p. 676-687
Publication Date Aug 2019
Publication Type(s) Academic Journal
Database CINAHL
Abstract Background: Patients are increasingly recognized as playing important roles in improving health services. Little is known about the mechanisms by which patients develop and diffuse local innovations in a complex health-care system. Objective: To ascertain how diffusion of an innovation, My Medication Passport, occurred and roles played by patients in it. Design: Case study: quantitative mapping of innovation's diffusion and analysis of the routes and occupations of those through whom the innovation spread; documentary analysis; reflective assessment of patient's roles. Setting and participants: NHS Trusts, third sector organizations, patients and health-care professionals. Interventions studied: Co-produced action to raise awareness and influence use of the innovation; order database which enabled ease of access to the innovation. Main outcome measures: Geographical spread of innovation; occupations of individuals; types of organizations using the innovation. Results: The innovation spread from initial development and use in Northwest London across the UK and beyond. Key roles played by patients were as follows: co-producer; advocate; relationship builder; relationship broker; planner; presenter; awareness raiser; trainer; networker. Patients identified and introduced potential audiences and users to MMP, using social, organizational, sectoral, lay and professional networks to do so. They organized a range of awareness-raising and communication activities, monitored feedback, evaluated the impact and responded to new interest. Discussion and conclusions: The roles of patients in diffusing innovations are under-recognized. Collaborative working between patients, carers and health-care professionals in planning and progressing the use and supporting diffusion of the innovation was important. Principles described in this study are relevant to progressing other patient-led ideas for innovative changes relating to health service development.

43. Co-production for service improvement: Developing a training programme for mental health professionals to enhance medication adherence in Black, Asian and Minority Ethnic Service Users.

Authors Gault, Iris; Pelle, Julia; Chambers, Mary
Source Health Expectations; Aug 2019; vol. 22 (no. 4); p. 813-823
Publication Date Aug 2019
Publication Type(s) Academic Journal
Database CINAHL
Abstract Aim: To co-produce consensus on the key issues important in educating mental health-care professionals to optimize mental health medication adherence in Black, Asian and Minority Ethnic (BAME) groups. Objectives: To identify perceptions of factors enabling or disabling medication adherence. To achieve consensus on content and delivery of an educational intervention for mental health-care professionals. Methods: Data were collected from 2016 to 2018. Using individual interviews and a consensus workshop with carers and service users (SUs treated under the 1983 Mental Health Act 1983/revised 2007 for England and Wales), the experience of taking prescribed mental health medication and perspectives on adherence were explored. Data were analysed using 2-stage qualitative coding via the software tool NVivo version 11 to analyse transcribed data and to produce the main explanatory categories. Results: SU and carer participants' perspectives substantially altered the original research design. The need to educate students rather than trained professionals was emphasized, and they suggested that educational content should be packaged in a contemporary manner (a virtual reality experience). Findings indicated that education should focus upon understanding the impact of taking prescribed antipsychotic medication on both SUs and carers. Discussion: The importance of effective communication between health professionals, SUs and carers and a willingness to learn about and appreciate how BAME culture influences perception of mental illness and mental well-being were highlighted. Conclusion: In working co-productively, researchers need to be flexible and adaptable to change.

44. An innovative approach to boosting patient and public involvement.

Authors Brand, Sarah
Source Nursing Times; Aug 2019; vol. 115 (no. 8); p. 52-55
Publication Date Aug 2019
Publication Type(s) Periodical
Database CINAHL
Abstract Patient and public involvement is central to service improvement and research in healthcare. However, not all staff, patients and members of the public have the training, skills and confidence needed to get involved. Staff are not always persuaded of the benefits of such involvement, while patients and members of the public often lack knowledge of service improvement processes and the skills they require. Nottingham University Hospitals NHS Trust is keen to increase the use of patient and public involvement and looked for an innovative way of encouraging both staff and public and patient representatives to take it up. This resulted in an unusual style of conference where staff, public and patient delegates took part in 'speed-dating' sessions.

45. The polypharmacy programme in Scotland: realistic prescribing.

Authors Mair, Alpana; Wilson, Martin; Dreischulte, Tobias
Source Prescriber; Aug 2019; vol. 30 (no. 8); p. 10-16
Publication Date Aug 2019
Publication Type(s) Academic Journal
Database CINAHL
Abstract Since 2012, NHS Scotland has published a series of polypharmacy guidelines to help clinicians address the many medication-related problems arising from multimorbidity. Here, Alpana Mair, Chair of the guideline group, Martin Wilson and Tobias Dreischulte explain how the third and latest edition of the polypharmacy guidance has been updated to place a greater emphasis on what matters to the patient.

46. Prescribing dronedarone for paroxysmal atrial fibrillation: how is it done across the UK and is it safe?

Authors Yones, Eron; Mullan, Jennifer; Horwood, Andrew; Connell, Nicola; Odams, Sarah; Maloney, Jean; Kyriacou, Andreas L.; Sahu, Jonathan; Lee, Justin M.; Kelland, Nicholas F.
Source European Journal of Hospital Pharmacy: Science & Practice; Jul 2019; vol. 26 (no. 4); p. 220-222
Publication Date Jul 2019
Publication Type(s) Academic Journal
Database CINAHL
Abstract Dronedarone, a useful treatment for paroxysmal atrial fibrillation, is often only prescribed in secondary care. To support a protocol shared between primary and secondary care, dronedarone use was audited in our centre and prescribing practices across UK secondary care centres were reviewed. From 2010 to 2015, a total of 181 patients were started on dronedarone. There were no deaths or serious adverse events. Median cessation time due to adverse effects was 52 days and 88% stopped dronedarone within 6 months. Of 17 local prescribing protocols across the UK, 12 involved shared care and 5 purely secondary care follow-up. In our review, dronedarone was safe and well tolerated. The use of shared care protocols is well established in other UK centres. The development of a local shared care protocol between primary and secondary care is feasible with existing systems in place to support its introduction.

47. Air pollution: outdoor air quality and health.

Authors Linden, Belinda
Source British Journal of Cardiac Nursing; Jun 2019; vol. 14 (no. 6); p. 1-4
Publication Date Jun 2019
Publication Type(s) Academic Journal
Database CINAHL

48. An alternative to mental health ward admission for the over-65s.

Authors Ritchie, Karen
Source Nursing Times; Jun 2019; vol. 115 (no. 6); p. 48-49
Publication Date Jun 2019
Publication Type(s) Periodical
Database CINAHL
Abstract In Edinburgh, there used to be long waiting lists for beds in an older people's mental health ward. In 2016, a new team of nurses, based in hospital but going out into the community was set up to provide an alternative to hospital admission for older people experiencing a mental health crisis. This rapid-response team visits people at home up to three times a day, using specialist skills to assess and support them. Where possible, it works towards avoiding hospital admission and facilitating early discharge. In the team's first two years of existence, waiting lists for mental health hospital beds occurred only occasionally or disappeared altogether.

49. Implementation of tranexamic acid for bleeding trauma patients: a longitudinal and cross-sectional study.

Authors Coats, Timothy J.; Fragoso-Iñiguez, Marisol; Roberts, Ian
Source Emergency Medicine Journal; Feb 2019; vol. 36 (no. 2); p. 78-81
Publication Date Feb 2019
Publication Type(s) Academic Journal
PubMedID 30530744
Database CINAHL

Abstract Objective: To describe the use of tranexamic acid (TXA) in trauma care in England and Wales since the Clinical Randomization of an Antifibrinolytic in Significant Hemorrhage (CRASH-2) trial results were published in 2010.Methods: A national longitudinal and cross-sectional study using data collected through the Trauma Audit and Research Network (TARN), the clinical audit of major trauma care for England and Wales. All patients in the TARN database injured in England and Wales were included apart from those with an isolated traumatic brain injury, with a primary outcome of the proportion of patients given TXA and the secondary outcome of time to treatment.Results: Among 228 250 patients, the proportion of trauma patients treated with TXA increased from near zero in 2010 to 10% (4593) in 2016. In 2016, most patients (82%) who received TXA did so within 3 hours of injury, however, only 30% of patients received TXA within an hour of injury. Most (80%) of the patients who had an early blood transfusion were given TXA. Patients treated with TXA by an ambulance paramedic received treatment at a median of 49 min (IQR 33-72) compared with 111 min (IQR 77-162) for patients treated in hospital.Conclusions: There is a low proportion of patients treated with TXA across the range of injury severity and the range of physiological indicators of severity of bleeding. Most patients receive treatment within the existing target of 3 hours from injury, however there remains the potential to further improve major trauma outcomes by the earlier treatment of a wider patient group.

50. Association Between Hospital Volume and Mortality in Status Epilepticus: A National Cohort Study.

Authors Goulden, Robert; Whitehouse, Tony; Murphy, Nick; Hayton, Tom; Khan, Zahid; Snelson, Catherine; Bion, Julian; Veenith, Tonny
Source Critical Care Medicine; Dec 2018; vol. 46 (no. 12); p. 1969-1976
Publication Date Dec 2018
Publication Type(s) Academic Journal
PubMedID 30134302
Database CINAHL
Abstract Objectives: In various medical and surgical conditions, research has found that centers with higher patient volumes have better outcomes. This relationship has not previously been explored for status epilepticus. This study sought to examine whether centers that see higher volumes of patients with status epilepticus have lower in-hospital mortality than low-volume centers.Design: Cohort study, using 2010-2015 data from the nationwide Case Mix Programme database of the U.K.'s Intensive Care National Audit and Research Centre.Setting: Greater than 90% of ICUs in United Kingdom, Wales, and Northern Ireland.Patients: Twenty-thousand nine-hundred twenty-two adult critical care admissions with a primary or secondary diagnosis of status epilepticus or prolonged seizure.Interventions: Annual hospital status epilepticus admission volume.Measurements and Main Results: We used multiple logistic regression to evaluate the association between hospital annual status epilepticus admission volume and in-hospital mortality. Hospital volume was modeled as a nonlinear variable using restricted cubic splines, and generalized estimating equations with robust SEs were used to account for clustering by institution. There were 2,462 in-hospital deaths (11.8%). There was no significant association between treatment volume and in-hospital mortality for status epilepticus (p = 0.54). This conclusion was unchanged across a number of subgroup and sensitivity analyses, although we lacked data on seizure duration and medication use. Secondary analyses suggest that many high-risk patients were already transferred from low- to high-volume centers.Conclusions: We find no evidence that higher volume centers are associated with lower mortality in status epilepticus overall. It is likely that national guidelines and local pathways in the United Kingdom allow efficient patient transfer from smaller centers like district general hospitals to provide satisfactory patient care in status epilepticus. Future research using more granular data should explore this association for the subgroup of patients with refractory and superrefractory status epilepticus.

51. LAUNCH OF RHEUMATOLOGICAL FOOT HEALTH REPORT IN NORTHERN IRELAND.

Authors WILLIAMS-NASH, JULIE
Source Podiatry Now; Dec 2018; vol. 21 (no. 12); p. 5-5
Publication Date Dec 2018
Publication Type(s) Academic Journal
Database CINAHL

52. Evaluation of antibiotic prescribing for adult inpatients at Sultan Qaboos University Hospital, Sultanate of Oman.

Authors Al-Maliky, Ghada Redha; Al-Ward, Mustafa Manhal; Taqi, Aqila; Balkhair, Abdullah; Al-Zakwani, Ibrahim
Source European Journal of Hospital Pharmacy: Science & Practice; Jul 2018; vol. 25 (no. 4); p. 195-199
Publication Date Jul 2018
Publication Type(s) Academic Journal
Database CINAHL

Abstract Objective Little is known into the prudent use of antibiotics in hospitals in Oman. This study is to evaluate antibiotic prescribing by measuring the overall compliance with the local antibiotic prescribing guidelines. Methods An observational study involving 366 patients' admission episodes as determined by power analysis on patients (≥18 years) on oral and/or parenteral antibiotic during admission, in the period of 10 weeks (1 February--15 April, 2014). The adapted audit tool of the Barking, Havering and Redbridge University Hospitals NHS Trust was used for this study. Analyses were performed using descriptive statistics. Main outcome measures: antibiotic prescribing compliance with the local guidelines as well as the overall restricted antibiotic policy adherence at Sultan Qaboos University Hospital (SQUH). results The number of prescribed and audited antibiotics totalled 825, compliance with local guidelines was suboptimal at 63% (n=520), and of 211 restricted antibiotics prescribed, the overall adherence to restricted antibiotic policy was inadequate at 46% (n=98). The majority of the antibiotics prescribed were broad spectrum at 90% (n=739), mainly penicillins at 31% (n=256) and cephalosporins at 17% (n=139). Conclusion The study has provided valuable baseline details of antibiotic prescribing patterns in SQUH. The diagnosis was documented in 89% (n=327) of the admission episodes. However, the compliance with SQUH antibiotic prescribing guidelines was suboptimal, and the overall compliance with SQUH restricted antibiotic guidelines was in 46% of the prescriptions. Further studies are required to address the reasons behind the non-compliance with local guidelines.

53. A quality improvement study for medical devices usage in an acute healthcare setting.

Authors Michael, Shona; Mapunde, Tapiwa Marvin; Elgar, Nick; Brown, Joel
Source Journal of Medical Engineering & Technology; Jul 2018; vol. 42 (no. 5); p. 344-351
Publication Date Jul 2018
Publication Type(s) Academic Journal
PubMedID 30251574
Database CINAHL
Abstract The objectives of this study were, for a large NHS Trust, to (1) Implement a medical devices training information system which connects the medical equipment inventory to the electronic staff record. (2) Monitor the changes in safety-related practice in the Trust after implementation (3) Examine the association between training compliance and Trust-wide adverse incident data for high risk medical devices. (4) Identify possible gaps in training course content from adverse incident data. A new system was made available, showing medical devices training records for staff in each location. Relevant staff members were trained on how to set up courses, record training, adjust training requirements and view reports. Training practice, compliance and adverse incidents for high-risk equipment were monitored over 30 months after implementation. Trends and changes in training practice were analysed. The Trust now has monitoring information on medical devices training available that had previously been absent. Training compliance increased from 23% to 59%. The frequency and severity of adverse incidents remained relatively constant throughout and was not associated with the increased uptake of training Trust-wide. Training gaps were identified. A Trust-wide system for recording medical devices training has provided training assurance. After implementation changes in practice with training have been identified. It was not possible to show a direct association between increased training compliance and reduced medical device-related incidents Trust-wide. There were specific training courses where changes in content could increase the safe use of medical devices.

54. A national quality incentive scheme to reduce antibiotic overuse in hospitals: evaluation of perceptions and impact.

Authors Islam, J; Ashiru-Oredope, D; Budd, E; Howard, P; Walker, A S; Hopkins, S; Llewelyn, M J
Source Journal of Antimicrobial Chemotherapy (JAC); Jun 2018; vol. 73 (no. 6); p. 1708-1713
Publication Date Jun 2018
Publication Type(s) Academic Journal
PubMedID 29506043
Database CINAHL

Abstract Background: In 2016/2017, a financially linked antibiotic prescribing quality improvement initiative Commissioning for Quality and Innovation (AMR-CQUIN) was introduced across acute hospitals in England. This aimed for >1% reductions in DDDs/1000 admissions of total antibiotics, piperacillin/tazobactam and carbapenems compared with 2013/2014 and improved review of empirical antibiotic prescriptions.Objectives: To assess perceptions of staff leading antimicrobial stewardship activity regarding the AMR-CQUIN, the investments made by hospitals to achieve it and how these related to achieving reductions in antibiotic use.Methods: We invited antimicrobial stewardship leads at acute hospitals across England to complete a web-based survey. Antibiotic prescribing data were downloaded from the PHE Antimicrobial Resistance Local Indicators resource.Results: Responses were received from 116/155 (75%) acute hospitals. Owing to yearly increases in antibiotic use, most trusts needed to make >5% reductions in antibiotic consumption to achieve the AMR-CQUIN goal of 1% reduction. Additional funding was made available at 23/113 (20%) trusts and, in 18 (78%), this was <10% of the AMR-CQUIN value. Nationally, the annual trend for increased antibiotic use reversed in 2016/2017. In 2014/2015, year-on-year changes were +3.7% (IQR -0.8%, +8.4%), +9.4% (+0.2%, +19.5%) and +5.8% (-6.2%, +18.2%) for total antibiotics, piperacillin/tazobactam and carbapenems, respectively, and +0.1% (-5.4%, +4.0%), -4.8% (-16.9%, +3.2%) and -8.0% (-20.2%, +4.0%) in 2016/2017. Hospitals where staff believed they could reduce antibiotic use were more likely to do so ($P < 0.001$).Conclusions: Introducing the AMR-CQUIN was associated with a reduction in antibiotic use. For individual hospitals, achieving the AMR-CQUIN was associated with favourable perceptions of staff and not availability of funding.

55. Incidence and Outcomes for Patients With Cirrhosis Admitted to the United Kingdom Critical Care Units.

Authors McPhail, Mark J. W.; Parrott, Francesca; Wendon, Julia A.; Harrison, David A.; Rowan, Kathy A.; Bernal, William
Source Critical Care Medicine; May 2018; vol. 46 (no. 5); p. 705-712
Publication Date May 2018
Publication Type(s) Academic Journal
PubMedID 29309369
Database CINAHL
Abstract Objective: To assess the epidemiology and outcome of patients with cirrhosis following critical care unit admission.Design: Retrospective cohort study.Setting: Critical care units in England, Wales, and Northern Ireland participating in the U.K. Intensive Care National Audit and Research Centre Case Mix Programme.Patients: Thirty-one thousand three hundred sixty-three patients with cirrhosis identified of 1,168,650 total critical care unit admissions (2.7%) admitted to U.K. critical care units between 1998 and 2012.Interventions: None.Measurements and Main Results: Ten thousand nine hundred thirty-six patients had alcohol-related liver disease (35%). In total, 1.6% of critical care unit admissions in 1998 had cirrhosis rising to 3.1% in 2012. The crude critical care unit mortality of patients with cirrhosis was 41% in 1998 falling to 31% in 2012 ($p < 0.001$). Crude hospital mortality fell from 58% to 46% over the study period ($p < 0.001$). Mean(SD) Acute Physiology and Chronic Health Evaluation II score in 1998 was 20.3 (8.5) and 19.5 (7.1) in 2012. Mean Acute Physiology and Chronic Health Evaluation II score for patients with alcohol-related liver disease in 2012 was 20.6 (7.0) and 19.0 (7.2) for non-alcohol-related liver disease ($p < 0.001$). In adjusted analysis, alcohol-related liver disease was associated with increased risk of death (odds ratio, 1.51 [95% CI, 1.42-1.62; $p < 0.001$]) with a year-on-year reduction in hospital mortality (adjusted odds ratio, 0.95/yr, [0.94-0.96, $p < 0.001$]).Conclusions: More patients with cirrhosis are being admitted to critical care units but with increasing survival rates. Patients with alcohol-related liver disease have reduced survival rates partly explained by higher levels of organ failure at admission. Patients with cirrhosis and organ failure warrant a trial of organ support and universal prognostic pessimism is not justified.

56. Conservative Management in Traumatic Pneumothoraces: An Observational Study.

Authors Walker, Steven P.; Barratt, Shaney L.; Thompson, Julian; Maskell, Nick A.
Source CHEST; Apr 2018; vol. 153 (no. 4); p. 946-953
Publication Date Apr 2018
Publication Type(s) Academic Journal
PubMedID 29080710
Database CINAHL

Abstract Background: Traumatic pneumothoraces are a common consequence of major trauma. Despite this, there is a paucity of literature regarding their optimal management, including the role of conservative treatment. The aim of this study was to assess the treatment, complications, and outcomes of traumatic pneumothoraces in patients presenting to a major trauma center.Methods: The prospectively collected Trauma Audit and Research Network (TARN) database was used to identify all patients presenting with traumatic pneumothoraces to a UK major trauma center from April 2012 to December 2016. Demographics, mechanism of injury, injury severity score (ISS), management, and outcomes were analyzed.Results: Six hundred two patients were included during the study period. Mean age was 48 years (SD, 22 years), and 73% were men. Mean ISS was 26 and inpatient mortality was 9%. Of the 602 traumatic pneumothoraces, 277 of 602 (46%) were initially treated conservatively. Two hundred fifty-two of 277 patients in this cohort (90%) did not require subsequent chest tube insertion, including the majority of patients (56 of 62 [90%]) who were receiving positive pressure ventilation (PPV) on admission. The hazard ratio (HR) for failure of conservative management showed no difference between the ventilated and nonventilated patients (HR, 1.1; P = .84). Only the presence of a large hemothorax was associated with an increased likelihood of failure of conservative management.Conclusions: In the largest observational study of traumatic pneumothoraces published to date, > 90% of patients whose pneumothorax was managed conservatively never required subsequent tube drainage. Importantly, this also applies to patients requiring PPV, with no significant increased risk of failure of expectant management. These data support a role for conservative management in traumatic pneumothoraces.

57. AHPS INTO ACTION ONE YEAR ON: A PUBLIC HEALTH PERSPECTIVE.

Authors HINDLE, LINDA
Source Podiatry Now; Apr 2018; vol. 21 (no. 4); p. 7-7
Publication Date Apr 2018
Publication Type(s) Academic Journal
Database CINAHL