

**Strategy** 432447/10

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**1. The effect of parental drinking on alcohol use in young adults: the mediating role of parental monitoring and peer deviance.**

**Authors** Mahedy, Liam; MacArthur, Georgina J.; Hammerton, Gemma; Edwards, Alexis C.; Kendler, Kenneth S.; Macleod, John; Hickman, Matthew; Moore, Simon C.; Heron, Jon  
**Source** Addiction; Nov 2018; vol. 113 (no. 11); p. 2041-2050  
**Publication Date** Nov 2018  
**Publication Type(s)** Academic Journal  
**Database** CINAHL

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**Abstract** Background and Aims: Evidence demonstrating an association between parental alcohol use and offspring alcohol use from robust prospective studies is lacking. We tested the direct and indirect associations between parental and young adult alcohol use via early alcohol initiation, parental monitoring and associating with deviant peers. Design Prospective birth cohort study. Path analysis was used to assess the possible association between parental alcohol use (assessed at 12 years) and alcohol use in young adults (assessed at 18 years) via potential mediators (assessed at 14 and 15.5 years, respectively). Setting: South West England. Participants: Data were available on 3785 adolescents and their parents from the Avon Longitudinal Study of Parents and Children. Measurements The continuous Alcohol Use Disorders Identification Test (AUDIT) score was used as the primary outcome measure. Maternal alcohol use was defined as light (< 4 units on any day), moderate ( $\geq 4$  units on 1–3 days) and high-risk ( $\geq 4$  units on  $\geq 4$  days in 1 week). Partner alcohol use was also defined as light, moderate and high risk. Socio-economic variables were included as covariates. Findings There was strong evidence of a total effect from maternal alcohol use to young adult alcohol use [moderate:  $b = 1.07$ , 95% confidence interval (CI) = 0.64, 1.49,  $P < 0.001$ ; high risk:  $b = 1.71$ , 95% CI = 1.07, 2.35,  $P < 0.001$ ]. The majority of this association was explained through early alcohol initiation (moderate:  $b = 0.14$ , 95% CI = 0.04, 0.25,  $P = 0.01$ ; high risk:  $b = 0.24$ , 95% CI = 0.07, 0.40,  $P < 0.01$ ) and early alcohol initiation/associating with deviant peers (moderate:  $b = 0.06$ , 95% CI = 0.02, 0.10,  $P < 0.01$ ; high risk:  $b = 0.10$ , 95% CI = 0.03, 0.16,  $P < 0.01$ ). There was strong evidence of a remaining direct effect (moderate:  $b = 0.81$ , 95% CI = 0.39, 1.22,  $P < 0.001$ ; high risk:  $b = 1.28$ , 95% CI = 0.65, 1.91,  $P < 0.001$ ). A similar pattern of results was evident for partner alcohol use. Conclusions: Young adults whose parents have moderate or high-risk alcohol consumption are more likely to consume alcohol than those with parents with lower alcohol consumption. This association appears to be partly accounted for by earlier alcohol use initiation and higher prevalence of association with deviant peers.

**2. 'It's sometimes hard to tell what patients are playing at': How healthcare professionals make sense of why patients and families complain about care.**

**Authors** Adams, Mary; Maben, Jill; Robert, Glenn  
**Source** Health: An Interdisciplinary Journal for the Social Study of Health, Illness & Medicine; Nov 2018; vol. 22 (no. 6); p. 603-623  
**Publication Date** Nov 2018  
**Publication Type(s)** Academic Journal  
**Database** CINAHL

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Available at [Health: An Interdisciplinary Journal for the Social Study of Health, Illness and Medicine](#) from Unpaywall

**Abstract** This article draws from sociological and socio-legal studies of dispute between patients and doctors to examine how healthcare professionals made sense of patients' complaints about healthcare. We analyse 41 discursive interviews with professional healthcare staff working in eight different English National Health Service settings to explore how they made sense of events of complaint and of patients' (including families') motives for complaining. We find that for our interviewees, events of patients' complaining about care were perceived as a breach in fundamental relationships involving patients' trust or patients' recognition of their work efforts. We find that interviewees rationalised patients' motives for complaining in ways that marginalised the content of their concerns. Complaints were most often discussed as coming from patients who were inexperienced, distressed or advantage-seeking; accordingly, care professionals hearing their concerns about care positioned themselves as informed decision-makers, empathic listeners or service gate-keepers. We find differences in our interviewees' rationalisation of patients' complaining about care to be related to local service contingences rather than to fixed professional differences. We note that it was rare for interviewees to describe complaints raised by patients as grounds for improving the quality of care. Our findings indicate that recent health policy directives promoting a view of complaints as learning opportunities from critical patient/consumers must account for sociological factors that inform both how the agency of patients is envisaged and how professionalism exercised contemporary healthcare work.

**3. Complications of percutaneous nephrostomy in a district general hospital.**

**Authors** Turo, Rafal; Horsu, Seth; Broome, James; Das, Sanjay; Gulur, Dev Mohan; Pettersson, Bo; Doyle, Gerard; Awsare, Ninaad

**Source** Turkish Journal of Urology; Nov 2018; vol. 44 (no. 6); p. 478-483

**Publication Date** Nov 2018

**Publication Type(s)** Academic Journal

**Database** CINAHL

**Abstract** Available at [Türk Üroloji Dergisi/Turkish Journal of Urology](#) from Europe PubMed Central - Open Access Objective: Percutaneous nephrostomy (PCN) is one of the commonest procedures performed. There are currently no European recommendations on the accepted rate of complications. The aim of the present study is to report the complication rate of PCN with the specific emphasis on sepsis and septic shock, the causative organisms, sensitivities to antibiotics, and associated risk factors. Material and methods: Retrospectively collected data on patients undergoing acute or elective PCN at the Department of Radiology, Countess of Chester Hospital (COCH), in the UK between January 2014 and December 2016 were analyzed after the study was approved by Local Audit Department at COCH. Results: A total of 66 patients underwent 90 acute or elective PCNs. Three patients developed major post-PCN complication (two patients developed septic shock and the third suffered a hemorrhagic episode requiring blood transfusion). Nephrostomy tube complications (blockage, leaking, fracturing and kinking of the catheter) occurred in 4 patients. Complications were more common when the PCN was performed out of working hours (71.4% [10/14], and 17.3% [9/52] for PCNs performed within, and out of working hours, respectively:  $p < 0.001$ ). The age of the patients did not seem to correlate with the development of complications ( $p < 0.001$ ). Of all 25 patients, in whom septicemia was diagnosed prior to PCN tube insertion, 12 developed septic shock and 13 had signs of sepsis for longer than 24 h. Fifteen patients had positive urine cultures. The most common organism isolated was *Escherichia coli*. Blood culture isolates included: *Escherichia coli*, *Eggerthella lenta*, *Enterococcus*, *Proteus mirabilis*, *Pseudomonas aeruginosa* and *Streptococcus pneumoniae*. Conclusion: Our complication rates were within United States proposed target ranges. Our data may help to serve as a baseline for outcome targets in the European centres.

**4. An audit of completion of diaries for rehabilitation in an intensive care unit.**

**Authors** Ascough, Lisa; Morrell-Scott, Nicola

**Source** British Journal of Nursing; Oct 2018; vol. 27 (no. 18); p. 1054-1058

**Publication Date** Oct 2018

**Publication Type(s)** Academic Journal

**Database** CINAHL

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**Abstract** Intensive care unit (ICU) diaries are increasingly being used in UK hospitals as a therapeutic means to address the psychological effects of an ICU stay on patients. The National Institute for Health and Care Excellence recommends that services are developed to meet the psychological needs of patients following critical illness. This article discusses ICU diaries as a service to meet these needs. There is a greater demand for evidence-based research to support the positive effects of the diaries. Equally, there is a need to highlight the negative impact they may have on patients who would not wish to have a diary because of the traumatic experience of critical illness. To gain an insight into the use of patient diaries, an audit was conducted at one ICU, which found compliance with completing them was poor. This article gives an overview of the available literature. Recommendations are made to improve the use of ICU diaries for clinical practice in the future.

#### 5. Measurement and monitoring of safety: impact and challenges of putting a conceptual framework into practice.

**Authors** Chatburn, Eleanor; Macrae, Carl; Carthey, Jane; Vincent, Charles  
**Source** BMJ Quality & Safety; Oct 2018; vol. 27 (no. 10); p. 818-826  
**Publication Date** Oct 2018  
**Publication Type(s)** Academic Journal  
**Database** CINAHL

Available at [BMJ Quality & Safety](#) from BMJ Journals - NHS  
**Abstract** Background The Measurement and Monitoring of Safety Framework provides a conceptual model to guide organisations in assessing safety. The Health Foundation funded a large-scale programme to assess the value and impact of applying the Framework in regional and frontline care settings. We explored the experiences and reflections of key participants in the programme. Methods The study was conducted in the nine healthcare organisations in England and Scotland testing the Framework (three regional improvement bodies, six frontline settings). Post hoc interviews with clinical and managerial staff were analysed using template analysis. Findings Participants reported that the Framework promoted a substantial shift in their thinking about how safety is actively managed in their environment. It provided a common language, facilitated a more inquisitive approach and encouraged a more holistic view of the components of safety. These changes in conceptual understanding, however, did not always translate into broader changes in practice, with many sites only addressing some aspects of the Framework. One of the three regions did embrace the Framework in its entirety and achieved wider impact with a range of interventions. This region had committed leaders who took time to fully understand the concepts, who maintained a flexible approach to exploring the utility of the Framework and who worked with frontline staff to translate the concepts for local settings. Conclusions The Measuring and Monitoring of Safety Framework has the potential to support a broader and richer approach to organisational safety. Such a conceptually based initiative requires both committed leaders who themselves understand the concepts and more time to establish understanding and aims than might be needed in a standard improvement programme.

#### 6. Improving NHS energy.

**Authors** Brotherton, Hope  
**Source** British Journal of Healthcare Management; Oct 2018; vol. 24 (no. 10); p. 473-473  
**Publication Date** Oct 2018  
**Publication Type(s)** Academic Journal  
**Database** CINAHL

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#### 7. The impact of a quality improvement skills-building programme on self-efficacy.

**Authors** Tweed, Alison; Gilbert, Lucy  
**Source** British Journal of Healthcare Management; Oct 2018; vol. 24 (no. 10); p. 481-485  
**Publication Date** Oct 2018  
**Publication Type(s)** Academic Journal  
**Database** CINAHL

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**Abstract**

Background: The Quality and Service Improvement Redesign Practitioner programme is a five-day action-based educational programme for UK healthcare and NHS professionals delivered by the ACT Academy of NHS Improvement. The programme provides a grounding in improvement science for participants undertaking projects in real time. Aims: The aim of the study was to investigate the impact of the programme upon participant's self-efficacy. Methods: The General Self-Efficacy scale was given to participants on the first and last day of the Quality and Service Improvement Redesign Practitioner programme, covering a four-month time frame. In total, 108 healthcare participants from four cohorts of the programme completed the measure. Results: A one-tailed t-test showed that self-reported self-efficacy scores significantly increased from the start to the end of the programme. Conclusions: The results provide positive evidence for the impact of the programme upon self-reported self-efficacy for those actively engaged in quality improvement work in healthcare.

**8. Improving patient flow in an emergency department.**

**Authors** Ameh, Victor; Nasir, Hamza; Ahmed, Sarah; Abbasi, Ayaz  
**Source** British Journal of Healthcare Management; Oct 2018; vol. 24 (no. 10); p. 486-490  
**Publication Date** Oct 2018  
**Publication Type(s)** Academic Journal  
**Database** CINAHL

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**Abstract**

Background: The emergency department at Wrightington, Wigan and Leigh NHS Foundation Trust treats more than 90 000 patients every year. It is a sizable emergency department based in a large district general hospital. The department welcomes both adults and children and is also a designated major trauma unit. The case mix and demographics of these patients vary widely; however, a large proportion of these patients are elderly with multiple comorbidities. The smooth running of this emergency department depends on an unimpeded patient flow through the unit in a timely manner while ensuring that high quality care is provided. The 'initial senior assessment and treatment' model is designed to address some of the difficulties and challenges faced by the department. Methods: Two audits were undertaken four months apart in July and November 2015. In total, the first audit involved 200 adult patients, 100 of which were randomly allocated to the initial senior assessment and treatment and 100 to the non-initial senior assessment and treatment category. Patients were seen by a dedicated initial senior assessment and treatment team led by either an emergency department consultant, or an emergency department middle grade doctor. The parameters audited include: times to assessment, investigation, treatment and disposal. The second audit of 60 patients explored the staff perception to the process. In total, 20 were allocated to the initial senior assessment and treatment and 40 to the non-initial senior assessment and treatment. Results: The results of both audits showed a significant reduction in all the parameters investigated; however, there was a mixed staff perception to the process. Conclusion: The initial senior assessment and treatment process significantly improved the patients' journey.

**9. Trauma radiology in the UK: an overview.**

**Authors** Chance, Tom; Haines, Isabel; Graham, Richard  
**Source** British Journal of Hospital Medicine (17508460); Oct 2018; vol. 79 (no. 10); p. 567-570  
**Publication Date** Oct 2018  
**Publication Type(s)** Academic Journal  
**Database** CINAHL

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**Abstract** NHS Choices defines 'major trauma' as multiple, serious injuries that could result in disability or death. Worldwide, trauma is the leading cause of death and disability in people under 40 years of age. The National Audit Office estimates that there are at least 20 000 major trauma cases in England every year, resulting in 5400 deaths and leaving many others with serious permanent disability. Because the incidence of trauma is particularly high in younger patients, an average of 36 life years is lost for every trauma death (Chaira and Cimbanassi, 2003). The landscape in major trauma imaging has evolved over the last 30 years, and this review chronicles these changes and the reasons for them, and looks at how the current guidelines have been formulated.

#### 10. Actions speak louder than words.

**Authors** Newman, Lauren  
**Source** British Journal of Midwifery; Oct 2018; vol. 26 (no. 10); p. 629-629  
**Publication Date** Oct 2018  
**Publication Type(s)** Academic Journal  
**Database** CINAHL  
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**Abstract** The author reflects on the first major initiative of U.S. Secretary of State for Health and Social Care Matt Hancock. The digital platform, "Talk Health and Care," allows all National Health Service (NHS) staff to give their views on several areas such as training and bullying. Health experts can express how they think the NHS could improve. Mumsnet Chief Executive Officer Justine Roberts presented data at the Royal College of Midwives' annual conference on deficiencies in postnatal care.

#### 11. Prevalence of active Charcot disease in the East Midlands of England.

**Authors** Metcalf, L.; Thompson, J.; Musgrove, M.; Sprengel, M.; Turtle-Savage, V.; Jeffcoate, W.; Bentley, J.; Berrington, R.; Bunting, D.; Mousley, M.; Game, F.  
**Source** Diabetic Medicine; Oct 2018; vol. 35 (no. 10); p. 1371-1374  
**Publication Date** Oct 2018  
**Publication Type(s)** Academic Journal  
**Database** CINAHL  
Available at [Diabetic Medicine](#) from Wiley Online Library Medicine and Nursing Collection 2018 - NHS  
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**Abstract** Abstract: Aims: To undertake a prospective point prevalence study of the prevalence of active Charcot neuro-inflammatory osteoarthropathy (Charcot disease) in a circumscribed part of England and to audit the time elapsing between disease onset and first diagnosis. Methods: The prevalence of active Charcot disease of the foot during a single month was assessed by specialist foot care teams at seven secondary care services in the East Midlands region of England. Results: A total of 90 cases were identified, representing 4.3 per 10 000 of the 205 033 total diabetes population of the region. The time elapsed from first presentation to any healthcare professional until diagnosis was also assessed. While the diagnosis was suspected or confirmed in one-third of patients within 2 weeks, it was not made for 2 months or more in 23 patients (24%). Conclusions: Non-specialist professionals should have greater awareness of the existence of this uncommon complication of diabetes in the hope that earlier diagnosis will lead to lesser degrees of deformity.

#### 12. Safety and feasibility audit of a home-based drug-transitioning approach for patients with pulmonary arterial hypertension: an observational study.

**Authors** Dawson, A.; Reddecliffe, S.; Coghlan, C.; Schreiber, B. E.; Coghlan, J. G.  
**Source** European Journal of Cardiovascular Nursing; Oct 2018; vol. 17 (no. 7); p. 612-618  
**Publication Date** Oct 2018  
**Publication Type(s)** Academic Journal  
**Database** CINAHL

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**Abstract**

Background: Newer endothelin receptor antagonists (ERAs) used to treat patients with pulmonary arterial hypertension (PAH) are associated with fewer drug-drug interactions than bosentan and require less monitoring. This, combined with a pharmacokinetic basis for improved efficacy, means there may be a clinical rationale for changing therapies. However, this can be challenging and few data on its safety in patients with PAH are available. Aims: At the Royal Free Hospital in London, UK, home-based medication transitioning has been standard practice since 2009 to avoid unnecessary hospital visits for patients, unless there is a clinical imperative. In this audit of standard practice we evaluated the consequences of adopting such a strategy when transitioning PAH patients between ERA therapies. Methods and results: Using a Clinical Nurse Specialist-led, home-based transitioning strategy, 92 patients with PAH were transitioned from bosentan to macitentan or ambrisentan. Observational data were analysed retrospectively. The majority of patients were female with PAH associated with connective tissue disease and their ERA was changed in the hope of improving efficacy. The process was well tolerated with no adverse events associated with the process. Seventeen patients died during the study (macitentan, n = 5; ambrisentan, n = 12). None of the deaths was considered related to ERA treatment. The majority of patients remained clinically stable, based on WHO functional class and exercise capacity. Conclusion: An established home-based transitioning strategy can be adopted safely for patients with PAH changing ERA therapies. Most patients remained stable and the therapy change was well tolerated.

**13. Responding effectively to adult mental health patient feedback in an online environment: A coproduced framework.**

**Authors** Baines, Rebecca; Donovan, John; Regan de Bere, Sam; Archer, Julian; Jones, Ray  
**Source** Health Expectations; Oct 2018; vol. 21 (no. 5); p. 887-898  
**Publication Date** Oct 2018  
**Publication Type(s)** Academic Journal  
**Database** CINAHL

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**Abstract**

Background: Responding to online patient feedback is considered integral to patient safety and quality improvement. However, guidance on how to respond effectively is limited, with limited attention paid to patient perceptions and reactions. Objectives: To identify factors considered potentially helpful in enhancing response quality; coproduce a best-practice response framework; and quality-appraise existing responses. Design: A four-stage mixed methodology: (i) systematic search of stories published on Care Opinion about adult mental health services in the South West of England; (ii) collaborative thematic analysis of responses to identify factors potentially helpful in enhancing response quality; (iii) validation of identified factors by a patient-carer group (n = 12) leading to the coproduction of a best-practice response framework; and (iv) quality appraisal of existing responses. Results: A total of 245 stories were identified, with 183 (74.7%) receiving a response. Twenty-four (9.8%) had been heard but not yet responded to. 1.6% (n = 4/245) may lead to a change. Nineteen factors were considered influential in response quality. These centred around seven subject areas: (i) introductions; (ii) explanations; (iii) speed of response; (iv) thanks and apologies; (v) response content; (vi) signposting; and (vii) response sign-off that were developed into a conceptual framework (the Plymouth, Listen, Learn and Respond framework). Quality appraisal of existing responses highlighted areas for further improvement demonstrating the framework's utility. Conclusion: This study advances existing understanding by providing previously unavailable guidance. It has clear practical and theoretical implications for those looking to improve health-care services, patient safety and quality of care. Further validation of the conceptual framework is encouraged.

**14. Intimate partner violence and clinical coding: issues with the use of the International Classification of Disease (ICD-10) in England.**

**Authors** Olive, Philippa  
**Source** Journal of Health Services Research & Policy; Oct 2018; vol. 23 (no. 4); p. 212-221  
**Publication Date** Oct 2018  
**Publication Type(s)** Academic Journal  
**Database** CINAHL



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**Abstract**

Objectives To investigate the availability of intimate partner violence-related population health information in England and the possibility of identifying intimate partner violence-exposed population sample frames from administrative health data systems in England employing the International Classification of Disease. Methods Research design was an exploratory mixed method approach that involved trend analysis of numbers of applications of International Classification of Disease intimate partner violence classifications for admissions to NHS hospitals in England over a five-year period and semi-structured focus group interviews with clinical coders at an NHS Hospital. Results Use of International Classification of Disease intimate partner violence classifications was generally low across NHS Trusts in England. There was notable variation in the numbers of applications across NHS providers which demographic differences or rates of violence perpetration would not account for. The interview findings revealed conceptual ambiguity regarding intimate partner violence classifications which presented challenges for clinical coding and raised questions about the reliability and validity of International Classification of Disease's intimate partner violence classifications. Conclusion It would not be possible to extract robust data about populations exposed to intimate partner violence for the purposes of audit, governance or research from health information systems using current International Classification of Disease-10 classifications. Development of these International Classification of Disease codes is essential for violence and abuse to be captured more accurately in health information systems and afforded greater prioritization and funding proportionate to the health burden and service demands that intimate partner violence is responsible for.

**15. Family integrated care; A Florence Nightingale Foundation scholarship and international journey of discovery for improvement in neonatal care. A review of services.**

**Authors** Kirby, Joanna; McKeon-Carter, Roisin  
**Source** Journal of Neonatal Nursing; Oct 2018; vol. 24 (no. 5); p. 253-256  
**Publication Date** Oct 2018  
**Publication Type(s)** Academic Journal  
**Database** CINAHL

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**Abstract**

Abstract Family Integrated Care (FICare) is a philosophy and model of care that supports parents in becoming active members of the team caring for their baby now living in the neonatal intensive care unit. As nurses with over 25 years' experience in neonatal care and an enthusiasm to always enhance care for infants and their families, the authors wished to see first-hand how this model of care works. After being awarded a travel scholarship by the Florence Nightingale Foundation with funding by The Sandra Charitable Trust to research and study implementation of the Family Integrated Care (FICare) model, FICare is currently being implemented in the NICU at Derriford Hospital, Plymouth Hospitals NHS Trust.

**16. Matt Hancock's plans for healthcare must be rooted in nursing practice.**

**Authors** Liple, Nick  
**Source** Nursing Management - UK; Oct 2018; vol. 25 (no. 4); p. 5-5  
**Publication Date** Oct 2018  
**Publication Type(s)** Academic Journal  
**Database** CINAHL

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**Abstract**

An introduction is presented in which the author discusses various reports within the issue on topics including National Health Service (NHS) nurses' winter preparations, digital technology's need to be rooted in nursing everyday practice, and the Royal College of Nursing Institute (RCNi) Decision Support.

**17. Staff urged to take part in Talk Health and Care.**

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**Source** Nursing Management - UK; Oct 2018; vol. 25 (no. 4); p. 7-7  
**Publication Date** Oct 2018  
**Publication Type(s)** Academic Journal  
**Database** CINAHL  
Available at [Nursing Management](#) from Available to NHS staff on request from UHL Libraries & Information Services (from NULJ library) - click this link for more information Local Print Collection [location] : UHL Libraries On Request (Free).  
Available at [Nursing Management](#) from Available to NHS staff on request from UHL Libraries & Information Services (from non-NHS library) - click this link for more information Local Print Collection [location] : British Library via UHL Libraries - please click link to request article.

**Abstract** The article mentions the call for National Health Service (NHS) staff to share ideas in the Talk Health and Care platform for improving the service in Great Britain as of October 2018.

#### 18. Winter pressures: how will the health service cope this time?

**Authors** Evans, Nick  
**Source** Nursing Management - UK; Oct 2018; vol. 25 (no. 4); p. 8-10  
**Publication Date** Oct 2018  
**Publication Type(s)** Academic Journal  
**Database** CINAHL  
Available at [Nursing Management](#) from Available to NHS staff on request from UHL Libraries & Information Services (from NULJ library) - click this link for more information Local Print Collection [location] : UHL Libraries On Request (Free).  
Available at [Nursing Management](#) from Available to NHS staff on request from UHL Libraries & Information Services (from non-NHS library) - click this link for more information Local Print Collection [location] : British Library via UHL Libraries - please click link to request article.

**Abstract** The article discusses the pressure on National Health Service (NHS) staff to tackle poor performance at some NHS trusts in Great Britain in winter 2018-2019. Topics covered include the expected shortage of beds and the lack of staff if there were more, ensuring that staff have breaks, mealtimes and gaps between shifts, and the counter-productive results if people become irritable and stressed. Also noted is the importance of listening to staff views on their working lives.

#### 19. Safeguarding of vulnerable adults training: assessing the effect of continuing professional development.

**Authors** Ochieng, Bertha; Ward, Kerrie  
**Source** Nursing Management - UK; Oct 2018; vol. 25 (no. 4); p. 30-35  
**Publication Date** Oct 2018  
**Publication Type(s)** Academic Journal  
**Database** CINAHL  
Available at [Nursing Management](#) from Available to NHS staff on request from UHL Libraries & Information Services (from NULJ library) - click this link for more information Local Print Collection [location] : UHL Libraries On Request (Free).  
Available at [Nursing Management](#) from Available to NHS staff on request from UHL Libraries & Information Services (from non-NHS library) - click this link for more information Local Print Collection [location] : British Library via UHL Libraries - please click link to request article.

**Abstract** Aim This article provides an insight into the effect of safeguarding of vulnerable adults continuing professional development (SOVA-CPD) training for nurses. Method 51 participants were recruited from three different cohorts of SOVA-CPD training that had been delivered in east England. A 50-item questionnaire was designed to gather participants' views on their acquisition of knowledge and skills, and perceived changes in practice, and to allow them to describe how they have changed how they work due to the training. Results Participants agreed overwhelmingly that the SOVA-CPD had enhanced their competency and skills so that their patients' care could improve. However, despite the benefits that some participants described, the potential positive effects of SOVA-CPD were curtailed by the challenges participants experienced in making changes in their practice settings. Conclusion The study highlights several benefits of SOVA-CPD for nurses, including the benefits to patient care of a CPD learning environment for practitioners. It suggests that employers should provide environments in which staff who have undertaken SOVA-CPD can trigger and sustain changes to improve patient care.

#### 20. Nurses' views are key to NHS plan's success.

**Authors** Dickson, Niall  
**Source** Nursing Standard; Oct 2018; vol. 33 (no. 7); p. 11-11  
**Publication Date** Oct 2018  
**Publication Type(s)** Academic Journal  
**Database** CINAHL

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**Abstract**

The article discusses the value of front-line nursing staff's views to successfully implement the National Health Service (NHS) 10-year plan in Great Britain as of October 2018. Topics covered include the need for health and social care collaboration to deliver whole system support for patients with complex conditions, and for tailored care plans for patients to avoid unnecessary hospital admissions. Also noted is the 'red bag scheme' for creating smoother handovers.

**21. Is end-of-life care a priority for policymakers? Qualitative documentary analysis of health care strategies.**

**Authors** Sleeman, Katherine E.; Leniz, Javiera; Higginson, Irene J.; Bristowe, Katherine

**Source** Palliative Medicine; Oct 2018; vol. 32 (no. 9); p. 1474-1486

**Publication Date** Oct 2018

**Publication Type(s)** Academic Journal

**Database** CINAHL

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**Abstract**

Background: Prioritisation of end-of-life care by policymakers has been the subject of extensive rhetoric, but little scrutiny. In England, responsibility for improving health and care lies with 152 regional Health and Wellbeing Boards. Aim: To understand the extent to which Health and Wellbeing Boards have identified and prioritised end-of-life care needs and their plans for improvement. Design: Qualitative documentary analysis of Health and Wellbeing Strategies. Summative content analysis to quantify key concepts and identify themes. Data sources: Strategies were identified from Local Authority web pages and systematically searched to identify relevant content. Results: In total, 150 strategies were identified. End-of-life care was mentioned in 78 (52.0%) and prioritised in 6 (4.0%). Four themes emerged: (1) clinical context - in 43/78 strategies end-of-life care was mentioned within a specific clinical context, most often ageing and dementia; (2) aims and aspirations - 31 strategies identified local needs and/or quantifiable aims, most related to the place of death; (3) narrative thread - the connection between need, aim and planned intervention was disjointed, just six strategies included all three components; and (4) focus of evidence - where cited, evidence related to evidence of need, not evidence for effective interventions. Conclusion: Half of Health and Wellbeing Strategies mention end-of-life care, few prioritise it and none cite evidence for effective interventions. The absence of connection between need, aim and intervention is concerning. Future research should explore whether and how strategies have impacted on local populations.

**22. Body-worn cameras: determining the democratic habitus of policing.**

**Authors** Cayli, Baris; Hargreaves, Charlotte; Hodgson, Philip

**Source** Safer Communities; Oct 2018; vol. 17 (no. 4); p. 213-223

**Publication Date** Oct 2018

**Publication Type(s)** Academic Journal

**Database** CINAHL

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

**Abstract** Purpose This study advances our knowledge about the effectiveness of body-worn cameras (BWCs) through exploring the perceptions of English police officers in three principal areas: positive perceptions, negative perceptions and evidence-focussed perceptions. In doing so, the purpose of this paper is to shed new light on the democratising process in the habitus of policing. Design/methodology/approach This study presents a novel data set that evaluates the introduction of BWC to police officers in the East Midlands area of England. The authors conducted an extensive survey to explore the perceptions of 162 police officers about the BWCs. The authors examined the empirical data using Stata within the theoretical framework of Pierre Bourdieu concerning the concept of habitus. Findings The authors have found that most police officers perceive that BWCs have a positive impact on policing practices and evidence collection. The positive perceptions and evidence-focussed perceptions increase the importance of BWCs; however, there are also negative perceptions regarding effective policing, administrative functionality and establishing a better relationship with the community. The authors argued that all three areas: positive perceptions, negative perceptions and evidence-focussed perceptions play a stimulating role to democratise the habitus of policing. On the other hand, BWCs do not guarantee the consolidation of democratic principles in the habitus of policing because of the authority of police to decide when, where and how to use BWCs. Research limitations/implications The research is limited to the perceptions of 162 police officers in East Midlands before they actually started using it. A future study to analyse their real-life experiences after using the BWCs may help us to compare their perceptions before using it with real-life experiences after BWCs are used. In addition, a comparative approach between countries in future research will help to explain the role of technological applications in different social geographies and legal systems. Originality/value This study offers new insights about the perceptions of police on BWCs before they started using them. The authors introduce the democratic habitus of policing as an innovative concept and explored power dynamics in the habitus of policing through BWCs. The findings provide a strong empirical contribution to determine the conditions of democratic habitus of policing. In doing so, this study develops our theoretical knowledge about the habitus concept in sociology by employing BWCs in policing activities.

**23. Reducing variation in leg ulcer assessment and management using quality improvement methods.**

**Authors** DOWSETT, CAROLINE; TAYLOR, CAROLE  
**Source** Wounds UK; Oct 2018; vol. 14 (no. 4); p. 46-50  
**Publication Date** Oct 2018  
**Publication Type(s)** Academic Journal  
**Database** CINAHL  
 Available at [Wounds UK](#) from EBSCO (CINAHL Plus with Full Text)  
 Available at [Wounds UK](#) from Available to NHS staff on request from UHL Libraries & Information Services (from NULJ library) - click this link for more information Local Print Collection [location] : UHL Libraries On Request (Free).  
 Available at [Wounds UK](#) from Available to NHS staff on request from UHL Libraries & Information Services (from non-NHS library) - click this link for more information Local Print Collection [location] : British Library via UHL Libraries - please click link to request article.

**Abstract** The NHS is facing significant financial and operational pressures, with services struggling to deliver high-quality care due to increasing demands and limited resources (Dowsett, 2016; McKenna, 2018). Now, more than ever, local and national NHS service leaders and services need to focus on improving the quality of care provided, reducing variation and delivering better-value care (NHS England, 2017). Improving quality is about making healthcare safe, effective, patient-centred, timely, efficient and equitable (Department of Health [DH], 2016). In terms of leg ulcer care, this means ensuring patients receive evidence-based leg ulcer assessments and treatments to ensure their leg ulcer heals in an optimum timeframe and that they have a good experience of their care (Wounds UK, 2016). Improving leg ulcer healing not only benefits the patient but also the health economy with costs reducing when complications are prevented and the patient's leg ulcers heal in a shorter timeframe (NHS RightCare, 2017). This paper outlines a project that focused on improving venous leg ulcer (VLU) assessment and management for housebound patients, using quality improvement (QI) methods.

**24. Making moisture manageable: introducing a moisture lesion prescription sticker.**

**Authors** SARKAR, NIKKI  
**Source** Wounds UK; Oct 2018; vol. 14 (no. 4); p. 52-56  
**Publication Date** Oct 2018  
**Publication Type(s)** Academic Journal  
**Database** CINAHL  
 Available at [Wounds UK](#) from EBSCO (CINAHL Plus with Full Text)  
 Available at [Wounds UK](#) from Available to NHS staff on request from UHL Libraries & Information Services (from NULJ library) - click this link for more information Local Print Collection [location] : UHL Libraries On Request (Free).  
 Available at [Wounds UK](#) from Available to NHS staff on request from UHL Libraries & Information Services (from non-NHS library) - click this link for more information Local Print Collection [location] : British Library via UHL Libraries - please click link to request article.

**Abstract** Patients receiving critical care often go through a period of critical illness, making their skin vulnerable to moisture damage, which in turn can lead to further tissue deterioration. This moisture damage is identified as moisture-associated skin damage, or a moisture lesion. Within Adult Critical Care at Nottingham University Hospitals NHS Trust, variations in moisture lesion practice were identified. At times there was no prescription in place and the course of treatment did not always reflect the Trust's moisture lesions guideline. Therefore, a moisture lesion sticker was designed to standardise current, best practice. As part of the Plan-Do-Study-Act cycle, the sticker was introduced to an adult critical care clinical area, with an audit carried out 3 months after. Following the audit, the sticker was adapted further to improve its impact in clinical practice. The sticker has been well received and is in the process of being rolled out across the Trust.

#### 25. New ten-year project will seek to improve care.

**Source** Learning Disability Practice; Sep 2018; vol. 21 (no. 5); p. 7-7

**Publication Date** Sep 2018

**Publication Type(s)** Academic Journal

**Database** CINAHL

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**Abstract** Measures for improving the care of people with learning disabilities is set to feature in a new ten-year plan from NHS England chief executive Simon Stevens (pictured).

#### 26. Patient surveys highlight areas for improving cancer care.

**Authors** Foulkes, Mark; Cardin, Una

**Source** British Journal of Nursing; Sep 2018; vol. 27 (no. 17)

**Publication Date** Sep 2018

**Publication Type(s)** Academic Journal

**Database** CINAHL

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**Abstract** An editorial is presented on the inequalities in the patient experience of cancer care that have been linked to sociodemographic factors such as gender, age, ethnicity and disability. An overview of the patient surveys is presented.

#### 27. Patient preferences for involvement in health service development.

**Authors** Finn, Vincent; Stephenson, John; Astin, Felicity

**Source** British Journal of Nursing; Sep 2018; vol. 27 (no. 17); p. 1004-1010

**Publication Date** Sep 2018

**Publication Type(s)** Academic Journal

**Database** CINAHL

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**Abstract** Background: patient involvement in the design, planning and delivery of health services is acknowledged to be a local and national priority. Aims: to improve service quality through a quality improvement initiative to explore patient preferences for involvement in health services design, planning and delivery. Methods: a questionnaire was developed to: assess patient preferences for involvement in hospital service development; and explore differences in responses between patient subgroups. Findings: 162 patients were recruited. Most were positive about being engaged in all service developments, not just those used personally. Involvement through questionnaires with infrequent email communication was favoured over attendance at public meetings. Time was a greater barrier to being involved than distance or remuneration. Conclusion: Patients valued involvement in health service development, but finding free time during working hours was difficult. There were no differences in preferences for involvement between subgroups defined by gender, ethnicity, home situation or health.

**28. Brief coping strategy enhancement for distressing voices: Predictors of engagement and outcome in routine clinical practice.**

**Authors** Paulik, Georgie; Jones, Anna-Marie; Hayward, Mark  
**Source** Clinical Psychology & Psychotherapy; Sep 2018; vol. 25 (no. 5); p. 634-640  
**Publication Date** Sep 2018  
**Publication Type(s)** Academic Journal  
**Database** CINAHL

Available at [Clinical Psychology & Psychotherapy](#) from Wiley Online Library Medicine and Nursing Collection 2018 - NHS

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**Abstract** Cognitive behaviour therapy is recommended internationally as a treatment for psychosis (targeting symptoms such as auditory hallucinations, or "voices"). Yet mental health services are commonly unable to offer such resource-intensive psychological interventions. Brief, symptom-specific and less resource-intensive therapies are being developed as one initiative to increase access. However, as access increases, so might the risk of offering therapy to clients who are not optimally disposed to engage with and benefit from therapy. Thus, it is important to identify who is most/least likely to engage with and benefit from therapy, and when. In the current study, 225 clients were assessed for suitability for a brief, 4-session, manualized, cognitive behaviour therapy-based intervention for voices (named coping strategy enhancement therapy) and 144 commenced therapy, at a transdiagnostic voices clinic based in Sussex, UK. This article reports on the value of depression, anxiety, stress, insight into the origin of voices, length of voice hearing, and demographics in the prediction of engagement and outcomes. The study found that higher levels of baseline depression, anxiety, and stress were significantly associated with poorer outcomes, especially if clients also had high levels of voice-related distress. The engagement analyses showed that levels of voice-related distress at baseline predicted dropout. These findings highlight the importance of assessing negative affect and voice-related distress prior to commencing therapy for distressing voices, to help determine if the client is suitable or ready for brief-coping strategy enhancement.

**29. Enhancing Standards of Care for Children with Long-Term Conditions.**

**Authors** Gasper, Edward Alan  
**Source** Comprehensive Child & Adolescent Nursing; Sep 2018; vol. 41 (no. 3); p. 157-161  
**Publication Date** Sep 2018  
**Publication Type(s)** Academic Journal  
**Database** CINAHL

**Abstract** Editor in Chief Emeritus Professor Edward Alan Gasper, from the University of Southampton, discusses a recently published report by the UK Royal College of Paediatrics and Child Health which sets new standards of care for children with long-term conditions and which can be emulated elsewhere.

**30. Clinical anxiety disorders in the context of cancer: A scoping review of impact on resource use and healthcare costs.**

**Authors** Shaw, Joanne; Pearce, Alison; Lopez, Anna-Lena; Price, Melanie A.  
**Source** European Journal of Cancer Care; Sep 2018; vol. 27 (no. 5); p. 1-9  
**Publication Date** Sep 2018  
**Publication Type(s)** Academic Journal  
**Database** CINAHL

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**Abstract**

Available at [European Journal of Cancer Care](#) from Available to NHS staff on request from UHL Libraries & Information Services (from non-NHS library) - click this link for more information Local Print Collection [location]: British Library via UHL Libraries - please click link to request article.

Abstract: Prevalence of clinical anxiety among patients with cancer is higher than the general population. Clinical anxiety in people with other medical conditions is associated with greater healthcare resource use and costs. This scoping review describes the evidence relating to costs associated with clinical anxiety in cancer populations. We conducted searches of online databases Medline, Embase, Cinahl, National Health Service Economic Evaluation Database (NHS-EED) and Cochrane Library of systematic reviews to identify studies published between 2006 and 2017 that included healthcare cost in terms of monetary or health service utilisation variables. Of 411 records screened, six studies met inclusion criteria. Only one study used formal diagnostic criteria to identify clinical anxiety. The healthcare system perspective was most common, with direct costs such as medications, hospital visits, type of therapy and use of mental health services reported. All studies found anxiety was related to increased costs/resource use; however, methodological differences mean specific costs and potential impact of interventions on resource use remain relatively unquantified. Despite the prevalence of clinical anxiety, there is little data on the economic impact on health service costs and utilisation. Future studies quantifying the true cost are urgently needed to inform healthcare service planning and delivery, and quality improvement initiatives.

**31. Multidisciplinary care for pregnant women with cardiac disease: A mixed methods evaluation.**

**Authors** Mayer, Felicity; Bick, Debra; Taylor, Cath  
**Source** International Journal of Nursing Studies; Sep 2018; vol. 85 ; p. 96-105  
**Publication Date** Sep 2018  
**Publication Type(s)** Academic Journal  
**Database** CINAHL

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**Abstract**

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Abstract Background Cardiac disease is associated with adverse outcomes in pregnancy and is the leading cause of indirect maternal death in the United Kingdom (UK) and internationally. National and international guidelines recommend women should receive care from multidisciplinary teams; however evidence is lacking to inform how they should be operationalised. Objectives To describe the composition and processes of multidisciplinary care between maternity and cardiac services before, during and after pregnancy for women with cardiac disease, and explore clinicians' (cardiologists, obstetricians, nurses, midwives) and women's experiences of delivering/receiving care within these models. Design Mixed-methods comprising case-note audit, interviews and observation. Setting Two inner-city National Health Service (NHS) maternity units in the south of England serving similar obstetric populations, selected to represent different models of multidisciplinary team care. Participants Women with significant cardiac disease (either arrhythmic or structural, e.g. tetralogy of fallot) who gave birth between June 1 st 2014 and 31 st May 2015 (audit/ interviews), or attended an multidisciplinary team clinic (obstetric/cardiac) during April 2016 (observation). Methods A two-phase sequential explanatory design was undertaken. A retrospective case-note audit of maternity and medical records (n = 42 women) followed by interviews with a sub-sample (n = 7 women). Interviews were conducted with clinicians (n = 7) and observation of a multidisciplinary team clinic in one site (n = 8 women, n = 4 clinicians). Results The interests and expertise of individual clinicians employed by the hospital trusts influenced the degree of integration between cardiac and maternity care. Integration between cardiac and maternity services varied from an ad-hoc 'collaborative' model at Site B to an 'interdisciplinary' approach at Site A. In both sites there was limited documented evidence of individualised postnatal care plans in line with national guidance. Unlike pathways for risk assessment, referral and joined care in pregnancy for women with congenital cardiac disease, pathways for women with acquired conditions lacked clarity. Midwives at both sites were often responsible for performing the initial maternal cardiac risk assessment despite minimal training in this. Clinicians and women's perceptions of 'normality' in pregnancy/birth, and its relationship to 'safe' maternity care were at odds. Conclusion The limited evidence and guidance to support multidisciplinary team working for pregnancy in women with cardiac disease – particularly those with acquired conditions – has resulted in variable models and pathways of care. Evidence-based guidance regarding the operationalisation of integrated care between maternity and cardiac services – including pathways between local and specialist centres – for all women with cardiac disease in pregnancy is urgently required.

**32. UK trained osteopaths' relationship to evidence based practice - An analysis of influencing factors.**

**Authors** Weber, Valentin; Rajendran, Dévan  
**Source** International Journal of Osteopathic Medicine; Sep 2018; vol. 29 ; p. 15-25  
**Publication Date** Sep 2018

**Publication Type(s)** Academic Journal  
**Database** CINAHL  
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 Available at [International Journal of Osteopathic Medicine](#) from Available to NHS staff on request from UHL Libraries & Information Services (from non-NHS library) - click this link for more information Local Print Collection [location] : British Library via UHL Libraries - please click link to request article.

**Abstract** Abstract Background Use of evidence based practice (EBP) remains controversial amongst UK osteopaths and developing an understanding of factors that influence EBP implementation is important for the profession. This study aimed to explore factors that influence the use of EBP amongst UK osteopaths and to compare these with other healthcare professionals. Design We used the JQ37 questionnaire to survey UK registered osteopaths (n = 2010). Logistic regression analyses measured associations between attitudes/beliefs, education, knowledge, EBP skills, and clinical guideline access with osteopaths' age, years since graduation, undergraduate and postgraduate degree level, attention to literature, and use of clinical guidelines. Results 370 respondents (18.4%) completed the questionnaire: UK osteopaths generally had positive attitudes about EBP. They agreed that EBP was necessary, improved quality of care and assisted clinical decision-making. They also agreed that literature/research findings were useful in their practice and were interested in learning/improving EBP skills necessary to incorporate EBP into practice. Critical appraisal, professional database use, training and familiarity with search strategies were positively associated with younger osteopaths and those with higher levels of degree, or held a research or educational position in addition to clinical practice. Perceived barriers to utilising EBP were lack of time, inapplicability and uniqueness of their osteopathic patient population. Discussion and conclusion Generally UK osteopaths had positive attitudes about EBP and interested in improving skills needed to implement EBP into practice. However, respondents did not search or use available online practice guidelines, believing guidelines were inapplicable to osteopathic patients, who were unique. Highlights • The majority of osteopaths we surveyed displayed positive attitudes towards EBP. • Level of degree and years since graduation impacts on osteopaths' adoption of EBP. • Most osteopaths are guideline aware but only a minority utilise these in practice. • The greatest barrier to osteopaths using EBP in practice was perceived lack of time.

### 33. UK National Clinical Guidelines in Paediatric Dentistry.

**Authors** Smallridge, Jacqueline  
**Source** International Journal of Paediatric Dentistry; Sep 2018; vol. 28 (no. 5)  
**Publication Date** Sep 2018  
**Publication Type(s)** Academic Journal  
**Database** CINAHL  
 Available at [International Journal of Paediatric Dentistry](#) from Wiley Online Library Medicine and Nursing Collection 2018 - NHS  
 Available at [International Journal of Paediatric Dentistry](#) from Available to NHS staff on request from UHL Libraries & Information Services (from NULJ library) - click this link for more information Local Print Collection [location] : UHL Libraries On Request (Free).  
 Available at [International Journal of Paediatric Dentistry](#) from Available to NHS staff on request from UHL Libraries & Information Services (from non-NHS library) - click this link for more information Local Print Collection [location] : British Library via UHL Libraries - please click link to request article.

**Abstract** Summary: The process of guideline production began in 1994, resulting in first publication in 1997. Each guideline has been circulated to all Consultants in Paediatric Dentistry in the UK, to the Council of the British Society of Paediatric Dentistry (BSPD), and to people of related specialties recognised to have expertise in the subject. The final version of the guideline is produced from a combination of this input and thorough review of the published literature. The intention is to encourage improvement in clinical practice and to stimulate research and clinical audit in areas where scientific evidence is inadequate. Evidence underlying recommendations is scored according to the SIGN classification and guidelines should be read in this context. For those wishing further detail, the process of guideline production in the UK is described in the International Journal of Paediatric Dentistry 1997; 7: 267-268. This guideline is an update on the previously published BSPD policy document on fissure sealants. (Nunn et al., Int J Paed Dent 2000; 10: 174-177).

### 34. UK National Clinical Guidelines in Paediatric Dentistry.

**Authors** Albadri, Sondos; Zaitoun, Halla; Kinirons, Martin  
**Source** International Journal of Paediatric Dentistry; Sep 2018; vol. 28 (no. 5)  
**Publication Date** Sep 2018  
**Publication Type(s)** Academic Journal  
**Database** CINAHL  
 Available at [International Journal of Paediatric Dentistry](#) from Wiley Online Library Medicine and Nursing Collection 2018 - NHS



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Available at [International Journal of Paediatric Dentistry](#) from Available to NHS staff on request from UHL Libraries & Information Services (from non-NHS library) - click this link for more information Local Print Collection [location]: British Library via UHL Libraries - please click link to request article.

**Abstract**

**Summary:** The process of guideline production began in 1994, resulting in first publication in 1997. Each guideline has been circulated to all Consultants in Paediatric Dentistry in the UK, to the Council of the British Society of Paediatric Dentistry, and to people of related specialties recognised to have expertise in the subject. The final version of the guideline is produced from a combination of this input and thorough review of the published literature. The intention is to encourage improvement in clinical practice and to stimulate research and clinical audit in areas where scientific evidence is inadequate. Evidence underlying recommendations is scored according to the SIGN classification and guidelines should be read in this context. For those wishing further detail, the process of guideline production in the UK is described in the International Journal of Paediatric Dentistry 1997; 7: 267-268.

**35. Leading the Charge: Achievement of National Accreditation for a Nurse Residency Program.**

**Authors** Brown Tyo, Mirinda; Gundlach, Molly; Brennan, Cheryl; Esdale, Laurie; Knight, Autumn; Provencher, Sarah; Tardy, Kathleen  
**Source** Journal for Nurses in Professional Development; Sep 2018; vol. 34 (no. 5); p. 270-276  
**Publication Date** Sep 2018  
**Publication Type(s)** Academic Journal  
**Database** CINAHL  
**Abstract** This article describes best practice recommendations in program development for a nurse residency program. This registered nurse residency program is the first in New England to acquire the American Nurses Credentialing Center's Practice Transition Accreditation. Best practices identified in this effort include (a) use of a quality improvement analyst for data trending, (b) inclusion of an off-shift nurse educator, (c) use of evidence-based practice, (d) a standardized preceptor program, and (e) appropriate evaluation instruments. New graduate nurse satisfaction increased and turnover decreased after program implementation.

**36. Kidney Voices: putting patients at the heart of our research.**

**Authors** Lumsdon, Angela  
**Source** Journal of Kidney Care; Sep 2018; vol. 3 (no. 5); p. 320-321  
**Publication Date** Sep 2018  
**Publication Type(s)** Academic Journal  
**Database** CINAHL  
Available at [Journal of Kidney Care](#) from MAG Online Library Please log in before trying to access articles. Click on 'SIGN IN' and then on 'SIGN in via OPENATHENS'. You probably won't need to put your Athens details in again.

**37. Securing systems leadership by local government through health and wellbeing strategies.**

**Source** Journal of Public Health; Sep 2018; vol. 40 (no. 3); p. 467-475  
**Publication Date** Sep 2018  
**Publication Type(s)** Academic Journal  
**Database** CINAHL  
Available at [Journal of Public Health](#) from Available to NHS staff on request from UHL Libraries & Information Services (from NULJ library) - click this link for more information Local Print Collection [location]: UHL Libraries On Request (Free).  
Available at [Journal of Public Health](#) from Available to NHS staff on request from UHL Libraries & Information Services (from non-NHS library) - click this link for more information Local Print Collection [location]: British Library via UHL Libraries - please click link to request article.

**Abstract** Background The aim of this study was to strengthen Health and Wellbeing Strategies (HWSs) by identifying potential areas for system leadership across local authorities in relation to specific aspects of health/illness, wider determinants of health and transformational change management. Method The work involved a document analysis of strengths of the first 12 HWSs produced in the North East of England applying principles of appreciative inquiry (AI), followed by a knowledge-to-action group approach with stakeholders. A summative event resulted in Health and Wellbeing Board (HWB) members identifying potential areas for collaboration. Results The study identified diverse examples of good practice, and considerable consensus in terms of key priorities, both wider determinants such as employment, transport and housing, and subject areas such as lifestyle issues and children having the best start in life. There was agreement in principle to work across local authority boundaries, with academic partners. Consideration of HWSs as part of a complex adaptive system was welcomed by HWB Members. Conclusions Collaborative working across HWBs could strengthen the effectiveness of HWSs in relation to inequalities in health, place-shaping and wider determinants of wellbeing. The co-production of identified areas to work toward health improvement was successful.

**38. The nature and frequency of abdominal symptoms in cancer patients and their associations with time to help-seeking: evidence from a national audit of cancer diagnosis.**

**Source** Journal of Public Health; Sep 2018; vol. 40 (no. 3)  
**Publication Date** Sep 2018  
**Publication Type(s)** Academic Journal  
**Database** CINAHL  
 Available at [Journal of Public Health](#) from Available to NHS staff on request from UHL Libraries & Information Services (from NULJ library) - click this link for more information Local Print Collection [location] : UHL Libraries On Request (Free).  
 Available at [Journal of Public Health](#) from Available to NHS staff on request from UHL Libraries & Information Services (from non-NHS library) - click this link for more information Local Print Collection [location] : British Library via UHL Libraries - please click link to request article.  
 Available at [Journal of Public Health](#) from Unpaywall

**Abstract** Background Raising awareness of possible cancer symptoms is important for timely help-seeking; recent campaigns have focused on symptom groups (such as abdominal symptoms) rather than individual alarm symptoms associated with particular cancer sites. The evidence base supporting such initiatives is still emerging however; understanding the frequency and nature of presenting abdominal symptoms among cancer patients could inform the design and evaluation of public health awareness campaigns. Methods We examined eight presenting abdominal symptoms (abdominal pain, change in bowel habit, bloating/distension, dyspepsia, rectal bleeding, dysphagia, reflux and nausea/vomiting) among 15 956 patients subsequently diagnosed with cancer in England. We investigated the cancer site case-mix and variation in the patient interval (symptom-onset-to-presentation) by abdominal symptom. Results Almost a quarter (23%) of cancer patients presented with abdominal symptoms before being diagnosed with one of 27 common and rarer cancers. The patient interval varied substantially by abdominal symptom: median (IQR) intervals ranged from 7 (0-28) days for abdominal pain to 30 (4-73) days for dysphagia. This variation persisted after adjusting for age, sex and ethnicity (P < 0.001). Conclusions Abdominal symptoms are common at presentation among cancer patients, while time to presentation varies by symptom. The need for awareness campaigns may be greater for symptoms associated with longer intervals to help-seeking.

**39. Development of the bridging programme for the role of the professional midwifery advocate to support quality improvement.**

**Authors** Wain, Amanda; Britt, Sue; Divall, Bernie  
**Source** MIDIRS Midwifery Digest; Sep 2018; vol. 28 (no. 3); p. 285-289  
**Publication Date** Sep 2018  
**Publication Type(s)** Academic Journal  
**Database** CINAHL  
 Available at [MIDIRS Midwifery Digest](#) from Available to NHS staff on request from UHL Libraries & Information Services (from NULJ library) - click this link for more information Local Print Collection [location] : UHL Libraries On Request (Free).  
 Available at [MIDIRS Midwifery Digest](#) from Available to NHS staff on request from UHL Libraries & Information Services (from non-NHS library) - click this link for more information Local Print Collection [location] : British Library via UHL Libraries - please click link to request article.

**40. Detection of breech presentation: abdominal palpation and hand-held scanning by midwives.**

**Authors** Keable, Joanna; Crazier, Kenda  
**Source** MIDIRS Midwifery Digest; Sep 2018; vol. 28 (no. 3); p. 309-309  
**Publication Date** Sep 2018  
**Publication Type(s)** Academic Journal  
**Database** CINAHL

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**Abstract**

Background: The NHS Litigation Authority's 'sign up to safety' campaign aims to prevent undiagnosed breech birth and possible poor birth outcomes. An audit was completed following the introduction of hand-held scanning ultrasound examination. Aims: The hand-held ultrasound was used by midwives for all women in labour and before induction of labour to confirm presentation. Methods: A criterion-based retrospective audit, conducted over six months in 2016, with a sample of 2737 women. Findings: The audit demonstrated that 22 breech presentations were detected when using the hand-held ultrasound before induction of labour or in labour. The audit standard of 100% of women receiving an ultrasound scan was not met, and potential reasons are explored. Conclusions: The results support the use of hand-held ultrasound, as it did detect breech presentation before induction of labour or spontaneous labour and birth. Further work includes the audit of the reasons that hand-held ultrasound scanning was not used, to ensure that a targeted action plan can be created. Future research into midwifery values, cultural attitudes and the effectiveness of abdominal palpation is also needed, to develop the knowledge base on which scanning can be framed.

**41. NEW NIPE QUALITY IMPROVEMENT GUIDANCE RELEASED.**

**Source** Midwives; Sep 2018; vol. 21 ; p. 8-9  
**Publication Date** Sep 2018  
**Publication Type(s)** Periodical  
**Database** CINAHL

Available at [Midwives](#) from Available to NHS staff on request from UHL Libraries & Information Services (from NULJ library) - click this link for more information Local Print Collection [location] : UHL Libraries On Request (Free).

**42. An audit of ECT in England 2011–2015: Usage, demographics, and adherence to guidelines and legislation.**

**Authors** Read, John; Harrop, Christopher; Geekie, Jim; Renton, Julia  
**Source** Psychology & Psychotherapy: Theory, Research & Practice; Sep 2018; vol. 91 (no. 3); p. 263-277  
**Publication Date** Sep 2018  
**Publication Type(s)** Academic Journal  
**Database** CINAHL

Available at [Psychology and Psychotherapy: Theory, Research and Practice](#) from Wiley Online Library Medicine and Nursing Collection 2018 - NHS

Available at [Psychology and Psychotherapy: Theory, Research and Practice](#) from Available to NHS staff on request from UHL Libraries & Information Services (from NULJ library) - click this link for more information Local Print Collection [location] : UHL Libraries On Request (Free).

**Abstract**

Objectives: Electroconvulsive therapy (ECT) continues to be used in England, but without comprehensive national auditing. Therefore, information was gathered on usage, demographics, consent, and adherence to the guidelines of the National Institute of Clinical Excellence (N.I.C.E.) and to the Mental Health Act. Design and Methods: Freedom of Information Act requests were sent to 56 National Health Service Trusts. Results: Thirty-two trusts provided some usable data. Only 10 were able to report how many people received psychological therapy prior to ECT in accordance with N.I.C.E. recommendations, with figures ranging from 0% to 100%. The number of people currently receiving ECT in England annually is between 2,100 and 2,700, and falling. There was a 12-fold difference between the Trusts with the highest and lowest usage rates per capita. Most recipients are still women (66%) and over 60 (56%). More than a third (39%) is given without consent, with 30% of Trusts not adhering to mental health legislation concerning second opinions. At least 44% were not using validated measures of efficacy, and at least 33% failed to do so for adverse effects. Only four provided any actual data for positive outcomes or adverse effects. None provided any data on efficacy beyond the end of treatment. Conclusions: National audits should be reinstated. Independent, objective monitoring of adverse effects is urgently required. An investigation into why ECT is still administered excessively to older people and women seems long overdue. Practitioner points: Mental health staff should seek to ensure that all depressed people in their service are offered evidence-based psychological treatments before being offered E.C.T. Staff should lobby managers to ensure proper auditing of E.C.T. within their service Individuals receiving ECT should be closely monitored for adverse cognitive effects Overuse of ECT with women and older people should be avoided

**43. WHY Fronts: Asking the question WHY to promote quality service provision.**

**Authors** Woodgate, Chris  
**Source** Synergy News; Sep 2018 ; p. 17-17  
**Publication Date** Sep 2018  
**Publication Type(s)** Periodical

**Database** CINAHL  
 Available at [Synergy News](#) from Available to NHS staff on request from UHL Libraries & Information Services (from non-NHS library) - click this link for more information Local Print Collection [location] : British Library via UHL Libraries - please click link to request article.

**44. The development of a collaborative framework for commissioning health and social care.**

**Authors** Nelson, Kayleigh M.; McKinnon, Aimee I.; Farr, Angela; Rance, Jaynie Y.; Phillips, Ceri J.  
**Source** Journal of Integrated Care; Aug 2018; vol. 26 (no. 4); p. 286-295  
**Publication Date** Aug 2018  
**Publication Type(s)** Academic Journal  
**Database** CINAHL

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**Abstract** Purpose The purpose of this paper is to present an evaluation of a collaborative commissioning approach to improve quality and experience and reduce cost within integrated health and social care. Design/methodology/ approach A multi-method approach is used involving qualitative interviews, documentary analysis and non-participant observation. Findings The findings suggest that the approach provides a suitable framework for the collaborative commissioning of integrated health and social care services. Research limitations/implications Further research is now needed to provide a definitive evaluation of its value outside of Wales. Practical implications With the significant scrutiny on health systems, the approach demonstrates effectiveness in securing quality improvements, achievement of recognised care standards and patient outcomes, while providing scope for financial gains and a goal for stakeholders to engage in effective communication. Originality/value This research presents an innovative method for collaborative commissioning and reveals activities that appear to contribute to more effective commissioning processes.

**45. An integrated care programme in London: qualitative evaluation.**

**Authors** Round, Thomas; Ashworth, Mark; Crilly, Tessa; Ferlie, Ewan; Wolfe, Charles  
**Source** Journal of Integrated Care; Aug 2018; vol. 26 (no. 4); p. 296-308  
**Publication Date** Aug 2018  
**Publication Type(s)** Academic Journal  
**Database** CINAHL

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**Abstract** Purpose A well-funded, four-year integrated care programme was implemented in south London. The programme attempted to integrate care across primary, acute, community, mental health and social care. The purpose of this paper is to reduce hospital admissions and nursing home placements. Programme evaluation aimed to identify what worked well and what did not; lessons learnt; the value of integrated care investment. Design/methodology/approach Qualitative data were obtained from documentary analysis, stakeholder interviews, focus groups and observational data from programme meetings. Framework analysis was applied to stakeholder interview and focus group data in order to generate themes. Findings The integrated care project had not delivered expected radical reductions in hospital or nursing home utilisation. In response, the scheme was reformulated to focus on feasible service integration. Other benefits emerged, particularly system transformation. Nine themes emerged: shared vision/case for change; interventions; leadership; relationships; organisational structures and governance; citizens and patients; evaluation and monitoring; macro level. Each theme was interpreted in terms of "successes", "challenges" and "lessons learnt". Research limitations/implications Evaluation was hampered by lack of a clear evaluation strategy from programme inception to conclusion, and of the evidence required to corroborate claims of benefit. Practical implications Key lessons learnt included: importance of strong clinical leadership, shared ownership and inbuilt evaluation. Originality/value Primary care was a key player in the integrated care programme. Initial resistance delayed implementation and related to concerns about vertical integration and scepticism about unrealistic goals. A focus on clinical care and shared ownership contributed to eventual system transformation.

**46. Improving patient access to compression garments: an alternative approach.**

**Authors** Board, Jane; Anderson, Julia

**Source** Journal of Lymphoedema; Jun 2018; vol. 13 (no. 1); p. 55-58  
**Publication Date** Jun 2018  
**Publication Type(s)** Academic Journal  
**Database** CINAHL  
 Available at [Journal of Lymphoedema](#) from Available to NHS staff on request from UHL Libraries & Information Services (from non-NHS library) - click this link for more information Local Print Collection [location] : British Library via UHL Libraries - please click link to request article.

**Abstract** Following negative audit findings from patients obtaining hosiery through the drug formulary, local NHS commissioners enabled Lymphoedema Specialist Services Ltd (LSS) to purchase garments directly from hosiery suppliers as part of a compression hosiery ordering project (CHOP). This article describes the rationale for, process involved in and outcomes of CHOP, which commenced in 2015. The three-stage process designed to meet objectives set for the hosiery manufacturer, LSS and NHS service commissioners has benefitted patients, LSS and the NHS. A post-CHOP audit found patients had prompt access to the treatment they needed and found the new system easier to use than the drug formulary route. The percentage of patients experiencing issues dropped from 83% with the drug formulary route to 10% with CHOP. The deal negotiated with the manufacturer led to cost savings for the NHS. Based on the results of CHOP, recommendations are made for practice.

**47. Leading by Example: The HEE/CILIP Leadership Development Programme -- A Trip to HLG.**

**Authors** Burgess, Sam; Steele, Heather  
**Source** HLG Nursing Bulletin; Jun 2018; vol. 37 (no. 3/4); p. 85-89  
**Publication Date** Jun 2018  
**Publication Type(s)** Academic Journal  
**Database** CINAHL  
**Abstract** The author reflects on the significant topics discussed during the Health Libraries Group Conference 2018 held in England. Topics covered include an introduction to health literacy, the fishbowl conversation as a method of knowledge mobilisation, and the concept of improvement librarian as a way to bring knowledge management and library services to those that are working on quality improvement.

**48. The pattern of prescribing of glucose modulating agents for type 2 diabetes in general practices in England 2016/17.**

**Authors** Heald, Adrian H.; Livingston, Mark; Bien, Zuzanna; Moreno, Gabriela Y. C.; Laing, Ian; Stedman, Mike  
**Source** International Journal of Clinical Practice; Apr 2018; vol. 72 (no. 4); p. 1-5  
**Publication Date** Apr 2018  
**Publication Type(s)** Academic Journal  
**PubMedID** 29537664  
**Database** CINAHL  
 Available at [International journal of clinical practice](#) from Wiley Online Library Medicine and Nursing Collection 2018 - NHS  
 Available at [International journal of clinical practice](#) from Available to NHS staff on request from UHL Libraries & Information Services (from non-NHS library) - click this link for more information Local Print Collection [location] : British Library via UHL Libraries - please click link to request article.  
 Available at [International journal of clinical practice](#) from Unpaywall

**Abstract** Background: In the financial year 2016/17 there were 52.0 million items prescribed for diabetes at a total net ingredient cost of £983.7 million - up from 28.9 million prescription items and £572.4 million in 2006/07. Anti-diabetes drugs (British National Formulary section 6.1.2) make up 45.1 per cent of the total £983.7 million net ingredient cost of drugs used in diabetes and account for 72.0 per cent of prescription items for all diabetes prescribing. Methods: We examined the way that agents licensed to treat type 2 diabetes were used across GP practices in England in the year 2016/2017. Analysis was at a GP practice level not at the level of patient data. Results: Annual prescribing costs / patient / medication type for monotherapy varied considerable from £11/year for gliclazide and glimepiride to £885/year for Liraglutide. The use of SGLT-2i agents grew strongly at 70% per annum to around 100,000 DDD with prescriptions seen in 95% of GP practices. Liraglutide expenditure (11% of total) was high for a relatively small number of patients (1.3% of Defined Daily Doses), with still significant spend on exenatide. Liraglutide use significantly exceeded that of other glucagon-like peptide-1 (GLP-1) agonists. Conclusions: Our work demonstrates the significant cost of medication to modulate tissue glucose levels in type 2 diabetes and the dominance of some non-generic preparations in terms of number of prescriptions and overall spend. There are some older sulphonylureas in use, which should not generally be prescribed. Regular audit of patient treatment at a general practice level will ensure appropriate targeted use of licensed medications and of their cost effectiveness.

**49. Improving patient safety in Libya: insights from a British health system perspective.**

**Authors** Elmontsri, Mustafa; Almashrafi, Ahmed; Dubois, Elizabeth; Banarsee, Ricky; Majeed, Azeem  
**Source** International Journal of Health Care Quality Assurance (09526862); Apr 2018; vol. 31 (no. 3); p. 237-248  
**Publication Date** Apr 2018

**Publication Type(s)** Academic Journal  
**PubMedID** 29687755  
**Database** CINAHL

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**Abstract** Purpose Patient safety programmes aim to make healthcare safe for both patients and health professionals. The purpose of this paper is to explore the UK's patient safety improvement programmes over the past 15 years and explore what lessons can be learnt to improve Libyan healthcare patient safety. Design/methodology/approach Publications focusing on UK patient safety were searched in academic databases and content analysed. Findings Several initiatives have been undertaken over the past 15 years to improve British healthcare patient safety. Many stakeholders are involved, including regulatory and professional bodies, educational providers and non-governmental organisations. Lessons can be learnt from the British journey. Practical implications Developing a national patient safety strategy for Libya, which reflects context and needs is paramount. Above all, Libyan patient safety programmes should reference internationally approved guidelines, evidence, policy and learning from Britain's unique experience. Originality/value This review examines patient safety improvement strategies adopted in Britain to help developing country managers to progress local strategies based on lessons learnt from Britain's unique experience.

**50. Improving quality of care through patient-reported outcome measures (PROMs): expert interviews using the NHS PROMs Programme and the Swedish quality registers for knee and hip arthroplasty as examples.**

**Authors** Prodingler, Birgit; Taylor, Paul  
**Source** BMC Health Services Research; Feb 2018; vol. 18 ; p. 1-1  
**Publication Date** Feb 2018  
**Publication Type(s)** Academic Journal  
**PubMedID** 29415714  
**Database** CINAHL

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**Abstract** Background: Patient reported outcome measures (PROMs) have been integrated in national quality registries or specific national monitoring initiatives to inform the improvement of quality of care on a national scale. However there are many unanswered questions, such as: how these systems are set up, whether they lead to improved quality of care, which stakeholders use the information once it is available. The aim of this study was to examine supporting and hindering factors relevant to integrating patient-reported outcome measures (PROMs) in selected health information systems (HIS) tailored toward improving quality of care across the entire health system. Methods: First, a systematic search and review was conducted to outline previously identified factors relevant to the integration of PROMs in the selected HIS. A social network analysis was performed to identify networks of experts in these systems. Second, expert interviews were conducted to discuss and elaborate on the identified factors. Directive content analysis was applied using a HIS Evaluation Framework as the frame of reference. This framework is structured into four components: Organization, Human, Technology, and Net benefits. Results: The literature review revealed 37 papers for the NHS PROMs Programme and 26 papers for the SHPR and SKAR: Five networks of researchers were identified for the NHS PROMs Programme and 1 for the SHPR and SKAR. Seven experts related to the NHS PROMs Programme and 3 experts related to the SKAR and SHPR participated in the study. The main themes which revealed in relation to Organization were Governance and Capacity building; to Human: Reporting and Stakeholder Engagement; to Technology: the Selection and Collection of PROMs and Data linkage. In relation to Net benefits, system-specific considerations are presented. Conclusion: Both examples succeeded in integrating PROMs into HIS on a national scale. The lack of an established standard on what change PROMs should be achieved by an intervention limits their usefulness for monitoring quality of care. Whether the PROMs data collected within these systems can be used in routine clinical practice is considered a challenge in both countries.

**51. A new composite measure of colonoscopy: the Performance Indicator of Colonic Intubation (PICI).**

**Authors** Valori, Roland M.; Damery, Sarah; Gavin, Daniel R.; Anderson, John T.; Donnelly, Mark T.; Williams, J. Graham; Swarbrick, Edwin T.  
**Source** Endoscopy; Jan 2018; vol. 50 (no. 1); p. 40-51  
**Publication Date** Jan 2018  
**Publication Type(s)** Academic Journal

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<b>PubMedID</b>	28753700
<b>Database</b>	CINAHL Available at <a href="#">Endoscopy</a> from Available to NHS staff on request from UHL Libraries & Information Services (from non-NHS library) - click this link for more information Local Print Collection [location] : British Library via UHL Libraries - please click link to request article.
<b>Abstract</b>	<p>Background and Study Aim: Cecal intubation rate (CIR) is an established performance indicator of colonoscopy. In some patients, cecal intubation with acceptable tolerance is only achieved with additional sedation. This study proposes a composite Performance Indicator of Colonic Intubation (PICI), which combines CIR, comfort, and sedation. METHODS : Data from 20 085 colonoscopies reported in the 2011 UK national audit were analyzed. PICI was defined as the percentage of procedures achieving cecal intubation with median dose (2 mg) of midazolam or less, and nurse-assessed comfort score of 1 - 3/5. Multivariate logistic regression analysis evaluated possible associations between PICI and patient, unit, colonoscopist, and diagnostic factors. RESULTS : PICI was achieved in 54.1% of procedures. PICI identified factors affecting performance more frequently than single measures such as CIR and polyp detection, or CIR + comfort alone. Older age, male sex, adequate bowel preparation, and a positive fecal occult blood test as indication were associated with a higher PICI. Unit accreditation, the presence of magnetic imagers in the unit, greater annual volume, fewer years' experience, and higher training/trainer status were associated with higher PICI rates. Procedures in which PICI was achieved were associated with significantly higher polyp detection rates than when PICI was not achieved. CONCLUSIONS : PICI provides a simpler picture of performance of colonoscopic intubation than separate measures of CIR, comfort, and sedation. It is associated with more factors that are amenable to change that might improve performance and with higher likelihood of polyp detection. It is proposed that PICI becomes the key performance indicator for intubation of the colon in colonoscopy quality improvement initiatives.</p>

**Strategy** 432447

#	Database	Search term	Results
1	CINAHL	(audit* OR "quality improvement").ti,ab	45769
2	CINAHL	(NHS OR england OR UK OR "united kingdom" OR "national health service").ti,ab	94784
3	CINAHL	exp AUDIT/	14417
4	CINAHL	exp "NURSING AUDIT"/	894
5	CINAHL	exp "QUALITY IMPROVEMENT"/	47268
6	CINAHL	exp "UNITED KINGDOM"/	282168
7	CINAHL	(1 OR 3 OR 4 OR 5)	90474
8	CINAHL	(2 OR 6)	316673
9	CINAHL	(7 AND 8)	11787
10	CINAHL	9 [DT 2018-2018] [Since 18-Sep-2018]	51
11	CINAHL	(audit*).ti,ab	31614
12	CINAHL	(3 OR 4 OR 11)	39029
13	CINAHL	(8 AND 12)	7404
14	CINAHL	13 [DT 2018-2018]	108