

Strategy 432447/10

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#	Database	Search term	Results
10	CINAHL	((audit* OR "quality improvement").ti,ab OR exp AUDIT/ OR exp "NURSING AUDIT"/ OR exp "QUALITY IMPROVEMENT"/) AND ((NHS OR england OR UK OR "united kingdom" OR "national health service").ti,ab OR exp "UNITED KINGDOM"/)) [DT 2018-2018][Since 18-Aug-2018]	47

Contents 47 of 47 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"/)) [DT 2018-2018] [Since 18-Aug-2018]

1. UK Training in Clinical Oncology: The Trainees' Viewpoint	Page 4
2. Using the Plan, Do, Study, Act cycle to enhance a patient feedback system for older adults.....	Page 4
3. End of year report cards from NHS Resolution and the CQC.....	Page 4
4. The importance of an external clinical audit.....	Page 5
5. Blood Product Prescribing: Radiographer Role Development.....	Page 5
6. Alcohol Screening and Brief Intervention in Police Custody Suites: Pilot Cluster Randomised Controlled Trial (AcCePT).	Page 5
7. The organisation of critical care for burn patients in the UK: epidemiology and comparison of mortality prediction models.	Page 6
8. Impact of a commercial order entry system on prescribing errors amenable to computerised decision support in the hospital setting: a prospective pre-post study.....	Page 6
9. Action learning: a process to support change implementation.....	Page 7
10. 'Fixing' emergency care: what does it really need?	Page 7
11. Clinical audit does not work, is quality improvement any better?	Page 7
12. Establishing an ambulatory care service using point-of-care testing diagnostics.....	Page 8
13. Applying Pareto analysis to reducing Escherichia coli bloodstream infections.....	Page 8
14. A unique regional family interventions training programme.....	Page 8
15. Demonstrating Improved Surgical Communication and HAndoveR Generates Earlier Discharges (DISCHARGED).	Page 9
16. Extended operating times are more efficient, save money and maintain a high staff and patient satisfaction.....	Page 9
17. A cross sectional survey of the UK public to understand use of online ratings and reviews of health services.....	Page 10
18. In Defense of Best Interests: When Parents and Clinicians Disagree.....	Page 10
19. Safe monitoring of natalizumab therapy in multiple sclerosis.....	Page 11
20. The UK Parkinson's Audit 2017: Transforming care.....	Page 11
21. The potential for coproduction to add value to research.....	Page 11
22. Hip fracture audit: Creating a 'critical mass of expertise and enthusiasm for hip fracture care'?.....	Page 12

23. Patients, providers and commissioners: are we in it together?.....	Page 12
24. Development of a surgical site infection surveillance programme in a Scottish neurosurgical unit.....	Page 12
25. The National Diabetes Audit -- an update	Page 13
26. Investigating the relationship between costs and outcomes for English mental health providers: a bi-variate multi-level regression analysis.....	Page 13
27. CI candidacy and coverage disparities in US health insurance...15th International conferences on Cochlear Implants, 27-30 June 2018, Antwerp, Belgium.....	Page 13
28. Retrospective view to the newborn hearing screening in Turkey based on the published data...15th International Conference on Cochlear Implants and Other Implantable Auditory Technologies; 27th Jun 2018 - 30th Jun 2018; Antwerp, Belgium.....	Page 14
29. Novel computer-based therapy enhances speech perception in Cochlear implant users...15th International conferences on Cochlear Implants, Antwerp, Belgium, 27-30 June 2018	Page 15
30. Experience of Trans-tympanic Electrical evoked Auditory Brainstem Responses (TTEABR) at the Royal National Throat Nose and Ear Hospital Auditory Implant Team...15th International Conference on Cochlear Implants and Other Implantable Auditory Technologies; 27th Jun 2018 - 30th Jun 2018; Antwerp, Belgium	Page 15
31. Hearing outcomes of cochlear implant recipients with preoperatively identified cochlear dead regions...15th International Conference on Cochlear Implants and Other Implantable Auditory Technologies; 27th Jun 2018 - 30th Jun 2018; Antwerp, Belgium.....	Page 16
32. The awareness level on cochlear implants in a multi-country setting amongst otorhinolaryngologists in a secondary setting and amongst adults...15th International Conference on Cochlear Implants and Other Implantable Auditory Technologies; 27th Jun 2018 - 30th Jun 2018; Antwerp, Belgium	Page 16
33. Towards an international consensus on core outcome measures for clinical trials in adult single sided deafness...15th International Conference on Cochlear Implants and Other Implantable Auditory Technologies; 27th Jun 2018 - 30th Jun 2018; Antwerp, Belgium.....	Page 17
34. Music therapy and auditory habilitation for a deaf child having very severe inner ear anomaly using cochlear implant...15th International Conference on Cochlear Implants and Other Implantable Auditory Technologies; 27th Jun 2018 - 30th Jun 2018; Antwerp, Belgium.....	Page 17
35. Using the little ears auditory questionnaire to promote parental confidence in the assessment process: capturing experiences...15th International conferences on Cochlear Implants, Antwerp, Belgium, 27-30 June 2018	Page 18
36. Long-term outcomes of electro-acoustic stimulation cochlear implants: a single United Kingdom centre experience...15th International Conference on Cochlear Implants and Other Implantable Auditory Technologies; 27th Jun 2018 - 30th Jun 2018; Antwerp, Belgium.....	Page 18
37. Are the BKB scores different when tested with male and female voices: results from adult cochlear implant candidates...15th International Conference on Cochlear Implants and Other Implantable Auditory Technologies; 27th Jun 2018 - 30th Jun 2018; Antwerp, Belgium	Page 19
38. The role of multicentre collaboration in the development of a surgical questionnaire for clinical registries: Vibrant Effectiveness and Reliability Study...15th International Conference on Cochlear Implants and Other Implantable Auditory Technologies; 27th Jun 2018 - 30th Jun 2018; Antwerp, Belgium	Page 19
39. Read all about it!	Page 20
40. What are we learning from the National Diabetes Foot Care Audit?.....	Page 20
41. Hospital heterogeneity: what drives the quality of health care.....	Page 20
42. Changing the paradigm: messages for hand hygiene education and audit from cluster analysis.....	Page 20
43. Conservative management of CIN2: National Audit of British Society for Colposcopy and Cervical Pathology members' opinion.....	Page 21
44. Seclusion: the untold legacy of the non-restraint movement in the UK.....	Page 22

45. How to explore the end-of-life preferences of homeless people in the UK.	Page 22
46. Real-life Anti-tumor Necrosis Factor Experience in More Than 500 Patients: High Co-immunosuppression Rates But Low Rates of Quantifying Treatment Response.	Page 22
47. Prevalence of aphasia and co-occurrence of dysarthria: the UK Sentinel Stroke National Audit Programme...18th International Aphasia Rehabilitation Conference (IARC), University of Aveiro, Portugal. September 5-7, 2018.	Page 23
Full search strategy	Page 24

Results 47 of 47 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"/)) [DT 2018-2018] [Since 18-Aug-2018]

1. UK Training in Clinical Oncology: The Trainees' Viewpoint.

Authors Casswell, G.; Shakir, R.; Macnair, A.; O'Leary, B.; Smith, F.; Rulach, R.; Bowden, C.
Source Clinical Oncology; Oct 2018; vol. 30 (no. 10); p. 602-604
Publication Date Oct 2018
Publication Type(s) Academic Journal
Database CINAHL

Available at [Clinical Oncology](#) 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 [Clinical Oncology](#) 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 Highlights • Trainee satisfaction has increased; 81% rated their training 'excellent' or 'good'. • Half of trainees felt their formal FRCR Part One training to be unsatisfactory. • An average trainee spends £1700 preparing for their Final FRCR. • 94% of those covering H@N feel they lack adequate skills to cover such medical shifts. • The majority (82%) of trainees wish to remain in their training region as a Consultant.

2. Using the Plan, Do, Study, Act cycle to enhance a patient feedback system for older adults.

Authors McGowan, Martin; Reid, Bernie
Source British Journal of Nursing; Sep 2018; vol. 27 (no. 16); p. 936-941
Publication Date Sep 2018
Publication Type(s) Academic Journal
Database CINAHL

Available at [British journal of nursing \(Mark Allen Publishing\)](#) from EBSCO (CINAHL Plus with Full Text)

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Abstract Patient feedback about healthcare experiences has gained increasing attention as an essential and meaningful source of information for identifying gaps and developing effective action plans for improving the quality of care. As experiences differ across patient groups, flexible and responsive feedback systems are essential. The population of older adults is growing rapidly; it constitutes an increasing proportion of the NHS client base. This group wants to have a say in their care and their views are critical in any performance assessment of a modern healthcare system. Nevertheless, collecting feedback data from older adults presents unique challenges, due to chronic conditions and comorbidities involving vision, hearing, speech and cognitive processing. In addition, nurses often find it difficult to act on feedback data in order to make quality improvements. This difficulty is associated with poor leadership, absence of explicit targets and an action plan, and the nature of clinical change required. This article offers insight into the development of a local innovation centred on enhancing the feedback system in a medical rehabilitation ward for older adults. A model for improvement in the form of the Plan, Do, Study, Act (PDSA) cycle provided a structured learning approach to facilitate the planning, testing, analysing and refining of the feedback system.

3. End of year report cards from NHS Resolution and the CQC.

Authors Tingle, John
Source British Journal of Nursing; Sep 2018; vol. 27 (no. 16); p. 956-957
Publication Date Sep 2018
Publication Type(s) Academic Journal
Database CINAHL
Available at [British Journal of Nursing](#) from EBSCO (CINAHL Plus with Full Text)

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Abstract John Tingle, Associate Professor (Teaching and Scholarship), Nottingham Trent University, discusses two reports looking at the beginning and end stages of patient safety failures

4. The importance of an external clinical audit.

Authors Thompson, Geoff

Source British Journal of Community Nursing; Sep 2018; vol. 23

Publication Date Sep 2018

Publication Type(s) Academic Journal

Database CINAHL

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

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Abstract The article discusses news and information about the psychosocial Lindsay Leg Club model of care in Great Britain as of September 2, 2018. Topics covered include informal and no-appointment-required model of the Leg Club for members, the importance of Leg Club membership, and Leg Club standards of care for lower limb conditions.

5. Blood Product Prescribing: Radiographer Role Development.

Authors Davidson, Lucy; Jackson, Sharon

Source Journal of Medical Imaging & Radiation Sciences; Sep 2018; vol. 49

Publication Date Sep 2018

Publication Type(s) Academic Journal

Database CINAHL

Available at [Journal of Medical Imaging and Radiation Sciences](#) 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.

6. Alcohol Screening and Brief Intervention in Police Custody Suites: Pilot Cluster Randomised Controlled Trial (AcCePT).

Source Alcohol & Alcoholism; Sep 2018; vol. 53 (no. 5); p. 548-559

Publication Date Sep 2018

Publication Type(s) Academic Journal

Database CINAHL

Available at [Alcohol and Alcoholism](#) 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.

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Abstract Aims There is a clear association between alcohol use and offending behaviour and significant police time is spent on alcohol-related incidents. This study aimed to test the feasibility of a trial of screening and brief intervention in police custody suites to reduce heavy drinking and re-offending behaviour. Short summary We achieved target recruitment and high brief intervention delivery if this occurred immediately after screening. Low rates of return for counselling and retention at follow-up were challenges for a definitive trial. Conversely, high consent rates for access to police data suggested at least some outcomes could be measured remotely. Methods A three-armed pilot Cluster Randomised Controlled Trial with an embedded qualitative interview-based process evaluation to explore acceptability issues in six police custody suites (north east and south west of the UK). Interventions included: 1. Screening only (Controls), 2. 10 min Brief Advice 3. Brief Advice plus 20 min of brief Counselling. Results Of 3330 arrestees approached: 2228 were eligible for screening (67%) and 720 consented (32%); 386 (54%) scored 8+ on AUDIT; and 205 (53%) were enrolled (79 controls, 65 brief advice and 61 brief counselling). Follow-up rates at 6 and 12 months were 29% and 26%, respectively. However, routinely collected re-offending data were obtained for 193 (94%) participants. Indices of deprivation data were calculated for 184 (90%) participants; 37.6% of these resided in the 20% most deprived areas of UK. Qualitative data showed that all arrestees reported awareness that participation was voluntary, that the trial was separate from police work, and the majority said trial procedures were acceptable. Conclusion Despite hitting target recruitment and same-day brief intervention delivery, a future trial of alcohol screening and brief intervention in a police custody setting would only be feasible if routinely collected re-offending and health data were used for outcome measurement. Trial registration ISRCTN number: 89291046.

7. The organisation of critical care for burn patients in the UK: epidemiology and comparison of mortality prediction models.

Authors Toft-Petersen, A. P.; Ferrando-Vivas, P.; Harrison, D. A.; Dunn, K.; Rowan, K. M.
Source Anaesthesia Supplement; Sep 2018; vol. 73 (no. 9); p. 1131-1140
Publication Date Sep 2018
Publication Type(s) Periodical
Database CINAHL
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Abstract In the UK, a network of specialist centres has been set up to provide critical care for burn patients. However, some burn patients are admitted to general intensive care units. Little is known about the casemix of these patients and how it compares with patients in specialist burn centres. It is not known whether burn-specific or generic risk prediction models perform better when applied to patients managed in intensive care units. We examined admissions for burns in the Case Mix Programme Database from April 2010 to March 2016. The casemix, activity and outcome in general and specialist burn intensive care units were compared and the fit of two burn-specific risk prediction models (revised Baux and Belgian Outcome in Burn Injury models) and one generic model (Intensive Care National Audit and Research Centre model) were compared. Patients in burn intensive care units had more extensive injuries compared with patients in general intensive care units (median (IQR [range]) burn surface area 16 (7-32 [0-98])% vs. 8 (1-18 [0-100])%, respectively) but in-hospital mortality was similar (22.8% vs. 19.0%, respectively). The discrimination and calibration of the generic Intensive Care National Audit and Research Centre model was superior to the revised Baux and Belgian Outcome in Burn Injury burn-specific models for patients managed on both specialist burn and general intensive care units.

8. Impact of a commercial order entry system on prescribing errors amenable to computerised decision support in the hospital setting: a prospective pre-post study.

Authors Pontefract, Sarah K.; Hodson, James; Slee, Ann; Shah, Sonal; Girling, Alan J.; Williams, Robin; Sheikh, Aziz; Coleman, Jamie J.
Source BMJ Quality & Safety; Sep 2018; vol. 27 (no. 9); p. 725-736
Publication Date Sep 2018
Publication Type(s) Academic Journal
Database CINAHL
 Available at [BMJ Quality & Safety](#) from BMJ Journals - NHS
 Available at [BMJ Quality & Safety](#) from PubMed Central

Abstract Background In this UK study, we investigated the impact of computerised physician order entry (CPOE) and clinical decision support (CDS) implementation on the rate of 78 high-risk prescribing errors amenable to CDS. Methods We conducted a preintervention/postintervention study in three acute hospitals in England. A predefined list of prescribing errors was incorporated into an audit tool. At each site, approximately 4000 prescriptions were reviewed both pre-CPOE and 6 months post-CPOE implementation. The number of opportunities for error and the number of errors that occurred were collated. Error rates were then calculated and compared between periods, as well as by the level of CDS. Results The prescriptions of 1244 patients were audited pre-CPOE and 1178 post-CPOE implementation. A total of 28 526 prescriptions were reviewed, with 21 138 opportunities for error identified based on 78 defined errors. Across the three sites, for those prescriptions where opportunities for error were identified, the error rate was found to reduce significantly post-CPOE implementation, from 5.0% to 4.0% ($P < 0.001$). CDS implementation by error type was found to differ significantly between sites, ranging from 0% to 88% across clinical contraindication, dose/frequency, drug interactions and other error types ($P < 0.001$). Overall, 43/78 (55%) of the errors had some degree of CDS implemented in at least one of the hospitals. Conclusions Implementation of CPOE with CDS was associated with clinically important reductions in the rate of high-risk prescribing errors. Given the pre-post design, these findings however need to be interpreted with caution. The occurrence of errors was found to be highly dependent on the level of restriction of CDS presented to the prescriber, with the effect that different configurations of the same CPOE system can produce very different results.

9. Action learning: a process to support change implementation.

Authors James, Alison Heulwen
Source British Journal of Healthcare Management; Sep 2018; vol. 24 (no. 9); p. 426-427
Publication Date Sep 2018
Publication Type(s) Academic Journal
Database CINAHL
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10. 'Fixing' emergency care: what does it really need?

Authors Hassan, Taj
Source British Journal of Hospital Medicine (17508460); Sep 2018; vol. 79 (no. 9); p. 488-489
Publication Date Sep 2018
Publication Type(s) Academic Journal
Database CINAHL
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Abstract The article discusses the need for the National Health Service (NHS) England to address wide system failings in emergency care with extra funding rather than simple process redesign in view of increasing demand, complexity and resource limitations in the sector.

11. Clinical audit does not work, is quality improvement any better?

Authors Boyle, Adrian; Keep, Jeff
Source British Journal of Hospital Medicine (17508460); Sep 2018; vol. 79 (no. 9); p. 508-510
Publication Date Sep 2018
Publication Type(s) Academic Journal
Database CINAHL
 Available at [British Journal of Hospital Medicine](#) from MAG Online Library Please log in before trying to access articles. Click on 'SIGN IN' and then on 'SIGN in via OPENATHENS'. You probably won't need to put your Athens details in again.
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Abstract This article reviews the history of clinical audit and appraises its effectiveness. It discusses why audit can be ineffective in improving care and makes proposals to remove these barriers. The article describes how quality improvement and improvement science may offer a better alternative to traditional audit. It describes how the Royal College of Emergency Medicine is the first specialty society to attempt a national quality improvement programme.

12. Establishing an ambulatory care service using point-of-care testing diagnostics.

Authors Weihser, Philip; Giles, Dominic
Source British Journal of Hospital Medicine (17508460); Sep 2018; vol. 79 (no. 9); p. 520-523
Publication Date Sep 2018
Publication Type(s) Academic Journal
Database CINAHL
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Abstract The use of ambulatory emergency care services in the NHS has been shown to reduce the emergency inpatient burden and enhance the overall patient experience, while demonstrating a cost saving to the NHS. At the James Paget University Hospital point-of-care testing was used as an enabler within an evidence-based lean service redesign to successfully set up a novel unit. A 3-month pilot period, with limited operational times, showed a dramatic improvement in patient flow through the acute medicine pathway, with an equivalent of 59 bed days saved during the pilot period. Further expansion of the unit to a dedicated area with full 7-day opening allowed a continued improvement in performance. This resulted in a mean length of stay of 115 minutes (a 54% reduction from pre-baseline), and just 6.1% of an average of 18.1 daily attendances were converted to full admission. This demonstrated a clinical, operational and financial benefit, allowing improved clinical outcomes.

13. Applying Pareto analysis to reducing Escherichia coli bloodstream infections.

Authors Wilson, Jennie
Source Journal of Infection Prevention; Sep 2018; vol. 19 (no. 5); p. 208-210
Publication Date Sep 2018
Publication Type(s) Academic Journal
Database CINAHL
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14. A unique regional family interventions training programme.

Authors Burbach, Frank R.; Sherbersky, Hannah; Whitlock, Ragni; Rapsey, Estelle H.; Wright, Kim A.; Handley, Rachel V.
Source Journal of Mental Health Training, Education & Practice; Sep 2018; vol. 13 (no. 5); p. 273-282
Publication Date Sep 2018
Publication Type(s) Academic Journal
Database CINAHL

Abstract Purpose The purpose of this paper is to describe the University of Exeter Family Interventions (FIs) training programme for the South West region which was commissioned as part of the NHS England Access and Waiting Times standards (A&WTS) initiative for early psychosis. This programme (10 taught days and 6 months of supervised practice) is designed to maximise implementation in practice. Design/methodology/approach The programme introduces students to a flexible, widely applicable FI approach which integrates cognitive behavioural/psycho-educational and systemic approaches. It refreshes and develops CBT-based psycho-social intervention skills, so that clinicians feel confident to use them in family sessions and integrate these with foundation level family therapy skills. The approach facilitates engagement, and it is designed so that every session is a "mini intervention". This enables clinicians to offer standard NICE-concordant FI or a briefer intervention if this is sufficient to meet the particular needs of a family. Findings This paper provides details of the regional training programme and evaluates the first four training courses delivered to nine early intervention in psychosis teams. It considers how a combination of training a critical mass of staff in each service, ongoing supervision, regional events to maintain skills and motivation to deliver FI, and the national and regional auditing of FI as part of the A&WTS all contribute to clinical implementation. Originality/value The unique design of this programme maximises implementation in practice by virtue of its widely applicable integrated FI approach, the focus on ongoing skills development and by embedding it within regional and local service support structures.

15. Demonstrating Improved Surgical Communication and Handover Generates Earlier Discharges (DISCHARGED).

Authors Dean, Jonathon; Phillips, Georgina; Turner, Warren; Refson, Jonathan
Source Journal of Patient Safety; Sep 2018; vol. 14 (no. 3)
Publication Date Sep 2018
Publication Type(s) Academic Journal
Database CINAHL

Available at [Journal of Patient Safety](#) 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: Weekend surgical handover at the Princess Alexandra Hospital NHS Trust in Harlow, Essex, did not fully comply with Royal College of Surgeons England guidelines. Out-of-hours care is under increased scrutiny, and we implemented a quality improvement intervention of a mandatory, standardized weekend handover form to streamline weekend care. This was shown to increase discharges and decrease lengths of stay for patients whose hospital stay included a weekend. Methods: Data were collected for 15-week preimplementation and postimplementation. The number of patients handed over for senior weekend review was recorded, and for each, the presence or absence of a working diagnosis, relevant investigations, a management plan, and any outstanding tasks was recorded. A standardized weekend handover form was implemented, and these criteria as well numbers of discharges and lengths of stay were compared. Results: An average of 32 patients was handed over each weekend before and after implementation. The average number of handovers with a listed working diagnosis (19.20 to 30.80, $\Delta 11.60$, $P < 0.0001$), management plan (16.40 to 31.73, $\Delta 15.33$, $P < 0.0001$), and tasks (16.60 to 29.13, $\Delta 12.53$, $P < 0.0001$) significantly increased. Average weekend discharges increased (39.07 to 48.93, $\Delta 9.86$, $P = 0.0034$). Average lengths of stay for emergency patients whose stays included a weekend shortened by 1.96 days (11.11 to 9.15 days, $\Delta -1.96$, $P = 0.0192$) in keeping with the length of a weekend, with estimated annual cost-savings of between £740 000 and £3.82 million. Conclusions: Implementation of a standardized weekend handover form resulted in an increase in compliance to national guidelines as well as an increase in weekend discharges and decreased length of stay for emergency patients with significant cost-savings.

16. Extended operating times are more efficient, save money and maintain a high staff and patient satisfaction.

Authors Herron, Jonathan Blair Thomas; French, Rachel; Gilliam, Andrew Douglas
Source Journal of Perioperative Practice; Sep 2018; vol. 29 (no. 9); p. 231-237
Publication Date Sep 2018
Publication Type(s) Academic Journal
Database CINAHL

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Abstract Current public sector austerity measures necessitate efficiency savings throughout the NHS. Performance targets have resulted in activity being performed in the private sector, waiting list initiative lists and requests for staff to work overtime. This has resulted in staff fatigue and additional agency costs. Adoption of extended operating theatre times (0800-1800 hours) may improve productivity and efficiency, with potentially significant financial savings; however, implementation may adversely affect staff morale and patient compliance. A pilot period of four months of extended operating times (4.5 hour sessions) was completed and included all theatre surgical specialties. Outcome measures included: the number of cases completed, late starts, early finishes, cancelled operations, theatre overruns, preoperative assessment and 18-week targets. The outcomes were then compared to pre-existing normal working day operating lists (0900-1700). Theatre staff, patient and surgical trainee satisfaction with the system were also considered by use of an anonymous questionnaire. The study showed that in-session utilisation time was unchanged by extended operating hours 88.7% (vs 89.2%). The service was rated as 'good' or 'excellent' by 87.5% of patients. Over £345,000 was saved by reducing premium payments. Savings of £225,000 were made by reducing privately outsourced operation and a further £63,000 by reviewing staff hours. Day case procedures increased from 2.8 to 3.2 cases/day with extended operating. There was no significant increase in late starts (5.1% vs 6.8%) or cancellation rates (0.75% vs 1.02%). Theatre over-runs reduced from 5% to 3.4%. The 18 weeks target for surgery was achieved in 93.7% of cases (vs 88.3%). The number of elective procedures increased from 4.1 to 4.89 cases/day. Only 13.33% of trainees (n = 33) surveyed felt that extended operating had a negative impact on training. The study concludes that extended operating increased productivity from 2.8 patients per session to 3.2 patients per session with potential savings of just over £2.4 million per financial year. Extrapolating this to the other 155 trusts in England could be a potential saving of £372 million per year. Staff, trainee and patient satisfaction was unaffected. An improved 18 weeks target position was achieved with a significant reduction in private sector work. However, some staff had difficulty with arranging childcare and taking public transport and this may prevent full implementation.

17. A cross sectional survey of the UK public to understand use of online ratings and reviews of health services.

Authors van Velthoven, Michelle H.; Atherton, Helen; Powell, John
Source Patient Education & Counseling; Sep 2018; vol. 101 (no. 9); p. 1690-1696
Publication Date Sep 2018
Publication Type(s) Academic Journal
PubMedID 29666022
Database CINAHL

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Available at [Patient Education and Counseling](#) 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 Objectives: To identify the self-reported behaviour of the public in reading and writing online feedback in relation to health services. Methods: A face-to-face cross-sectional survey of a representative sample of the UK population. Descriptive and logistic regression analyses were undertaken to describe and explore the use of online feedback. Results: 2036 participants were surveyed, and of 1824 Internet users, 42% (n = 760) had read online health care feedback and 8% (n = 147) had provided this feedback in the last year. People more likely to read feedback were: younger, female, with higher income, experiencing a health condition, urban dwelling, and more frequent internet users. For providing feedback, the only significant association was more frequent internet use. The most frequent reasons for reading feedback were: finding out about a drug, treatment or test; and informing a choice of treatment or provider. For writing feedback they were to: inform other patients; praise a service; or improve standards of services. 94% had never been asked to leave online feedback. Conclusion: Many people read online feedback from others, and some write feedback, although few are encouraged to do so. Practice Implications: This emerging phenomenon can support patient choice and quality improvement, but needs to be better harnessed.

18. In Defense of Best Interests: When Parents and Clinicians Disagree.

Authors Coulson-Smith, Peta; Fenwick, Angela; Lucassen, Anneke
Source American Journal of Bioethics; Aug 2018; vol. 18 (no. 8); p. 67-69
Publication Date Aug 2018
Publication Type(s) Academic Journal
Database CINAHL

Available at [The American Journal of Bioethics](#) 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 comments on the article "When parents refuse: Resolving entrenched disagreements between parents and clinicians in situations of uncertainty and complexity" by J. Winters. It highlights a case where parents want to pursue a (particular) treatment for their child that clinicians do not feel is in the child's best interests. It states that the author's proposed tool manages disagreements between clinicians and parents where parents refuse treatment.

19. Safe monitoring of natalizumab therapy in multiple sclerosis.

Authors Hosty, Jennifer; Kass-Iliyya, Lewis; Bell, Simon; Paling, David
Source British Journal of Neuroscience Nursing; Aug 2018; vol. 14 (no. 4); p. 160-164
Publication Date Aug 2018
Publication Type(s) Academic Journal
Database CINAHL

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Abstract Natalizumab is one of the most effective therapies for relapsing-remitting multiple sclerosis. One complication is progressive multifocal leucoencephalopathy, a viral brain infection caused by John Cunningham virus (JCV). Monitoring of neurological symptoms, JCV serology and regular brain imaging are required to ensure safe use of this therapy. Local audit data from 2015 indicated poor compliance with safety monitoring: under 25% of investigations were within recommended timeframes. Subsequently, a protocol was implemented to improve monitoring, with specialist nurses coordinating requests for MRI scans and arranging JCV serology, with frequency determined according to JCV index. A re-audit assessed the impact of this protocol (n=155). Some 97.4% of patients were appropriately tested for JCV and 88.4% were imaged within the recommended interval. Additional work with the informatics and virology team ensured serology results became more easily accessible. The use of a standardised, nurse-led operating procedure has resulted in marked improvement in the safety monitoring of natalizumab.

20. The UK Parkinson's Audit 2017: Transforming care.

Authors Cunnington, Anne-Louise
Source British Journal of Neuroscience Nursing; Aug 2018; vol. 14 (no. 4); p. 195-196
Publication Date Aug 2018
Publication Type(s) Academic Journal
Database CINAHL

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

Abstract The article discusses the results of the Parkinson's National Audit 2017 that addresses the concerns of professionals, patients and carers about the quality of care provided to people with Parkinson's Disease across Great Britain.

21. The potential for coproduction to add value to research.

Authors Hickey, Dr. Gary
Source Health Expectations; Aug 2018; vol. 21 (no. 4); p. 693-694
Publication Date Aug 2018
Publication Type(s) Academic Journal
Database CINAHL

Available at [Health Expectations](#) from EBSCO (CINAHL Plus with Full Text)

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Available at [Health Expectations](#) 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 reports that Great Britain National Institute for Health Research will explore exploring how coproduced research might work in practice in health and social care research in England. It states that key principle involved in coproducing research is the sharing of power in key decisions. It mentions that co-produced research challenges power structures and the way in which research is currently funded and governed.

22. Hip fracture audit: Creating a 'critical mass of expertise and enthusiasm for hip fracture care'?

Authors Currie, Colin
Source Injury; Aug 2018; vol. 49 (no. 8); p. 1418-1423
Publication Date Aug 2018
Publication Type(s) Academic Journal
PubMedID 30135041
Database CINAHL

Available at [Injury](#) 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 [Injury](#) 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 care of frail older people admitted with hip fracture has improved greatly over the last half-century, largely as a result of combined medical care and surgical care and the rise - over the last four decades - of large-scale hip fracture audit. A series of European initiatives evolved. The first national hip fracture audit was the Swedish Rikshöft in the late 1980s, and the largest so far is the UK National Hip Fracture Database (NHFD), launched in 2007. An external evaluation of the NHFD demonstrated statistically significant increases in survival at up to 1 year associated with improved early care: with rising geriatrician involvement and falling delays to surgery, and from which lessons have been learned. Comparable national audits have emerged since in northern Europe and in Australia and New Zealand, and most recently in Spain and Japan. Like the NHFD, these use the synergy of agreed clinical standards and regular - ideally continuous - audit feedback that can prompt and monitor clinical and service developments, often demonstrating both rising quality and improved cost effectiveness. In addition, important benchmarking studies of hip fracture care have been reported from India and China, both of which face huge challenges in providing care of fragility fractures in populations characterised by first-generation mass ageing. The 'halo effect' of the impact of growing expertise in hip fracture care on the care of other fragility fractures is noteworthy and now relevant globally. Although many national audits have now published encouraging reports of progress, the details of context and process determinants of the initiation and development of effective hip fracture audit have received relatively little attention. To address this, an extended discussion section - based on the author's experience of participation in several substantial audits, variously supporting and observing many others, and from his numerous discussions with audit colleagues over the years - may be of value in offering practical advice on some obvious and less obvious practical issues that arise in the setting up of large-scale hip fracture audits in a variety of healthcare contexts.

23. Patients, providers and commissioners: are we in it together?

Authors Leigh, Richard; Vig, Stella
Source Diabetic Foot Journal; Jul 2018; vol. 21 (no. 3); p. 146-147
Publication Date Jul 2018
Publication Type(s) Academic Journal
Database CINAHL

Available at [Diabetic Foot Journal](#) 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.

24. Development of a surgical site infection surveillance programme in a Scottish neurosurgical unit.

Authors Canty, Michael; George, Edward Jerome St
Source International Journal of Health Governance; Jul 2018; vol. 23 (no. 3); p. 188-195
Publication Date Jul 2018
Publication Type(s) Academic Journal
Database CINAHL

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

Abstract Purpose Surgical site infection (SSI) is a common complication in surgical practice. SSIs represent almost a fifth of healthcare-associated infections in Scotland, and have deleterious effects on mortality, morbidity, length of stay, and cost to the health service. SSIs in neurosurgery may be more consequential than in other specialities given the potentially devastating effects of central nervous system infection. The paper aims to discuss these issues. Design/methodology/approach In 2014, the authors became concerned about an anecdotal increase in infection rates in the authors' unit. While national guidance on SSI surveillance existed in England and Scotland, the authors had no relevant procedures or policies in Glasgow, and began the process of establishing a surveillance programme. This was driven by clinicians but faced challenges due to a lack of involvement of the wider organisation in the early stages. Findings SSIs were initially reported via a form-filling system. This developed into an editable hospital intranet database, but still suffered from the problems of voluntary entries and under-reporting. Following the formal engagement of management structures and the funding of a surveillance nurse, the authors' programme developed robustness, and resilience. With the advent of an SSI committee, the authors now have a well-established programme that ingrains SSI prevention in the collective learning and organisational memory of the authors' unit. Originality/value Clinicians must lead on the development of these programmes, but long-term durability requires engagement and support from the wider organisation.

25. The National Diabetes Audit -- an update.

Authors Gadsby, Roger
Source Diabetes & Primary Care; Jun 2018; vol. 20 (no. 3); p. 91-93
Publication Date Jun 2018
Publication Type(s) Academic Journal
Database CINAHL
 Available at [Diabetes & Primary Care](#) from Available to NHS staff on request from UHL Libraries & Information Services (from NULJ library) - click this link for more information Local Print Collection [location]: UHL Libraries On Request (Free).
 Available at [Diabetes & Primary Care](#) from Available to NHS staff on request from UHL Libraries & Information Services (from non-NHS library) - click this link for more information Local Print Collection [location]: British Library via UHL Libraries - please click link to request article.

26. Investigating the relationship between costs and outcomes for English mental health providers: a bi-variate multi-level regression analysis.

Authors Moran, Valerie; Jacobs, Rowena
Source European Journal of Health Economics; Jun 2018; vol. 19 (no. 5); p. 709-718
Publication Date Jun 2018
Publication Type(s) Academic Journal
PubMedID 28647862
Database CINAHL
 Available at [The European Journal of Health Economics](#) from Available to NHS staff on request from UHL Libraries & Information Services (from NULJ library) - click this link for more information Local Print Collection [location]: UHL Libraries On Request (Free).
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Abstract Provider payment systems for mental health care that incentivize cost control and quality improvement have been a policy focus in a number of countries. In England, a new prospective provider payment system is being introduced to mental health that should encourage providers to control costs and improve outcomes. The aim of this research is to investigate the relationship between costs and outcomes to ascertain whether there is a trade-off between controlling costs and improving outcomes. The main data source is the Mental Health Minimum Data Set (MHMDS) for the years 2011/12 and 2012/13. Costs are calculated using NHS reference cost data while outcomes are measured using the Health of the Nation Outcome Scales (HoNOS). We estimate a bivariate multi-level model with costs and outcomes simultaneously. We calculate the correlation and plot the pairwise relationship between residual costs and outcomes at the provider level. After controlling for a range of demographic, need, social, and treatment variables, residual variation in costs and outcomes remains at the provider level. The correlation between residual costs and outcomes is negative, but very small, suggesting that cost-containment efforts by providers should not undermine outcome-improving efforts under the new payment system.

27. CI candidacy and coverage disparities in US health insurance...15th International conferences on Cochlear Implants, 27-30 June 2018, Antwerp, Belgium

Authors Sorkin, D.
Source Journal of Hearing Science; Jun 2018; vol. 8 (no. 2); p. 62-63
Publication Date Jun 2018

Publication Type(s) Academic Journal
Database CINAHL
Abstract Objectives: Health insurance for cochlear implantation in the US is covered by a range of options. Type of health insurance citizens have varies by age, work status, and family income. The four main types of health insurance coverage are private employer plans held by a working adult family members, Medicare (for people 65 and older), Medicaid (for those whose income is insufficient to pay for healthcare), and military (for veterans or active duty military families). The Affordable Care Act (ACA) marketplace (known as Obama Care) was initiated in 2010 and enrolled 8.8 million Americans in 2018. How does insurance type affect access? Methods: Data was collected on individuals covered by each insurance type, utilization, and barriers. Most CI surgeries are covered by private employer plans followed by Medicaid, Medicare, military related, and ACA. Programs were queried about challenges faced in providing services to low income families under Medicaid. BarrAlso evaluated was degree to which adults covered by private insurance, Medicare, or VA experience barriers. The impacts of governmental policies was evaluated. Results: Based on the survey of 33 cochlear implant centers, 58% of pediatric surgeries and 20% of adult surgeries were covered by Medicaid-the program for low income Americans. Adult coverage under Medicaid is relatively low though is the most common form of insurance for children at many centers. Employer plans were utilized by most adults. The Veterans Administration appears to be the most restrictive with only 477 Ci surgeries in 2016, or 1/10 of 1% of the estimated number of veterans who could benefit from a CI. Lean thinking for intraoperative surgical management and the use of the intra operative remote assistant (Cochlear CR220) Raine C.H., Totten C., Martin J.M., Strachan D. Yorkshire Auditory Implant Service, Bradford Royal Infirmary, Bradford, UK Introduction: Up until 2009 in the UK, all CI surgery was unilaterally performed bar bilateral for meningitis or dual sensory impairment. Since then, NICE approved bilateral simultaneous surgery for children. National audit of approximately 1000 consecutive paediatric cases in 2011 showed no additional risk of complication with simultaneous surgery compared with sequential or unilateral procedures. With increasing workload, practices were reviewed to improve efficiency and identify potential costs savings. Methodology: Surgical practice was reviewed as to how some units managed with simultaneous surgeries. In our practice audiological scientists perform intra-operative telemetry and reflex thresholds. This would typically involve the scientist visiting the operation room for each CI surgery. Forty children (simultaneous) and 65 adults (unilateral) were performed at YAIS in 2016/17 Results: The theatre board approved that the same drill and surgical tray could be used for bilateral surgeries. Nearly £500 per simultaneous surgery could be saved by not duplicating trays and disposables. To improve efficiency of audiological support a simple telephone contact and a 'remote me access' to the programming computer in theatre worked well but still involved audiological expertise. With the introduction of the Wireless Intraoperative Remote Assistant, Cochlear Nucleus CR220, this has freed up the audiologist from the operating theatre and they can now see extra patients. For single sided surgery, downtime and two visits would be a saving of approximately £45 and for bilateral simultaneous £100 With a work load of 40 children, the equipment savings are over £25K. Taking into account audiological savings through the use of the CR220 for both children and adults this equates to nearly £10K of additional savings. Conclusion: Simultaneous surgery continuing with the same surgical equipment is safe and cost effective. The CR220 produces significant savings and releases the audiologist to see more patients. Conclusions: A range of patterns exist on Medicaid coverage for children. Major areas of difference include policies on bilateral CI, processor replacements, habilitation, and candidacy. Reimbursement amounts by Medicaid vary. Veterans programs appear to be the most limited, apparently as a consequence of restrictive candidacy evaluations.

28. Retrospective view to the newborn hearing screening in Turkey based on the published data...15th International Conference on Cochlear Implants and Other Implantable Auditory Technologies; 27th Jun 2018 - 30th Jun 2018; Antwerp, Belgium

Authors Kemalöglu, Y. K.
Source Journal of Hearing Science; Jun 2018; vol. 8 (no. 2); p. 98-99
Publication Date Jun 2018
Publication Type(s) Academic Journal
Database CINAHL

Abstract Background: NHS in Turkey has been started as hospitalbased programs in 1996, and following a pilot NHS study from 2004, in 2008, national NHS program of Directorate General for Maternal and Child Health and Family Planning has been started. At the end of 2016, 1000 screening centers were established all over the country and the coverage ratio was around 93,9 % of live births, which were 1309771. Objective: Our purpose is to review the published data about NHS in Turkey to evaluate impact of the program. Material & Methods: Forty-six published researches presenting the data of NHS programs in Turkey were reviewed, and the data about fails, referral rates, missed cases, the screening methods, and rate of the hearing loss were analyzed. Results: It was seen that 44 studies presented the data of separate hospitals including 418530 newborns . Rates of the first-test fail, referrals and hearing loss were 15,7%, 0,88% and 0,35% respectively. Rate of bilateral hearing loss was 81%. Conclusion: The Turkish NHS data appears that bilateral congenital hearing loss is more common in Turkiye than European countries. Besides, in respect to data of the clinical studies, severe cases constitute more than half of the subjects. Therefore, it is clear that Turkiye needs a well-established audiologic program not only for early diagnosis but also for fitting and (re)habilitation, which should be supported by special education system throughout the country. Not only increase in number of the audiologic centers and cochlear implant surgeries during the last 5 years, but also apparent decrease in number of the children in the deaf schools point out that governmental policies closely follow the requirements, although the ultimate data presenting improvement in their speech and language development and success rates in the general stream schools are not available yet.

29. Novel computer-based therapy enhances speech perception in Cochlear implant users...15th International conferences on Cochlear Implants, Antwerp, Belgium, 27-30 June 2018

Authors Narayan, A.
Source Journal of Hearing Science; Jun 2018; vol. 8 (no. 2); p. 113-113
Publication Date Jun 2018
Publication Type(s) Academic Journal
Database CINAHL
Abstract Introduction:The limitations of auditory therapy in the UK are: 1) they require face-to-face interaction and 2) computer- based programmes utilise the same pitch and tone. Since we explored the possibility of providing personalized auditory therapy in patients' homes, we aimed to investigate if our new adaptive computer therapy, which varies tone and pitch based on patients' deficiencies, is more effective at improving speech perception Methods: In this randomized control trial, candidates were split into two groups and underwent three rounds of testing. In the first round, all candidates identified words that they heard and the percentage of correctly identified words recorded. In the second round, they received training listening to sentences and identifying the words in the sentence. If they failed to identify a word correctly, the sentence was replayed identically for candidates in the first group. In the second group, specific emphasis was placed on the incorrect word by varying its tone and pitch. In round three, they underwent testing again and the percentage of words they were able to correctly identify before and after training was compared. A paired t-test was used to analyse the data and see if there was any significant difference in the levels of improvements between the two groups. Results: There were 8 and 9 candidates in the first and second group respectively. The mean percentages for candidates in the first round of testing in the first and second groups were 50.63%(95%CI 37.3-65.2) and 53.5%(95%CI 38.1-69.3). The mean percentages for candidates in the second round of testing were 52.5%(95%CI 38.4-68.2) and 67.78%(95%CI 54.6-80.9). The mean improvement in scores was greater in those in the second group than first group(p=0.0432). Conclusion: Our new computer program improves their speech perception to a greater extent with the same amount of training. Given the promising results, broadening the study to a larger patient population would be ideal.

30. Experience of Trans-tympanic Electrical evoked Auditory Brainstem Responses (TTEABR) at the Royal National Throat Nose and Ear Hospital Auditory Implant Team...15th International Conference on Cochlear Implants and Other Implantable Auditory Technologies; 27th Jun 2018 - 30th Jun 2018; Antwerp, Belgium

Authors Britz, A.
Source Journal of Hearing Science; Jun 2018; vol. 8 (no. 2); p. 128-128
Publication Date Jun 2018
Publication Type(s) Academic Journal
Database CINAHL

Abstract Cochlear implantation has proved to be a suitable treatment option in some cases for patients with Auditory Neuropathy and Hypoplastic Auditory Nerves. However the prediction of outcomes is still a challenge for Clinicians in these very challenging cases. Trans-tympanic electrical auditory brainstem response (TT-EABR) is an established pre-operative investigation for cochlear implant recipients and provides valuable information in selection of the ear for surgery and also will provide useful information on responses of the auditory nerve to electrical stimulation. A retrospective review was undertaken at the Royal National Throat Nose and Ear Hospital in London, United Kingdom, on all patients who underwent TT-EABR testing. These patients had various aetiological causes (Auditory Neuropathy, Hypoplastic Auditory Nerves, Neurological degenerative disease, Head injury and Superficial siderosis) for their hearing loss and in the majority of these cases the results provided valuable information for candidacy as well as post-operative counselling on the outcomes. Results indicated that TT-EABR is crucial for the majority of these complicated cases and therefore is standard practice at this centre.

31. Hearing outcomes of cochlear implant recipients with preoperatively identified cochlear dead regions...15th International Conference on Cochlear Implants and Other Implantable Auditory Technologies; 27th Jun 2018 - 30th Jun 2018; Antwerp, Belgium

Authors Lee, J. W.; Shrivastava, M.; Bird, J.; Tysome, J. R.; Donnelly, N. P.; Axon, P. R.; Bance, M. L.

Source Journal of Hearing Science; Jun 2018; vol. 8 (no. 2); p. 146-146

Publication Date Jun 2018

Publication Type(s) Academic Journal

Database CINAHL

Abstract Background: Cochlear dead regions (DRs) occur where there is absence of function of inner hair cells or adjacent auditory neurons at the characteristic frequency. DRs contribute to poor auditory perception, and are associated with worse outcomes in patients with conventional hearing aids compared to those without DRs. Currently in the UK, the audiological and functional inclusion criteria for cochlear implantation (CI) are greater than 90 dB hearing loss at 2 and 4 kHz, and a score of less than 50% on BKB sentence testing. The presence of cochlear DRs may allow patients who do not fulfil traditional audiological criteria, to meet extended criteria for CI. The effect of DRs on their postoperative outcomes is unknown. Objectives: To test the hypothesis that CI recipients who met extended CI criteria due to preoperatively identified cochlear DRs have worse outcomes compared to CI recipients who fulfilled traditional audiological and functional criteria. Materials and Methods: Retrospective analysis of outcomes of CI recipients who had the presence of DRs identified by threshold equalizing noise (TEN) test. Outcomes are compared to CI recipients who fulfilled conventional CI criteria. Results: On preliminary analysis, 47 patients had identified cochlear DRs prior to CI. Mean pre- and post-operative BKB scores for the DR group were 22% and 77% respectively. A control group of 150 patients underwent CI based on traditional criteria. Mean pre- and post-operative BKB scores for the control group were 16% and 69% respectively. Conclusions: Our study suggests that patients who become candidates for CI due to preoperatively identified cochlear DRs have comparable functional outcomes to patients who have CI after fulfilling conventional audiological and functional criteria. This supports DR testing in the workup of patients for CI if they fail to meet traditional audiological criteria, but do not receive adequate benefit from acoustic hearing aids.

32. The awareness level on cochlear implants in a multi-country setting amongst otorhinolaryngologists in a secondary setting and amongst adults...15th International Conference on Cochlear Implants and Other Implantable Auditory Technologies; 27th Jun 2018 - 30th Jun 2018; Antwerp, Belgium

Authors D'Haese, P. S. C.; Van Rompaey, V.; De Bodt, M.; Van de Heyning, P.

Source Journal of Hearing Science; Jun 2018; vol. 8 (no. 2); p. 150-150

Publication Date Jun 2018

Publication Type(s) Academic Journal

Database CINAHL

Abstract Objective: The main goal of this study was to determine the knowledge and beliefs of otorhinolaryngologists (ORLs) in a secondary setting and amongst adults in selected economically advanced European countries concerning severe hearing loss, hearing aids, and cochlear implants. Secondary goals of the study looked into the information sources of the otorhinolaryngologists and the adult population. In Europe, many adults who could benefit from a cochlear implant do not have one despite their availability via national health care systems. This lack of coverage might be due, in part, to the knowledge and beliefs of otorhinolaryngologists and the lack of awareness amongst adult candidates. Methods: ORLs in a secondary setting in Germany, England, France, Austria, and Sweden were emailed a custommade questionnaire on their knowledge and beliefs regarding hearing loss and its treatments. In addition, an online questionnaire was used to assess adults current health motivation to seek treatment for their hearing loss in the same set of countries and to assess their information sources. Results: 240 ORLs responded (50 from each nation except Sweden). National and international conferences and conversations with colleagues were much more popular methods of keeping abreast of medical issues than other information sources such as online media or company information. In the adult population (n=500), we observed that medical issues were mostly researched through a doctor and then via the internet, including those relating to hearing. Conclusion: The ORLs of each nation are knowledgeable but could still benefit from an increased knowledge and awareness of hearing loss treatment modalities whereas the adult population consulted the following key professionals about hearing problems: the General Practitioner and Ear Nose and Throat specialists. Medical issues, including those relating to hearing, were mostly researched through a doctor and then via the internet.

33. Towards an international consensus on core outcome measures for clinical trials in adult single sided deafness...15th International Conference on Cochlear Implants and Other Implantable Auditory Technologies; 27th Jun 2018 - 30th Jun 2018; Antwerp, Belgium

Authors Katiri, R.; Hall, A. D.; Kitterick, T. P.
Source Journal of Hearing Science; Jun 2018; vol. 8 (no. 2); p. 175-175
Publication Date Jun 2018
Publication Type(s) Academic Journal
Database CINAHL
Abstract Objectives: Single-sided deafness (SSD) is described by the presence of a severe-to-profound hearing impairment in one ear only. SSD disrupts the spatial aspects of hearing and impairs the ability to understand speech in the presence of background noise. It can lead to functional, psychological and social consequences. A common intervention is to re-route sounds from the impaired ear to the hearing ear using hearing aids. Alternatively, auditory implants can deliver sounds directly to the impaired ear. Benefits and harms for these interventions are documented inconsistently in the literature, using a multitude of outcomes ranging from speech perception tests to quality of life questionnaires. Inconsistencies hinder decisions about the choice of outcome measures for clinical trials. The CROSSSD study will develop a Core Outcome Set (COS) to address these inconsistencies and improve the quality of future trials. Methods: All outcome domains and instruments reported in clinical trials will be identified through a systematic review of published literature. Opinions on the importance of each outcome will be sought from key stakeholders: healthcare users with lived experience of SSD, audiologists, ENT doctors, patient and public involvement managers, journal editors and academics in the UK, Europe and USA. Stakeholders' opinions will be captured using an online Delphi survey. A subgroup of stakeholders will then be invited to a consensus meeting to discuss the Delphi results and identify what outcomes are relevant to all intervention options and stakeholder groups. Conclusion: The CROSSSD study aims to identify what is critical and important to measure when assessing interventions for SSD. It will adopt a robust methodology and will pool and integrate stakeholders' opinions internationally. The resulting COS will act as a standard for reporting in future clinical trials and have applications in guiding the use of outcome measures in clinical practice.

34. Music therapy and auditory habilitation for a deaf child having very severe inner ear anomaly using cochlear implant...15th International Conference on Cochlear Implants and Other Implantable Auditory Technologies; 27th Jun 2018 - 30th Jun 2018; Antwerp, Belgium

Authors Kanda, Y.; Wakasugi, C.; Hara, M.; Yoshida, H.; Ito, A.; Ohshima, N.; Kondoh, M.; Koga, R.; Hayashida, S.; Nakata, T.; Takahashi, H.
Source Journal of Hearing Science; Jun 2018; vol. 8 (no. 2); p. 183-184
Publication Date Jun 2018
Publication Type(s) Academic Journal
Database CINAHL

Abstract Objectives: We performed cochlear implantation (CI) for a deaf child with the severely malformed cochlea. Music therapy likely is a contributing factor to the development for severely hearing impaired children. Cochlear aplasia is considered as a contraindication or very difficult indication for CI. This is likely a case of cochlear aplasia using Sennaroglu Classification. Case: A 5-year-7-month old girl's Newborn Hearing Screening (NHS) was refer. Her ABR, ASSR (MASTER) showed No Response. Preoperative CT findings revealed 'Aplastic Cochlea and Facial nerve anomaly'. We implanted the first CI on 2011, and the second CI on 2013. I inserted a whole medium electrode into her left ear and a whole compressed electrode into her right ear of Med-EL. Her postoperative progress has been encouraging in that her speaking ability as well her speech understanding have steadily improved. As her parents wished for her to sing nursery rhymes, we enrolled her in musical therapy. The Music Therapist at our center performed a family participation type session for about 40x50 mins. once a month. Our therapist used multiple musical instruments in conjunction with a piano and also interacted with her in related activities, for example playing, singing songs and playing musical instruments jointly with her. After a 3-year period, her WTH with CI shows 35dBHL. Her ITMAIS score improved from 1 to 40 (maximum score). Her LittleEARS results increased from 7 to 35 (also maximum score). Upon repeated sessions, her initially monotone singing voice dramatically improved to the point she was able to confidently perform the songs. Auditory-Oral communications improved in various situations. She enrolled into a 1st grade class at a regular elementary school. The music therapy brought not only musical benefits to the child, but also contributed to the development of speech language, phonation as well as her social skills.

35. Using the little ears auditory questionnaire to promote parental confidence in the assessment process: capturing experiences...15th International conferences on Cochlear Implants, Antwerp, Belgium, 27-30 June 2018

Authors Hanvey, K.; Ager, H.; Clarkson, C.; Harris, S.
Source Journal of Hearing Science; Jun 2018; vol. 8 (no. 2); p. 185-185
Publication Date Jun 2018
Publication Type(s) Academic Journal
Database CINAHL
Abstract Objectives: Children with cochlear implants are often assessed using a range of measures at regular intervals postimplant. This process can result in increased parental anxiety, lack of confidence and frustration that the assessment tool is not reflecting what they are observing / experiencing at home. The assessment is a snap-shot in time, a oneoff moment where the carers can perceive they or their child is failing. Every one of the assessment appointments needs to be managed carefully by the therapist to maintain parental confidence and reflect parental perspectives. Method: 50 children were assessed at different intervals between 6 and 24 months post-implant. All children and their families are seen for regular therapy by the therapist performing the assessment and all are reported to have a positive therapeutic relationship with the therapist. A combination of assessment tools including the MED-EL Little Ears Auditory Questionnaire, the Pre School Language Scales (UK 5) (PLS) and therapist rating scales CAP, SIR and CEP were used. At the end of the assessment appointment, parents and carers were asked to complete a questionnaire focusing on how the assessment made them feel. Results: This presentation will illustrate the challenges in assessing children's progress after cochlear implantation and managing parent's thoughts and feelings to make this a positive, rather than anxiety-inducing experience. Conclusion: The Little Ears Auditory Questionnaire is a useful tool to use with families during the post implant journey to report and acknowledge progress alongside traditional assessment tools that require the child to participate and perform. In the early post-implant stages, parents experiences of the Little Ears Auditory Questionnaire is generally more positive than formal assessments such as the PLS.

36. Long-term outcomes of electro-acoustic stimulation cochlear implants: a single United Kingdom centre experience...15th International Conference on Cochlear Implants and Other Implantable Auditory Technologies; 27th Jun 2018 - 30th Jun 2018; Antwerp, Belgium

Authors Pai, I.; Achar, P.; Baillieu, K.; Nunn, T.; Powell, P.; Connor, S.; Obholzer, R.; Jiang, D.
Source Journal of Hearing Science; Jun 2018; vol. 8 (no. 2); p. 227-227
Publication Date Jun 2018
Publication Type(s) Academic Journal
Database CINAHL

Abstract Objective: To evaluate long-term outcomes of electroacoustic stimulation (EAS) cochlear implants Design: A retrospective case note review Setting: A tertiary hearing implant centre Participants: All adult patients undergoing EAS cochlear implantation between 2003 and 2016 were identified from the departmental cochlear implant database. Main outcome measures: Outcome measures included pre and post-operative pure tone thresholds (250Hz, 500Hz, 750Hz and 1kHz), speech perception scores (Bamford-Kowal-Bench (BKB) sentence testing, Arthur Boothroyd (AB) words and the mode of stimulation (EAS vs fully electrical). Results: 38 patients were implanted unilaterally using hearing preservation surgical techniques and with an EAS intent. The mean duration of follow-up was 5.1 years (range 3 months to 13 years). Eight patients (21.1%) experienced a complete loss of all residual hearing in the immediate or early post-operative period (within four weeks of surgery) and required a fully electrical switch-on. The other 30 patients (78.9%) had sufficient hearing preservation to enable EAS at least initially. All 38 patients had improvement in their speech perception scores post-implantation. Of the 30 patients who started with EAS, ten patients (26.3% of total) had progressive deterioration of residual hearing over a period of 3 months to 7 years and required a switch-over from EAS to fully electrical stimulation. In eight out of these 10 patients, the implant performance was maintained. In the other two patients, some deterioration in their implant performance was observed following the change in stimulation modality, but their speech perception scores with fully electrical stimulation were still better than the pre-CI scores. Conclusion: In our cohort, patients continue to benefit from implantation even when the residual hearing was lost and fully electrical stimulation was required. In cases of late hearing loss necessitating a switch-over from EAS to fully electrical stimulation, the implant performance was successfully maintained in the majority of patients even after the change in stimulation modality. When considering hearing rehabilitation options in individuals who still have significant residual hearing that could be lost through cochlear implantation, it is important to be able to provide patients with as accurate, realistic and comprehensible information as possible regarding their prognosis.

37. Are the BKB scores different when tested with male and female voices: results from adult cochlear implant candidates...15th International Conference on Cochlear Implants and Other Implantable Auditory Technologies; 27th Jun 2018 - 30th Jun 2018; Antwerp, Belgium

Authors Muff, J.; Berkov, B.; Vickers, D.; Harris, F.
Source Journal of Hearing Science; Jun 2018; vol. 8 (no. 2); p. 300-301
Publication Date Jun 2018
Publication Type(s) Academic Journal
Database CINAHL
Abstract NICE defined the UK candidacy in 2009 as bilateral hearing loss at 90 dBHL or worse at 2 and 4 kHz together with a score of less than 50% on the BKB sentence listening task, when delivered in quiet at 70 dB SPL, in the best aided condition. However the NICE guidelines did not stipulate if the BKB task should be delivered with a male talker or a female talker. Clinical observation suggests that the female talker condition is more demanding and scores are often lower. Objectives: The objectives of this study were (1) to determine the extent of the difference, if any, between the BKB sentence score delivered via male or female talker in quiet, when administered to adults undergoing cochlear implant (CI) assessment (n=78). Method: Candidates for CI were tested on the BKB sentence task, presented with both a male and a female talker. Any candidate with BKB less than 50% in either condition proceeded to cochlear implant. Outcomes of CI were followed up, especially in those candidates scoring above 50% on the BKB in the male talker condition, but below 50% in the female talker condition. Results: For the CI candidates, the mean male talker BKB score was 53.1% while the mean for female talker BKB score was 39.9%. All of those proceeding to CI on the basis of female talker less than 50% on BKB achieved satisfactory outcomes with their CI. Conclusion: Using the female talker BKB in-quiet condition could lead to a wider range of audiometric profiles being considered for implant. This small sample suggests there is clinical benefit to those candidates with BKB female talker condition scores lower than 50%, even if male talker BKB score is above 50%.

38. The role of multicentre collaboration in the development of a surgical questionnaire for clinical registries: Vibrant Effectiveness and Reliability Study...15th International Conference on Cochlear Implants and Other Implantable Auditory Technologies; 27th Jun 2018 - 30th Jun 2018; Antwerp, Belgium

Authors Saeed, S.; Toner, J.; Vickers, D.; Deguna, A.
Source Journal of Hearing Science; Jun 2018; vol. 8 (no. 2); p. 364-365
Publication Date Jun 2018
Publication Type(s) Academic Journal
Database CINAHL

Abstract Recent trends in bone conducting hearing implant technology have led to the development of a range of transcutaneous (i.e. no skin penetrating components) devices, both for bone conduction hearing devices and middle ear implants. Transcutaneous devices promise the possibility of fewer wound complications, but are surgically more complex. Two such devices are MED-EL's Bonebridge bone conduction hearing device and Vibrant Soundbridge middle ear implant. As part of both a multicentre NHS UK study to review the long term complication rates and reliability and the development of a UK national registry of the outcomes of the Bonebridge and Vibrant Soundbridge, intra-operative and post-operative surgical questionnaires have been developed for both devices. This paper reports the development of these questionnaires through an iterative process based on available literature and expert review

39. Read all about it!

Authors Chadwick, Paul
Source Diabetic Foot Journal; Apr 2018; vol. 21 (no. 2); p. 70-71
Publication Date Apr 2018
Publication Type(s) Academic Journal
Database CINAHL
 Available at [Diabetic Foot Journal](#) 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. What are we learning from the National Diabetes Foot Care Audit?

Authors Jeffcoate, William; Rayman, Gerry; Young, Bob
Source Diabetic Foot Journal; Apr 2018; vol. 21 (no. 2); p. 72-74
Publication Date Apr 2018
Publication Type(s) Academic Journal
Database CINAHL
 Available at [Diabetic Foot Journal](#) 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.

41. Hospital heterogeneity: what drives the quality of health care.

Authors Ali, Manhal; Salehnejad, Reza; Mansur, Mohaimen
Source European Journal of Health Economics; Apr 2018; vol. 19 (no. 3); p. 385-408
Publication Date Apr 2018
Publication Type(s) Academic Journal
PubMedID 28439750
Database CINAHL
 Available at [The European Journal of Health Economics](#) 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 [The European Journal of Health Economics](#) 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 [The European Journal of Health Economics](#) from Publishers' website (via doi.org)
 Available at [The European Journal of Health Economics](#) from Unpaywall

Abstract A major feature of health care systems is substantial variation in health care quality across hospitals. The quality of stroke care widely varies across NHS hospitals. We investigate factors that may explain variations in health care quality using measures of quality of stroke care. We combine NHS trust data from the National Sentinel Stroke Audit with other data sets from the Office for National Statistics, NHS and census data to capture hospitals' human and physical assets and organisational characteristics. We employ a class of non-parametric methods to explore the complex structure of the data and a set of correlated random effects models to identify key determinants of the quality of stroke care. The organisational quality of the process of stroke care appears as a fundamental driver of clinical quality of stroke care. There are rich complementarities amongst drivers of quality of stroke care. The findings strengthen previous research on managerial and organisational determinants of health care quality.

42. Changing the paradigm: messages for hand hygiene education and audit from cluster analysis.

Authors Gould, D.J.; Navaie, D.; Pursell, E.; Drey, N.S.; Creedon, S.; Navaie, D
Source Journal of Hospital Infection; Apr 2018; vol. 98 (no. 4); p. 345-351
Publication Date Apr 2018
Publication Type(s) Academic Journal
PubMedID 28760636
Database CINAHL

Available at [Journal of Hospital Infection](#) 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 Hospital Infection](#) 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 Hospital Infection](#) from Unpaywall

Abstract

Background: Hand hygiene is considered to be the foremost infection prevention measure. How healthcare workers accept and make sense of the hand hygiene message is likely to contribute to the success and sustainability of initiatives to improve performance, which is often poor. Methods: A survey of nurses in critical care units in three National Health Service trusts in England was undertaken to explore opinions about hand hygiene, use of alcohol hand rubs, audit with performance feedback, and other key hand-hygiene-related issues. Data were analysed descriptively and subjected to cluster analysis. Results: Three main clusters of opinion were visualized, each forming a significant group: positive attitudes, pragmatism and scepticism. A smaller cluster suggested possible guilt about ability to perform hand hygiene. Conclusion: Cluster analysis identified previously unsuspected constellations of beliefs about hand hygiene that offer a plausible explanation for behaviour. Healthcare workers might respond to education and audit differently according to these beliefs. Those holding predominantly positive opinions might comply with hand hygiene policy and perform well as infection prevention link nurses and champions. Those holding pragmatic attitudes are likely to respond favourably to the need for professional behaviour and need to protect themselves from infection. Greater persuasion may be needed to encourage those who are sceptical about the importance of hand hygiene to comply with guidelines. Interventions to increase compliance should be sufficiently broad in scope to tackle different beliefs. Alternatively, cluster analysis of hand hygiene beliefs could be used to identify the most effective educational and monitoring strategies for a particular clinical setting.

43. Conservative management of CIN2: National Audit of British Society for Colposcopy and Cervical Pathology members' opinion.

Authors Macdonald, Madeleine; Smith, John H. F.; Tidy, John A.; Palmer, Julia E.

Source Journal of Obstetrics & Gynaecology; Apr 2018; vol. 38 (no. 3); p. 388-394

Publication Date Apr 2018

Publication Type(s) Academic Journal

PubMedID 29212399

Database CINAHL

Available at [Journal of obstetrics and gynaecology : the journal of the Institute of Obstetrics and Gynaecology](#) from EBSCOhost EJS

Available at [Journal of obstetrics and gynaecology : the journal of the Institute of Obstetrics and Gynaecology](#) 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 obstetrics and gynaecology : the journal of the Institute of Obstetrics and Gynaecology](#) 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 There is no doubt that organised cervical screening programmes have significantly reduced the rates of cervical cancer by detection and treatment of high-grade cervical intraepithelial neoplasia (CIN2, CIN3). National UK guidelines do not differentiate between CIN2 and CIN3 as separate entities and recommend treatment for both, although a degree of uncertainty exists regarding the natural history of CIN2. This national survey of British Society for Colposcopy and Cervical Pathology members aimed to assess attitudes towards conservative management (CM) of CIN2 in the UK and identify potential selection criteria. In total, 511 members responded (response rate 32%); 55.6% offered CM for selective cases; 12.4% for all cases; 16.4% had formal guidelines. Most agreed age group was >40yrs (83%), HPV 16/18 positive (51.4%), smoking (60%), immuno-compromise (74.2%), and large lesion size (80.8%) were relative contraindications for CM. 75.9% favoured six-monthly monitoring, with 80.2% preferring excisional treatment for persistent high-grade disease. Many UK colposcopists manage CIN2 conservatively without formal guidelines. Potential selection criteria should be investigated by a multicentre study. Impact statement Although anecdotally some colposcopists manage many women with CIN2 conservatively, this National Audit of British Society for Colposcopy and Cytopathology members, we believe, is the first time this has been formally recorded. The survey assesses current attitudes towards conservative management (CM) of CIN2 and seeks to identify potential selection criteria that could be used to identify suitable women. It received over 500 responses and significantly, identified many colposcopists recommending CM of CIN2 for patients despite the lack of any formal guidance regarding this approach. The greater majority of respondents were keen to consider participating in a multicentre trial on CM of CIN2 targeting the UK screening population (25-64 years). The paper has international relevance as ACOG and ASCCP have recently changed their guidance for the management of CIN2 in younger women and now recommend CM with monitoring rather than first line ablative or excisional treatment due to concerns regarding overtreatment, especially in women who have not yet completed their family.

44. Seclusion: the untold legacy of the non-restraint movement in the UK.

Authors Howe, Andrew; Sethi, Faisal
Source Journal of Psychiatric Intensive Care; Apr 2018; vol. 14 (no. 1); p. 5-13
Publication Date Apr 2018
Publication Type(s) Academic Journal
Database CINAHL
Abstract The seclusion of patients when they are an acutely high risk to themselves or others is part of psychiatric care in the UK. Seclusion was pioneered by Dr John Conolly as part of the non-restraint movement that became widespread in the UK in the 1840s. Seclusion was created out of a desire to free patients from mechanical restraints and other inhumane treatments of the day. This paper examines the emergence of seclusion as a part of the non-restraint movement. We begin by reviewing the events and practice that led to Conolly's adoption of non-restraint at Hanwell Asylum in 1839. Analysis of Conolly's thoughts on seclusion are followed by a chronological account of changes in practice to the present day. Conolly believed that seclusion was the most humane way to treat patients who were high risk to themselves and others. Seclusion was incorporated into law and its use was inspected by external investigators. The initial professional reception was positive although years later there were calls for seclusion to be abolished. It remains a controversial practice today with recent initiatives in the UK seeking to assess its efficacy. Seclusion was created not out of a want to restrict patients but to liberate them. Since its inception, its utility and purpose has been, and continues to be, assessed and reviewed. We share today the principles of wanting to improve mental health care and reduce restrictive practices with Tuke, Conolly and their contemporaries two centuries ago.

45. How to explore the end-of-life preferences of homeless people in the UK.

Authors Webb, Wendy Ann; Mitchell, Theresa; Nyatanga, Brian; Snelling, Paul
Source European Journal of Palliative Care; Mar 2018; vol. 25 (no. 2); p. 59-62
Publication Date Mar 2018
Publication Type(s) Periodical
Database CINAHL
 Available at [European Journal of Palliative Care](#) from Available to NHS staff on request from UHL Libraries & Information Services (from NULJ library) - click this link for more information Local Print Collection [location] : UHL Libraries On Request (Free).
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46. Real-life Anti-tumor Necrosis Factor Experience in More Than 500 Patients: High Co-immunosuppression Rates But Low Rates of Quantifying Treatment Response.

Authors Merrick, Victoria M.; Mortier, Kajal; Williams, Linda J.; Muhammed, Rafeeq; Auth, Marcus K. H.; Mamoun, Elawad; Fell, John M. E.; Beattie, R. Mark; Loganathan, Sabarinathan; Torrente, Franco; Morris, Mary-Anne; Charlton, Charles; Croft, Nick M.; Rodrigues, Astor; Furman, Mark; Vadamalayan, Babu; Jenkins, Huw; Zamvar, Veena; Mitton, Sally G.; Chong, Sonny

Source Journal of Pediatric Gastroenterology & Nutrition; Feb 2018; vol. 66 (no. 2); p. 274-280

Publication Date Feb 2018

Publication Type(s) Academic Journal

PubMedID 29356768

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

Abstract Objective: The aim of this study was to measure the effectiveness, safety, and use of anti-tumor necrosis Factor (TNF) therapy in pediatric inflammatory bowel disease in the United Kingdom (UK). Methods: Prospective UK audit of patients newly starting anti-TNF therapy. Disease severity was assessed using Physician Global Assessment +/- or the Paediatric Crohn Disease Activity Index. Results: A total of 37 centers participated (23/25 specialist pediatric inflammatory bowel disease sites). A total of 524 patients were included: 429 with Crohn disease (CD), 76 with ulcerative colitis (UC), and 19 with IBD unclassified (IBDU). Eighty-seven percent (488/562) of anti-TNF was infliximab; commonest indication was active luminal CD 77% (330/429) or chronic refractory UC/IBDU 56% (53/95); 79% (445/562) had concomitant co-immunosuppression. In CD (267/429 male), median time from diagnosis to treatment was 1.42 years (interquartile range 0.63-2.97). Disease (at initiation) was moderate or severe in 91% (156/171) by Physician Global Assessment compared to 41% (88/217) by Paediatric Crohn Disease Activity Index (Kappa (κ) 0.28 = only "fair agreement"; $P < 0.001$). Where documented, 77% (53/69) of patients with CD responded to induction; and 65% (46/71) entered remission. A total of 2287 infusions and 301.96 years of patient follow-up ($n = 385$) are represented; adverse events affected 3% (49/1587) infliximab and 2% (2/98) adalimumab infusions (no deaths or malignancies). Peri-anal abscess drainage was less common after anti-TNF initiation (CD), that is 26% (27/102) before, 7% (3/42) after ($P = 0.01$); however, pre and post anti-TNF data collection was not over equal time periods. Conclusions: Anti-TNFs are effective treatments, usually given with thiopurine co-immunosuppression. This study highlights deficiencies in formal documentation of effect and disparity between disease severity scoring tools, which need to be addressed to improve ongoing patient care.

47. Prevalence of aphasia and co-occurrence of dysarthria: the UK Sentinel Stroke National Audit Programme...18th International Aphasia Rehabilitation Conference (IARC), University of Aveiro, Portugal. September 5-7, 2018.

Authors Mitchell, Claire; Bowen, Audrey; Gittins, Matthew; Vail, Andy; Conroy, Paul; Paley, Lizz; Bray, Ben; Tyson, Sarah

Source Aphasiology; Jan 2018; vol. 32 ; p. 145-146

Publication Date Jan 2018

Publication Type(s) Academic Journal

Database CINAHL
 Available at [Aphasiology](#) 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 The article focuses on rehabilitation of people with aphasia and dysarthria. Topics discussed include establishment of Sentinel Stroke National Audit Programme for getting data on admission of aphasia and dysarthria for all stroke admissions in hospitals in Great Britain; improving patients quality of life; and treatment of people with speech and language difficulty.

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-Aug-2018]	47
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