Strategy 582127/saved

Contents 150 of 150 results on Saved Results

Results 150 of 150 results on Saved Results

1. Implementing medication assistants in one eastern Washington nursing home

Authors Crogan N.L.; Simha A.
Source Annals of Long-Term Care; Nov 2018; vol. 26 (no. 6); p. 19-25
Publication Date Nov 2018
Publication Type(s) Article
Database EMBASE
Available at Annals of Long-Term Care from Available to NHS staff on request from UHL Libraries & Information Services (from non-NHS library) - click this link for more information Local Print Collection [location] : British Library via UHL Libraries - please click link to request article.

Abstract In response to the shortage of licensed practical nurses and registered nurses in area nursing homes (NHs), the Geriatric Interest Group of Spokane (GIGS), Washington, a group of long-term care (LTC) professionals from 5 local NHs, initiated the development and launch of a certified medication assistant (MA-C) training program in Eastern Washington. The purpose of this article is to describe the planning, implementation, and evaluation of an MA-C quality improvement initiative in the 50-bed LTC unit of one Eastern Washington NH. MA-Cs were successfully added to the staffing model in the NH. Quality outcome measures such as the medication error rate, staff satisfaction, the number of residents per month returned to the hospital, call light response rate, and the number of resident falls per month improved after implementation without costing the NH significantly more money in staff salaries. Based on these encouraging findings, GIGS plans to replicate the initiative in 3 additional NHs.

2. Qualitative study using interviews and focus groups to explore the current and potential for antimicrobial stewardship in community pharmacy informed by the Theoretical Domains Framework

Authors Jones L.F.; Owens R.; McNulty C.A.M.; Sallis A.; Ashiru-Oredope D.; Thornley T.; Francis N.A.; Butler C.
Source BMJ Open; Dec 2018; vol. 8 (no. 12)
Publication Date Dec 2018
Publication Type(s) Article
PubMedID 30593557
Database EMBASE
Available at BMJ Open from Europe PubMed Central - Open Access
Available at BMJ Open from HighWire - Free Full Text

Abstract Objectives Community pharmacists and their staff have the potential to contribute to antimicrobial stewardship (AMS). However, their barriers and opportunities are not well understood. The aim was to investigate the experiences and perceptions of community pharmacists and their teams around AMS to inform intervention development. Design Interviews and focus groups were used to explore the views of pharmacists, pharmacy staff, general practitioners (GPs), members of pharmacy organisations and commissioners. The questioning schedule was developed using the Theoretical Domains Framework which helped inform recommendations to facilitate AMS in community pharmacy. Results 8 GPs, 28 pharmacists, 13 pharmacy staff, 6 representatives from pharmacy organisations in England and Wales, and 2 local stakeholders participated. Knowledge and skills both facilitated or hindered provision of self-care and compliance advice by different grades of pharmacy staff. Some staff were not aware of the impact of giving self-care and compliance advice to help control antimicrobial resistance (AMR). The pharmacy environment created barriers to AMS; this included lack of time of well-qualified staff leading to misinformation from underskilled staff to patients about the need for antibiotics or the need to visit the GP, this was exacerbated by lack of space. AMS activities were limited by absent diagnoses on antibiotic prescriptions. Several pharmacy staff felt that undertaking patient examinations, questioning the rationale for antibiotic prescriptions and performing audits would allow them to provide more tailored AMS advice. Conclusions Interventions are required to overcome a lack of qualified staff, time and space to give patients AMS advice. Staff need to understand how self-care and antibiotic compliance advice can help control AMR. A multifaceted educational intervention including information for staff with feedback about the advice given may help. Indication for a prescription would enable pharmacists to provide more targeted antibiotic advice. Commissioners should consider the pharmacists' role in examining patients, and giving advice about antibiotic prescriptions.

3. Socioeconomic status and 30-day mortality after minor and major trauma: A retrospective analysis of the Trauma Audit and Research Network (TARN) dataset for England

Authors McHale P.; Taylor-Robinson D.; Hungerford D.; Lawrence T.; Astles T.; Morton B.
Source PLoS ONE; Dec 2018; vol. 13 (no. 12)
Publication Date Dec 2018

Publication Type(s) Article
PubMedID 30596799
Database EMBASE
Available at PLoS ONE from Europe PubMed Central - Open Access
Available at PLoS ONE from Public Library of Science (PLoS)
Available at PLoS ONE from EBSCO (MEDLINE Complete)

Abstract Introduction Socioeconomic status (SES) is associated with rate and severity of trauma. However, it is unclear whether there is an independent association between SES and mortality after injury. Our aim was to assess the relationship between SES and mortality from trauma. Materials and methods We conducted a secondary analysis of the Trauma Audit and Research Network dataset. Participants were patients admitted to NHS hospitals for trauma between January 2015 and December 2015, and resident in England. Analyses used multivariate logistic regression with thirty-day mortality as the main outcome. Co-variates include SES derived from area-level deprivation, age, injury severity and comorbidity. All analyses were stratified into minor and major trauma. Results There were 48,652 admissions (68% for minor injury, ISS<15) included, and 3,792 deaths. Thirty-day mortality was 10% for patients over 85 with minor trauma, which was higher than major trauma for all age groups under 65. Deprivation was not significantly associated with major trauma mortality. For minor trauma, patients older than 40 had significantly higher aORs than the 0-15 age group. Both the most and second most deprived had significantly higher aORs (1.35 and 1.28 respectively). Conclusions This study provides evidence of an independent relationship between SES and mortality after minor trauma, but not for major trauma. Our results identify that, for less severe trauma, older patients and patients with low SES with have an increased risk of 30-day mortality. Policy makers and service providers should consider extending the provision of 'major trauma' healthcare delivery to this at-risk population.

4. Are there patients missing from community heart failure registers? An audit of clinical practice

Authors Cuthbert J.J.; Crundall-Goode A.; Clark A.L.; Gopal J.
Source European Journal of Preventive Cardiology; 2018
Publication Date 2018
Publication Type(s) Article In Press
Database EMBASE

Abstract Background: General practitioners in the UK are financially incentivised, via the Quality Outcomes Framework, to maintain a record of all patients at their practice with heart failure and manage them appropriately. The prevalence of heart failure recorded in primary care registers (0.7-1.0%) is less than reported in epidemiological studies (3-5%). Using an audit of clinical practice, we set out to investigate if there are patients 'missing' from primary care heart failure registers and what the underlying mechanisms might be.
Design(s): The design of this study was as an audit of clinical practice at a UK general practice (n = 9390).
Method(s): Audit software (ENHANCE-HF) was used to identify patients who may have heart failure via a series of hierarchical searches of electronic records. Heart failure was then confirmed or excluded based on the electronic records by a heart failure specialist nurse and patients added to the register. Outcome data for patients without heart failure was collected after two years.
Result(s): Heart failure prevalence was 0.63% at baseline and 1.12% after the audit. Inaccurate coding accounted for the majority of missing patients. Amongst patients without heart failure who were taking a loop diuretic, the rate of incident heart failure was 13% and the rate of death or hospitalization with heart failure was 25% respectively during two-year follow-up.
Conclusion(s): There are many patients missing from community heart failure registers which may detriment patient outcome and practice income. Patients without heart failure who take loop diuretics are at high risk of heart failure-related events.

5. Efficacy of haemospray therapy on re-bleed and mortality rates-a UK single-centre experience

Authors Min T.; Mothey M.; Sharrack N.; Panikkar M.; Agrawal A.
Source United European Gastroenterology Journal; Oct 2018; vol. 6 (no. 8)
Publication Date Oct 2018
Publication Type(s) Conference Abstract
Database EMBASE
Available at United European Gastroenterology Journal from Europe PubMed Central - Open Access

Abstract Introduction: Dual endotherapy including epinephrine injection, thermal and mechanical methods have been shown to be superior to monotherapy in reducing the risk of re-bleed (20% vs 10%) and need for surgery in patients with upper gastrointestinal bleed (UGIB) [1]. Heamospray, an inorganic powder is a chemical mechanism to achieve haemostasis. The aim of the study was to describe a single centre district hospital experience in the United Kingdom with haemospray both as monotherapy and dual therapy in UGIB. Aims and Methods: Retrospective data for all patients who were treated with haemospray for UGIB were collected retrospectively between January 2016 to June 2017 using EndoSoft, Sunquest ICE, Medisec and case notes. The primary endpoints were short-term haemostasis (24 hours), long-term haemostasis (7 days) and mortality in patients where haemospray was used either as primary haemostatic agent or combination therapy with a second haemostasis modality.
Result(s): Haemospray was applied during 50 examinations in 48 patients - 21 male (44%) and 27 female (56%), mean age 71.9 (range 40 to 92) years. The mean Blatchford score was 9.6 (range 0-18). 33 (69%) patients were treated for peptic ulcer. The rest were used for treating 2 (4%) gastric antral vascular ectasia, 2 (4%) oesophagitis, 2 (4%) post sphincterotomy, 8 (16%) non-specific bleeding source and 1 (2%) gastric tumour. Of the 48 procedures, re-bleeding occurred in 8 patients. Overall, short-term haemostasis was achieved in 46 (95%) patients and long-term haemostasis was achieved in 42 (87.5%). A total of 12 (25%) patients died, out of which 4 (8%) died due to a re-bleed and 2 (4%) failed to achieve initial primary haemostasis. The reminder 6 patients died from non-UGIB cause.
Conclusion(s): In this single-centre audit, the role of haemospray as combination and monotherapy in achieving haemostasis has been shown to be comparable to other modalities of endotherapy with statistical significance. This data needs to be replicated in a larger number of patients across other centres.

6. Spontaneous bacterial peritonitis: Are we following guidelines?

Authors Ha S.M.; Al-Hasani H.; Jeyaprakash V.; Crisan L.; Siddique N.
Source United European Gastroenterology Journal; Oct 2018; vol. 6 (no. 8)
Publication Date Oct 2018
Publication Type(s) Conference Abstract
Database EMBASE
Available at United European Gastroenterology Journal from Europe PubMed Central - Open Access

Abstract Introduction: Spontaneous bacterial peritonitis (SBP) is the most common serious infection in patients with cirrhosis, occurring in 25% of those who develop ascites. It is associated with significant morbidity and mortality rates of 20- 40%.1 British Society of Gastroenterology (BSG) and National Institute of Clinical Excellence (NICE) guidelines recommend long-term prophylaxis (LTP) with Ciprofloxacin or Norfloxacin in patients with cirrhosis who have low ascitic fluid protein concentration (515g/L) with or without prior episode of SBP (primary LTP) or who have had an episode of spontaneous bacterial peritonitis (secondary LTP)1,2. Aims and Methods: We carried out a retrospective observational study using our electronic system for admissions with a diagnosis of ascites and cirrhosis across the East Kent Hospitals NHS Foundation Trust from April 2014 to April 2017. Ascitic fluid analysis results were reviewed against discharge summaries to audit whether LTP was started according to national guidelines.
Result(s): 337 cases of ascites with cirrhosis were identified (93 female: 244 male) with a median age of 58 (range 30-92 years). 61 out of 337 cases had a current or previous diagnosis of SBP. 5 out of 61 died during their admission. 10 out of 61 were discharged on secondary LTP and 46 patients were discharged without LTP. 11 out of 337 cases had low ascitic fluid protein with no current or previous episodes of SBP. None of these patients were discharged with primary LTP.
Conclusion(s): East Kent Trusts followed national guidelines in starting secondary LTP for SBP in 18% (10 out of possible 56) of cases and 0% of cases requiring primary LTP from April 2014 to April 2017. This low adherence rate may reflect lack of clinician awareness of guidelines for prescribing LTP for SBP in patients with ascites. There may also be a relation to local microbiology guidelines not following BSG or NICE guidelines on initiation of primary or secondary LTP for SBP. This study serves as a reminder to clinicians to carefully consider LTP in patients with ascites secondary to cirrhosis on each admission. We also recommend that trusts review local microbiology guidelines to ensure it adheres to national guidelines.

7. A study of post colonoscopy colorectal cancer (PCCRC) in England

Authors Burr N.; Rutter M.D.; Smith A.; Morris E.; Shelton J.; Pearson C.; Valori R.
Source United European Gastroenterology Journal; Oct 2018; vol. 6 (no. 8)
Publication Date Oct 2018
Publication Type(s) Conference Abstract
Database EMBASE
Available at United European Gastroenterology Journal from Europe PubMed Central - Open Access

Abstract Introduction: PCCRC is a key quality indicator for the detection and prevention of colorectal adenocarcinoma (CRC). It is not known whether rates of PCCRC are changing over time. There is limited evidence of factors associated with PCCRC that might be amenable to quality improvement interventions. This study investigated trends in rates of PCCRC in the NHS in England; the extent of variation between NHS trusts; and potential causal associations with PCCRC. Aims and Methods: Using linked national Hospital Episode Statistics and National Cancer Registration and Analysis Service data all individuals who had undergone a colonoscopy procedure between 1/1/2006 and 31/12/2012 and who developed a CRC to 31/12/2015 were identified. NHS trust provider status and potential associations with PCCRC were included in the analysis. International consensus methodology was used to calculate the PCCRC - 3 year rate (PCCRC-3yr).1,2 Colonoscopies were labelled as true positive (CRC within 0 to 6 months of the procedure), false negative (CRC within 6 to 36 months) and true negative (CRC beyond 36 months). The PCCRC-3yr rate was calculated as: false negatives / (true positive + false negative) x 100%. The PCCRC-3yr rate was calculated for each year from 2006 to 2012. In addition, the rate in each colonoscopy provider was calculated, and organisations grouped using quintiles. PCCRC rates were calculated in relation to patient and tumour characteristics.
Result(s): Between 2006 and 2012 108,908 colonoscopies followed by a diagnosis of CRC were identified. Of these, 93,240 (86%) were labelled true positive, 7,781 (7%) were false negatives, and 7,887 (7%) were true negative tests. There was a significant reduction in PCCRC-3yr rates, from 8.6% in 2006 to 7.5% in 2012 (Chi2 for trend p<0.01). There was variation in unadjusted, mean PCCRC-3yr rate between NHS Trusts from 5% (SD +/-2%) in the highest performing quintile to 11% (SD +/-2%) in the lowest. PCCRCs were significantly associated with female sex, right-sided colonic lesions, inflammatory bowel disease and diverticular disease diagnosis, mucinous CRC and in individuals with metachronous CRC.
Conclusion(s): There has been a significant reduction in PCCRC-3yr rates from 2006 to 2012, likely to be related to improvements in colonoscopic quality: particularly improved caecal intubation and bowel preparation resulting in improved lesion recognition and removal. There appears to be unwarranted variation of PCCRC-3yr rates across NHS trusts. Reasons for this variation need to be explored and subject to quality improvement projects. Evidence from this study can be used to help target those at highest risk of PCCRC.

8. A large 10-year series from a single-site institution in the United Kingdom of vulva carcinoma: An audit on adherence of United Kingdom guidelines and overall survival

Authors Lwin M.T.; MulaKh A.; Adeagbo T.; Nagar Y.S.; Khoury G.; Rahimi S.; Ihezue C.; Yeoh C.C.
Source Journal of Clinical Oncology; May 2018; vol. 36 (no. 15)
Publication Date May 2018
Publication Type(s) Conference Abstract
Database EMBASE

Abstract Background: We audited if our 10-year-series in our Institution's Vulva Carcinoma adhered with the Royal College of Obstretrician and Gynaecology (RCOG) Guidelines. In United Kingdom, from 2014, the guidelines states 1) Wide local excision of primary tumor with minimum 15mm of disease free tissue is often sufficient 2) Sentinel lymph node (LN) biopsy can be done in unilateral tumor of less than 4cm and if no clinical suspicion of LN involvement 3) In bilateral tumors, only ipsilateral groin node surgery needs to be done initially. Contralateral LN dissection may be required if ipsilateral nodes are positive 4) Groin node dissection should be omitted in stage Ia SCC, BCC, verrucous tumor and melanoma 5) Patient unfit for surgery can be treated with primary radiotherapy (RT) Methods: All Vulva Carcinoma Cancer coded from 2009-2017 were mined from database.
Result(s): Total of 121 patients. Mean age 74 years old (36-104 years old). Squamous cell carcinoma = 105, Melanoma = 5, Adenoid cyst = 1, Paget's = 2, Verrucous = 2, Basal cell carcinoma = 2, Sarcoma = 1, Adenocarcinoma = 3. All stages of Vulva cancer were 100% compliant with RCOG guidelines, except for Stage 1C, which achieved 62.5% compliance. *Out of 104 vulva cancer, 32 had no indications for surgical groin LN assessment (16 patients in 1a disease + 16 patients stage 4 disease) *72 had indications and were offered surgical groin LN assessment. *However, 45 out of 72 (62.5%) had surgical groin LN assessment. *12 out of 72 (16.7%)were declined due to co morbidities. *15 out of 72 (20.8%) did not wish surgical groin node assessment.
Conclusion(s): WLE were offered to all vulva patients. Clear margins were achieved in 97%. RT was offered to 2% of patients as there was not possible to achieve clear margin with re-excision. All eligible patients with indications for groin LN surgical assessment had offered nodal surgery. Patients with multiple comorbidity and not fit for surgery due to their advanced staging were treated with RT alone, chemo/RT and best supportive care. Overall survival was 205.7 weeks. (Table Presented).

9. Quality indicators for barrett's endotherapy (QBET): UK consensus statements for patient's undergoing endoscopic therapy for Barrett's esophagus neoplasia

Authors Alzoubaidi D.; Lovat L.B.; Haidry R.J.; Ragunath K.; Wani S.; Penman I.; Trudgill N.; Jansen M.; Banks M.; Thorpe S.; Graham D.; Bhandari P.; Morris A.J.; Willert R.; Boger P.; Smart H.; Ravi N.; Attwood S.; Dunn J.; Gordon C.; Mannath J.; Mainie I.; Di Pietro M.; Veitch A.; Bassett P.; Pech O.; Sharma P.
Source United European Gastroenterology Journal; Oct 2018; vol. 6 (no. 8)
Publication Date Oct 2018
Publication Type(s) Conference Abstract
Database EMBASE
Available at United European Gastroenterology Journal from Europe PubMed Central - Open Access
Abstract Introduction: Barrett's Endoscopic Therapy (BET) for the management of patients with BE neoplasia has significantly developed in the past decade. Despite recent national and international guidelines, UK and European registries and national audits demonstrate variation in the management of these patients resulting in variable outcomes. Healthcare systems and processes need to be aligned to ensure a streamlined, efficient and high quality service provision to all patients. Quality Indicators (QI) for BET in the UK are lacking. Aims and Methods: The aim of this project was to develop expert physician-led QBET to define best practice in patients with BE neoplasia.
Method(s): The RAND UCLA Appropriateness Method (RAM) was utilised to combine the best available scientific evidence with the collective judgment of experts to develop QBET in 4 sub-groups: Pre-endoscopy, intra-procedural (resection), intra-procedural (ablation) and post endoscopy. National and International experts including gastroenterologist (n=20), surgeons (n=2), BE pathologist (n=1), clinical nurse specialist (n=1) and patient representative (n=1) participated in a 3-round process (Round 0, 1 and 2) to develop 18 QIs in BET that fulfilled the definition of appropriateness using 4 statistical methods: 1) mean absolute deviation from median MAD-M, 2) BIOMED Concerted Action on Appropriateness definition, 3) p-value and 4) inter-percentile range adjusted for symmetry (IPRAS). Performance threshold was also set for each of the QIs, indicating the target to be achieved by each service provider.
Result(s): A total of 17 experts participated in Round 1 and 20 in Round 2. Of the 24 proposed QIs in round 1, 20 were ranked as appropriate (put through to round 2) and 4 as uncertain (were discarded). At the end of round 2, a final list of 18 QIs were scored appropriate and are listed in Table 1.
Conclusion(s): This UK national consensus QBET project has successfully developed QIs for patients undergoing BET. These QIs can be used by service providers to ensure that all patients with BE neoplasia receive uniform and high quality care based on the best available evidence and expert opinion. (Table Presented).

10. Social media usage within the cancer community of northern New England

Authors Emery L.P.; Batukbhai B.D.O.; Lansigan F.; Agarwal N.
Source Journal of Clinical Oncology; May 2018; vol. 36 (no. 15)
Publication Date May 2018
Publication Type(s) Conference Abstract
Database EMBASE
Available at Journal of Clinical Oncology from Leicester General Hospital Library Local Print Collection [location] : Leicester General Library. [title_notes] : Issues before 2000 held in Archive.
Available at Journal of 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 Journal of 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 Background: Social media (SM) has changed how patients and caregivers experience cancer. This quality improvement project aims to evaluate and understand the SM experience in a rural northern New England (NNE) cancer community, and design SM content for patient education, support, and engagement.
Method(s): We surveyed patients/caregivers (PC) and healthcare providers (HP) across three NNE cancer centers using a survey measuring access and usage of SM. PC surveys were offered to patients in the waiting area. HP surveys were given to NNE providers and solicited via e-Mail. Surveys were done on

11. Post-colonoscopy colorectal cancer rates in ibd are high and vary by NHS trust in England

Authors Burr N.; Valori R.; Subramanian V.; Hull M.A.; Smith A.; Morris E.; Rutter M.D.
Source United European Gastroenterology Journal; Oct 2018; vol. 6 (no. 8)
Publication Date Oct 2018
Publication Type(s) Conference Abstract
Database EMBASE
Available at United European Gastroenterology Journal from Europe PubMed Central - Open Access

Abstract Introduction: Colorectal cancer (CRC) risk is increased in those with inflammatory bowel disease (IBD). Guidelines advocate surveillance colonoscopy for patients with longstanding IBD. Post-colonoscopy colorectal cancer (PCCRC) is a key quality indicator of colonoscopy. There is limited data exploring the rate of PCCRC in those with IBD and potential risk factors associated with IBDrelated PCCRC. This study explored national and individual hospital rates of IBD-related PCCRC in England since 2006. Further analysis explored potential associations with IBD-related PCCRC in order to inform future quality improvement interventions. Aims and Methods: We identified all those who had undergone a colonoscopy between 1/1/2006 and 31/12/2012 and developed a CRC before 31/12/2015 using linked national Hospital Episode Statistics and National Cancer Registration and Analysis Service data. IBD cases were identified by relevant ICD-10 codes. Using international consensus guidelines.1,2 The rate of PCCRC within 3 years (PCCRC-3yr) was calculated as the number of false negative colonoscopies (within 6-36 months of CRC) divided by the sum of the true positive (within 6 months of CRC) and false negative colonoscopies. The IBD-associated PCCRC-3yr rate in each NHS hospital trust in England was ranked and trusts were separated into quintiles. Factors associated with IBD-related PCCRC were investigated.
Result(s): Between 2006 and 2012 we identified 7781 PCCRC, 800 (10%) with a diagnosis of IBD. Nationally, the IBD-PCCRC-3yr rate was 35%, and varied between hospital trusts with those in the lowest quintile having a mean, unadjusted rate of 19% (SD +/- 7%) compared to 52% (SD +/- 7%) in the highest quintile. PCCRC cases were younger at diagnosis (60yrs compared to 66yrs), were less likely to have diverticular disease (10% compared to 16%), and had undergone more previous colonoscopies when compared to detected cases (within 6 months of colonoscopy). There was no significant difference for sex, bowel location, deprivation score, or metachronous tumours.
Conclusion(s): PCCRC-3yr in those with IBD is high, and accounted for 10% of all PCCRC-3yr in England between 2006 and 2012. There is a wide variation in the unadjusted rates between NHS trusts in England that is unlikely to be explained by natural variation. There is an urgent need to investigate avoidable reasons for cancers in those with IBD to optimise surveillance and prevention of CRC in IBD.

12. External validation of the international bleeding risk score in both upper and lower GI bleeding: An international multicentre study

Authors Laursen S.B.; Oakland K.; Laine L.; Bieber V.; Marmo R.; Redondo Cerezo E.; Dalton H.; Ngu J.H.; Schultz M.; Gralnek M.I.; Jairath V.; Murray A.I.; Stanley A.J.
Source United European Gastroenterology Journal; Oct 2018; vol. 6 (no. 8)
Publication Date Oct 2018
Publication Type(s) Conference Abstract
Database EMBASE
Available at United European Gastroenterology Journal from Europe PubMed Central - Open Access

Abstract Introduction: Several risk scores have been developed for prediction of mortality in patients with upper gastrointestinal bleeding (UGIB). It would be clinically useful if a score was accurate at predicting mortality in both UGIB and lower GI bleeding (LGIB). The recently described pre-endoscopic International Bleeding Risk Score (IBRS) includes the variables: age, comorbidities (altered mental status, liver cirrhosis, disseminated malignancy, ASA-score), and blood tests (urea, albumin, creatinine) and was developed for predicting 30-day mortality in UGIB. IBRS performed well in its derivation dataset but requires external validation. Aims and Methods: We sought to validate the IBRS in both UGIB and LGIB using international datasets. We assessed the performance of the IBRS for predicting 30-day mortality in UGIB using prospectively collected data on 3324 consecutive cases from a national Italian database, 547 consecutive cases admitted to a Spanish hospital, and retrospectively collected data on 148 consecutive patients admitted to an Israeli hospital. 2) We compared the performance of the IBRS to the AIMS65 and Admission Rockall score (ARS) using the IBRS derivation data from a recently published international study of 3012 consecutive UGIB patients. 3) We assessed the performance of the IBRS in predicting 30-day mortality in LGIB using data from a UK audit of 2340 patients.
Result(s): 1) Validation of IBRS in UGIB: 4019 patients were included in the validation cohorts with mean age 67 years, mean ASA-score of 2.3, and mortality 7.0%. The IBRS had an area under the receiving operator characteristic curves (AUROC) for prediction of mortality of 0.81 (95% CI: 0.78-0.83). Patients with low IBRS (<=3; 34%) had a mortality rate of 1.0% whereas patients with high IBRS (<=8; 15%) had a mortality rate of 25%. Performance of IBRS in each cohort is shown in table 1. 2) Comparison of IBRS with AIMS65 and ARS: IBRS had similar overall diagnostic ability for prediction of mortality as AIMS65 (AUROCs: 0.81 vs 0.79; p=0.23), but was superior to ARS (AUROCs: 0.81 vs 0.76; p<0.012). Classified low-risk patients using IBRS had lower mortality than those classified low-risk with AIMS65 (threshold <= 1) (1.0 vs 3.4%; p<0.001). Although IBRS classified a higher number of patients as being at low risk of death compared with ARS (threshold <= 1) (34% vs 30%; p<0.001), the mortality rates were similar among classified low-risk patients (1.0 vs. 1.3%). 3) Validation of IBRS in LGIB: The IBRS was also closely associated with mortality in LGIB (AUROC: 0.84 (95% CI: 0.79-0.89). Patients with IBRS<=3 (55%) had a mortality rate of 0.6% whereas patients with IBRS>=8 (3.3%) had a mortality rate of 18%.
Conclusion(s): IBRS has good performance for predicting 30-day mortality in both UGIB and LGIB. One third of UGIB patients and more than half of LGIB patients can be identified by IBRS as having very low risk of death. IBRS enables identification of a higher number of true low-risk patients than ARS, and mortality among classified low-risk patients is lower with IBRS than AIMS65. IBRS also enables early identification of patients at high risk of death which may allow targeted management to improve outcome. (Table Presented).

13. GeL2MDT-a novel software solution to manage patient results from the 100,000 genomes project

Authors Lombard P.; Cole T.; Stone E.; Clokie S.; Ahlfors H.
Source Archives of Disease in Childhood; Dec 2018; vol. 103
Publication Date Dec 2018
Publication Type(s) Conference Abstract
Database EMBASE
Available at Archives of Disease in Childhood from BMJ Journals - NHS
Available at Archives of Disease in Childhood 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 Archives of Disease in Childhood 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 GeL2MDT is a unique software solution that helps clinicians and clinical scientists manage patient results generated by Genomics England (GEL) for the 100,000 Genomes Project. This interactive software combines a backend database that communicates directly with GEL to download patient, phenotype and genetic variant data, and a frontend web interface, that presents this data to healthcare professionals to interact with this information. GeL2MDT not only safely retrieves all relevant data programmatically from GEL, but also provides means for scientists to track, manage, review and audit cases from the Genomic Medicine Centre (GMC), communicate the results with clinicians, set up and invite participants to MDT meetings, record conversations and actions during MDT and return statistics to NHS England. GeL2MDT significantly improves patient safety by streamlining the reporting and validation workflow of samples returned from the 100,000 Genomes Project. It has made the processes fully traceable, resulting in a greatly reduced risk of data loss, accidental change, or corruption. The streamlining of processes means there is a decreased risk of patients being sent incorrect results, thereby representing a direct increase in clinical safety and improved turn-around times for delivering results to the patients. GeL2MDT has already set a precedent of how GMCs manage results from the 100,000 Genomes Project and communicate with GEL. No similar application is available either commercially or open-source to our knowledge.

14. Preoperative clear fluid fasting for children undergoing general anaesthesia

Authors Morrison C.; Thomas M.; Newton R.; Schindler E.

Source Archives of Disease in Childhood; Dec 2018; vol. 103
Publication Date Dec 2018
Publication Type(s) Conference Abstract
Database EMBASE
Available at Archives of Disease in Childhood from BMJ Journals - NHS
Available at Archives of Disease in Childhood 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 Archives of Disease in Childhood 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 Paediatric anaesthetic guidelines for the management of preoperative fasting of clear fluids are currently 2 hours. The traditional 2 hours clear fluid fasting time was recommended to decrease the risk of pulmonary aspiration and is not in keeping with current literature. It appears that a liberalised clear fluid fasting regime does not affect the incidence of pulmonary aspiration and in those who do aspirate, the sequelae are not usually severe or long-lasting. Fasting for prolonged periods increases thirst and irritability and results in detrimental physiological and metabolic effects. With a 1 hour clear fluid policy, there is no increased risk of pulmonary aspiration. There is less nausea and vomiting, thirst, hunger, and anxiety if allowed a drink closer to surgery. Children appear more comfortable, better behaved and possibly more compliant. In children less than 36 months this has positive physiological and metabolic effects. A local quality improvement project over an 18 month period identified a mean clear fluid fasting time of 6.3 hours a 2 hour clear fasting policy. This project gave all children a drink on arrival and incorporated a prompt in the WHO checklist for children later on the list to be offered a drink up until 1 hour prior to general anaesthesia. The change led to a mean fluid fasting time reduced to 3.1 hours with no increased risk of aspiration or cancellations. This led to a national joint consensus statement supported by the Association of Paediatric Anaesthetists of Great Britain and Ireland, the European Society for Paediatric Anaesthesiology, and L'Association Des Anesthesistes-Reanimateurs Pediatriques d'Expression Francaise that unless there is a clear contraindication, it is safe and recommended for all children able to take clear fluids, to be allowed and encouraged to have them up to 1 hour before elective general anaesthesia. Local policy is currently being updated.

15. Development, validation and implementation of the brief developmental assessment in pre-school children with heart disease

Authors Hoskote A.U.; Ridout D.A.; Pagel C.; Kakat S.; Banks V.; Franklin R.; Witter T.; Lakhani R.; Lakhanpaul M.; Tsang V.; Brown K.L.; Wray J.

Source Archives of Disease in Childhood; Dec 2018; vol. 103
Publication Date Dec 2018
Publication Type(s) Conference Abstract
Database EMBASE
Available at Archives of Disease in Childhood from BMJ Journals - NHS
Available at Archives of Disease in Childhood 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 Archives of Disease in Childhood 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 Despite awareness of neurodevelopmental abnormalities in children with Congenital Heart Disease (CHD), there is no routine developmental monitoring of children with CHD in the United Kingdom. Method An early recognition tool (Brief Developmental Assessment - BDA) was therefore developed using quality improvement methodology involving several iterations and rounds of pilot testing. An expert group of community paediatricians were then engaged to refine the tool and a scoring system developed which enabled categorisation as green (appropriate for age), red (delayed) or amber (equivocal). A convenience sample of 960 pre-school children with CHD from each of five age bands (0-4 months, 5-8 months, 9-14 months, 15 months-2.9 years, 3-4.9 years) were recruited from three UK tertiary cardiac centres as part of an NIHR-funded mixed-methods study. The BDA was prospectively validated using Mullen Scales of Early Learning (MSEL). Construct validity was based on BDA detection of children with known neurodevelopmental abnormalities, and sensitivity and specificity of BDA was evaluated against MSEL. The BDA was successfully validated in the older four age bands (not those <4 months) as pre-set validation thresholds were met (lower 95% confidence limit for the correlation coefficient >0.75) between two raters and with MSEL. Based on American Association of Paediatrics Guidelines, which state that the sensitivity and specificity of a developmental screening tool should fall between 70%-80%, the BDA outcome of 'red' met threshold for detection of MSEL scores>2 SD below the mean. A Delphi survey detailing two scenarios (a child identified with red BDA and a child identified with amber BDA) was sent to 80 professionals and stakeholders and agreement was obtained about a clear referral pathway. Conclusion The BDA, along with a user-training package and an action guide, may be used to improve the quality of neurodevelopmental assessment of children with CHD, facilitating early detection and increased access to services.

16. Partnering with industry to develop future clinical leaders

Authors Poisson J.; Sharma S.; Parish E.; Hothi D.; Skellett S.
Source Archives of Disease in Childhood; Dec 2018; vol. 103
Publication Date Dec 2018
Publication Type(s) Conference Abstract
Database EMBASE
Available at Archives of Disease in Childhood from BMJ Journals - NHS
Available at Archives of Disease in Childhood 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 Archives of Disease in Childhood 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 Morgan Stanley's relationship with Great Ormond Street Hospital (GOSH) began in 2007. As a corporate sponsor, they have donated much needed facilities for staff and patients. In addition, Morgan Stanley employees volunteer their time to work with young people and staff, providing support and mentoring. Methods A Professional Development Programme PDP was designed to address the professional development needs of doctors, nurses, allied health professionals (AHPs) and admin staff at various bands in the hospital structure. The programme was structured on three levels, catering to varied experience. Level 1 for junior members of staff, Level 2 middle grade and Level 3 for the senior members of the organisation. Level 1 introduced professionalism in the National Health Service (NHS). More advanced levels focused on building NHS wisdom, covering areas such as leadership, self-awareness, quality improvement and finances. The Morgan Stanley team offered their expertise delivering sessions on topics including financial administration techniques, business case writing and team management. Results On average, 16 delegates attended each course. All professional areas were represented, from various clinical specialities. The face-to-face sessions were a mixture of lectures, learning games, flipped classrooms, action learning sets and reflective practice. 100% provided feedback and all agreed, or strongly agree, the course was relevant, well facilitated and it would influence their future practice. Conclusion Leadership and professional development are important in upskilling the workforce and staff retention. Having a multi-professional audience provided a great dynamic to the sessions; participants gained a respect for the work their colleagues do on the front line or the back office. There is much benefit in working with other industries. The private sector has a focus on resource efficiencies, something the public sector needs. Setting the sessions off-site gave participants an opportunity to remove themselves from the clinical setting, allowing them to immerse themselves into the educational offering.

17. Clinical diagnosis and management of phaeochromocytoma (PCC) and paraganglioma (PGL) in children and young people (CYP): A national guideline. On behalf of the UK paediatric phaeochromocytoma and paraganglioma guideline development group (GDG)

Authors Marks S.D.; Quek S.; Yadav P.; Katugampola H.; Spoudeas H.; Harrison B.
Source Archives of Disease in Childhood; Dec 2018; vol. 103
Publication Date Dec 2018
Publication Type(s) Conference Abstract
Database EMBASE

Available at Archives of Disease in Childhood from BMJ Journals - NHS
Available at Archives of Disease in Childhood 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 Archives of Disease in Childhood 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 PCC/PGL are rare in children with an annual incidence of 0.2 and 0.3 per million in the 5-9 and 10-14 year age groups respectively. Most result from a genetic predisposition and represent a significant management challenge. Aims To provide the first interdisciplinary national management guidelines using the AGREEII framework for CYP with confirmed or suspected PCC/PGL, endorsed by the RCPCH, UKCCLG and BSPED. Methods 113 PICO clinical questions were formulated by a specialist GDG. Literature searches conducted via Ovid MEDLINE and Cochrane Library identified 526 articles. Post filtering, 397 were reviewed using GRADE. Where evidence was lacking/conflicting, a two-stage Delphi consensus process was conducted. Results 39 recommendations were made; 21 were sent to consensus and achieved agreement. The GDG recommended cases be managed in a specialist endocrine centre with tertiary paediatric oncology. The team should be specific, age-appropriate, multidisciplinary, and led by an experienced lead clinician. Clinical assessment and a three-generation family history should be used to identify genetically determined and familial cases, along with genetic testing. Peri-operative steroid replacement should be led by a nominated endocrinologist post bilateral adrenalectomy or cortical sparing surgery. A Critical Care setting will rapidly identify and treat hypocortisolism/adrenal crisis with stress-doses of steroid. Patients who have undergone adrenocortical sparing surgery should continue maintenance steroid replacement until adrenocortical reserve is tested postoperatively. Patients with SDHB mutations and VHL have a higher risk of recurrent disease and malignancy; however, all cases of PCC/PGL should have life-long follow up. Conclusions These guidelines provide the first evidence and consensus-based national recommendations for management of PCC/PGL in CYP and highlight a need for further audit and research. Implementation should improve the management and survival of CYP with PCC/PGL.

18. Reducing the use of disposable saturation probes in theatre: A cost-saving initiative

Authors Sharkey E.; Hume-Smith H.; Cervci E.
Source Archives of Disease in Childhood; Dec 2018; vol. 103
Publication Date Dec 2018
Publication Type(s) Conference Abstract
Database EMBASE

Available at Archives of Disease in Childhood from BMJ Journals - NHS
Available at Archives of Disease in Childhood 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 Archives of Disease in Childhood from Available to NHS staff on request from UHL Libraries & Information Services (from non-NHS library) - click this link for more information Local Print Collection [location] : British Library via UHL Libraries - please click link to request article.

Abstract Introduction Great Ormond Street Hospital is the one of the largest paediatric centres in the UK with approximately 12 600 children undergoing general anaesthesia for therapeutic procedures annually. In 2016, an audit showed 62% of patients undergoing general anaesthesia had a new disposable saturation probe at a cost of 46 400 per year. With rising probe prices, we saw the opportunity to evaluate probe usage and reduce costs. Aims To evaluate the usage of disposable saturation probes in theatre. To reduce the unnecessary usage of these probes Method A baseline snapshot audit was conducted to evaluate the usage of disposable probes during patients' journey through the theatre complex. Quality improvement methods were used to improve use of reusable probes whilst reducing the inappropriate use of disposable probes. Measures included education of all staff within the theatre complex around probe choice dependent on patient age and size. Reduced accessibility of disposable probes by redesigning the stocking of the pre-assessment area, anaesthetic rooms and recovery. Reusable probes were purchased for all areas and a team approach was used to ensure these probes were returned to the theatre complex. Results Initial audit results showed that 65% of patients used a new disposable saturation probe whilst in the theatre complex. Of these, 75% were used inappropriately. After 3 PDSA cycles re-audit showed that disposable probes were used inappropriately on only 7% of our patients. This resulted in an average cost-reduction of 8700 per month since implementation. Conclusion In an increasingly financially constrained environment, where cost-saving and waste reduction are key features of considerate healthcare, we have shown that with education of staff and appropriate provision of equipment, it is possible to reduce disposable saturation probe use, generating significant departmental cost savings.

19. Inpatient Palliative Care Consultations From a Canadian Clinical Teaching Unit: Who is Referred and When?

Authors Maddison A.R.; Malik S.; Smaggus A.
Source Journal of palliative care; Oct 2018; vol. 33 (no. 4); p. 204-208

Publication Date Oct 2018
Publication Type(s) Article
PubMedID 29879860
Database EMBASE
Available at Journal of palliative care from ProQuest (Hospital Premium Collection) - NHS Version
Available at 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).
Available at Journal of palliative care from Available to NHS staff on request from UHL Libraries & Information Services (from non-NHS library) - click this link for more information Local Print Collection [location] : British Library via UHL Libraries - please click link to request article.

Abstract Inpatient palliative care consultation has been demonstrated to improve quality of life as well as decrease hospital readmissions, intensive care unit transfers, and hospital costs for people with a life limiting illness. The clinical teaching units (CTUs) at London Health Sciences Centre (LHSC) routinely admit patients with noncurable cancer as well as end-stage heart, lung, liver, or kidney disease. However, the use of inpatient palliative care consultations for CTU patients remains unexamined. We conducted a descriptive study of all patients referred from LHSC CTU from both University and Victoria hospital to inpatient palliative care over a 1-year period from August 2013 to July 2014. The purpose of this study was to characterize the population and identify possible areas for quality improvement. In a 1-year period, 638 patients were referred from CTU to the inpatient palliative care consultation service. Of referrals, 55% died during their admission. Based on data collected, we conclude that many patients are referred early in their admission to CTU and patients are referred for a variety of noncancer diseases, suggesting knowledge and appreciation of the benefit of early palliative care consultation for malignant and nonmalignant disease. However, when further analyzed, there is indication that patients with noncancer diagnoses are referred statistically significantly later than those with a cancer diagnosis. The CTUs are sites of core medical training, and therefore, it is imperative that we model early integration of palliative care in order to continue to improve care of patients at end of life.

20. A multispecialty study of determining the possibility of pregnancy and the documentation of pregnancy status in surgical patients: a cause for concern?

Authors Ibrahim I.; Ibrahim B.; Yong G.L.; Coats M.; Vujovic Z.; Wilson M.S.J.
Source Scottish Medical Journal; 2018
Publication Date 2018
Publication Type(s) Article In Press
Database EMBASE
Available at Scottish Medical 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.

Abstract Background: Determining the possibility of pregnancy and the documentation of pregnancy status are important considerations in the assessment of females of reproductive age when admitted to hospital.
Objective(s): Our aim was to determine the adequacy of the documentation of pregnancy status and possibility of pregnancy across multiple surgical specialties.
Material(s) and Method(s): A prospective audit of surgical specialties (general, orthopaedics, urology, vascular, maxillofacial, ENT, gynaecology and neurosurgery) within NHS Tayside, in May 2015.
Result(s): A total of 129 females of reproductive age were admitted; 69 (53.5%) elective and 60 (46.5%) emergencies. Eighty-four patients (65%) were asked 'Is there any possibility of pregnancy?' Pregnancy status was documented in 74% of patients. Eleven (8.5%) patients were not asked about possibility of pregnancy and did not have a documented pregnancy status. Documentation of the use of contraception, sexual activity and date of last menstrual period was noted in 53 (41.1%), 31 (24.0%) and 66 (51.2%) patients, respectively.
Conclusion(s): There is a wide variation in the documentation of pregnancy status and possibility of pregnancy amongst surgical specialties. This was not an issue in gynaecology but is an issue in ENT, maxillofacial, neurosurgery, vascular and general surgery. The reasons are unclear. Documentation of pregnancy status using shCG assays should be the gold standard, and national guidelines are required.

21. Learning from Excellence: the 'Yaytix' programme

Authors Chain G.; Marshall E.; Geddie C.; Joseph S.; Clark C.; Chain B.
Source Scottish Medical Journal; 2018
Publication Date 2018
Publication Type(s) Article In Press
Database EMBASE
Available at Scottish Medical 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.

Abstract Background and aims: Learning from error can have a negative impact on the staff involved in the error ('second victim phenomenon'[1]). We created a project, based on the principles of the Learning from Excellence project,[2] to learn from excellence and correct the imbalance of negative to positive feedback in the context of hospital practice.
Methods and Results: Using a questionnaire, we surveyed staff on existing feedback mechanisms and morale. We then introduced a system where staff recorded and commented on examples of excellence in practice. Recipients and their supervisors received copies of these reports and the feedback was analysed and discussed with senior staff (consultant, senior charge nurse, managers). We re-audited the staff two months after starting this project and noted improvements in staff morale and in positive reporting.
Conclusion(s): This project has improved the process of giving and learning from positive feedback and had a significant impact on staff morale. We can also demonstrate an example of improved clinical practice (from feedback received) and will now attempt to measure clinical outcomes with a new prospective study. Finally, we hope to set up a regional programme of reporting excellence in South-East Scotland.

22. The pharmacological management of acute behavioural disturbance: Data from a clinical audit conducted in UK mental health services

Authors Paton C.; Fagan E.; Barnes T.R.E.; Adams C.E.; Dye S.; Okocha C.
Source Journal of Psychopharmacology; 2018
Publication Date 2018
Publication Type(s) Article In Press
Database EMBASE
Abstract Background: A quality improvement programme addressing prescribing practice for acutely disturbed behaviour was initiated by the Prescribing Observatory for Mental Health.
Method(s): This study analysed data from a baseline clinical audit conducted in inpatient mental health services in member trusts.
Result(s): Fifty-eight mental health services submitted data on 2172 episodes of acutely disturbed behaviour. A benzodiazepine alone was administered in 60% of the 1091 episodes where oral medication only was used and in 39% of the 1081 episodes where parenteral medication (rapid tranquillisation) was used. Haloperidol was combined with lorazepam in 22% of rapid tranquillisation episodes and with promethazine in 3%. Physical violence towards others was strongly associated with receiving rapid tranquillisation in men (odds ratio 1.74, 1.25-2.44; p<0.001) as was actual or attempted self-harm in women (odds ratio 1.87, 1.19-2.94; p=0.007). Where physical violence towards others was exhibited, a benzodiazepine and antipsychotic was more likely to be prescribed than a benzodiazepine alone (odds ratio 1.39, 1.00-1.92; p=0.05). The data suggested that 25% of patients were at least 'extremely or continuously active' in the hour after rapid tranquillisation was administered.
Conclusion(s): The current management of acutely disturbed behaviour with parenteral medication may fail to achieve a calming effect in up to a quarter of episodes. The most common rapid tranquillisation combination used was lorazepam and haloperidol, for which the randomised controlled trial evidence is very limited. Rapid tranquillisation prescribing practice was not wholly consistent with the relevant National Institute for Health and Care Excellence guideline, which recommends intramuscular lorazepam on its own or intramuscular haloperidol combined with intramuscular promethazine. Clinical factors prompting the use of rapid tranquillisation rather than oral medication may differ between the genders.

23. An audit of the use of prothrombin complex concentration

Authors Bonney S.; Schofield J.; Nee P.
Source HemaSphere; Jun 2018; vol. 2 ; p. 469
Publication Date Jun 2018
Publication Type(s) Conference Abstract
Database EMBASE

Abstract Background: Prothrombin complex concentrate (PCC) is licensed for emergency reversal of anticoagulation in severe and life-threatening bleeding, intracranial haemorrhage and prior to emergency surgery. It is an expensive resource costing approximately Eur2000 per adult dose. There is evidence of inappropriate use of PCC leading to delays to treatment, inappropriate dosing and use of adjunctive vitamin K. Much product, delivered to clinical settings, is wasted and we reported previously an annual wastage of approximately Eur 15,000 per annum, amounting to a UK-wide financial loss of nearly Eur3 millions. Guidelines governing the use of PCC exist in order to ensure the rapid and appropriate use of the product.
Aim(s): The aim of the present audit was to determine the appropriateness of use of PCC in a UK teaching hospital setting against published standards (BCSH 2011) Methods: An audit of the emergency use of PCC was undertaken in a UK teaching hospital in 2014/15. Patients prescribed PCC were identified from the Laboratory Information System. Patients were followed up using the hospital's electronic patient management system and the following parameter were recorded: patient demographics, indications for oral anticoagulation, reason for reversal, coagulation metrics, use of vitamin K, date and time that PCC was prescribed and given and 30-day outcome. The audit was repeated in 2016/17 after an educational programme directed at hospital doctors.
Result(s): There were 103 prescriptions for PCC in 2014/15 and 113 in 2016/17. The clinical settings are listed in Table 1. The indications for PCC are listed in Table 2 and the delays from issue to administration are presented in Table 3. Table 4 shows the number of prescribed units administered, returned and wasted during the two audit periods. Vitamin K pre-treatment is recommended for bleeding on warfarin. Thirteen patients in the first audit and ten in the second did not receive vitamin K. Pre-treatment with vitamin K is unnecessary in patients on direct-acting oral anticoagulants (DOAC). Eleven patients in the first audit and 24 in the second audit were on DOAC. Of these, seven patients in the first audit and nine in the second audit received vitamin K inappropriately. Two patients in the second audit received PCC inappropriately for bleeding associated with use of dabigatran; a specific antidote, idarucizumab, is available for this agent. Summary/Conclusion: The audit shows that PCC is being used with increasing frequency in the acute hospital setting in the UK, with the emergency department the major user. Adherence to published standards on the use of this agent is not optimal and there is substantial wastage. An educational programme, directed at clinical doctors, was effective at improving standards and wastage was reduced significantly. (Table Presented).

24. "real world" presentations of diffuse large B cell lymphoma: A retrospective audit of histopathological & clinical diversity, & early mortality

Authors Thavarajah A.; Chinnery W.; Thomas L.; Greaves P.; Igbokwe U.
Source HemaSphere; Jun 2018; vol. 2 ; p. 806-807
Publication Date Jun 2018
Publication Type(s) Conference Abstract
Database EMBASE

Abstract Background: Diffuse large B cell lymphoma (DLBCL) is diagnosed in 3- 5/100,000 people annually, with RCHOP (Rituximab, Cyclophosphamide, Hydroxydaunorubicin, Oncovin, and Prednisolone) chemotherapy remaining the standard & central nervous system (CNS) prophylaxis delivered based on an International Prognostic Index (IPI) of 4/5, or having a high risk anatomical site. Extended molecular histopathology with Ki67 proliferative index, cell of origin immunohistochemistry (COO-IHC: germinal centre/GCB or activated B cell/ABC), MYC expression, & genetic rearrangements are now routinely undertaken to evaluate prognosis. Local audit of practice is essential to capture histopathological diversity, early response, & mortality rates to ensure that we can adapt and provide the best care possible.
Aim(s): This retrospective audit scrutinises diagnostics, initial therapy, & mortality of DLBCL treated at a busy general hospital serving 800,000 people in a socio-economically challenged area of London, UK.
Method(s): 100 patients diagnosed in 2016 & 2017 were retrospectively assessed using electronic health records. The Swedish Lymphoma Registry (SLR) was chosen as a comparator dataset.
Result(s): To obtain a snapshot of diagnostics and initial care, median follow- up was short (150 days). Median age was 72 years (27-90, where 33% of patients were over 80). 65% presented with stage 3/4 disease (comparable with SLR). IPI was 4 or 5 in 43% of patients (16% in SLR). 60% of patients were initiated on RCHOP chemotherapy and 20% on RCVP or R-Gem- CVP due to comorbidities. 2 received RCODOX-M due to high risk features. 15% received only palliative steroids or radiotherapy. CNS prophylaxis criteria were met in 50% of cases: 90% due to high IPI; 10% due to anatomical site. Prophylaxis was only administered in 15% of these cases (IT methotrexate alone in 50% & systemic methotrexate in 50%). Omissions were due to patients being unfit for treatment. 4 CNS relapses occured with 2 deemed high risk at diagnosis. Of the 85% of biopsies reporting Ki-67, 60% had a Ki-67>90% (10-30% reported elsewhere). COO-IHC was ABC in 41% of cases, GCB in 30%, & unclassifiable in 35% (comparable to literature). Of the 90% of cases reporting MYC, 44% showed overexpression where 85% were double or triple expresser with BCL2/6. Rearrangement of MYC/BCL2/BCL6 genes were assessed by FISH in only 45% of cases (45% omitted due to low IHC MYC expression, 30% due to inadequate biopsy material). In the 37 cases assessed, 5% showed only MYC rearrangement & 15% had a double or triple hit, greater than the rates of 5-10% reported elsewhere. Around 80% of patients under 60 years of age(yoa), 70% of patients 60-70yoa, & 60% of patients 70-80yoa survive 2 years, comparable to the SLR. 23 patients died within 100 days of diagnosis of whom 13 were over 80yoa & 3 under 60yoa. 62% of patients diagnosed over 80yoa died within 100 days; 50% of these deaths occurred in palliative patients & 50% received chemotherapy. Summary/Conclusion: This audit has revealed survival rates largely comparable to the registry data, but with high early death rates requiring scrutiny. High IPI scores account for a greater proportion than expected (43%vs 16% in the SLR). This may reflect late presentation of disease, or more molecular adverse features, with Ki67>90% &'double-hit' disease apparently over-represented in this cohort. We emphasise that audit of 'real-world' practice is essential to elicit trends & regional differences, ensure equitable high quality care & delivery, enabling tailored service provision to its population. (Figure Presented).

25. Retrospective audit of bisphosphonate use in multiple myeloma patients in two district general hospitals and fracture consensus

Authors Saleem Z.; Danga A.; Sugai T.; Allam R.; Hui T.; Bebb A.
Source HemaSphere; Jun 2018; vol. 2 ; p. 988-989
Publication Date Jun 2018
Publication Type(s) Conference Abstract
Database EMBASE

Abstract Background: Bisphosphonates are specific inhibitors of osteoclastic activity and form a cornerstone in the treatment of Patients with multiple myeloma to reduce the incidence of Skeletal related events. They are shown to be effective in reducing the incidence of Pathological fractures and pain. Skletal related events in multiple myeloma patients are associated with adverse outcomes in the form of increased morbidity, more hospital admissions and poor quality of life. We conducted a retrospective audit of bisphosphonates use in multiple myeloma patients in two district general hospitals against the UK NICE guidelines. NICE published guidelines in February, 2016 regarding management of Multiple Myeloma Patients, recommending the use of Intravenous bisphosphonates in all multiple myeloma patients soon after diagnosis Aims: Our Primary objectives were: 1: To assess our compliance with the NICE guideline, 2: To assess the efficacy of I/V Bisphosphonates in reducing the incidence of Pathological fractures in multiple myeloma patients. Our secondary objective was to assess the incidence of osteonecrosis of Jaw in patients receiving I/V Bisphosphonates.
Method(s):We collected the data for newly diagnosed multiple myeloma patients between January, 2010 to December, 2017 at the Hillingdon and west Middlesex hospiatals from the clinic letters, medical notes and radiology reports.
Result(s): There were 110 patient diagnosed with multiuple myeloma during this period. 102 (92.7%) of the patients received I/V bisphosphonates, out of these 62 pateints received Zolendronic acid and 40 patients received Pamidronate. Only 8(7.2%) Patients did not receive Bisphosphonates, 2 of these patients were intolerant of the treatment, for the rest of the 6 patients no reason was identified from the medical notes. Mean Duration of treatment was 24 months(range 12-36 months), 56(50%) of the patients had pathological fractures at the time of Diagnoses. Only 16(14%) of the patients receiving bisphosphonates were found to have a new pathological fracture. On the other hand the incidence of pathological fracture was much higher in patients who did not receive any bisphosphonate, 3 (37.5%) patients not recieving bisphosphonates were found to have a new pathological fracture. None of the patients treated with I/V bisphosphonates were found to have osteonecrosis of jaw. Summary/Conclusion: Although our data is relatively small but clearly demonstrates, our compliance with NICE guidelines regarding the use of I/V Bisphosphonates in multiple myeloma patients, reduction in the incidence of Pathological fractures in multiple myeloma patients receiving bisphonates(14%vs 37.5% in treated and untreated groups respectively), none of the patients were identified to have developed osteonecrosis of jaw with I/V bisphonate treatment, (International consensus is 1 in 1000 patient being treated with I/V Bisphosphonates will develop osteonecrosis of jaw).

26. Review of the management of hypomagnesaemia and hypokalaemia in allogeneic stem cell transplant inpatients at a major London centre

Authors Dervin A.; Tomkins O.; Thomson K.
Source HemaSphere; Jun 2018; vol. 2 ; p. 1088
Publication Date Jun 2018
Publication Type(s) Conference Abstract
Database EMBASE

Abstract Background: Electrolyte imbalances are common in allogeneic transplant patients, often secondary to gastrointestinal loss and widespread use of calcineurin inhibitors. Hypokalaemia and hypomagnesaemia puts the patient at risk of cardiac arrythmias. There is often variation in the approach taken to electrolyte replacement. At our transplant unit, there is currently no guideline in place to guide prescribing and administration of magnesium and potassium replacement. This leads to apprehension among junior medical staff and nurses, and may lead to prolonged electrolyte derangement through insufficient replacement. There is also signficiant cost associated with repeated electrolyte replacement and monitoring of serum magnesium and potassium.
Aim(s): We aimed to review current practice of magnesium and potassium replacement at a major London transplant centre. We also aimed to assess the increment rate for low versus high concentrations of magnesium and potassium replacement, and to draft a departmental guideline.
Method(s): We audited prescriptions of magnesium and potassium for allogenic transplant patients between October and December 2017. Historic medication charts and our pathology results system were accessed. Serum levels pre- and post-replacement were recorded and the 24-hour increment calculated.
Result(s): Prescription charts for 52 patients were reviewed. Ninety-eight prescriptions of intravenous magnesium were found: nine prescriptions (39.8%) of 8mmol, 7 (7.1%) of 16mmol and 51 (52.0%) of 20mmol. Average serum increment was 0.08, 0.174 and 0.26mmol/L respectively. There was no significant difference in the serum levels pre-replacement between groups, ranging from 0.44 to 0.77 mmol/L. Oral magnesium replacement was not used. For intravenous potassium chloride, 138 prescriptions were found. Patients had pre-replacement levels between 2.4 and 3.9mmol/L. Oral potassium replacement was concomitantly prescribed in 40 cases (28.99%). There were 102 prescriptions for 40mmol potassium, one for 60mmol, 29 for 80 mmol, four for 120mmol and one for 160mmol. The average serum potassium increment at 24 hours was 0.259mmol/L with 40mmol, 0.3 with 60mmol, 0.6 with 80 mmol, 0.85 with 120mmol and 1.1 with 160 mmol. Post-replacement serum potassium was never higher than 4.9mmol/L. Serum magnesium level was checked in 100 of the cases requiring intravenous potassium replacement (72.5%); 75 of these also required magnesium replacement, 30.7% were prescribed only 8mmol. Summary/Conclusion: We demonstrate that the approach to treatment of hypomagnaesaemia and hypokalaemia at our transplant unit varies significatly. There is a limited increase in serum magnesium level with intravenous doses less than 20mmol, yet lower doses than this are frequently administered. Correction of hypomagnesaemia is also often inadequate in patients with concomitant hypokalaemia. We also demonstrate that increment in serum potassium is limited with doses lower than 80mmol and that it is safe to administer this amount of potassium in hypokalaemic patients without risk of iatrogenic hyperkalaemia. We propose creating a guideline that recommends immediate administration of these higher doses of magnesium sulfate and potassium chloride. We recommend immediate use of 20mmol intravenous magnesium indeficient patients. We also recommed administration of 80mmol potassium if serum concentration is less than 3.0mmol/L. This would minimise risk of arrhythmias and lower the cost of repeated monitoring and administration.

27. Delivery of intrathecal methotrexate chemoprophylaxis to adults and TYA patients with acute lymphoblastic leukaemia-an audit of factors affecting protocol adherence

Authors Sommerfeld S.A.
Source HemaSphere; Jun 2018; vol. 2 ; p. 414
Publication Date Jun 2018
Publication Type(s) Conference Abstract
Database EMBASE

Abstract Background: ALL is a curable disease in 30-40% of adults up to 60 years and 60-70% of young adults aged 16-25 years. CNS relapse is associated with a poorer prognosis. Intrathecal chemoprophylaxis with methotrexate (IT MTX) is a standard of care and integral part of modern treatment protocols. In the UK, protocol schedules like UKALL14 and UKALL 2011 define total numbers of IT MTX. Keeping up with scheduled IT MTX prior to maintenance can be challenging and we recognize this in our clinical practice Aims: Objective 1: Compare numbers of administered IT MTX with protocol scheduled doses to determine compliance. Objective 2: Examine factors leading to cancellation of IT MTX Methods: Included were patients aged 16 to 60 years with a diagnosis of B or T - ALL or LBL who received IT MTX following either the UKALL 2011 or the UKALL 14 protocol. Excluded were patients with CSF disease at presentation, systemic or CSF relapse or cessation of protocol guided treatment for other reasons. Objective 1: EPR data from 31.8.2011 to 31.8.2017 were reviewed for IT MTX. Compliance with the IT MTX schedule as per current protocol phase was assessed by a compliance score (number of administered doses divided by protocol defined doses). Objective 2: Cancellations of protocol scheduled prescribed IT MTX between 1.1.2016 and 31.7.2017 were reviewed.
Result(s): Objective 1: 56 patients were identified. Of these, a total of 29 (51.8%) were TYA patients (16-25 years of age at time of commencing treatment) and 27 (48.2.7%) were adult patients (26 - 60 years). Of scheduled IT MTX doses, 135/176 (76.7%) were given in adults and 221/279 (79.8%) in TYA (78.6% in total). Compliance scores in adult and TYA did not differ significantly. Objective 2: 75 events leading to 70 cancellations were identified and separated in categories (Platelets, Coagulation, Rescheduled, Did not attend/ communication issues, Infection, Toxicity, Vincristine administration, Anticoagulated, Failed lumbar access, Other). There were 56 events in 16 TYA and 19 in 10 adult patients. The 3 patients with the most events had overall compliance scores of 72.7%, 81.8% and 90.9%, respectively. Comparing TYA and adult events for "coagulation" by chi square test for independence, there was a statistically non-significant relationship that cancellation of an IT MTX due to abnormal coagulation parameters differed between the TYA group and the adult group (p-value 0.143538) (Figure 1). Summary/Conclusion: We believe this is the first audit examining IT MTX compliance in defined treatment schedules. The strength of this work lies in review of real life data. Limitations are a relatively small case numbers and bias. Data from objective 1 suggest IT MTX following a trial protocol is deliverable. The analysis of events in objective 2 shows compelling clinical reasons for most cancellations, but also scope for improvement. We suggest that targeting scheduling issues by integration of records into a single information system may improve overall efficacy of IT MTX. More data by other centres and re-audit are encouraged. (Figure Presented).

28. Chronic lymphocytic leukaemia (CLL): An audit of compliance with key aspects of british society for haematology (BSH) guidelines on diagnostic work up

Authors Vohra D.S.R.; Patel D.H.
Source HemaSphere; Jun 2018; vol. 2 ; p. 859
Publication Date Jun 2018
Publication Type(s) Conference Abstract
Database EMBASE

Abstract Background: Chronic lymphocytic leukaemia (CLL) is a malignant clonal disorder of B lymphocytes with levels greater than $5x10^9$/L ($5x10^3$/microliter) involving the bone marrow and peripheral blood. The incidence of CLL increases with age. Upon diagnosis, British Society for Haematology(BSH) recommends that all patients should have specific tests such as full blood count, reticulocyte count, direct antiglobulin test (DAT), immunophenotype, and serum immunoglobulins. In addition to this, screening for hepatitis B and C, TP53 deletion and a baseline CT scan should be done prior to treatment.
Aim(s): The aim of the audit is to assess the compliance with key aspects of BSH guidelines on diagnostic work up for CLL.
Method(s): Electronic records for 32 patients diagnosed with CLL between January 2016 and May 2017 in Royal Albert Edward Infirmary (England) were analysed.
Result(s): The demographics show a higher proportion of males 59% (19 of 32 patients) compared to females 41% (13 of 32 patients). Similar studies show a male-to-female ratio of 2:1 which is comparable to our results. The mean age at diagnosis was 72 years. 3 patients (9.4%) had haemoglobin levels below 100g/l of which no patients had a reticulocyte count and direct antiglobulin test done. All 32 patients had an immunophenotype typical of CLL. 8 patients (25%) patients did not have their serum immunoglobulins checked. 3 of 32 patients (9%) received treatment with FCR (Fludarabine, Cyclophosphamide, Rituximab) as first line therapy. Before treatment, all 3 patients had screening for hepatitis B and C, TP53 deletion and baseline CT scan. Summary/ Conclusion:We suggest that patients with low haemoglobin levels should have a direct antiglobulin test and reticulocyte count performed. All patients should have their serum immunoglobulins checked. A diagnostic work up and pre-treatment checklist should be designed to guide specialist teams.

29. A novel risk-stratification algorithm for relapsed multiple myeloma (RMM): Assessment of performance and validation using real-world patient data from France, Germany and The United Kingdom

Authors Hajek R.; Delforge M.; Raab M.S.; Briggs A.; Campioni M.; Szabo Z.; Gonzalez-Mcquire S.; DeCosta L.; Kroep S.; Bouwmeester W.

Source HemaSphere; Jun 2018; vol. 2 ; p. 229-230
Publication Date Jun 2018
Publication Type(s) Conference Abstract
Database EMBASE
Abstract Background: There are no validated tools for risk assessment in RMM. The International Staging System (ISS) and revised ISS (R-ISS) were developed in the setting of newly diagnosed MM. Both tools include parameters that are often not monitored in RMM, and neglect data used define disease severity at first relapse, such as clinical outcomes and safety of first-line (1L) treatment. Therefore, a novel risk-stratification algorithm (RSA) was recently designed to predict risk of death in patients with RMM starting second-line (2L) treatment. The algorithm uses 16 predictors to stratify patients into four risk groups with different survival expectations (group 1: lowest risk-group 4: highest risk), and was the first to combine both frailty assessment and disease aggressiveness into a single score. It was developed using multivariable Cox regression using real-world data on MM from the Czech Registry of Monoclonal Gammopathies (RMG).
Aim(s): To provide insight into the predictive value of this new RSA and its suitability for use in clinical practice, we validated the RSA and assessed its performance using real-world data from three European countries.
Method(s): Patient characteristics and outcomes data from bespoke retrospective chart audits in France, Germany and the United Kingdom (UK) were pooled for this real-world validation dataset. Physicians collected data from all patients with MM who began 2L anti-myeloma treatment in 2013, ensuring sufficient follow-up. The predictive performance of the Cox regression model was assessed using Harrell's concordance index (C-index; the RSA's ability to distinguish patients who died from those who did not); a value in the range 0.7- 0.8 indicated accurate discriminative power. The ability of the RSA to discriminate by overall survival (OS) across four risk groups was evaluated using Kaplan-Meier curves and hazard ratios (HRs). The prognostic value of the total, frailty and aggressiveness scores was assessed by fitting three univariate Cox models with OS as dependent and each of the scores as predictor.
Result(s): Chart data were collected from 998 patients (France, 386; Germany, 344; UK, 268). Half (49.8%) received lenalidomide at 2L, 33.1% received bortezomib, and 3.7% received both agents. The validation dataset had lower mean beta2 microglobulin and albumin levels, higher lactate dehydrogenase levels and bone marrow plasma cell count, and less 1L toxicity than the RMG cohort. Nonetheless, assessment of the stratification performance of the novel RSA by means of Kaplan-Meier analysis (Figure 1A) and HR data (Table 1) demonstrated clear discrimination in OS between the four risk groups, with a clear distribution of patients across groups in terms of both frailty and disease aggressiveness (Figure 1B). Mean risk scores were 2.3, 4.6, 9.8 and 27.4 in groups 1-4. The C-index was 0.715 (95% confidence interval: 0.690- 0.734). Univariate Cox models showed that the hazards for risk of death associated with each unit increase in the total risk, aggressiveness and frailty scores were 1.018, 1.101 and 1.341, respectively; these results were consistent across the countries.
Summary and
Conclusion(s): Validation of the novel RSA in three independent real-world datasets proves it stratifies patients by risk of death. Despite patient-level differences between the development and validation cohorts, the RSA maintained discriminative ability in quantifying risk and stratifying patients with RMM. This is the first tool that combines frailty and aggressiveness to provide a systematic approach to measuring risk and drivers of risk, which can support treatment decisions in RMM (Table Presented) .

30. Actions that make anticoagulant therapy safer: 10 years on - do we comply? evaluating warfarin use and appropriateness at a London acute hospital

Authors Harding D.; Kotecha J.; Patel S.
Source HemaSphere; Jun 2018; vol. 2 ; p. 1056
Publication Date Jun 2018
Publication Type(s) Conference Abstract
Database EMBASE

Abstract Background: Anticoagulant prescribing, dispensing and administration continue to be a source of preventable near misses and harmful events in healthcare settings. Patients often have complex comorbidities and polypharmacy; which can mean they are more vulnerable to potential over- or under- anticoagulation and the resulting adverse effects. Breakdowns in communication between staff or confusion about warfarin prescribing, monitoring and administration have been cited as a major factor in adverse events.
Aim(s): The National Patient Safety Agency (NPSA) issued guidance aimed at preventing harm as a result of anticoagulant use in 2007 - this project assesses how well this hospital adheres to this guidance ten years on from its release.
Method(s): A literature review was performed and audit standards were agreed with the multi-disciplinary team. Data was collected from electronic patient and prescribing records as well as patient notes, during April-May 2017. Approval was granted by the local governance department.
Result(s): 84% of patients on warfarin had a documented indication and target INR range. 39% of patients had significantly deranged INR; appropriate action was taken in 67% of cases. Prescription times varied greatly; 49% were prescribed on time (before 2pm), 17% were prescribed after 5pm. Administration times varied; 47% were administered before 4pm, 4.5% administered after 8pm. Summary/Conclusion: There are still improvements to be made. The variation in standards are undoubtedly multifactorial; late return of INR results, heavy workload of ward teams, failure to handover to on-call teams, and the use of agency nursing staff (without e-prescription access) are some of the contributory factors postulated at this hospital. A plan is in place to change practice and improve compliance with NPSA. The audit highlighted the requirement to maintain training for all medical staff, especially as the introduction of direct oral anticoagulants means junior staff are perhaps less familiar with warfarin use nowadays.

31. Developing an implementation strategy for a digital health intervention: an example in routine healthcare

Authors Ross J.; Stevenson F.; Pal K.; Murray E.; Dack C.; May C.; Michie S.; Barnard M.
Source BMC health services research; Oct 2018; vol. 18 (no. 1); p. 794
Publication Date Oct 2018
Publication Type(s) Article
PubMedID 30340639
Database EMBASE
Available at BMC health services research from ProQuest (Hospital Premium Collection) - NHS Version
Available at BMC health services research from BioMed Central
Available at BMC health services research from Europe PubMed Central - Open Access
Available at BMC health services research from EBSCO (MEDLINE Complete)

Abstract BACKGROUND: Evidence on how to implement new interventions into complex healthcare environments is often poorly reported and indexed, reducing its potential to inform initiatives to improve healthcare services. Using the implementation of a digital intervention within routine National Health Service (NHS) practice, we provide an example of how to develop a theoretically based implementation plan and how to report it transparently. In doing so we also highlight some of the challenges to implementation in routine healthcare.
METHOD(S): The implemented intervention was HeLP-Diabetes, a digital self-management programme for people with Type 2 Diabetes, which was effective in improving diabetes control. The target setting for the implementation was an inner city London Clinical Commissioning Group in the NHS comprised of 34 general practices. HeLP-Diabetes was designed to be offered to patients as part of routine diabetes care across England. Evidence synthesis, engagement of local stakeholders, a theory of implementation (Normalization Process Theory), feedback, qualitative interviews and usage data were used to develop an implementation plan.
RESULT(S): A new implementation plan was developed to implement HeLP-Diabetes within routine practice. Individual component strategies were selected and developed informed by Normalization Process Theory. These strategies included: engagement of local opinion leaders, provision of educational materials, educational visits, educational meetings, audit and feedback and reminders. Additional strategies were introduced iteratively to address barriers that arose during the implementation. Barriers largely related to difficulties in allocating resources to implement the intervention within routine care.
CONCLUSION(S): This paper provides a worked example of implementing a digital health intervention. The learning from this work can inform others undertaking the work of planning and executing implementation activities in routine healthcare. Of particular importance is: the selection of appropriate theory to guide the implementation process and selection of strategies; ensuring that enough attention is paid to planning implementation; and a flexible approach that allows response to emerging barriers.

32. Associations between 30-Day Mortality, Specialist Nursing, and Daily Physician Ward Rounds in a National Stroke Registry

Authors Paley L.; Hoffman A.; Williamson E.; Bray B.D.; Rudd A.G.; James M.A.
Source Stroke; 2018; vol. 49 (no. 9); p. 2155-2162
Publication Date 2018
Publication Type(s) Article
PubMedID 30354982
Database EMBASE

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

Abstract Background and Purpose - Well-organized stroke care is associated with better patient outcomes, but the most important organizational factors are unknown. Methods - Data were extracted from the Sentinel Stroke National Audit Programme of adults with acute stroke treated in stroke hospitals in England and Wales between April 2013 and March 2015. Multilevel models with random intercepts for hospitals were used to estimate the association of each variable with 30-day mortality to estimate the impact of admission to differently organized hospitals. Results - Of the 143 578 patients with acute stroke admitted to 154 hospitals, 14.4% died within 30 days of admission. In adjusted analyses, admission to hospitals with higher ratios of nurses trained in swallow screening was associated with reduced odds of death (P=0.004), and admission to hospitals with daily physician ward rounds was associated with 10% lower odds of mortality compared with less-frequent ward rounds (95% CI, 0.82-0.98; P=0.013). Number of stroke admissions and overall ratio of registered nurses on duty at weekends were not found to be independently associated with mortality after adjustment for other factors. Conclusions - If these associations are causal, an extra 1332 deaths annually in England and Wales could be saved by hospitals providing care associated with a ratio of nurses trained in swallow screening of at least 3 per 10 beds and daily stroke physician ward rounds.

33. Validation of the LITHUANIAN version of the 19-item audit of diabetes dependent quality of life (ADDQOL - LT) questionnaire in patients with diabetes 11 Medical and Health Sciences 1103 Clinical Sciences

Authors Visockiene Z.; Narkauskaite-Nedzinskiene L.; Puronaite R.; Mikaliukstiene A.
Source Health and Quality of Life Outcomes; Nov 2018; vol. 16 (no. 1)
Publication Date Nov 2018
Publication Type(s) Article
PubMedID 30382867
Database EMBASE
Available at Health and Quality of Life Outcomes from ProQuest (Hospital Premium Collection) - NHS Version
Available at Health and Quality of Life Outcomes from BioMed Central
Available at Health and Quality of Life Outcomes from Europe PubMed Central - Open Access
Available at Health and Quality of Life Outcomes from EBSCO (MEDLINE Complete)
Available at Health and Quality of Life Outcomes 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: Currently there is no diabetes-specific quality of life (QOL) instrument available in Lithuanian language. We aimed to develop a Lithuanian version of a widely-used individualised instrument - the Audit of Diabetes Dependent Quality of Life questionnaire (ADDQOL-19) and assess the validity and reliability in patients with type 1 and type 2 diabetes mellitus (DM).
Method(s): This study was conducted at the Primary Care and Endocrinology Outpatient Clinics in Vilnius. The ADDQOL was translated from the original English (UK) into Lithuanian using a standardized methodology of forward and back translation. After cognitive "debriefing" the validity and reliability of LT-ADDQOL questionnaire were assessed in a sample of 138 diabetes patients. Cronbach's alpha coefficient, factor analysis, independent t tests and ANOVA were used.
Result(s): There were 106 participants with type 2 and 32 with type 1 DM included in the study with a mean age of 55.5 years (+/- 14.5) and 56.2% women. The Cronbach's alpha coefficient was 0.908 and most of items loading values onto one single factor were larger than 0.40 (varied from 0.41 to 0.77), indicating good internal consistency and reliability of instrument.
Conclusion(s): We developed the Lithuanian version of ADDQOL-19 which is a valid and reliable instrument to measure impact of diabetes on QOL. It could be further used by clinicians and researchers for comprehensive assessment of QOL in adults with diabetes.

34. Deep sedation and anaesthesia in complex gastrointestinal endoscopy: A joint position statement endorsed by the British Society of Gastroenterology (BSG), Joint Advisory Group (JAG) and Royal College of Anaesthetists (RCoA)

Authors Sidhu R.; Sanders D.S.; Turnbull D.; Newton M.; Thomas-Gibson S.; Hebbar S.; Haidry R.J.; Webster G.; Smith G.
Source Frontline Gastroenterology; 2018
Publication Date 2018
Publication Type(s) Article In Press
Database EMBASE

Available at Frontline Gastroenterology from BMJ Journals - NHS
Available at Frontline Gastroenterology from Available to NHS staff on request from UHL Libraries & Information Services (from NULJ library) - click this link for more information Local Print Collection

Abstract In the UK, more than 2.5 million endoscopic procedures are carried out each year. Most are performed under conscious sedation with benzodiazepines and opioids administered by the endoscopist. However, in prolonged and complex procedures, this form of sedation may provide inadequate patient comfort or result in oversedation. As a result, this may have a negative impact on procedural success and patient outcome. In addition, there have been safety concerns on the high doses of benzodiazepines and opioids used particularly in prolonged and complex procedures such as endoscopic retrograde cholangiopancreatography. Diagnostic and therapeutic endoscopy has evolved rapidly over the past 5 years with advances in technical skills and equipment allowing interventions and procedural capabilities that are moving closer to minimally invasive endoscopic surgery. It is vital that safe and appropriate sedation practices follow the inevitable expansion of this portfolio to accommodate safe and high-quality clinical outcomes. This position statement outlines the current use of sedation in the UK and highlights the role for anaesthetist-led deep sedation practice with a focus on propofol sedation although the choice of sedative or anaesthetic agent is ultimately the choice of the anaesthetist. It outlines the indication for deep sedation and anaesthesia, patient selection and assessment and procedural details. It considers the setup for a deep sedation and anaesthesia list, including the equipment required, the environment, staffing and monitoring requirements. Considerations for different endoscopic procedures in both emergency and elective setting are also detailed. The role for training, audit, compliance and future developments are discussed.

35. Associations between post-operative rehabilitation of hip fracture and outcomes: national database analysis

Authors Su B.; Newson R.; Soljak M.; Soljak H.
Source BMC musculoskeletal disorders; Jul 2018; vol. 19 (no. 1); p. 211
Publication Date Jul 2018
Publication Type(s) Article
PubMedID 30236102
Database EMBASE
Available at BMC musculoskeletal disorders from ProQuest (Hospital Premium Collection) - NHS Version
Available at BMC musculoskeletal disorders from BioMed Central
Available at BMC musculoskeletal disorders from Europe PubMed Central - Open Access
Available at BMC musculoskeletal disorders from EBSCO (MEDLINE Complete)

Abstract BACKGROUND: Rehabilitation programmes are used to improve hip fracture outcomes. There is little published trial clinical trial or population-based data on the effects of the type or provider of rehabilitation treatments on hip fracture outcomes. We evaluated the associations of rehabilitation interventions with post-operative hip fracture outcomes.
METHOD(S): Cross-sectional (2013-2015) analysis of data from the English National Hip Fracture Database (NHFD) from all 191 English hospitals treating hip fractures. Of 62,844 NHFD patients, we included 17,708 patients with rehabilitation treatment and 30-day mobility data, and 34,142 patients with rehabilitation treatment and discharge destination data. The intervention was early mobilisation rehabilitation treatments delivered by a physiotherapist (PT, physical therapist in North America) or other clinical staff as identifiable in NHFD. We used ordinal logistic and propensity scoring regression models to adjust for confounding variables including age, sex, pre-fracture mobility, operative delay, and cognitive function and peri-operative risk scores.
RESULT(S): In both the adjusted multivariate and propensity-weighted analyses, mobilisation on the day or the day following surgery is associated with better mobility function 30 days after discharge. However patients mobilised by a PT did not have better mobility compared to mobilisation by other professionals. Patients who received a PT assessment were not protected from poorer mobility 30 days after discharge, compared with those who did not receive an assessment. The discharge destination outcome is also better in mobilised than unmobilised patients, whether done by a PT or another health professional, and the difference persists, slightly attenuated, after propensity weighting.
CONCLUSION(S): In addition to the type of health professional initiating mobilisation, data on rehabilitation treatment activity and post-operative gait speed is needed to determine optimum rehabilitation dosage and functional outcome. After adjustment patients mobilised by non-PTs did as well as patients mobilised by PTs, suggesting that PTs' current roles in very early rehabilitation should be reconsidered, with a view to redeploying them to more specialised later rehabilitation activity.

36. Local care and treatment of liver disease (LOCATE) - A cluster-randomized feasibility study to discover, assess and manage early liver disease in primary care

Authors El-Gohary M.; Moore M.; Roderick P.; Newell C.; Stuart B.; Becque T.; Watkins E.; Dash J.; Reinson T.; Kim M.; Sheron N.
Source PLoS ONE; Dec 2018; vol. 13 (no. 12)

Publication Date Dec 2018
Publication Type(s) Article
PubMedID 30576330
Database EMBASE
Available at PLoS ONE from Europe PubMed Central - Open Access
Available at PLoS ONE from Public Library of Science (PLoS)
Available at PLoS ONE from EBSCO (MEDLINE Complete)

Abstract Background Chronic liver disease is an escalating problem both in the United Kingdom and worldwide. In the UK mortality rates have risen sharply over the previous 50 years predominantly due to alcohol, however the increasing prevalence of non-alcohol related fatty liver disease both in the UK and elsewhere is also of concern. Liver disease develops silently hence early detection of fibrosis is essential to prevent progression. Primary care presents an opportunity to identify at risk populations, however assessment largely comprises of indirect markers of fibrosis which have little prognostic value. We hypothesised that setting up nurse-led primary care based liver clinics using additional non-invasive testing would increase the number of new diagnoses of liver disease compared to usual care. Methods This was a prospective, cluster randomised feasibility trial based in urban primary care in Southampton, United Kingdom. 10 GP practices were randomised to either intervention (liver health nurse) or control (care as usual). Pre recruitment audits were carried out in each practice to ascertain baseline prevalence of liver disease. Participants were subsequently recruited in intervention practices from July 2014-March 2016 via one of 3 pathways: GP referral, nurse led case finding based on risk factors or random AUDIT questionnaire mailouts. Liver assessment included the Southampton Traffic Light test (serum fibrosis markers HA and P3NP) and transient elastography (FibroScan). Cases were ascribed as 'no fibrosis', 'liver warning', 'progressive fibrosis' or 'probable cirrhosis'. Post recruitment audits were repeated and incident liver diagnoses captured from July 2014-September 2016. Each new diagnosis was reviewed in a virtual clinic by a consultant hepatologist. Findings 910 participants were seen in the nurse led clinic-44 (4.8%) probable cirrhosis, 141 (15.5%) progressive fibrosis, 220 (24.2%) liver warning and 505 (55.5%) no evidence of liver fibrosis. 450 (49.5%) cases were due to NAFLD with 356 (39.1%) from alcohol. In the 405 with a liver disease diagnosis, 136 (33.6%) were referred by GP, 218 (53.8%) from nurse led case finding and 51 (12.6%) from the AUDIT mailout. 544 incident cases were identified in the intervention arm compared to 221 in the control arm in the period July 2014-September 2016 (adjusted odds ratio 2.4, 95% CI 2.1 to 2.8). Conclusions The incorporation of a liver health nurse into GP practices was simple to arrange and yielded a much higher number of new diagnoses of liver disease compared to usual care. Nearly half of all participants recruited had a degree of liver disease. Nurse led case finding and GP referrals were most effective compared to AUDIT questionnaire mailouts in an urban population in identifying unknown disease. Utilising study and previous data allowed quick and effective virtual review by a hepatologist. Identifying those who are at risk of liver disease from harmful alcohol use remains a challenge and needs to be addressed in future work.

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

Authors Stewart I.; Khakwani A.; Hubbard R.; Tata L.J.; Leary A.; Tod A.; Borthwick D.; Beckett P.
Source European journal of oncology nursing : the official journal of European Oncology Nursing Society; Oct 2018; vol. 36 ; p. 103-111
Publication Date Oct 2018
Publication Type(s) Article
PubMedID 30322500
Database EMBASE
Available at European journal of oncology nursing : the official journal of European Oncology Nursing Society 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 European journal of oncology nursing : the official journal of European Oncology Nursing Society from Available to NHS staff on request from UHL Libraries & Information Services (from non-NHS library) - click this link for more information Local Print Collection [location] : British Library via UHL Libraries - please click link to request article.

Abstract PURPOSE: Health services across the world utilise advanced practice in cancer care. In the UK, lung cancer nurse specialists (LCNS) are recognised as key components of quality care in national guidelines, yet access to LCNS contact is unequal and some responsibilities are reportedly left undone. We assess whether any variation in working practices of LCNS is attributable to factors of the lung cancer service at the hospital trust.
METHOD(S): Nationwide workload analysis of LCNS working practices in England, linked at trust level to patient data from the National Lung Cancer Audit. Chi-squared tests were performed to assess whether patient contact, workload, involvement in multidisciplinary teams (MDT), and provision of key interventions were related to 1) the trust's lung cancer service size, 2) LCNS caseload, 3) anti-cancer treatment facilities and 4) lung cancer patient survival.
RESULT(S): Unpaid overtime was substantial for over 60% of nurses and not associated with particular service factors assessed; lack of administrative support was associated with large caseloads and chemotherapy facilities. LCNS at trusts with no specialty were more likely to challenge all MDT members (80%) compared with those at surgical (53%) or chemotherapy (58%) trusts. The most frequent specialist nursing intervention to not be routinely offered was proactive case management.
CONCLUSION(S): Working practices of LCNS vary according to service factors, most frequently associated with trust anti-cancer treatment facilities. High workload pressures and limited ability to provide key interventions should be addressed across all services to ensure patients have access to recommended standards of care.

38. Quality indicators for Palliative Day Services: A modified Delphi study

Authors McCorry N.K.; Donnelly M.; O'Connor S.; Kernohan W.G.; Leemans K.; Coast J.; Finucane A.; Jones L.; Perkins P.; Dempster M.
Source Palliative Medicine; 2018
Publication Date 2018
Publication Type(s) Article In Press
Database EMBASE
Available at Palliative Medicine 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 Palliative Medicine from Available to NHS staff on request from UHL Libraries & Information Services (from non-NHS library) - click this link for more information Local Print Collection [location] : British Library via UHL Libraries - please click link to request article.

Abstract Background: The goal of Palliative Day Services is to provide holistic care that contributes to the quality of life of people with life-threatening illness and their families. Quality indicators provide a means by which to describe, monitor and evaluate the quality of Palliative Day Services provision and act as a starting point for quality improvement. However, currently, there are no published quality indicators for Palliative Day Services.
Aim(s): To develop and provide the first set of quality indicators that describe and evaluate the quality of Palliative Day Services. Design and setting: A modified Delphi technique was used to combine best available research evidence derived from a systematic scoping review with multidisciplinary expert appraisal of the appropriateness and feasibility of candidate indicators. The resulting indicators were compiled into 'toolkit' and tested in five UK Palliative Day Service settings.
Result(s): A panel of experts independently reviewed evidence summaries for 182 candidate indicators and provided ratings on appropriateness, followed by a panel discussion and further independent ratings of appropriateness, feasibility and necessity. This exercise resulted in the identification of 30 indicators which were used in practice testing. The final indicator set comprised 7 structural indicators, 21 process indicators and 2 outcome indicators.
Conclusion(s): The indicators fulfil a previously unmet need among Palliative Day Service providers by delivering an appropriate and feasible means to assess, review, and communicate the quality of care, and to identify areas for quality improvement.

39. Quality improvement collaborative aiming for Proactive HEAlthcare of Older People in Care Homes (PEACH): A realist evaluation protocol

Authors Devi R.; Chadborn N.; Hinsliff-Smith K.; Long A.; Usman A.; Gordon A.L.; Meyer J.; Bowman C.; Banerjee J.; Goodman C.; Gladman J.R.F.; Logan P.; Dening T.; Housley G.; Martin F.; Lewis S.
Source BMJ Open; Nov 2018; vol. 8 (no. 11)
Publication Date Nov 2018
Publication Type(s) Article
PubMedID 30420349
Database EMBASE
Available at BMJ Open from Europe PubMed Central - Open Access
Available at BMJ Open from HighWire - Free Full Text

Abstract Introduction This protocol describes a study of a quality improvement collaborative (QIC) to support implementation and delivery of comprehensive geriatric assessment (CGA) in UK care homes. The QIC will be formed of health and social care professionals working in and with care homes and will be supported by clinical, quality improvement and research specialists. QIC participants will receive quality improvement training using the Model for Improvement. An appreciative approach to working with care homes will be encouraged through facilitated shared learning events, quality improvement coaching and assistance with project evaluation. Methods and analysis The QIC will be delivered across a range of partnering organisations which plan, deliver and evaluate health services for care home residents in four local areas of one geographical region. A realist evaluation framework will be used to develop a programme theory informing how QICs are thought to work, for whom and in what ways when used to implement and deliver CGA in care homes. Data collection will involve participant observations of the QIC over 18 months, and interviews/focus groups with QIC participants to iteratively define, refine, test or refute the programme theory. Two researchers will analyse field notes, and interview/focus group transcripts, coding data using inductive and deductive analysis. The key findings and linked programme theory will be summarised as context-mechanism-outcome configurations describing what needs to be in place to use QICs to implement service improvements in care homes. Ethics and dissemination The study protocol was reviewed by the National Health Service Health Research Authority (London Bromley research ethics committee reference: 205840) and the University of Nottingham (reference: LT07092016) ethics committees. Both determined that the Proactive HEAlthcare of Older People in Care Homes study was a service and quality improvement initiative. Findings will be shared nationally and internationally through conference presentations, publication in peer-reviewed journals, a graphical illustration and a dissemination video.

40. A Patient-Centered Approach to a Rural General Practice in Distress and the Search for a Solution

Authors Young V.; Mehl-Madrona L.; Mainguy B.
Source The Permanente journal; Apr 2018; vol. 22
Publication Date Apr 2018
Publication Type(s) Article
PubMedID 29702050
Database EMBASE
Available at The Permanente journal from Europe PubMed Central - Open Access
Available at The Permanente journal from Unpaywall

Abstract CONTEXT: A general practice in rural UK (Cumbria) was overwhelmed by staff burnout.
OBJECTIVE(S): To present a case study for how the staff of a practice came together, used data, agreed on a plan for improvement, implemented the plan, improved subjective distress, and objectively evaluated the intervention. DESIGN: We conducted an audit using the electronic health record for patients coming to the practice 5 or more times annually from 2008 to 2012 (frequent attenders). We planned an intervention to reduce utilization (frequency of visits) while still serving patients. The intervention used a genogram, psychoeducation, and up to six 30-minute sessions of solutions-focused psychotherapy, in which difficult interpersonal relationships were identified and efforts were made to resolve 1 major problem related to those relationships. MAIN OUTCOME MEASURES: Quantitative data (number of visits per year) and qualitative data about the changes that resulted in the practice from the audit and the intervention.
RESULT(S): The frequency of visits for patients with mental health conditions (41.0% of all frequent attenders in the practice) dropped significantly from 2007 to 2012 ($p = 0.019$; initial visits per year, 10.0, standard deviation = 2.51; final visits per year = 5.6, standard deviation = 3.8). The frequency of visits for patients without mental health diagnoses did not change.
CONCLUSION(S): Intervening with frequent attenders of primary care who have mental health conditions improved their symptoms and reduced their health care utilization, with beneficial impact on practitioners and improvement in the morale of the staff.

41. Clinicians' perception of the preventability of inpatient mortality

Authors Nash R.; Srinivasan R.; Kenway B.; Quinn J.
Source International journal of health care quality assurance; Mar 2018; vol. 31 (no. 2); p. 131-139
Publication Date Mar 2018
Publication Type(s) Article
PubMedID 29504876
Database EMBASE
Available at International journal of health care quality assurance from Available to NHS staff on request from UHL Libraries & Information Services (from NULJ library) - click this link for more information Local Print Collection [location] : UHL Libraries On Request (Free).

Available at International journal of health care quality assurance from Available to NHS staff on request from UHL Libraries & Information Services (from non-NHS library) - click this link for more information Local Print Collection [location] : British Library via UHL Libraries - please click link to request article.
Available at International journal of health care quality assurance from Unpaywall

Abstract Purpose The purpose of this paper is to assess whether clinicians have an accurate perception of the preventability of their patients' mortality. Case note review estimates that approximately 5 percent of inpatient deaths are preventable. Design/methodology/approach The design involved in the study is a prospective audit of inpatient mortality in a single NHS hospital trust. The case study includes 979 inpatient mortalities. A number of outcome measures were recorded, including a Likert scale of the preventability of death- and NCEPOD-based grading of care quality. Findings Clinicians assessed only 1.4 percent of deaths as likely to be preventable. This is significantly lower than previously published values (p<0.0001). Clinicians were also more likely to rate the quality of care as "good," and less likely to identify areas of substandard clinical or organizational management. Research limitations/implications The implications of objective assessment of the preventability of mortality are essential to drive quality improvement in this area. Practical implications There is a wide disparity between independent case note review and clinicians assessing the care of their own patients. This may be due to a "knowledge gap" between reviewers and treating clinicians, or an "objectivity gap" meaning clinicians may not recognize preventability of death of patients under their care. Social implications This study gives some insight into deficiencies in clinical governance processes. Originality/value No similar study has been performed. This has significant implications for the idea of the preventability of mortality.

42. Exploring patient-reported outcomes of home-based cardiac rehabilitation in relation to Scottish, UK and European guidelines: An audit using qualitative methods

Authors Ranaldi H.; Deighan C.; Taylor L.
Source BMJ Open; Dec 2018; vol. 8 (no. 12)
Publication Date Dec 2018
Publication Type(s) Article
PubMedID 30559161
Database EMBASE
Available at BMJ open from Europe PubMed Central - Open Access
Available at BMJ open from HighWire - Free Full Text

Abstract Objectives: The Heart Manual (HM) is the UK's leading facilitated home-based cardiac rehabilitation (CR) programme for individuals recovering from myocardial infarction and revascularisation. This audit explored patient-reported outcomes of home-based CR in relation to current Scottish, UK and European guidelines.
Setting(s): Patients across the UK returned their questionnaire after completing the HM programme to the HM Department (NHS Lothian).
Participant(s): Qualitative data from 457 questionnaires returned between 2011 and 2018 were included for thematic analysis. Seven themes were identified from the guidelines. This guided initial deductive coding and provided the basis for inductive subthemes to emerge.
Result(s): Themes included: (1) health behaviour change and modifiable risk reduction, (2) psychosocial support, (3) education, (4) social support, (5) medical risk management, (6) vocational rehabilitation and (7) long-term strategies and maintenance. Both (1) and (2) were reported as having the greatest impact on patients' daily lives. Subthemes for (1) included: guidance, engagement, awareness, consequences, attitude, no change and motivation. Psychosocial support comprised: stress management, pacing, relaxation, increased self-efficacy, validation, mental health and self-perception. This was followed by (3) and (4). Patients less frequently referred to (5), (6) and (7). Additional themes highlighted the impact of the HM programme and that patients attributed the greatest impact to a combination of all the above themes.
Conclusion(s): This audit highlighted the HM as comprehensive and inclusive of key elements proposed by Scottish, UK and EU guidelines. Patients reported this had a profound impact on their daily lives and proved advantageous for CR.

43. The Feasibility and Clinical Utility of Conducting a Confidential Inquiry Into Suicide in Southwestern Ontario

Authors Eynan R.; Shah R.; Heisel M.J.; Links P.S.; Eden D.; Jhirad R.
Source Crisis; Jul 2018; vol. 39 (no. 4); p. 283-293
Publication Date Jul 2018
Publication Type(s) Article
PubMedID 29256267
Database EMBASE
Available at Crisis from ProQuest PsycARTICLES - NHS
Available at Crisis 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 BACKGROUND AND AIMS: Given the effectiveness of the National Confidential Inquiry into Suicide and Homicide by People with Mental Illness (NCI) in the UK, the present study evaluated this approach in Southwestern Ontario. A systematic confidential examination of suicides in Ontario was developed to guide quality improvement of services and suicide prevention.
METHOD(S): A 3-year case series of consecutive suicides in Southwestern Ontario identified by the Office of the Chief Coroner was compiled. Clinicians who provided care to suicide decedents completed an online confidential suicide questionnaire offered through a secured portal.
RESULT(S): A total of 476 suicide cases were analyzed. In all, 270 invitations to clinicians were sent, 237 (87.8%) responded to the invitation and 187 (69.3%) completed the online questionnaire. The majority of the suicide decedents (54.6%, n = 260), were between the ages of 40 and 64 (x = 47.2, SD = 17.1), White (91.4%, n = 416), single (34.2%, n = 439), and male (74.4%, n = 476). Of the 86 cases of self-poisoning, prescription medications were used in 66.3%. Almost two thirds of decedents visited the clinician in the month prior to their death.
LIMITATIONS: The results of the survey were drawn from suicides in Southwestern Ontario and generalizing these findings should be done with caution.
CONCLUSION(S): This study highlights (a) the value of the clinicians' survey to identify gaps in clinical services and (b) the necessity of improvements in suicide risk assessment/management and restriction of prescription medications.

44. Self harm and suicidality: An audit of follow-up in primary care

Authors Bruco M.E.F.; Gamlin C.; Bradbury J.; Bill S.; Armour C.; Agius M.
Source Psychiatria Danubina; 2018; vol. 30
Publication Date 2018
Publication Type(s) Conference Paper
PubMedID 30439858
Database EMBASE
Available at Psychiatria Danubina from EBSCO (MEDLINE Complete)

Abstract Deliberate self harm is the strongest predictor of completed suicide. Primary care is often the entry point for those presenting with self harm and suicidality and so the primary care follow-up of such patients should include risk assessment for repeated self harm and completed suicide. This is of particular importance in patients at high risk for suicide, such as those with Bipolar Affective Disorder. This audit makes recommendations for the average UK GP Teaching Practice based on standards from the NICE guidelines relating to the prevalence, timing and content of follow-up in primary care of those patients who present with self harm or suicidality in the practice population.

45. An audit on technical quality of root fillings performed by undergraduate students

Authors Fong W.; Heidarifar O.; Killough S.; Lappin M.J.; El Karim I.A.
Source International endodontic journal; Apr 2018; vol. 51
Publication Date Apr 2018
Publication Type(s) Article
PubMedID 28644527
Database EMBASE
Available at International endodontic journal from Wiley Online Library Medicine and Nursing Collection 2018 - NHS
Available at International endodontic 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.

Abstract AIM: To evaluate radiographically the technical quality of root fillings performed by undergraduate dental students and to assess whether students were exposed to an appropriate endodontic case mix during their clinical training. METHODOLOGY: A retrospective audit was undertaken evaluating the clinical records of patients who underwent endodontic procedures during the period from September 2015 to June 2016 in the Dental School at Queen's University Belfast, UK. Two final-year dental students were trained and calibrated to evaluate postoperative intra-oral periapical radiographs of completed root canal treatments using specific assessment criteria. Data were presented as frequencies, percentage and mean +/- standard deviation (SD). Comparisons of treatment outcomes between groups (posterior and anterior teeth) were calculated using Fisher's exact test, and the level of significance was set at $P < 0.05$. Intra- and interexaminer reproducibility was assessed by Kappa statistics.
RESULT(S): A total of 222 teeth and 381 canals were assessed, and of those, 253 (66%) of the root fillings were found to be acceptable in all the assessment parameters, namely taper, length and lateral adaptation of the root filling. Subanalysis of individual root filling parameters revealed that 372 canals (97%) exhibited good taper, and 275 canals (72%) were considered to be of an appropriate length, with 89 canals (23%) found to be underfilled and 17 canals (5%) overfilled. Overall 346 (91%) of canals had good lateral condensation. Students treated both single and multirooted teeth, and there was no significant association between tooth type and the quality of root filling provided ($P > 0.05$).
CONCLUSION(S): In the majority of the teeth treated by undergraduate students at Queen's University Belfast, the technical quality of the root filling was acceptable and students were exposed to an appropriate case mix for endodontic training.

46. How is the audit of therapy intensity influencing rehabilitation in inpatient stroke units in the UK? An ethnographic study

Authors Taylor E.; Jones F.; McKevitt C.
Source BMJ Open; Dec 2018; vol. 8 (no. 12)
Publication Date Dec 2018
Publication Type(s) Article
PubMedID 30552266
Database EMBASE
Available at BMJ open from Europe PubMed Central - Open Access
Available at BMJ open from HighWire - Free Full Text

Abstract Objectives Occupational therapy, physiotherapy and speech and language therapy are central to rehabilitation after a stroke The UK has introduced an audited performance target: That 45 min of each therapy should be provided to patients deemed appropriate We sought to understand how this has influenced delivery of stroke unit therapy Design Ethnographic study, including observation and interviews The theoretical framework drew on the work of Lipsky and Power, framing therapists as 'street level bureaucrats' in an 'audit society' Setting Stroke units in three English hospitals Participants Forty-three participants were interviewed, including patients, therapists and other staff Results There was wide variation in how therapy time was recorded and in decision-making regarding which patients were 'appropriate for therapy' or auditable Therapists interpreted their roles differently in each stroke unit Therapists doubted the validity of the audit results and did not believe their results reflected the quality of services they provided Some assumed their audit results would inform commissioning decisions Senior therapy leaders shaped priorities and practices in each therapy team Patients were inactive outside therapy sessions Patients differed regarding the quantity of therapy they felt they needed but consistently wanted to be more involved in decisions and treated as individuals.

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

Authors Weir N.M.; Newham R.; Corcoran E.D.; Mohammed Abd Alridha A.; Ali Atallah Al-Gethami A.; Bowie P.; Watson A.; Bennie M.
Source Research in social & administrative pharmacy : RSAP; Oct 2018; vol. 14 (no. 10); p. 944-950
Publication Date Oct 2018
Publication Type(s) Article
PubMedID 29198732
Database EMBASE
Available at Research in social & administrative pharmacy : RSAP from Available to NHS staff on request from UHL Libraries & Information Services (from non-NHS library) - click this link for more information Local Print Collection [location] : British Library via UHL Libraries - please click link to request article.

Abstract OBJECTIVE: The Scottish Patient Safety Programme - Pharmacy in Primary Care collaborative is a quality improvement initiative adopting the Institute of Healthcare Improvement Breakthrough Series collaborative approach. The programme developed and piloted High Risk Medicine (HRM) Care Bundles (CB), focused on warfarin and non-steroidal anti-inflammatories (NSAIDs), within 27 community pharmacies over 4 NHS Regions. Each CB involves clinical assessment and patient education, although the CB content varies between regions. To support national implementation, this study aims to understand how the pilot pharmacies integrated the HRM CBs into routine practice to inform the development of a generic HRM CB process map.
METHOD(S): Regional process maps were developed in 4 pharmacies through simulation of the CB process, staff interviews and documentation of resources. Commonalities were collated to develop a process map for each HRM, which were used to explore variation at a national event. A single, generic process map was developed which underwent validation by case study testing.
RESULT(S): The findings allowed development of a generic process map applicable to warfarin and NSAID CB implementation. Five steps were identified as required for successful CB delivery: patient identification; clinical assessment; pharmacy CB prompt; CB delivery; and documentation. The generic HRM CB process map encompasses the staff and patients' journey and the CB's integration into routine community pharmacy practice. Pharmacist involvement was required only for clinical assessment, indicating suitability for whole-team involvement.
CONCLUSION(S): Understanding CB integration into routine practice has positive implications for successful implementation. The generic process map can be used to develop targeted resources, and/or be disseminated to facilitate CB delivery and foster whole team involvement. Similar methods could be utilised within other settings, to allow those developing novel services to distil the key processes and consider their integration within routine workflows to effect maximal, efficient implementation and benefit to patient care.

48. Clinical effectiveness of pharmacy-led versus conventionally delivered antiviral treatment for hepatitis C in patients receiving opioid substitution therapy: A study protocol for a pragmatic cluster randomised trial

Authors Radley A.; De Bruin M.; Inglis S.K.; Donnan P.T.; Dillon J.F.
Source BMJ Open; Dec 2018; vol. 8 (no. 12)
Publication Date Dec 2018
Publication Type(s) Article
PubMedID 30552244
Database EMBASE
Available at BMJ open from Europe PubMed Central - Open Access
Available at BMJ open from HighWire - Free Full Text
Abstract Introduction Hepatitis C virus (HCV) infection affects 07% of the general population, and up to 40% of people prescribed opioid substitution therapy (OST) in Scotland In conventional care, less than 10% of OST users are tested for HCV and less than 25% of these initiate treatment Community pharmacists see this group frequently to provide OST supervision This study examines whether a pharmacist-led 'test & treat' pathway increases cure rates for HCV Methods and analysis This protocol describes a cluster-randomised trial where 60 community pharmacies provide either conventional or pharmacy-led care All pharmacies offer dried blood spot testing (DBST) for HCV Participants have attended the pharmacy for OST for 3 months; are positive for HCV genotype 1 or 3; are not co-infected with HIV and/or hepatitis B; have no decompensated liver disease; are not pregnant For conventional care, pharmacists refer HCV-positive participants to a local centre for assessment In the pharmacy-led arm, pharmacists assess participants themselves in the pharmacy Drug prescribing is by nurse prescribers (conventional arm) or pharmacist prescribers (pharmacy-led arm) Treatment in both arms is delivered as daily modified directly observed therapy in a pharmacy Primary trial outcome is number of sustained virological responses at 12 weeks after treatment completion Secondary trial outcomes are number of tests taken; treatment uptake; completion; adherence; re-infection An economic evaluation will assess potential cost-effectiveness Qualitative research interviews with clients and health professionals assess acceptability of a pharmacist-led pathway Ethics and dissemination This protocol has been ethically approved by the East of Scotland Research Ethics Committee 2 (15/ES/0086) and complies with the Declaration of Helsinki and principles of Good Clinical Practice Caldicott guardian approval was given on 16 December 2016 to allow NHS Tayside to pass information to the cluster community pharmacies about the HCV test status of patients that they are seeing to provide OST supervision NHS R and D approvals have been obtained from each health board taking part in the study Informed consent is obtained before study enrolment and only anonymised data are stored in a secured database, enabling an audit trail Results will be submitted to international peer-reviewed journals and presented at international conferences.

49. Socioeconomic status and 30-day mortality after minor and major trauma: A retrospective analysis of the Trauma Audit and Research Network (TARN) dataset for England

Authors McHale P.; Taylor-Robinson D.; Hungerford D.; Lawrence T.; Astles T.; Morton B.
Source PloS one; 2018; vol. 13 (no. 12)

Publication Date 2018
Publication Type(s) Article
PubMedID 30596799
Database EMBASE
Available at PLoS ONE from Europe PubMed Central - Open Access
Available at PLoS ONE from Public Library of Science (PLoS)
Available at PLoS ONE from EBSCO (MEDLINE Complete)

Abstract INTRODUCTION: Socioeconomic status (SES) is associated with rate and severity of trauma. However, it is unclear whether there is an independent association between SES and mortality after injury. Our aim was to assess the relationship between SES and mortality from trauma. MATERIALS AND METHODS: We conducted a secondary analysis of the Trauma Audit and Research Network dataset. Participants were patients admitted to NHS hospitals for trauma between January 2015 and December 2015, and resident in England. Analyses used multivariate logistic regression with thirty-day mortality as the main outcome. Co-variates include SES derived from area-level deprivation, age, injury severity and comorbidity. All analyses were stratified into minor and major trauma.
RESULT(S): There were 48,652 admissions (68% for minor injury, ISS<15) included, and 3,792 deaths. Thirty-day mortality was 10% for patients over 85 with minor trauma, which was higher than major trauma for all age groups under 65. Deprivation was not significantly associated with major trauma mortality. For minor trauma, patients older than 40 had significantly higher aORs than the 0-15 age group. Both the most and second most deprived had significantly higher aORs (1.35 and 1.28 respectively).
CONCLUSION(S): This study provides evidence of an independent relationship between SES and mortality after minor trauma, but not for major trauma. Our results identify that, for less severe trauma, older patients and patients with low SES with have an increased risk of 30-day mortality. Policy makers and service providers should consider extending the provision of 'major trauma' healthcare delivery to this at-risk population.

50. Investigating associations between the built environment and physical activity among older people in 20 UK towns

Authors Hawkesworth S.; Armstrong B.; Pliakas T.; Nanchalal K.; Lock K.; Silverwood R.J.; Jefferis B.J.; Sartini C.; Wannamethee S.G.; Ramsay S.E.; Amuzu A.A.; Casas J.-P.; Morris R.W.; Whincup P.H.
Source Journal of epidemiology and community health; Feb 2018; vol. 72 (no. 2); p. 121-131
Publication Date Feb 2018
Publication Type(s) Article
PubMedID 29175864
Database EMBASE
Available at Journal of epidemiology and community health from BMJ Journals - NHS
Available at Journal of epidemiology and community health from ProQuest (Hospital Premium Collection) - NHS Version
Available at Journal of epidemiology and community health from Available to NHS staff on request from UHL Libraries & Information Services (from NULJ library) - click this link for more information Local Print Collection [location] : UHL Libraries On Request (Free).
Available at Journal of epidemiology and community health from Unpaywall

Abstract BACKGROUND: Policy initiatives such as WHO Age Friendly Cities recognise the importance of the urban environment for improving health of older people, who have both low physical activity (PA) levels and greater dependence on local neighbourhoods. Previous research in this age group is limited and rarely uses objective measures of either PA or the environment.
METHOD(S): We investigated the association between objectively measured PA (Actigraph GT3x accelerometers) and multiple dimensions of the built environment, using a cross-sectional multilevel linear regression analysis. Exposures were captured by a novel foot-based audit tool that recorded fine-detail neighbourhood features relevant to PA in older adults, and routine data.
RESULT(S): 795 men and 638 women aged 69-92 years from two national cohorts, covering 20 British towns, were included in the analysis. Median time in moderate to vigorous PA (MVPA) was 27.9 (lower quartile: 13.8, upper quartile: 50.4) minutes per day. There was little evidence of associations between any of the physical environmental domains (eg, road and path quality defined by latent class analysis; number of bus stops; area aesthetics; density of shops and services; amount of green space) and MVPA. However, analysis of area-level income deprivation suggests that the social environment may be associated with PA in this age group.
CONCLUSION(S): Although small effect sizes cannot be discounted, this study suggests that older individuals are less affected by their local physical environment and more by social environmental factors, reflecting both the functional heterogeneity of this age group and the varying nature of their activity spaces.

51. Improving patient access to compression garments: An alternative approach

Authors Board J.; Anderson J.
Source Journal of Lymphoedema; Jun 2018; vol. 13 (no. 1); p. 54-58

Publication Date Jun 2018
Publication Type(s) Article
Database EMBASE
Available at Journal of Lymphoedema from Available to NHS staff on request from UHL Libraries & Information Services (from non-NHS library) - click this link for more information Local Print Collection [location] : British Library via UHL Libraries - please click link to request article.
Abstract Following negative audit findings from patients obtaining hosiery through the drug formulary, local NHS commissioners enabled Lymphoedema Specialist Services Ltd (LSS) to purchase garments directly from hosiery suppliers as part of a compression hosiery ordering project (CHOP). This article describes the rationale for, process involved in and outcomes of CHOP, which commenced in 2015. The three-stage process designed to meet objectives set for the hosiery manufacturer, LSS and NHS service commissioners has benefitted patients, LSS and the NHS. A post-CHOP audit found patients had prompt access to the treatment they needed and found the new system easier to use than the drug formulary route. The percentage of patients experiencing issues dropped from 83% with the drug formulary route to 10% with CHOP. The deal negotiated with the manufacturer led to cost savings for the NHS. Based on the results of CHOP, recommendations are made for practice.

52. Improvement capability and performance: a qualitative study of maternity services providers in the UK

Authors Darley S.; Walshe K.; Proudlove N.; Boaden R.; Goff M.
Source International journal for quality in health care : journal of the International Society for Quality in Health Care; Nov 2018; vol. 30 (no. 9); p. 692-700
Publication Date Nov 2018
Publication Type(s) Article
PubMedID 29669040
Database EMBASE
Available at International journal for quality in health care : journal of the International Society for Quality in Health 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 International journal for quality in health care : journal of the International Society for Quality in Health Care from Available to NHS staff on request from UHL Libraries & Information Services (from non-NHS library) - click this link for more information Local Print Collection [location] : British Library via UHL Libraries - please click link to request article.
Abstract Objective: We explore variations in service performance and quality improvement across healthcare organisations using the concept of improvement capability. We draw upon a theoretically informed framework comprising eight dimensions of improvement capability, firstly to describe and compare quality improvement within healthcare organisations and, secondly to investigate the interactions between organisational performance and improvement capability.
Design(s): A multiple qualitative case study using semi-structured interviews guided by the improvement capability framework.
Setting(s): Five National Health Service maternity services sites across the UK. We focused on maternity services due to high levels of variation in quality and the availability of performance metrics which enabled us to select organisations from across the performance spectrum.
Participant(s): About 52 hospital staff members across the five case studies in positions relevant to the research questions, including midwives, obstetricians and clinical managers/leaders.
Main Outcome Measure(s): A qualitative analysis of narratives of quality improvement and performance in the five case studies, using the improvement capability framework as an analytic device to compare and contrast cases.
Result(s): The improvement capability framework has utility in analysing quality improvement within and across organisations. Qualitative differences in the configurations of improvement capability were identified across all providers but were particularly striking between higher and lower performing organisations.
Conclusion(s): The improvement capability framework is a useful tool for healthcare organisations to assess, manage and develop their own improvement capabilities. We identified an interaction between performance and improvement capability; higher performing organisations appeared to have more developed improvement capabilities, though the meaning of this relationship requires further research.

53. Qualitative study using interviews and focus groups to explore the current and potential for antimicrobial stewardship in community pharmacy informed by the Theoretical Domains Framework

Authors Jones L.F.; Owens R.; McNulty C.A.M.; Sallis A.; Ashiru-Oredope D.; Thornley T.; Francis N.A.; Butler C.
Source BMJ open; Dec 2018; vol. 8 (no. 12)
Publication Date Dec 2018
Publication Type(s) Article
PubMedID 30593557

Database EMBASE
Available at BMJ Open from Europe PubMed Central - Open Access
Available at BMJ Open from HighWire - Free Full Text

Abstract OBJECTIVES: Community pharmacists and their staff have the potential to contribute to antimicrobial stewardship (AMS). However, their barriers and opportunities are not well understood. The aim was to investigate the experiences and perceptions of community pharmacists and their teams around AMS to inform intervention development. DESIGN: Interviews and focus groups were used to explore the views of pharmacists, pharmacy staff, general practitioners (GPs), members of pharmacy organisations and commissioners. The questioning schedule was developed using the Theoretical Domains Framework which helped inform recommendations to facilitate AMS in community pharmacy.
RESULT(S): 8 GPs, 28 pharmacists, 13 pharmacy staff, 6 representatives from pharmacy organisations in England and Wales, and 2 local stakeholders participated.Knowledge and skills both facilitated or hindered provision of self-care and compliance advice by different grades of pharmacy staff. Some staff were not aware of the impact of giving self-care and compliance advice to help control antimicrobial resistance (AMR). The pharmacy environment created barriers to AMS; this included lack of time of well-qualified staff leading to misinformation from underskilled staff to patients about the need for antibiotics or the need to visit the GP, this was exacerbated by lack of space. AMS activities were limited by absent diagnoses on antibiotic prescriptions.Several pharmacy staff felt that undertaking patient examinations, questioning the rationale for antibiotic prescriptions and performing audits would allow them to provide more tailored AMS advice.
CONCLUSION(S): Interventions are required to overcome a lack of qualified staff, time and space to give patients AMS advice. Staff need to understand how self-care and antibiotic compliance advice can help control AMR. A multifaceted educational intervention including information for staff with feedback about the advice given may help. Indication for a prescription would enable pharmacists to provide more targeted antibiotic advice. Commissioners should consider the pharmacists' role in examining patients, and giving advice about antibiotic prescriptions.

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

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

55. Endophthalmitis rate following intravitreal injection of anti-VEGF and the impact of post-injection topical antibiotics

Authors Horner F.; Chavan R.
Source Acta Ophthalmologica; Dec 2018; vol. 96 ; p. 53
Publication Date Dec 2018
Publication Type(s) Conference Abstract
Database EMBASE

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

Abstract Purpose: To compare the incidence of endophthalmitis following intravitreal anti-vascular endothelial growth factor (VEGF) injection, with and without post-injection topical antibiotic drops.
Method(s): This retrospective audit was undertaken at Birmingham and Midlands Eye Centre (United Kingdom) between December 2013 and December 2017. On 3rd December 2015 prophylactic topical antibiotic drops stopped being given routinely after every intravitreal anti-VEGF injection. We therefore compared the incidence of endophthalmitis for the two years prior to this (Dec 2013 to Dec 2015) to the incidence in the two years since the change (Dec 2015 to Dec 2017). Cases of endophthalmitis (following anti-VEGF injections administered only at this hospital) were identified by review of records of intravitreal biopsy and inpatient admission for endophthalmitis. Electronic records were then reviewed to determine if there was an association with anti-VEGF injection.
Result(s): Over the 4 year period, overall there were 7 cases of endophthalmitis following 33 277 injections (0.21%). The incidence with topical antibiotic use was 4 per 15 545 injections (0.026%), and without topical antibiotics was 3 per 17 732 injections (0.017%). There was no difference between these groups. Median number of days between injection and diagnosis of endophthalmitis was 4.0 [range 4- 14]. Causative organisms included 6 cases of Staph. Epidermidis and one case Staph. Auerus.
Conclusion(s): The incidence of endophthalmitis overall was found to be consistent with the literature. There was no increase in the number of cases of endophthalmitis when routine use of antibiotics was stopped, which would suggest that there is no benefit from topical antibiotics in this situation.

56. On the day cataract operation cancellations: A prospective audit

Authors Balendra S.; Srikantha N.; Evans A.
Source Acta Ophthalmologica; Dec 2018; vol. 96 ; p. 8
Publication Date Dec 2018
Publication Type(s) Conference Abstract
Database EMBASE
Available at Acta Ophthalmologica from Wiley
Available at Acta Ophthalmologica from Available to NHS staff on request from UHL Libraries & Information Services (from non-NHS library) - click this link for more information Local Print Collection [location] : British Library via UHL Libraries - please click link to request article.

Abstract Purpose: A prospective audit was undertaken to establish the rate of cancellation of elective cataract surgery cases on the day of planned surgery and the reasons for these cancellations in a large district general hospital in the UK.
Method(s): A record was kept of all cancellations made on the day of surgery over a consecutive five-month period.
Result(s): During the audit period there were 1730 elective cataract surgeries performed and 59 on the day cancellations of surgery, giving a cancellation rate of 3.3%. The leading cause of cancellation was coexisting eye problems (30.4%), followed by other medical illnesses in 28.9%. Other causes for cancellation included high INR, inappropriate listing for surgery, unavailable intraocular lens (IOL), inappropriate surgeon allocation and patient transport failure.
Conclusion(s): Although the cancellation rate was found to be relatively low, this still represents a significant loss of income, waste of resources and source of concern for patients and staff.

57. Improving the use of sucrose as analgesia in the Neonatal Unit, Wishaw Hospital

Authors Brara A.; Fisher H.; McGrory L.
Source Cogent Medicine; 2018; vol. 5 (no. 1); p. 61-62
Publication Date 2018
Publication Type(s) Conference Abstract
Database EMBASE
Available at Cogent Medicine from ProQuest (Hospital Premium Collection) - NHS Version

Abstract Introduction: Sucrose has consistently been found to be a safe and effective analgesic in neonates. However, it is frequently underused and poorly documented. In addition, studies suggest that repeated exposure to pain as a neonate can heighten responses to pain later in life and have long-term implications in psychosomatic response to pain.
Method(s): We collected data on 51 babies discharged from the Neonatal Unit in Wishaw in January 2018. Data were collected on demographics including gestation, length of stay, number of painful procedures and use of analgesia. Painful procedures included heel pricks, venous cannulation, lumbar punctures and intramuscular injections. We also distributed 30 questionnaires to staff in the unit to ascertain their views on the use of sucrose in our department. We performed two interventions from February to March 2018. The first was staff education sessions: one for medical staff and six smaller sessions for nursing staff. The second intervention was the introduction of a sucrose documentation sheet to prompt staff to administer sucrose prior to painful procedures as well as to promote more reliable documentation of its use.We then re-audited our use of sucrose in 36 babies admitted to the unit in May 2018 post-intervention.
Result(s): Questionnaire results showed that 73% of staff felt sucrose should be used as analgesia in all babies regardless of gestation or respiratory support. As high as 60% of staff felt that sucrose was being used less than 50% of the time prior to painful procedures; 100% of staff felt sucrose was an effective painkiller and 97% of staff felt we could provide better analgesia by increasing our use of sucrose. Demographics between the January and May baby cohorts were similar, 67% of babies in both cohort were >37 weeks and 28% of babies in both cohort were 32-37 weeks. Babies in January underwent an average of 12 painful procedures with a cumulative 627 procedures in all 51 babies. Babies in May underwent an average of 10 painful procedures with a cumulative 349 procedures in all 36 babies. Prior to interventions, sucrose was documented as given in 1/51 babies in January 2018, in a total of 1/627 procedures. Following staff education and the introduction of the sucrose sheet, 27/36 (75%) babies had documented use of sucrose during admission, in a total of 78/349 (22%) painful procedures (0.16% pre-intervention, 22% post, $p < 0.0001$).
Discussion(s): Following staff education sessions and the introduction of a sucrose administration sheet, the documented use of sucrose as analgesia in babies in the neonatal unit has improved, with 75% of babies now having documented use of sucrose during their admission. The sucrose administration sheet is currently under consideration for implementation across the West of Scotland deanery.

58. A National Audit of Cognitive Assessments in people with amyotrophic lateral sclerosis (pwALS) in Scotland

Authors Stavrou M.; Newton J.; Chandran S.; Davenport R.; Abrahams S.; Pal S.; Gorrie G.; Morrison I.; Stott G.
Source Amyotrophic Lateral Sclerosis and Frontotemporal Degeneration; 2018; vol. 19 ; p. 301-302
Publication Date 2018
Publication Type(s) Conference Abstract
Database EMBASE

Abstract Background: Cognitive and behavioural changes are recognised as an integral part of ALS. In NICE 2016, cognitive assessment is fundamental to providing appropriate care to pwALS. These guidelines therefore constitute pre-defined standards which may be audited. The Edinburgh cognitive and behavioural ALS screen (ECAS) has been specifically designed for pwALS and validated against gold standard extensive neuropsychology assessment (1).
Objective(s): To audit the implementation of cognitive assessment in pwALS in Scotland and evaluate the effectiveness of CARE-MND as a data collection method.
Method(s): The data were captured from the CAREMND Register. We firstly analysed data over a 2-year period January 2015-December 2016, and completed the audit cycle by reviewing data between January 2017-December 2017. Based on NICE 2016, two audit standards were established: (1) at diagnosis, all patients should undergo formal cognitive assessment, (2) care planning should be adapted for people with cognitive impairment.
Result(s): For the first 2-year period, ECAS was undertaken in 36% (n=140). 33% (n=131) did not have an ECAS. No data were recorded in the remaining cases (31%; n=122). Total ECAS scores were available in 67% (n=94) and 50% of those had cognitive impairment (defined by the cut-off total ECAS scores). Regarding treatment instigation (non-invasive ventilation, gastrostomy, riluzole), there was a trend towards fewer interventions in cognitively impaired patients, but statistical significance was not reached. Results were presented at departmental and national meetings and obstacles preventing standard achievement were identified. Additionally, throughout 2017, as part of the UK-wide initiative, the MND Association and neuropsychologists delivered masterclasses in implementing the ECAS. The audit cycle was completed by evaluating data from 193 new patients (January-December 2017). 57% (n=110) underwent cognitive screening, with ECAS performed in 85% (n=94), and other forms of cognitive assessments in the rest. Six appointments were pending. Total ECAS scores were available in 81% (n=76); 54% of those had cognitive impairment. Comparing those with and without cognitive impairment on treatment, there was no statistically significant difference between the groups. Out of the 77 pwALS (-40%) who were not tested, 16 refused clinical input and 20 were not considered appropriate candidates (rapid disease progression, severe cognitive impairment, language barrier). Discussion and conclusions: This audit highlights that health professionals increasingly recognise the significance of cognitive screening in ALS and follow more structured approaches in implementing this compared to previous years. Although data capture and management are evolving and time-intensive processes, centralizing data from across Scotland is unique and beneficial for optimising patient care. Ongoing multi-disciplinary collaboration is essential for mastering data capture, attaining compliance with evidence-based recommendations and continuing quality improvement.

59. Prognostic modelling of patients with motor neurone disease: Using routinely collected data to predict survival

Authors Leighton D.J.; Newton J.; Colville S.; Chandran S.; Pal S.; Stephenson L.; Gorrie G.; Davenport R.; Leighton S.P.; Morrison I.
Source Amyotrophic Lateral Sclerosis and Frontotemporal Degeneration; 2018; vol. 19 ; p. 295-296
Publication Date 2018
Publication Type(s) Conference Abstract
Database EMBASE

Abstract Background: MND is heterogeneous in clinical presentation and prognosis. Survival studies investigating patients recruited to trials are subject to bias and by default only model MND-specific variables. Clinical Audit Research and Evaluation of MND (CARE-MND) is a national platform for prospective data collection of demographics and health-related variables of people with MND (pwMND) in Scotland.
Objective(s): We aimed to undertake a survival analysis of incident pwMND in Scotland using routinely collected data to identify relevant prognostic variables.
Method(s): PwMND diagnosed 2015-2016 who had consented to share phenotypic data were included in this study. We used 36 phenotypic variables, relating to: age, sex, marital status, premorbid occupation, past medical/surgical history, premorbid lifestyle factors, family history, region of onset, classification of disease, cognitive impairment (determined by Edinburgh Cognitive and Behavioural ALS Screen (ECAS)/other neuropsychologist or neurologist assessment) and baseline ALS-Functional Rating Scale (ALS-FRS) slope (calculated from onset to first score). Data were standardised and variables with zero/near zero variance excluded. Missing data were imputed using the k-nearest neighbour algorithm. Survival from onset was modelled using Cox Proportional Hazards.
Result(s): 249 pwMND met eligibility criteria; two were lost to follow-up and were excluded. The male-to-female ratio of the remaining 247 was 1.98:1. Mean age of onset was 62.7 years (SD 10.7). 148 (60.0%) of pwMND had died by date of censorship. Median survival to censorship was 1020 days (IQR 719+/-1415). 28 variables were included in the final model. The model was significant (Log rank p<0.0001, R2 0.28). The following variables significantly predicted mortality: ALS-FRS slope (Hazard Ratio (HR) 1.74 (95% CI 1.46+/-2.07), cognitive impairment (HR 1.31 (1.04+/-1.64)) and family history of MND (HR 1.18 (1.01+/-1.38). Conversely, a history of ever smoking was a significant negative predictor (HR 0.82 (0.68+/-0.995). Discussion and conclusions: Our study replicates evidence that early ALS-FRS slope and cognitive impairment predict MND prognosis (1). As family history of MND also predicted mortality, we expect that future inclusion of genotypic data will improve the model. These three variables can help estimate prognosis and tailor management. Further study exploring the impact of smoking in the Scottish MND population is required.

60. Phenotype-genotype characterisation of 'long survivors' with motor neurone disease in Scotland

Authors Leighton D.J.; Newton J.; Colville S.; Swingler R.; Chandran S.; Pal S.; Stephenson L.; Gorrie G.; Davenport R.; Parry D.; Aitman T.; Cleary E.; Porteous M.; Morrison I.; Deary I.
Source Amyotrophic Lateral Sclerosis and Frontotemporal Degeneration; 2018; vol. 19 ; p. 63-64
Publication Date 2018
Publication Type(s) Conference Abstract
Database EMBASE
Abstract Background: The Scottish Motor Neurone Disease Register (SMNDR) (re-launched as the Clinical Audit Research and Evaluation of MND (CARE-MND) platform in 2015) has collected clinical phenotypic information from people with MND (pwMND) in Scotland since 1989. Median survival in a Scottish cohort (n=433, diagnosed 1989-2014) was 2.1 years from diagnosis (1). However, upper range of survival was 25.8 years.
Objective(s): We investigated the clinical features and genotypes of a 'long-surviving' cohort of pwMND, hypothesising that findings might inform disease trajectory and guide management.
Method(s): 'Long survival' was defined as survival beyond the 80th percentile of the published Scottish cohort (48 years) (1). 14 phenotypic variables were analysed. Long survivors were compared to an incident Scottish cohort diagnosed 2015-16 (n=427). Patient DNA samples were analysed using whole genome sequencing and also screened for C9orf72 hexanucleotide repeat expansions. Variants were filtered to include those in 49 MNDassociated/ MND-mimic genes and classified using modified American College of Medical Genetics methods. Samples from the Lothian Birth Cohort acted as controls.
Result(s): 60 long surviving pwMND were identified. 46 were alive at censorship, giving a Scottish prevalence of 11.0% (n=417). 54 (90%) consented to phenotypic characterisation. Median survival from onset was 15.6 years (IQR 12.3-20.1); from diagnosis 12.8 years (IQR 9.8-16.9). Long survivors were significantly younger at onset and diagnosis compared with incident patients (p=3.85 10 13 and p=5.63 10 12). Diagnostic delay was significantly greater (p=6.38 10 8). Classification of disease was significantly different (p52.2 10 16); 54.% had ALS, 41.7% primary lateral sclerosis (PLS). Site of onset differed (p=0.0030), with more long survivors having lower limb-onset disease. Long survivors were more likely to be prescribed riluzole and undergo gastrostomy insertion; however, this may reflect differing follow-up times. 34 pwMND were genotyped: 7 (20.6%) had pathogenic/likely pathogenic mutations. Four had mutations in the SOD1 gene; three had the Scottish p.I114T founder mutation (two were related). Remaining patients had mutations in FUS, ALS2 and SPG11. The patient with the SPG11 variant also had a missense variant in SPG11, with signs and symptoms typical of ALS. No patients had C9orf72 expansions. Discussion and conclusions: Long survivors in the Scottish population are characterised by younger age at onset/diagnosis, longer diagnostic delay, increased prevalence of PLS and lower limb onset disease. We now understand that long survival can be a phenotypic feature of the SOD1 p.I114T variant. Our data may suggest that compound heterozygosity for SPG11 mutations is associated with slowly progressive ALS but this requires replication. Diagnostic genotyping should be considered in pwMND with longer duration of disease.

61. A baseline audit of alternative and augmentative communication aid provision for people with MND in NHS Scotland

Authors Elliott E.; Newton J.; Colville S.; Davenport R.; Chandran S.; Pal S.; Gorrie G.; Morrison I.
Source Amyotrophic Lateral Sclerosis and Frontotemporal Degeneration; 2018; vol. 19 ; p. 379
Publication Date 2018
Publication Type(s) Conference Abstract
Database EMBASE
Abstract Background: The importance of providing communication aids to people with MND (pwMND) who have difficulty speaking has been crystallised by Scottish legislation, which came into effect from March 2018 (1). This mandates that provision of communication equipment and support to use this must be secured for any person who has difficulty speaking (1).
Objective(s): To conduct a baseline pre-legislation national audit of alternative and augmentative communication (AAC) aid provision for pwMND in NHS Scotland using the Clinical Audit Research and Evaluation of MND (CARE-MND) platform, the National MND Register for Scotland.
Method(s): Anonymised data fields relevant to AAC provision were extracted from the CARE-MND platform for all patients alive and resident in Scotland on 16.03.2018. Additional information regarding AAC provision was provided by the charitable body MND Scotland (MNDS). The overall provision of AAC was established by manual category coding of the qualitative data.
Result(s): A total of 354 pwMND; 111 (31.4%) were using a variety of different AAC aids and the NHS had contributed to AAC provision in 71 (64%) of cases. 243/354 pwMND (69%) had been referred to Speech and Language Therapy teams. A variety of high and low technology AAC were in use, the most common was a tablet device (53, 47.7%), followed by eyegaze personal computer (15, 13.5%) and Lightwriter (11, 9.9%). 20 (5.6%) pwMND declined AAC support. 11 (3.1%) of pwMND were provided with environmental control systems for limb dysfunction without evidence of significant speech impairment and MNDS was the main provider (55%). 161 (45.5%) pwMND were classified as not requiring AAC, 31 (8.8%) pwMND were classified as possibly requiring AAC and further information is required to explore this. Discussion and conclusions: The majority of pwMND in Scotland requiring support for impaired speech have access to AAC provided either by their local NHS services, or MNDS. Guidance is required to standardise the assessment and management of impaired speech and to develop care pathways (2). Speech is one element of communication and patients with limited mobility also require support from health boards for environmental aids. Further qualitative research can help understand the impact of AAC on pwMND and their caregivers.

62. Changing epidemiology of motor neurone disease in Scotland

Authors Leighton D.J.; Newton J.; Colville S.; Chandran S.; Pal S.; Stephenson L.; Gorrie G.; Davenport R.; Morrison I.
Source Amyotrophic Lateral Sclerosis and Frontotemporal Degeneration; 2018; vol. 19 ; p. 178
Publication Date 2018
Publication Type(s) Conference Abstract
Database EMBASE
Abstract Background: Scotland benefits from an integrated national healthcare team for motor neurone disease (MND) and a tradition of rich clinical data capture using the Scottish MND Register (launched in 1989; one of the first national registers). The Scottish register was relaunched in 2015 as Clinical Audit Research and Evaluation of MND (CARE-MND), an electronic platform for prospective, population-based research in Scotland.
Objective(s): We aimed to determine if incidence of MND in Scotland is changing over time.
Method(s): Capture-recapture methods were adopted to determine incidence of MND in 2015-16. Incidence rates for 2015-16 and 1989-98 were direct age and sex standardised to the 2010US Census population to allow time period comparison. Phenotypic characteristics and socioeconomic status of the cohort are described.
Result(s): Using maximum likelihood estimates, coverage of the CARE-MND platform was 99%. Crude prevalence of MND in Scotland was 7.61-7.64/100,000 of the population. Direct age standardised incidence in 2015 was 3.42/100,000 (95% CI 2.99-3.91); in 2016, 2.89/ 100,000 (95% CI 2.50-3.34). The combined incidence of Scottish MND Register 1989-98 annual incidence estimates was 2.32/100,000 (95% CI 2.26-2.37). 2015-16 standardised incidence was 66.9% higher than Northern European estimates (1). Socioeconomic status was not associated with MND. Discussion and conclusions: Our data show a changing landscape of MND in Scotland, with a rise in incidence by 36% over a 25-year period. This is likely attributable to ascertainment in the context of improved neurological services in Scotland. Our data suggest that CARE-MND is a reliable population data source. Future CARE-MND studies will explore genetic and environmental influencers of disease rates.

63. Clinical relevance of regular blood monitoring in longterm Immunoglobulin treatment

Authors Compton L.; Nihoyannopoulos L.; Kapoor M.; Rossor A.; Manji H.; Reilly M.; Lunn M.; Carr A.; Groves J.; Cade R.; Morrow S.; Gosal D.; Lavin T.
Source Journal of the Peripheral Nervous System; Dec 2018; vol. 23 (no. 4); p. 355-356
Publication Date Dec 2018
Publication Type(s) Conference Abstract
Database EMBASE

Available at Journal of the Peripheral Nervous System from Wiley Online Library Medicine and Nursing Collection 2018 - NHS
Available at Journal of the Peripheral Nervous System 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: National UK immunoglobulin (Ig) guidelines advise routine monitoring of FBC and U&E and pre-treatment screening for IgA deficiency. However, autoimmune haematological complications are typically subclinical. Acute kidney injury (AKI) is no longer a risk since the replacement of sucrose as Ig-stabilising agent. And absolute IgA deficiency may complicate immunoreplacement therapy but is irrelevant in the inflammatory neuromuscular disease population.
Aim(s): We audited blood monitoring in inflammatory neuropathy patients on longterm IVIg treatment in two UK specialist peripheral nerve services (Manchester and London). We looked for evidence of clinically relevant IgA deficiency, haematological or AKI Ig-related events.
Method(s): Data were collected by database and retrospective case note review. All treatment episodes between January 2015 and December 2017 were analysed in a random subset of patients (presenting for treatment over 2 months in 2018). Accepted definitions for clinically significant and biochemically significant haemolysis, neutropenia, thrombocytopenia and AKI were used.
Result(s): 885 treatment episodes in 58 inflammatory neuropathy patients were analysed. Mean (SD) age: 55.5(16.3) years; 68% male; 86% CIDP (14% MMN); 94% IVIg (6% SCIg). Mean dose: 1.46 (0.56) g/kg/month or 91(34.5)g/infusion; mean frequency: 3.6 (1.0) weeks. No clinically significant episodes of haemolysis, neutropenia, thrombocytopenia or AKI occurred in relation to Ig treatment. An asymptomatic drop >100 mg/L Hb occurred in 23/885 episodes in 22 individuals; mean reduction: 17.7 (7.4) mug/L; lowest Hb: 99 mug/L. One patient on weekly SCIg with Type 1 DM developed AKI after Ig-unrelated DKA. Renal function remained stable (Cr:200-300) on weekly SCIg over 1 year. One individual with relative IgA deficiency (0.38g/L) received 16 infusions over 1.5 years without complication.
Conclusion(s): Regular monitoring of FBC and U&E in inflammatory neuropathy patients therapy identified subclinical haemolysis in 2.5% of infusions but no clinically significant events in this representative population. We suggest pre-treatment FBC and U&E followed by clinically indicated retesting only.

64. Award winning Abstracts Presented at the 9th Annual International College of Mental Health Pharmacy, CMHP Psychiatric Pharmacy Conference

Authors anonymous
Source Journal of Psychopharmacology; Dec 2018; vol. 32
Publication Date Dec 2018
Publication Type(s) Conference Review
Database EMBASE
Abstract The proceedings contain 5 papers. The topics discussed include: a multi-perspective evaluation of specialist mental health clinical pharmacist prescribers practicing within general practices in NHS highland; pharmacist independent prescriber working in a community learning disability team - releasing psychiatry time and delivering STOMP; a retrospective audit assessing clozapine utilization in a high secure forensic hospital; evaluating how limited pharmacy team resources are prioritized in order to provide pharmaceutical care to inpatients in a mental health trust; and minimizing risk in high dose antipsychotic therapy.

65. Thinking about Cognitive assessment: Piloting ECAS clinics in South Wales

Authors Gibbon K.; Green A.; Glew R.; Betts R.; Stewart P.; Seaman S.
Source Amyotrophic Lateral Sclerosis and Frontotemporal Degeneration; 2018; vol. 19 ; p. 304-305
Publication Date 2018
Publication Type(s) Conference Abstract
Database EMBASE

Abstract Background: The NICE Guideline (42) for Motor Neurone Disease (MND) outlines the expectation that cognitive or behavioural changes are investigated in patients where there is a concern. The South Wales MND Care Network has struggled to meet this requirement across its 12 varying Multi-disciplinary Team (MDT) Clinics. As a result of this we are exploring new and innovative ways of providing cognitive assessment to all patients across South Wales. We have looked at this in more detail in one geographical area covered by the Network.
Objective(s): (1) To carry out an audit of current practice with regards to cognitive assessment in the Cardiff and Vale University Health Board (UHB) area taking into account the NICE guideline (NG42) recommendations. This was compared with results from the Transforming MND Care Audit carried out in July 2017; (2) To pilot dedicated Edinburgh Cognitive and Behavioural ALS Screen (ECAS) clinics.
Method(s): A retrospective case note review was carried out of patients diagnosed before March 2018 to look for evidence of the ECAS being used to assess patient's cognition. Healthcare professionals within the team were trained to conduct the assessment. Four ECAS clinics were booked over a 12 month period to assess existing and new patients.
Result(s): The audit revealed that out of 28 patients in Cardiff and Vale, 9 did not require assessment (there were no cognitive concerns), 3 declined and 16 did require cognitive assessment, 5 of which had received an ECAS. This is an improvement on our 2016/17 figures where no patients had received assessment. In order to provide cognitive assessment a designated clinic has been set up. There has been 100% attendance at clinics held so far. The poster will highlight the results of patient satisfaction and estimated costs of running the designated clinics. Discussion and conclusions: As a result of holding the ECAS clinics compliance with NICE guidelines has risen from 0% to 31% so far. The establishment of ECAS clinics should ensure that this continues to rise. Continued increase in compliance should be measurable by a repeat audit in 12 months. Although running the clinics enables us to meet the NICE Guidelines, patient experience of attending an extra clinic early in their diagnosis will need to be kept under review. This piece of work has also highlighted the need for access to ongoing support from services such as Clinical Psychology which currently is not available to people with MND in South Wales.

66. Clinical audit research and evaluation for MND (CARE-MND): An electronic platform for motor neurone disease in Scotland

Authors Leighton D.J.; Newton J.; Gordon H.; Melchiorre G.; Colville S.; Stephenson L.; Bateman A.; Abrahams S.; Gorrie G.; Swingler R.; Chandran S.; Pal S.; Davenport R.; Morrison I.
Source Amyotrophic Lateral Sclerosis and Frontotemporal Degeneration; 2018; vol. 19 ; p. 368-369
Publication Date 2018
Publication Type(s) Conference Abstract
Database EMBASE
Abstract Background: MND is associated with a significant health economic burden, mainly through the consequences of disease (rapidly progressive disability), interventions including ventilatory support and gastrostomy, caregiver burden, and costs of care in the community. Recent National Institute for Health and Care (NICE) UK Guidelines define imperative management goals (1). The Scottish MND Register (SMNDR) has established prospective clinical data collection since 1989 (2). Historically, data capture was reliant on research personnel and difficult to maintain. We present results of aor1 quality improvement project, including the implementation of an upgraded register platform.
Objective(s): (1) to evaluate SMNDR data capture 2011-14; (2) to implement a user-friendly national platform harnessing electronic data capture (CAREMND); (3) to align with NICE Guidelines; (4) to sustain CARE-MND for improved care and research.
Method(s): Proportion of data capture of 17 fields were analysed, relating to: MND nurse/allied health specialist contact, health demographics, MND outcomes and interventions. Following identification of suboptimal capture, a CARE-MND proforma and electronic platform were introduced, coinciding with NHS Scotland and Scottish Government-funded doubling of the number of MND care specialists. Data fields were aligned to NICE recommendations, and re-audited for 2015-17. Pre-and post-intervention data capture were compared using Ztest of proportions.
Result(s): SMNDR data capture ranged from 4-95%; average 49%. CARE-MND capture ranged from 32-98%; average 78%. 15/17 fields were significantly more complete post-intervention ($p<0.0001$). "Place of death" capture remained high (95%, 97%). "Forced Vital Capacity (FVC)" capture remained low (34%, 32%), likely because of recent replacement by transcutaneous CO_2 monitoring. Discussion and conclusions: As a result of this project, all MND nurse/allied health specialists have now incorporated CARE-MND into routine clinical practice. Prospective data entry is audited monthly; percentage capture rose to 83% in May 2018. The CARE-MND platform supports ongoing national audits of cognition, interventions (gastrostomy/respiratory/alternative and augmentative communication aid provision) and riluzole use, whilst also acting as a research interest register facilitating stratified recruitment into observational and interventional studies. We have established a platform which integrates care and research and acts as a template for other neurological disorders.

67. Minimising risk in high dose antipsychotic therapy

Authors King A.
Source Journal of Psychopharmacology; Dec 2018; vol. 32 ; p. 6-7
Publication Date Dec 2018
Publication Type(s) Conference Abstract
Database EMBASE
Abstract Background/introduction: High Dose Antipsychotic Therapy (HDAT) lacks evidence of benefit but evidence of harm is compelling (Royal College of Psychiatrists, 2014; Taylor et al., 2015). POMH-UK audits the use of antipsychotics in the country. In 2012 the national average rate of prescribing of HDAT was 21% whilst the trust average was higher than this at 27% (Prescribing Observatory for Mental Health, 2012). An October 2017 medicines management audit showed the local directorate had a rate of prescribing of HDAT of 40% which was substantially higher that the reported trust average rate of 14%. In the same medicines management audit it was shown that the rate of HDAT monitoring in the directorate per the trust policy had dipped to 24%. The combination of high prevalence in prescribing of HDAT and inadequate physical health monitoring represented an area of potential risk and it was decided to start a Quality Improvement (QI) project to mitigate this. Aim and objectives: The aim was to minimise risk in high dose antipsychotic therapy by ensuring prescriptions are appropriate and that adequate monitoring takes place. The specific objectives were: * Increase rate of HDAT monitoring from 24% to 100% in 6 months, * Ensure all antipsychotic prescriptions are reviewed weekly, and * To reduce the number of inappropriate HDAT prescriptions. Method/design: 1. A QI team was assembled. The team is formed of pharmacists, ward managers, doctors, nurses and consultant psychiatrist. The team was sponsored by the clinical director and a QI coach was assigned. 2. An initial brainstorming meeting was held to formulate aims and change ideas. 3. The QI team then met regularly to discuss implementation of these change ideas; * Weekly Audit of HDAT by pharmacy * Weekly MDT reviews * Junior Doctor training session and pharmacist session at Academic Meeting * Sharing of audit results weekly * HDAT calculator shared with nursing staff * Dose reckoner posters placed in clinical rooms * Ward patient boards updated with HDAT status 4. Parameters measured included; * Rate of HDAT monitoring (outcome measure) * Prevalence of HDAT prescribing (outcome measure) * Number of weekly reviews by MDT (process measure) * Number of weekly reminders sent out by the pharmacy team (process measure) Results: The rate of monitoring of HDAT patients increased by 53% (from 24% to 77%) in the duration of the project. All wards saw an improvement in rates of monitoring. The overall mean increased from 45.8% to 61.65%. In addition, the rate of prescribing of HDAT was reduced by over 20% (from 40% to 19%). There was a mean reduction in prevalence of prescribing of HDAT from 30.5% to 23.17% during the project. Discussion and conclusion: HDAT monitoring has improved. This and the overall reduction of HDAT prescribing represents a reduction in risk to patients. The current rate of HDAT monitoring is less than the aim of 100%. The next phase will concentrate on 2 inpatient wards where rates of monitoring were just 17% and 33% respectively. It has been noted that one of the wards, a PICU, has a rapid turnover of patients, and so often data is collected on or close to the admission date, before the monitoring is completed. This may need to be taken into consideration to give a true reflection of practice on this ward. Further data collection should continue before it can be concluded that the improvements are embedded into practice.

68. Evaluating how limited pharmacy team resources are prioritised in order to provide pharmaceutical care to inpatients in a mental health trust

Authors Keers R.; Lawson R.; Lo M.; Nguyen J.; Lewis P.
Source Journal of Psychopharmacology; Dec 2018; vol. 32 ; p. 5-6
Publication Date Dec 2018
Publication Type(s) Conference Abstract
Database EMBASE

Abstract Background/introduction: The National Health Service (NHS) is under unprecedented financial pressure, and trusts may consider using existing resources more efficiently to maintain care quality (The Kings Fund, 2017). One example of this approach is using tools to prioritise the provision of limited pharmaceutical care resource to inpatients in general hospitals, with some trusts already implementing such systems (Lewis, 2017). However, it is currently unclear whether mental health trusts are utilising such approaches currently, and to our knowledge there is no published literature on the topic. Aim and objectives: To evaluate how pharmacy teams in a mental health trust prioritise their time and resources to meet the pharmaceutical needs of inpatients. Objective(s): * To develop and launch an online survey for pharmacy staff to determine which approaches are used to prioritise inpatient pharmacy resource for pharmaceutical care and how appropriate these are perceived to be in practice, * To identify and determine the impact of factors such as staffing level and experience on how pharmaceutical care is currently prioritised, * To identify barriers and enablers to effective prioritisation of inpatient pharmacy resource for pharmaceutical care provision, and * To produce recommendations to help optimise the prioritisation of limited pharmacy resources in future. Methods/design: An anonymous online questionnaire was developed and distributed by email to all inpatient-based trust pharmacy staff (pharmacists, pharmacy technicians, assistants, managers) working across seven hospital sites between February-March 2018. The survey contained twenty four multiple choice and free text responses spread across four sections: background, typical day, workforce allocation and patient prioritisation. The study received approval from the University of Manchester ethics and trust audit committees. Data were analysed using both descriptive/statistical and thematic analysis.
Result(s): There were a total of 20 respondents, including 16 pharmacists and 4 technicians. Respondents reported that workforce allocation and prioritisation of care were influenced by factors including staffing, experience, skill mix, availability of senior support and numerous patient/medication factors including clinical complexity and readmissions. Pharmacists identified a need to reduce administrative burdens and improve IT support in order to more effectively prioritise clinical services, and there were mixed views towards the utility of locum staff. Although some respondents cited pharmacy technician screening as a potentially useful model for workforce allocation and prioritisation of pharmaceutical care, there was notable variation in models/services described across hospital sites along with a lack of awareness from some of what local policy was in this regard. A review of current pharmacy staff activity (including introducing staff sharing) and the expansion of the role of pharmacy technicians were suggested by participants to facilitate optimal workforce allocation and care provision. Discussion and conclusion: This study has revealed variation in the type of approaches used to prioritise inpatient pharmaceutical care provision as well as their awareness amongst pharmacy teams at the trust. Important factors were identified that could influence successful provision of efficient patient care, and which could be considered further given recent calls to enhance clinical pharmacy input in mental health services (Lord Carter of Coles, 2018).

69. A retrospective audit assessing clozapine utilisation in a high secure forensic hospital

Authors Huang L.-Y.; Holmes N.
Source Journal of Psychopharmacology; Dec 2018; vol. 32 ; p. 4-5
Publication Date Dec 2018
Publication Type(s) Conference Abstract
Database EMBASE

Abstract Background/introduction: People with schizophrenia have increased mortality associated with comorbid physical conditions, socioeconomic factors and elevated suicide rates (Saha et al., 2007). Clozapine is superior to other antipsychotics for treatment resistant schizophrenia, however, utilisation is lower than ideal due to, for example, patients' fear of side effects and clinicians' general negative beliefs (Patel, 2012). Aim and objectives: The National Institute for Health and Care Excellence (NICE) clinical guideline for the prevention and management of schizophrenia (National Institute for Health and Care Excellence, 2014) states clozapine should be offered to people with schizophrenia whose illness has not responded adequately to treatment despite the sequential use of adequate doses of at least two different antipsychotics. The objective of this audit was to assess compliance with this guideline, and the expected compliance standard was set at 100%. Methods/design: Patients were identified by the Trust's Applied Informatics Department based on the inclusion criteria: 1. Diagnosed with schizophrenia (F20), 2. Currently an inpatient, and 3. Admitted for >12 weeks (as stated in the British National Formulary, "Patients should receive an antipsychotic drug for 4-6 weeks before it is deemed ineffective" (British Medical Association and The Royal Pharmaceutical Society of Great Britain, 2018), two antipsychotics trialled for adequate periods as per NICE recommendations would be for a maximum of 12 weeks). Patients were assessed for clozapine eligibility based on the definition of adequate doses and durations for previous antipsychotics from a New Zealand guideline (Waitemata District Health Board, 2011) as a pragmatic approach in the absence of agreed guidelines. Exclusion criteria were: 1. Current or previous treatment with clozapine, and 2. A documented allergy or hypersensitivity to clozapine. Each eligible patient's clinical notes were reviewed for any record of being offered clozapine. Only their current admission and electronic notes were used. Audit committee comments were sought and sign off gained. Ethics approval was not required.
Result(s): Ninety-eight patients were initially identified based on the inclusion criteria. Three were excluded immediately due to incorrect diagnoses and responding to current treatment, therefore ninety-five patients' data were collected and analysed. Twenty-four patients were eligible for clozapine; fifteen were offered clozapine (63%). Discussion and conclusion: Not all eligible patients were documented as being offered clozapine. Patients deserving of a clozapine trial are possibly not being offered one and the hospital may not be compliant with NICE guidance. Patients' responses to antipsychotics must be actively assessed and clozapine considered as soon as appropriate. Clinical pharmacists should perform medication reviews and make patientcentred recommendations to facilitate treatment optimisation. Trigger points could be embedded within relevant clinical systems to prospectively identify potential clozapine patients. A reaudit should be performed manually identifying eligible patients as a part of data collection due to data extracted by Applied Informatics being incorrect. The re-audit should also monitor the adherence with routine antipsychotics in real time. Re-audit should occur 12 months after audit report dissemination and any agreed actions being put into place in response to the audit report. Qualitative analyses using the results of this audit should also be considered, for example, an analysis of the specific reasons why clozapine therapy was not offered, rejected or ceased, and if these reasons were documented. These analyses can be used to inform future guidance on re-introducing clozapine.

70. Wheat genetic resources in the post-genomics era: promise and challenges

Authors Rasheed A.; He Z.; Mujeeb-Kazi A.; Ogbonnaya F.C.; Rajaram S.
Source Annals of botany; Mar 2018; vol. 121 (no. 4); p. 603-616
Publication Date Mar 2018
Publication Type(s) Article
PubMedID 29240874
Database EMBASE

Abstract Background: Wheat genetic resources have been used for genetic improvement since 1876, when Stephen Wilson (Transactions and Proceedings of the Botanical Society of Edinburgh 12: 286) consciously made the first wide hybrid involving wheat and rye in Scotland. Wide crossing continued with sporadic attempts in the first half of 19th century and became a sophisticated scientific discipline during the last few decades with considerable impact in farmers' fields. However, a large diversity of untapped genetic resources could contribute in meeting future wheat production challenges. Perspectives and
Conclusion(s): Recently the complete reference genome of hexaploid (Chinese Spring) and tetraploid (Triticum turgidum ssp. dicoccoides) wheat became publicly available coupled with on-going international efforts on wheat pan-genome sequencing. We anticipate that an objective appraisal is required in the post-genomics era to prioritize genetic resources for use in the improvement of wheat production if the goal of doubling yield by 2050 is to be met. Advances in genomics have resulted in the development of high-throughput genotyping arrays, improved and efficient methods of gene discovery, genomics-assisted selection and gene editing using endonucleases. Likewise, ongoing advances in rapid generation turnover, improved phenotyping, envirotyping and analytical methods will significantly accelerate exploitation of exotic genes and increase the rate of genetic gain in breeding. We argue that the integration of these advances will significantly improve the precision and targeted identification of potentially useful variation in the wild relatives of wheat, providing new opportunities to contribute to yield and quality improvement, tolerance to abiotic stresses, resistance to emerging biotic stresses and resilience to weather extremes.

71. Multi-centre national audit of juvenile localised scleroderma: Describing current UK practice in disease assessment and management

Authors Lythgoe H.; Almeida B.; Pain C.E.; Bennett J.; Long E.; McErlane F.; Bhat C.; Bilkhu A.; Brennan M.; Deepak S.; Rangaraj S.; Dawson P.; Harrison K.; Eleftheriou D.; Hawley D.; Maltby S.; Heaf E.; Riley P.; Leone V.; Rafiq N.; Ramanan A.V.; Varnier G.; Wilkinson N.
Source Pediatric Rheumatology; Dec 2018; vol. 16 (no. 1)
Publication Date Dec 2018
Publication Type(s) Article
PubMedID 30563543
Database EMBASE
Available at Pediatric rheumatology online journal from ProQuest (Hospital Premium Collection) - NHS Version
Available at Pediatric rheumatology online journal from BioMed Central
Available at Pediatric rheumatology online journal from Europe PubMed Central - Open Access
Available at Pediatric rheumatology online 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.
Abstract Objective: To describe current United Kingdom practice in assessment and management of patients with juvenile localised scleroderma (JLS) compared to Paediatric Rheumatology European Society (PRES) scleroderma working party recommendations.
Method(s): Patients were included if they were diagnosed with JLS and were under the care of paediatric rheumatology between 04/2015-04/2016. Retrospective data was collected in eleven UK centres using a standardised proforma and collated centrally.
Result(s): 149 patients were included with a median age of 12.5 years. The outcome measures recommended by the PRES scleroderma working party were not utilised widely. The localised scleroderma cutaneous assessment tool was only used in 37.6% of patients. Screening for extracutaneous manifestations did not meet recommendations that patients with head involvement have regular screening for uveitis and baseline magnetic resonance imaging (MRI) brain: only 38.5% of these patients were ever screened for uveitis; 71.2% had a MRI brain. Systemic treatment with disease-modifying anti-rheumatic drugs (DMARDs) or biologics was widely used (96.0%). In keeping with the recommendations, 95.5% of patients were treated with methotrexate as first-line therapy. 82.6% received systemic corticosteroids and 34.2% of patients required two or more DMARDs/biologics, highlighting the significant treatment burden. Second-line treatment was mycophenolate mofetil in 89.5%.
Conclusion(s): There is wide variation in assessment and screening of patients with JLS but a consistent approach to systemic treatment within UK paediatric rheumatology. Improved awareness of PRES recommendations is required to ensure standardised care. As recommendations are based on low level evidence and consensus opinion, further studies are needed to better define outcome measures and treatment regimens for JLS.

72. Does adult alcohol consumption combine with adverse childhood experiences to increase involvement in violence in men and women? A crosssectional study in England and Wales

Authors Bellis M.A.; Hughes K.; Ford K.; Hardcastle K.; Wood S.; Edwards S.; Sharples O.
Source BMJ Open; Dec 2018; vol. 8 (no. 12)
Publication Date Dec 2018

Publication Type(s) Article
PubMedID 30523131
Database EMBASE
Available at BMJ open from Europe PubMed Central - Open Access
Available at BMJ open from HighWire - Free Full Text

Abstract Objectives: To examine if, and to what extent, a history of adverse childhood experiences (ACEs) combines with adult alcohol consumption to predict recent violence perpetration and victimisation.
Design(s): Representative face-to-face survey (n=12 669) delivered using computer-assisted personal interviewing and self-interviewing.
Setting(s): Domiciles of individuals living in England and Wales.
Participant(s): Individuals aged 18-69 years resident within randomly selected locations. 12 669 surveys were completed with participants within our defined age range. Main outcome measures Alcohol consumption was measured using the Alcohol Use Disorders Identification Test-Consumption (AUDIT-C) and childhood adversity using the short ACEs tool. Violence was measured using questions on perpetration and victimisation in the last 12 months.
Result(s): Compliance was 55.7%. There were strong positive relationships between numbers of ACEs and recent violence perpetration and victimisation in both sexes. Recent violence was also strongly related to positive AUDIT-C (>=5) scores. In males, heavier drinking and >=4ACEs had a strong multiplicative relationship with adjusted prevalence of recent violent perpetration rising from 1.3% (95% CIs 0.9% to 1.9%; 0 ACEs, negative AUDIT-C) to 3.6% (95% CIs 2.7% to 4.9%; 0 ACEs, positive AUDIT-C) and 8.5% (95% CI 5.6% to 12.7%; >=4ACEs, negative AUDIT-C) to 28.3% (95% CI 22.5% to 34.8%; >=4ACEs, positive AUDIT-C). In both sexes, violence perpetration and victimisation reduced with age independently of ACE count and AUDIT-C status. The combination of young age (18-29 years), >=4ACEs and positive AUDIT-C resulted in the highest adjusted prevalence for both perpetration and victimisation in males (61.9%, 64.9%) and females (24.1%, 27.2%).
Conclusion(s): Those suffering multiple adverse experiences in childhood are also more likely to be heavier alcohol users. Especially for males, this combination results in substantially increased risks of violence. Addressing ACEs and heavy drinking together is rarely a feature of public health policy, but a combined approach may help reduce the vast costs associated with both.

73. Incidence of combined burns and major trauma in England and Wales

Authors Battaloglu E.; Porter K.; Iniguez M.F.; Lecky F.
Source Trauma (United Kingdom); 2018
Publication Date 2018
Publication Type(s) Article In Press
Database EMBASE
Available at Trauma (United Kingdom) 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 Trauma (United Kingdom) from Available to NHS staff on request from UHL Libraries & Information Services (from non-NHS library) - click this link for more information Local Print Collection [location] : British Library via UHL Libraries - please click link to request article.

Abstract Introduction: Within the United Kingdom's major trauma networks, limited consideration is given to the management of concomitant burns and trauma injuries, prominently highlighted in the arrangement of specialist services for major trauma and burns care. The majority of the literature regarding this topic, based almost exclusively on North American studies, predicts between 5 and 7% of all patients admitted to burns centres will suffer from concomitant (non-thermal) trauma injuries, in addition to their burn injuries. The aim of this study is to understand the epidemiology and outcomes for patients sustaining burns and trauma injuries in England and Wales.
Method(s): A retrospective review of patients sustaining concomitant burns and trauma injuries was made over a 71-month period from January 2010 to November 2016, using the national trauma registry for England and Wales, the Trauma Audit and Research Network database, identifying all patients with injury codes for burns and trauma (AIS >3). Data collected comprised patient demographic information, burn injury percentages, details of trauma injuries, details of hospital stay, and patient outcome. Comparison of information was made against the total burns and total trauma cohort to form a base standard for burns and trauma injuries, respectively.
Result(s): Over the period analysed, 188 patients were found to have concomitant burns and trauma injuries. The patients were stratified according to age and the percentage of total body surface area burned. Hospital length of stay for concomitant burns and trauma patients was found to be higher than that of patients with isolated burns injuries. Mortality rates, although low overall, were found to be relatively higher for patients with concomitant burns and trauma injuries.
Conclusion(s): This study demonstrated the rarity of this combination of injury pattern, in particular the occurrence of severe burns in the presence of major trauma, in UK. Improvements in burns care and trauma care hopefully contributes to the higher level of survival in concomitantly injured patients against data from previous literature. However, the synergistic effect of burns and trauma injuries appears to impact on the course of such patients, although larger scale analysis is required to determine the true prognostic factors.

74. Improving the experiences of epilepsy patients in the emergency department through process evaluation

Authors Male L.
Source Epilepsia; Dec 2018; vol. 59
Publication Date Dec 2018
Publication Type(s) Conference Abstract
Database EMBASE
Available at Epilepsia from Wiley
Available at Epilepsia from IngentaConnect
Available at Epilepsia 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 Epilepsia from Available to NHS staff on request from UHL Libraries & Information Services (from non-NHS library) - click this link for more information Local Print Collection [location] : British Library via UHL Libraries - please click link to request article.
Abstract Purpose: The UK's National Audit of Seizure Management in Hospitals identified wide, unacceptable variability in epilepsy care. Most studies have focussed on quality of life and seizure outcomes and there remains a gap in evidence around patient experience. In North-West England, a seizure care pathway has been developed to support clinical management of seizure patients on presentation to the emergency department (ED), as well as rapid access to follow-up services on discharge. This study assessed patient experiences of the seizure care pathway, identified patient preferences, and gaps in care.
Method(s): Participants were recruited from three NHS EDs and a specialist neurology hospital. In-depth interviews with 27 patients following their experience of an ED attendance and outpatient follow-up appointment were conducted. Interview transcripts were subjected to thematic template analysis in order to examine thematic similarities and differences.
Result(s): The findings are presented in five themes; decision to seek care, responsiveness of services, waiting and efficiency, information and support, and care continuity. Issues arising from patients' social circumstances (lived experience) and communication were identified as integrative themes spanning the entire data set. The study highlights some positive aspects of care but also various factors that could be improved within the pathway process. Participants frequently reported feelings of abandonment by the service, particularly in the transition period between their ED presentation and ongoing ambulatory care. Collaborative working across service boundaries was regarded as essential to maintain effectiveness of the pathway.
Conclusion(s): We have identified good aspects of the seizure care pathway as well as shortcomings, and raised questions as to what the NHS should and should not be delivering in order to improve experience and meet expectations. The seizure care pathway has potential to enhance the care of seizure patients; our findings provide evidence to underpin ways in which this might be achieved.

75. MEDICAL DEVICE APPRAISAL IN THE UK: WHAT ARE THE COMMON PITFALLS OF MANUFACTURER LITERATURE REVIEWS?

Authors Macnair P.; Marsh W.
Source Value in Health; Oct 2018; vol. 21
Publication Date Oct 2018
Publication Type(s) Conference Abstract
Database EMBASE
Available at Value in Health from Available to NHS staff on request from UHL Libraries & Information Services (from NULJ library) - click this link for more information Local Print Collection
Available at Value in Health from Available to NHS staff on request from UHL Libraries & Information Services (from non-NHS library) - click this link for more information Local Print Collection [location] : British Library via UHL Libraries - please click link to request article.

Abstract Objectives: During NICE's Medical Technologies Evaluation Programme (MTEP), a manufacturer's systematic literature review identifying relevant clinical evidence is appraised by an independent External Assessment Centre (EAC). Here, we audited reviews submitted to MTEP and determined whether the quality of the literature reviews had an impact on NICE guidance, in order to provide recommendations for conducting high-impact reviews.
Method(s): EAC reports and Medical Technologies Guidance (MTG) documents of all published MTEP submissions for which both documents were available (N=34) were reviewed. The methodology of the clinical literature review, studies identified, types of EAC feedback (using 22 pre-defined categories), and the recommendation received were extracted.
Result(s): Amongst the 34 MTGs (33 literature reviews), the highest level of evidence identified was randomised controlled trials (RCTs) in 59%, controlled studies in 9%, and non-controlled studies in 32% of the submitted reviews. All reviews received >=1 type of criticism; the mean number of criticisms per review was 9.7. The most common criticisms related to the search strategy, including inadequate search sensitivity and reporting of electronic database searches; 75% of submissions received criticism where the EAC disagreed with the inclusion or exclusion of studies. The EAC performed their own literature search for 85% of appraisals, identifying additional literature in two-thirds of these cases. Overall, reviews supporting submissions that were not recommended (n=6) received more criticism than those which were (n=27).
Conclusion(s): Literature reviews supporting MTEP submissions typically fail to meet the methodological and reporting standards required for systematic literature reviews. Notably, we observed a wide variety in the quality of literature reviews in support of MTEP, which is surprising given the clear guidance in NICE's MTEP submission template to be systematic and transparent. Our results identify areas where manufacturer reviews can be strengthened and clearly reported, which may help to streamline the MTEP appraisal process.

76. Analysis of sexual healthcare provided by school nurses

Authors Beech S.; Sayer L.
Source Primary health care research & development; May 2018; vol. 19 (no. 3); p. 288-300
Publication Date May 2018
Publication Type(s) Article
PubMedID 29248022
Database EMBASE

Abstract AimThe aim of this study was to explore the role and activities of the school nursing service in sexual health within a large inner London borough. BACKGROUND: School nurses (SNs) are specialist community public health nurses working with the school age population to promote their health and well-being and therefore are arguably in a prime position to promote the sexual health of children and young people. This is particularly pertinent in inner city boroughs where the rates of sexually transmitted infections and under-18 conceptions are a significant problem.
METHOD(S): Following a review of the literature, a mixed methods study was undertaken which included an audit of documentary data to identify the referrals received in relation to sexual health and also included questionnaire surveys of school staff and SNs on their views of the role of the SN in sexual health.FindingsSNs and school staff identified that SNs have a role in sexual health, which was reflected in the referrals received during the audit of documentary data. There appeared to be inconsistencies across the service and evidence suggested that the school nursing service may be underutilised in comparison to the number of students who require sexual health support. The current service appears to be predominantly reactive, particularly for males and those less than 12 years old. However, both SNs and school staff would like to see a more preventative approach; including greater sexual health promotion, condom distribution and school health clinics.

77. Improving the approach to future care planning in care homes

Authors Kinley J.; Denton L.; Levy J.
Source International journal of palliative nursing; Dec 2018; vol. 24 (no. 12); p. 576-583
Publication Date Dec 2018

Publication Type(s) Article
PubMedID 30571252
Database EMBASE
Available at International journal of palliative 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.
Available at International journal of palliative nursing from Available to NHS staff on request from UHL Libraries & Information Services (from NULJ library) - click this link for more information Local Print Collection [location] : UHL Libraries On Request (Free).
Available at International journal of palliative 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 BACKGROUND:: There is international and national interest in the availability and provision of quality end-of-life care. In the UK this includes the promotion of advance care planning (ACP). AIMS:: To support care home staff to apply national policy on ACP in practice.
METHOD(S):: A proactive document, the PErsonalised Advisory CarE (PEACE) plan, was created. An audit was undertaken of its implementation in practice in one care home. FINDINGS:: All of the residents with a PEACE plan who died (n=8) did so in their preferred place of care; only 50% of residents (3 out of 6) without a PEACE plan died in their preferred place of care. No family members declined the opportunity to have a PEACE plan conversation.
CONCLUSION(S):: Future care planning, rather than ACP, is required in nursing care homes. Research investigating the outcomes and cost-effectiveness of undertaking these conversations is required to further guide national recommendations.

78. The provision of central venous access, transfer of critically ill patients and advanced airway management.: Are advanced critical care practitioners safe and effective?

Authors Denton G.; Green L.; Palmer M.; Jones A.; Quinton S.; Giles S.; Simmons A.; Choyce A.; Munnelly S.; Higgins D.; Perkins G.D.; Arora N.
Source Journal of the Intensive Care Society; 2018
Publication Date 2018
Publication Type(s) Article In Press
Database EMBASE
Available at Journal of the Intensive Care Society 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 Advanced critical care practitioners are a new and growing component of the critical care multidisciplinary team in the United Kingdom. This audit considers the safety profile of advanced critical care practitioners in the provision of central venous catheterisation and transfer of ventilated critical care patients without direct supervision and supervised drug assisted intubation of critically ill patients. The audit showed that advanced critical care practitioners can perform central venous cannulation, transfer of critically ill ventilated patients and intubation with parity to published UK literature.

79. The Investigations into What Happened at the Gosport War Memorial Hospital - Did the Coroner's Process Help?

Authors Ranson D.
Source Journal of law and medicine; Dec 2018; vol. 26 (no. 2); p. 306-310
Publication Date Dec 2018
Publication Type(s) Article
PubMedID 30574719
Database EMBASE
Available at Journal of law and medicine from Available to NHS staff on request from UHL Libraries & Information Services (from non-NHS library) - click this link for more information Local Print Collection [location] : British Library via UHL Libraries - please click link to request article.

Abstract The Gosport Independent Panel was established to review the care of older patients at the Gosport War Memorial Hospital in England over some 20 years. There had been a number of internal and external investigations that included police investigations, clinical care audits, GMC investigations and inquests. The Panel provided a means of public disclosure of much of the contents of the prior investigations and resulted in the creation of a catalogue of all relevant information. The report indicated that many of the investigative processes had failed to address the concerns of family and staff. In part this appears to have been the result of some investigations being limited in their ability to deal with social and community concerns and focusing on whether criminal prosecutions should be brought. Legislative restrictions regarding the nature and outcomes of the inquest process in the United Kingdom compounded these concerns. It is interesting to speculate whether a more proactive inquest system brought into play earlier might have alleviated many of the community and professional concerns regarding patient care.

80. Tooth wear risk assessment and care-planning in general dental practice

Authors O'Toole S.; Bartlett D.; Khan M.; Patel A.; Patel N.J.; Shah N.; Movahedi S.
Source British dental journal; Mar 2018; vol. 224 (no. 5); p. 358-362
Publication Date Mar 2018
Publication Type(s) Article
PubMedID 29495029
Database EMBASE
Available at British dental 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.

Abstract Objective To assess charting, risk assessment and treatment-planning of tooth wear between recently qualified and experienced dentists in general dental practice.Design Service evaluation.Setting Multi-setting evaluation of three mixed NHS/Private general dental practices in North-East London.Methods The clinical notes of new patient examinations on dentate adults presenting from the 1 October 2016 to 31 December 2016 were audited collecting data on tooth wear charting, risk assessment and treatment planning. Data were analysed using descriptives, chi square and logistic regressions in SPSS. Significance was inferred at p <0.05.Results Foundation dentists and experienced dentists performed 85 and 200 new patient examinations, respectively, during the evaluation period. Tooth wear was charted for 48% of those attending foundation dentists and 5% of those attending experienced dentists. Diet was assessed in 50.6% of patients examined by foundation dentists and 1.0% of patients examined by experienced dentists. Foundation dentists were more likely to chart tooth wear, risk assess and preventively manage tooth wear compared to experienced dentists (p <0.001).Conclusion This service evaluation highlights that improvements are required in recording, risk assessing and preventive treatment planning of erosive tooth wear. Experienced dentists were less likely to risk assess tooth wear and less likely to provide preventive treatment. Experienced GDPs may benefit from re-training in this area.

81. Growth hormone prescribing patterns in the UK, 2013-2016

Authors Shepherd S.; Saraff V.; Shaw N.; Banerjee I.; Patel L.
Source Archives of Disease in Childhood; 2018
Publication Date 2018
Publication Type(s) Article In Press
Database EMBASE
Available at Archives of disease in childhood from BMJ Journals - NHS
Available at Archives of disease in childhood 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 Archives of disease in childhood from Available to NHS staff on request from UHL Libraries & Information Services (from non-NHS library) - click this link for more information Local Print Collection [location] : British Library via UHL Libraries - please click link to request article.

Abstract Introduction: Prescribing of recombinant human growth hormone (rhGH) for growth failure in UK children is based on guidance from the National Institute for Health and Care Excellence. In 2013, the British Society for Paediatric Endocrinology and Diabetes initiated a national audit of newly prescribed rhGH treatment for children and adolescents. In this review, we have examined prescribing practices between 2013 and 2016.
Method(s): All patients <=16.0 years of age starting rhGH for licensed and unlicensed conditions in the UK were included. Anonymised data on indication and patient demographics were analysed.
Result(s): During the 4 years, 3757 patients from 76 of 85 (89%) centres started rhGH. For each licensed indication, proportions remained stable over this period: 56% growth hormone deficiency (GHD), 17% small for gestational age (SGA), 10% Turner syndrome, 6% Prader-Willi syndrome (PWS), 3% chronic renal insufficiency (CRI) and 2% short stature homeobox deficiency (SHOXd). However, the unlicensed category decreased from 10% (n=94) in 2013 to 5% (n=50) in 2016. The median age of patients starting rhGH was 7.6 years (range 0.1-16.0). Patients with PWS were significantly younger (median 2.2 years, range 0.2-15.1) compared with other indications (p<0.0001) and were followed by the SGA group (median 6.2 years, range 1.3-15.6, p<0.0001). Boys predominated in all groups except for PWS and SHOXd.
Conclusion(s): We demonstrate significant engagement of prescribing centres in this audit and a decline in unlicensed prescribing by half in this 4-year period. Patients in the PWS group were younger at initiation of rhGH compared with other indications and had no male predominance unlike GHD, SGA and CRI.

82. Implementing and evaluating a primary care service for oral surgery: a case study

Authors Goldthorpe J.; Sanders C.; Gough L.; Rogers J.; Bridgman C.; Tickle M.; Pretty I.
Source BMC health services research; Aug 2018; vol. 18 (no. 1); p. 636
Publication Date Aug 2018
Publication Type(s) Article
PubMedID 30107796
Database EMBASE
Available at BMC health services research from ProQuest (Hospital Premium Collection) - NHS Version
Available at BMC health services research from BioMed Central
Available at BMC health services research from Europe PubMed Central - Open Access
Available at BMC health services research from EBSCO (MEDLINE Complete)

Abstract BACKGROUND: A primary care oral surgery service was commissioned alongside an electronic referral management system in England, in response to rising demand for Oral Surgery services in secondary care. It is important to ensure that standards of quality and safety are similar to those in existing secondary care services, and that the new service is acceptable to stakeholders. The aim of this study is therefore to conduct an in depth case study to explore safety, quality, acceptability and implementation of the new service.METHODS: This case study draws on multiple sources of evidence to report on the commissioning process, implementation, treatment outcomes and acceptability to patients relating to a new oral surgery service in a primary care setting. A combination of audit data and interviews were analysed.RESULTS: Most referrals to the new service consisted of tooth extractions of appropriate complexity for the service. There were issues with lack of awareness of the new service in a primary care setting within referring primary care practices and patients at the start of implementation, however over time the service became a fully integrated part of the service landscape. Complications reported following surgery were low.CONCLUSION: Patients liked the convenience of the new service in terms of shorter waiting time and geographical location and their patient reported experience measures and outcomes were similar to those reported in secondary care. Providing appropriate clinical governance was in place, oral surgery could safely be provided in a primary care setting for patients without complex medical needs. Attention needs to be paid to communication with general dental practices around changes to the service pathway during the early implementation period to ensure all patients can receive care in the most appropriate setting.

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

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

84. Management of renal injury in a UK major trauma centre

Authors Torrance R.; Kwok A.; Mathews D.; Elliot M.; Baird A.; Lucky M.A.
Source Trauma (United Kingdom); 2018
Publication Date 2018
Publication Type(s) Article In Press
Database EMBASE
Available at Trauma (United Kingdom) 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 Trauma (United Kingdom) from Available to NHS staff on request from UHL Libraries & Information Services (from non-NHS library) - click this link for more information Local Print Collection [location] : British Library via UHL Libraries - please click link to request article.

Abstract Introduction: This study reviews the type, severity, management and follow-up of renal trauma presenting to a major trauma centre in the northwest of England in the four years following inception of the major trauma centre. Given the recent introduction of major trauma centres nationally, research is needed within every specialty to ensure that the centralisation of services benefits all patients affected by these changes.
Method(s): Patients presenting to Aintree University Hospital with renal trauma between June 2012 and June 2016 were identified using the Trauma Audit and Research Network (TARN) database. The data gathered retrospectively for each patient included mechanism of injury, injury severity score, American Association for the Surgery of Trauma (AAST) grading, management of injury, and follow-up.
Result(s): Out of a total of 2595 trauma patients, 33 renal injuries were identified. The 31 patients who received imaging were classified according to AAST grading, with 8 Grade I (25.8%), 4 Grade II (12.9%), 8 Grade III (25.8%), 4 Grade IV (12.9%), and 7 Grade V (22.6%) injuries. Twenty-five out of the 30 surviving patients received conservative treatment, three patients received angioembolisation (AE), one patient received a laparotomy with renal suturing, and one patient required a nephrectomy. Of these 30 surviving patients, seven received urology follow-up in clinic (23%).
Conclusion(s): The findings appear to support the growing trend towards the conservative management of high-grade renal injuries, and provide further evidence for the value of AE in renal trauma. The success of AE in this study appears to support the centralisation of services in renal trauma; however, the low nephrectomy rate could be interpreted as suggestive of the opposite. The study revealed that improvements to follow-up are needed, and that further research should seek to inform the optimal radiological follow-up of high-grade renal injury.

85. StreetVizor: Visual Exploration of Human-Scale Urban Forms Based on Street Views

Authors Shen Q.; Zeng W.; Ye Y.; Arisona S.M.; Schubiger S.; Burkhard R.; Qu H.
Source IEEE transactions on visualization and computer graphics; Jan 2018; vol. 24 (no. 1); p. 1004-1013
Publication Date Jan 2018
Publication Type(s) Article
PubMedID 28866527
Database EMBASE
Available at IEEE transactions on visualization and computer graphics 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 Urban forms at human-scale, i.e., urban environments that individuals can sense (e.g., sight, smell, and touch) in their daily lives, can provide unprecedented insights on a variety of applications, such as urban planning and environment auditing. The analysis of urban forms can help planners develop high-quality urban spaces through evidence-based design. However, such analysis is complex because of the involvement of spatial, multi-scale (i.e., city, region, and street), and multivariate (e.g., greenery and sky ratios) natures of urban forms. In addition, current methods either lack quantitative measurements or are limited to a small area. The primary contribution of this work is the design of StreetVizor, an interactive visual analytics system that helps planners leverage their domain knowledge in exploring human-scale urban forms based on street view images. Our system presents two-stage visual exploration: 1) an AOI Explorer for the visual comparison of spatial distributions and quantitative measurements in two areas-of-interest (AOIs) at city- and region-scales; 2) and a Street Explorer with a novel parallel coordinate plot for the exploration of the fine-grained details of the urban forms at the street-scale. We integrate visualization techniques with machine learning models to facilitate the detection of street view patterns. We illustrate the applicability of our approach with case studies on the real-world datasets of four cities, i.e., Hong Kong, Singapore, Greater London and New York City. Interviews with domain experts demonstrate the effectiveness of our system in facilitating various analytical tasks.

86. Children with life-limiting conditions in paediatric intensive care units: A national cohort, data linkage study

Authors Fraser L.K.; Parslow R.
Source Archives of Disease in Childhood; 2018; vol. 103 (no. 6); p. 540-547
Publication Date 2018
Publication Type(s) Article
Database EMBASE
Available at Archives of Disease in Childhood from BMJ Journals - NHS
Available at Archives of Disease in Childhood from ProQuest (Hospital Premium Collection) - NHS Version
Available at Archives of Disease in Childhood 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 Archives of Disease in Childhood 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 Archives of Disease in Childhood from Unpaywall

Abstract Objective: To determine how many children are admitted to paediatric intensive care unit (PICU) with life-limiting conditions (LLCs) and their outcomes.
Design(s): National cohort, data-linkage study.
Setting(s): PICUs in England.
Patient(s): Children admitted to a UK PICU (1 January 2004 and 31 March 2015) were identified in the Paediatric Intensive Care Audit Network dataset. Linkage to hospital episodes statistics enabled identification of children with a LLC using an International Classification of Diseases (ICD10) code list.
Main Outcome Measure(s): Random-effects logistic regression was undertaken to assess risk of death in PICU. Flexible parametric survival modelling was used to assess survival in the year after discharge.
Result(s): Overall, 57.6% (n=89 127) of PICU admissions and 72.90% (n=4821) of deaths in PICU were for an individual with a LLC. The crude mortality rate in PICU was 5.4% for those with a LLC and 2.7% of those without a LLC. In the fully adjusted model, children with a LLC were 75% more likely than those without a LLC to die in PICU (OR 1.75 (95% CI 1.64 to 1.87)). Although overall survival to 1 year postdischarge was 96%, children with a LLC were 2.5 times more likely to die in that year than children without a LLC (OR 2.59 (95% CI 2.47 to 2.71)).
Conclusion(s): Children with a LLC accounted for a large proportion of the PICU population. There is an opportunity to integrate specialist paediatric palliative care services with paediatric critical care to enable choice around place of care for these children and families.

87. Attitudes, skills and use of evidence-based practice among UK osteopaths: A national cross-sectional survey

Authors Sundberg T.; Leach M.J.; Adams J.; Thomson O.P.; Austin P.; Fryer G.
Source BMC Musculoskeletal Disorders; Dec 2018; vol. 19 (no. 1)
Publication Date Dec 2018
Publication Type(s) Article
PubMedID 30526551
Database EMBASE
Available at BMC musculoskeletal disorders from ProQuest (Hospital Premium Collection) - NHS Version
Available at BMC musculoskeletal disorders from BioMed Central
Available at BMC musculoskeletal disorders from Europe PubMed Central - Open Access
Available at BMC musculoskeletal disorders from EBSCO (MEDLINE Complete)

Abstract Background: Evidence-based practice (EBP) is a clinical decision-making framework that supports quality improvement in healthcare. While osteopaths are key providers of musculoskeletal healthcare, the extent to which osteopaths engage in EBP is unclear. Thus, the aim of this cross-sectional study was to investigate UK osteopaths' attitudes, skills and use of EBP, and perceived barriers and facilitators of EBP uptake.
Method(s): UK-registered osteopaths were invited to complete the Evidence-Based Practice Attitude and Utilisation Survey (EBASE) online.
Result(s): Of the 5200 registered osteopaths in the UK, 9.9% (517/5200) responded to the invitation, and 7.2% (375/5200) completed the EBASE (< 20% incomplete answers). The demographic characteristics of the survey sample were largely similar to those of the UK osteopathy workforce. The osteopaths reported overall positive attitudes towards EBP, with most agreeing that EBP improves the quality of patient care (69.3%) and is necessary for osteopathy practice (76.5%). The majority reported moderate-level skills in EBP, and most (80.8%) were interested in improving these skills. Participating osteopaths typically engaged in EBP activities 1-5 times over the last month. Barriers to EBP uptake included a lack of time and clinical evidence in osteopathy. Main facilitators of EBP included having access to online databases, internet at work, full-text articles, and EBP education materials.
Conclusion(s): UK osteopaths were generally supportive of evidence-based practice, had moderate-level skills in EBP and engaged in EBP activities infrequently. The development of effective interventions that improve osteopaths' skills and the incorporation of EBP into clinical practice should be the focus of future research.

88. Six weeks' notice of the on-call roster: fact or fantasy? An audit study

Authors Pepper T.; Hicks G.
Source British journal of hospital medicine (London, England : 2005); Dec 2018; vol. 79 (no. 12); p. 708-710
Publication Date Dec 2018
Publication Type(s) Article
PubMedID 30526113
Database EMBASE

Abstract INTRODUCTION:: Work-life balance is directly linked to morale, job satisfaction and staff retention - all of which are linked to high quality patient care. Receiving the duty roster in advance is the first step towards achieving any work-life balance, but anecdotally doctors frequently receive very little notice of this. This audit assessed NHS trusts' compliance with the Code of Practice, with specific reference to advance notification of duty rosters.
METHOD(S):: The duty roster should be made available 6 weeks before commencement of post. The initial audit comprised a survey sent to all London surgical CT1s starting in October 2016. The interventions introduced following this were creation of a shared spreadsheet containing roster coordinator contact details, reminder emails sent to roster coordinators and distribution of results to NHS Improvement. A repeat survey was sent to all London surgical CT1s and CT2s starting in October 2017.
RESULT(S):: In the initial audit 48/88 (55%) responded, of whom 4/48 (8%) received their duty roster in accordance with the standard and 9/48 (19%) did not receive the roster at all before starting. A total of 40/48 (83%) of trainees had to make specific contact with their future NHS trust in order to obtain their roster. In this initial audit 12/48 (25%) of trainees were satisfied or very satisfied with the amount of notice given. In the reaudit 133/178 (75%) responded, of whom 23/133 (17%) had received their roster in accordance with the standard and 25/133 (19%) did not receive the roster at all before starting. A total of 97/133 (73%) of trainees had to make specific contact with their future NHS trust in order to obtain their roster. In the reaudit 56/133 (42%) of trainees were satisfied or very satisfied with the amount of notice given.
CONCLUSION(S):: This closed loop audit led to a doubling in the proportion of trainees receiving their rosters in accordance with the standard, and this was associated with an increase in trainee satisfaction levels. However, adherence to the standard remained low in both phases of the audit, and a significant proportion of trainees continue to commence jobs without any knowledge of their on-call roster. A range of measures is proposed to address this.

89. An audit of antimicrobial prescribing by dental practitioners in the north east of England and Cumbria

Authors Sturrock A.; Ojelabi A.; Ling J.; Landes D.; Robson T.; Bird L.
Source BMC oral health; Dec 2018; vol. 18 (no. 1); p. 206
Publication Date Dec 2018
Publication Type(s) Article
PubMedID 30526584

Database EMBASE
Available at BMC oral health from ProQuest (Hospital Premium Collection) - NHS Version
Available at BMC oral health from BioMed Central
Available at BMC oral health from Europe PubMed Central - Open Access

Abstract BACKGROUND: Inappropriate prescribing of antimicrobials is a significant threat to global public health. In England, approximately 5% of all antimicrobial items are prescribed by dentists, despite the limited indications for their use in the treatment of oral infections in published clinical guidelines. The objective of this study was to survey antimicrobial prescribing by dental practitioners in North East England and Cumbria, identify educational and training needs and develop a self-assessment tool that can be used for Continued Professional Development by individual practitioners.
METHOD(S): During October 2016, 275 dental practitioners used a standardised form to record anonymous information about patients who had been prescribed antimicrobials. Clinical information and prescribing details were compared against clinical guidelines published by the Faculty of General Dental Practitioners UK.
RESULT(S): Dental practitioners provided data on 1893 antimicrobial prescriptions. There was documented evidence of systemic spread, such as pyrexia in 18% of patients. Dentists recorded patients' pain (91.1% of patients), local lymph gland involvement (41.5%) gross diffuse swelling (55.5%) dysphagia (7.2%) and trismus (13.6%). Reasons for prescribing antimicrobials included patient expectations (25.8%), patient preference (24.8%), time pressures (10.9%), and patients uncooperative with other treatments (10.4%). The most commonly prescribed antimicrobials were amoxicillin, accounting for 61.2% of prescriptions, followed by metronidazole (29.9%). Most prescriptions for amoxicillin were for either 5days (66.8%) or 7days (29.6%) and most prescriptions for metronidazole were for a 5-day course (65.2%) or 7-day (18.6%) course.
CONCLUSION(S): In most cases, when an antimicrobial was prescribed, practitioners used the correct choice of agents and usually prescribed these at the correct dose. However, some evidence of suboptimal prescribing practices when compared to the Faculty of General Dental Practitioner guidelines were identified. The audit has identified training needs across the region and aided the development of Continued Professional Development sessions. Further work to identify barriers and facilitators for improving antimicrobial prescribing and determining appropriate methods to improve clinical practice are required.

90. Noninvasive vagus nerve stimulation in a primary care setting: effects on quality of life and utilization measures in multimorbidity patients with or without primary headache

Authors Mwamburi M.; Tenaglia A.T.; Staats P.S.; Strickland I.; Davis S.; Ward J.C.R.; Day J.; Leibler E.J.
Source The American journal of managed care; Dec 2018; vol. 24 (no. 24)
Publication Date Dec 2018
Publication Type(s) Article
PubMedID 30543269
Database EMBASE
Available at The American journal of managed care from Available to NHS staff on request from UHL Libraries & Information Services (from non-NHS library) - click this link for more information Local Print Collection [location] : British Library via UHL Libraries - please click link to request article.

Abstract A patient audit was conducted in the UK to evaluate the impact of gammaCore use in multimorbidity patients on quality of life and healthcare resources utilization measures. A total of 233 patients were enrolled and their data was examined over a 1-year period after their gammaCore prescription. Of these patients, 132 (56%) had primary headache disorders while 101 (44%) were patients without a headache disorder (nonheadache patients). The mean age was 49 years, 169 (72%) were female, the mean number of comorbid conditions was 3.1, and the mean baseline EQ-5D score was 0.581. The mean paired difference in EQ-5D index for persistent gammaCore users (ie patients who used gammaCore for at least 40 weeks) was +0.156 at week 40. The mean percentage reductions in number of general practice consults (doctor's office appointments) was -28.5% from baseline mean of 7.31 and, 40.0% from baseline mean of 3.52 for medical codes used. This evidence demonstrates that a significant proportion of these multimorbidity patients on gammaCore remained compliant with the prescribed treatment regimen for an extended period. GammaCore use in multimorbidity patients may be associated with lower costs of care and provide opportunities for pay-for-performance coverage policies.

91. The National Pain Audit for specialist pain services in England and Wales 2010-2014

Authors Price C.; de C Williams A.C.; Smith B.H.; Bottle A.
Source British Journal of Pain; 2018
Publication Date 2018
Publication Type(s) Article In Press
Database EMBASE
Available at British Journal of Pain from Europe PubMed Central - Open Access

Abstract Introduction: Numerous reports highlight variations in pain clinic provision between services, particularly in the provision of multidisciplinary services and length of waiting times. A National Audit aims to identify and quantify these variations, to facilitate raising standards of care in identified areas of need. This article describes a Quality Improvement Programme cycle covering England and Wales that used such an approach to remedy the paucity of data on the current state of UK pain clinics.
Method(s): Clinics were audited over a 4-year period using standards developed by the Faculty of Pain Medicine of The Royal College of Anaesthetists. Reporting was according to guidance from a recent systematic review of national surveys of pain clinics. A range of quality improvement measures was introduced via a series of roadshows led by the British Pain Society.
Result(s): 94% of clinics responded to the first audit and 83% responded to the second. Per annum, 0.4% of the total national population was estimated to attend a specialist pain service. A significant improvement in multidisciplinary staffing was found (35-56%, $p < 0.001$) over the 4-year audit programme, although this still requires improvement. Very few clinics achieved recommended evidence-based waiting times, although only 2.5% fell outside government targets; this did not improve. Safety standards were generally met. Clinicians often failed to code diagnoses.
Conclusion(s): A National Audit found that while generally safe many specialist pain services in England and Wales fell below recommended standards of care. Waiting times and staffing require improvement if patients are to get effective and timely care. Diagnostic coding also requires improvement.

92. An initiative to improve wound management within community services across one clinical commissioning group in England

Authors Ivins N.; Clark M.; Fallon M.
Source Wounds UK; 2018; vol. 14 (no. 5); p. 45-55
Publication Date 2018
Publication Type(s) Article
Database EMBASE
Available at Wounds UK from EBSCO (CINAHL Plus with Full Text)
Available at Wounds UK from Available to NHS staff on request from UHL Libraries & Information Services (from NULJ library) - click this link for more information Local Print Collection [location] : UHL Libraries On Request (Free).
Available at Wounds UK from Available to NHS staff on request from UHL Libraries & Information Services (from non-NHS library) - click this link for more information Local Print Collection [location] : British Library via UHL Libraries - please click link to request article.
Abstract Background and local problem: The objective of this quality improvement project (QIP) was to identify a) the number and type of wounds treated in primary and community care within a single Clinical Commissioning Group (CCG) and b) compare current wound care practice against local policy and best practice. An eight-step quality improvement plan was implemented and wound care practice and documentation re-audited a year later.
Result(s): Pre-implementation: Sixty nurses and healthcare support workers were observed to deliver wound care, with the majority being registered nurses (n=44/60; 73.3%). Over the 3 week evaluation period, wound care was delivered to 147 patients with the majority treated in the patients' own home (n=98; 66.7%). The majority of patients had their skin assessed in both GP practices and in their own homes (x^2=1.11,df=2, p=0.57). Wounds were more likely to be photographed in patients' homes (x^2=4.28; df=1, p=0.04). All other direct observations of care occurred less frequently when care was delivered in patients' homes (appropriate wound care advice provided x^2=6.38, df=1, p=0.01; comprehensive wound assessment x^2=5.67, df=1, p=0.02; and appropriate primary dressing x^2=10.80, df=2, p=0.005). Post-implementation: Over the 1-week evaluation period, Welsh Wound Innovation Centre and CCG staff observed wound care provided to 77 patients. Thirty-four patients received wound care in GP practices, 43 patients in their own home. Notably, fewer omissions in wound care were observed and this difference approached statistical significance across four aspects of care with the sole exception of use of an appropriate primary dressing in GP practices (x^2=3.31, df=2, p=0.19) in both audits.
Conclusion(s): This QIP identified that there were weaknesses in current practice (for example, under 40% of patients received an appropriate primary wound dressing when cared for in their own home) and documentation (for example, 50% of patients treated in their homes did not have a correct wound diagnosis). Re-evaluation after implementation of an eight-step improvement plan showed marked improvements in both wound care delivery and documentation especially where care was delivered in patients' homes. This project has shown how complex health care delivery across primary and community care can be improved through a focused QI approach.

93. Testing the accuracy of SSNAP

Authors Kee K.Y.Y.; Mahmood S.; Lawrence E.
Source International Journal of Stroke; Dec 2018; vol. 13 (no. 3); p. 37

Publication Date Dec 2018
Publication Type(s) Conference Abstract
Database EMBASE
Available at International Journal of Stroke from Available to NHS staff on request from UHL Libraries & Information Services (from NULJ library) - click this link for more information Local Print Collection [location] : UHL Libraries On Request (Free).
Available at International Journal of Stroke from Available to NHS staff on request from UHL Libraries & Information Services (from non-NHS library) - click this link for more information Local Print Collection [location] : British Library via UHL Libraries - please click link to request article.

Abstract Introduction: Sentinel Stroke National Audit Programme (SSNAP) is the definitive source of stroke data for the UK. Given its extensive use in clinical research and health economics, it is vital to ensure that SSNAP captures most if not all stroke admissions. Audit compliance is measured by comparing SSNAP records by each clinical team to the Hospital Episode statistic (HES) data. Our aim was to retrospectively compare case ascertainment by HES and SSNAP over a 1 year period for patients admitted to our hospital.
Method(s): Case notes review of patients entered on SSNAP against those discharged with a stroke diagnosis on HES over a 1 year period.
Result(s): 256 patients were on SSNAP compared with 239 patients on HES. 37 (14.0%) patients were on SSNAP but not on HES. 22 patients were on HES but not on SSNAP. Of these 22 patients; 7 were non stroke, 5 were transferred to a hyperacute stroke unit and did not return. 3 were treated on the stroke unit but their SSNAP records were not commenced by the admitting team. 5 were new strokes not admitted to the stroke unit. Of these, 4 were considered as having no rehabilitation needs and 1 died rapidly from a brain haemorrhage. 256 of 264 (97%) of all recorded and verified stroke cases were captured on SSNAP.
Conclusion(s): SSNAP is superior to HES data. Care must be taken to ensure that patients assessed as inappropriate for stroke unit admission are registered on SSNAP to avoid excluding patients with poor outcomes from the data set.

94. Structured therapy drop in sessions to improve communication on the acute stroke unit

Authors Annamalai A.; Butler V.; Findlay N.
Source International Journal of Stroke; Dec 2018; vol. 13 (no. 3); p. 64
Publication Date Dec 2018
Publication Type(s) Conference Abstract
Database EMBASE
Available at International Journal of Stroke from Available to NHS staff on request from UHL Libraries & Information Services (from NULJ library) - click this link for more information Local Print Collection [location] : UHL Libraries On Request (Free).
Available at International Journal of Stroke from Available to NHS staff on request from UHL Libraries & Information Services (from non-NHS library) - click this link for more information Local Print Collection [location] : British Library via UHL Libraries - please click link to request article.

Abstract Introduction: At North Tees and Hartlepool foundation trust we provide an opportunity for relatives and carers to attend a structured "therapy drop-in session" on our acute stroke unit. This innovation is unique to our North Tees and Hartlepool Trust within acute stroke/rehabilitation in comparison to other stroke services across the North East of England. During these sessions individual patients/families/carers are given the opportunity to discuss their relatives/friends care, current therapy and any plans for discharge with the occupational therapist based on the acute unit and a member of staff from the nursing team. The aim of this project was to improve the overall communication between the health professionals and patients/families in relation to the patients care, therapy and discharge plans from the ward.We aim to improve our communication to ensure we provide a seamless service from an inpatient setting into the community, improving patient/families experience and journey. By holding these structured drop-in sessions, our therapy team aims to improve the frequency of occupational therapy offered to patients on a daily basis in order to meet rehabilitation goals, with the overall aim of improving North Tees and Hartlepool's Sentinal Stroke National Audit Programme results for occupational therapy. Finally, we aim to achieve a seamless transition from an acute stroke inpatient setting into the community, aiming for reduced length of stay and timely discharges.
Method(s): In order to implement this project we are currently doing an 8 week pilot where we invite patients/relatives/carers to attend an arranged drop in session on an evening between 5pm-7pm. During these individual sessions, families and patients were given the opportunity to discuss their relative's therapy and any discharge plans in place. Families/patients are given the time to ask any questions they have in relation to therapy or medical care. The health professionals during these sessions provide up to date information regarding the patients care/therapy and discuss any relevant discharge pathways/specific follow-up that will be provided.
Result(s): We will be measuring the effectiveness of these drop in sessions by using; patient/family feedback forms developed specific for therapy drop in group; generic friends and family feedback forms used within North Tees and Hartlepool; SSNAP data for occupational therapy within North Tees and Hartlepool; measuring complaints/reviewing datixreports; subjective feedback from community stroke teams. We will be collating the data in August in time for presentation in December.
Conclusion(s): The overall aim of these sessions is to keep the patients and their carers well informed of the care, therapy and discharge planning.

95. Identifying stroke care pathways in the UK using the Sentinel Stroke National Audit Programme

Authors Gittins M.; Vail A.; Lugo-Palacios D.G.; Tyson S.; Bowen A.; Paley L.; Bray B.
Source International Journal of Stroke; Dec 2018; vol. 13 (no. 3); p. 19
Publication Date Dec 2018
Publication Type(s) Conference Abstract
Database EMBASE
Available at International Journal of Stroke from Available to NHS staff on request from UHL Libraries & Information Services (from NULJ library) - click this link for more information Local Print Collection [location] : UHL Libraries On Request (Free).
Available at International Journal of Stroke from Available to NHS staff on request from UHL Libraries & Information Services (from non-NHS library) - click this link for more information Local Print Collection [location] : British Library via UHL Libraries - please click link to request article.

Abstract Introduction: To further investigate in detail the organisation of post-acute care and multidisciplinary stroke therapy we first needed to identify the routes (or pathways) that patients experienced through stroke services.
Method(s): Data from the Stroke Sentinel National Audit Programme (SSNAP), a national stroke register for all strokes occurring in England and Wales, were extracted for July 2013-June 2015. An iterative step-by-step procedure using data driven factors and clinical experience then identified the common pathways patients took.
Result(s): Based on 124,674 stroke patients, 874 possible routes were identified and then consolidated to 9 common pathways. 85% stayed in a single stroke inpatient unit which were split across 4 pathways; shorter-stay (<7 days stroke unit average) acute unit>no community rehabilitation (28.3%) or community rehabilitation (19.6%), longer-stay acute unit>no community rehabilitation (20.6%) or community rehabilitation (16.2%). 14% transferred to a secondary inpatient rehab unit split into; shorter-stay acute unit>other inpatient rehabilitation unit >no community rehabilitation (5.3%) or community rehabilitation (6.8%), longer-stay acute unit >other inpatient rehabilitation unit >no community rehabilitation (0.9%) or community rehabilitation (1.4%). The remaining 1.1% of routes were classed as 'other'. Descriptive statistics of baseline demographics, stroke characteristics, and patient stay indicated differences in the patients present in these pathways.
Conclusion(s): Though variation in the routes through a health care system experienced by stroke patients can seem numerous, common stroke pathways can be observed and help identify patients with similar characteristics and experiences.

96. Saving babies' lives audit

Authors Neville A.; Bird A.
Source BJOG: An International Journal of Obstetrics and Gynaecology; Dec 2018; vol. 125 ; p. 72
Publication Date Dec 2018

Publication Type(s) Conference Abstract
Database EMBASE
Available at BJOG: An International Journal of Obstetrics and Gynaecology from Wiley
Available at BJOG: An International Journal 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 BJOG: An International Journal 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 Introduction The 'Saving Babies Lives' care bundle was introduced by NHS England in March 2016 in order to reduce stillbirth and early neonatal death. It provides evidence-based recommendations on how to risk assess, recognise and monitor growth restricted babies antenatally and how to manage episodes of reduced fetal movements (RFM). RCOG Green-top Guidelines no. 31 and 57 also outline protocols to identify and allow timely delivery of SGA babies and manage RFM. We aimed to review current practice in these areas in our region's hospitals. Methods We carried out a retrospective audit over 6 months from October 2017 to March 2018. Seven hospitals in the region separately audited: 30 patients for their antenatal fetal growth surveillance (10 of which had small-for-gestational age babies NOT detected antenatally and 20 patients for management of their RFM. Results There was a wide range of quality amongst the units. All units needed to improve practice in: Taking and plotting the fundal height measurement (FHM) and scan estimated fetal weights on the customised growth chart (CGC) antenatally; Acting appropriately to FHM deviations on the CGC; Ensuring the interval between the last USS and birth in high-risk patients is =3 weeks; Referring high-risk patients with RFM for ultrasound scan within 72 hours. Conclusion Face to face multidisciplinary staff training on the CGC, FHM plotting and management of deviations should be arranged to refresh staff. An annual electronic online assessment should be completed to maintain competency. Staff should be refreshed on the management of RFM ∈dications for ultrasound.

97. An audit of induction of labour at the Whittington Hospital

Authors Rayner C.; Mayers K.; Mellon C.
Source BJOG: An International Journal of Obstetrics and Gynaecology; Dec 2018; vol. 125 ; p. 20
Publication Date Dec 2018
Publication Type(s) Conference Abstract
Database EMBASE
Available at BJOG: An International Journal of Obstetrics and Gynaecology from Wiley
Available at BJOG: An International Journal 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 BJOG: An International Journal 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 Introduction Induction of labour (IOL) is relatively common. Approximately 1 in 5 labours are induced every year in the UK. The decision to induce labour may be based on maternal or foetal factors, or both. IOL impacts on the overall birth experience, as well as putting pressure on the labour ward. Therefore, it is important that our clinical decisions are justified and that we provide a safe induction process. Methods 76 women undergoing IOL at the Whittington Hospital in October 2017 were identified using the IOL booking diary. We performed a retrospective review of the notes. After exclusions, 72 were included in the final data. Results Overall, our induction rate is less than the national average at 21%. Prior to IOL, 97% were offered a cervical sweep, though rate of uptake was lower. 82% of IOLs were appropriately indicated, and 79% were at an appropriate gestation for the indication. On admission, 100% had a CTG, 91% had a Bishop's Score recorded, and 94% received appropriate first line prostaglandin according to trust guidance. 98% of women proceeded to labour following IOL, though 64% of women had to wait over two hours for transfer. 96% of women delivered on the labour ward. Conclusion This audit identified areas for improvement including more consultant-led decisions on "off-guidance" indications for IOL with clear documentation, more timely transfer to labour ward and use of the birth centre where appropriate. We plan to review our trust guideline and to look at ways of improving the patient experience.

98. Diabetes and pregnancy: An audit of HbA1c at booking and pregnancy outcomes at City Hospital, Birmingham

Authors Cotton Z.; Lahiri S.; Bleasdale J.
Source BJOG: An International Journal of Obstetrics and Gynaecology; Dec 2018; vol. 125 ; p. 54
Publication Date Dec 2018
Publication Type(s) Conference Abstract
Database EMBASE
Available at BJOG: An International Journal of Obstetrics and Gynaecology from Wiley

Available at BJOG: An International Journal 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 BJOG: An International Journal 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 Introduction Pre-existing diabetes affects approximately 4,300 pregnancies in England and Wales each year. It can lead to complications for both the mother and the foetus, including macrosomia, polyhydramnios and the mode of delivery. NICE recommends that women with diabetes planning to conceive aim for a HbA1c value of less than 48 mmol/mol. Furthermore, those with a HbA1c of greater than 85 mmol/mol should be strongly advised to not conceive. This study aims to investigate whether women with pre-existing diabetes complied with NICE recommendations, and whether HbA1c closest to conception was a determinant of pregnancy outcomes. Methods Recorded electronic data from Birmingham City Hospital of women with diabetes who delivered between October 2015 and October 2017. Only patients with diabetes diagnosed prior to conception were included. Results Sixty-three patients met the inclusion criteria. Of this population, 30% complied with the NICE guidelines and had a HbA1c less than 48 mmol/mol at booking. 10% had a HbA1c greater than 85 mmol/mol. Having a HbA1c greater than 48 mmol/mol was associated with a 10% increased risk of having either macrosomia or polyhydramnios. In this population, 89% of babies within the 97-100% birth percentile were in pregnancies with a HbA1c >48 mmol/mol. Conclusion This audit provides evidence that women with preexisting diabetes need to improve their HbA1c at conception to reduce the chance of complications during the pregnancy. To achieve this, there should be an improvement in optimising HbA1c prior to conception in women with diabetes who are at child-bearing age.

99. Rising to the challenge: Facilitating the implementation of early supported discharge in rural areas

Authors Howe J.; Walker M.F.; Fisher R.J.; Clarke D.J.
Source International Journal of Stroke; Dec 2018; vol. 13 (no. 3); p. 18
Publication Date Dec 2018
Publication Type(s) Conference Abstract
Database EMBASE
Available at International Journal of Stroke from Available to NHS staff on request from UHL Libraries & Information Services (from NULJ library) - click this link for more information Local Print Collection [location] : UHL Libraries On Request (Free).
Available at International Journal of Stroke from Available to NHS staff on request from UHL Libraries & Information Services (from non-NHS library) - click this link for more information Local Print Collection [location] : British Library via UHL Libraries - please click link to request article.

Abstract Introduction: National clinical guidelines for stroke recommend that the intervention early supported discharge (ESD) is offered to eligible stroke survivors, based on clinical trial evidence. Service delivery models operating in real world settings vary considerably; there are still rural areas that do not offer ESD. This research investigated how evidence based ESD in rural areas is implemented in practice.
Method(s): A realist evaluation case study of 3 rural community stroke services, providing ESD, was conducted. Services were selected based on meeting Stroke Sentinel National Audit Programme and ESD consensus standards. Data sources include 55 interviews with NHS staff and commissioners, 27 observations of service and higher level planning meetings involving stroke pathway representatives, and multiple sources of documentation. Data analysis including identification of Context-Mechanism-Outcome-configurations was managed in NVIVO.
Result(s): Rural services operating over large geographical areas use multiple bases to increase opportunities to deliver rehabilitation. Findings suggest they are coordinated through strong leadership and possess efficient internal administrative processes to alleviate challenges of rural working. Effective communication within multidisciplinary team (MDT) meetings affords staff a shared sense of purpose of both service and patients needs. Therapists, rehabilitation assistants (RAs) and administrators pool resources and implement novel strategies to increase rehabilitation intensity for patients. RAs trained with structured comprehensive training programmes gain skills and knowledge from all MDT professions whilst also feeling supported and valued.
Conclusion(s): The preliminary findings from this research have identified facilitating mechanisms influencing the ability of rurally based community stroke services in different contexts to implement evidence based ESD across large geographic areas.

100. The challenges and opportunities of post-acute community based rehabilitation in Scotland

Authors Fisher R.J.; Walker M.F.; Baylan S.; Muir N.; Brennan K.; Quinn T.; Langhorne P.; Reid L.
Source International Journal of Stroke; Dec 2018; vol. 13 (no. 3); p. 45
Publication Date Dec 2018
Publication Type(s) Conference Abstract
Database EMBASE

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

Abstract Introduction: Stroke is a clinical priority in Scotland, yet it is unclear whether the recommendations for implementing evidence based post-acute care in the National Clinical Guidelines have been acted upon. This study investigated the provision (phase 1) and type (phase 2) of community stroke rehabilitation available to stroke patients upon hospital discharge.
Method(s): Phase 1: Questions were added to the 2017 Scottish Stroke Care organisational audit asking Scottish health boards to specify whether patients were referred to: a) early supported discharge (ESD) b) stroke specific ESD c) community rehabilitation (CR) or d) stroke specific CR. Phase 2: Semi-structured interviews with 44 multidisciplinary stakeholders involved in the delivery of ESD or CR were then conducted across 3 case study sites to further investigate the types of service models adopted.
Result(s): Phase 1: 7 out of 14 health boards reported provision of ESD, with only 1 reporting strokespecific ESD. 12 reported provision of CR with 2 regarding themselves as stroke-specific. Phase 2: Framework analysis of qualitative data revealed key themes relating to intervention delivery, performance monitoring, training and drivers for future service implementation. Challenges and strengths were highlighted, revealing differences in adopted models, available resources and service fragmentation. Perceived factors contributing to success and driving future development were also identified, including evidence of stroke education present across sites.
Conclusion(s): Findings highlight inequality in the provision of post-acute care in Scotland. This raises questions about the challenges faced in implementing evidence based community stroke care that require further investigation. Opportunities for improving evidence based care were identified.

101. Supporting carers in the Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust stroke early supported discharge (ESD) service through the development of carer focused sessions

Authors Heath M.; Johnson L.
Source International Journal of Stroke; Dec 2018; vol. 13 (no. 3); p. 18
Publication Date Dec 2018
Publication Type(s) Conference Abstract
Database EMBASE
Available at International Journal of Stroke from Available to NHS staff on request from UHL Libraries & Information Services (from NULJ library) - click this link for more information Local Print Collection [location] : UHL Libraries On Request (Free).
Available at International Journal of Stroke from Available to NHS staff on request from UHL Libraries & Information Services (from non-NHS library) - click this link for more information Local Print Collection [location] : British Library via UHL Libraries - please click link to request article.

Abstract Introduction: As part of the evolution of the early supported discharge (ESD) service the impact of the carer workload was evaluated. Fact finding focus groups with carers of patients receiving ESD identified that they would benefit from a carer specific face to face session. To further enhance the development of this service a pre-intervention audit was undertaken to establish gaps in carer knowledge and support. Areas included concerns regarding emotional management and adjusting to changes in lifestyle.
Method(s): The audit results were used to develop a carer support questionnaire, which is handed to the carer at the beginning of ESD to ensure the session was led by their needs and allowed staff to prepare accordingly. Further training was provided by a clinical psychologist to support the team with communication and dealing with distress in carers.
Result(s): Carer sessions have been implemented, the location of these are influenced by the carer and can take place outside of the home. Concurrent sessions are provided for the patient to enable the carer to be released from their carer role and feel able to discuss relevant concerns as a separate individual.
Conclusion(s): Carers have engaged and benefitted from this new initiative. The interim results indicate an improvement in carers feeling supported and increased confidence. This has also extended to the team who feel better equipped in providing carer support and signposting to other services.

102. Isolated groin node recurrence for patients with negative sentinel lymph node biopsy in early-stage vulval cancer-a retrospective audit 2007-2018

Authors Hoyte H.; Scerif M.; Fisher R.; Yap J.; Nevin J.
Source BJOG: An International Journal of Obstetrics and Gynaecology; Dec 2018; vol. 125 ; p. 71
Publication Date Dec 2018
Publication Type(s) Conference Abstract
Database EMBASE
Available at BJOG: An International Journal of Obstetrics and Gynaecology from Wiley

Available at BJOG: An International Journal 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 BJOG: An International Journal 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 Introduction Vulval cancer accounts for 6% of gynaecological cancers in the UK. Previous standard treatment in early-stage disease involved full inguinofemoral lymphadenectomy along with the radical excision of the primary tumour. Inguinofemoral nodal metastasis occurs in 25-35% of patients with early-stage disease without clinically suspicious lymph nodes, making the procedure unnecessary for 65-75% of patients. Sentinel lymph node sampling decreases the morbidity for patients with negative nodes as they are spared full lymphadenectomy. Expected isolated groin recurrence rate for sentinel node negative patients is 2-3%. Methods Patients who underwent sentinel lymph node biopsy for vulval cancer, from March 2007 to April 2018, were identified from the Pan Birmingham Gynaecological Cancer Centre database. Data were collected retrospectively by reviewing the case notes of all patients who underwent sentinel node biopsy. Results A total of 131 patients with squamous cell carcinoma underwent sentinel node biopsy. Age range was 31 to 92 years (mean 64 years). Median follow-up time was 37 months (range 0-127). Rate of isolated groin recurrence in patients with negative sentinel nodes was 3.5% or 2.1% per groin. Median recurrence time was 10 months and all patients died within 9 months of recurrence. Short-term morbidity was reduced with sentinel lymph node biopsy as compared to lymphadenectomy (19.3% versus 41.9%) as well as long-term morbidity (3.4% versus 22.6%). Conclusion 11-year data from our centre shows recurrence rates comparable to other large studies and reduced short-term and long-term morbidity. However, when isolated groin recurrence occurs, survival is poor.

103. The presence of large vessel occlusion (LVO) in patients with accepted eligible mechanical thrombectomy criteria in UK NHS trust

Authors Sinha D.; Derekshani S.; Quarntain T.; Chawda S.; Alkalani R.; Manozki C.
Source International Journal of Stroke; Dec 2018; vol. 13 (no. 3); p. 17-18
Publication Date Dec 2018
Publication Type(s) Conference Abstract
Database EMBASE
Available at International Journal of Stroke from Available to NHS staff on request from UHL Libraries & Information Services (from NULJ library) - click this link for more information Local Print Collection [location] : UHL Libraries On Request (Free).
Available at International Journal of Stroke from Available to NHS staff on request from UHL Libraries & Information Services (from non-NHS library) - click this link for more information Local Print Collection [location] : British Library via UHL Libraries - please click link to request article.

Abstract Introduction: The advent of mechanical thrombectomy in the UK has adopted on the basis of a plethora of evidence and a consensus has been agreed on the basis of selection of advanced imaging. This analysis retrospectively aims to ascertain the presence of large vessel occlusion (LVO) in patients potentially eligible for a mechanical thrombectomy at a tertiary center with mechanical thrombectomy.
Method(s): 136 patients potentially eligible cases for a mechanical thrombectomy were identified. The inclusion and exclusion criteria were used for selection of cases based on the latest evidence. The main criteria were Pre-morbid mRS 0-2, NIHSS-6, time window within 8 hours, patients with complete data, first unit of treatment was HASU, patient did not receive the MT, patients with complete journey at Queen's Hospital. Clinical data were extracted from the local and National Sentinel Stroke Audit dataset of Queen's Hospital. The PACS imaging was reviewed by stroke physician and interventional neuroradiologist to agree on the presence of LVO retrospectively on basis of the presence of vessel imaging, clinical features like absence or presence of cortical signs and further follow-up imaging during the course of stay in the hospital. The stroke mimic who presented within above-mentioned criteria were excluded from the analysis.
Result(s): The CTA imaging on arrival, post-thrombolysis CTor second imaging (mostly MRI or CTA) were taken in to account retrospectively. Out of 136 patients, 29 (39.44%) had further vascular making during the course of their inpatient care and 24 (82.75%) had angiographic evidence of LVO. With retrospective analysis and review of total 136 patients' images total 88.12% were suggestive of LVO syndrome and 12.88% were indeterminate, non-conclusive or disagreement of LVO in patients with agreed criteria. A further protocol was suggested based on potential MT cases.
Conclusion(s): The agreed criteria in the stroke patients have a very high yield of LVO in retrospective analysis. As a continuous analysis of patient journey, an analysis of the of stroke mimics needs to be included in this analysis for impact on a number of vessels imaging required for services.

104. How good is diabetes control in stroke patients requiring nasogastric tube feeding?

Authors Maddocks L.; Blight A.; Styles J.
Source International Journal of Stroke; Dec 2018; vol. 13 (no. 3); p. 34-35
Publication Date Dec 2018

Publication Type(s) Conference Abstract
Database EMBASE
Available at International Journal of Stroke from Available to NHS staff on request from UHL Libraries & Information Services (from NULJ library) - click this link for more information Local Print Collection [location] : UHL Libraries On Request (Free).
Available at International Journal of Stroke from Available to NHS staff on request from UHL Libraries & Information Services (from non-NHS library) - click this link for more information Local Print Collection [location] : British Library via UHL Libraries - please click link to request article.

Abstract Introduction: Adequate diabetes control in stroke patients is important for reducing mortality, morbidity and length of inpatient stay. Enteral nutrition using a nasogastric tube can present challenges to maintain sugar control. We evaluated the frequency of diabetes in our stroke population requiring nasogastric feeding and audited the management of these patients against established national guidelines.
Method(s): In our London teaching hospital stroke service, 599 consecutive stroke patients were evaluated over 6 months. Those who had a discharge diagnosis of diabetes and who also required nasogastric tube feeding were identified and then audited according to guidelines set by the Joint British Diabetes Society (JBDS).
Result(s): 34 patients had a diagnosis of diabetes and also required tube feeding. Over 50% of these patients did not achieve capillary blood glucose readings of 6-12 once NG feeding was started. 68% of those who did not achieve target blood glucose readings were not managed according to the guidelines. The majority of patients did receive early involvement from a dietician but not from the diabetes inpatient team.
Conclusion(s): Tube feeding in stroke patients who have diabetes is common. Achieving good control of blood glucose in these patients is only managed less than 50% of the time. In those not achieving target blood glucose readings, most were not managed according to the JBDS guidelines. This audit has highlighted the need for multi-professional training as part of a quality improvement project for this patient group.

105. Determining the extent &impact of delays in an Obstetrics &gynaecology (O&G) theatre in West Wales General Hospital (WWGH), Hywel Dda Health Board

Authors Sandhar S.; Shankar L.
Source BJOG: An International Journal of Obstetrics and Gynaecology; Dec 2018; vol. 125 ; p. 36
Publication Date Dec 2018
Publication Type(s) Conference Abstract
Database EMBASE
Available at BJOG: An International Journal of Obstetrics and Gynaecology from Wiley
Available at BJOG: An International Journal 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 BJOG: An International Journal 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 Introduction Operating theatres are an expensive commodity and efficient theatres are integral to obstetricians and gynaecologists managing their workload. Specifically, late starts are a good indicator for theatre productivity. Despite this, Welsh health boards have found it difficult to provide theatre performance data when requested by the Wales Audit Office. Subsequently, our aim was to determine the extent and impact of such delays in an O&G theatre, and to highlight any areas for improvement. Methods The 1st cases of morning (gynaecology) and afternoon (obstetric) lists during March-April 2018 obtained via Myrddin clinical software were analysed. Using the Wales agreed definition, delays were operations starting >15 minutes from planned. Theatre costs of 14/min, as calculated by Information Services Division, were used to calculate the financial impact of delays. Results Thirty-six cases in total-19/36 gynaecology and 17/36 obstetric. 78% of total list starts were delayed versus 54% (national average), with 100% (AM) &47% (PM) lists delayed. Delay times were shortest for hysteroscopies (18.38 +/- 9.02 minutes) and longest for total abdominal hysterectomies (33.82 +/- 22.90 minutes). On average, 54.29 minutes/day were lost and 760.06/day spent on delays in 1st case of AM &PM lists. Only 2 cases documented a reason for delay-AM overrun, with 2 operations cancelled due to this. Conclusion Our results have highlighted delays higher than national averages within the O&G theatre at WWGH. To help improve theatre performance, specifically in the AM gynaecology lists, better documentation of reasons for delay is needed to develop targeted interventions.

106. A 'stroke of genius'

Authors Somerville C.
Source International Journal of Stroke; Dec 2018; vol. 13 (no. 3); p. 34
Publication Date Dec 2018
Publication Type(s) Conference Abstract
Database EMBASE

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

Abstract Introduction: The top indicators for quality stroke care include admission to a stroke unit; swallow screen, brain imaging, and aspirin. The practicalities can be challenging. The aim was to enhance compliance with the admission standard through rapid admission to a standalone acute stroke unit (ASU) to improve outcomes and compliance with national stroke standards.
Method(s): The Plan-Do-Study-Act (PDSA) model was used, and a number of initiatives were undertaken: service re-design with development of a 24 bed standalone ASU; ASU nurses attend ED/CAU to assess swallow, NIHSS and arrange ASU bed; admission and safety checklist; daily safety rounds by SCN; exception reports; 0800 phone-call between ASU nurse and radiology; operational flow managers provide support to facilitate rapid admission; pathway for repatriation to rehabilitation units; patient, relative and staff feedback was encouraged to drive improvement; visible SCN leadership; management support; and committed ASU team.
Result(s): Centralisation of the ASU in December 2016 has resulted in compliance with the stroke admission standard/stroke bundle and improved outcomes. Improved collaboration with stroke stakeholders. Enhanced discharge planning reduced length of stay and improved multidisciplinary communication. NHS Ayrshire and Arran Team of the year 2017. William Cullen prize 2017 for service innovation.
Conclusion(s): Redesign of ASU services with a focus on quality improvement has supported the achievement of 99% compliance with admission standard and consistent improvement in the 'stroke bundle'. The person-centred team approach has also resulted in an enhanced patient, relative and staff experience.

107. COgnitive Management PAthways in Stroke Services (COMPASS): Results of a national vignette study with occupational therapists

Authors Geraghty J.; Ablewhite J.; Kontou E.; Roffe J.; Drummond A.; Sprigg N.; Lincoln N.; Das Nair R.
Source International Journal of Stroke; Dec 2018; vol. 13 (no. 3); p. 44
Publication Date Dec 2018
Publication Type(s) Conference Abstract
Database EMBASE
Available at International Journal of Stroke from Available to NHS staff on request from UHL Libraries & Information Services (from NULJ library) - click this link for more information Local Print Collection [location] : UHL Libraries On Request (Free).
Available at International Journal of Stroke from Available to NHS staff on request from UHL Libraries & Information Services (from non-NHS library) - click this link for more information Local Print Collection [location] : British Library via UHL Libraries - please click link to request article.

Abstract Introduction: Cognitive problems are common after stroke. Although current national audit data indicates many people are screened before hospital discharge, the appropriateness of the methods used and the ways in which the results inform clinical care have not been established. This is particularly so in the community. The aim of this study was to identify current occupational therapy (OT) practice for the assessment and management of cognitive problems in community stroke teams.
Method(s): We invited OTs to complete an online vignette study via local contacts, Special Interest Groups and Twitter. In order to examine the OTs' knowledge and approach to common problems with cognition after stroke, 8 patient scenarios were presented: participants were asked whether or not they would assess each and, if so, what assessments they would use. Data was analysed using descriptive analysis.
Result(s): 53 OTs were recruited from across the UK. The majority were Band 6 and 7 and approximately 2/3 were based solely in the community. Results showed most cognitive problems were correctly identified. However, in several scenarios, key problems were overlooked and there was a considerable number of potential tools (30 plus) suggested. There were also differences noted between individual therapists regarding their management of cognitive problems.
Conclusion(s): Inconsistences and diversity in the extent to which OTs recognise and assess cognitive problems in the community clearly has potential to impact on patient care. Consequently, these results will inform the next phase of our research to develop recommendations for the assessment and management of cognitive problems.

108. Venous thromboembolism prevention during pregnancy

Authors Phillips E.
Source BJOG: An International Journal of Obstetrics and Gynaecology; Dec 2018; vol. 125 ; p. 18
Publication Date Dec 2018
Publication Type(s) Conference Abstract
Database EMBASE
Available at BJOG: An International Journal of Obstetrics and Gynaecology from Wiley

Available at BJOG: An International Journal 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 BJOG: An International Journal 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 Introduction Venous thromboembolism (VTE) remains the leading cause of direct maternal death in the UK. Last year 78% of women in North Tees and Hartlepool Trust were scored correctly on their postpartum VTE risk assessment and 78% were managed correctly. This audit aims to assess the accuracy of VTE risk assessments and management choice for patients at booking, 28 weeks and postpartum at North Tees and Hartlepool Foundation Trust hospitals. Methods A prospective cohort study of 50 women seen in antenatal clinic in January 2018 combined with a retrospective reaudit of 50 women who gave birth between November 2017 and January 2018. Data collected from trust VTE risk assessments and patients notes were recorded on a proforma and interpreted in Excel. Results 66% of antenatal booking patients, 73% of 28 weeks' gestation and 90% of postpartum risk assessments were scored accurately. Leading to 92% of booking patients, 93% 28 weeks' gestation and 76% of postpartum patients being managed correctly. Scoring inaccuracies were primarily due to missed risk factors (47% antenatal and 100% postpartum inaccuracies) or undocumented scoring (41% of antenatal inaccuracies). Conclusion Since last year's audit, documentation of postpartum scoring has improved from 92% to 100%; however, due to risk factor identification absences, completion falls below the 100% accuracy RCOG standard putting women at risk. This indicates a need for an update of knowledge of common risk factors for VTE during pregnancy and re-audit in 2019 to assess whether accuracy has improved.

109. One year of outpatient induction of labour at a London tertiary hospital

Authors Brempah A.; Krishnan N.
Source BJOG: An International Journal of Obstetrics and Gynaecology; Dec 2018; vol. 125 ; p. 69
Publication Date Dec 2018
Publication Type(s) Conference Abstract
Database EMBASE
Available at BJOG: An International Journal of Obstetrics and Gynaecology from Wiley
Available at BJOG: An International Journal 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 BJOG: An International Journal 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 Introduction 20% of women undergo induction of labour (IOL), a significant proportion for postdate pregnancies. Traditionally patients undergo IOL as inpatients; however, there is emerging trend towards outpatient inductions for potentially improved maternal satisfaction and reduced costs. Outpatient IOL was introduced at King's College Hospital, London, in 2012 for lowrisk women meeting strict selection criteria. Methods A retrospective audit of all outpatient IOLs between 1 January and 31 December 2016 was undertaken. Patient details were retrieved from the labour ward admissions book and details of the induction, labour and delivery were gathered from the maternity notes and the Electronic Patient Records system. Results Fifty-eight women presented for outpatient IOL; 11 (19%) did not meet selection criteria and had inpatient IOL, 5 (9%) had amniotomy and notes were missing for 7 women. For the 35 (60%) women that underwent outpatient IOL, the mean age was 33 years, mean gestation 41 + 4 weeks and mean initial Bishop's score 3.1. 73% were re-admitted within 24 hours, mainly for regular contractions (72%) or rupture of membranes (12%). 14% required a second propess, 57% oxytocin augmentation and 57% an epidural. 36% delivered within 24 hours and 46% within 24-36 hours. 34% had SVD, 29% instrumental delivery and 37% CS. Conclusion Outpatient IOL carries increased rates of oxytocin and epidural use but comparable rates of CS, adverse maternal outcomes and adverse neonatal outcomes as inpatient IOLs. Within the context of an established local pathway, it appears to be a safe option for suitable low-risk women.

110. What factors impact on the intensity of therapy stroke survivors receive? the Sentinel Stroke National Audit Programme (SSNAP): Investigating and evaluating stoke therapy (SSNAPIEST)

Authors Gittins M.; Vail A.; Lugo-Palacios D.G.; Tyson S.; Bowen A.
Source International Journal of Stroke; Dec 2018; vol. 13 (no. 3); p. 52
Publication Date Dec 2018
Publication Type(s) Conference Abstract
Database EMBASE
Available at International Journal of Stroke from Available to NHS staff on request from UHL Libraries & Information Services (from NULJ library) - click this link for more information Local Print Collection [location] : UHL Libraries On Request (Free).

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

Abstract Introduction: In 2016, the Royal College of Physicians recommended 45 minutes per day per therapy as an achievable target to produce clinical improvements in stroke patients. However, recent work has indicated this is not being achieved. Here we attempt to quantify the impact of patient and hospital characteristics on the amount of therapy received.
Method(s): Data included all strokes in England and Wales (July 2013-2015) reported to the national Stroke Sentinel National Audit Programme (SSNAP) who survived 3 days. A robust multilevel mixed effects regression model measured the impact of patient and hospital factors identified a priori on the amount of stroke therapy received per day of stay. In addition to total therapy, the model was repeated separately for physiotherapy, occupational therapy, speech and language therapy, and clinical psychology.
Result(s): Preliminary results indicate the amount of therapy received per day is influenced by patient characteristics relating to stroke severity, stroke impairment categories, and pre-stroke independence. Patients with moderate to severe strokes, those with motor impairments, or those with pre-morbid independence, received more therapy. Significantly more therapy was associated with higher staffing levels (numbers of qualified therapists and nurses). More therapy was also associated with patients assessed within 72 hours of arrival, a characteristic that may relate to the staff availability to undertake assessment.
Conclusion(s): After allowing for stroke characteristics that influence the amount of therapy received, there are organisational factors specifically staffing levels that remain associated with differences in provision. To confirm any association with organisational factors is present further research is required.

111. Study of the use of mid-urethral tapes as a surgical treatment for urinary stress incontinence

Authors McGinley S.; Crozier L.; Abdelrahman A.; McNeill S.
Source BJOG: An International Journal of Obstetrics and Gynaecology; Dec 2018; vol. 125 ; p. 35
Publication Date Dec 2018
Publication Type(s) Conference Abstract
Database EMBASE
Available at BJOG: An International Journal of Obstetrics and Gynaecology from Wiley
Available at BJOG: An International Journal 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 BJOG: An International Journal 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 Introduction Tension-free vaginal tapes are the most common surgical technique used to treat urinary stress incontinence, with over 15,000 women undergoing the operation in the UK each year. Despite the MRHA concluding that the 'benefits outweigh the risks', media coverage of long complications has highlighted the need for informed consent and thorough follow-up for these patients. Methods We carried out a retrospective audit on 212 patients having undergone mid-urethral tape surgery between 24/1/12 and 6/7/17 in Altnagelvin Area Hospital, Londonderry. We collected information on pre-operative investigations, consent details, perioperative complications, length of hospital stay, length of time to follow-up and post-op complications. Results Some aspects of consent were performed well (92% consented for retention, 95% for bladder injury). Only 31% of patients were consented for failure. 5% of patients experienced intra-operative bladder injury. Post-operatively, 8% of patients required discharge with an indwelling catheter, with 1% requiring long-term intermittent self catheterisation. 57% of patients reported an overall improvement with incontinence at follow-up. However, it is important to note that 22% of patients were not followed up. Conclusion Peri-operative and long-term complications were generally low. A 'consent sticker' pro forma should be introduced and used for all patients to standardise the consent process. All patients should receive follow up to help ascertain if there were mesh complications. Surgeons should make use of appropriate audit databases.

112. Are our SGA babies slipping through the net?

Authors Ali F.; Karkhanis P.; Patni S.
Source BJOG: An International Journal of Obstetrics and Gynaecology; Dec 2018; vol. 125 ; p. 68
Publication Date Dec 2018
Publication Type(s) Conference Abstract
Database EMBASE
Available at BJOG: An International Journal of Obstetrics and Gynaecology from Wiley
Available at BJOG: An International Journal 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 BJOG: An International Journal 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 Introduction Early antenatal detection and correct management of small for gestational age (SGA) fetuses during pregnancy helps improve perinatal outcomes and reduce stillbirth rates. The aim of this study was to determine antenatal detection rates of SGA fetuses at our unit with a focus on missed cases to improve detection &outcomes. Methods This was a retrospective study in a large NHS trust (10,000 deliveries/year). All SGA babies (birthweight <10th centile), over a three-month period, were included. We use customised GROW charts and our protocol includes two scans at 28 and 34 weeks for all high-risk pregnancies. Results 198 SGA babies were identified (7.7% incidence). All cases were offered scans as per protocol. Our antenatal detection rate for SGA was 39%. Despite 2/3 having had at least two growth scans, 61% were not detected. 55% of missed cases had their last growth scan <36 weeks with an average interval to delivery of 22 days. 14% of undetected cases were low risk. 21% delivered preterm with an induction rate of 48%. Two-thirds delivered vaginally. 39% required a neonatal unit admission due to prematurity, respiratory distress, suspected sepsis and jaundice. Conclusion Our detection rates were well below national average (55.6%). The main reasons noted for 'missed' SGA cases was insufficient provision of growth scans and despite the challenges, we have recently established further funding for serial growth scans until delivery. We also advised further assessment of scan image quality for 'missed' cases as a possible contributor and ongoing audits.

113. Audit of operative vaginal deliveries carried out within East Kent University Foundation Trust

Authors Kasaven L.; Herridge D.; Alabi C.; Othayoth N.
Source BJOG: An International Journal of Obstetrics and Gynaecology; Dec 2018; vol. 125 ; p. 16
Publication Date Dec 2018
Publication Type(s) Conference Abstract
Database EMBASE
Available at BJOG: An International Journal of Obstetrics and Gynaecology from Wiley
Available at BJOG: An International Journal 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 BJOG: An International Journal 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 Introduction The purpose of operative vaginal delivery (OVD) is to expedite delivery with a minimum of maternal or neonatal morbidity. The rate within the UK remains 10-13%. We have audited OVD practice within East Kent Hospital in reference to local trust guidelines. Methods 50 patients in total had an OVD between 1 January and 28 February 2018 within the trust. Data were collected using hospital notes and E3 software. Simple statistical analysis was performed on the data using Excel. Results Of the total 50 patients, 14 patients had a BMI >30. Indications for instrumental delivery included fetal (n = 25), maternal factors (n = 5) and inadequate progress of labour (n = 20). Forty-two cases were performed by an obstetrician deemed competent. Of the 8 cases performed by junior trainees not competent, 7 were supervised appropriately by senior staff. The rate of sequential instrument use was 16% (n = 8), all of which were forceps following failed ventouse. The most common reason for sequential instrument use was detachment of the suction cup with evidence of descent (n = 4). 44% of patients had a primary post-partum haemorrhage (PPH > 500 mL). Six babies were born with Apgars <7.1. Three babies required admission to the neonatal unit. Conclusion Sequential instrument use can increase risk of maternal and neonatal morbidity. It is important trainees are supervised by consultant level for difficult cases to ensure adequate assessment and appropriate first instrument application, thus reducing the risks of PPH, low Apgars and SCBU admissions.

114. An analysis of capillary blood glucose levels in hospitalised patients with stroke

Authors Abduljabbar M.; Dawson J.; Jones G.; Sainsbury C.; McAlpine C.; McPherson S.; Walters M.
Source International Journal of Stroke; Dec 2018; vol. 13 (no. 3); p. 15-16
Publication Date Dec 2018
Publication Type(s) Conference Abstract
Database EMBASE
Available at International Journal of Stroke from Available to NHS staff on request from UHL Libraries & Information Services (from NULJ library) - click this link for more information Local Print Collection [location] : UHL Libraries On Request (Free).
Available at International Journal of Stroke from Available to NHS staff on request from UHL Libraries & Information Services (from non-NHS library) - click this link for more information Local Print Collection [location] : British Library via UHL Libraries - please click link to request article.

Abstract Introduction: People with acute stroke and diabetes mellitus may have episodes of hypoglycaemia (capillary blood glucose (CBG)<4 mmol/l) and hyperglycaemia (CBG>15 mmol/l). CBG levels may also vary within these more extreme ranges.We aimed to examine the relationship between episodes of hypoglycaemia, hyperglycaemia and variability in CBG (CBGv) with outcome in hospitalised patients with diabetes and acute stroke.
Method(s):We used routinely available clinical data from Scottish National Health Service records and from the Scottish Stroke Care Audit. All CBG measurements during a verified stroke admission were identified and episodes of hypoglycaemia and hyperglycaemia identified. CBGv was defined as the interquartile range (IQR) of all recorded CBG readings during the admission. We extracted outcome date for death, readmission to the hospital, and discharge destination and assessed the relationship with CBG measures using Cox-proportional hazards models and logistic regression.
Result(s):We included 3,551 patients. Hypoglycaemia, hyperglycaemia and CBGv were associated with increased risk of death (HR=1.3; 1.05-1.6, HR=2.06; 1.7-2.5, HR=1.13;1.09-1.17 respectively). Hypoglycaemia was associated with lower rate of readmission (HR=0.85; 0.70-0.10, p 0.04) and CBGv with an increase (HR=1.04,1.01-1.07, p<0.001). The number of hypoglycaemic episodes (4) was associated with discharge to a destination other than (OR 2.25; 1.45-3.5, p<0.001).
Conclusion(s): Outcomes were worse in patients with stroke and diabetes who had episodes of hypoglycaemia, hyperglycaemia and greater CBGv. Close monitoring of blood glucose levels is needed along with strategies to minimise the number of episodes of hypoglycaemia and variability of blood glucose levels.

115. Management of stillbirth with a scarred uterus: Are we careful enough?

Authors Morin A.; Gehad A.; Aziz A.
Source BJOG: An International Journal of Obstetrics and Gynaecology; Dec 2018; vol. 125 ; p. 49
Publication Date Dec 2018
Publication Type(s) Conference Abstract
Database EMBASE
Available at BJOG: An International Journal of Obstetrics and Gynaecology from Wiley
Available at BJOG: An International Journal 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 BJOG: An International Journal 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 Introduction Stillbirth accounts for 4.4/1000 birth in the UK in 2016. The caesarean section rate has gone up to 27% in England. Given the significant incidence of the two events, we reviewed our protocol of induction of labour for IUD on a scarred uterus. We audited 17 cases. Methods We reviewed the gestation, number and type of previous caesarean, comorbidities, age, BMI, parity, mode of delivery achieved, blood loss and follow-up. We recorded the grade of the decision-maker and the method used for induction of labour. We compared the results to our guidelines and to RCOG/NICE/FIGO recommendations. Results IUD occurred mostly between 24 and 28 weeks or 32 and 40 weeks. Our patients were mostly overweight. 65% had one previous caesarean, 12% had 2 and 23% 3 previous caesareans. We did not identify any recurrent comorbidities. Eight patients went into spontaneous labour or had a grade 3 caesarean section. Nine patients were administered mifepristone 200 mg followed by misoprostol. One patient went into labour after mifepristone alone. The others received 1-6 doses of misoprostol. 85% achieved a vaginal delivery. One case of uterine rupture was reported. Conclusion The RCOG promotes equal standard of care for delivery after IUD. The interval of 36-48 hours between administration of mifepristone and misoprostol is crucial. A high dose of mifepristone alone is suggested. The FIGO recommended dosage of misoprostol is lower. Our prescriptions need to be consistent as noted in MBRRACE 2015. Extreme care is paramount with uterine scar.

116. Novasure device endometrial ablation-Western Sussex Hospitals NHS Foundation Trust (Worthing) outcomes audit

Authors Chowdhury M.; Ellabany R.
Source BJOG: An International Journal of Obstetrics and Gynaecology; Dec 2018; vol. 125 ; p. 14-15
Publication Date Dec 2018
Publication Type(s) Conference Abstract
Database EMBASE
Available at BJOG: An International Journal of Obstetrics and Gynaecology from Wiley
Available at BJOG: An International Journal 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 BJOG: An International Journal 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 Introduction Menorrhagia is a relatively common presentation. The World Health Organization reports that 18 million women aged 30-35 years report their menstrual bleeding to be heavy majorly affecting quality of life, accounting for 12% of all gynaecology referrals. After conservative medical management, endometrial ablation is the primary surgical option. Novasure (bipolar impedance-controlled)-which delivers suction ensuring proper contact with the endometrium to remove vaporised tissue-was approved in 2001 by the FDA. Methods A retrospective audit from April 2016 to April 2017 to assess the efficacy of Novasure ablation (compared against the standards set out by Hologic, manufacturing arm of Novasure).Patients who had hysterectomies after ablation therapy were also recorded. Standard: 91% have lower levels of menstrual bleeding following endometrial ablation. Results A total of 24 patients had Novasure ablation in Worthing Hospital from April 2016 to April 2017. One set of notes was excluded due to failure of the pre-procedure cavity check. Only 10 patients attended follow-up appointment. Mean treatment time was found to be 79.2 s (Hologic average time 90 s). 91.6% (22/24) of patients did not require a hysterectomy. Clinic note entries, lack of follow-up were used as evidence of reduction in menstrual bleeding. Conclusion In comparison with Hologic standards, more patients-91.6%-had lower levels of menstrual bleeding in this audit. Standard patient satisfaction questionnaires, at the convenience of the patient, were recommended to reduce follow-ups in outpatients clinic as well as more patients being discharged after surgery. This has been demonstrated effectively in other units.

117. Aiming higher: Improving the management of anaemia in pregnancy in a London hospital

Authors Jesner O.; Thamban S.; Taleblou S.; Loumousioti T.
Source BJOG: An International Journal of Obstetrics and Gynaecology; Dec 2018; vol. 125 ; p. 32
Publication Date Dec 2018
Publication Type(s) Conference Abstract
Database EMBASE
Available at BJOG: An International Journal of Obstetrics and Gynaecology from Wiley
Available at BJOG: An International Journal 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 BJOG: An International Journal 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 Introduction Physiological changes lead to many women having anaemia in pregnancy. Appropriate management with oral or IV iron reduces need for blood transfusion and complications such as post-partum haemorrhage (PPH). Anaemia in pregnancy was identified as an important area for improvement work in our maternity unit. The aim of this quality improvement project was to reduce the number of obstetric complications secondary to anaemia by a third over 6 months at Whipps Cross Hospital. Methods Qualitative and quantitative baseline measurements were taken. A sample of 100 women demonstrated that 29% attending labour ward at term were anaemic. Staff questionnaires highlighted wide variation in knowledge, management and lack of clear processes for referral and treatment. Patient questionnaires revealed poor compliance, and patients had received little information about the treatment or alternatives options. Anecdotal patient journeys were identified. Feedback was collected at departmental meetings and by email correspondence. Results Trust-wide guidelines were written. Flow charts for clinical areas and patient information leaflets were created to facilitate compliance. The project was formally launched in April 2018. The main interventions were improving the accessibility of oral and IV iron. Oral iron to be dispensed by midwives in antenatal clinic was introduced. A dedicated IV iron service was initiated with staff training. Prescription proformas were created to aid prescribing and ease of administration. Conclusion Continuous data will be collected and evaluated. This projects success requires engagement, training and education of staff and patients and has the potential for significant and sustainable improvements for women.

118. Developing a musical instrument app for inpatient fine motor rehabilitation, enabling continued use and data collection post-discharge

Authors Street A.
Source International Journal of Stroke; Dec 2018; vol. 13 (no. 3); p. 42
Publication Date Dec 2018
Publication Type(s) Conference Abstract
Database EMBASE
Available at International Journal of Stroke from Available to NHS staff on request from UHL Libraries & Information Services (from NULJ library) - click this link for more information Local Print Collection [location] : UHL Libraries On Request (Free).
Available at International Journal of Stroke from Available to NHS staff on request from UHL Libraries & Information Services (from non-NHS library) - click this link for more information Local Print Collection [location] : British Library via UHL Libraries - please click link to request article.

Abstract Introduction: Upper limb (UL) rehabilitation for stroke inpatients is under-delivered and there is a need to increase dosage for those who would benefit. There is also a need to develop motivating, task-specific interventions that facilitate high repetition of target movements. These could be delivered by healthcare assistants and used independently by patients, and might exploit neuroplasticity more rapidly to improve UL function. Access to such treatment would inevitably reduce treatment costs too. Stroke patients playing musical instruments has been found to facilitate the required level of motivation and repetition of target movements, promoting neuroplastic change in a unique way due to the auditory and tactile feedback, and significantly improving UL function.
Method(s): iPads were used with Garageband music software in a pilot home-based music therapy feasibility RCT for which fine motor exercises were developed using touchscreen instruments. Equipment were chosen for their portability (small, no cables, bluetooth speaker connection) and flexibility (range of sounds, programming configurations, positioning). The same exercises are currently being used with inpatients at bedside.
Result(s): Some pilot data from motor assessments indicates functional change following these exercises. Video footage shows engagement and areas to develop.
Conclusion(s): We propose the development of a touchscreen musical instrument app for fine motor rehabilitation that collects data on adherence to and performance of exercises in order to advance difficulty levels and optimise recovery. The app will include secure data collection and transfer, using a highly innovative platform developed by Cambridgeshire based company L2S2, which is already in use within the NHS.

119. Regional stroke simulation training for general internal medical registrars and stroke nurse practioners to improve delivery of thrombolysis and thrombectomy

Authors Mehdi Z.; Cardoso I.; Marigold J.R.G.
Source International Journal of Stroke; Dec 2018; vol. 13 (no. 3); p. 50
Publication Date Dec 2018
Publication Type(s) Conference Abstract
Database EMBASE
Available at International Journal of Stroke from Available to NHS staff on request from UHL Libraries & Information Services (from NULJ library) - click this link for more information Local Print Collection [location] : UHL Libraries On Request (Free).
Available at International Journal of Stroke from Available to NHS staff on request from UHL Libraries & Information Services (from non-NHS library) - click this link for more information Local Print Collection [location] : British Library via UHL Libraries - please click link to request article.

Abstract Introduction: In many hospitals in England, general internal medical (GIM) registrars and advanced nurse practioners are responsible for delivering acute stroke care. There is a paucity of local stroke training afforded to GIM registrars, with many lacking confidence and experience in dealing with challenging cases. Simulation offers an ideal learning modality to deliver training in emergency situations in a safe but realistic environment. The purpose of this quality improvement project was to provide an educational platform to enhance regional stroke training for GIM registrars.
Method(s): A regional survey to assess stroke training needs was undertaken. An advanced simulation course was developed, consisting of didactic teaching followed by stroke simulation scenarios including thrombolysis and thrombectomy cases. Participants were surveyed before and after the course to evaluate learning outcomes, which included technical skills of stroke recognition, assessment and management, and non-technical competencies of rapid decision-making, team working and leadership.
Result(s): Quantitative and qualitative data analysis revealed an increase in knowledge and skills in acute stroke management, improved non-technical skills such as interprofessional team working, and enhanced communication in stressful circumstances
Conclusion(s): The creation of a stroke simulation programme has improved local training of health professionals in delivering emergency thrombolytic therapy. The course will be expanded to run 3 times a year at multiple sites across the region.

120. Lancashire Stroke Hydration Project (LancSHoP)-developing research capacity in stroke nursing via collaborative working

Authors Gibson J.M.E.; Timoroksa A.M.; Howard J.; Jeffs C.; Romagnoli E.; Miller C.; Jones S.P.
Source International Journal of Stroke; Dec 2018; vol. 13 (no. 3); p. 50
Publication Date Dec 2018
Publication Type(s) Conference Abstract
Database EMBASE
Available at International Journal of Stroke from Available to NHS staff on request from UHL Libraries & Information Services (from NULJ library) - click this link for more information Local Print Collection [location] : UHL Libraries On Request (Free).
Available at International Journal of Stroke from Available to NHS staff on request from UHL Libraries & Information Services (from non-NHS library) - click this link for more information Local Print Collection [location] : British Library via UHL Libraries - please click link to request article.

Abstract Introduction: Few nurses working in clinical or research nurse posts in stroke access opportunities to initiate research projects themselves. Funding, such as the National Institute for Health Research (2018) and Stroke Association (2018) research training programmes, is open to all professionals, but nurses take up disproportionately few such opportunities. It is essential that this gap is addressed so that nursing can develop as an evidence-based profession and maximise its benefits to patient care. The aim of this project is to increase the confidence and skills of nurses working in stroke to identify, act on and lead opportunities for nurse-led, patient-focused research and innovation via a collaborative approach.
Method(s): Nurse participants (n=5) in the programme were recruited in partnership with local NHS stroke units in early 2018. Backfill funding was provided to enable release from clinical duties on research days. A research topic (hydration in stroke unit care) was agreed by the group. Each nurse is leading the project in their clinical area, including conducting documentary audit and staff interviews, with support from experienced researchers. Analysis, writing up and dissemination are being conducted collaboratively.
Result(s): The project is ongoing with a planned completion date of October 2018.
Conclusion(s): Innovative collaborative approaches may be a useful method of building research capacity in stroke nursing.

121. Audit of hysteroscopy service at Barnet and Chase Farm Hospitals

Authors Roberts N.; MacSwan R.; Vakharia H.
Source BJOG: An International Journal of Obstetrics and Gynaecology; Dec 2018; vol. 125 ; p. 47
Publication Date Dec 2018
Publication Type(s) Conference Abstract
Database EMBASE
Available at BJOG: An International Journal of Obstetrics and Gynaecology from Wiley
Available at BJOG: An International Journal 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 BJOG: An International Journal 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 Introduction Endometrial cancer is the 4th most common cancer in women and is a large economic burden on the NHS. Units are incentivised to provide outpatient hysteroscopy financially (415 per OP procedure versus 374 for IP). We looked at the success rates for outpatient hysteroscopy along with the reasons for failure and findings during the procedure. Methods A total of 100 patient notes referred to Barnet Hospital with post-menopausal bleeding sampled between December 2017 and February 2018. Data were collected as a re-audit from the previous year. Results 93% of women who attended the outpatient hysteroscopy clinic had a hysteroscopy attempted. 74% had a successful OP hysteroscopy. The majority of failures were due to cervical stenosis (18 cases) and only 4 due to discomfort. There were 35 inpatient hysteroscopies carried out. The main reason was failed OP hysteroscopy. 48% of findings at hysteroscopy were normal, the most common abnormality was an endometrial polyp (41%). Eight cases were confirmed as cancer following histology. Conclusion OP hysteroscopy is acceptable by the patient population and is rarely too uncomfortable to be carried out. If all the inpatient procedures in the trust in the past year were carried out as outpatient this would gain the trust 4440.

122. Diagnosis and management of abnormally invasive placenta: Are we getting better?

Authors Fatma A.; Karkhanis P.; Irani S.
Source BJOG: An International Journal of Obstetrics and Gynaecology; Dec 2018; vol. 125 ; p. 64-65
Publication Date Dec 2018
Publication Type(s) Conference Abstract
Database EMBASE
Available at BJOG: An International Journal of Obstetrics and Gynaecology from Wiley
Available at BJOG: An International Journal 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 BJOG: An International Journal 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 Introduction Abnormally invasive placenta (AIP) is a potentially life-threatening obstetric condition associated with massive obstetric haemorrhage and peripartum hysterectomy. The incidence has increased with rising caesarean section rates. Although NPSA and the RCOG/RCM have proposed the 'Placenta praevia after caesarean section care bundle: the six elements', there are no comprehensive national guidelines in the UK on the management of this condition. At Birmingham Heartlands Hospital, University Hospitals Birmingham, we have developed a clear and robust pathway for the management of AIP that we present. Methods A retrospective review of 20 patients who were suspected to have AIP over the period of 38 months from June 2015 to July 2018. Results All patients had multidisciplinary team involvement, fetal medicine scan, MRI, and care as per the pathway. The sensitivity and specificity of Ultrasound was 100% and 95.6% while for MRI it was found to be 81% and 33%. The positive predictive value for scan and MRI was 89.6% and 75%. And the negative predictive value showed 100% and 50% for scan and MRI. Conclusion With the development of this pathway there has been uniform and consistent approach to the clinical issue management of suspected cases of AIP, hence improving patient safety. Audit shows that there was appropriate and timely referral of complex cases to a well informed and adequately prepared multidisciplinary team. There was reduction in overall complications and all the women were debriefed and follow-up was arranged.

123. Prevention of OASIS: An audit

Authors Emms A.; Byrne V.; Ali H.M.
Source BJOG: An International Journal of Obstetrics and Gynaecology; Dec 2018; vol. 125 ; p. 30
Publication Date Dec 2018
Publication Type(s) Conference Abstract
Database EMBASE

Abstract Introduction The overall incidence of obstetric anal sphincter injuries (OASIS) in the UK has increased over the last 10 years to 2.9%: 6.1% in primiparous women and 1.7% in multiparous women. This increase may be due to increasing detection rates; however, improvements in prevention can be made. The aim of this audit was to ascertain current practice amongst all members of the multi-disciplinary team (MDT) conducting vaginal deliveries and determine accordance with the RCOG Green-Top Guideline 29: The Management of Third-and FourthDegree Perineal Tears (2015). Methods A prospective audit of 41 vaginal deliveries directly observed over three months. Spontaneous and operative deliveries conducted by midwives, midwifery students, SHOs and Registrars were included. A proforma was completed at the time of the delivery to include patient demographics and risk factors, delivery details, perineal trauma sustained and subjective impression of perineal support. Results There were 3 incidences of OASIS (7.3%), compared with the unit data of 2.86% OASIS during that time. Manual perineal protection (MPP) was used in 85% of patients (35/41), however only 'good' support in 59%. Warm compression was not used. One staff member used a 'hands off' approach, the remainder without MPP were too quick for adequate support. Only 75% of women had a documented per-rectum (PR) examination after delivery. Conclusion This highlighted an opportunity for training staff to use a standardised approach to manual perineal protection at delivery. A PR examination should be routine for all women after delivery, even if the perineum appears intact.

124. Fear of failure: Are we doing more caesareans than trials of instrumental delivery in theatre?

Authors Fatma A.; Chakravarti S.
Source BJOG: An International Journal of Obstetrics and Gynaecology; Dec 2018; vol. 125 ; p. 64
Publication Date Dec 2018
Publication Type(s) Conference Abstract
Database EMBASE

Abstract Introduction Estimated instrumental vaginal deliveries account for 10-15% of births in the UK. We reviewed trial of instrumental delivery in theatre at our centre to assess utilization and outcomes. Methods Retrospective audit of all EUA and trial of instrumental delivery in theatre at Birmingham Heartlands Hospital over a sixmonth period. Maternal demographics, labour data and maternal and fetal outcome measures were assessed. Results There were 3253 deliveries over this period and instrumental delivery rate was 9.36%. Out of 76 women who underwent EUA in theatre +/- trial, 31 had successful instrumental delivery. Caesarean section rate was 55% in our cohort. Out of 35 women, 31 went straight for Caesarean section after EUA without trial of instrumental. Primiparous women (69.7%) were more likely to need a trial in theatre than multiparous women. The median age and BMI in the cohort were 29 years and 27 kg/m2 respectively. We had good maternal and fetal outcome in our audit with no third-/fourth-degree perineal tear. Only six neonates had arterial pH =7.1. Documentation on electronic system (BadgerNet) was done in 71% cases and findings of examination in only 38% cases. Conclusion Our study showed low instrumental delivery rate in theatre. This may be attributed to shortened duration of training and working hours in the UK, due to implementation of EWTD laws leading to less experience in conducting mid-cavity instrumental deliveries. Appropriate training, e.g. ROBuST courses, and consultant presence are required to mitigate this shortfall in training hours.

125. Audit on hysteroscopy at Brighton and Sussex University Hospitals NHS Trust (BSUH)

Authors Murugandoss N.; Pandey B.
Source BJOG: An International Journal of Obstetrics and Gynaecology; Dec 2018; vol. 125 ; p. 63
Publication Date Dec 2018
Publication Type(s) Conference Abstract
Database EMBASE
Available at BJOG: An International Journal of Obstetrics and Gynaecology from Wiley
Available at BJOG: An International Journal 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 BJOG: An International Journal 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 Introduction The aim of the audit was to evaluate the uptake of outpatient hysteroscopy, the consistency of ultrasound findings versus hysteroscopy findings and the hysteroscopy practice at BSUH in line with RCOG guidelines. Methods This was a retrospective audit done for the period of three months. This was a cross-site audit covering Royal Sussex County Hospital, Brighton and Princess Royal Hospital, Haywards Heath. All patients who had either GA or outpatient hysteroscopy were included in the study. Patients whose notes were missing and those whose procedure got cancelled were excluded from the study. Data were analysed using Microsoft Excel. Results Seventy patients had GA hysteroscopy, and ninety-one patients had outpatient hysteroscopy. Outpatient hysteroscopy was offered to four-fifths of patients and the uptake of outpatient hysteroscopy was ninety-one percent. About half of scan diagnosis was consistent with the hysteroscopy findings. There was no documentation about vaginoscopic approach even in difficult cases. There was no stratification of reasons for the administration of local anaesthesia, and all patients received it. There were no complications from outpatient hysteroscopy versus one documented false passage from GA hysteroscopy. None of the patients stayed overnight. Four patients were re-booked for GA hysteroscopy as could not tolerate the procedure. Two-thirds of patients were offered Mirena. There were six failed cases. Conclusion Outpatient hysteroscopy should be offered to all patients by default. Mirena should be offered to all appropriate patients. Consider implementing a proforma and database for all hysteroscopies for record keeping and auditing purposes.

126. Abstracts RCOG National Trainees Conference, NTC

Authors anonymous
Source BJOG: An International Journal of Obstetrics and Gynaecology; Dec 2018; vol. 125
Publication Date Dec 2018
Publication Type(s) Conference Review
Database EMBASE
Available at BJOG: An International Journal 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 BJOG: An International Journal 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 The proceedings contain 221 papers. The topics discussed include: the therapeutic effects of hydroxychloroquine in combating the detrimental endothelial effects of cell-free hemoglobin (fHbF) in fetal growth restriction; the role of simulation in obstetric emergencies for non-speciality trainees; operative delivery: transforming skin-to-skin contact, reducing stress and improving birthing partner experience. a patient education approach; current evidence on the efficacy and safety of treatments for a symptomatic cyst or abscess of the Bartholin's gland: a systematic review; Integration of research into clinical practice - vaginal cleansing pre-caesarean section to improve infection rates: a quality improvement project; and detection rate of major congenital cardiac anomalies in East Sussex Healthcare NHS Trust.

127. Dysarthria and aphasia early after stroke: Prevalence, co-occurrence, process of care and outcomes

Authors Mitchell C.; Bowen A.; Gittins M.; Vail A.; Conroy P.; Tyson S.; Paley L.; Bray B.
Source International Journal of Stroke; Dec 2018; vol. 13 (no. 3); p. 40
Publication Date Dec 2018
Publication Type(s) Conference Abstract
Database EMBASE
Available at International Journal of Stroke from Available to NHS staff on request from UHL Libraries & Information Services (from NULJ library) - click this link for more information Local Print Collection [location] : UHL Libraries On Request (Free).
Available at International Journal of Stroke from Available to NHS staff on request from UHL Libraries & Information Services (from non-NHS library) - click this link for more information Local Print Collection [location] : British Library via UHL Libraries - please click link to request article.

Abstract Introduction: Aphasia and dysarthria can be devastating communication disabilities restricting quality of life and linked to poorer health outcomes. There is currently limited data to inform decision-making about service provision and the development of future research protocols. We aimed to explore prevalence, co-occurrence, process of care and outcomes on discharge from inpatient care using data from the Sentinel Stroke National Audit Programme (SSNAP).
Method(s): SSNAP compiles a national stroke register in England and Wales for adults (aged>16 years) admitted to hospital with acute stroke. We examined available data, on aphasia and dysarthria, from the National Institutes of Health Stroke Scale (NIHSS) on 149,560 people admitted during the period July 2013 to July 2015 noting missing data. We examined associations with demographic and clinical data for those with and without speech and language impairments.
Result(s): Prevalence rates in the total 149,560 admissions that include missing data are 33% (aphasia) and 40% (dysarthria) with 21% showing signs of both. Rates are higher (39%, 49% and 26% respectively) in the 125, 730 and 124,161 people who completed the aphasia and dysarthria NIHSS screening subscales. Differences in process of care and outcomes will also be discussed.
Conclusion(s): This is the first time the prevalence at the point of admission for aphasia and dysarthria has been reported from a comprehensive national audit dataset for stroke admissions. There is great value in having representative data to inform the design and feasibility of future trials and service improvements.

128. Assessing communication regarding shoulder dystocias within a DGH following the Montgomery report

Authors Kemp M.; Hameed A.; Freeman A.; Greenfield P.
Source BJOG: An International Journal of Obstetrics and Gynaecology; Dec 2018; vol. 125 ; p. 79
Publication Date Dec 2018
Publication Type(s) Conference Abstract
Database EMBASE
Available at BJOG: An International Journal of Obstetrics and Gynaecology from Wiley
Available at BJOG: An International Journal 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 BJOG: An International Journal 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 Introduction The incidence of shoulder dystocia (SD) is 0.6%, and is unanticipated in 48%. In the UK SD is among the four leading causes of medical litigation and accounts for up to 11% of obstetric claims. Following the Montomery report, communication regarding the risk of shoulder dystocia has come under increasing scrutiny. This study aims to audit patients who had shoulder dystocia between 2014 and 2016, their antenatal risk factors, communication surrounding risk of shoulder dystocia and management of shoulder dystocias in accordance with local guidelines and Montgomery. Methods Eighty-eight patients were identified using the maternity computer system 'Medway' and were audited using Medway and paper notes. Results Of the 88 women 62 had risk factors at the delivery. The risk of shoulder dystocia was documented in six cases. Documentation of the management of the shoulder dystocia on a proforma was complete in 45% of cases. 78% of women who had a shoulder dystocia delivered in the obstetric delivery suite with the remainder delivering in the midwifery units or at home. The home births had no risk factors for SD. Of those delivering in midwifery units, 7 had risk factors for SD. Four had a BMI over 30, and 2 were known to have large babies. One lady had a large baby and a previous shoulder dystocia. Risks were discussed antenatally and documented but she opted to deliver in a low-risk unit. In 35% of cases the anterior shoulder was not documented. Of the babies born in hospital 21 did not have cord gases taken. Maternal complications included PPH and 3rd-degree tear, 70 women had no complications. No babies were affected by their shoulder dystocia. Potentially the unit is vulnerable medicolegally due to poor documentation even though the management is generally found to be very good.

129. An audit of fetal scalp blood sampling procedures at St Mary's Hospital

Authors Abid Z.; Heazell A.
Source BJOG: An International Journal of Obstetrics and Gynaecology; Dec 2018; vol. 125 ; p. 10
Publication Date Dec 2018
Publication Type(s) Conference Abstract
Database EMBASE
Available at BJOG: An International Journal of Obstetrics and Gynaecology from Wiley
Available at BJOG: An International Journal 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 BJOG: An International Journal 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 Introduction An audit of the practice of fetal scalp blood sampling (FSBS) in St Mary's Hospital (SMH) was conducted against set standards derived from the National Institute for Health and Care Excellence (NICE) Intrapartum Clinical Guidelines, last updated in February 2017. Methods A prospective study was conducted of 90 women who underwent 139 FSBS procedures during a one-month time period. Interventions were set to see whether practice can be improved immediately. Data required to fulfil audit requirements were collected along with data relating to maternal age, neonatal outcome and mode of delivery. Audit summaries of the last eight years were also analysed and a comparison of audits were made. Results There was a net improvement in audit standards set against NICE Intrapartum guidelines in comparison with previous years. An increase in FSBS procedures from 1 to 3 during labour resulted in a decrease in spontaneous vaginal birth from 49% to 35% to 25% respectively. A 4th FSBS procedure in labour resulted in a 50% chance of the labour progressing to spontaneous vaginal birth. One of two interventions was successful in improving practice of reviewing CTGs according to set time interval. A correlation was also identified between advancing maternal age and caesarean sections. Conclusion The re-audit of FSBS procedures at SMH demonstrated an improvement in standards. Continual re-audit should be conducted to maintain standards of quality of care of mothers and babies in the UK.

130. Out with the old and in with the new: A review of current management of hyperemesis gravidarum with a quality improvement project on the horizon

Authors Rizeq S.; Chui D.
Source BJOG: An International Journal of Obstetrics and Gynaecology; Dec 2018; vol. 125 ; p. 62
Publication Date Dec 2018
Publication Type(s) Conference Abstract
Database EMBASE
Available at BJOG: An International Journal of Obstetrics and Gynaecology from Wiley
Available at BJOG: An International Journal 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 BJOG: An International Journal 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 Introduction Nausea and vomiting in early pregnancy (NVP), in its severe form known as hyperemesis gravidarum (HG), is: Common: it affects up to 80% of pregnant women. Serious: nutritional intake can be so poor that it causes weight loss, clinical dehydration and metabolic disturbances. Psychological sequelae are as serious, 20% of women will terminate the pregnancy. Expensive: it costs the NHS approximately 3382 to manage these women as inpatients and 868 to manage them as day cases. Recent RCTs have proven that day case management is as effective as inpatient management, in medical, sociopsychological and economic terms. At East Sussex Healthcare NHS Trust we currently do not offer an ambulatory service. Management is led by senior house officers. Methods Retrospective analysis of case notes of 50 women (selected at random), presenting with hyperemesis gravidarum in 2017, were analyzed for performance according to local and national guidance. Results Overall nursing performance was good (performance of 78-100%). Doctors performance: use of PUQE score to formally assess HG and dictate admission/discharge used in 42% of cases. Weight loss was not identified in 85% of re-admissions. Clinical re-assessment after 6 hours of aggressive intravenous treatment done in 42% of cases. Failed discharges in 22% of cases. Inappropriate admissions in 64% of cases. Conclusion This audit identified a poor and out-of-date performance in management of women with HG. This justified updating of current local guidance to include a day case pathway, establish a hyperemesis suite facility and formal teaching to senior house officers and nursing staff.

131. Bartholin's cysts and abscess management

Authors Khan A.; McLachlan G.; Beattie C.
Source BJOG: An International Journal of Obstetrics and Gynaecology; Dec 2018; vol. 125 ; p. 61-62
Publication Date Dec 2018
Publication Type(s) Conference Abstract
Database EMBASE
Available at BJOG: An International Journal of Obstetrics and Gynaecology from Wiley
Available at BJOG: An International Journal 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 BJOG: An International Journal 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 Introduction Bartholin's glands are located bilaterally at the base of the labia minora near the opening of the vagina. A cyst may form in the duct if it becomes obstructed and secretions are retained. The cyst may become infected and develop into an abscess. Symptoms include local tenderness, pain, fever and dyspareunia. Diagnosis is by physical examination. Treatment depends on the size of the cyst or abscess, the severity of symptoms and microbiological examination findings. Conservative management involves warm baths or compress and analgesia. Antibiotics can be used if infection also present. Methods Surgical management is marsupialisation under general anaesthesia (GA) in theatre. An audit reviewed the cost analysis of 20 cases in Antrim Area Hospital, Northern Ireland who underwent marsupialisation between 1 April 2016 and 31 March 2017. An overview of all of the 20 cases included the data on time from hospital diagnosis to surgical treatment, duration of theatre time and duration of overall admission. This was collected from the Theatre Management System. The costs of inpatient stay, outpatient appointment per attendance, Day Procedure Unit attendance per treatment, and the cost of marsupialisation in theatre under GA was also obtained and reviewed. Results The overall cost of 20 cases was 33,807 via marsupialisation under GA. Under NICE guidance a cost saving alternative to Marsupialisation is a balloon catheter insertion under local anaesthetic. Conclusion Overall there is a cost saving of 32,093 if this was used as the treatment of choice for these 20 cases.

132. Stroke rehabilitation service quality improvement plan-a tale of 2 towns

Authors Garratt E.; Bolton S.
Source International Journal of Stroke; Dec 2018; vol. 13 (no. 3); p. 39
Publication Date Dec 2018
Publication Type(s) Conference Abstract
Database EMBASE
Available at International Journal of Stroke from Available to NHS staff on request from UHL Libraries & Information Services (from NULJ library) - click this link for more information Local Print Collection [location] : UHL Libraries On Request (Free).
Available at International Journal of Stroke from Available to NHS staff on request from UHL Libraries & Information Services (from non-NHS library) - click this link for more information Local Print Collection [location] : British Library via UHL Libraries - please click link to request article.

Abstract Introduction: Oxford Health NHS Foundation Trust committed to a Stroke Quality Improvement (QI) Project to enhance rehabilitation services for patients on the Oxfordshire Stroke Pathway. Aligning provision with that in the 2016 Royal College of Physicians National Stroke Guidelines required consolidation of 2 stroke units into 1 specialist stroke rehabilitation ward. This presentation outlines key objectives of the project, describes progress to date and evaluates the impact on quality delivery and patient outcomes so far.
Method(s): Current stroke guidelines and relevant evidence base were reviewed to inform a stroke quality improvement plan. 10 beds were moved from Town A to Town B with as little disruption to patient care as possible. Local Key Performance Indicators (KPIs) for the service were devised to use as measures of success.
Result(s): Now, part way through implementation, impact to date on performance and quality measures are: completion of relocation of wards to a single site, achievement of an average 45 therapy minutes per session, increase in the average number of days both occupational therapy and physiotherapy are received during admission, improvement from admission to discharge on Barthel index increased from 5.73 point average to 6.69.
Conclusion(s): Data to date demonstrates quality improvement as a result of this project. This highlights that despite ongoing resource limitations within the NHS, re-development and innovation is feasible to improve patient outcomes. Additionally this project demonstrates QI can be initiated and led by physiotherapists as part of a multidisciplinary team.

133. Impact of the fetal pillow device on maternal morbidity

Authors Kalburgi S.; Bagtharia S.; Ikomi A.; Oyekan E.
Source BJOG: An International Journal of Obstetrics and Gynaecology; Dec 2018; vol. 125 ; p. 61
Publication Date Dec 2018
Publication Type(s) Conference Abstract
Database EMBASE
Available at BJOG: An International Journal of Obstetrics and Gynaecology from Wiley
Available at BJOG: An International Journal 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 BJOG: An International Journal 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 Introduction Second-stage caesarean sections are associated with difficulty in the delivery of the head, uterine angle extension and haemorrhage. Fetal pillow is a balloon device which when inserted in the vagina and inflated with saline, disimpacts and facilitates delivery of a deeply engaged fetal head. We conducted two separate studies on the fetal pillow to evaluate the benefits of its use. Our NHS trust in Essex, England looked into the efficacy and sustainability of the device. Methods Data were collected retrospectively from the electronic medical records of 18 cases in 2014 and then a second analysis of 38 cases in 2017 to close the audit loop. The following parameters were compared: BMI, gestation at delivery, indications for caesarean, difficulty in insertion and fetal pH. Results In 2017, the device was used appropriately in 84% of cases. In 5% of cases, the head was at station +2. There were no uterine angle extensions in 63% of cases, an 8% improvement from 2014. A shift in grade 2 extensions towards grade 1 was seen. 5% of cases showed blood loss of more than 1500 ml with no increase in maternal morbidity. Comparative results between the two audits when the data were normalised showed that despite deeper engagement of the fetal head, good performance of the fetal pillow was maintained. This supports the sustainability of the device. Conclusion We recommend the fetal pillow in second-stage caesarean sections where we expect difficulties in delivery, deeply engaged head and following unsuccessful instrumental deliveries.

134. IETA: Can we refine the way we assess the endometrium in postmenopausal bleeding?

Authors Bhatt T.; Gnanachandran C.
Source BJOG: An International Journal of Obstetrics and Gynaecology; Dec 2018; vol. 125 ; p. 78
Publication Date Dec 2018
Publication Type(s) Conference Abstract
Database EMBASE
Available at BJOG: An International Journal of Obstetrics and Gynaecology from Wiley
Available at BJOG: An International Journal 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 BJOG: An International Journal 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 Introduction Women with postmenopausal bleeding (PMB) and endometrial thickness (ET) >4 mm should be investigated for malignancy, based on the Scottish Intercollegiate Guidelines Network (SIGN) guideline on investigation of PMB. The International Endometrial Tumour Analysis (IETA) group proposes sonographic features (echogenicity, vascularity of endometrium and intracavity lesions) to differentiate benign and malignant endometrial pathologies. This baseline audit assesses adherence to the guidance for investigation of PMB and considers whether the IETA criteria may be incorporated into this pathway. Methods Medical records of PMB patients in our 'one-stop' clinic, November-December 2017, were studied for transvaginal scan (TVS) findings and investigations-hysteroscopy and endometrial biopsy. Description of endometrium and outcome of tests were noted. Results All 73 patients presenting with PMB had TVS. ET was measured in 67/73. ET was =4 mm in 38/67; 17 underwent hysteroscopy/biopsy, justified in three cases. ET was >4 mm in 29/67. Nineteen underwent hysteroscopy and biopsy; pathology was found in 14 cases. The uterus was commonly described as being of 'normal size and shape'. Description of IETA characteristics was uncommon and incomplete. Conclusion The majority of patients with PMB and increased ET were investigated appropriately but some were overlooked. A significant proportion of those with normal ET are undergoing unnecessary tests. The value of IETA criteria is in reassurance of normality to avoid this in patients with PMB. We hope to devise a simplified set of IETA criteria with clinic staff, for use within the time constraints of NHS clinics, and carry out a follow-up audit.

135. Investigation of postmenopausal bleeding at a London District General Hospital

Authors Obom S.; Brempah A.; Denham M.; Muglu J.
Source BJOG: An International Journal of Obstetrics and Gynaecology; Dec 2018; vol. 125 ; p. 77
Publication Date Dec 2018
Publication Type(s) Conference Abstract
Database EMBASE
Available at BJOG: An International Journal of Obstetrics and Gynaecology from Wiley
Available at BJOG: An International Journal 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 BJOG: An International Journal 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 Introduction Postmenopausal bleeding (PMB) is associated with a 5-10% risk of endometrial cancer1. There are evidence-based Recommendations for Practice from the British Gynaecological Cancer Society for the investigation of suspected endometrial cancer. Methods A retrospective audit of all women referred to the Rapid Access Clinic for PMB between 1 September and 31 December 2017 was undertaken. Data were retrieved from patient case notes and the iCare electronic system. Results 45 women were referred. 16% were <50 years and the mean age range were 51-55 years (36%). Eleven (24%) had recurrent PMB and 34 (76%) had first presentations of PMB. Seven (13%) had a history of HRT use. 100% had a TVS. 100% of women with recurrent PMB had hysteroscopy and endometrial biopsy, 3 of them under GA; all the histology results were normal. Of the 34 women with first PMB presentations, 11 (32%) had an endometrial thickness (ET) <4 mm. Three of these patients were referred for hysteroscopy, one under GA, and all histology results were benign. Of those 24 women with ET =4 mm, 18 were referred for hysteroscopy, 4 under GA. Two were diagnosed with endometrial hyperplasia with atypia and 1 had endometrial cancer. Conclusion Investigation of recurrent PMB followed national recommendations. For first PMB presentations, there were cases of inappropriate endometrial biopsy for ET <4 mm and cases where endometrial biopsy was not performed despite ET =4 mm. There is over-utilisation of hysteroscopy versus Pipelle biopsy, with associated increased costs. Staff education is being undertaken to achieve a change in practice.

136. Introducing electronic discharge summaries into maternity

Authors Murphy L.; Ali O.; Quilliam R.; Chard S.; Bowman C.; Armstrong H.; Hughes S.; Wood N.
Source BJOG: An International Journal of Obstetrics and Gynaecology; Dec 2018; vol. 125 ; p. 60
Publication Date Dec 2018
Publication Type(s) Conference Abstract
Database EMBASE
Available at BJOG: An International Journal of Obstetrics and Gynaecology from Wiley
Available at BJOG: An International Journal 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 BJOG: An International Journal 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 Introduction Maternity services in the United Kingdom rely on a hybrid of paper and electronic notes. At a large teaching hospital in Northern England, electronic notes were used intrapartum, but paper notes in the antenatal and postnatal periods. This included the discharge summary to the GP arriving days to weeks later if at all, with obvious implications for patient safety and no audit trail. Two junior doctors and a pharmacist set about introducing an electronic discharge system similar to that used in the rest of the trust, to provide secure email communication. Methods Consultants and midwives were involved early on and together with the IT department a discharge summary form was created. An educational campaign was launched and midwives created a visual step by step guide. Results The number of discharges going to GPs instantly rose from 0% in August to 33% in November, 66% two months later, then 75%. Compliance with completion of electronic discharges is 100%. Training issues have been identified and are in progress. Conclusion Simplifying the discharge process resulted in an instant rise in the numbers of discharges sent to the GPs. Awareness in itself does not drive behaviour and by using a "nudge" approach with midwives, we have doubled this figure and hope to reach 100% soon. This introductory phase of electronic discharges was intended to provide prescription information to GPs; the system will also be utilised to provide clinical information in future.

137. Endometrial cancer-audit of patterns of recurrence 2010-2016

Authors Smyth S.; Innamaa A.
Source BJOG: An International Journal of Obstetrics and Gynaecology; Dec 2018; vol. 125 ; p. 25
Publication Date Dec 2018
Publication Type(s) Conference Abstract
Database EMBASE
Available at BJOG: An International Journal of Obstetrics and Gynaecology from Wiley
Available at BJOG: An International Journal 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 BJOG: An International Journal 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 Introduction Almost half of endometrial cancer relapses occur in the vagina or pelvis with 42% 5 year survival. These can be amenable to salvage treatment. The overall stage 1 recurrence rate is less than 5%, with 78% occurring within the first 3 years (77% 1C, 23% 1B). Survival rates are similar despite symptom presence with earlier relapse corresponding to poorer outcome. Symptoms include vaginal bleeding or discharge and abdominal bloating or discomfort. A study from 2014 at University Hospital of Wales, Cardiff by Aung et al. identified a 15% recurrence rate (81/552), 75% of which were within 3 years of initial treatment. 91% were symptomatic. It was calculated that 690 clinic visits were required to detect 1 asymptomatic case of recurrence. ESMO suggests that routine follow-up does not impact survival. Methods This retrospective audit assessed the impact of routine follow-up on recurrence detection using EPR and the Somerset Cancer Register 2010-2016. Follow-up methods, according to the RCOG, has been recommended based on expert opinion in the absence of any randomised controlled trial. Results There were 733 endometrial cancer cases with 21 (2.86%) recurrences. Twenty recurrences occurred prior to 3 or after 5 years following initial treatment. This case was stage 2 and symptomatic. Conclusion The Dorset Network Site Specific Group routine follow-up for FIGO stage 1 endometrial cancers with no high-risk features (adjuvant treatment) has been reduced from 5 to 3 years. Further investigation is warranted for the role of patient-initiated follow-up.

138. Measured blood loss (MBL) as an integral part of postpartum haemorrhage (PPH) management. Quality improvement on a national scale through OBSCymru, the Obstetric Bleeding Strategy for Wales

Authors James K.; Scarr C.; Francis C.; Collins P.; Bell S.; Collis R.; John M.; Stevens J.; Greaves K.; MacGillivray E.; Bailey C.; Kitchen T.; Volikas I.; Kelly K.
Source BJOG: An International Journal of Obstetrics and Gynaecology; Dec 2018; vol. 125 ; p. 42
Publication Date Dec 2018
Publication Type(s) Conference Abstract
Database EMBASE
Available at BJOG: An International Journal of Obstetrics and Gynaecology from Wiley
Available at BJOG: An International Journal 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 BJOG: An International Journal 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 Introduction OBSCymru is a national quality improvement programme aiming to reduce morbidity from PPH. MBL after all deliveries is key to early escalation of treatment. As a single intervention MBL is ineffective in reducing PPH, so the OBSCymru approach includes four pillars: risk assessment; early recognition of PPH by MBL; multidisciplinary involvement at the bedside at 1000 ml PPH; and patient-specific blood product management, guided by point-of-care testing. Methods OBSCymru is followed in all consultant-led units (CLUs) across Wales and the audit is co-ordinated by local champion midwives. The MBL training program commenced following an initial MBL audit and has been repeated at six monthly intervals, the most recent is ongoing. Results At baseline, MBL was performed in 72% of elective caesarean sections (CS), 87% emergency CS, 53% instrumental deliveries and 37% of spontaneous vaginal deliveries (SVD). At six months, MBL was performed in 93% of elective CS, 99% emergency CS, 90% instrumental deliveries and 76% SVDs. This change was maintained at one year. For all deliveries in Wales, MBL has increased from 50.8% to 88.5% following training. For PPHs =1000 ml, MBL is performed in 95% nationally. Conclusion MBL after all deliveries across Wales has increased and this change maintained. MBL has been taught to the obstetric MDT in a standardised video and workshop in both mandatory training days and on an ad-hoc basis. It has also been integrated into the Welsh undergraduate midwifery curriculum. Staff have enthusiastically embraced this cornerstone of OBSCymru to improve quality of care.

139. Management of cardiac pacemaker in pregnant patients

Authors Kamal B.; Ejaz H.; Shearer K.
Source BJOG: An International Journal of Obstetrics and Gynaecology; Dec 2018; vol. 125 ; p. 7-8
Publication Date Dec 2018
Publication Type(s) Conference Abstract
Database EMBASE
Available at BJOG: An International Journal of Obstetrics and Gynaecology from Wiley
Available at BJOG: An International Journal 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 BJOG: An International Journal 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 Introduction In terms of management of pacemaker in pregnancy very little data is available worldwide. As the number of younger people having cardiac pacemaker is increasing, there is growing need to know more about the basic knowledge of pacemaker technology and monitoring for surgical intervention during pregnancy. To recognise the importance of multidisciplinary approach for the care of pregnant patients with cardiac pacemaker. Awareness of the basic principles related to management of pregnant patients with pacemaker. Method Retrospective audit. Out of 46 patients only 13 patients were pregnant with cardiac pacemaker. Standards were identified using NHS Grampian protocol "Permanent pacemaker patient: pre/post operative protocol". Variables identified and compared include preconception counselling, cardiac assessment, labour, mode of delivery, type of procedure, diathermy and magnet use. Results We found that cautery was avoided in all surgical procedures. No anticoagulation was used apart from routine thromboprophylaxis. Route of delivery was based on obstetric indications. The results were in accordance to the standards identified. Pre-conception counselling (100%), cardiac assessment (100%), spontaneous labour (69%), PPROM (15%), IOL (8%), caesarean section (54%), SVD (30%), NVB (8%), KFD (8%), emergency caesarean (39%), elective caesarean section (15%), diathermy and magnet use (100%) avoided Conclusions Avoid using electro cautery if at all possible. Bipolar modes only should be used if needed. Restrict the output to 2 seconds bursts and leave 10 seconds between each output for electro cautery.

140. Co-ordinated approach to increasing intensity and activity levels for acute stroke patients

Authors Bush E.; Caldwell K.; Kennie J.; Forrest R.; Williamson K.; Bhandari A.
Source International Journal of Stroke; Dec 2018; vol. 13 (no. 3); p. 29
Publication Date Dec 2018
Publication Type(s) Conference Abstract
Database EMBASE
Available at International Journal of Stroke from Available to NHS staff on request from UHL Libraries & Information Services (from NULJ library) - click this link for more information Local Print Collection [location] : UHL Libraries On Request (Free).
Available at International Journal of Stroke from Available to NHS staff on request from UHL Libraries & Information Services (from non-NHS library) - click this link for more information Local Print Collection [location] : British Library via UHL Libraries - please click link to request article.

Abstract Introduction: Nottingham University Hospitals (NUH) is one of largest acute stroke units in the UK, consistently discharging more than 150 patients per month. Research suggests patients spend a small proportion of their day (13%) engaged in activities 13 representing a challenge for therapists and nursing staff. Research also suggests intensity of activity is beneficial for recovery.
Method(s): Dynamic Band 6 team working with the multidisciplinary team (MDT) to lead on projects: all with the same aim to increase activity and intensity. Introduction of activity co-ordinators. Increasing family involvement in rehabilitation. Establishing use of Rehabilitation folders with patients, families and the MDT. Increasing use of adjunctive therapies and equipment. Reviewing internal efficiencies within the team.
Result(s): Outcome measurements: number of face to face contacts, audit of patient activity levels, patient and family feedback. No results available yet.
Conclusion(s): Need for an integrated MDT approach to enhance activity levels and engagement. Challenge of rehabilitation in acute environment. Adapt to patient needs with multiple approaches and options.

141. Venous thromboembolism risk assessment and prescribing on the postnatal ward at north manchester general hospital: A clinical audit

Authors Marks D.; Maiti S.
Source BJOG: An International Journal of Obstetrics and Gynaecology; Dec 2018; vol. 125 ; p. 25
Publication Date Dec 2018
Publication Type(s) Conference Abstract
Database EMBASE
Available at BJOG: An International Journal of Obstetrics and Gynaecology from Wiley
Available at BJOG: An International Journal 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 BJOG: An International Journal 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 Introduction Venous thromboembolism (VTE) is the leading cause of puerperal direct maternal deaths in the UK. The Pennine Acute Trust, which includes North Manchester General Hospital (NMGH), recently updated its Obstetrics VTE guidelines. An audit was conducted to assess its implementation on the Postnatal Ward (PNW). The aims were to improve quality of VTE risk assessment, care of the postnatal (PN) woman and collaborative care between midwives, doctors and pharmacists. Methods A single centre clinical audit was carried out on the PNW at NMGH over 10 days. Outcomes included completion of the risk assessment pro forma and total score accuracy, and appropriateness of the low molecular weight heparin (LMWH) prescription. The audit was set against RCOG and Trust policy standards. Results The study included 30 post-partum women: 15 vaginal and 15 caesarean section deliveries. Risk assessment was performed in 40% who delivered vaginally, 40% of which had an accurate PN VTE score. It was conducted in 87% of women post-caesarean (60% accuracy). Prophylactic LMWH was prescribed in 33% of vaginal deliveries: 80% on the right dose and 100% for the right duration. 100% of women post-caesarean were prescribed LMWH: 100% on the correct dose and 93% for the correct duration. PN score re-assessment identified five additional women who delivered vaginally as missed LMWH opportunities. Conclusion An individualised, up-to-date and accurate risk assessment, irrespective of mode of delivery, is imperative to ensure provision of appropriate VTE prophylaxis. This audit highlighted key recommendations, which will be re-audited to validate action plan implementation.

142. Audit: Indications and outcomes of induction of labour at a District General Hospital

Authors Aung C.; Moy L.; Neales K.
Source BJOG: An International Journal of Obstetrics and Gynaecology; Dec 2018; vol. 125 ; p. 59
Publication Date Dec 2018
Publication Type(s) Conference Abstract
Database EMBASE
Available at BJOG: An International Journal of Obstetrics and Gynaecology from Wiley
Available at BJOG: An International Journal 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 BJOG: An International Journal 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 Introduction Induction of labour (IOL) has a significant impact on the birth experience of women and places a strain on labour wards. IOL should be performed only when there is a clear medical indication and the expected benefits are known to outweigh the potential harm. An audit in East Kent Trust, UK, was carried out to create a consistent approach to IOL, required to standardise care. Methods A retrospective audit was conducted for all women induced in April 2017. The indications for IOL and outcome were ascertained by using the computerised notes system and the IOL booking book. Results The decision to induce was made by consultants in 68% of cases, and registrars in the remaining cases. Only 70% of patients were reviewed by a consultant on the labour ward. 63% achieved spontaneous vaginal delivery, 22% had instrumental deliveries and 15% were emergency C-sections, with assisted deliveries being more common in primips. IOL to delivery was more than 48 hours in 45% of cases. Conclusion In response, a strategy was developed to categorise IOL into "hard" and "soft" indications. Hard indications are distinct recommendations by NICE UK guidelines while soft indications are less clear cut and based on individual patient assessment by the obstetrician. In Conclusion an IOL booking form has been created in East Kent, with agreed guidelines across the Trust, to help standardise the indications for induction of labour with the goal of improving maternal outcomes and reducing pressure on the labour ward.

143. OBS Cymru (the Obstetric Bleeding Strategy for Wales)-working together to reduce harm from postpartum haemorrhage (PPH)

Authors Scarr C.; James K.; Francis C.; Collins P.; Bell S.; Collis R.; Kelly K.; MacGillivray E.; Greaves K.; John M.; Kitchen T.; Bailey C.; Volikas I.
Source BJOG: An International Journal of Obstetrics and Gynaecology; Dec 2018; vol. 125 ; p. 42
Publication Date Dec 2018
Publication Type(s) Conference Abstract
Database EMBASE
Available at BJOG: An International Journal of Obstetrics and Gynaecology from Wiley
Available at BJOG: An International Journal 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 BJOG: An International Journal 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 Introduction OBSCymru is a national quality improvement programme which aims to reduce variation in care and maternal morbidity associated with PPH across Wales. This is achieved through 4 key pillars of management: universal risk assessment, measured blood loss (MBL), multidisciplinary team (MDT) presence and patient-specific blood product management using ROTEM, a point-of-care coagulation test. Methods OBSCymru was introduced in all 12 consultant-led units (CLUs) from January 2017 and local MDT champions have led change supported by the national committee and training packages. A national database records all PPH episodes =1000 mL and captures outcome data. Regular audits assess process change and intervention uptake. Results The OBSCymru approach has been successfully introduced to all CLUs across Wales and is reducing variation in care. Preliminary results show a 1L PPH rate of 8.9% with 2.5L PPH rate of 3.5-12/1000 deliveries. 94% of the Obstetric MDT are aware of the principle of OBSCymru and 87% believe it has improved PPH management. MBL in all CLU deliveries has increased from 50.8% to 88.5%. The national database has captured 4196 PPH episodes and over 1500 ROTEM tests have been performed to facilitate transfusion management. Conclusion OBSCymru is empowering the MDT to escalate patient care when appropriate to enable the prompt treatment of a PPH. Preliminary outcome data is showing that blood products are being transfused in a more prudent manner, according to individual patient need. Results will be published in due course.

144. Improving rates of smoking assessment and intervention post-stroke

Authors Knowles L.; Samuel N.; Skingle L.; Birns J.; Bhalla A.
Source International Journal of Stroke; Dec 2018; vol. 13 (no. 3); p. 38
Publication Date Dec 2018
Publication Type(s) Conference Abstract
Database EMBASE
Available at International Journal of Stroke from Available to NHS staff on request from UHL Libraries & Information Services (from NULJ library) - click this link for more information Local Print Collection [location] : UHL Libraries On Request (Free).
Available at International Journal of Stroke from Available to NHS staff on request from UHL Libraries & Information Services (from non-NHS library) - click this link for more information Local Print Collection [location] : British Library via UHL Libraries - please click link to request article.

Abstract Introduction: National standards have demonstrated that the most efficient method to manage tobacco dependent smokers in hospital is to ascertain whether patients smoke and thereafter refer them to an evidence-based specialist smoking cessation service. We report a quality improvement project, using Plan-Do-Study-Act (PDSA) methodology, to attend to this on a stroke unit in a central London hospital.
Method(s): Rates of assessment of smoking status in electronic patient records and written clinical notes were identified as were specialist smoking cessation referrals and prescription of Nicotine Replacement Therapy (NRT). 2 cycles of multi-professional educational interventions including training from a 'Stop Smoking' team were undertaken, followed by repeat assessments as outlined above.
Result(s): Pre-intervention for 35 consecutive stroke patient admissions, 12 patients (34%) had smoking status recorded in electronic patient records and 13 patients (37%) had smoking status recorded in written clinical notes. 8 patients (23%) were current smokers of whom 5 received NRT; none accepted smoking cessation referral. Following 2 cycles of multi-professional educational intervention, smoking status was recorded for 100% of patients in electronic patient records and 86% in written clinical medical notes. 66% were assessed within 48 hours of admission. Of patients who were smokers, 40% received NRT and 80% accepted referral to smoking cessation services.
Conclusion(s): Multi-professional educational interventions may be successfully employed to improve rates of smoking status assessment and intervention. Use of electronic patient records may be used as a vehicle to enhance quality of smoking status assessments through quality improvement. The challenge is to ensure that such processes are sustained long-term.

145. Does inter-rater variability occur in modified Ranking Scale (mRS) scoring? An audit within an early supported discharge (ESD) service

Authors Holpin L.
Source International Journal of Stroke; Dec 2018; vol. 13 (no. 3); p. 65
Publication Date Dec 2018
Publication Type(s) Conference Abstract
Database EMBASE
Available at International Journal of Stroke from Available to NHS staff on request from UHL Libraries & Information Services (from NULJ library) - click this link for more information Local Print Collection [location] : UHL Libraries On Request (Free).
Available at International Journal of Stroke from Available to NHS staff on request from UHL Libraries & Information Services (from non-NHS library) - click this link for more information Local Print Collection [location] : British Library via UHL Libraries - please click link to request article.

Abstract Introduction: The mRS is a single item scale, categorising patients by level of functional independence. The mRS is used nationally as an outcome measure for effectiveness of community stroke services. Observations in practice highlighted that mRS data did not align with other outcome measures or reflect functional gains made by patients receiving community rehabilitation. An audit was completed whilst working at South Manchester early supported discharge (ESD) Team, Manchester University NHS Foundation Trust, to explore whether inter-rater variability in mRS scoring was affecting results.
Method(s): mRS scores are currently recorded from hospital discharge and community discharge. The audit recorded admission and discharge to ESD, thus eliminating inter-rater variability. Data was collected for referrals received to the South Manchester ESD service May to August 2016 inclusive (n=51).
Result(s): Comparison of hospital discharge scores and ESD admission scores showed notable variation. Scores varied in both directions mainly by 1-2 points, with 2 outliers varying by 5 points. When comparing scores from ESD admission to discharge, most mRS scores remained the same or improved by 1-2 points. 2 outliers improved by 3 and 4 points. No patients mRS score changed to show deterioration in function.
Conclusion(s): When inter-rater variability was controlled, mRS scores show greater functional improvements for patients receiving community rehabilitation. These improved results are not currently being reported by SSNAP for community teams. As the mRS is a subjective measure, we speculate that clinical setting and training needs contribute to variation shown and require further investigation.

146. Detection rate of major congenital cardiac anomalies in East Sussex Healthcare NHS Trust

Authors Dickinson O.; Roberts N.
Source BJOG: An International Journal of Obstetrics and Gynaecology; Dec 2018; vol. 125 ; p. 6
Publication Date Dec 2018
Publication Type(s) Conference Abstract
Database EMBASE
Available at BJOG: An International Journal of Obstetrics and Gynaecology from Wiley
Available at BJOG: An International Journal 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 BJOG: An International Journal 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 Introduction Congenital heart disease (CHD) is the leading cause of major congenital defects and is the leading cause of infant mortality. Breakthroughs in cardiovascular diagnostics and cardiothoracic surgery led to an increased survival with patients reaching adulthood; therefore, evaluation of the fetal heart and careful documentation of pathologic anatomy have become a critical component of fetal ultrasonography. In the UK, the Fetal Anomaly Screening Programme (FASP) set out a standard for 50% detection rate of serious cardiac anomalies at the 18 + 0 to 20 + 6/40 anomaly scan. Early detection reduces pre-diagnosis neonatal collapse and deaths from critical CHD; improves longterm outcomes; allows early referrals and counselling; and gives parents earlier choice over the pregnancy options and logistics of care. Methods This was a retrospective audit of recorded cases of CHD at East Sussex Healthcare NHS Trust between 2013 and 2016. Over the 4-year period there were 46 cases of major cardiac anomalies recorded in the local Fetal anomaly register. After the relevant exclusions 31 cases were reviewed. Results The audit showed overall detection rate of 74.5% with 40% detection in 2015 and 100% in 2016. The overall rate met the FASP standard of 50% detection. Conclusion Although the overall average detection rate exceeded the set National standard, year on year the rate varied. Audit limitations included a single source of data (local Fetal anomaly register), recent migration to paperless notes, and lack of formal method for alerting the department of cases subsequently diagnosed by GP practices, Tertiary Paediatric Cardiology Centres, etc.

147. An audit of the adherence to the 2-week wait referral pathway for patients with postmenopausal bleeding at Worcestershire Acute Hospital NHS Trust

Authors Sharma J.; Jaiswal N.; Favre C.; Pathak M.; Arya P.
Source BJOG: An International Journal of Obstetrics and Gynaecology; Dec 2018; vol. 125 ; p. 74
Publication Date Dec 2018
Publication Type(s) Conference Abstract
Database EMBASE
Available at BJOG: An International Journal of Obstetrics and Gynaecology from Wiley
Available at BJOG: An International Journal 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 BJOG: An International Journal 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 Introduction Endometrial cancer is the most common gynaecological malignancy with rising incidence. Post-menopausal bleeding (PMB) patients have a 10-15% chance of carcinoma. This audit aims to analyse the two-week wait referral pathway for women with PMB to new One Stop PMB clinic at Worcestershire Acute Hospital. Methods Data were collected retrospectively using electronic notes from pre-designed proforma for patients referred to PMB clinic during April to May 2018. The total number of patients identified was 218. Standards were taken from NICE, RCOG and BGCS. Results Less than one-third (27.9%) of the patients referred were seen within two weeks. Nine out of twelve patients with cancer were treated within 62 days of referral (75%). Vaginal examination was carried out in 62% of patients. No cancer was detected in patients with endometrial thickness of <= 4 on scan. 75% of patients had successful OPH of which 48% had vaginoscopic approach. Conclusion This audit identified that more than anticipated patients were referred to new One-stop PMB clinics highlighting the demand capacity issue, need for increase in number of clinics and consideration for specialist nurse hysteroscopist to achieve the 2-week wait target. Examination should be attempted in all patients. It would be reasonable to say that biopsy is not mandatory if ET<= 4 with single episode of PMB and no risk factors. Vaginoscopy should be attempted to reduce pain and improve satisfaction. Implementation of changes and re-audit closing the loop will be valuable to assess the clinical efficiency and patient care.

148. The introduction of a local guideline for emergency surgery in pregnancy for non-obstetric indications

Authors Cooper N.; Kulkarni A.; Nair M.
Source BJOG: An International Journal of Obstetrics and Gynaecology; Dec 2018; vol. 125 ; p. 39
Publication Date Dec 2018
Publication Type(s) Conference Abstract
Database EMBASE
Available at BJOG: An International Journal of Obstetrics and Gynaecology from Wiley
Available at BJOG: An International Journal 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 BJOG: An International Journal 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 Introduction Emergency non-obstetric surgery affects 1% of pregnancies. There is currently no UK guideline available to advise management. We aimed to develop a local guideline to implement an evidence-based approach in managing these patients. Methods An audit of all pregnant patients undergoing emergency non-obstetric surgery over a 5-year period (1 Jan 2012-31 Jan 2018) was undertaken and the fetomaternal outcomes analysed. A guideline was drafted based on our audit findings, the Royal College of Surgeons England emergency surgery commissioning guide and Society of American Gastrointestinal and Endoscopic Surgeons (SAGES) pregnancy-specific guidelines. This was then critically reviewed by consultant obstetricians, gynaecologists and general surgeons at the trust. Results The local guideline includes a summary of existing literature, patient flow pathway and presentation-specific guidelines. The patient flow pathway includes service-specific referral information, such as opening times and unit names, trimester-specific recommendations for ideal wards for patient care and clarification of ownership of patients. Presentationspecific guidelines include summaries of management plans for patients in each trimester of pregnancy. These are summarised clearly in flow charts. A summary of existing literature is available to promote an evidence-based approach in patient management. Conclusion This is the first UK guideline of its kind that we are aware of. These patients pose unique clinical challenges to obstetricians, gynaecologists and surgeons alike. Exposure to these patients is limited by the relative rarity of their condition. This guideline aims to provide clear structure to the management of these patients, ultimately to improve patient safety and flow.

149. Use of the modified early obstetric warning score in a district general Hospital

Authors Nzelu O.; Furness S.; Green K.; Lee N.; Wilcock F.
Source BJOG: An International Journal of Obstetrics and Gynaecology; Dec 2018; vol. 125 ; p. 73-74
Publication Date Dec 2018
Publication Type(s) Conference Abstract
Database EMBASE
Available at BJOG: An International Journal of Obstetrics and Gynaecology from Wiley
Available at BJOG: An International Journal 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 BJOG: An International Journal 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 Introduction The Modified Early Obstetric Warning Score (MEOWS) is a colour-coded chart which aids healthcare workers of all grades to recognise the unwell or deteriorating obstetric patient. The recent Mothers and Babies: Reducing risk through audit and Confidential Enquiries across the UK (MBRRACE-UK) 2013-2015 report listed incorrect use of the MEOWS chart and failure to escalate abnormal observations as contributory factors to cases of maternal mortality. This study aims to identify whether use of the MEOWs chart in our maternity unit is compliant with local guidelines. Methods Retrospective audit of women who delivered at Kingston Hospital between January 2016 and April 2018. Fiftyseven were randomly selected, and their notes examined to see whether MEOWS was used antenatally, intra-partum and postnatally. In cases where MEOWS was used, we reviewed whether essential observations were carried out on admission and whether escalation protocols were adhered to. Results 77% (40/57) had essential observations on admission, 70% (21/30) had a MEOWS chart completed on admission to antenatal ward, 47% (27/57) had a MEOWS chart intrapartum, 89% (48/54) had a MEOWS chart postnatally. 59% (39/66) had appropriate escalation where the patient scored 1 yellow, and in 80% (4/5) of cases where the patient was clinically deteriorating, immediate obstetric assistance was sought. Conclusion Our use of the MEOWs chart is best in the antenatal and postnatal settings and there is prompt escalation of clinically deteriorating patients. However, intrapartum use of MEOWs requires improvement as dose escalation of patients who trigger at a "low level".

150. What are the requirements for developing a successful national registry of auditory implants? A qualitative study

Authors Mandavia R.; Schilder A.G.; Knight A.; Littlejohns P.; Carter A.W.; Mossialos E.; Toal C.
Source BMJ open; Sep 2018; vol. 8 (no. 9)
Publication Date Sep 2018
Publication Type(s) Article
PubMedID 30209155
Database EMBASE
Available at BMJ open from Europe PubMed Central - Open Access
Available at BMJ open from HighWire - Free Full Text

Abstract

OBJECTIVES: Hearing loss is an area of unmet need, and industry is targeting this field with a growing range of surgically implanted hearing devices. Currently, there is no comprehensive UK registry capturing data on these devices; in its absence, it is difficult to monitor clinical and cost-effectiveness and develop national policy. Recognising that developing such a registry faces considerable challenges, it is important to gather opinions from stakeholders and patients. This paper builds on our systematic review on surgical registry development and aims to identify the specific requirements for developing a successful national registry of auditory implants.
DESIGN: Qualitative study. PARTICIPANTS: Data were collected in two ways: (1) semistructured interviews with UK professional stakeholders; and (2) focus groups with patients with hearing loss. The interview and focus group schedules were informed by our systematic review on registry development. Data were analysed using directed content analysis. Judges mapped the themes obtained against a conceptual framework developed from our systematic review on registry development. The conceptual framework consisted of five categories for successful registry development: (1) planning, (2) registry governance, (3) registry dataset, (4) anticipating challenges, (5) implementing solutions.
RESULT(S): Twenty-seven themes emerged from 40 semistructured interviews with professional stakeholders and 18 themes emerged from three patient focus groups. The most important factor for registry success was high rates of data completion. Benefits of developing a successful registry of auditory implants include: strengthening the evidence base and regulation of auditory implants, driving quality and safety improvements, increased transparency, facilitating patient decision-making and informing policy and guidelines development.
CONCLUSION(S): This study identifies the requirements for developing a successful national registry of auditory implants, benefiting from the involvement of numerous professional stakeholder groups and patients with hearing loss. Our approach may be used internationally to inform successful registry development.