## **Strategy** 432448/9

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| 9 | EMBASE | (((audit* OR "quality improvement").ti,ab OR exp "CLINICAL AUDIT"/) AND ((NHS OR england OR UK OR "united kingdom" OR "national health service").ti,ab OR exp "UNITED KINGDOM"/ OR exp "NATIONAL HEALTH SERVICE"/)) [DT 2018-2018] [Since 18-Jun-2018] | 164 |

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**Results** 100 of 164 results on EMBASE - (((audit* OR "quality improvement").ti,ab OR exp "CLINICAL AUDIT"/) AND ((NHS OR england OR UK OR "united kingdom" OR "national health service").ti,ab OR exp "UNITED KINGDOM"/ OR exp "NATIONAL HEALTH SERVICE"/)) [DT 2018-2018] [Since 18-Jun-2018]

**1. Community based pulmonary rehabilitation improves individuals and forms part of an overall strategy to keep COPD patients well**

**Authors** Apps M.C.; Keeling K.; Goodrich C.; Olympio-Anang H.; Young I.; Kopacz A.
**Source** American Journal of Respiratory and Critical Care Medicine; 2018; vol. 197
**Publication Date** 2018
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**Abstract** Introduction: Pulmonary Rehabilitation (PR) has been shown to improve individuals and reduce their risk of re-admission after exacerbations of COPD. We are part of an integrated community respiratory service providing pulmonary rehabilitation, oxygen services, and community nursing assessment and support to patients with respiratory disease who are disabled by their disease and breathless (MRC grade 3). The service was commissioned from April 2015 with a guarantee of starting PR within 10 weeks. UK National Institute of Clinical Excellence Management Standards published in 2016 say all in-patients with COPD exacerbations should receive PR starting within 4 weeks. PR is carried out at a number of locations close to patients' homes. Methods: We have carried out a series of nested audits to identify activity and delay for PR and evidence of improvement after PR. Results: In 2014-5 300 patients received PR in our area of 450,000 population. From April 2105-2016 799 were referred to the service, 333 were discharged and in April 2016 there were 700 current clients. In April 2017 there were 731 current clients and 108 awaiting PR. From April-September 2017 (5 months) 64% of patients discharged after inpatient stay were identified for PR. There were 255 referrals, 292 initial assessments and 108 patients declined the service with 15 not attending equivalent to at least 600 new clients per year. Over the 5 months there were a total of 1780 attendances for both initial and refresher PR courses (16.3% refresher courses). For clients completing PR, 54% showed an increase in walking tests in comparison with before PR, 41% had a CAT score of <=2, 36% had reduced HAD depression scores and 33% reduced anxiety scores. Delay to start PR was 8-9 weeks as commissioned. Conclusion: PR improves individuals and is indicated for patients who have required an in-patients stay but this needs to start within 4 weeks of discharge and current commissioning does not provide adequate staffing for this where there are 800-900 discharges locally for COPD exacerbations each year.

**2. Cardiovascular consequences of spontaneous cough are greater than the purely mechanical action of coughing in chronic idiopathic cough**

**Authors** Dockry R.J.; Smith J.A.; Gibbard C.L.; Mahood R.A.; Turner P.P.; Corfield D.
**Source** American Journal of Respiratory and Critical Care Medicine; 2018; vol. 197
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**Abstract** Introduction: Chronic idiopathic cough is thought to be a neuronal hypersensitivity syndrome and has an extremely detrimental effect on patients' quality of life. Symptoms such as dizziness and breathlessness are often reported, which may be of neural or mechanical origin. We hypothesise that the cardiovascular effects of triggering cough reflexively and the purely mechanical effects of coughing will differ, and have compared the heart-rate (HR) changes following voluntary and spontaneous cough to test this theory. Methods: Ten chronic cough patients recruited from a local cough clinic were fitted with a Holter ECG recorder (LifecardCF, Spacelabs, UK) and a synchronised ambulatory cough monitor (VitaloJAK, Vitalograph, UK). Subjects performed some maximal effort voluntary peals of cough in the clinic, and then wore the monitors for 24 hours. Cough sounds were identified using Adobe Audition (Adobe Systems, USA) and Spike 2 (CED, UK) was used to calculate the HR before and after both voluntary and spontaneous coughing. Generalized estimating equation (GEE) models were used to compare the HR changes evoked by coughing (mean beat-to-beat HR for 40 beats prior and post coughing) and to compare the effects of the two cough manoeuvres. Results: The mean beat-to-beat HR, derived from the GEE model, before and after both cough efforts are shown in Figure 1. HR prior to coughing tended to be higher for voluntary coughs compared with spontaneous coughs. There was a significant increase in HR following the cough efforts (p=0.019) and this differed between the two cough manoeuvres (p=0.004). There was also a significant interaction (p<0.001) between the position of a beat, whether it occurred before or after the manoeuvre, and the type of coughing, indicating different profiles in the HR responses to voluntary and spontaneous cough. It took longer for HR to resolve to baseline levels following spontaneous cough, despite this manoeuvre consisting of a lower mean number of coughs (spontaneous, 5.82 (SD 2.65); voluntary, 9.24 (SD 3.48)). Conclusion: Peals of cough in chronic cough subjects result in profound HR increases that are of a similar magnitude in both voluntary peals and spontaneous peals. However, recovery time is prolonged following spontaneous coughs when compared to voluntary coughs, despite spontaneous peals containing less coughs, suggesting that in chronic cough patients activation of the cough reflex has greater autonomic consequences than the purely mechanical action of coughing. (Figure pressented).

**3. A retrospective audit on pneumonia mortality rates in elderly patients and the decision of whether to escalate to high dependency unit at university hospital southampton**

**Authors** Teng E.; McKee B.; Marshall B.G.
**Source** American Journal of Respiratory and Critical Care Medicine; 2018; vol. 197
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**Abstract** Rationale: Pneumonia is the sixth leading cause of death in the UK, and its mortality rate increases at the extremes of age. With aging population, the decision of whether to escalate elderly patients to high dependency unit (HDU) is becoming increasingly pertinent. The primary aim of this audit is to determine factors affecting pneumonia mortality rates to provide physicians with prognostic data for decisions on ceiling of care. Our secondary aim is to compare University Hospital Southampton (UHS) mortality rates with those from the 2014-2015 British Thoracic Society (BTS) community acquired pneumonia audit. Methods: Patients aged 80 to 99 admitted to either the ward or HDU in 2016 with pneumonia were retrospectively identified. Duration of admission, inpatient and 30-day mortality rate from date of discharge were calculated. These data were compared with the BTS audit data from 2014 to 2015. Factors including season, presence of sputum culture and viral swabs, and number of antibiotic resistance in isolated organisms were assessed for their effects on mortality rates. Results: 832 ward and 35 HDU patients met the inclusion criteria. Mean admission duration was 13 days on the ward and 19 days on HDU. Inpatient mortality rates for ward and HDU patients were 29% and 57.1% respectively. Ward patients aged 80-84 had 22.7% mortality rate which increased to 39.7% in those aged 95-99 (p=0.01). HDU patients aged 80-89 had 52% mortality which increased to 75% in those aged 90-99. Mortality was lowest in spring and highest in autumn, ranging from 20% to 90% respectively on HDU. Patients who had viral swabs or sputum cultures requested had lower mortalities. Positive sputum culture with three or more antibiotic resistance saw an increase in mortality rate (p=0.04). In comparison to BTS data, UHS had similar inpatient mortality rate and significantly lower 30-day mortality rate. Conclusions: Our data suggests that pneumonia mortality rate increases with factors including age, season and number of antibiotic resistance in positive sputum cultures. Patient admitted to HDU had much greater overall mortality rate than those who remained on the ward. Using our data, we propose that patients with risk factors including old age, autumn season and sputum culture with three or more antibiotic resistance may be less appropriate for HDU admission due to low chance of survival. This is one of the first audits to examine mortality rates of pneumonia on ward versus HDU in elderly patients.

**4. Analysis of the pathological distribution of lung cancer and survival trends in lincolnshire over a 2 year period**

**Authors** Okoye M.N.; Gupta A.; Ahmed; Oyegoke A.; Asuquo B.
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**Abstract** Introduction: Recent advancement in diagnosis and treatment of lung cancer is the concept of personalise medicine, where therapeutic decisions are made based on patient specific histological and genetic characteristic of their Lung cancer. A retrospective review of pathological diagnosis of Lung cancer within our Trust and our survival trend. Method: We decided to review our lung cancer register from the 3 major hospitals within the United Lincolnshire NHS Trust. These Hospitals were Pilgrim Hospital Boston, Lincoln County Hospital and Grantham District Hospital. All cases within our Lung cancer registry were reviewed to determine cases with definite pathological diagnosis and those without as well as survival rate of our patients. Result: A total of 895 patients had a diagnosis of lung cancer over that period but only 584(65%) individual cases had a pathological classification. Others were labelled as lung cancer but no pathological diagnosis attached to them. Of the cases of definite pathological diagnosis the distribution of the 3 Hospitals was; Pilgrim hospital 317 cases, Lincoln Hospital 227 cases, Grantham District Hospital 40 cases. The distribution of the types of lung cancer was as follows:-Adenocarcinoma 177 cases [30.3%], Squamous cell carcinoma 178 cases[30.5%], Adeno-squamous cell only 1 case[0.002%], Carcinoid 4 cases[0.007%], Mesothelioma 36 cases[0.06%], Large cell neuroendocrine 16 cases[0.03%], Small cell 75 cases[0.13%], Mixed tumour 5 cases[0.009%]. A total of 88[0.15%] cases were labelled as Non-small cell carcinoma and only one case as just carcinoma. Regarding the survival trends during within the period in question 246 patients [0.27%] of 895 patients was still alive at the time, of those still alive only 188 [76.4%] have a pathological diagnosis with 58[0.24%] without any pathological diagnosis. Conclusion: The pathological distribution of lung cancer within the Lincolnshire County was very similar to the 2015 National lung cancer audit findings for the United Kingdom. The study also showed that having a definite pathological diagnosis had a profound effect on survival of patients and they also had a better clinical outcome because they could be offered surgery, radiotherapy, first-line or second-line targeted chemotherapy depending on the stage of their lung cancer.

**5. Use of national guidelines and standards for the management of patients with COPD improves patient care and outcomes**

**Authors** Apps M.C.; Minter J.; Field S.; Haigh M.; Hawkes B.; Webb S.; Barfield S.; Bannister P.; Finney J.; Wigmore C.; Downham J.; Gisby T.; Pearce S.; Rosier P.; Ateli L.; Carter D.; Olympio-Anang H.; Brooker S.; Goodrich C.; Keeling K.; Kopacz A.; Hill H.; Young I.; Mukherjee D.; Abbas S.; Peacock J.; NcCube A.; Khon J.
**Source** American Journal of Respiratory and Critical Care Medicine; 2018; vol. 197
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**Abstract** Introduction: National Guidelines for COPD were first produced in the 1990's and have been updated regularly. Management standards for COPD were published in 2016. These have formed the basis for local health commissioning in Essex and the introduction of a community based respiratory team covering oxygen, pulmonary rehabilitation and community respiratory nursing services from 2015. We provide for a population of 450,000 served by a single Local Hospital in Basildon and the community team work closely with the team there. This includes inreach into acute areas to aid in early discharge. Methods: We have carried out a series of nested audits into elements of COPD management with on-going practice changes to improve care. Results: In-reach of the community nurses into A&E and acute medical areas has led to many patients being discharged within 24 hours; in 2016 323 patients were assessed and 34% discharged. In 2017 up to 1.6.17, 92 patients were seen and assessed. Overall length of stay has fallen from 7.6 days in 2013-4 to 5.9 in 2016-7. Admissions with COPD were rising (28% between 2011 and 2015) but less so since then (7.2% for 2015-7). Only 30% of patients discharged in early 2015 were known to the community team before, but 70-80% by 2017. Some patients have multiple admissions. Identification of those with 3 or more admissions in 12 months and targeted treatment whether nutrition, smoking cessation, NIV, social or palliative care reduces admissions with 128 admissions from 78 patients in the 6/12 before identification and 66 after.( 999 bed days v 549: P<0.001). In January 2015 59% patients were referred to the community team on discharge from hospital, 85% in November 1205, 87% in 2016 and 95% from 1.4-1.10.17. Increased primary and secondary care referrals gave 1234 referrals in 2016. and 773 from 1.1.17-1.10.17. Conclusions: Using national guidelines and standards produced in the UK for local commissioning has led to improved outcomes for patients, shorter length of stay and earlier discharge, better access to pulmonary rehabilitation and targeted care for high risk individuals.

**6. Oxygen wristbands: A visual aid to aid safer practice**

**Authors** Patel S.J.; Proctor J.; Walker S.; Haddad S.; Lakehal S.; Jackson A.; Marlow J.; Church S.
**Source** American Journal of Respiratory and Critical Care Medicine; 2018; vol. 197
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**Abstract** Aims: To review the current understanding of oxygen guidelines and whether a visual aid (Oxygen Wristband) would improve adherence to aid safer practice. Background: Oxygen is the most commonly used drug in emergency medicine - 14% of UK hospital patients receive oxygen at any given time.[1] Current British Thoracic Society guidelines suggest all patients should have a target oxygen saturation range prescribed on admission.[2] Failure to complete a valid prescription inclusive of target saturations can lead to patients being over or under oxygenated, therefore placing the patient at an increased risk of mortality.[3] Presently there is no locally used visual aid to complement the oxygen prescription. Oxygen Wristband have been trialed within other Trusts. [4] Our aim was to gain an appreciation of guideline awareness, prescribing practice and doctors opinion in relation to the use of a visual aid such as an oxygen wristband (a system of coloured bands identifying the patients prescribed target saturations) would be useful within clinical practice. Methods: 65 medical professionals were randomly surveyed. To be included they had to prescribe oxygen therapy. Exclusions were temporary staff, students and non-prescribers. Statistical analysis was then performed on the survey results. Results: 65 doctors (sub-consultant) were sampled. Only 31% (n=20) prescribed oxygen on the current prescription. 54% found the oxygen prescription hard to understand. 89% were aware of the current BTS guidelines. When shown the Oxygen Wristbands 95% said that it would be a useful aid. Conclusion: Agreement has been locally granted by clinical effectiveness and safety committee to introduce the Oxygen Wristbands. Three different colour oxygen wristbands will be used (94%-98%, 88%-92%, as prescribed). Initially this quality improvement pilot project will be cohorted to the Acute Respiratory Ward. A structured implementation programme including teaching of Medics, Nurses and Allied Health Professional, introduction of standard operating procedure, ward protocol and patient information leaflets have been collaboratively designed. The Oxygen Wristbands can only be applied on completion of a valid oxygen prescription that indicates target saturations, ensuring patient safety.

**7. Refeeding syndrome in adults receiving total parenteral nutrition: An audit of practice at a tertiary UK centre**

**Authors** Pantoja F.; Fragkos K.C.; Patel P.S.; Keane N.; Samaan M.A.; Barnova I.; Di Caro S.; Mehta S.J.; Rahman F.
**Source** Clinical Nutrition; 2018
**Publication Date** 2018
**Publication Type(s)** Article In Press
**Database** EMBASE

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**Abstract** Background & aims: The key to preventing refeeding syndrome (RS) is identifying and appropriately managing patients at risk. We evaluated our clinical management of RS risk in patients starting total parenteral nutrition (TPN). Methods: Patients commencing TPN at University College London Hospital between January and July 2015 were prospectively followed-up for 7-days. Eighty patients were risk assessed for RS and categorized into risk groups. High and low risk RS groups were compared focussing on the onset of biochemical features of RS (hypophosphatemia, hypokalaemia and hypomagnesemia) and initial clinical assessment. Statistical analysis was conducted using t-tests and Mann-Whitney U tests. Results: Sixty patients (75%) were identified as high-risk for RS and received lower initial calories (12.8 kcal/kg/day, $p < 0.05$). All high-risk patients received a high potency vitamin preparation compared to 35% in the low risk group ($p < 0.05$). Daily phosphate, magnesium and potassium plasma levels were monitored for seven days in 25%, 30% and 53.8% of patients, respectively. Hypophosphatemia developed in 30% and hypomagnesaemia and hypokalaemia in 27.5% of all patients. Approximately 84% of patients had one or more electrolyte abnormalities, which occurred more frequently in high-risk RS patients ($p < 0.05$). Low risk patients developed mild hypophosphatemia at a much lower percentage than high-risk RS (20% vs 33.3%, respectively). Conclusion: A significant proportion of patients commencing TPN developed biochemical features of RS (but no more serious complications) despite nutritional assessment, treatment, and follow up in accordance with national recommendations. High vs low risk RS patients were more likely to have electrolyte abnormalities after receiving TPN regardless of preventative measures. Additional research is required to further optimise the initial nutritional approach to prevent RS in high-risk patients.


**8. Seasonal variation of Pseudomonas aeruginosa in culture positive otitis externa in South East England**

**Authors** Villedieu A.; Weinberg S.E.; Teare L.; Elamin W.F.; Papesh E.; Radhakrishnan J.
**Source** Epidemiology and Infection; Jul 2018 ; p. 1-2
**Publication Date** Jul 2018
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**Abstract** Otitis externa is the inflammation of the external auditory canal. The disease is common and shows a seasonal variation with a greater incidence in warmer months. Pseudomonas aeruginosa is a common pathogen in otitis externa and in this retrospective study, we show a corresponding seasonal variation in the proportional incidence of P. aeruginosa isolates from otitis externa in South East England. In total 7770 patients were diagnosed with otitis externa over a period of 9 years from January 2008 to December 2016. P. aeruginosa was isolated from 2802 patients (proportional incidence of 36%). Incidence was higher in the months of August, September and October and in patients between 5 and 15 years of age. We postulate a combination of increased contact with water during warm weather in the holiday season and increased rainfall in the preceding season as a putative mechanism for the seasonal trends.


**9. David Oliver: England's social care models harm the poorest areas**

**Authors** Oliver D.
**Source** BMJ (Online); 2018; vol. 361
**Publication Date** 2018
**Publication Type(s)** Note
**Database** EMBASE
Available at BMJ (Clinical research ed.) from BMJ Journals - NHS

**10. Familial breast cancer servicese what are we currently doing in the west midlands?**

**Authors** Bains S.; Green M.; Hallissey M.; Basu N.; Soumian S.; Hoar F.
**Source** European Journal of Surgical Oncology; Jun 2018; vol. 44 (no. 6); p. 889
**Publication Date** Jun 2018
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Available at European Journal of Surgical 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** Introduction: Individuals with a familial breast cancer risk are offered surveillance and risk-reducing strategies based on their level of risk. The NICE 2017 updated guidelines describe the management of this cohort of individuals. The West Midlands region serves a population of over 5 million people e almost 10% of the population of the UK. There is a paucity of information on our practices in this region related to familial breast cancer patients. Methods: We undertook a Survey Monkey questionnaire of all breast units in the region to gauge current practice. Units were asked if: Patients are seen in dedicated family history clinics. Written protocols exist. They have access to ongoing audit and research projects. Whether there is a discussion of risk-reducing mastectomy patients in an MDT process. Whether they have access to psychology and genetics services. Results: 80% of hospitals in the region responded (12/15). All units discuss RRM in their MDT and refer to genetics with 92% referring to psychology services. 75% have written protocols. Only 42% of hospital had a dedicated family history clinic with a similar proportion enrolling individuals into audit and research. Conclusions: There is a clear gap in the equity of services in the West Midlands. To address this and ensure best practice (NICE guidance) we have initiated collaborative working in the West Midlands and are working towards setting up a regional family history service.

**11. Network delivery of audited private, one stop diagnostic breast clinics**

**Authors** Wishart G.
**Source** European Journal of Surgical Oncology; Jun 2018; vol. 44 (no. 6); p. 876
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**Publication Type(s)** Conference Abstract
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**Abstract** Introduction: The safety and accountability of private breast cancer diagnostics and treatment has recently been questioned. The aim of this study was to review the clinical and operational results from a national network of private one-stop breast clinics delivered by BreastHealth UK. Methods: BreastHealth UK operates a UK network of private diagnostic one-stop breast clinics (n 63), delivered by 41 consultant breast surgeons who are all ABS members. All clinics provide core biopsy-based same-day triple assessment, with a breast radiologist present in clinic. Clinical, imaging & biopsy results are entered prospectively online to allow individual and collective review. Results: From 1.1.16 to 31.10.17, 1013 symptomatic patients had same day triple assessment, of which 47% had mammography (43% bilateral; 4% unilateral) & 75% had breast ultrasound (unilateral 40%; bilateral 35%). 123 patients underwent breast biopsy (12%), of which 29 were malignant (3%). The average time to the first appointment attended was 3.8 days, & the average feedback score was 99/100. Conclusions: This diagnostic pathway provides rapid access to same day triple assessment for all private symptomatic patients (NICE quality measure 100%), with high patient satisfaction and prospective data collection to ensure compliance with the pathway. These results are not dissimilar to a Cambridge NHS dataset of 14,000 patients, where 66.3% had mammography and 65.3% had breast ultrasound, with a biopsy rate of 7% and the differences are almost certainly explained by the older demographic of the NHS patients (Britton et al, Br J Radiology 2012; 85: 415-422).

**12. A 'best-practice' pathway for the acute management of mastitis and breast abscess enables non-specialists to "get it right first time"**

**Authors** Patani N.; MacAskill F.; Eshelby S.; Omar A.; Kaura A.; Contractor K.; Thiruchelvam P.; Cunningham D.; Hogben K.; Al-Mufti R.; Hadjiminas D.; Leff D.; Curtis S.; Main J.
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**Abstract** Introduction: Acute mastitis and/or breast abscess are frequently managed by non-specialist Accident and Emergency staff and General Surgeons on-call. Sub-optimal practice includes variable antibiotic prescribing, unnec-essary/prolonged hospitalisation, lack of ultrasound assessment/aspiration, frequent surgical drainage, inconsistent follow-up and significant diagnoses being missed. The objective was to evaluate management across a multi-site NHS Trust and address deficiencies with a best-practice' algorithm, encompassing National Institute for Health and Care Excellence (NICE) and Guidelines and Audit Implementation Network (GAIN) recommendations. Methods: A retrospective service evaluation (Trust-ID=047529, Phase-I, n=53) was compared to a prospective cohort (Phase-II, n=61), following pathway implementation and educational sessions. Thereafter, a prospective loop-closing audit (Phase-III, n=80) re-assessed practice and sustainability of improvements. Results: The intervention improved antibiotic guideline compliance (Pre=34.0% vs. Post=58.2%, p=0.003) which was maintained (Phase-II vs. III, p=0.684) and sustainably increased ultrasound assessment (Pre=37.7% vs. Post=77.3%, p=0.000; Phase-II vs. III, p=0.894). Reductions for surgical drainage (Pre=7.5% vs. Post=0.7%, p=0.007) were maintained (Phase-II vs. III, p=0.381), and follow-up consistently improved (Pre=43.4% vs. Post=95.7%, p=0.000; Phase-II vs. III, p=0.120). However, admission (Pre=30.2% vs. Post=20.6%) and median length of stay [Pre=2 days (range=1-5) vs. Post=1 day (range=1-6)], were not significantly reduced. Conclusion: An inexpensive management pathway significantly and sustainably reduced practice variation and improved management of breast sepsis. Barriers to optimal care are not unique to this Trust and trainee collaboratives should be encouraged to undertake similar service evaluations. Such interventions could have reproducible benefits across the NHS through existing national quality improvement frameworks and help non-specialists to "get it right first time".

**13. Are we over-investigating male breast patients?**

**Authors** Maddox N.; Dalgliesh D.; Maddox P.
**Source** European Journal of Surgical Oncology; Jun 2018; vol. 44 (no. 6); p. 901
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**Abstract** Introduction: Male patients with breast symptoms are being over-investigated. A 2017 RUH Breast Unit audit identified >90% of male breast imaging was unnecessary and 89% were having unhelpful blood tests. This over-investigation causes avoidable stress for patients and has significant attendant cost. We introduced a new protocol and re-audited against National Guidelines. Methods: Following introduction of the new protocol, we undertook a three-month data collection (07/07/2017-07/10/2017) to compare against our original audit (01/07/2015-30/06/2016). Prospective data was collected by our business information unit and analysed for adherence to 2010 National "Best practice diagnostic guidelines for patients presenting with breast symptoms". [Table Presented] Results The majority of patients (both data collections) had gynaecomastia/pseudogynaecomastia (~80%). Two patients were diagnosed with breast cancer; both clinically suspicious prior to imaging. Approximately one-third of blood tests (both data collections) had abnormal results with no impact upon patients' diagnosis or management. Conclusions: Our breast unit has improved its adherence to national guidelines for investigating male breast patients and reduced numbers of imaging/blood tests undertaken without compromising patient safety. However, a significant number still undergo unnecessary investigation. Our Breast Clinicians have been re-educated regarding closer adherence to national guidelines. This should further reduce unnecessary imaging/blood tests without compromising accurate diagnosis and more appropriately utilise NHS resource.

**14. PRO: Importance of implementing asthma guidelines: An evidence-based approach that helps ensure consistent management**

**Authors** Saglani S.
**Source** Pediatric Pulmonology; Jun 2018; vol. 53
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**Abstract**

Background: The usefulness of clinical guidelines for the diagnosis and management of asthma in children has recently been scrutinized. It is suggested that guidelines simply serve to add to confusion, are very restrictive, prevent the clinician from using clinical acumen when making therapeutic decisions, and most importantly, do not serve to improve asthma outcomes(1). Cause for concern is further enhanced because some countries, such as the UK, have national guidelines in addition to the available international guidelines, such as the Global Initiative for asthma (GINA)(2). Moreover, there are currently two sets of national guidelines in the UK, the National Institute of Clinical Excellence (NICE) guidelines(3) and the British Thoracic Society (BTS/SIGN) guidelines(4), both of which have some marked differences in recommendations(5). So, are asthma guidelines really necessary, or do they just muddy waters? A guideline provides guidance: deviations in management for individuals are expected It is important to remember that guidelines are simply that; they provide guidance and advice to clinicians about the approach to the diagnosis and management of a condition. They should be referred to when making decisions, but are not set in stone. Indeed, when adherence to asthma guidelines was assessed in the pediatric emergency department, it became apparent that more than 90% of healthcare professionals believed in their use for children with mild to moderate asthma, but this number reduced to less than 80% for severe asthma. The majority (99%) of healthcare professionals believed the advantages of guidelines for asthma management out-weighed the disadvantages, even though two-thirds admitted to deviating from guidelines(6). Therefore, although it may be much less useful to have guidelines for the small proportion of children with severe and problematic asthma, it is apparent that their utility for milder disease is beneficial. Clinicians' agreement with, and implementation of guidelines A key point to consider in the importance and need for guidelines for asthma, is that asthma is a very common condition in children. It is therefore as frequently managed by primary and secondary care clinicians as by specialists in pediatric pulmonology. It would be unreasonable to expect non-specialists to remain up to date with the latest evidence for the diagnosis and management of a condition, hence guidelines are helpful in providing a summary framework for management of a common condition. However, when adherence to guidelines was assessed among asthma specialists and primary care physicians in the U.S. less than half of primary care physicians either agreed with or implemented the national guidelines associated with asthma assessment and treatment(7). Even though asthma specialists expressed stronger agreement and adherence to guidelines than primary care physicians, actual adherence for several core recommendations was low in both groups. Only 30% of asthma specialists and 16% of primary care physicians were administering an asthma action plan, spirometry was undertaken by 44% of specialists compared to only 10% of primary care physicians, and assessment of inhaler technique was undertaken by 40% of asthma specialists and 16% of primary care physicians(7). Therefore, although time and energy are spent in developing guidelines, clinicians need to be convinced of both the benefit of their implementation and to adhere to them. Although clinicians may agree with the need for guidelines, this does not necessarily equate to adherence and implementation(7). A potential way to achieve better adherence to guidelines is to provide financial incentives for physicians. A systematic review of the impact of financial incentives on the implementation of guidelines for asthma or diabetes, showed an increase in the provision of asthma self-management action plans from 4% to 88%, and fewer emergency department visits and hospitalizations(8). An alternative strategy is to implement quality improvement (QI) methods that produce sustainable changes in health care delivery. The American Academy of Pediatrics implemented a statewide project incorporating leadership teams which provided coaching for individual pediatric practices through 2 nested learning collaboratives(9). The key aim of the project was to improve care for children with asthma across multiple practice settings. Following the QI initiative, optimal asthma care improved from 42% to 81% and the proportion of patients rated by clinicians as having good asthma control rose from 59% to 74%. Thus practice change was achieved by statewide QI programs(9). Similarities and differences between guidelines for asthma Key issues that are pertinent to asthma and have been highlighted in both sets of national guidelines in the UK, include recent increasing concerns about both over and under diagnosis of asthma in children(5). Thus both sets of guidelines have addressed the importance of making an accurate diagnosis in some detail. This includes, where possible, performance of objective tests that may support a diagnosis, such as exhaled nitric oxide and spirometry. Both the BTS/SIGN and NICE guidelines also emphasize the need for all clinicians to encourage and support self-management of asthma. All children must be provided with a clear, written asthma management plan which includes advice on actions to take if asthma control deteriorates. Action plans should include advice on short-term increase (e.g., short-term quadrupling of dose) of inhaled corticosteroids, when to commence oral steroids, and when to seek emergency medical advice(10). There is now good evidence that confirms the use of supported, self-management forpeoplewith asthma (written action plans) can reduce unscheduled healthcare use and improve asthma control. Moreover, supported self-management can be delivered effectively for diverse demographic and cultural groups and does not increase total healthcare costs(10). Although the majority of the content relating to the management of asthma is very similar in guidelines currently available, some key differences do exist. These are mainly determined by the search strategies used to generate the evidence for the guidelines. For example, the strategy used for the BTS/SIGN guidance includes a critical appraisal of the literature, but also takes into account pragmatic studies to ensure that guidelines provide clinically relevant recommendations. In contrast, the NICE guidelines include health economic modeling in the literature appraisal(5). A very practical difference that has resulted from these two approaches is that the NICE guidelines for the management of pediatric asthma recommend adding a leukotriene receptor antagonist (LTRA) to low-dose inhaled corticosteroids,while the BTS guidelines suggest

adding a long-acting beta agonist (LABA) to low-dose inhaled steroids as the second step in escalation of therapywhen there is inadequate controlwith inhaled corticosteroids alone. Although the current literature suggests equivocal evidence for both approaches, the recommendation by NICE is driven by lower costs of LTRA,while the BTS guidelines are driven by the advantage of keeping a single inhaler and device to avoid confusion and help adherence. The different priority for each guideline therefore directs the final recommendation, but it is with such discrepancies that the clinician must remember these are merely guidelines, and the correct approach for an individual patient must be what is finally chosen. Summary asthma is the commonest, chronic respiratory condition suffered by children in the Western world, and is therefore managed in all clinical settings ranging from primary care to specialist tertiary care. Guidelines are generated in order to ensure consistency is maintained in the approach to the diagnosis and management of such a common, chronic disease. They should be regularly updated and take account of the eviden

**15. Regional audit: Oncotype dx testing in intermediate recurrence risk, early breast cancer patients**

**Authors** Sheehan L.; Graja T.; Holdway M.; Evans A.; Clark S.; Eccles B.; Brady J.
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**Abstract** Introduction: This audit is a cross site study across three hospitals in Dorset, looking at clinical practice involving Oncotype DX testing and whether it adheres to the NICE guidelines published in 2013. Methods: Retrospective data collection using electronic and histopathology records. Identification of all eligible Oncotype DX patients between 05/2015 and 12/2016 for Poole; 06/2015 and 12/2016 for Bournemouth (RBCH) and 09/2015 to 05/2017 for Dorset County Hospital (DCH). Results: [Table Presented] Conclusions: This is the first UK single-institution series of its type. The re-excision rate after BCS was 16.7%, compared to 30% UK-wide for DCIS. There is a 5.6% path CR rate, a 38.9% PR rate and most of the rest had stable disease. This series shows the huge potential of neoadjuvant endocrine therapy in DCIS, mandating a UK-wide study to understand its role in ER+ DCIS.

**16. Higher risk breast surgery patients do not require admission to over-stretched acute hospitals**

**Authors** Khan M.; Wild B.; Mullan M.; Purser N.
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**Abstract** Background: Breast surgery has become a short-stay specialty, however, many day surgical units adopt a policy of not accepting ASA grade 3-4 patients triggering a lengthy and frustrating admissions process. This is particularly true where bed pressures remain high. Our unit audited the interventions ASA grade 3-4 patients require during admissions. Methods: Bluespier Theatre Management System © was utilised to create a database of all operations performed by breast surgeons within the Trust between 1st January 2017 and 31st December 2017. Patients were grouped into ASA 1-2 and ASA 3-4. Electronic records of ASA 3-4 patients were reviewed and any medical interventions were noted. Results: Of the 1086 operations performed, 5% (59) were on patients graded ASA 3-4. The rest were ASA grade 1-2. Of the ASA 3-4 patients, 93% were performed at the acute site hospitals as opposed to the short-stay unit in line with current Trust policy. Our audit of electronic inpatient records of these patients revealed that they required no added medical intervention during their hospital ad-missions. There was no difference in median length of stay between ASA 3-4 versus ASA 1-2 patients (both zero days). Conclusion: ASA 3-4 patients did not require increased medical attention relative to ASA 1-2 patients following breast surgery. These patients could be offered surgery at day-case or ultra-short stay elective surgical units. Application of the results of this audit will relieve bed pressures at acute sites throughout the NHS improving ED waiting times, patient flow and increasing efficiency.

**17. Optimising breast cancer care in the older womaneregional anaesthetic block in elective breast cancer surgery**

**Authors** Grant Y.; Kasturi R.C.; Bhat A.; Saunders J.
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**Abstract** Introduction: The National Audit for Breast Cancer in Older Patients (NABCOP) identified limitations in the management of breast cancer in older women. Some of these patients are high risk for anaesthesia, which may be a contributory factor to their suboptimal management. Regional nerve block may be a viable alternative to general anaesthetic in this patient cohort by increasing uptake of surgical treatment and reducing risk and post-operative complications. Methods: Clinical data, operative records and medication charts were retrieved retrospectively for patients receiving BCS or mastectomy +/-axillary procedure with regional anaesthetic block between August 2017 and December 2017 at a London District General Hospital. Analysis was conducted using Microsoft Excel. Results: Five female patients underwent regional thoracic paravertebral block (TPVB) for their surgery. This was at thoracic level 2, 3, 4 and 5 with 5ml at each level using 10ml 0.5% bupivacaine and 2% lidocaine. The median age was76years and median ASA score was3.The medianLOSwas 2.4days. No patients required post-operative opioids. There were no post-operative complications of nausea/vomiting or thromboembolism in this cohort. Conclusion: Offering TPVB is a novel anaesthetic option which may improve patient outcomes and experience in breast cancer surgery. TPVB reduced post-operative pain and length of stay, allowing early discharge and minimisation of related costs. Further studies are warranted to assess the benefits of regional anaesthesia and guide the formulation of a local protocol to improve the management of older women with breast cancer.

**18. Public and patient perspectives and priorities for breast cancer research (4PS)**

**Authors** Ballance L.; Wilson R.; Duxbury P.; Boundouki G.; Henderson J.; Ibrahim I.; Harvey J.; Kirwan C.
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**Abstract** Introduction: Breast Cancer Campaign (BCC) conducted a Gap Analysis in 2013 to determine areas of research need in breast cancer. This was per-formed by specialist breast cancer researchers and clinicians. Ten major knowledge gaps were identified. However, the Gap Analysis did not ex-press the research priorities of patients or the public. The North West Trainees Research Collaborative designed a Qualitative study to determine the Public and Patients priorities for future research. Methods: REC approval was granted for this study (16/LO/0162) and funding given by the ABS. Six listening events were undertaken, be-tween February and July 2017. Events were chaired by a Research Psy-chologist, recorded and transcribed. Qualitative thematic analysis of themes was performed manually and using NVivo qualitative data analysis software. The 4Ps research priorities were compared to those of the BCC-GA. Results: BCC-GA identified 12 themes for research. Patient and public priorities for future research included these themes but also included new topics. Novel research themes that were identified include research to audit the side effects of current treatments and to identify ways to reduce the side effects, reducing inequality in breast care, improving NHS service efficiency and using Information Technology to improve breast screening and cancer care. Conclusions: Patient and public priorities differ from the professionals priorities. Patients are in an advantaged position to guide healthcare research and their voice is vital in designing new research projects. Highlighting these novel priorities will help enable the design of relevant, future projects in partnership with patients and researchers.

**19. National uptake of adjuvant radiotherapy for invasive breast cancer, by age: Data from a population-based cohort**

**Authors** Jauhari Y.; Gannon M.; Medina J.; Cromwell D.; Clements K.; Horgan K.; Dodwell D.
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**Abstract** Introduction: Older patients with breast cancer (BC) are more likely to receive non-standardised treatments, including adjuvant therapies. This study examined the uptake and delivery of adjuvant radiotherapy for invasive BC in women aged > 70yrs, compared to those aged 50 e 69yrs, as part of the National Audit of Breast Cancer in Older Patients (NABCOP). Methods: Women aged > 50yrs, diagnosed with invasive BC in England between 01/01/2014 and 30/06/2015 were identified from a linked dataset of BC patients from the national cancer registry, Hospital Episode Statistics (HES) and national radiotherapy dataset (RTDS). Patients who had radiotherapy reported with palliative intent were excluded. Multilevel models were used to account for clustering in the data. Results: Among 50,366 women diagnosed with invasive BC (29,175 aged 50-69yrs; 21,191 aged > 70yrs), mastectomy or breast conserving surgery (BCS) was reported for 26,769 (92%) women aged 50-69yrs and 13,508 (64%) women aged > 70yrs. Among those younger and older women receiving surgery, 79% and 63%, respectively, had subsequent (non-palliative) radiotherapy. The majority of patients in both age cohorts had whole breast irradiation (40Gy/15F over 3 weeks). The likelihood of receiving radiotherapy following surgery remained strongly associated with age even after adjustment for Charlson Comor-bidity Index, grade, tumour stage, oestrogen receptor (ER) status, deprivation and clustering within geographical region. There was further regional variation in uptake of radiotherapy. Details on dosing and regional differences will be presented. Conclusion: Older women diagnosed with invasive BC are less likely to have radiotherapy following surgery, with regional variation in uptake and delivery.

**20. Patient level costs of margin excision and re-excision for breast conserving surgery**

**Authors** Grant Y.; Al-Khudairi R.; John E.S.; Carter A.; Barschkett M.; Leff D.; Cunningham D.; Al-Mufti R.; Hogben K.; Hadjiminas D.J.; Thiruchelvam P.
**Source** European Journal of Surgical Oncology; Jun 2018; vol. 44 (no. 6); p. 890-891
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**Abstract** Introduction: High reoperation rates (z20%) following breast conserving surgery (BCS) for positive margins are associated with increased physical and psychological morbidity and represent a likely significant and yet unknown cost burden to the NHS. Our aim was to compare financial costs between patients undergoing successful BCS versus re-operative breast surgery and to investigate driving factors responsible for costs. Methods: Financial data was retrieved retrospectively for patients receiving BCS +/-re-operation between April 2015 and March 2016, as part of a Service Evaluation [Registration Number 146] using Patient-Level Information and Costing Systems (PLICS). Statistical analysis was conducted using STATA 14.2, including descriptive statistics, ordinary least squares (OLS) and Propensity Score Matching Analysis (PSMA). Results: 153 patients underwent definitive BCS and 59 patients underwent re-operative surgery. The total cost of definitive BCS was 421,110 with a median cost of 2,375 (IQR: 1624, range 836-8260). Overall, the median cost of BCS and re-operation was 4,511 (n 59), an additional 2,136 per patient compared to the median cost of 2,275 for definitive BCS ($p<0.001$). Approximately 42% of total BCS costs were attributed to 24% of all patients (51/212) who received >1 re-operation. Conclusion: This study is the first cost comparison between definitive BCS and re-operative surgery in the UK, interrogating direct patient level costs including operating theatre time, medical staffing, and laboratory in-vestigations. Re-operation has significant cost implications and imple-mentation of intra-operative margin assessment technologies could result in both quality improvement and substantial savings to the NHS.

**21. Resorption, integration or encapsulation-are things twice as likely to go wrong when using acellular dermal matrix (ADM) in implant reconstructions?**

**Authors** Mazari F.; Rogers C.; Olubowale O.; Azmy I.; Whisker L.; Asgeirsson K.; MacMillan D.
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**Abstract** Background: Use of acellular dermal matrices (ADM) has expanded significantly over recent years for implant based breast reconstructions (IBR). The aim of ADM use is integration, with vascular and tissue ingrowth to provide support for the implant. However, ADMs can undergo resorption or encapsulation due to the immunological responses. This study explores clinical outcomes following use of three different ADMs across four hospitals in IBR. Methods: This study was collective review of two audits of IBR using three ADMs (Strattice, Surgimend & Veritas) across specialist breast units in three NHS trusts. Data collection included demographics, risk factors, operative parameters and clinical outcomes with a minimum follow-up of 12 months. Primary outcome was ADM loss, while complication and implant loss were secondary outcomes. Statistical analysis was performed using SPSS.23.0. Results: 101 patients (StratticeN=45, SurgiMendN= 37, VeritasN=19) with median age of 48.7 years (Interquartile range 41.3-54.2years) underwent 127 IBRs (StratticeN=54, SurgimendN= 45, VeritasN=30). The indications for mastectomy were breast cancer (N=79), risk reduction (N=45) and revision (N=3) respectively. ADM loss was highest with Veritas (50%,N=15) followed by Strattice (13%,N=7) and Surgimend (0%,N=0) respectively. Veritas was completely resorbed while Strattice demonstrated encapsulation in all cases of ADM loss. Implant loss rate was highest in Strattice (18.5%,N=10), followed by SurgiMend (7%,N=3) and Veritas (3%,N=1) respectively. Overall complication rate was 60% (N=60). Re-operations were performed in 40% (N=40) of reconstructions. Conclusions: ADM use is associated with higher complication and ADM loss rate than previously reported. This supports drive towards "no inno-vation without evaluation".

**22. Setting up frailtyassessment for women with breast cancer aged 75+ and a referral pathway for comprehensive geriatric assessment**

**Authors** Baya C.; Patel A.
**Source** European Journal of Surgical Oncology; Jun 2018; vol. 44 (no. 6); p. 877
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**Abstract** Background: With an increasing numberofolder women being diagnosed with breast cancer and with poorer mortality rate for patients over the age of 75 there is a national strategy for improving the outcomes that the NHS delivers to this patient group. A need has been identified to improve a comprehensive pathway which will include frailty screening and comprehensive geriatric assessment to older and frailer patients being diagnosed with cancer and undergoing treatment. Materials and Methods: In 2017-70 women aged 75 and above were diagnosed with breast cancer in our Breast Unit. A recommendation of a Quality Improvement Project led to the use of the Edmonton Frail Scale (3) to carry out frailty assessment and 84% (59 patients) were assessed and based on the frailty score 15% (nine women) were referred for a Comprehensive Geriatric Assessment (CGA). The Breast Multidisciplinary Meeting utilises the results of the assessment when planning the appropriate treatment for the individual patient. Results/Outcomes: Since April 2017 a direct pathway from the breast unit to the frailty unit (geriatrician-led service) for a Comprehensive Geriatric Assessment (CGA) at Princess Alexandra NHS Trust Hospital has been set up for patients who are assessed as being pre-frail to severely frail. In 2017, 59 patients (84%) were assessed for frailty. 15 patients (25%) were pre-frail to severely frail. Nine patients (15 %) underwent a CGA before commencing breast cancer treatment. Conclusion: Frailty Assessment and Comprehensive Geriatric Assessment are now embedded into our practice and supports the MDT decision process.

**23. Is the current threshold for staging too high? An audit of radiological staging in patients with a positive sentinel node biopsy against current guidelines**

**Authors** Hubbard T.; Ives C.
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**Abstract** Introduction: Radiological staging for distant metastases in early breast cancer is controversial. The 'Clinical Advice to Cancer Alliances for the Provision of Breast Cancer Services 2017' guideline advises staging patients with four or more involved axillary lymph nodes (LN) or total tumour size (TTS) >50 mm. This is an audit of patients with primary breast cancer, clinically node-negative at presentation but >1 positive sentinel LN (+SLN), who subsequently had metastatic disease on staging, to retrospectively investigate if they met the guidelines for staging. Methods: A retrospective audit (no.17-3204) was performed in a single UK Breast unit using clinical systems. Patients diagnosed with primary breast cancer 01.01.2013-01.10.2017 with +SLN who underwent staging investigations peri-operatively were included. Results: 250 patients had +SLN and staging, 68 (27%) met guidelines for staging. 28 (11%) had TTS > 50 mm, 33 (13%) had > 4 +LN (at subsequent axillary node clearance), 7 (3%) had both. Staging used CT scan (17 (7%)), bone scan (6 (2%)) or both (227 (91%)). 12 (4.8%) of all patients studied had at least one distant metastasis: Only 5 (42%) met guidelines for staging. 2 had TTS > 50 mm and 3 had > 4+ LN. Conclusion: The majority of patients in this study with metastatic disease at presentation did not meet criteria for radiological staging by the Cancer Alliances guidelines, therefore would not be diagnosed with metastatic disease early in their treatment pathway. We recommend staging in all appropriate patients with +SLN.

**24. BRCA 1/2 mutation carriers' audit. Surveillance and preventive intervention amongst affected and unaffected groups during 2004E2016 period**

**Authors** Fernandez T.; Young O.; Barber M.; Brzezniska M.; De La Torre M.J.
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**Abstract** Aim: To audit incidence of BRCA1/2 mutation carriers tested positive be-tween 2004-2016 period in South-East Scotland (SESGS) and to analyse patient's age, surveillance and preventive intervention chosen amongst affected and unaffected groups at the time of testing. Material and Method: Retrospective analysis of BRCA1/2 tested positive at the SESGS. Annual incidence, surveillance and preventive interventions amongst groups were analysed. Results: 495 patients' records were identified positive for BRCA1/2 mu-tation during 2004-2016. The distribution among BRCA1/2 showed no significant difference (SD) p>0.05, 399(81%) were females. The incidence of positive patients increased significantly from 2013, reaching a peak in 2014 and 2015, with 61, 118 and 84 cases respectively p<0.05. Age at the test in affected group was 50.3 years and 38.9 years in the unaffected, SD p<0.001. This difference between groups did not vary during the years. Patients with breast cancer (BC) as first episode underwent mastectomy only (Mtx) in 25.5%, lumpectomy (WLE) in 48% and immediate recon-struction (IR) in 24%. Second cancer patients had WLE in 45%. Risk reducing mastectomies and type of reconstruction among affected and unaffected group showed SD p<0.001. Implant reconstruction (IR) was more frequent in unaffected groups 78%, SD p< 0.01. Mammogram surveillance was used in 44.5% women. Conclusions: Over last years the number of BRCA positive patients has significantly increased, reaching a peak in 2014. Affected patients were significantly older than unaffected ones when tested. WLE was the most frequent surgery for first breast cancer episode. Auditing this population will help to forecast future service needs.

**25. Chemotherapy utilisation in patients aged 50 years and over, diagnosed with invasive early breast cancer in england: Data from a population-based cohort**

**Authors** Gannon M.; Jauhari Y.; Medina J.; Cromwell D.; Horgan K.; Dodwell D.; Clements K.
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**Abstract** Introduction: Although mortality has fallen in early breast cancer (EBC), over the last 10-15 years, improvements in older women have lagged behind those for younger patients. Use of non-optimal treatments may contribute to poorer outcomes. This study examined chemotherapy utilisation amongst women with invasive EBC, aged >=70yrs compared to those aged 50-69yrs, as part of the National Audit of Breast Cancer in Older Patients (NABCOP). Methods: Women aged >=50yrs, diagnosed with invasive EBC (stage <2) in England between 01/01/2014-30/06/2015, identified from a linked dataset of BC patients from the national cancer registry, Hospital Episode Statistics (HES), Systemic Anti-Cancer Therapy dataset (SACT) and Office for National Statistics (ONS). Multilevel models were used to account for clustering in the data. Results: 39,096 women were diagnosed with invasive EBC; 38% (n=14,901) >=70yrs. Proportions receiving chemotherapy declined steadily by age (30% 50-59yrs; 19% 60-69yrs; 9% 70-79yrs; <1% >=80yrs). This pattern was observed regardless of ER or HER2 status; with a wide gap for ER-ve (58% 50-69yrs; 20% >=70yrs) and HER2+ve (57% 50-69yrs; 25% >=70yrs). Adjusting for Charlson Comorbidity Index, stage, indicators of ER & HER2 status, deprivation and clustering within geographical region, age remained independently associated with reduced chemotherapy utilisation. Increasing age was associated with longer time from diagnosis to chemotherapy initiation. Conclusion: In this recently diagnosed cohort of women with invasive EBC, age alone was a strong determinant for chemotherapy utilisation. NABCOP will aim to develop more appropriate assessments for treatment decision-making in older patients based on frailty, co-morbidity and cognition.

**26. Shared decision making within breast surgery: Assessing consent using the sdm-q-9 and collaborate tools**

**Authors** St John E.; Leff D.; Joshi S.; Lee M.; Mavrou A.; Malas S.; McNally-Reilly J.
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**Abstract** Introduction: Shared decision making (SDM) is increasingly being prioritised and is essential for patient-centred care. Our aim was to audit patient satisfaction of the consent process against the Kings Fund guidelines on SDM and RCS guidelines on consent. Method: A prospective audit (approval number: SPS 009) was conducted over2 months (November-December 2017) within breast surgeryina high-volume London teaching-hospital. Data was collected from 50 patients using two validated questionnaires based on the SDM-Q-9 and collaboRATE tools, scored using 5 and 10-point likert-scales respectively. Additional data was obtained from the consent form and CERNER database. Results: 50 patients were consented by 8 individual surgeons, either consultant (14/50), registrar (24/50) or core trainee (12/50) with 41/50 (82%) consented on the day of surgery. The highest patient satisfaction scores were identified for the statements: "My doctor made it clear that a decision needs to be made" (4% did not agree) and "My doctor explained precisely the advantages and disadvantages of the treatment options" (10% did not agree). Conversely, the lowest satisfaction was identified for "My doctor and I selected a treatment option together" (30% did not agree) and "My doctor and I thoroughly weighed the different treatment options" (28% did not agree). Conclusion: Supporting evidence published from other specialties, our data for breast surgery demonstrates that although informed consent is typically performed well, giving comprehensive treatment options and taking into account patient preference requires improvement. One strategy is to move from a paternalistic approach to a model that truly adopts SDM.

**27. Introduction of a clerking pro forma for new male breast referrals: Can it improve consistency of assessment and reduce follow-up appointments?**

**Authors** Cameron F.; MacInnes E.; Athanasiou I.; Massey J.
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**Abstract** Introduction: The UK Cancer Reform Strategy Breast Cancer Working Group "Best Practice Diagnostic Guidelines" includes guidance regarding the assessment of breast lumps in men. Male breast cancer is rare therefore the majority of these lumps will be benign. In our unit, new male patients are seen by a registrar or staff grade, who may be a locum. Therefore, to improve the consistency of assessment a Male Breast Patient Clerking pro forma was introduced, which was based on national guidelines. It was hoped the pro forma could also reduce follow-up appointments; therefore a tick-box indicated if it was suitable to convey results of further tests in writing. Methods: A retrospective audit was conducted of all new male patients referred to clinic by GP over 6 months either side of the introduction of the pro forma in January 2017. Data was obtained from patient notes and the ICE results database. Results: 60 patients were included. 32 post-and 28 pre-introduction of the pro forma. Compliance with the pro forma was 94%. 98% were diagnosed with benign diseases. The number of patients fully clinically assessed according to guidelines increased by 7% post introduction. The number of patients requiring a clinic follow-up appointment decreased by 19% post introduction. Conclusions: Marginal improvements were seen in fullness and consistency of clinical assessment. However, introducing the pro forma has reduced the number of follow-up appointments equating to a saving of 1,346 for every 100 patients. This allows other patients to be seen in these slots, hence improving efficiency.

### 28. A review of the provision of chemoprevention in a breast cancer family history clinic

**Authors** Foster K.; Patel A.
**Source** European Journal of Surgical Oncology; Jun 2018; vol. 44 (no. 6); p. 879
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**Abstract** Background: NICE Familial Breast Cancer guidance issued in 2004 (updated 2006 and 2013) led to the establishment of a family history clinic at Princess Alexandra Hospitals NHS Trust. Following an update to the NICE Guidance in 2013, we began offering Tamoxifen as chemoprevention to patients at moderate or high risk of breast cancer. Following the further update in March 2017, we have been providing our patients with the NICE Patient Decision Aid and selected patients are given the option of Anastrazole as a chemopre-vention agent. Materials & Methods: Patients attending the family history clinic at St Margaret's Hospital are categorised into either population, moderate and high-risk groups as per NICE guidelines. Providing there are no contraindications, patients in the moderate and high-risk groups are given verbal and written information on chemoprevention. Results: Chemoprevention was offered to 272 patients. Prior to the introduction of the NICE patient decision tool, only 16% of patients offered chemoprevention agreed to commence treatment. This has now increased to 19.85%. A concern regarding side effects is the most frequently reported reason for declining chemoprevention. Conclusion: The uptake of chemoprevention amongst our patients is much higher than the nationally reported uptake of 8 to 10%. More work is needed to further increase the uptake of chemoprevention. Audit approval obtained from Princess Alexandra Hospitals NHS Trust Patient Safety & Quality dept. reg 3355.

### 29. One-stop breast clinic waiting-time reductione a quality improvement project (QIP)

**Authors** Vinayagam R.; Mason D.; Burrah R.; Poonawala S.; Callaghan M.; Lund J.
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**Abstract** Introduction: One-stop breast clinics are an integral part of NHS breast services. Patients are assessed by a multidisciplinary team and they spend varying amount of time in clinics during the assessment process. A QIP was undertaken to reduce the time patients' spent in these clinics. The aim of the project was to reduce the number of patients waiting for more than 2 hours in breast clinic. Method: Real-time data of patient journey in one-stop breast clinics were collected. The baseline data was then analysed using QIP tools like PDSA (Plan/Do/Study/Act)/Spaghetti chart. The analysis helped to identify areas of improvement and goal setting. Results: Prior to QIP, all patients were initially assessed by breast clinicians followed by radiology assessment then reviewed by breast clinicians for conveying the outcome. QIP tools identified that the majority patients waited after the radiology assessment for clinician's review which contributed to the increased overall waiting time in the clinics. Team meeting with breast unit members including educational events were conducted prior to implementation of changes. After QIP, patients with normal/benign imaging findings were conveyed of the results by radiologists or other health care professionals rather than waiting for review by breast clinicians. This QIP resulted in 60% reduction in the number of patients waiting for more than 2 hours in one-stop breast clinic. Conclusion: QIP tools and principles are increasingly used to improve patient care. This project shows how it helped in reducing patient waiting time in one-stop breast clinic.

**30. Improving breast q capture rates in reconstructive surgery at the royal devon & exeter NHS foundation trust using ipads: A completed audit cycle**

**Authors** Dyar N.; Hubbard T.; Tillett R.; Avery S.; Olsen S.; Ferguson D.
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**Abstract** Introduction: Patient Reported Outcome Measures (PROMs) were introduced in 2009 to improve the quality of care delivered in the NHS and to inform clinicians and commissioners about care quality. The well-validated Breast-Q was introduced to the RD&E in 2014 for breast reconstruction in paper format. From 2017, data collection occurred via an iPad. The aim of this project was to audit effectiveness of iPad data capture and patient satisfaction. Methods: Pre-operative and 3 month post-operative Breast-Q scores were analysed for 2017. To improve data capture, any outstanding post-operative PROMs were sent by post. Results: In 2017, 87 patients underwent breast reconstruction. 76.2% were immediate reconstructions. 22% of reconstructions were deep inferior epigastric perforator flaps, 12.7% lastissumus dorsi flaps, 34.9% were implant-based only. One patient underwent transverse rectus abdominis myocutaneous reconstruction. Pre-operative Breast-Q data collection improved to 63.2% (32% in 2014) when using iPads. Post-operative data collection remained similar, return rate 52.7% (50% previously). Total pre-operative and post-operative data collection improved from 16% of patients in 2014 to 33.3% in 2017. In 2017, mean satisfaction with breast increased from 57.8 pre-operatively to 72.3 post-operatively. Sexual well-being increased from 37.5 to 83.2. Physical well-being (abdomen) scores fell 86.8 to 53.3 post-operatively, similar to 2014. Conclusion: Patient satisfaction scores remain high. Breast-Q collection has improved through using iPads and engaging breast reconstruction nurses. The aim for 2018 is to provide an iPad in all outpatient clinics and engage all senior clinicians to improve post-operative data capture and provide individual clinician capture scores.

**31. Neoadjuvant chemotherapyand surgical planning: Survey of practice, attitudes and opinions around the UK**

**Authors** Pearce B.; Laws S.; Rainsbury R.
**Source** European Journal of Surgical Oncology; Jun 2018; vol. 44 (no. 6); p. 869-870
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**Abstract** Introduction: Neoadjuvant chemotherapy (NACT) is increasingly prescribed. However, recent meta-analysis shows an increase in local recurrence after NACT highlighting a need for clarity of aims, indications and outcomes of NACT including survival, recurrence and quality of life. This survey aims to capture a snapshot of current beliefs and surgical practice following NACT. Method: A link tothe 10 question surveyon SurveyMonkey was posted on the ABS website in June 2017. A link was also mailed to members of the Mammary Fold. Results: There were 80 respondents. Reason for the use of NACT was variable (see Table 1) with only 1 responder not recommending NACT. There was a lack of concordance in prediction of tumour response and thus type of post-NACT surgery offered. There was little attempt to preopera-tively determine planned resection limits. Pre operative marker clips were widely used (67%). [Table Presented] Conclusion: This survey shows that there is a wide variation around the country in surgical practice after NACT. Prospective studies and collaborative audits are needed to define best practice and acceptable safety profiles, without survival detriment.

**32. Addressing modifiable risk factors in symptomatic breast clinics: The abreast of health study alcohol risk profiles**

**Authors** Copson E.; Dutey-Magni P.; Priest C.; Cutress R.; Baird J.; Barker M.; Sinclair J.; Anderson A.; McCann M.; Kaner E.
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**Abstract** Introduction: Breast clinic attendances represent opportunities, ("teach-able moments"), to provide breast cancer prevention advice. Alcohol and obesity are the two largest modifiable risk factors for breast cancer in the UK. The Abreast of Health study (REC17/NW/0241) explored alcohol use and health information needs of women attending symptomatic breast clinics in Southampton. Methods: Women attending symptomatic breast clinics in Southampton in June-December 2017 were recruited. Participants completed a self-administered questionnaire on tablet computers. Data collected included alcohol habits, information technology usage and health literacy (HLS-EU-Q16). Descriptive statistical analysis was undertaken. Results: Six hundred and ninety-eight complete questionnaires were analysed. Age distribution: <34 (23%), 35-44 (19%), 45-54 (27%), 55-64 (13%) and >65 (18%) years. Eighty-four percent reported some alcohol consumption. Forty percent of these drank at increased risk levels (AUDIT-C score >5). Of those reporting to 'never' drink alcohol, further questioning revealed 38% drank very occasionally, 22% had stopped drinking and 40% were lifetime non-drinkers. Ninety-four percent had internet access; 69% sought health information online within the last 3 months. The HLS-EU-Q16 score indicated sufficient health literacy in 79%; 17% scored levels problematic (4% inadequate) to promote/maintain good health. Health literacy did not vary by alcohol consumption (ANOVA, p = 0.31). Conclusions: Women attending symptomatic breast clinics in South-ampton have similar levels of alcohol use to the general female population in South-East England (72% drinking at least monthly). Study data are informing a new digital brief intervention for alcohol and other modifiable risk factors for use in breast clinics.

**33. Prepectoral breast reconstruction (PPBR) with braxone a national audit in the United Kingdom**

**Authors** Harries S.
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**Abstract** Introduction: Prepectoral Breast Reconstruction (PPBR) is becoming increasingly popular as the reconstructive option for immediate reconstruction following a mastectomy. Braxon is an Acellular Dermal Matrix (ADM) that allows patients to have a PPBR with many advantages to the patient over a subpectoral reconstruction. Methods: A national audit was carried out involving 19 breast units in the UK that have used Braxon PPBR in patients suitable for this reconstructive procedure from January 2014 to December 2017. All data was collected prospectively and entered into a database. Patient demographics, opera-tive details and early complications were analysed. Complications were graded as major or minor based on the Clavien-Dindo grading system. Results: A total of 599 implant-based PPBR were performed in 19 breast units across the United Kingdom. 373 patients had unilateral procedures while 113 were bilateral. The mean age was 49 years (range 20-82) and the average BMI was 25.5 (18-43). Minor complications included seroma, redness and breast pain and major complications included infection needing intravenous antibiotics, haematoma, wound dehiscence, skin necrosis and implant loss. Minor complications were reported in 99 (16.5%) patients. Major complications resulting in a loss of the implant were seen in 41 (6.8%) in our series. PPBR has a reduced inpatient hospital stay with less post-operative pain. The cosmetic outcomes have been excellent, with high patient satisfaction. Conclusions: This national audit of PPBR using Braxon, demonstrates re-sults comparable if not better than the results reported in the National Mastectomy and Reconstruction Audit (NMBRA) in 2011.

**34. Treatment patterns for unilateral, non-invasive breast cancer in women diagnosed in england: Data from a population-based cohort**

**Authors** Jauhari Y.; Gannon M.; Medina J.; Cromwell D.; Clements K.; Horgan K.; Dodwell D.
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**Abstract** Introduction: Population-based studies of non-invasive breast cancer in older women are infrequently reported. We evaluated the management of ductal carcinoma in situ (DCIS), in women aged > 70yrs compared to those aged 50 e 69yrs, as part of the National Audit of Breast Cancer in Older Patients (NABCOP). Methods: Women aged > 50yrs, diagnosed with unilateral, DCIS in En-gland between 01/01/2014e30/06/2015 were identified from a linked dataset of BC patients from the national cancer registry, Hospital Episode Statistics (HES) and the national radiotherapy dataset (RTDS). Multilevel models were used to account for clustering in the data. Results: Among 56,876 women aged 50+yrs diagnosed with BC, 10% (n 5,901) were diagnosed with DCIS; the proportions decreased with age, 14% (n 4,649) 50-69yrs compared to 6% (n 1,252) > 70yrs. There were 3,805 women with DCIS managed with breast conserving surgery (BCS), but it was less common in the older group (67% 50-69yrs; 54% > 70yrs). 26% of women in each age group had mastectomy. Of those managed with BCS, 64% and 49% of women aged 50-69yrs and > 70yrs, respectively, had subsequent radiotherapy. The proportion of women with DCIS who had no surgery reported was higher amongstolder patients (7% 50-69yrs; 20% > 70yrs). The association between age and no surgery remained after accounting for disease grade, Charlson Comorbidity Index, deprivation and clustering within geographical region. Conclusion: There are clear differences in the management of DCIS amongst older women. NABCOP will explore the reasons for these differences and highlight areas for improvement by hospital services.

**35. Initial data from a scottish national audit of current use of therapeutic mammoplasty**

**Authors** Morrow E.; Romics L.
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**Abstract** Introduction: Therapeutic mammoplasty (TM) is an important option for breast cancer patients, however evidence for the practice is limited. We describe current practices regarding therapeutic mammoplasty in Scotland compared to other techniques, and assess for delay to adjuvant treatment in these patients. Methods: Patients who underwent TM, wide local excision (WLE), mas-tectomy, or mastectomy with immediate reconstruction (MIR) as their definitive surgery for breast cancer in Scotland between 01/01/2014 and 31/12/2015 were identified from prospectively maintained databases within the Managed Clinical Networks of Scotland. Patient and tumour characteristics were compared between the four groups using Chi square tests. Results: 8075 patients were included in the study, of which 217 had TM as their definitive procedure. 217/5458 (4.0%) breast conserving operations were TMs, whereas the overall rate of oncoplastic surgery was 11.5%. Patients who underwent TM were younger than patients who had WLE or mastectomy but slightly older than MIR patients (median: TM 55 years (29-81), WLE 62yrs (23-97), mastectomy 70yrs (25-96), MIR 50yrs (24-78), p<0.0001). TM patients had larger tumours than those who had WLE, but smaller than both mastectomy groups (median whole tumour size: TM 25mm (1-20), WLE 17mm (0-123), mastectomy 33mm (0-190), MIR 35mm (1-246), p<0.0001). No delay to start of adjuvant chemotherapy was observed (median: TM 42 days (26-161), WLE 40d (11-407), p 0.528). Conclusions: Our data shows that in current Scottish practice, as might be expected, TM is carried out for younger patients with larger tumours than those who have simple WLE. No delay to chemotherapy was demon-strated.

**36. Lipomodelling comes of age as an integral component of a UK oncoplastic service with excellent morbidity, oncologic and patient reported outcomes**

**Authors** Athanasiou I.; Wattoo G.; Hocking H.; Kolar K.; Kazzazi N.; Rogers C.; Olubowale O.; Rigby K.; Wyld L.
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**Abstract** Introduction: Lipomodelling has been increasingly adopted as anadjunct to oncoplastic surgery to improve cosmetic outcomes after breast surgery. Low and high volume techniques may be used. This audit has evaluated the indications, morbidity and patient reported outcomes (PROs) of lipomodelling in a single UK oncoplastic unit following its introduction in 2010. Methods: Consecutive cases of lipomodelling were retrospectively audited by case note review according to a standardised pro forma between 2010 and 2017. Breast Q questionnaires were administered to assess patient satisfaction. Results: Lipomodelling was performed on 96 women (median age 53, range 28-73). 70% used the Coleman technique, 21% high volume and 8% a combination. Lipomodelling was used to correct conservation surgery outcomes in 34%, simple mastectomy flap enhancement in 6% and whole breast reconstruction adjustment in 60%. Indications were: volume symmetrisation in 13%, shape symmetrisation in 53% and/or correction of indentation in 73%. Prior radiotherapy had been administered in 55%. The majority (76%) were day cases. Injection site complications were rare, with 4% experiencing early bruising, pain or infection and longer term fat necrosis or oil cysts in 13%. Donor site morbidity was more frequent: 47% experiencing transient pain and/or bruising. There were 2 local recurrences: 1 WLE scar (injection site), one mastectomy flap (not injection site). PROs using the BREAST-Q (response rate 46/96) demonstrated excellent patient satisfaction, (median outcome score 75, psychosocial wellbeing score 77.5). Conclusion: Lipomodelling is a safe and effective adjunct to oncoplastic surgery with low morbidity and excellent patient satisfaction.

**37. The post montgomery era: A new model of consent forms fit for purpose**

**Authors** Hubbard T.J.E.; Butler C.; Wright H.; Ramsden A.; Ramzi S.
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**Abstract** Introduction: The Supreme Court case of Mongomery vs Lanarkshire Health Board (2015) changed informed consent; however, few departments have updated their consent form. This project sought to improve documentation of consent to comply with RCS Consent: Supported DecisioneMaking guidelines (2016). It involved audit cycles to monitor Quality Improvement and implementing a standardised consent form for Breast Surgery operations in a UK Breast Unit. Methods: An initial baseline audit of consent forms (n 22) was undertaken after approval from the hospital audit department (CA-2016-17-193). It recorded completion rate and legibility of all sections of consent forms and recorded what 'risks of procedure' were documented. A new consent form was created to comply with RCS guidelines; re-audit was performed (n 22) and patient feedback gained. Results: Initial audit showed that in the 'risks of procedure' section, completion was 95%, legibility was 77% and 'risks' documented for the same procedure varied between consent forms. A new, pre-printed standardised consent form was introduced; completion and legibility improved to 100%, and eliminated variability in documentation of 'risks'. It included new sections compliant with RCS guidelines-a contact name and number, alternatives to procedure proposed, and an area to address and document patient-specific concerns. Patient feedback was highly favourable. Conclusion: We have demonstrated that standardised consent forms improve completion, legibility and reduce variability in risks consented for. We present a new model of consent form in line with RCS guidelines that provides a stimulus for the discussion of patient-specific considerations and gives an improved patient experience of consent.

**38. Management of breast cancer in the elderly. is treatment changing over time?**

**Authors** Tayyab S.; Maraqa L.
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**Abstract** Introduction: Pathways for management of breast cancer in older patients was recently examined by the National Audit of Breast Cancer in Older Patients. It was recognised there were inconsistencies in surgical care across the UK. Consequently, we aimed to examine local management by identifying patients' length of stay (LOS), and reviewing treatment plans to ensure care is consistent with clinical guidelines. Methods: Trust approval was obtained prior to the study (Ref:8342). All patients aged 70 and above were retrospectively analysed. Admissions for definitive cancer surgery during the financial year 2016/17, were compared to trends 5 and 10 years previously. To avoid duplicate entries and con-founding LOS, we excluded patients undergoing diagnostic procedures and re-admissions for completion surgeries. Analysis included LOS, type of surgery and prior primary endocrine therapy. Results: A total of 344 patients were included. Median length of stay during 2006/07 compared to 2011/12 and 2016/17 showed constant improvement, with a median stay of 4 days dropping to 2.5 and zero days respectively. Breast conservation rates increased from approximately 55% to a current 65%. Wire guided procedures accounted for 51% of BCS during 2016/17, but were rarely performed previously. During 2016/17, 37% of patients were referred through the National Screening Programme. All these patients were under 80 years of age. The proportion of patients receiving surgery following endocrine treatment was 9%. Conclusions: Length of stay improved over the 10-year study period, with more patients receiving BCS and falling in line with management of younger patients.

**39. Pleomorphic lobularcarcinoma insitu, what do we know? A UK multicenter audit**

**Authors** Masannat Y.; Husain E.; Heys S.; Roylance R.; Carder P.; Ali H.; Maurice Y.; Pinder S.; Sawyer E.; Shaaban A.
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**Abstract** Aims: Pleomorphic lobular carcinoma in situ (PLCIS) is a relatively newly described pathological lesion that is distinguished from classical LCIS by its large pleomorphic nuclei. The lesion is uncommon and its appropriate management has been debated. The aim of this study is to review data from a large series of PLCIS to examine its natural history in order to guide management plans. Materials and Methods: Comprehensive pathology data were collected from two cohorts; one from a UK multicentre audit and the other a series of PLCIS cases identified from within the GLACIER study cohort. 179 cases were identified of whom 176 had enough data for analysis. Results: Out of these 176 cases, 130 had invasive disease associated with PLCIS, the majority being of lobular type (classical and/or pleomorphic). A high incidence of histological grade 2 and 3 invasive cancers was noted with a predominance of ER positive and HER-2 negative malignancy. When PLCIS was the most significant finding on diagnostic biopsy the upgrade to invasive disease on excision was 31.8%, which is higher than pooled data for classical LCIS and DCIS. Conclusion: The older age at presentation, high grade of upgrade to invasive cancer, common association with higher grade tumours suggest that PLCIS is an aggressive form of insitu disease. These findings support the view that PLCIS is a more aggressive form of lobular in situ neoplasia and supports the tendency to treat akin to DCIS.

**40. Implementation of enhanced recovery and early discharge for oncoplastic breast surgery in rural north-west wales; An audit of evolving clinical practice and outcomes**

**Authors** Griffiths O.; Sirianni C.; Abbas S.; Khattak I.
**Source** European Journal of Surgical Oncology; Jun 2018; vol. 44 (no. 6); p. 912
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Available at European Journal of Surgical 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** Introduction: Early-discharge (ED) following breast surgery has been adopted across England in line with NHS Improvement's '23-Hour' model improving patient care, experience and health economics. This was implemented in Ysbyty Gwynedd, serving a rural population occupying a large geographical area. An audit of clinical practice was undertaken following implementation, and re-audited after development of this system. Methods: A retrospective case-note review was undertaken from 50 consecutive patients 6 months before and after implementation of ED. Admission/discharge dates were noted demonstrating length of stay (LoS) following surgery. Day-case rate, type of surgery, drain use, complication and return to theatre rate were also documented. All cases were included and consisted of malignant, benign, aesthetic and reconstructive case mix. Development of our model evolved with experience and practice was re-audited at three years. Results: See Table 1 [Table Presented] Conclusions: Implementation of ED was successful and did not increase complication or readmission rates, whilst the reduction in bed-days uti-lised reflects a significant cost-saving. Same-day discharge is now enjoyed by the majority of patients, and may be due to an increase in breast-conserving surgery techniques, reduced drain use, efficacious nerve blocks, and patient education.

**41. Analysis of baseline and one year body composition data from the 'investigating outcomes from breast cancer (BeGIN)' study**

**Authors** Parveen A.; Heetun A.; Layfield D.; Durcan L.; Durkin K.; Wootton S.; Copson E.; Cutress R.
**Source** European Journal of Surgical Oncology; Jun 2018; vol. 44 (no. 6); p. 886
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**Abstract** Introduction: Patients often gain weight during breast cancer treatment and those who are overweight or obese tend to experience poorer short Conclusion: Transparent and accountable communication must be used at all stages of the decision making process by MDT teams to prevent future patients being given inappropriate chemotherapy, as was the case for four patients in this study. There is also a danger that inappropriate use of this test will lead to a waste of NHS resources (each Oncotype DX test 2500). Other NHS trusts are encouraged to audit their own clinical practice to identify potentially similar undetected problems which could lead to patient harm.

**42. Quality improvement in CF: What can we learn from each other? A statistical analysis of UK Registry data and consultations with clinicians and patients**

**Authors** Macneill S.J.; Pierrotti L.; Cullinan P.; Mohammed M.A.; Wildman M.; Harrison S.; Boote J.; Carr S.B.; Bilton D.; Elston C.
**Source** Journal of Cystic Fibrosis; Jun 2018; vol. 17
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**Abstract** Objectives: Data from the UKCF Registry have been used to rank centres on key outcomes.We explored whether using funnel plots and adjustment for case-mix might identify exceptional CF care services in terms of clinically meaningful outcomes. We also sought insight from patients and clinicians on what structures, processes and policies they believed are necessary for delivering good CF care. Methods: We conducted cross-sectional analyses of CF Registry data from all (n = 59) specialist centres in the UK (annual review data; 2007-2015). Centres were compared on FEV1 and BMI using funnel plots with and without adjustment for patient case-mix. Adult and paediatric centres were analysed separately. We also conducted focus groups with clinicians and patients as well as a survey of clinicians at all centres. Results: Analyses of adult and paediatric centres indicated that some centres showed evidence of meaningful differences in FEV1 from the overall mean. Sometimes thesewere explained by adjustment for case mix variables (age, sex, socio-economic status, genotype and pancreatic sufficiency) but even after adjustment there remained evidence of differences for some centres. Our data at these centres suggest there may be an association with the use of IV antibiotics although the observed trends were not consistent.Workshops and focus groups with clinicians at paediatric and adult centres identified a number of structures, processes and policies that were felt to be associated with good care. Conclusion: The CF Registry can be used to identify differences in outcomes between centres and that case mix might explain some of these differences. Future work will require exploring with clinicians how care is delivered so that we can understand associations between care and outcomes.

**43. Evaluating the effectiveness of dietetic interventions: Developing a dietetic outcome measures tool for cystic fibrosis**

**Authors** Cave L.; Lowdon J.; Bartlett F.; Fox R.; McCabe H.; Snowball J.; Thornton S.
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**Abstract** Objectives: To determine a core set of dietetic outcome measures (DOMs) for routine use in Cystic Fibrosis (CF). To develop a simple to use tool that enables evaluation of the effectiveness of dietetic interventions, including identification of common barriers and facilitators, to inform evidencebased practice and enhance patient centred care. Methods: A DOMs working group (n = 10) of the UK CF Dietitians' Group (CFDG)was formed in 2014. A generic outcomes toolwas adapted for use in CFand two pilot studies conducted to assess and refine usability of separate paediatric and adult tools. A six-month national pilot was completed by members of CFDG in 2016. Results: Dietitians at 21 UK CF centres trialled the tool with a total of 268 patients. Findings included: with time and practice to become familiar with the tool, it was easy and quick to use, comprehensive and prompted focus on setting SMAART (specific, measurable, achievable, appropriate, reliable, timed) goals; it captured whatwas important to patients and their families; it assisted identification of gaps in resources e.g. joint psychology input. Difficulties in using included: staff shortages, lack of time, remembering to complete. Possible solutions included: integrating the tool into dietetic records (paper/electronic), prompts to add barriers and facilitators, using initially for only annual review or inpatients. Conclusion: With further refinements and appropriate audit, the DOMs tool may enable evaluation of the effectiveness of dietetic interventions within multidisciplinary CF care. The latest version of the tool will be available at conference; its content and formatwill continue to evolve with use and to reflect the capture of more patient reported goals and DOMs.

**44. Midline administration of aminoglycoside antibiotics is safe in adult cystic fibrosis patients**

**Authors** Macduff N.; Thickett K.; Sammons L.; Macduff A.
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**Abstract** Objectives: Home administration of antibiotics is standard practice in the UK. Traditionally short-term intravenous cannulas or in-dwelling vascuports are used. In the last decade there has been increasing use of midlines as these will last for the entire 2-week course. In our institution midlines are inserted by a dedicated IV team who felt that due to the chemical constitution of tobramycin (pH < 5) a theoretical risk of extravasation injury existed and the Trust stopped use of midlines for aminoglycoside administration. Methods: This project had a 2-stage approach. First, a literature review of the evidence regarding the risks of tissue injury associated with tobramycin administration. Second, a prospective audit of tobramycin administration via midlines. Results: There are no reports of tissue injury from tobramycin recorded in the UK in the last 30 years (UK MHRA Yellow Card scheme). Furthermore there are no case reports describing any injury in Pubmed. Reviewing the evidence for the ban it is nowaccepted that low pH alone is not a risk for tissue injury. Rather it is high osmolality alongside a low pH that determines the risk. Tobramycin has a pH of 4.8 however, its osmolality is 290 (i.e. equal to serum). After presenting the evidence of a low risk of injury to the Trust Patient Safety Group it was agreed that tobramycin could be administered via midlines subject to a safety audit. Over 6 months 15 patients received intravenous tobramycin (in addition to a second agent). 17 lines were needed in total (2 replaced for technical reasons). 210 days of therapy were provided. There was no evidence of tissue injury in any patient (Visual Infusion Phlebitis Score 0 in 14 patients and 1 in 1 Patient with pre-existing eczema). Conclusion: Midline administration of tobramycin is safe both theoretically and in practice. CF teams should guide therapy for this group of patients and act as advocates when referring to teams unfamiliar with CF practice.

**45. The use of an online learning module (LearnPro NHSTM) to educate and assess staff working in cystic fibrosis care**

**Authors** Mallinson A.M.; McGrath A.J.; Marwick J.
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**Abstract** Objectives: We set out to create an e-learning tool for staff working in Cystic Fibrosis care. The aims were to increase the knowledge and understanding of the staff and promote safe, high quality care. Methods: LearnPro NHSTM is an easy to use workplace learning module where staff can create and manage their own portfolio accessing and accumulating various modules relevant to their practice. The Scottish Cystic Fibrosis Nursing Association (SCFNA) created and developed an interactive module which covers the following 11 sections: Making the diagnosis Genetics Respiratory infection and infection control Gastrointestinal and nutrition CF related diabetes Totally implanted venous access devices Transition Sinus disease and osteoporosis End of life care and transplantation Inpatient and outpatient care Pregnancy and fertility Results: The learnPro NHSTM module "An Introduction to Cystic Fibrosis" is now widely accessible for all CF centres across Scotland. It is accessed by nursing, junior medical staff, physiotherapy and dietetic staff working with CF patients in hospital and community. In some areas the module is part of the mandatory educational programme. The module has an associated assessment per section to test learner knowledge, with an 80% pass mark. Conclusion: Initial feedback has been very positive from staff who have accessed and completed the module. It has reduced the need for staff to travel to attend study days and reduces need to remove staff from the workplace. It is cost effective and allows the learner to access and complete at their own pace and in an environment of their choice. We plan to audit ease of use and learning outcomes and intend to develop this core module further to include specialist modules such as physiotherapy and dietetics.

**46. Re-audit of the UK ACPCF Physiotherapy National Standards of Care**

**Authors** Morrison L.; Duncan N.
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**Abstract** Objectives: A self-evaluation tool based on 7 core clinical standards was sent to all UK Cystic Fibrosis (CF) specialist clinics and centres -31 adult centres and 3 adult network clinics, 27 paediatric centres and 74 paediatric network clinics. Methods: To consider these standards as a benchmark for service provision, demonstrate where these are achieved with recommendations for improving clinical management based on good practice evidenced. The initial audit was conducted and reported in 2011 making a series of recommendations. This second audit aimed to complete the cycle identifying significant changes and support of the recommendations occurring over the last 5 years. Results: 10,461 patients are on the CF Trust national data registry. Responses and supporting evidence from 42 units (31% compared to last audit where 82% of centres responded) was collated providing information on the management of 7,296 CF patients. Despite a poor response this reflected the care received by 70% of CF patients living in the UK. Key results were; increased use of standardised documentation, improved homecare services with appropriate prioritisation, improved access to funding, significant clinical audit, enhanced segregation with improved facilities and increased uptake of exercise testing and subsequent exercise opportunities. Conclusion: As with any national task there were limitations to data collected. Response rate was significantly less than the previous audit. Reasons for this were considered to be time pressure and the fact that this tool had been used in the CF Trust peer review process and may have been interpreted as repetitive. Access to physiotherapy leads in CF units was challenging. As a consequence, we have established a national database of these personnel. Any subsequent audit tool will be adapted enabling swifter more relevant data collection reflective of the current climate. Many of the previous recommendations had been met however some remain outstanding.

**47. An audit of the use of computerised tomography scans for chest imaging in a large UK paediatric cystic fibrosis clinic**

**Authors** Halfhide C.P.; Burrows E.; Harrison G.; Kaleem M.; Southern K.W.
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**Abstract** Objectives: There is debate as to the most appropriate clinical situation in which to request a chest CT scan for children with Cystic Fibrosis (CF). Some advocate routine CT scanning at regular intervals. We have audited our practice, where the policy is to request a chest CT if there is a clinical indication. Methods: Data were collected prospectively from 1/1/14 until 1/12/17.We recorded the reason for the scan (Symptoms, lung function change (PFTs), CXR change, microbiology or other) and the clinical outcome (Dornase alfa commenced, Bronchoscopy, IV antibiotics, oral treatment). Demographic data including DOB, sex, genotypewere also recorded. The total number of scans and the reporting of bronchiectasis (noted by consultant radiologist) were recorded. After 1/12/17 a retrospective look at the database ensured all children were identified. The number of children per year on the network database was noted. Results: From 268 patients identified, 121(45%) had a chest CT (46% homozygous DF508 and 29% compound heterozygote G551D). During the audit period, 33(27.3%) had >1 CT (27 had 2, 5 had 3,1 had 4). Reasons for the 121 scans were persistent symptoms (72), deteriorating PFTs (27), CXR changes (11), microbiology (7), other (4). The CT scan resulted in a change in management in 83 (68.6%) including instigation of Dornase alfa (26), referral for bronchoscopy (22) and IV antibiotics (26). On the scan 59.5% had bronchiectasis, 40% showed worsening changes. There was no significant correlation between either clinical reason for scan/genotype and presence of bronchiectasis. Conclusion: Our policy of undertaking a chest CT for clinical indications is being adhered to in our network. In reality, It provides evidence to support a clinical intervention in the majority of cases (69%) including the introduction of long term therapies. The results of this audit have encouraged us to maintain our current policy and to encourage a low threshold for referral for chest CT scan.

**48. Quality improvement in Registry data entry: Experience from a UK centre**

**Authors** Pinnock N.; Aldous G.; Frost F.; Walshaw M.; Nazareth D.
**Source** Journal of Cystic Fibrosis; Jun 2018; vol. 17
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**Abstract** Objectives: By observing people longitudinally, registries provide insight into standard practice. In CF, registries are vital in advancing our understanding of the disease, guiding quality improvement and monitoring the safety of new drugs. The UK CF registry includes >10000 patients' annualised data and is an excellent resource at both local and national levels. However, the challenge is in the interpretation of and quality of data within the registry. In 2017, we identified areas of improvement in our approach to registry data submission and subsequently have implemented a number of new changes [including a bespoke annual review (AR) document with all fields mandatory, a rollingweekly AR meeting over 48weeks, and a dedicated AR co-ordinator, CF nurse and consultant], to improve the quality of our data submitted. We wished to evaluate the impact of these changes. Method: A retrospective analysis of key variables in our registry data was performed. We looked specifically at those variables (FEV1, pancreatic enzymes and NTM status) where data is easily missed or "not known" can be entered.We reviewed data for 2014-2017 and compared rates of missing variables in each section. Results: Our patient numbers increased from 288 (2014) to 322 (2017). The data is presented in the Table below. (Table Presented) Conclusions: Our revamped annual review process and registry data submission have led to significant improvements in key variables. This has implications for service - level data, appropriate banding/funding and research and outcomes.

**49. Obstetric post anaesthetic care quality improvement project**

**Authors** Reeve K.S.; Dickinson C.; Weale N.
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**Abstract** Introduction: The AAGBI 2013 National Core Competencies for post-anaesthetic care outline specific standards and recommendations for delivering safe post-anaesthesia care for patients undergoing general, epidural or spinal anaesthesia.1 The aim of this project was to identify areas for improvement in delivery of obstetric post-anaesthetic care in North Bristol NHS Trust (NBT). Anaesthetists and midwives deliver obstetric recovery at NBT. Methods: A questionnaire consisting of 30 questions regarding knowledge and confidence in the key areas of recovery outlined in the 2013 AAGBI guidelines was sent to 30 midwives in 2016. To address some areas of low confidence we developed a simulated, scenario-based teaching session with an obstetric patient recovering from general anaesthesia. This was incorporated into a multi-professional departmental training day. A repeat questionnaire was conducted in 2017 to identify improvements relating to the areas addressed. Results: Areas of the guidelines reviewed in the midwife questionnaire included knowledge and confidence in airway and breathing competencies, circulation management, disability assessment and monitoring and anaesthetic emergencies. Airway and Breathing-Confidence in bag-valve mask use rose from 57% to 80% after departmental training. Ability to assist in intubation remained low at 12% vs 13%. Confidence to use suction in the airway improved from 43% to 64%. Knowledge of capnography remained low at 1% vs 4%. Circulation-All midwives questioned were confident in intravenous fluid administration. Ability to use a pressure bag improved from 87% to 100%. Knowledge of emergency drug location improved from 20% to 48%. Disability and monitoring-All midwives had confidence in measuring urine output and blood glucose. Ability to use the haemacue machine improved from 30% to 68%. Anaesthetic emergencies-Recognition of local anaesthetic toxicity, anaphylaxis and laryngospasm remained unchanged but were not addressed in the simulation scenario. Knowledge of the treatment of laryngospasm remained poor (7% vs 4%). Discussion: Midwifery knowledge of post-anaesthetic care is not currently meeting AAGBI guidelines. A training day with simulation scenarios has served to improve knowledge in some areas of post-anaesthetic care; however this is still not meeting the required standards for some areas, in particular relating to post-anaesthetic emergencies. It is difficult to train and maintain all competencies required to attain AAGBI standards in a profession such as midwifery where there are already so many competencies required. Using recovery-trained staff is likely the best solution for obstetric recovery in our unit.

**50. Optimising blood tests for elective caesarean sections: A cost analysis**

**Authors** Kuntumalla K.K.; Surendran A.
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**Abstract** Introduction: Antenatal assessment has changed considerably in recent years. The majority of women are routinely screened and assessed for medical conditions that may affect their pregnancy and delivery. Additional laboratory tests may be useful only when a condition is suspected on history and clinical examination. NICE guidelines recommend that blood testing should be based on co-morbidities. A fit and healthy woman scheduled for elective caesarean section (CS) is unlikely to benefit from blood tests other than full blood count (FBC) and group and save (GS). Excessive blood tests can delay care, create additional workload on staff and prove costly. We aimed to audit our practice of laboratory blood testing for category 4 CS against NICE guidance. We also undertook a cost evaluation of unnecessary blood testing in our unit. Methods: After approval from our clinical audit department, we accessed blood results of all women who underwent category 4 CS from our electronic laboratory reporting system over a 1-year period. We estimated the cost for each test that was performed by comparing against published national tariffs. Results : We excluded women with any suspected systemic illness or obstetric concerns. 222 suitable cases were identified. We found that a large number of blood samples were analysed for clotting, renal (UE) and liver function tests (LFT) without any specific indication. Among them only two tests were outside normal range, but was not clinically significant. Discussion: For routined surgery even genuinely abnormal results often do not result in any significant change in preoperative management. In an era of decreased NHS funding and increasing cost of treatment optimal utilisation of monetary resources is paramount. Our maternity unit which has an annual delivery rate of 2500 and an average CS rate of 27% may have saved a projected income of at at least 7152 in the last financial year. Having shared these figures with maternity team we anticipate stringent measure to be introduced to minimise needless investigations.

**51. Information provision and consent in obstetric patients receiving blood transfusion: Audit cycle**

**Authors** Kaur R.P.; Aravinth K.; Saha S.; Oswald L.
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**Abstract** Introduction: The advisory committee on the Safety of Blood, Tissues and Organs (SaBTO) conducted a public consultation regarding patient consent for blood transfusion in 2010. It identified inconsistencies in practice on patient consent for transfusion across the UK and recommended that valid consent for blood transfusion should be obtained and documented in the patient's clinical record by the healthcare professional. Subsequently, NICE recommended provision of verbal and written information to patients regarding blood transfusion and documentation of the discussion in the case notes. To assess and improve compliance with national standards and provide better patient-centred care, we audited our practice of information provision and consent documentation for blood transfusion in obstetric patients. Methods: We obtained approval from hospital clinical audit projects team. A retrospective review of case notes for 39 patients who received transfusion was conducted for documented evidence of consent between October 2015-January 2016. Information was recorded regarding documented evidence of transfusion indication, risks vs benefits of transfusion, process of transfusion, specific transfusion requirements and alternatives to transfusion. Results: Documentation about indication for transfusion was found in >80% of notes; however, only a small minority had other information recorded. Following presentation of audit findings in anaesthetic and obstetric clinical governance meetings, an action plan was formulated consisting of education of all medical and midwifery staff looking after obstetric patients of the need for fully informed consent. Posters were displayed to act as visual reminders in clinical areas and a checklist was devised. This was carried out during June-November 2016. A repeat audit was conducted between November-January 2017. Eighteen patient notes were reviewed for documentation of consent. Results indicated an improvement in provision of information and documentation. We also recorded if patients had been informed that they would no longer be able to donate blood (33%) and if they were provided with NHSBT leaflet to reinforce their understanding (33%). Discussion: These results were presented in department meeting. More involvement from senior leadership in obstetric and midwives is being sought to improve the results further. A need for further education was highlighted every few months during induction/mandatory training days. Repeat audits will be carried out annually to ensure sustained improvements.

**52. Anaesthetic alert sticker audit: Are high-risk parturients assessed in a timely manner on the labour ward?**

**Authors** Robson M.I.; Combeer A.
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**Abstract** Introduction: The importance of early planning for antenatal, intrapartum and postnatal care of patients is advocated in the 2017 MBRRACE-UK report.1 Women deemed significantly high-risk from an anaesthetic perspective by a consultant anaesthetist in antenatal clinic have a red 'anaesthetic alert' sticker put on their maternity notes. The red sticker should prompt the midwife to seek a review by the labour ward anaesthetist when the patient is admitted in labour. The OAA and AAGBI recommend that the anaesthetist is given sufficient advance notice of all potentially high-risk patients.2 Our aim was to audit against this standard to evaluate if the alert system is prompting universal and timely review of high-risk parturients on the labour ward. Methods: Hospital audit committee approval was granted. All patients who attended clinic for antenatal anaesthetic review and given a red sticker were identified from the clinic database between September 2011 and April 2017. The medical notes were examined between the time of admission in labour to the labour ward and infant delivery. Outcome measures included: the time of admission to the labour ward; the documented time of request for an anaesthetic review and the documented time of review by the labour ward anaesthetist. Women who delivered by elective caesarean section were excluded as an anaesthetic review would invariably occur. Results: Forty-six antenatal clinic assessments were deemed high-risk by the consultant anaesthetist and given a red sticker. Fourteen sets of red sticker notes were excluded from further evaluation: nine had missing notes; four delivered by elective caesarean section and one delivered at a different hospital. Of the remaining 32 red sticker admissions to labour ward, eight (25%) had a documented request for anaesthetic review and eight (25%) had a documented review by the labour ward anaesthetist. The median [interquartile range (range)] length of time was 35 [20-255 (10-605)] minutes from admission to labour ward to documented request for anaesthetic review and 18 [10-55 (10-85)] minutes from request for anaesthetic review to documented review by the labour ward anaesthetist. Discussion: The current use of the red sticker alert system does not ensure universal attainment of the OAA and AAGBI standard in giving the anaesthetist advance notice of potentially high-risk patients on the labour ward. The red sticker alert system requires engagement with all members of the labour ward team including midwives, obstetricians and anaesthetists. We propose better promotion of how the red sticker works, whilst also including it on the electronic labour ward patient board. The aim is to ensure management plans made in the antenatal period for such high-risk patients are recognised and actioned on the labour ward. References.

**53. Non-pharmacological management of major obstetric haemorrhage: Are improvements being made?**

**Authors** Primrose A.J.; McGrady E.; Livingstone K.
**Source** International Journal of Obstetric Anesthesia; May 2018; vol. 35
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**Abstract** Introduction: Obstetric haemorrhage remains a major cause of maternal mortality worldwide and is the second leading cause of direct maternal death in the UK. The Royal College of Obstetricians and Gynaecologists Green top guideline No. 52 makes recommendations on management of major obstetric haemorrhage (MOH). In 2016, our large tertiary referral obstetric unit, audited 72 major obstetric haemorrhage cases of >2500 mL blood loss. Actions implemented included the development of a MOH proforma and laminated utertonic drugs card, regular PROMPT courses and further staff training on cell salvage. Methods: A retrospective analysis of 50 major obstetric haemorrhage cases of >2500 mL was undertaken one year on from the original audit. Data were compared to assess for any improvements in guideline compliance following the implementation of actions. Results: Patient demographics remained similar with a mean age of 32 years and BMI of 27.9 kg/m (previously 31.3 years and 29.2 kg/m ). Uterine atony remained the largest primary cause of MOH and emergency caesarean section was the commonest mode of delivery. Table: Comparison of MOH cases in 2016 and 2017 Discussion: Improvements have occurred in the activation of the MOH alert call since the introduction of the proforma. This is significant as 27/50 of the MOH cases occurred out of hours (between 6pm-8am) when senior staff may not be as readily available. Staff training in cell salvage has led to an almost 100% increase in its use during both elective and emergency cases. An increase in the number of patients receiving >3500 mL of fluid before transfusion and a rise in O-negative blood use, may reflect the speed at which blood samples are delivered to and processed by the laboratories. This requires further review but does emphasises again the importance of prompt MOH alerts and early liaison with haematology.

### 54. Audit of obstetric anaemia across five London hospitals with >24000 combined annual deliveries

**Authors** Kingsley C.; Abeysundara L.; Donohue C.I.; Li A.; Booth C.; Carpentert E.; Denisont C.; Allard S.
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**Abstract** Introduction: Obstetric anaemia is common and usually due to an absolute iron deficiency (ID) from increased demands of pregnancy. It is defined as haemoglobin (Hb) <110 g/L at booking, < 105 g/L from 28 weeks to term, and <100 g/L postpartum.1 It negatively impacts on mother and fetus and is associated with increased peripartum transfusion. National guidelines to aid timely detection, diagnosis and management of obstetric anaemia exist to help mitigate these risks.2 Methods: All deliveries occurring during a 1-week period in October 2015 across two large London trusts and five sites were identified and ante, peri and postnatal care reviewed from electronic records. Data were analysed using Excel. Results: 441 women were included. Screening bloods were completed for 90% at booking, 88% at 28 weeks, 66% in labour and 48% postnatally. The prevalence of anaemia was 10% at booking and 19% in the second trimester. Hb checks between 28 weeks and delivery were inconsistent. At one site where haematinics are sent routinely, the prevalence of ID (+/- anaemia) was 46% at booking and 85% at 28 weeks, prompting oral iron therapy in 68% and 90%, respectively. This resulted in significantly higher median Hb (127 vs 118 g/L, P<0.0007) and reduced anaemia at delivery (6% vs 15%), compared with other units. 18 (4%) women required perinatal blood transfusion: 6 were anaemic pre-delivery. 11 required transfusion for major haemorrhage. Postnatal Hb was checked in 47% and the prevalence of anaemia was 39%. Of these, 62% had oral iron prescription on discharge. Discussion: This project demonstrates the prevalence of anaemia, which tends to increase throughout pregnancy. Where haematinics are routinely performed at a single site with specific ethnic drivers, ID is frequently diagnosed and prompts proactive iron supplementation regardless of Hb. The widespread applicability, benefits and implications of this approach are unclear, though Hb levels and anaemia rates at time of delivery do appear to be improved. Data are limited by lack of robust documentation of iron prescriptions and inconsistent Hb checks in anaemic women, beyond 28 weeks. This precludes assessment of response to oral iron and escalation to intravenous optimisation in selected patients close to delivery. There is room for improvement in documentation and delivery of iron at each stage of pregnancy and in the postpartum period. The impact of antenatal anaemia management on transfusion remains complex, as allogenic blood is frequently administered in the context of acute significant peripartum haemorrhage rather than in response to Hb. Additional benefits of optimising iron stores and Hb-maternal wellbeing, quality of life and fetal development-should be an incentive to actively manage obstetric anaemia in both ante and postnatal setting.

### 55. Tranexamic acid use in major obstetric haemorrhage associated with caesarean section

**Authors** McGarraghy M.; Peters G.; Lennox L.
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**Abstract** Introduction: Haemorrhage is a leading cause of maternal mortality worldwide and is the second most common cause of direct maternal death in the UK. Tranexamic acid (TXA) reduces bleeding by inhibiting the breakdown of fibrinogen and fibrin by plasmin. The WOMAN trial, showed a 31% reduction in death from haemorrhage when TXA lg was administered intravenously within 3 h of postpartum haemorrhage (PPH) with no adverse events. WHO guidelines recommend early use of TXA for women with an estimated blood loss (EBL) of >1000 mL during caesarean section (CS). Use of TXA as part of the major obstetric haemorrhage (MOH) protocol was reviewed in our institution as we suspected it was not being used in line with current recommendations. Methods: Our electronic record system was used to retrospectively examine data on all women who had a CS and PPH > 1000 mL for two audit cycles. Anaesthetic charts were interrogated to investigate if TXA was given as part of the MOH protocol. Data for the first cycle were collected in August 2017 for an EBL 1000-1500 mL and in July and August for EBL >1500 mL (numbers were small in August). Data for the second cycle were collected in December 2017. If we were unable to obtain an anaesthetic chart, the patient was excluded (n=7). Education and awareness about current guidelines, recommendations and recent significant research into the area of TXA and obstetric PPH was raised amongst the anaesthetic and obstetric teams, via email and meetings. Poster prompts were placed around the department encouraging staff to consider administration of TXA in major PPH, along with the RCOG green top guideline for MOH. Results: A total of 84 women were included in the first audit cycle; 88 women were included in the second cycle. Discussion: Based on the results of the WOMAN trial, local and international guidelines are changing to include administration of TXA in addition to standard care in the management of MOH. Practice in our institution was not in line with current guidance. With simple interventions we significantly increased the use of TXA in PPH during CS. This increase was three fold in all women with EBL>1000 mL and increased from 47% to 100% in women with EBL >1500 mL.

**56. The impact of the WOMAN trial on local practice**

**Authors** Boys H.E.; Bamber J.H.
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**Abstract** Introduction: Primary post partum haemorrhage (PPH) is the leading cause of maternal death worldwide.1 The number of deaths due to obstetric haemorrhage has increased in the most recent triennium report of the UK Confidential Enquiry.2 In the UK there is a 1 in 1200 risk of death in cases of massive obstetric haemorrhage.3 Tranexamic Acid (TXA) is a powerful antibrinolytic agent that inhibits plasminogen activation and fibrinolysis. The World Maternal Antifibrinolytic (WOMAN) trial reported that administration of TXA reduced maternal death due to bleeding with no adverse effects.4 We undertook an audit to assess the impact on our local practice of the publication of the WOMAN trial with regards to how many women with major PPH were given TXA. Methods: After local governance approval and registration, we compared the use of TXA given to women who had a major PPH in a 5-month sample period in 2016, the year before publication of the WOMAN trial, with a 5-month period in 2017 post-publication of the trial results. Medical records were identified using our hospital's electronic medical record system (Epic TM) search facility. Results: The number of women with a PPH>1000 mL was 112 in the 2016 sample period and 145 in the 2017 sample period. The average blood loss and transfusion rate was similar in sample periods and groups. The percentage of women who received TXA in the two sample periods is shown in the Table. The percentage increase in the use of TXA was similar for those women who received it on the labour ward and in the operating theatre. Table: Percentage of women with major PPH receiving TXA Discussion: Following the publication of the WOMAN trial, the percentage of women with a major PPH who were given TXA increased by about 25%. However a significant percentage of eligible women were not given TXA. This indicates that publication of the WOMAN trial has had some impact on practice, but further work is required to fully implement the study recommendations into local practice.

**57. A. national OAA survey of availability of services, equipment and training for the early diagnosis and management of major obstetric haemorrhage**

**Authors** Mehta M.; Mushambi M.
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**Abstract** Introduction: A previous national survey identified a lack of available services for major obstetric haemorrhage (MOH), including cell salvage and interventional radiology (IR). The OAA/AAGBI guidelines and RCOA GPAS emphasise the need of appropriate services for the safe management of MOH. Methods: An OAA approved survey (No. 188) was sent to UK lead obstetric anaesthetists (n=193). Questions asked if units offered the recommended facilities, equipment and training for the early diagnosis and safe management of MOH. Results: The response rate was 56.5% (n=109). The majority of units (78%) experienced 1-5 MOH (>1500 mL) per week. (POC: point-of-care; IR: interventional radiology; MDT: multidisciplinary team) Two group and save samples were always sent for Category 4/3/21 1 caesarean sections in 79/69/63/53% of units, respectively. Most units (81%) experienced delays in getting blood and the reasons were: ineffective communication (57%), delays in delivery of samples (50%), or processing of blood (23%) and unavailability of porters (19%). Discussion: The majority (85%) of units have at least one MOH in a week. Our survey shows that many units still lack the recommended facilities. Dedicated haemorrhage trolleys and point of care (POC) testing are vital in avoiding delays in management. Any delays in getting blood products should be audited and addressed. There is scope to improve cell salvage availability nationally. RCOA GPAS recommends that 24-h IR should be accessible in all tertiary hospitals. Further, units where 24-h IR is not available, there should be a provision to transfer high risk patients to units equipped with the facility. Multidisciplinary MOH drills should be practised regularly to ensure appropriate training of staff.

**58. Gravimetric blood loss measurement after delivery and during postpartum haemorrhage**

**Authors** John M.; Stevens J.; James K.; Collins P.; Bell S.; Collis R.; Bailey C.; Kelly K.; Kitchen T.; Edey T.; Macgillivray E.
**Source** International Journal of Obstetric Anesthesia; May 2018; vol. 35
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**Abstract** Introduction:The Obstetric Bleeding Strategy for Wales (OBS Cymru) is a national improvement program aiming to reduce morbidity from postpartum haemorrhage PPH. Measuring blood loss (MBL) after all deliveries is key to early escalation of treatment. As a single intervention MBL is ineffective in reducing PPH, so the OBS Cymru approach includes 4 pillars: risk assessment; early recognition of PPH (using gravimetric blood loss measurement); multidisciplinary involvement at the bedside at 1L PPH and protacalized care (including point of care testing). Methods: All 12 consultant led units (CLUs) in Wales agreed to collaborate. An initial audit of MBL was coordinated by local champion midwives. In at least 30 deliveries or all deliveries in one week on the CLU, mode and place of delivery, blood loss and mode of measurement was recorded. A national MBL training program started in January 2017 and the audit repeated 5 and 11 months. A central database collected outcome data on all deliveries with a blood loss of >1L including blood loss, haemoglobin (Hb) and blood product transfusion. The database was interrogated from one CLU for Hb fall where MBL >1.5L (adjusted for blood transfusion Hb-10g/L per unit packed red cells). Results: Audit data were obtained from 12/12 consultant-led units in October 2016 and June 2017, and 11/12 in December 2017. In October 2016, MBL occurred in 72% of elective caesarean sections (CS), 87% emergency CS, 53% instrumental and 37% of spontaneous vaginal births. In June 2017 MBL was performed in 93% elective CS, 99% emergency CS, 90% after instrumental and 76% after spontaneous vaginal birth. This change was maintained in December 2017. Discussion: The measurement of blood loss after all deliveries has increased and this change maintained. Gravimetric blood loss measurement has been taught to midwives, healthcare assistants and theatre staff via a standardised video and practical workshop. Training has been integrated into mandatory training days and taught on an ad-hoc basis. Blood loss measurement is also integrated into the Welsh undergraduate midwifery curriculum. Staff have enthusiastically embraced this pillar of OBS Cymru. In one CLU, MBL accounted for 60% of the fall in Hb, which is similar to a previous study.2 This shows that even with the limitations of the current data there is value in MBL.

### 59. OBS Cymru (obstetric bleeding strategy for Wales): Early lessons and preliminary successes

**Authors** James K.E.; Kelly K.; Kitchen T.L.; John M.; Bailey C.; Edey T.; Macgillivray E.; Tozer J.; Bell S.F.; Volikas I.; Collis R.E.
**Source** International Journal of Obstetric Anesthesia; May 2018; vol. 35
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**Abstract** Introduction: Postpartum haemorrhage (PPH) incidence is rising and contributes to 80% of maternal morbidity, with variation between maternity units.1 OBS Cymru is a collaborative, multidisciplinary national quality improvement programme, founded on research.2 The project aims to reduce variation in care and maternal morbidity associated with PPH by four standardised pillars of management included in the 4 Stage Approach: risk assessment; prompt recognition by measured blood loss (MBL); multidisciplinary team (MDT) at the bedside at 1L PPH and blood product management using ROTEM and blood gas analysis. Methods: Following local and national project registration, the OBS Cymru approach was rolled out to all 12 Consultant Led Units (CLU) between February and April 2017 (500-6000 deliveries/year). Local MDT champions in every CLU have led change, supported by the multidisciplinary national committee who have conducted standardised visits to each CLU to support teams and understand local challenges. In addition, national training packages and protocols have been developed to reinforce the 4 Stage Approach. A data sharing agreement facilitated development of a national database to record all PPHs >1000 mL and capture outcome data, as well as regular snap shot audits to assess process change and intervention uptake. Results: The OBS Cymru approach has been successfully introduced to all CLUs across Wales with national and local preliminary successes. Preliminary data show a 1L PPH rate of 8.9% with varying incidence of 2.5L PPH of 3.5-12/1000 deliveries. 94% (255/272) of the Welsh Obstetric MDT are aware of the principles of OBS Cymru and 87% (237/272) believe it has improved local PPH management. The development of an All Wales Guideline and adoption of the 4 Stage Approach has standardised care in all CLUs. 66% of all women now have a formal PPH risk assessment performed during labour and MBL in all CLU deliveries has increased from 50.8% to 88.5%. 95% of PPHs >1000 mL now have MBL. The national database has captured 2594 PPH episodes since January 2017 and approximately 1500 ROTEM tests have been performed to facilitate blood product management, supported by local Welsh Haematology services. Discussion: There has been enthusiasm for OBS Cymru from the Obstetric MDT in individual CLUs and nationally. MBL for all deliveries is the cornerstone of the project and OBS Cymru has empowered midwives to perform this vital task. ROTEM is being used to guide blood product management in all CLUs, irrespective of size or staffing levels. First-year outcome data are currently being evaluated and will be published. Disclosure: Funding received from Welsh Government, Werfen, 1000 Lives, Wales Deanery.

**60. Impact of introducing enhanced recovery for elective caesarean section in a tertiary obstetric unit: The Oxford experience**

**Authors** MacKenzie L.P.; Halder S.
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**Abstract** Introduction: Enhanced recovery (ER) for elective surgery is increasingly applied across many surgical disciplines. Recent focus on applicability to obstetric practice has resulted in interest in similar programs for elective caesarean section (CS) service throughout the UK. ER programs utilise care protocols to improve return to function while decreasing length of stay (LOS), complications and not increasing readmissions. Our tertiary obstetric centre recently adopted an ER pathway. The service was audited before and after introduction to ensure safety and assess efficacy. Methods: Permission was granted by the hospital audit committee before data collection. All elective CS patients were audited over a four week period pre and post ER implementation (May/Jun, Oct/Nov 2017). History, operative timing, blood loss, LOS, 72-h pain scores, complications and patient satisfaction were collected. Comparisons were made pre and post implementation. Normality of data was determined by Shapiro Wilk test and statistical analysis by Mann Whitney U test. Results: There were no differences between comparison groups' gestation, parity, indication, BMI, anaesthetic technique, blood loss or fluid fast. When only ER suitable patients were compared, there was a significant reduction in both LOS as well as day of discharge following ER implementation. When all CS patients were compared this result was not significant, but trended towards earlier discharge (Table). ER resulted in more patients discharged on day one. 43.5% of ER suitable patients were discharged day one post versus 5.9% pre ER implementation and 28.8% post versus 6.0% pre for all CS patients. There was no change in patient satisfaction and no increase in complications or readmissions. Discussion: For ER suitable patients, introduction of an ER program significantly reduced LOS in hours and significantly increased the number of patients discharged on day one. Furthermore, ER implementation may have impacted all CS patients, as even with inclusion of higher risk patients, more were discharged on day one. A postnatal bed for one day in our unit costs approximately 400. Therefore, ER could represent a minimum yearly savings of around 57 600.

**61. Current management of small bowel obstruction in the UK: results from the National Audit of Small Bowel Obstruction clinical practice survey**

**Authors** Lee M.J.; Sayers A.E.; Wilson T.R.; Acheson A.G.; Anderson I.D.; Fearnhead N.S.
**Source** Colorectal Disease; Jul 2018; vol. 20 (no. 7); p. 623-630
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**Abstract** Aim: Small bowel obstruction (SBO) is associated with high rates of morbidity and mortality. The National Audit of Small Bowel Obstruction (NASBO) is a collaboration between trainees and specialty associations to improve the care of patients with SBO through national clinical audit. The aim of this study was to define current consultant practice preferences in the management of SBO in the UK. Method: A survey was designed to assess practice preferences of consultant surgeons. The anonymous survey captured demographics, indications for surgery or conservative management, use of investigations including water-soluble contrast agents (WSCA), use of laparoscopy and nutritional support strategies. The questionnaire underwent two pilot rounds prior to dissemination via the NASBO network. Results: A total of 384 responses were received from 131 NASBO participating units (overall response rate 29.2%). Abdominal CT and serum urea and electrolytes were considered essential initial investigations by more than 80% of consultants. Consensus was demonstrated on indications for early surgery and conservative management. Three hundred and thirty-eight (88%) respondents would consider use of WSCA; of these, 328 (97.1%) would use it in adhesive SBO. Two hundred (52.1%) consultants considered a laparoscopic approach when operating for SBO. Oral nutritional supplements were favoured in operatively managed patients by 259 (67.4%) respondents compared with conservatively managed patients (186 respondents, 48.4%). Conclusion: This survey demonstrates consensus on imaging requirements and indications for early surgery in the management of SBO. Significant variation exists around awareness of the need for nutritional support in patients with SBO, and on strategies to achieve this support.


**62. Delivering and transforming, but many questions and challenges remain**

**Authors** Lovell B.; Cooksley T.
**Source** Acute Medicine; 2018; vol. 17 (no. 2)
**Publication Date** 2018
**Publication Type(s)** Short Survey
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**63. Where audit meets science: role of reporting and recommendations guidelines in service evaluations**

**Authors** Pearse R.M.; Hopkins P.M.
**Source** British Journal of Anaesthesia; Jul 2018; vol. 121 (no. 1); p. 118-120
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**64. Margaret McCartney: The NHS's slow decline is a preventable disease**

**Authors** McCartney M.
**Source** BMJ (Online); 2018; vol. 361
**Publication Date** 2018
**Publication Type(s)** Note
**Database** EMBASE
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**65. Anaesthesia, surgery, and life-threatening allergic reactions: epidemiology and clinical features of perioperative anaphylaxis in the 6th National Audit Project (NAP6)**

**Authors** Harper N.J.N.; Farmer L.; Hitchman J.; Cook T.M.; Garcez T.; Floss K.; Marinho S.; Warner A.; Ferguson K.; Egner W.; Kemp H.; Thomas M.; Lucas D.N.; Nasser S.; Karanam S.; Kong K.-L.; Farooque S.; Bellamy M.; McGuire N.; Torevell H.
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**Abstract** Background: Anaphylaxis during anaesthesia is a serious complication for patients and anaesthetists. Methods: The 6th National Audit Project (NAP6) on perioperative anaphylaxis collected and reviewed 266 reports of Grades 3-5 anaphylaxis over 1 yr from all NHS hospitals in the UK. Results: The estimated incidence was =1:10 000 anaesthetics. Case exclusion because of reporting delays or incomplete data means true incidence might be =70% higher. The distribution of 199 identified culprit agents included antibiotics (94), neuromuscular blocking agents (65), chlorhexidine (18), and Patent Blue dye (9). Teicoplanin comprised 12% of antibiotic exposures, but caused 38% of antibiotic-induced anaphylaxis. Eighteen patients reacted to an antibiotic test dose. Succinylcholine-induced anaphylaxis, mainly presenting with bronchospasm, was two-fold more likely than other neuromuscular blocking agents. Atracurium-induced anaphylaxis mainly presented with hypotension. Non-depolarising neuromuscular blocking agents had similar incidences to each other. There were no reports of local anaesthetic or latex-induced anaphylaxis. The commonest presenting features were hypotension (46%), bronchospasm (18%), tachycardia (9.8%), oxygen desaturation (4.7%), bradycardia (3%), and reduced/absent capnography trace (2.3%). All patients were hypotensive during the episode. Onset was rapid for neuromuscular blocking agents and antibiotics, but delayed with chlorhexidine and Patent Blue dye. There were 10 deaths and 40 cardiac arrests. Pulseless electrical activity was the usual type of cardiac arrest, often with bradycardia. Poor outcomes were associated with increased ASA, obesity, beta blocker, and angiotensin-converting enzyme inhibitor medication. Seventy per cent of cases were reported to the hospital incident reporting system, and only 24% to Medicines and Healthcare products Regulatory Agency via the Yellow Card Scheme. Conclusions: The overall incidence of perioperative anaphylaxis was estimated to be 1 in 10 000 anaesthetics.


**66. Anaesthesia, surgery, and life-threatening allergic reactions: protocol and methods of the 6th National Audit Project (NAP6) of the Royal College of Anaesthetists**

**Authors** Cook T.M.; Harper N.J.N.; Farmer L.; Hitchman J.; Garcez T.; Floss K.; Marinho S.; Warner A.; McGuire N.; Ferguson K.; Egner W.; Kemp H.; Thomas M.; Lucas D.N.; Nasser S.; Karanam S.; Kong K.-L.; Farooque S.; Bellamy M.; McGlennan A.; Moonesinghe S.R.; Torevell H.
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**Abstract** Background: Anaphylaxis during anaesthesia is a serious complication for patients and anaesthetists. Methods: The Sixth National Audit Project (NAP6) of the Royal College of Anaesthetists examined the incidence, predisposing factors, management, and impact of life-threatening perioperative anaphylaxis in the UK. NAP6 included: a national survey of anaesthetists' experiences and perceptions; a national survey of allergy clinics; a registry collecting detailed reports of all Grade 3-5 perioperative anaphylaxis cases for 1 yr; and a national survey of anaesthetic workload and perioperative allergen exposure. NHS and independent sector (IS) hospitals were approached to participate. Cases were reviewed by a multi-disciplinary expert panel (anaesthetists, intensivists, allergists, immunologists, patient representatives, and stakeholders) using a structured process designed to minimise bias. Clinical management and investigation were compared with published guidelines. This paper describes detailed study methods and reports on project engagement by NHS and IS hospitals. The methodology includes a new classification of perioperative anaphylaxis and a new structured method for classifying suspected anaphylactic events including the degree of certainty with which a causal trigger agent can be attributed. Results: NHS engagement was complete (100% of hospitals). Independent sector engagement was limited (13% of approached hospitals). We received >500 reports of Grade 3-5 perioperative anaphylaxis, with 266 suitable for analysis. We identified 199 definite or probable culprit agents in 192 cases. Conclusions: The methods of NAP6 were robust in identifying causative agents of anaphylaxis, and support the accompanying analytical papers.

**67. Cross-sectional study of perioperative drug and allergen exposure in UK practice in 2016: the 6th National Audit Project (NAP6) Allergen Survey**

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|---|---|
| **Authors** | Marinho S.; Kemp H.; Cook T.M.; Farmer L.; Hitchman J.; Harper N.J.N.; Farooque S.; Lucas D.N.; Garcez T.; Floss K.; Thomas M.; Warner A.; Ferguson K.; Egner W.; Nasser S.; Karanam S.; Kong K.-L.; McGuire N.; Bellamy M.; Torevell H. |
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| | Available at British Journal of Anaesthesia 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: Details of the current UK drug and allergen exposure were needed for interpretation of reports of perioperative anaphylaxis to the 6th National Audit Project (NAP6). Methods: We performed a cross-sectional survey of 356 NHS hospitals determining anaesthetic drug usage in October 2016. All cases cared for by an anaesthetist were included. Results: Responses were received from 342 (96%) hospitals. Within-hospital return rates were 96%. We collected 15 942 forms, equating to an annual caseload of 3.1 million, including 2.4 million general anaesthetics. Propofol was used in 74% of all cases and 90% of general anaesthetics. Maintenance included a volatile agent in 95% and propofol in 8.7%. Neuromuscular blocking agents were used in 47% of general anaesthetics. Analgesics were used in 88% of cases: opioids, 82%; paracetamol, 56%; and non-steroidal anti-inflammatory drugs, 28%. Antibiotics were administered in 57% of cases, including 2.5 million annual perioperative administrations; gentamicin, co-amoxiclav, and cefuroxime were most commonly used. Local anaesthetics were used in 74% cases and 70% of general anaesthetics. Anti-emetics were used in 73% of cases: during general anaesthesia, ondansetron in 78% and dexamethasone in 60%. Blood products were used in =3% of cases, gelatin <2%, starch very rarely, and tranexamic acid in =6%. Chlorhexidine and povidone-iodine exposures were 74% and 40% of cases, and 21% reported a latex-free environment. Exposures to bone cement, blue dyes, and radiographic contrast dye were each reported in 2-3% of cases. Conclusions: This survey provides insights into allergen exposures in perioperative care, which is important as denominator data for the NAP6 registry. |
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**68. The role of the new generation singleoperator cholangioscopy in the diagnosis of indeterminate biliary strictures: A multicentre prospective UK study**

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| **Authors** | Bekkali N.; Winstanley A.; Goodchild G.; Direkze S.; Webster G.; Oppong K.; Church N. |
| **Source** | Gastrointestinal Endoscopy; Jun 2018; vol. 87 (no. 6) |
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| | Available at Gastrointestinal Endoscopy 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: Accurate diagnosis in patients with indeterminate biliary strictures remains challenging. Advances in cholangioscope design might facilitate improved visual and pathological diagnosis. Objective: To compare the diagnostic yield between brushings, cholangioscopy-directed Spybite biopsies (SB) and visual impression at cholangioscopy in patients presenting with indeterminate strictures referred for cholangioscopy. Methods: Prospective audit data was collected from 3 tertiary UK centres between June 2015-August 2017. Continuous data was expressed in mean values with 95% confidence intervals (CI) using the student t-test and categorical data was analysed using chi-square test. Results: 76 (41 M) patients, mean age 57 years (95% CI 53-62), had cholangioscopy for indeterminate strictures. Six patients were excluded from analysis as they were lost to follow-up (n=3) or were awaiting further investigations (n=3). Seven patients (10%) had strictures in association with stones. Of 69 (90%) with indeterminate strictures 40 (53%) had had previous negative brush cytology, 9 (11.8%) had had non-diagnostic FNA, and one had negative intraductal biopsies. Brushings were repeated at cholangioscopy in 31 patients, with sensitivity and specificity of 33% (95%CI 12-62%) and 100% (95%CI 79-100%) for malignancy, respectively. Cholangioscopy guided SBs were taken in 58 patients and SB were not taken in 12 patients due to: stones mimicking strictures nZ7, normal mucosa nZ3, Mirrizi nZ1, scope impassable due to stricture nZ1. The SB had sensitivity and specificity of 44% (95%CI 23-66%) and 100% (95%CI 90-100%), respectively. Overall, a mean number of 4.6 (95% CI 3.7-5.5) SB samples were taken per patient with median size 2.2 mm (range 0.9-7). There was no difference in size between reported sufficient 1.5 (0.5-2.4) mm or insufficient 1.9 mm (1.5-2.3) biopsies. Pathologist reported insufficient (PANC-1) SB biopsies in 6 patients (10%) and these correlated with more false negative (FN) findings compared to sufficient biopsies (p=0.001). Cholangioscopic views were excellent in all patients and had sensitivity and specificity of 73% (95%CI 50-89%) and 67% (95%CI 51-80), respectively. Sensitivity and specificity for SB were significantly different between those for visual impression (p=0.0004). Conclusion: The new generation cholangioscope has acceptable diagnostic yield, where visual impression exceeds the conventional SB confirmation. Despite excellent visualisation of indeterminate strictures, a definitive visual diagnosis remains challenging. It is hoped that further improvements in tissue acquisition technologies might advance pathological diagnosis.

### 69. The effect of music on the cardiac activity of a fetus in a cardiotocographic examination

**Authors** Gebuza G.; Zaleska M.; Kazmierczak M.; Mieczkowska E.; Gierszewska M.
**Source** Advances in Clinical and Experimental Medicine; May 2018; vol. 27 (no. 5); p. 615-621
**Publication Date** May 2018
**Publication Type(s)** Article
**Database** EMBASE
**Abstract** Background. Music therapy as an adjunct to treatment is rarely used in perinatology and obstetrics, despite the proven therapeutic effect. Auditory stimulation through music positively impacts the health of adults and infants, its special role being observed in the development of prematurely born neonates. It is equally interesting how music impacts fetuses. Objectives. The aim of this study is to assess the parameters of fetuses through cardiotocographic recording in women in the 3rd trimester of pregnancy while listening to Pyotr Tchaikovsky's "Sleeping Beauty" and "Swan Lake." Material and methods. The study was conducted in 2015 at Dr. Jan Biziel 2nd University Hospital in Bydgoszcz, on 48 women in the 3rd trimester of pregnancy. The cardiotocographic parameters of the fetus were examined by means of a Sonicaid Team Standard Oxford apparatus (Huntleigh Healthcare, Cardiff, United Kingdom). Results. Signifcant changes were observed in the number of uterine contractions, accelerations, episodes of higher variability, and fetal movements after listening to the music. Conclusions. Listening to classical music can serve as a successful method of prophylaxis against premature deliveries, indicated by the lower number of uterine contractions, and in stimulating fetal movement in the case of a non-reactive non-stress test (NST). Music therapy, as a therapeutic method which is inexpensive and soothing, should be used more frequently in obstetrics wards, indicated by pathological pregnancies, isolation from the natural environment, and distress resulting from diagnostics and from being in an unfamiliar environment.


### 70. Guidelines on the management of abnormal liver blood tests

**Authors** Newsome P.N.; Cramb R.; Davison S.M.; DIllon J.F.; Foulerton M.; Godfrey E.M.; Hall R.; Harrower U.; MacKie A.; Verne J.; Hudson M.; Langford A.; Mitchell-Thain R.; Sennett K.; Sheron N.C.; Walmsley M.; Yeoman A.
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Available at Gut 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** These updated guidelines on the management of abnormal liver blood tests have been commissioned by the Clinical Services and Standards Committee (CSSC) of the British Society of Gastroenterology (BSG) under the auspices of the liver section of the BSG. The original guidelines, which this document supersedes, were written in 2000 and have undergone extensive revision by members of the Guidelines Development Group (GDG). The GDG comprises representatives from patient/carer groups (British Liver Trust, Liver4life, PBC Foundation and PSC Support), elected members of the BSG liver section (including representatives from Scotland and Wales), British Association for the Study of the Liver (BASL), Specialist Advisory Committee in Clinical Biochemistry/ Royal College of Pathology and Association for Clinical Biochemistry, British Society of Paediatric Gastroenterology, Hepatology and Nutrition (BSPGHAN), Public Health England (implementation and screening), Royal College of General Practice, British Society of Gastrointestinal and Abdominal Radiologists (BSGAR) and Society of Acute Medicine. The quality of evidence and grading of recommendations was appraised using the AGREE II tool. These guidelines deal specifically with the management of abnormal liver blood tests in children and adults in both primary and secondary care under the following subheadings: (1) What constitutes an abnormal liver blood test? (2) What constitutes a standard liver blood test panel? (3) When should liver blood tests be checked? (4) Does the extent and duration of abnormal liver blood tests determine subsequent investigation? (5) Response to abnormal liver blood tests. They are not designed to deal with the management of the underlying liver disease.



**71. Supervised Feed Challenges-A safe and effective method of diagnosing food allergy?**

**Authors** Gary F.; Kostas K.; LuuL A.; Francis L.; Lee N.
**Source** Clinical and Translational Allergy; 2018; vol. 8
**Publication Date** 2018
**Publication Type(s)** Conference Abstract
**Database** EMBASE
Available at Clinical and Translational Allergy from BioMed Central
Available at Clinical and Translational Allergy from Europe PubMed Central - Open Access

**Abstract** Introduction The diagnosis of type one mediated food allergy still rests on the pillars of clinical history, examination and investigation-with clinical history holding a lot of weight. The investigations of choice when needed are skin prick testing (SPT), antigen specific immunoglobulin E (IgE) blood investigations and oral food challenges. Oral food challenges provide a real time experience of whether a food allergy exists or not. These can be quite time consuming, and when in doubt, waiting times can delay a confirmatory diagnosis. In recent years a new format of oral food challenge-the supervised feed has emerged. This has now been introduced in many hospitals to try and expedite food challenges for those who meet strict criteria. Methods A retrospective audit was performed in the Royal London Hospital using the oral food challenge computerised database. 54 supervised feeds to three common allergy associated tree nuts from the previous 12 months were analysed; hazelnut (n = 21), cashew nut (n = 17) and almond (n = 16). The criteria for a supervised feed to occur were: 1. No previous known serious allergic reactions, 2.SPT 0-2 mm and/or 3. Specific IgE < 0.1. Tolerance verses food allergy confirmation and severity of allergic reaction were the main outcomes measured. Results Of the supervised feeds, 48 children were tolerant of the food showing no immediate reaction, 5 (almond n = 3 and hazelnut n = 2) were shown to have immediate allergic reactions. Nearly half (n = 25) were supervised feeds were more than one tree nut was given (e.g. hazelnut + almond).Of this group 1 child suffered a mild allergic reaction and was subsequently booked into conduct separate food challenges on the tree nuts in question. No children required intramuscular adrenaline or respiratory support, and all allergic reactions (n = 5) were treated with second-generation antihistamines (cetirizine). Conclusion Our results show that supervised feeds, using specific criteria provide a safe and practical means of diagnosing or ruling out a specific food allergy. This can lead to a greater amount of challenges being performed earlier in the disease course giving an earlier indication to the extent of the food allergy. Given the results it may be possible to alter the supervised feed criteria, but further evaluation will be needed.

**72. A prospective cross sectional audit of growth parameters of pediatric patients attending food allergy dietetic clinics**

**Authors** Fudge C.; Grimshaw K.E.; Marino L.V.; Alderton M.; Grainger-Allen E.; Erlewyn-Lajeunesse M.
**Source** Clinical and Translational Allergy; 2018; vol. 8
**Publication Date** 2018
**Publication Type(s)** Conference Abstract
**Database** EMBASE
Available at Clinical and Translational Allergy from BioMed Central
Available at Clinical and Translational Allergy from Europe PubMed Central - Open Access

**Abstract** Introduction The management of allergic reactions involves the exclusion of foods from the diet, predisposing allergic infants/children to inadequate nutritional intake, poor growth and malnutrition. This in turn increases the risk of associated poor developmental and socioeconomic outcomes (e.g. neuro developmental outcomes, increased all-cause mortality in adulthood, reduced scholastic ability, work productivity and lost future earnings). Poor growth and malnutrition has been previously described in food allergic children in the UK [1]. This audit aimed to describe the growth and allergic profile of children seen in the pediatric allergy clinics at Southampton Children's Hospital. Methods Between 1st April and 30th September 2016 prospective, cross sectional anthropometric and clinical data were collected from food allergic children attending 4 of the 5 pediatric allergy dietetic clinics held at Southampton Children's Hospital. These patients represented referrals from primary, secondary and tertiary services. Serial data was not collected for patients seen more than once within the 6 months period. Data was entered into an access database designed for the purpose and were analysed using SPSS version 17. Results 236 children with IgE and non IgE mediated allergies were included. More females were seen than males with ages ranging from 3 to 177 months (mean 25.0) (Table 1). The numbers of diagnosed food allergy ranged from 1 (n = 123) to 7 (n = 3), the most common being Cow's milk (91.5%)followed by hens egg, soya, peanuts, tree nuts, wheat, fish, sesame, oats, lupin, corn, kiwi and legumes. 1.3% of children seen had wasting (weight for height <= - 2 z scores) and 5.9% had stunting (height for age <= - 2 z scores). The rate for low height for age z scores (HAZ) was higher for new referrals (8.3%) than for follow ups (3.5%) (p = 0.097 (ns)), indicating a significant improvement in HAZ score following dietetic intervention. There was a trend for HAZ < - 2 scores to be associated with having 4 or more food allergies (p = 0.079 (ns)). Children with Non IgE milk allergy (new/review) had the highest rates of low HAZ score at 7.7%. Conclusion Although growth problems are not a major issue in our food allergy population, the cross sectional prevalence of stunting for new referrals to the dietetic allergy service was slightly higher than would be expected within a population standard of around 5% [2] and was highest amongst children with Non IgE mediated milk allergy. Growth status improved upon dietetic intervention. (Table prsented).

**73. Autism assessment and diagnosis: Evaluation of a multi-disciplinary service for adults in London, UK**

**Authors** Sheehan R.
**Source** European Psychiatry; Mar 2018; vol. 48
**Publication Date** Mar 2018
**Publication Type(s)** Conference Abstract
**Database** EMBASE
**Abstract** Introduction.- The UK National Autism Strategy (2010) recommended establishing multi-disciplinary teams for assessment and diagnosis of autism in adults. Objectives.- To describe the pattern and characteristics of referrals to a newly-established adult autism assessment and diagnosis service and to audit activity against national best-practice guidelines. To explore results with a view to informing future service development. Methods.- Data were collected retrospectively using the electronic health record of all people referred to the autism service between 2014 and 2017. A subset of the most recent referrals were audited against National Institute for Health and Care Excellence (NICE) guidelines to determine current practice and identify areas for improvement. We conducted logistic regression to explore predictors of autism diagnosis amongst those referred, and calculated specificity and sensitivity of an autism screening tool, the AQ-10. Results.-Atotal of 289 adults (67% male; average age 33 years) were referred to the service in the first 3 years of operation. The proportion of self-referrals and those from primary care increased over time. Seventy-four individuals underwent comprehensive assessment between May 2015 and April 2016; audit results indicated the majority of quality standards were met. Just under a quarter of those assessed were diagnosed with autism; female gender was the only significant predictor of diagnosis (adjusted odds ratio 7.78, P = 0.028). The positive predictive value of the AQ-10 screening questionnaire was 31%. Half of those assessed were referred to alternative services. Conclusions.- High-quality multi-disciplinary autism assessment services are important in improving access to diagnosis and appropriate intervention.

**74. Audit into the did not attend (DNA) rates for appointments within the nottinghamshire perinatal psychiatry service offered with medics and perinatal psychiatric nurses (PCPNs)**

**Authors** Smith S.; Dalzell M.; Schofield Z.
**Source** European Psychiatry; Mar 2018; vol. 48
**Publication Date** Mar 2018
**Publication Type(s)** Conference Abstract
**Database** EMBASE

**Abstract** Introduction.- The Nottinghamshire Perinatal service offers psychiatric appointments to women during pregnancy and up to one year after birth. Psychiatric patients who miss appointments have a higher chance of deterioration in their mental state. Therefore, reducing DNA rates should be priority. Objectives.- Measure the DNA rate for new patient assessments. Establish whether theDNArate differs for medic and PCPN appointments. Establish whether the DNA rate differs for appointments offered at the patient's home and in clinic. Methods.- New referrals between 01/05/17 and 31/07/17 were recorded. The wait time for an appointment was calculated. The appointments were looked at retrospectively to ascertain whether the patient attended, cancelled or DNA. Microsoft excel was then used to look for patterns within the data. Results.- Over the 3month period 206 appointments were offered. 40 DNA (19.4%). 154/206 was PCPN appointments. 31 (20.1%) DNA. 52/206 was medic appointments. 9 (17.3%) DNA. 171/206 was clinic appointments. 38 (22.2%) DNA. 32/206 was home visits. 2 (6.25%) DNA. The average DNA wait time was 21.83 days and the average attended appointment wait time was 21.42 days. Conclusions.- DNA rates were comparable to the 19.1% DNA rate for psychiatric outpatients in England. DNA rate between medic and PCPN appointments did not differ (19.4% and 20.1% respectively). The DNA rate in clinic was higher than for appointments offered at home. The DNA rate did not correlate with the wait time.

**75. Developing mental health pathways for people with intellectual disability and mental disorders: Experience from a specialist intellectual disability service in North London, UK**

**Authors** Perera B.; Courtenay K.
**Source** European Psychiatry; Mar 2018; vol. 48
**Publication Date** Mar 2018
**Publication Type(s)** Conference Abstract
**Database** EMBASE
**Abstract** Introduction.- Psychiatric illness is significantly high in people with Intellectual disability (ID). Increased prevalence is particularly seen in ASD, ADHD, dementia and challenging behaviour. Treatment of mental disorders often requires multidisciplinary approach, as they are due to multitude of factors. This often can lead to under diagnosis, under treatment, over medication and inequitable service. Objectives.- To create mental health pathways, so people with ID presenting to mental health services are assessed and treated as per national guidelines and best practice. Methods.- Various meetings were carried out involving members of the multidisciplinary team. There were no treatment pathways identified. Quality improvement methodology was applied to identify what changes needed to create pathways. New mental health pathways were created with the involvement of multidisciplinary team. NICE guidelines on mental disorders and other local and national guidelines were used to design these pathways. Results.- Five pathways were created. This included 'Mental illness', 'Challenging behaviour', 'ADHD', 'Autism' and 'Dementia' pathways. Patients presenting to ID services with mental health problems fit in to one or more of these pathways. Each pathway clearly set out what assessments and interventions are needed within each pathway. Conclusions.- Mental health pathways made sure that every patient receives the right assessment and intervention. This helped to reduce risks to patients and improved staffs' understanding of what is expected when a patient is referred. It also helped to understand where each patient is in their journeywhenthey get referred to specialist ID services. This also helped to use existing resources more effectively. Conflict of interest: Main author has been given honoraria to attend and speak in conferences.

**76. Effectiveness of psychiatric nurse and administrator personnel led quality improvement projects at a crisis resolution team**

**Authors** Barry T.; Bhat M.; Manuel S.; Heyman K.; Jadoo S.; Travers B.
**Source** European Psychiatry; Mar 2018; vol. 48
**Publication Date** Mar 2018
**Publication Type(s)** Conference Abstract
**Database** EMBASE
**Abstract** Introduction.- Quality improvement methodology has become popular among medical professionals however quality improvement projects led by nursing and administration staff at less common. Objectives.- To evaluate the effectiveness of psychiatric nurse and administration personnel led quality improvement projects. Methods.- Psychiatric nurses and administration staff were encouraged to conduct their own quality improvement project within their sphere of work within a Crisis Resolution team based in London. Staff were informed about basic quality improvement methodology and given support with their projects by a trainee grade psychiatrist. Results.- Staff chose the focus of their own quality improvement project. Projects were completed using quality improvement methodology over a period of 12 weeks. Projects included measuring improvement patient involvement with the crisis resolution team as well improving communication with general practitioners in primary care. Conclusions.- Both administration and nursing staff within the crisis resolution team enjoyed completing their respective quality improvement projects. Both parties felt empowered to tackle issues using quality improvement methodology and felt that that they were both making a tangible difference to patient care.

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

**Authors** Currie C.
**Source** Injury; 2018
**Publication Date** 2018
**Publication Type(s)** Article In Press
**Database** EMBASE
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Available at Injury from Available to NHS staff on request from UHL Libraries & Information Services (from non-NHS library) - click this link for more information Local Print Collection [location] : British Library via UHL Libraries - please click link to request article.
**Abstract** The care of frail older people admitted with hip fracture has improved greatly over the last half-century, largely as a result of combined medical care and surgical care and the rise - over the last four decades - of large-scale hip fracture audit. A series of European initiatives evolved. The first national hip fracture audit was the Swedish Rikshoft in the late 1980s, and the largest so far is the UK National Hip Fracture Database (NHFD), launched in 2007. An external evaluation of the NHFD demonstrated statistically significant increases in survival at up to 1 year associated with improved early care: with rising geriatrician involvement and falling delays to surgery, and from which lessons have been learned. Comparable national audits have emerged since in northern Europe and in Australia and New Zealand, and most recently in Spain and Japan. Like the NHFD, these use the synergy of agreed clinical standards and regular - ideally continuous - audit feedback that can prompt and monitor clinical and service developments, often demonstrating both rising quality and improved cost effectiveness. In addition, important benchmarking studies of hip fracture care have been reported from India and China, both of which face huge challenges in providing care of fragility fractures in populations characterised by first-generation mass ageing. The 'halo effect' of the impact of growing expertise in hip fracture care on the care of other fragility fractures is noteworthy and now relevant globally. Although many national audits have now published encouraging reports of progress, the details of context and process determinants of the initiation and development of effective hip fracture audit have received relatively little attention. To address this, an extended discussion section - based on the author's experience of participation in several substantial audits, variously supporting and observing many others, and from his numerous discussions with audit colleagues over the years - may be of value in offering practical advice on some obvious and less obvious practical issues that arise in the setting up of large-scale hip fracture audits in a variety of healthcare contexts.


**78. Adoption of Lung Protective ventilation IN patients undergoing Emergency laparotomy: the ALPINE study. A prospective multicentre observational study**

**Authors** Watson X.; Cecconi M.; Chereshneva M.; Odor P.M.; Chis Ster I.; Johnston C.; Huddart S.; Woods J.; Hadi N.; Ali S.; Thorning G.; Gill P.; Boomers O.; Rope T.; Bartlett R.; Kuttler A.; O'Carroll-Kuehn B.; Dickinson M.; Lyness C.; Jha R.; Patel S.; Raj A.; Tanqueray T.; Cox M.; Khader A.; Vashisht S.; Liyanage S.; Ahmed K.; Whitehead J.; Patel N.; Liu S.; Patel C.; Hayward L.; Leonard S.; Hare S.; Saha R.; de Bois J.; Winterbottom T.; Choo Y.; Oliver C.M.; Timbrell D.; Sinnott M.; Yip E.; Trask N.; Sothisrihar S.; Shaw M.; Thorat P.; Shah D.; Leir S.; Farag M.; Duffen A.; McCretton T.; Wojcikiewicz T.; King C.; Pennington J.; Patel M.; Kok W.; Gunarathna D.; Carter L.; Spence E.; Chambers K.; Cervi E.; Cummins J.; Shah N.; Eeles A.; Chu A.; Webb C.; Nolan L.; McHugh B.; Walls A.; Lakhani R.; Matthews S.; Hussein Z.; Wang S.; Weisskopf R.; Talbot H.; Verney C.; Nurmi E.; Henderson K.; Beesley O.R.; Hunter J.; Nicholls L.; Robles A.; Lee S.; Hawkins R.; Patel K.; Kwok A.; Han J.; Allana A.; Kestner S.; Roopra A.; Edwards L.; O'Dell T.; Selby J.; Bickmore E.; Remeta P.; Karsten E.; Daum P.; Loughnan A.; Heggarty A.; Bowes H.; Gunaratna D.; Cronin J.; Post B.; Blunt N.; Gilbert-Kawai E.; Gray M.; Highton D.; Finlay C.; Clancy O.; Bampoe S.; O'Carroll J.; Wickham A.; Wordsworth H.; Williams F.; Hackney J.; Marsh V.; Davies O.; Bird R.; Patel R.; Philips S.; Laycock H.; Morkane C.; Grailey K.; El-Boghdadly K.; Hansen T.P.
**Source** British Journal of Anaesthesia; 2018
**Publication Date** 2018
**Publication Type(s)** Article In Press
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**Abstract** Background: Emergency abdominal surgery is associated with a high risk of postoperative pulmonary complications (PPCs). The primary aim of this study was to determine whether patients undergoing emergency laparotomy surgery are ventilated using a lung-protective ventilation strategy comprising of tidal volume <=8 ml $kg^{-1}$ ideal body $weight^{-1}$, PEEP >5 cm $H_2O$, and recruitment manoeuvres. The secondary aim was to investigate the association between ventilation factors (lung-protective ventilation strategy, intraoperative $FiO_2$, and peak inspiratory pressure) and the occurrence of PPCs. Methods: Data were collected prospectively in 28 hospitals across London as part of routine National Emergency Laparotomy Audit. Patients were followed up for 7 days. Complications were defined according to the European Perioperative Clinical Outcome definition. Results: Data were collected from 568 patients. The median [inter-quartile range (IQR)] tidal volume observed was 500 ml (450-540 ml), corresponding to a median tidal volume of 8 ml $kg^{-1}$ ideal body $weight^{-1}$ (IQR: 7.2-9.1 ml). An lung-protective ventilation strategy was employed in 4.9% (28/568) of patients and was not protective against the occurrence of PPCs in the multivariable analysis (hazard ratio=1.06; P=0.69). A peak inspiratory pressure of <30 cm $H_2O$ was protective against the development of PPC (hazard ratio=0.46; confidence interval: 0.30-0.72; P=0.001). The median $FiO_2$ was 0.5 (IQR: 0.44-0.53) and an increase in $FiO_2$ by 5% increased the risk of developing a PPC by 8% (2.6-14.1%; P=0.008). Conclusions: Both intraoperative peak inspiratory pressure and $FiO_2$ are independent factors significantly associated with the development of a postoperative pulmonary complication in emergency laparotomy patients. Further studies are required to identify their causality effect and to demonstrate if their manipulation could lead to better clinical outcomes.


**79. An audit of the screening and treatment of uveitis in children with juvenile idiopathic arthritis (JIA) at a paediatric tertiary centre**

**Authors** Octavio A.C.; Amy R.; Charles M.
**Source** Archives of Disease in Childhood; Feb 2018; vol. 103 (no. 2)
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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** Aim The primary objective of this study was to audit the centre's and its satellite clinics' compliance with the British Society for Paediatric and Adolescent Rheumatology (BSPAR) and the Royal College of Ophthalmology (RCO) uveitis screening guidelines. The secondary objective of the study was to compare the centre's compliance with the treatment guidelines of JIA and uveitis, as recommended by NHS England and following results from the SYCAMORE trial. Method The clinical records of 54 patients recruited from the Childhood Arthritis Prospective Study (CAPS) were analysed over a six-week period. The data collected included patient demographics, JIA sub-type, date of referral and uveitis screening, presence of uveitis and treatment (if applicable), and details of medication prescribed for JIA. Information was gathered from the centre's EPMA system and paper records, and was requested from the satellite centres if needed. The raw data was inputted into the statistical software SPSS v23 to evaluate the categorical data. Chi-squared tests were performed on the data to detect any potential correlation between various demographic variables and primary and secondary outcomes. Results 92.6% (50/54) of patients were referred for uveitis screening after being diagnosed with JIA. For 3 (5.6%) patients there was no evidence of referral and for 1 (1.9%) patient the documentation was not clear. 90% (45/50) of the referred patients were screened for uveitis. For the remaining 5 (10%) patients, there was no documentation of whether screening had taken place. The compliance of ophthalmology departments with the BSPAR/RCO guidelines was poor with only 17.8% (8/45) of patients being screened within six weeks of the ophthalmology referral. 8.9% of patients (4/45) were diagnosed with uveitis and 2 of these patients received adalimumab as part of the treatment regime. The treatment for JIA was documented for 75.9% (41/54) of patients and all treatments (100%) were in line with the current recommendations from NHS England. Statistical correlations could not be identified due to the low numbers of patients. Conclusion The BSPAR/RCO guidelines suggest that all new patients are to be screened as soon as possible, no longer than 6 weeks after referral.1 As uveitis is commonly an asymptomatic condition2 with severe complications such as blindness,3 routine screening is imperative. Overall, the compliance of the tertiary care centre and satellite clinics with the BSPAR/RCO guidelines was poor. Immediate changes are required to improve patient care, focusing on facilitating sharing of documentation and communication between the primary centre and its satellite clinics. Raising awareness of targets recommended by BSPAR/RCO to emphasise the importance of timely uveitis screening via regional training days should take place. Ensuring all junior staff that might see JIA patients in clinic are aware of the need of uveitis screening via offering structured training during their rotation is recommended.

**80. An audit to assess influenza vaccination uptake amongst asthmatic children in a city in the Northwest of England**

**Authors** Octavio A.C.; Andrew L.; Elisha K.; Charles M.
**Source** Archives of Disease in Childhood; Feb 2018; vol. 103 (no. 2)
**Publication Date** Feb 2018
**Publication Type(s)** Conference Abstract
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**Abstract** Aims One of the most common triggers of asthma exacerbations are respiratory tract infections such as influenza.1 Furthermore, the National Review of Asthma Deaths (NRAD) in 2014 linked inappropriate prescribing in primary care to patient deaths.1 The primary aim of this study was to assess the uptake of the influenza vaccine in asthmatic children in Liverpool during the 2016-2017 flu season. The secondary aim of this audit was to assess if children are being prescribed asthma medication in accordance with BTS guidelines.2 Method The inclusion criteria for this retrospective study included children aged 16 and under, diagnosed with asthma and registered at a GP surgery within the Liverpool Care Commissioning Group (CCG). The practice managers at all 95 surgeries were invited to participate in this study via email. Participation included conducting a search using EMIS (Egton Medical Information Systems) to produce a paediatric asthma list that included the child's age, gender, their current regular asthma medication, if and when the child had received the flu vaccination. Depending on their preference, the surgeries either completed an audit form or generated an anonymous EMIS search report. These documents were collected from the surgery by the researcher or returned via email. The data was analysed in SPSS using the chi-square test to determine if there were any significant associations between demographics, flu vaccination status and compliance to guidelines. Results Information regarding flu vaccination was collected for 475 patients from seven surgeries. In total 148 (31.2%) children had received the flu vaccination during the 2016-2017 influenza season. Being registered at a GP surgery in an area of low deprivation and being aged 5 and under was associated with higher vaccination rates ($p<0.05$). Data containing current asthma treatment was obtained for 297 patients. In total 194 of those (65.3%) prescriptions followed current BTS guidelines. The most common reasons for not following BTS guidelines were patients being prescribed salbutamol monotherapy or no asthma medication at all. Being male and registered at a GP surgery in an area of low deprivation was associated with being prescribed asthma medication in accordance to guidelines ($p<0.05$). Conclusion The uptake of the influenza vaccine in asthmatic children in Liverpool during the 2016-2017 flu season was very low (31.2%). The majority of children were prescribed regular asthma medications in line with BTS guidelines, although there are still multiple instances of poor prescribing practice. The results suggest that age, gender and deprivation level according to postcode affect whether a child's medication will follow BTS guidelines or whether the child will be vaccinated. More research is required to fully establish these links.

**81. Audit on the quality of documentation of paediatric prescriptions using electronic prescription charts**

**Authors** Philippa S.; Abimbola S.
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**Abstract** Aim The aim of this project is to assess the quality of prescribing on all inpatient prescription charts on the paediatric wards in the hospital against the legal prescribing requirements (as stated in Medicines Act, 1968) and trust prescribing standards (as stated in the hospital's Medicines Management Policy). Methods Ten audit standards were identified, based on Generic Medical Record Keeping Standards (RCP, 2017), which incorporated all the legal and trust prescribing standards. A data collection tool was then designed. A single day prospective prevalence audit was conducted; data was collected on a single day from each of four paediatric wards, using the data collection tool. All staff members were blinded to the standards being assessed. Inclusion criteria: all inpatient prescription charts on the paediatric wards and all medicines prescribed on those charts were included (on the single day where data was being collected). Exclusion criteria: dietary products, total parenteral nutrition, embolism stockings and chemotherapy. Results 100% compliance was achieved on the majority of patient demographics. 100% compliance was achieved in the majority of standards on prescription item analysis and in all standards for fluids prescriptions. 95% of allergy status' were documented and 93% of these included the severity of allergy. 73% compliance was achieved in the documentation of patient weight. Improvement is also needed in documenting indication and duration of anti-microbials, where only 81% and 46% compliance was achieved, respectively. Conclusion 100% compliance was achieved in many standards (in particular in those which are automated on e-prescribing, for example, patient demographics). More attention is needed to specify the patient's weight, the allergy status and severity of allergy and the indication and duration of anti-microbials. Comparing with previous audits done when the trust used paper charts for prescribing, electronic prescribing has clearly overall increased adherence to legal prescribing requirements and trust standards which is a significant step towards improving the safety of patient care within the NHS. The results from this audit have been disseminated to remind current users of common prescribing errors. This was done by presenting the results locally and by emailing all departmental staff with the results. Recommendations from this audit include to ensure that all members of staff that have access to electronic prescribing receive the necessary training prior to starting working. Recommendations also include to discuss with pharmacy whether it is possible to make it compulsory to enter weight and allergy status prior to prescribing, with an option for omission in emergency situations.

**82. Rate of paediatric inpatient and discharge medication prescribing errors**

**Authors** Tasnim R.; Joanne C.
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**Abstract** Aim To assess the documentation of allergies and quantify the rate of prescribing errors (PEs) for inpatient and discharge medications in paediatrics. Method A data collection form was produced and data was collected prospectively by pharmacists for all paediatric patients' prescribed inpatient and discharge medicines for 1 week during 9 am-5 pm. Electronic charts and allergy status for patients was checked, and all prescribed medicines were screened. If an error was identified, the drug name, type of error and category (wrong drug, dose, route, frequency, duplication etc.) were documented. Medications were screened against the British National Formulary for Children (BNFc), paediatric formularies and trust guidelines. Parenteral nutrition, IV fluids, outpatient and ambulatory medicines were excluded. Results Data was collected for 152 patients with a total of 601 drugs screened. 151 patients (99%) had their allergies with nature of reaction documented as per the trust's medicines policy. 89 PEs were identified (15% error rate). 89.9% of medicines were prescribed correctly in relation to the drug, dose, frequency, route and formulation. The most common error was wrong dose with 24 (27%) errors; 15 medicines (17%) were prescribed at doses too high. 7 errors occurred with high paracetamol dosing. This potentially occurred due to the dose banding in the BNFc which does not take into consideration dosing for small-for-age children. Wrong route (19 (21%) errors) was the 2nd common error identified. All of these errors related to administration of medicines via enteral feeding tubes. This highlights that careful consideration needs to be given when prescribing medicines for complex patients with feeding tubes. The incidence of drug interaction and contraindication PEs was low. This could be a result of electronic prescribing providing drug interaction alerts. Conclusion PEs can be defined as 'an unintentional significant reduction in the probability of treatment being timely and effective or increase in the risk of harm when compared with generally accepted practice'.1 PEs in the paediatric population can potentially have a serious impact on patient safety and lead to significant morbidity and mortality. In children, the risk of PEs is three times more likely to occur than in adults.1 One of the key improvements NHS England wants to achieve for 2017/2018 is reducing medication errors across the NHS.2 The trust paediatric clinical quality group have set an objective to have a 40% reduction in PEs by the end of 2017/2018. This audit demonstrates the most prevalent PEs which occurs at the trust and helps to identify the key actions that are needed to maintain patient safety. A paracetamol guideline will be introduced to highlight the difference between dosingbanding and weight-based dosing. Doctor's training package will be updated to highlight common errors including the importance of thorough medicines reconciliation especially for complex patients with feeding tubes.

**83. Reducing medication errors-A tripartite approach. Small steps-better outcomes**

**Authors** Bhavee P.; Rachel I.; Pramodh V.
**Source** Archives of Disease in Childhood; Feb 2018; vol. 103 (no. 2)
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**Abstract** Aim Paediatric medication errors have everyday potential to cause unintended harm.1 Our aim was to reduce paediatric medication errors on a busy general paediatric medical ward. Method A prospective audit was undertaken, using an audit form, looking at the number and severity of medication errors from May 2016 to July 2016. The severity of the errors was graded as per the EQUIP study.2 The results were analysed using Microsoft Excel. Action -A study afternoon was arranged in August 2016 to highlight the common themes behind the medication errors followed by a multidisciplinary brainstorming exercise to gather suggestions on reducing medication errors. An education package was introduced: . Medical -all trainees were asked to complete a mandatory online module designed by the Royal College of Paediatrics and Child Health, which provides an overview of need for safe prescription practice in children and common themes leading to errors. Further teaching was provided in departmental teaching meetings and the lead paediatric pharmacist undertook targeted teaching. . Nursing -an in house competency package was developed based around the principles of the '5 rights' of medication administration, the Health Board controlled drug policy and the All Wales Policy for Medicines Administration, Recording, Review, Storage and Disposal. All staff were encouraged to complete this package. Through one on one sessions with the practice development nurse, staff were coached to follow the five Rs of Right Drug, Right Dose, Right Time, Right Route, and Right Patient. . Pharmacy -Lead pharmacist introduced an education tool as advocated by Meds IQ called Druggle3 in the department, where at the end of the safety huddle the pharmacist discusses medication interventions on a daily basis that may have happened on the ward. Through this tool formative education was provided to junior doctors and nurses. . Re-audit -After six months of intensive education, a prospective re-audit was undertaken between December 2016 and February 2017 using an audit form. The results were analysed using Microsoft Excel. Results The results showed that 88.6% (141/159) of children admitted had medication errors. 61.2% (87/141) of errors were minor, 34.7% (49/141) significant, 2.8% (4/141) serious and 1.3% (1/141) potentially lethal. The results of the re-audit showed that 12.1% (57/470) of children had medication errors. 77.2% (44/57) of errors were minor and 22.8% (13/57) significant. There were no serious or potentially lethal errors reported. This showed an overall reduction of 76.5% medication errors in the children admitted following the introduction of the education package. Conclusion The education package through the tripartite approach has achieved a substantial change in the overall rate of prescription errors. We believe medication errors are a significant but preventable cause of harm to children and young people. To ensure this change of practice is sustained we aim to continue the emphasis of education and change management to improve patient safety.

**84. Thalidomide administration through a nasogastric tube**

**Authors** Yusuf A.; Harjinder A.; Joanna C.W.
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**Abstract** Introduction LA, 15 year old female diagnosed with tuberculosis meningitis (TBM). General paediatric team recommended, in combination with existing adjunctive therapy, initiation of Thalidomide, a non-formulary drug. Challenge Administration of medication, for LA, was via a nasogastric tube. The cytotoxic nature of Thalidomide compounded with the lack of information from Celgene, the manufacturer of the only licensed Thalidomide in the United Kingdom (UK) that supplied oral capsules, provided numerous issues for administration. In addition, TBM was an unlicensed indication for Thalidomide. Outcome Approval through the Drug and Therapeutics Committee (DTC) was gained. Upon investigating into previous use at the trust, another patient had received Thalidomide for TBM in 2014, this was requested from the same consultant, however on that occurrence there was ease of administration through the oral route so the licensed oral capsules were used. Combined with this previous case and a thorough literature search, a dose was calculated of 200 mg (3 mg/kg once a day), which was agreed by the general paediatrics team. An unlicensed oral tablet formulation was sourced from another manufacturer in the UK. Crushing syringes were sourced to ensure the 'crushing and dispersing process' would occur in a closed system. The relevant forms for Thalidomide initiation were completed by the requesting consultant, with the patient and family advised on the appropriate pregnancy prevention measures. An administration guide via feeding tubes was developed for the nursing team. Steps included: wearing gloves and apron, using a crushing syringe to crush the Thalidomide tablet in a closed system, drawing 20 ml of water from a medicine pot into the crushing syringe, agitating the syringe to disperse the tablet, using the appropriate ENFIT adaptor to administer the dispersed medication into the feeding tube and disposing of appropriate waste into cytotoxic and clinical waste. Incorporated into this, a safety information leaflet for staff was developed, also for the nursing team, detailing the appropriate ward storage (controlled drugs cupboard) and handling measures, stressing the importance of the teratogenic nature of Thalidomide. The nursing team on the relevant ward, caring for LA, were counselled on and supplied with the guidance that was produced for them. A brief pharmacy guide was developed, detailing to the pharmacy team, the teratogenic nature of Thalidomide along with the special storage conditions (controlled drugs cupboard) and handling measures. The pharmacy team were informed of the case and guidance was sent out, to ensure that the correct safety measures were in place. Prior to dispensing, dispensing staff and screening pharmacists were asked to complete a consent form, in order to dispense/screen prescriptions for Thalidomide. Dispensing took place as per cytotoxic medications, with Thalidomide delivered in the relevant yellow sealed bags. Moving on A Thalidomide policy was drafted and will be submitted to the DTC for approval. Once approved, this will be available for the medical, nursing and pharmacy team, in the future. A pharmacy Thalidomide folder was created, that would house the policy and all the relevant forms required for audit.

**85. Prescribing Ivacaftor in paediatric patients with cystic fibrosis (CF) in accordance with the clinical commissioning policy in an NHS trust**

**Authors** Eimear M.
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**Abstract** Introduction CF is a genetic condition affecting more than 10 800 people in the UK. CF is caused by a mutation in the gene cystic fibrosis trans membrane conductance regulator (CFTR).Prior to the licensing of Ivacaftor, standard treatment for CF was to treat symptoms associated with CF but not the underlying cause. Ivacaftor targets the CFTR gene. Ivacaftor is funded by NHS England, if criteria outlined in the clinical commissioning policy is followed.1,2 Aim Ensure Ivacaftor is prescribed in adherence to guidance documented in the Clinical Commissioning Policy: Ivacaftor for CF (2012) and Clinical Commissioning Policy: Ivacaftor for children aged 2-5 years with CF, named mutations (2016).1,2 Standards 100% of Ivacaftor prescriptions will be for patients: . 2 years of age or older . Have a G55ID mutation . 100% of patients will receive lung function test (6 years and older) and baseline sweat test 6 months prior to commencing treatment 100% of patients will receive a follow up sweat test/lung function test (6 years and older) at: . Next routine appointment . 6 months after starting treatment . Annually thereafter . 100% of patients who don't attain an adequate treatment response will discontinue Ivacaftor Method Retrospective study investigated the prescribing of Ivacaftor in CF patients from March 2012 -June 2017 at an NHS trust. Ethics approval not required. List of patients prescribed Ivacaftor was obtained from the CF team. Patient age, mutation type, treatment start dates, lung function test results were obtained from medical notes. Dates and results of sweat tests were obtained from Sunquest ICE Desktop (electronic patient reporting system). Data analysed using Microsoft excel. Results Eight patients prescribed Ivacaftor at the NHS trust between March 2012-June 2017. Baseline sweat chloride data unavailable for one patient who was previously part of a clinical trial. This patient was excluded from standard 2, however maintained for the other standards as his annual sweat data was available. One patient was excluded from standard 3(a), five patients excluded from standard 3 (b), (c) as they had not yet reached this stage of treatment. Standard 4 was not evaluated as all patients to date were responding to treatment. Overall, all standards were completely met with a result of 100%. Discussion and conclusion Standards were completely met; highlighting a robust system ensuring all appropriate testing is adhered to, as failure to comply with the criteria in the clinical commissioning policy may contribute to pressure within the trust's budget. Treatment response can also be appropriately determined. Recommendations . Ensure data is inputted onto the system electronically. . CF pharmacist to re-audit data yearly to ensure the clinical commissioning policy is being adhered to.

**86. Has diagnostic accuracy of pancreatic fine-needle aspiration (FNA) cytology improved over a four-year period and does the retrospective assignment of the papanicolaou society of cytopathology terminology enable improved concordance with corresponding histology? A UK teaching hospital's experience**

**Authors** Simonovic A.V.; Perez-Machado M.; Rathbone M.; Weerasinghe K.
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**Abstract** Objectives: To apply this new classification for pancreaticobiliary cytology to a set of previously diagnosed endoscopic ultrasound (EUS)-guided fine-needle aspiration (EUS-FNA) samples. To then correlate these results with those from the corresponding available surgical specimens and, to assess diagnostic accuracy over a four year period. Methods: All pancreatic cytology cases were retrospectively collected over a two year period (1st December 2015 to 1st December 2017) and were assigned the proposed terminology. Any corresponding histology was reviewed and assessed for concordance. The specimens from these two years were compared to those from the previous two years for cytological diagnostic accuracy. Results: Two hundred and thirty seven pancreatic cytology EUSFNA specimens were collected over the last two year period. Using the new terminology, some of the specimens were reclassified accordingly. Of the 109 cases with corresponding histology, 36 were excluded due to inadequacy. Of the remaining 73 cases, 13 cases showed discordance, 11 of which had malignant histology. The positive predictive value for solid lesions was >90%. When compared with data from the previous two years, cytological diagnostic accuracy has improved (82% compared to 77%). Conclusions: In our centre, our extended retrospective analysis of a previous two year audit has improved the statistical accuracy of our data. Over the 4 years, the false negative rate for pancreatic EUS-FNA has remained constant at 22% but a fall in the false positive rate from 24% to 8% has improved the specificity from 77% to 92%. The sensitivity has remained constant, close to 78%. Our study agrees with other similar studies in that, in conjunction with radiology, biochemistry and molecular testing, pancreatic EUS-FNA cytology with Papanicolaou terminology would improve categorisation of pancreatic EUS-FNA, thus unifying clinician interpretation and potentially improving patient management.

**87. Can implementing pharmaceutical trained support into care homes have a marked effect on medication waste?**

**Authors** Bains C.; Cameron D.
**Source** Pharmacoepidemiology and Drug Safety; May 2018; vol. 27 ; p. 3-4
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**Abstract** Background: Medication waste is a significant loss of potential funding to the NHS. Figures from 2010 showed that around 300 million of medication is wasted annually and a sixth of this is accountable to care homes.[1] Aim: We aimed to audit the extent of this medication waste in NHS Sunderland CCG and implement pharmacy technician support in order to reduce this. A re-audit was then carried out to determine the impact of this support. Methods: An audit form was designed and tested. Each care home was visited during a baseline audit period. Data from the audit were then used to provide support to the care home. Waste was categorized into avoidable and unavoidable waste. Identified avoidable waste was communicated to the care homes, changes to medicines management practices were suggested such as amendments to ordering pro-cedures to avoid unnecessary prescription generation. Twenty care homes were included in the waste reduction programme. Re-audits following this advice were then carried out after a 5-month period. Results: Initial audits found that there was an average of 202.63 of medication wasted per care home for each 28-day cycle of medication. Following support from a pharmacy technician, this reduced to 103.33, saving 25,818 of medication per year to the CCG. Conclusion: When reviewing data gathered and comparing with values generated that produced a care home patient waste national average of 4.89 per month (excluding prescription processing fees).[1] It revealed that if all homes are to capacity, the average waste costing for Sunderland would be 6.81 per month during the baseline audit, which is significantly higher than the national. After the re-audit, this value reduced to 3.47 per month per patient. This is below that of the national average resident if assuming nominated homes are to capacity. Here, we found that the implementation of pharmacy techni-cian support to care homes had a positive impact on total and avoidable waste produced in Sunderland. This represents a large cost saving of prescribed medicines just by optimizing medicines management processes within the care home. Other CCGs may want to consider commissioning a similar service in order to conduct a similar programme of work to reduce medication waste in care homes.

**88. Reducing medication errors-A tripartite approach. Small steps-better outcomes**

**Authors** Bhavee P.; Rachel I.; Pramodh V.
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**Abstract** Aim Paediatric medication errors have everyday potential to cause unintended harm.1 Our aim was to reduce paediatric medication errors on a busy general paediatric medical ward. Method A prospective audit was undertaken, using an audit form, looking at the number and severity of medication errors from May 2016 to July 2016. The severity of the errors was graded as per the EQUIP study.2 The results were analysed using Microsoft Excel. Action-A study afternoon was arranged in August 2016 to highlight the common themes behind the medication errors followed by a multidisciplinary brainstorming exercise to gather suggestions on reducing medication errors. An education package was introduced: . Medical-all trainees were asked to complete a mandatory online module designed by the Royal College of Paediatrics and Child Health, which provides an overview of need for safe prescription practice in children and common themes leading to errors. Further teaching was provided in departmental teaching meetings and the lead paediatric pharmacist undertook targeted teaching. . Nursing-an in house competency package was developed based around the principles of the '5 rights' of medication administration, the Health Board controlled drug policy and the All Wales Policy for Medicines Administration, Recording, Review, Storage and Disposal. All staff were encouraged to complete this package. Through one on one sessions with the practice development nurse, staff were coached to follow the five Rs of Right Drug, Right Dose, Right Time, Right Route, and Right Patient. . Pharmacy-Lead pharmacist introduced an education tool as advocated by Meds IQ called Druggle3 in the department, where at the end of the safety huddle the pharmacist discusses medication interventions on a daily basis that may have happened on the ward. Through this tool formative education was provided to junior doctors and nurses. . Re-audit-After six months of intensive education, a prospective re-audit was undertaken between December 2016 and February 2017 using an audit form. The results were analysed using Microsoft Excel. Results The results showed that 88.6% (141/159) of children admitted had medication errors. 61.2% (87/141) of errors were minor, 34.7% (49/141) significant, 2.8% (4/141) serious and 1.3% (1/141) potentially lethal. The results of the re-audit showed that 12.1% (57/470) of children had medication errors. 77.2% (44/57) of errors were minor and 22.8% (13/57) significant. There were no serious or potentially lethal errors reported. This showed an overall reduction of 76.5% medication errors in the children admitted following the introduction of the education package. Conclusion The education package through the tripartite approach has achieved a substantial change in the overall rate of prescription errors. We believe medication errors are a significant but preventable cause of harm to children and young people. To ensure this change of practice is sustained we aim to continue the emphasis of education and change management to improve patient safety.

**89. An audit on the use and monitoring of azathioprine (AZA) in a paediatric gastroenterology centre. Could NHS England via specialist commissioning rules (NHS-E-SPR) be affecting quality of care?**

**Authors** Jones E.; Cuevas O.A.
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**Abstract** Aim To explore the centre's adherence to the British Society of Gastroenterology Hepatology and Nutrition (BSPGHAN) guidelines1 regarding AZA use and monitoring and to suggest solutions in the event that substandard level of care is identified. Methods Data was collected on 110 gastroenterology patients (October 2014 to January 2016) on AZA from the dispensing and medicine management systems. They included patient demographics and the eleven basic AZA monitoring points recommended by the BSPGHAN guidelines: clinic attendance, height, weight, baseline Varicella Zoster status (VZS) and Thiopurine Methyltransferase (TPMT) and appropriate plasma monitoring (frequency and actual sample request) of FBC, U and Es, amylase, CRP and LFTs. The Mann Whitney Test was performed to determine if some of the demographic data had any correlation with suboptimal AZA monitoring. A 'patient factor score' was generated based on the centre's compliance with these points, with a score of zero to eleven. A score of less than eleven was considered as substandard monitoring. Results Only 16 patients (19%) had a patient factor score of eleven. Regarding adherence to the recommended frequency of blood monitoring, only 27 (24.5%) patients were fully compliant. 3 patients (2.7%) did not have any of their blood components measured. Although TPMT was measured in 104 patients (97%), in 48 patients (46%) it was measured late. All the 7 patients (6.7%) whose TPMT was low had AZA prescribed at appropriate doses. Weight and height was not documented in 31 (28%) and 47 patients (43%) respectively. Baseline VZS was not checked in 23 (21%) of the patients. Clinic attendance was good, with only 6 (5%) patients missing their appointments. Patients who lived further away from the centre (P value=0.008), and who were taking AZA in tablet form (P value=0.000) showed a positive correlation with suboptimal monitoring. Gender, age and diagnosis showed no correlation. Conclusion The centre's compliance with BSPGHAN guidelines is substandard. The positive correlation of patient distant postcodes and use of tablet formulation could be explained by poor communication between centres, the absence of a formal shared-care pathway and the fact that AZA liquid formulation is an unlicensed special. The introduction of shared-care guidelines whereby the monitoring of patients can take place at local level could improve the quality of care. However, due to the strict NHS-E-SPr2 this is not possible in paediatrics. We suggest these rules should be reviewed. Documentation and baseline checks could be improved by designing specific order sets containing all recommended parameters that could be performed at diagnosis and introducing a simple tick-based monitoring pro-forma that clinicians could use in clinic.

**90. Paediatric prescribing: Boosting the basics to reduce errors**

**Authors** Carter B.; Ives R.
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**Abstract** Aims To monitor the adherence to defined quality standard of prescribing in paediatric practice within Western Sussex Hospitals NHS Foundation Trust (WSHT). By identifying deficient areas, teaching and training can then be tailored to improve performance and safety. Method A prospective audit of paediatric drug charts was performed at both WSHT sites (St Richards and Worthing General Hospitals) once weekly over a one month period. Drug charts were excluded only if no medications were yet prescribed. 22 patients audited from St Richard's (SRH) and 34 from Worthing (WGH) were audited. Doctors within the department were aware the audit was ongoing and received feedback during the audit period about areas where improvement was needed as it would be unethical to not address prescribing issues in a timely manner. Data was collected using a standardised list of ten quality standards: 1. Completion of all patient demographic information 2. Whether all prescriptions are legible 3. Completion of allergy section 4. Appriopriate prescribing unit use 5. Ensuring all antibiotics have a written duration and indication 6. Any patient on oxygen must have it prescribed 7. No unapproved generic medications names 8. All PRN medictions should have dose and maximum frequency 9. Prescribers need to sign and stamp prescriptions 10. Perfection: All quality standards met. Results The majority of quality markers were well adhered to. Criteria of legibility, allergies, appropriate unit use, PRN dose and frequency, signed and stamped were met in over 90% of the charts audited at both sites. Demographic information was consistently poorly completed over both sites (SRH=59.1%, WGH=61.8%) and antibiotic duration/indication completion was particularly poor in St Richard's Hospital (64.3% at SRH vs 95% at WGH). Very few patients audited were on oxygen (1 at SRH and 2 at WGH), only one of these patients had oxygen prescribed. Across the month 67.6% of the charts audited at Worthing achieved perfection and 50% of the charts at St Richards. Conclusion The main conclusion drawn from this audit was that generally prescribing practises are good but that demographic completion is a particular area of weakness at both hospitals. It could be argued that these omissions are less of a safety risk than prescribing errors such as unclear drug unit but omission of the patients details at the top of the prescription page may increase the risk of a drug being prescribed on the incorrect patients' chart and lead to a significant 'wrong patient' type drug error. One of the main limitations of the audit was that as it was undertaken in summer, where patients with respiratory disease and oxygen requirement are typically fewer and accordingly only 3 patients audited were on oxygen, this limited data suggests that oxygen prescribing is another area of weakness but an increased data set is needed to validate this finding. This audit was successful at allowing us to highlight areas of poorer practice and thus where prescribing training should be targeted at both hospitals.

**91. Intervention monitoring in maternity and paediatrics as a strategy to guide education and improve prescribing practice**

**Authors** Tweedie K.; Haley H.
**Source** Archives of Disease in Childhood; Feb 2018; vol. 103 (no. 2)
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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** Aim This audit explores the impact of regular pharmacist intervention monitoring and feedback on paediatric and maternity wards, and how these interventions guide educational strategies aimed at improving prescribing practice. Method A tally-chart data collection tool was designed for each ward to collect data on common errors such as omission of booking weight, vital to ensure safer prescribing of dalteparin, omission of dose/kg imperative to ensure safer paediatric prescribing, and also omission of the residing ward from the front of the chart which affects discharge times when TTOs are delayed/lost due to misdirection. The ward pharmacist recorded the incidence of these errors during each daily visit and prepared a weekly feedback report consisting of a bar graph of the results plus a comparison to the previous week. The pharmacist would also reiterate the importance of avoiding each type of error. This would also inform the topic of the 'key prescribing message' (a bulletin focussing on a particular type of error) explaining the correct method and the significance of avoiding errors. This was communicated to the ward teams/prescribers. Results Preliminary audit data is encouraging and shows that the feedback to the ward teams has had a positive impact. Many nurses and midwives were surprised at the level of errors and now better understand their significance and how they can support accurate prescribing. The senior medics have taken an interest in the audit and are keen on sharing the information with their juniors and adapting their training to ensure that further improvements are made. The data collected informed the first 'key prescribing messages'; 'Booking weight' for maternity and 'medicines reconciliation' for paediatrics. Since these were communicated to the ward teams/prescribers the audit has found an improvement in the number of maternity prescriptions with the booking weight recorded, a reduction in the number of incorrect dalteparin prescriptions for postnatal women, as well as improved prescribing practice in paediatrics such as including dose/kg on each prescription and improved drug-history taking by the medics. Conclusion A key priority of the NHS is the prevention of medication errors.1 The positive impact of clinical pharmacist interventions on the quality of prescribing is well established2,3 as highlighted in a Department of Health study4 reviewing the frequency of errors, identifying modes of good practice to improve safety. To date this audit has shown the benefit of increasing the multidisciplinary team awareness of common errors, monitoring these each week and sharing these findings with the team. It has also shown that short, focused bulletins encouraged improvement and helped prescribers to improve their practice.

**92. S.A.F.E.-The positive impact of 'druggles' on prescribing standards and patient safety within the neonatal intensive care environment**

**Authors** Bell C.; Jackson J.; Shore H.
**Source** Archives of Disease in Childhood; Feb 2018; vol. 103 (no. 2)
**Publication Date** Feb 2018
**Publication Type(s)** Conference Abstract
**Database** EMBASE

**Abstract** Introduction Situation Awareness For Everyone (S.A.F.E)1 is a two year programme led by the Royal College of Paediatrics and Child Health in partnership with NHS hospitals, to aid the development of a range of quality improvement techniques with the aim of reducing preventable deaths and errors occurring in the UK's paediatric departments. The neonatal unit began daily safety huddles to identify ward risks and share learning points in September 2015. An NHS Trust piloted the 'druggle', a 'ward-based safety huddle' with ward pharmacist, doctors and nurses, as part of the S.A. F.E project, on their neonatal ward in July 2015. Aim The aims of the druggles are to increase communication between pharmacists, the medical team and nursing staff, and to educate all staff regarding specific drug related topics. They enable the team to receive feedback on anonymised errors in real time, draw attention to areas for improvement, encourage discussion and share learning points from them. Method The druggles were developed as drug related safety briefings. They are presented once a week as part of the daily huddle. The basic format of the sessions is a weekly 'hot topic', for example recent BNFc changes, an 'error of the week' and celebration of good prescribing practice. Themes are identified by members of staff and discussed at the druggles as they arise. This enables timely education and discussion of topics as they occur. The neonatal pharmacy team completed a baseline prescribing standards audit in February 2016 (after the induction of the new medical team) which will be repeated before the doctors rotate in August. This audit provided information about common prescribing errors and helped to identify possible 'hot topics' for discussion. A 'zero tolerance' audit of 5 randomly chosen prescription charts is completed weekly to assess prescribing standards in real time. A chart 'fails' when the first prescribing error, or deviation from prescribing standards, is picked up. Results The baseline audit of all charts on the unit showed poor compliance with prescribing standards overall, particularly when transcribing or cancelling prescriptions. Subsequent weekly 'zero tolerance' audits have shown an improvement from 20% of prescription charts with no prescribing error to 65% with no errors over the first 12 weeks. Conclusion An improvement of prescribing standards has been observed from the initial findings of the 'zero tolerance' audit. The druggles have encouraged more discussions, allowed the MDT to work together to improve the standards of prescribing and have proved to be an invaluable tool when implementing new processes. Developments have also been made to existing processes, such as the separation of babies' drug charts from their mothers' charts on the postnatal ward as a result of an error discussed at a druggle. The druggles have now begun to be implemented throughout the Children's Hospital.

**93. Developing consensus on hospital prescribing indicators of potential harm for infants and children**

**Authors** Fox A.
**Source** Archives of Disease in Childhood; Feb 2018; vol. 103 (no. 2)
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**Abstract** Aims To develop a list of hospital based paediatric prescribing indicators that can be used to assess the impact of electronic prescribing or clinical decision support tools on paediatric prescribing errors. Background Medication errors are a major cause for concern in the NHS. Prescribing is part of the medication use process and is a complex task requiring an understanding of medicines, disease processes, and patient parameters. Systematic reviews have reported that medication errors occur in as many as 50% of hospital admissions and prescribing error rates in the UK hospitals vary between 9% and 15%. Prescribing for children is further complicated by the need to take into account weight, altered physiology and pharmacokinetics. Prescribing error rates of 13.1% have been reported in children with a potentially greater impact due to the nature of the patients. Electronic prescribing (EP) while relatively uncommon in UK hospitals is an important tool in reducing prescribing errors. EP systems have been shown to have a positive impact on prescribing errors, however methodologies vary and the reduction in harm is rarely investigated. A standard tool to allow an evaluation of the harm reduction is desirable and currently does not exist for the paediatric setting. Methods Two rounds of an electronic consensus method (eDelphi) were carried out with 21 expert panellists from the UK. Panellists were asked to score each prescribing indicator for its likelihood of occurrence and severity of outcome should the error occur. The scores were combined to produce a risk score and a median score for each indicator calculated. The degree of consensus between panellists was defined as the proportion that gave a risk score in the same category as the median. Indicators were included if a consensus of 80% or higher was achieved and were in the high risk categories. Results An expert panel consisting of 8 pharmacists and 13 paediatricians with a total of 437 years of clinical experience completed an exploratory round and two rounds of scoring. This identified 41 paediatric prescribing indicators with a high risk rating and greater than 80% consensus. The most common error type within the indicators was wrong dose (n=19) and the most common drug classes were antimicrobials (n=10) and cardiovascular (n=7). Conclusions A set of 41 paediatric prescribing indicators describing potential harm for the hospital setting have been identified by an expert panel. The indicators provide a standardised method of evaluation of prescribing data on both paper and electronic systems. They can also be used to assess implementation of clinical decision support systems or other quality improvement initiatives.

**94. INTERACT in VA Community Living Centers (CLCs): Training and Implementation Strategies**

**Authors** Mochel A.L.; Henry N.D.; Saliba D.; Phibbs C.S.; Ouslander J.G.; Mor V.
**Source** Geriatric nursing (New York, N.Y.); Mar 2018; vol. 39 (no. 2); p. 212-218
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**Publication Type(s)** Article
**PubMedID** 28988835
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**Abstract** Studies have shown that hospitalizations of nursing home (NH) residents lead to complications and poorer quality of life. The Interventions to Reduce Acute Care Transfers (INTERACT) Quality Improvement (QI) Program assists licensed NH staff in avoiding such hospitalizations. INTERACT aims to improve the management of acute changes in residents' conditions by providing tools to help staff recognize subtle changes in condition, improve communication, and implement QI strategies. INTERACT has been vetted by national clinical leaders and experts in long term care (LTC). Multiple NHs have implemented INTERACT and it has been adopted in Canada, the United Kingdom, and Singapore. QI initiatives involve adaptation to the organizational context in which it is being implemented. We report adaptation of the INTERACT QI program and implementation training into Veteran Affairs (VA) Community Living Centers (CLCs) (VA equivalent NH) and summarize the efforts to introduce and train nursing leadership to integrate the intervention into selected CLCs.


**95. Specialist perioperative allergy clinic services in the UK 2018: Results from the Royal College of Anaesthetists Sixth National Audit Project (NAP6) investigation of perioperative anaphylaxis**

**Authors** Egner W.; Cook T.M.; Garcez T.; Marinho S.; Harper N.J.N.; Kemp H.; Lucas D.N.; Floss K.; Farooque S.; Torevell H.; Thomas M.; Ferguson K.; Nasser S.; Karanam S.; Kong K.-L.; McGuire N.; Bellamy M.; Warner A.; Hitchman J.; Farmer L.
**Source** Clinical and Experimental Allergy; Jul 2018; vol. 48 (no. 7); p. 846-861
**Publication Date** Jul 2018
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**Database** EMBASE

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Available at Clinical & Experimental Allergy 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 Royal College of Anaesthetists 6th National Audit Project examined Grade 3-5 perioperative anaphylaxis for 1 year in the UK. Objective: To describe the causes and investigation of anaphylaxis in the NAP6 cohort, in relation to published guidance and previous baseline survey results. Methods: We used a secure registry to gather details of Grade 3-5 perioperative anaphylaxis. Anonymous reports were aggregated for analysis and reviewed in detail. Panel consensus diagnosis, reaction grade, review of investigations and clinic assessment are reported and compared to the prior NAP6 baseline clinic survey. Results: A total of 266 cases met inclusion criteria between November 2015 and 2016, detailing reactions and investigations. One hundred and ninety-two of 266 (72%) had anaphylaxis with a trigger identified, of which 140/192 (75%) met NAP6 criteria for IgE-mediated allergic anaphylaxis, 13% lacking evidence of positive IgE tests were labelled "non-allergic anaphylaxis". 3% were non-IgE-mediated anaphylaxis. Adherence to guidance was similar to the baseline survey for waiting time for clinic assessment. However, lack of testing for chlorhexidine and latex, non-harmonized testing practices and poor coverage of all possible culprits was confirmed. Challenge testing may be underused and many have unacceptably delayed assessments, even in urgent cases. Communication or information provision for patients was insufficient, especially for avoidance advice and communication of test results. Insufficient detail regarding skin test methods was available to draw conclusions regarding techniques. Conclusion and Clinical Relevance: Current clinical assessment in the UK is effective but harmonization of approach to testing, access to services and MHRA reporting is needed. Expert anaesthetist involvement should increase to optimize diagnostic yield and advice for future anaesthesia. Dynamic tryptase evaluation improves detection of tryptase release where peak tryptase is <14 mug/L and should be adopted. Standardized clinic reports containing appropriate details of tests, conclusions, avoidance, cross-reactivity and suitable alternatives are required to ensure effective, safe future management options.


**96. Students are underused and undervalued in quality improvement**

**Authors** Gurung B.
**Source** BMJ (Online); 2018; vol. 361
**Publication Date** 2018
**Publication Type(s)** Letter
**Database** EMBASE
Available at BMJ (Clinical research ed.) from BMJ Journals - NHS

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

**Authors** Al-Maliky G.R.; Taqi A.; Al-Zakwani I.; Al-Ward M.M.; Balkhair A.
**Source** European Journal of Hospital Pharmacy; Apr 2018
**Publication Date** Apr 2018
**Publication Type(s)** Article In Press
**Database** EMBASE
**Abstract** Objective: Little is known into the prudent use of antibiotics in hospitals in Oman. This study is to evaluate antibiotic prescribing by measuring the overall compliance with the local antibiotic prescribing guidelines. Methods: An observational study involving 366 patients' admission episodes as determined by power analysis on patients (>=18 years) on oral and/or parenteral antibiotic during admission, in the period of 10 weeks (1 February-15 April, 2014). The adapted audit tool of the Barking, Havering and Redbridge University Hospitals NHS Trust was used for this study. Analyses were performed using descriptive statistics. Main outcome measures: antibiotic prescribing compliance with the local guidelines as well as the overall restricted antibiotic policy adherence at Sultan Qaboos University Hospital (SQUH). Results: The number of prescribed and audited antibiotics totalled 825, compliance with local guidelines was suboptimal at 63% (n=520), and of 211 restricted antibiotics prescribed, the overall adherence to restricted antibiotic policy was inadequate at 46% (n=98). The majority of the antibiotics prescribed were broad spectrum at 90% (n=739), mainly penicillins at 31% (n=256) and cephalosporins at 17% (n=139). Conclusion: The study has provided valuable baseline details of antibiotic prescribing patterns in SQUH. The diagnosis was documented in 89% (n=327) of the admission episodes. However, the compliance with SQUH antibiotic prescribing guidelines was suboptimal, and the overall compliance with SQUH restricted antibiotic guidelines was in 46% of the prescriptions. Further studies are required to address the reasons behind the non-compliance with local guidelines.


**98. Reducing potentially inappropriate drug prescribing in nursing home residents: effectiveness of a geriatric intervention**

**Authors** Cool C.; Cestac P.; Rouch L.; Rolland Y.; Lapeyre-Mestre M.; McCambridge C.; de Souto Barreto P.

**Source** British Journal of Clinical Pharmacology; Jul 2018; vol. 84 (no. 7); p. 1598-1610
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**Abstract** Aims: Potentially inappropriate drug prescribing (PIDP) is frequent in nursing home (NH) residents. We aimed to investigate whether a geriatric intervention on quality of care reduced PIDP. Methods: We performed an ancillary study within a multicentric individually-tailored controlled trial (IQUARE trial). All NH received a baseline and 18-month audit regarding drug prescriptions and other quality of care indicators. After the initial audit, NHs of the intervention group benefited of an in-site intervention (geriatric education for NH staff) provided by a geriatrician from the closest hospital. The analysis included 629 residents of 159 NHs. The main outcome was PIDP, defined as the presence of at least one of the following criteria: (i) drug with an unfavourable benefit-to-risk ratio; (ii) with questionable efficacy; (iii) absolute contraindication; (iv) significant drug-drug interaction. Multivariable multilevel logistic regression models were performed including residents and NH factors as confounders. Results: PIDP was 65.2% (-3.6% from baseline) in the intervention group (n = 339) and 69.9% (-2.3%) in the control group (n = 290). The intervention significantly decreased PIDP [odds ratio (OR) = 0.63; 95% confidence interval 0.40-0.99], as a special care unit in NH (OR = 0.60; (0.42 to 0.85)), and a fall in the last 12 months (OR = 0.63; 0.44-0.90). Charlson Comorbidity Index [$OR_{CCI = 1 vs. 0}$ = 1.38; 0.87-2.19, $OR_{CCI >= 2 vs. 0}$ = 2.01; (1.31-3.08)] and psychiatric advice and/or hospitalization in a psychiatric unit (OR = 1.53; 1.07-2.18) increased the likelihood of PIDP. Conclusion: This intervention based on a global geriatric education resulted in a significant reduction of PIDP at patient level.


**99. Primary repair versus surgical and transcatheter palliation in infants with tetralogy of Fallot**

**Authors** Dorobantu D.M.; Pandey R.; Parry A.J.; Tulloh R.M.R.; Martin R.P.; Stoica S.C.; Angelini G.D.; Mahani A.S.; Sharabiani M.T.A.
**Source** Heart; May 2018
**Publication Date** May 2018
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**Database** EMBASE
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**Abstract** Objectives: Treatment of infants with tetralogy of Fallot (ToF) has evolved in the last two decades with increasing use of primary surgical repair (PrR) and transcatheter right ventricular outflow tract palliation (RVOTd), and fewer systemic-to-pulmonary shunts (SPS). We aim to report contemporary results using these treatment options in a comparative study. Methods: This a retrospective study using data from the UK National Congenital Heart Disease Audit. All infants (n=1662, median age 181 days) with ToF and no other complex defects undergoing repair or palliation between 2000 and 2013 were considered. Matching algorithms were used to minimise confounding due to lower age and weight in those palliated. Results: Patients underwent PrR (n=1244), SPS (n=311) or RVOTd (n=107). Mortality at 12 years was higher when repair or palliation was performed before the age of 60 days rather than after, most significantly for primary repair (18.7% vs 2.2%, P<0.001), less so for RVOTd (10.8% vs 0%, P=0.06) or SPS (12.4% vs 8.3%, P=0.2). In the matched groups of patients, RVOTd was associated with more right ventricular outflow tract (RVOT) reinterventions (HR=2.3, P=0.05 vs PrR, HR=7.2, P=0.001 vs SPS) and fewer pulmonary valve replacements (PVR) (HR=0.3 vs PrR, P=0.05) at 12 years, with lower mortality after complete repair (HR=0.2 versus PrR, P=0.09). Conclusions: We found that RVOTd was associated with more RVOT reinterventions, fewer PVR and fewer deaths when compared with PrR in comparable, young infants, especially so in those under 60 days at the time of the first procedure.


**100. Interventional treatments and risk factors in patients born with hypoplastic left heart syndrome in England and Wales from 2000 to 2015**

**Authors** Rogers L.; Pagel C.; Utley M.; Sullivan I.D.; Mustafa M.; Tsang V.; Bull C.; Brown K.L.; Franklin R.C.

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|---|---|
| **Source** | Heart; Jan 2018 |
| **Publication Date** | Jan 2018 |
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| **Abstract** | Objective: To describe the long-term outcomes, treatment pathways and risk factors for patients diagnosed with hypoplastic left heart syndrome (HLHS) in England and Wales. Methods: The UK's national audit database captures every procedure undertaken for congenital heart disease and updated life status for resident patients in England and Wales. Patients with HLHS born between 2000 and 2015 were identified using codes from the International Paediatric and Congenital Cardiac Code. Results: There were 976 patients with HLHS. Of these, 9.6% had a prepathway intervention, 89.5% underwent a traditional pathway of staged palliation and 6.4% of infants underwent a hybrid pathway. Patients undergoing prepathway procedures or the hybrid pathway were more complex, exhibiting higher rates of prematurity and acquired comorbidity. Prepathway intervention was associated with the highest in-hospital mortality (34.0%). 44.6% of patients had an off-pathway procedure after their primary procedure, most frequently stenting or dilation of residual or recoarctation and most commonly occurring between stage 1 and stage 2. The survival rate at 1 year and 5 years was 60.7% (95% CI 57.5 to 63.7) and 56.3% (95% CI 53.0 to 59.5), respectively. Patients with an antenatal diagnosis (multivariable HR (MHR) 1.63 (95% CI 1.12 to 2.38)), low weight (<2.5 kg) (MHR 1.49 (95% CI 1.05 to 2.11)) or the presence of an acquired comorbidity (MHR 2.04 (95% CI 1.30 to 3.19)) were less likely to survive. Conclusion: Treatment pathways among patients with HLHS are complex and variable. It is essential that the long-term outcomes of conditions like HLHS that require serial interventions are studied to provide a fuller picture and to inform quality assurance and improvement. |
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## **Strategy** 432448

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