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

Authors Jones, Leah Ffion; Owens, Rebecca; Sallis, Anna; Ashiru-Oredope, Diane; Thornley, Tracey; Francis, Nick A; Butler, Chris; McNulty, Cliodna A M
Source BMJ open; Dec 2018; vol. 8 (no. 12); p. e025101
Publication Date Dec 2018
Publication Type(s) Journal Article
PubMedID 30593557
Database Medline
Available at BMJ Open from Europe PubMed Central - Open Access
Available at BMJ Open from HighWire - Free Full Text

Abstract OBJECTIVESCommunity pharmacists and their staff have the potential to contribute to antimicrobial stewardship (AMS). However, their barriers and opportunities are not well understood. The aim was to investigate the experiences and perceptions of community pharmacists and their teams around AMS to inform intervention development.DESIGNInterviews and focus groups were used to explore the views of pharmacists, pharmacy staff, general practitioners (GPs), members of pharmacy organisations and commissioners. The questioning schedule was developed using the Theoretical Domains Framework which helped inform recommendations to facilitate AMS in community pharmacy.RESULTS8 GPs, 28 pharmacists, 13 pharmacy staff, 6 representatives from pharmacy organisations in England and Wales, and 2 local stakeholders participated.Knowledge and skills both facilitated or hindered provision of self-care and compliance advice by different grades of pharmacy staff. Some staff were not aware of the impact of giving self-care and compliance advice to help control antimicrobial resistance (AMR). The pharmacy environment created barriers to AMS; this included lack of time of well-qualified staff leading to misinformation from underskilled staff to patients about the need for antibiotics or the need to visit the GP, this was exacerbated by lack of space. AMS activities were limited by absent diagnoses on antibiotic prescriptions.Several pharmacy staff felt that undertaking patient examinations, questioning the rationale for antibiotic prescriptions and performing audits would allow them to provide more tailored AMS advice.CONCLUSIONSInterventions are required to overcome a lack of qualified staff, time and space to give patients AMS advice. Staff need to understand how self-care and antibiotic compliance advice can help control AMR. A multifaceted educational intervention including information for staff with feedback about the advice given may help. Indication for a prescription would enable pharmacists to provide more targeted antibiotic advice. Commissioners should consider the pharmacists' role in examining patients, and giving advice about antibiotic prescriptions.

2. An evaluation of a multifaceted, local Quality Improvement Framework for long-term conditions in UK primary care.

Authors Gabel, Frank; Chambers, Ruth; Cox, Tracey; Listl, Stefan; Maskrey, Neal
Source Family practice; Dec 2018
Publication Date Dec 2018
Publication Type(s) Journal Article
PubMedID 30576438
Database Medline
Available at Family practice from Available to NHS staff on request from UHL Libraries & Information Services (from non-NHS library) - click this link for more information Local Print Collection [location] : British Library via UHL Libraries - please click link to request article.

Abstract BackgroundThe evidence that large pay-for-performance schemes improve the health of populations is mixed-evidence regarding locally implemented schemes is limited.ObjectiveThis study evaluates the effects in Stoke-on-Trent of a local, multifaceted Quality Improvement Framework including pay for performance in general practice introduced in 2009 in the context of the national Quality and Outcomes Framework that operated from 2004.MethodsWe compared age-standardized mortality data from all 326 local authorities in England with the rates in Stoke-on-Trent using Difference-in-Differences, estimating a fixed-effects linear regression model with an interaction effect.ResultsIn addition to the existing downward trend in cardiovascular deaths, we find an additional annual reduction of 36 deaths compared with the national mean for coronary heart disease and 13 deaths per 100000 from stroke in Stoke-on-Trent. Compared with the national mean, there was an additional reduction of 9 deaths per 100000 people per annum for coronary heart disease and 14 deaths per 100000 people per annum for stroke following the introduction of the 2009 Stoke-on-Trent Quality Improvement Framework.ConclusionThere are concerns about the unintended consequences of large pay-for-performance schemes in health care, but in a population with a high prevalence of disease, they may at least initially be beneficial. This study also provides evidence that a local, additional scheme may further improve the health of populations. Such schemes, whether national or local, require periodic review to evaluate the balance of their benefits and risks.

3. Preoperative Mechanical and Oral Antibiotic Bowel Preparation to Reduce Infectious Complications of Colorectal Surgery - The Need for Updated Guidelines.

Authors Battersby, C L F; Battersby, N J; Slade, D A J; Soop, M; Walsh, C J
Source The Journal of hospital infection; Dec 2018
Publication Date Dec 2018
Publication Type(s) Journal Article
PubMedID 30579970
Database Medline
Available at The Journal of hospital infection from Available to NHS staff on request from UHL Libraries & Information Services (from NULJ library) - click this link for more information Local Print Collection [location] : UHL Libraries On Request (Free).
Available at The Journal of hospital infection from Available to NHS staff on request from UHL Libraries & Information Services (from non-NHS library) - click this link for more information Local Print Collection [location] : British Library via UHL Libraries - please click link to request article.
Abstract Association of mechanical bowel preparation with oral antibiotics and anastomotic leak following left sided; colorectal resection: an international, multi-centre, prospective audit.BACKGROUNDIncreasing evidence indicates that combined mechanical and oral antibiotic bowel preparation reduces the infectious complications of colorectal surgery. Anecdotal evidence suggests the combination is rarely used in the UK & Europe.AIMTo establish colorectal surgeons' current use, and awareness of the benefits of such bowel preparation amongst, and to identify decision-making influences surrounding preoperative bowel preparation.METHODAn electronic survey was emailed to all members of the Association of Coloproctology of Great Britain and Ireland, and promoted via Twitter.FINDINGS495 respondents completed the survey: 413 (83.2%) UK, 39 (7.9%) other European, 43 (8.7%) non-European. Respondents used oral antibiotics for 12%-20% of cases. Mechanical bowel preparation (MBP), phosphate enema, and no preparation respectively ranged between 9%-80%. Combined MBP and oral antibiotic bowel preparation ranged between 5.5%-18.6%. 53% (260/495) agreed that combined mechanical and oral antibiotic bowel preparation reduces surgical site infection. 32% (157/495) agreed that the combination reduces risk of anastomotic leak. Kappa statistics between 0.06-0.27 indicate considerable incongruity between surgeons' awareness of the literature, and day-to-day practice. 24% (96/495) believed MBP to be incompatible with ERAS. 41% (204/495) believe that MBP delays return to normal intestinal function.CONCLUSIONSFew UK and European colorectal surgeons use mechanical and oral antibiotic bowel preparation, despite evidence of its efficacy in reducing infectious complications. The influence of ERAS pathways and UK and European guidelines may explain this. In contradiction to the UK and Europe, North American guidelines recommend incorporating MBP/OAB, into ERAS programmes. We suggest future UK and European guidelines incorporate MBP/OABP into the ERAS pathway.

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

Authors Paton, Carol; Adams, Clive E; Dye, Stephen; Fagan, Elizabeth; Okocha, Chike; Barnes, Thomas Re
Source Journal of psychopharmacology (Oxford, England); Dec 2018 ; p. 269881118817170
Publication Date Dec 2018
Publication Type(s) Journal Article
PubMedID 30565486
Database Medline
Abstract BACKGROUND:A quality improvement programme addressing prescribing practice for acutely disturbed behaviour was initiated by the Prescribing Observatory for Mental Health.METHOD:This study analysed data from a baseline clinical audit conducted in inpatient mental health services in member trusts.RESULTS:Fifty-eight mental health services submitted data on 2172 episodes of acutely disturbed behaviour. A benzodiazepine alone was administered in 60% of the 1091 episodes where oral medication only was used and in 39% of the 1081 episodes where parenteral medication (rapid tranquillisation) was used. Haloperidol was combined with lorazepam in 22% of rapid tranquillisation episodes and with promethazine in 3%. Physical violence towards others was strongly associated with receiving rapid tranquillisation in men (odds ratio 1.74, 1.25-2.44; p<0.001) as was actual or attempted self-harm in women (odds ratio 1.87, 1.19-2.94; p=0.007). Where physical violence towards others was exhibited, a benzodiazepine and antipsychotic was more likely to be prescribed than a benzodiazepine alone (odds ratio 1.39, 1.00-1.92; p=0.05). The data suggested that 25% of patients were at least 'extremely or continuously active' in the hour after rapid tranquillisation was administered.CONCLUSION:The current management of acutely disturbed behaviour with parenteral medication may fail to achieve a calming effect in up to a quarter of episodes. The most common rapid tranquillisation combination used was lorazepam and haloperidol, for which the randomised controlled trial evidence is very limited. Rapid tranquillisation prescribing practice was not wholly consistent with the relevant National Institute for Health and Care Excellence guideline, which recommends intramuscular lorazepam on its own or intramuscular haloperidol combined with intramuscular promethazine. Clinical factors prompting the use of rapid tranquillisation rather than oral medication may differ between the genders.

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

Authors Shepherd, Sheila; Saraff, Vrinda; Shaw, Nick; Banerjee, Indraneel; Patel, Leena
Source Archives of disease in childhood; Dec 2018
Publication Date Dec 2018
Publication Type(s) Journal Article
PubMedID 30567827
Database Medline
Available at Archives of disease in childhood from BMJ Journals - NHS
Available at Archives of disease in childhood from Available to NHS staff on request from UHL Libraries & Information Services (from NULJ library) - click this link for more information Local Print Collection [location] : UHL Libraries On Request (Free).
Available at Archives of disease in childhood from Available to NHS staff on request from UHL Libraries & Information Services (from non-NHS library) - click this link for more information Local Print Collection [location] : British Library via UHL Libraries - please click link to request article.

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

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

Authors Lythgoe, Hanna; Almeida, Beverley; Bennett, Joshua; Bhat, Chandrika; Bilkhu, Amarpal; Brennan, Mary; Deepak, Samundeeswari; Dawson, Pamela; Eleftheriou, Despina; Harrison, Kathryn; Hawley, Daniel; Heaf, Eleanor; Leone, Valentina; Long, Ema; Maltby, Sarah; McErlane, Flora; Rafiq, Nadia; Ramanan, Athimalaipet V; Riley, Phil; Rangaraj, Satyapal; Varnier, Giulia; Wilkinson, Nick; Pain, Clare E
Source Pediatric rheumatology online journal; Dec 2018; vol. 16 (no. 1); p. 80
Publication Date Dec 2018
Publication Type(s) Journal Article
PubMedID 30563543
Database Medline
Available at Pediatric rheumatology online journal from ProQuest (Hospital Premium Collection) - NHS Version
Available at Pediatric rheumatology online journal from BioMed Central
Available at Pediatric rheumatology online journal from Europe PubMed Central - Open Access
Available at Pediatric rheumatology online journal from Available to NHS staff on request from UHL Libraries & Information Services (from non-NHS library) - click this link for more information Local Print Collection [location] : British Library via UHL Libraries - please click link to request article.

Abstract OBJECTIVETo describe current United Kingdom practice in assessment and management of patients with juvenile localised scleroderma (JLS) compared to Paediatric Rheumatology European Society (PRES) scleroderma working party recommendations.METHODSPatients were included if they were diagnosed with JLS and were under the care of paediatric rheumatology between 04/2015-04/2016. Retrospective data was collected in eleven UK centres using a standardised proforma and collated centrally.RESULTS149 patients were included with a median age of 12.5 years. The outcome measures recommended by the PRES scleroderma working party were not utilised widely. The localised scleroderma cutaneous assessment tool was only used in 37.6% of patients. Screening for extracutaneous manifestations did not meet recommendations that patients with head involvement have regular screening for uveitis and baseline magnetic resonance imaging (MRI) brain: only 38.5% of these patients were ever screened for uveitis; 71.2% had a MRI brain. Systemic treatment with disease-modifying anti-rheumatic drugs (DMARDs) or biologics was widely used (96.0%). In keeping with the recommendations, 95.5% of patients were treated with methotrexate as first-line therapy. 82.6% received systemic corticosteroids and 34.2% of patients required two or more DMARDs/biologics, highlighting the significant treatment burden. Second-line treatment was mycophenolate mofetil in 89.5%.CONCLUSIONThere is wide variation in assessment and screening of patients with JLS but a consistent approach to systemic treatment within UK paediatric rheumatology. Improved awareness of PRES recommendations is required to ensure standardised care. As recommendations are based on low level evidence and consensus opinion, further studies are needed to better define outcome measures and treatment regimens for JLS.

7. Admissions for hypoglycaemia after 35 weeks of gestation: perinatal predictors of cost of stay.

Authors Dassios, Theodore; Greenough, Anne; Leontiadi, Stamatina; Hickey, Ann; Kametas, Nikos A
Source The journal of maternal-fetal & neonatal medicine : the official journal of the European Association of Perinatal Medicine, the Federation of Asia and Oceania Perinatal Societies, the International Society of Perinatal Obstetricians; Feb 2019; vol. 32 (no. 3); p. 448-454
Publication Date Feb 2019
Publication Type(s) Journal Article
PubMedID 28922987
Database Medline
Available at Journal of Maternal-Fetal & Neonatal Medicine from Available to NHS staff on request from UHL Libraries & Information Services (from non-NHS library) - click this link for more information Local Print Collection [location] : British Library via UHL Libraries - please click link to request article.

Abstract BACKGROUNDHypoglycaemia accounts for approximately one-tenth of term admissions to neonatal units can cause long-term neurodevelopmental impairment and is associated with the significant burden to the affected infants, families and the health system.OBJECTIVETo define the prevalence, length and cost of admissions for hypoglycaemia in infants born at greater than 35 weeks gestation and to identify antenatal and perinatal predictors of those outcomes.MATERIALS AND METHODSThis was a retrospective audit of infants admitted for hypoglycaemia between 1 January 2012 and 31 December 2015, in a level three neonatal intensive care unit at King's College Hospital NHS Foundation Trust, London. The main outcome measures were the prevalence, length and cost of admissions for hypoglycaemia and antenatal and postnatal predictors of the length and cost of the stay.RESULTSThere were 474 admissions for hypoglycaemia (17.8% of total admissions). Their median (IQR) blood glucose on admission was 2.1 (1.7-2.4) mmol/l, gestation at delivery 38.1 (36.7-39.3) weeks, birthweight percentile 31.4 (5.4-68.9), their length of stay was 3.0 (2.0-5.0). Admissions equated to a total of 2107 hospital days. The total cost of the stay was 1,316,591 Great Britain pound. The antenatal factors associated with admission for hypoglycaemia were maternal hypertension (19.8%), maternal diabetes (24.5%), foetal growth restriction (FGR) (25.9%) and pathological intrapartum cardiotocograph (23.4%). In 13.7% of cases, there was no associated pregnancy complication. Multivariate logistic regression analysis demonstrated lower gestational age, z-score birthweight squared, exclusive breastfeeding and maternal prescribed nifedipine were independently associated with the length and cost of the stay.CONCLUSIONHypoglycaemia accounted for approximately one-fifth of admissions after 35-week gestation. Lower gestational age and admission blood glucose, low and high z-score birthweight, maternal nifedipine and exclusive breastfeeding are associated with longer duration of stay.

8. Engagement with peer observation of teaching by a dental school faculty in the United Kingdom.

Authors Buchanan, John A G; Parry, David
Source European journal of dental education : official journal of the Association for Dental Education in Europe; Feb 2019; vol. 23 (no. 1); p. 42-53
Publication Date Feb 2019
Publication Type(s) Journal Article
PubMedID 30171662
Database Medline

Available at European journal of dental education : official journal of the Association for Dental Education in Europe 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 INTRODUCTIONWell-conducted peer observation of teaching (POT) programmes are effective in enhancing teaching quality and teacher development in higher education including healthcare teaching. This study evaluated POT's use in dental education and involved predominantly clinical dental educators working in a United Kingdom (UK) dental school and hospital. It aimed to (i) audit their engagement with POT, (ii) review the design(s) of POT in use, (iii) assess participant's perceived value of POT and (iv) explore ways that the existing programme could be enhanced to maximise its utility.METHODDental educators' teaching role and experience, current engagement and experience of POT were explored using an anonymous mixed methodology questionnaire survey which was administered during 2016. Free-text responses were subjected to thematic analysis to identify emerging themes.RESULTSOf 65 surveys distributed, 57 (88%) completed surveys were returned. The majority of respondents reported that POT was a useful process which resulted in self-perceived enhanced teaching quality. Choice of observer emerged as fundamental to POT's success. Despite recognising its utility, only 46% of the academic teaching faculty underwent POT during a 12-month period. Utilisation of a reciprocal, "critical friends" approach was infrequent. A number of barriers to its regular and effective use emerged.CONCLUSIONSPOT is an effective method for dental educator development through feedback and self-reflection. Strategies to enhance the Dental Institute's POT programme are suggested. The quality of the POT process rather than its frequency is an important factor to consider. POT may be an effective developmental intervention for part-time teachers.

9. Development and implementation of a national quality improvement skills curriculum for urology residents in the United Kingdom: A prospective multi-method, multi-center study.

Authors Pallari, Elena; Khadjesari, Zarnie; Green, James S A; Sevdalis, Nick
Source American journal of surgery; Feb 2019; vol. 217 (no. 2); p. 233-243
Publication Date Feb 2019
Publication Type(s) Journal Article
PubMedID 30477760
Database Medline
Available at American Journal of Surgery from Available to NHS staff on request from UHL Libraries & Information Services (from NULJ library) - click this link for more information Local Print Collection [location] : UHL Libraries On Request (Free).
Available at American Journal of Surgery 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 BACKGROUNDSurgical quality improvement (QI) is a global priority. We report the design and proof-of concept testing of a QI skills curriculum for urology residents.METHODS'Umbrella review' of QI curricula (Phase-1); development of draft QI curriculum (Phase-2); curriculum review by Steering Committee of urologists (Attendings & Residents), QI and medical education experts and patients (Phase-3); proof-of-concept testing (Phase-4).RESULTSPhase-1: Six systematic reviews were identified of 4332 search hits. Most curricula are developed/evaluated in the USA; use mixed teaching methods (incl. didactic, QI exercises & self-reflection); and introduce core QI techniques (e.g., Plan-Do-Study-Act). Phase-2: curriculum drafted. Phase-3: the curriculum was judged to represent state-of-the-art, relevant QI training. Stronger patient involvement element was incorporated. Phase-4: the curriculum was delivered to 43 urology residents. The delivery was feasible; the curriculum implementable; and a knowledge-skills-attitudes evaluation approach successful.CONCLUSIONWe have developed a practical QI curriculum, for further evaluation and national implementation.

10. Where are we now in perioperative medicine? Results from a repeated UK survey of geriatric medicine delivered services for older people.

Authors Joughin, Andrea L; Partridge, Judith S L; O'Halloran, Tessa; Dhesi, Jugdeep K
Source Age and ageing; Jan 2019
Publication Date Jan 2019
Publication Type(s) Journal Article
PubMedID 30624577
Database Medline
Available at Age and ageing from Ovid (Journals @ Ovid) - Remote Access
Available at Age and ageing from Available to NHS staff on request from UHL Libraries & Information Services (from NULJ library) - click this link for more information Local Print Collection [location] : UHL Libraries On Request (Free).

Available at Age and ageing 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 Introductionnational reports highlight deficiencies in the care of older patients undergoing surgery. A 2013 survey showed less than a third of NHS trusts had geriatrician-led perioperative medicine services for older surgical patients. Barriers to establishing services included funding, workforce and limited interspecialty collaboration. Since then, national initiatives have supported the expansion of geriatrician-led services for older surgical patients. This repeat survey describes geriatrician-led perioperative medicine services in comparison with 2013, exploring remaining barriers to developing perioperative medicine services for older patients.Methodsan electronic survey was sent to clinical leads for geriatric medicine at 152 acute NHS healthcare trusts in the UK. Reminders were sent on four occasions over an 8-week period. The survey examined the nature of the services provided, extent of collaborative working and barriers to service development. Responses were analysed descriptively.Resultseighty-one (53.3%) respondents provide geriatric medicine services for older surgical patients, compared to 38 (29.2%) in 2013. Services exist across surgical specialties, especially in orthopaedics and general surgery. Fourteen geriatrician-led preoperative clinics now exist. Perceived barriers to service development remain workforce issues and funding. Interspecialty collaboration has increased, evidenced by joint audit meetings (33% from 20.8%) and collaborative guideline development (31% from 17%).Conclusionsince 2013, an increase in whole-pathway geriatric medicine involvement is observed across surgical specialties. However, considerable variation persists across the UK with scope for wider adoption of services facilitated through a national network.

11. Similarity to prototypical heavy drinkers and non-drinkers predicts AUDIT-C and risky drinking in young adults: prospective study.

Authors Davies, Emma L
Source Psychology & health; Jan 2019 ; p. 1-19
Publication Date Jan 2019
Publication Type(s) Journal Article
PubMedID 30614287
Database Medline
Available at Psychology & health from Available to NHS staff on request from UHL Libraries & Information Services (from NULJ library) - click this link for more information Local Print Collection [location] : UHL Libraries On Request (Free).

Abstract OBJECTIVEThe aim of the present study was to explore whether constructs within the Prototype Willingness Model (PWM) predicted risky drinking as measured by AUDIT-C, drinking harms and unplanned drunkenness in a sample of UK young adults. Previous studies exploring the PWM often do not use validated measures of alcohol consumption, and the outcomes of risky drinking are underexplored.DESIGNAn online prospective study design with 4 week follow-up was employed and 385 young adults completed the study (M age = 21.76, SD = 3.39, 69.6% female; 85.2% students).MAIN OUTCOME MEASURESIntentions to get drunk, AUDIT-C, drinking harms experienced in the last 4 weeks, and unplanned drunkenness in the last 4 weeks.RESULTSHeavy and non-drinker prototype similarity predicted AUDIT-C, drinking harms and unplanned drunkenness when controlling for past behaviour and reasoned action pathway constructs. Intentions and willingness both mediated the relationship between prototype perceptions and AUDIT-C.CONCLUSIONThis study supports the use of the PWM in the prediction of AUDIT-C, drinking harms and unplanned drinking in a UK sample. Prototype perceptions influenced behaviour via both reasoned and reactive cognitions. Targeting similarity to heavy and non-drinker prototypes should be the focus of future interventions in this population.

12. National prospective observational study of inpatient management of adults with epistaxis - a National Trainee Research Collaborative delivered investigation.

Authors INTEGRATE (UK National ENT research trainee network) on its behalf: ; Mehta, Nishchay; Stevens, Kara; Smith, Matthew E; Williams, Richard J; Ellis, Matthew; Hardman, John C; Hopkins, Claire
Source Rhinology; Jan 2019
Publication Date Jan 2019
Publication Type(s) Journal Article
PubMedID 30610832
Database Medline
Available at Rhinology from EBSCO (MEDLINE Complete)
Available at Rhinology 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 BACKGROUNDThere is a paucity of high-quality evidence relating to the management of epistaxis severe enough to require admission to a hospital. Previous studies of interventions for epistaxis have suffered from small sample sizes. They lacked the power to allow analysis of the effect of an intervention on epistaxis control that is independent of the condition severity or additional interventions given.OBJECTIVETo determine the effect of specialist treatments on the successful management of severe epistaxis METHODOLOGY: Secondary analysis of data collected from a national multi-centre audit of patients with epistaxis over 30 days in 2016. Data were entered prospectively, and patients were followed up for 30 days following hospital discharge. 1402 adults admitted for inpatient management of epistaxis were identified in 113 participating UK hospitals, with data entered prospectively during the 30-day audit window. Exposure variables assessed included treatment instigated at first ENT review, intervention strategy during hospitalization, disease factors (e.g. severity), patient risk factors (e.g. co-morbidities, medications) and treatment factors (grade of doctor, therapies initiated during hospital stay). Main Outcomes include treatment time (time from first ENT review to time haemostasis was achieved and patient was safe for hospital discharge) and 30-day hospital readmission rate.RESULTS834 patients had sufficient data for inclusion. Patients who did not receive nasal cautery at first specialist review had a treatment time greater than double the time of those who were cauterised: Adjusted ratio (aR) 2.5 (95% CI 1.7-3.3), after controlling for age, bleeding severity, and whether they received a nasal pack or not. Only 30% of patients received management that complied with new national guidance, but those that did were 87% more likely to be achieve haemostasis before those that did not, even after controlling for bleeding severity. Type of treatment, whether initial intervention or management strategy, did not affect 30-day re-attendance.CONCLUSIONSAnalysis of national audit data suggest that cautery at first specialist review, and management according to national guidance can reduce hospital treatment times without compromising 30-day re-attendance. Future work should investigate why early nasal cautery is infrequently used, and how service delivery can be optimised to allow widespread implementation of evidence-based management for epistaxis.

13. To what extent is the variation in cardiac rehabilitation quality associated with patient characteristics?

Authors Salman, Ahmad; Doherty, Patrick
Source BMC health services research; Jan 2019; vol. 19 (no. 1); p. 3
Publication Date Jan 2019
Publication Type(s) Journal Article
PubMedID 30606181
Database Medline
Available at BMC Health Services Research from BioMed Central
Available at BMC Health Services Research from Europe PubMed Central - Open Access
Available at BMC Health Services Research from EBSCO (MEDLINE Complete)

Abstract BACKGROUNDHuge variability in quality of service delivery of cardiac rehabilitation (CR) in the UK. This study aimed to ascertain whether the variation in quality of CR delivery is associated with participants' characteristics.METHODSIndividual patient data from 1 April 2013 to 31 March 2014 were collected electronically from the UK's National Audit of Cardiac Rehabilitation database. Quality of CR delivery is categorised as low, middle, and high based on six service-level criteria. The study included a range of patient variables: patient demographics, cardiovascular risk factors, comorbidities, physical and psychosocial health measures, and index of multiple deprivation.RESULTSThe chance that a CR patient with more comorbidities attended a high-quality programme was 2.13 and 1.85 times higher than the chance that the same patient attended a low- or middle-quality programme, respectively. Patients who participated in high-quality CR programmes tended to be at high risk (e.g. increased waist size and high blood pressure); high BMI, low physical activity levels and high Hospital Anxiety and Depression Scale scores; and were more likely to be smokers, and be in more socially deprived groups than patients in low-quality programmes.CONCLUSIONSThese findings show that the quality of CR delivery can be improved and meet national standards by serving a more multi-morbid population which is important for patients, health providers and commissioners of healthcare. In order for low-quality programmes to meet clinical standards, CR services need to be more inclusive in respect of patients' characteristics identified in the study. Evaluation and dissemination of information about the populations served by CR programmes may help low-quality programmes to be more inclusive.

14. Association between age, deprivation and specific comorbid conditions and the receipt of major surgery in patients with non-small cell lung cancer in England: A population-based study.

Authors Belot, Aurélien; Fowler, Helen; Njagi, Edmund Njeru; Luque-Fernandez, Miguel-Angel; Maringe, Camille; Magadi, Winnie; Exarchakou, Aimilia; Quaresma, Manuela; Turculet, Adrian; Peake, Michael D; Navani, Neal; Rachet, Bernard
Source Thorax; Jan 2019; vol. 74 (no. 1); p. 51-59
Publication Date Jan 2019
Publication Type(s) Journal Article
PubMedID 30100577
Database Medline

Available at Thorax from BMJ Journals - NHS
Available at Thorax from Available to NHS staff on request from UHL Libraries & Information Services (from NULJ library) - click this link for more information Local Print Collection [location] : UHL Libraries On Request (Free).
Available at Thorax 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 INTRODUCTIONWe investigated socioeconomic disparities and the role of the main prognostic factors in receiving major surgical treatment in patients with lung cancer in England.METHODSOur study comprised 31 351 patients diagnosed with non-small cell lung cancer in England in 2012. Data from the national population-based cancer registry were linked to Hospital Episode Statistics and National Lung Cancer Audit data to obtain information on stage, performance status and comorbidities, and to identify patients receiving major surgical treatment. To describe the association between prognostic factors and surgery, we performed two different analyses: one using multivariable logistic regression and one estimating cause-specific hazards for death and surgery. In both analyses, we used multiple imputation to deal with missing data.RESULTSWe showed strong evidence that the comorbidities 'congestive heart failure', 'cerebrovascular disease' and 'chronic obstructive pulmonary disease' reduced the receipt of surgery in early stage patients. We also observed gender differences and substantial age differences in the receipt of surgery. Despite accounting for sex, age at diagnosis, comorbidities, stage at diagnosis, performance status and indication of having had a PET-CT scan, the socioeconomic differences persisted in both analyses: more deprived people had lower odds and lower rates of receiving surgery in early stage lung cancer.DISCUSSIONComorbidities play an important role in whether patients undergo surgery, but do not completely explain the socioeconomic difference observed in early stage patients. Future work investigating access to and distance from specialist hospitals, as well as patient perceptions and patient choice in receiving surgery, could help disentangle these persistent socioeconomic inequalities.

15. National comparative audit of red blood cell transfusion practice in hospices: Recommendations for palliative care practice.

Authors Neoh, Karen; Gray, Ross; Grant-Casey, John; Estcourt, Lise; Malia, Catherine; Boland, Jason W; Bennett, Michael I
Source Palliative medicine; Jan 2019; vol. 33 (no. 1); p. 102-108
Publication Date Jan 2019
Publication Type(s) Journal Article
PubMedID 30260291
Database Medline
Available at Palliative Medicine from Available to NHS staff on request from UHL Libraries & Information Services (from NULJ library) - click this link for more information Local Print Collection [location] : UHL Libraries On Request (Free).
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Abstract BACKGROUND:Red blood cell transfusions are commonly used in palliative care to treat anaemia or symptoms caused by anaemia. In patients with advanced disease, there is little evidence of benefit to guide treatment decisions in the face of increased risk of harms.AIM:To determine national transfusion practice in hospices and compare this against National Institute for Health and Care Excellence and British Society of Haematology guidelines to develop recommendations to improve practice.DESIGN AND SETTING:Prospective data collection on red blood cell transfusion practice in UK adult hospices over a 3-month census period.RESULTS:A total of 121/210 (58%) hospices participated. A total of 465 transfusion episodes occurred in 83 hospices. Patients had a mean age of 71 years, and 96% had cancer. Mean pre-transfusion haemoglobin was 75 g/L (standard deviation = 11.15). Anaemia of chronic disease was the largest cause of anaemia (176; 38%); potentially amenable to alternative treatments. Haematinics were not checked in 70% of patients. Alternative treatments such as B12, folate and iron were rarely used. Despite transfusion-associated circulatory overload risk, 85% of patients were not weighed, and 84% had two or more units transfused. Only 83 (18%) patients had an improvement maintained at 30 days; 142 (31%) had <14 day improvement, and 50 (11%) had no improvement. A total of 150 patients (32%) were dead at 30 days.CONCLUSION:More rigorous investigation of anaemia, increased use of alternative therapies and more restrictive approach to red cell transfusions are recommended. Clinicians should discuss the limited benefit versus potentially higher risks with patients in hospice services to inform treatment decisions.

16. Variation in the perioperative care of women undergoing abdominal-based microvascular breast reconstruction in the United Kingdom (The optiFLAPP Study).

Authors optiFLAPP Collaborative
Source Journal of plastic, reconstructive & aesthetic surgery : JPRAS; Jan 2019; vol. 72 (no. 1); p. 35-42
Publication Date Jan 2019

Publication Type(s) Journal Article
PubMedID 30292696
Database Medline
Available at Journal of plastic, reconstructive & aesthetic surgery : JPRAS from Available to NHS staff on request from UHL Libraries & Information Services (from NULJ library) - click this link for more information Local Print Collection [location] : UHL Libraries On Request (Free).
Available at Journal of plastic, reconstructive & aesthetic surgery : JPRAS 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 INTRODUCTIONAbdominal-based microvascular breast reconstruction constitutes approximately one-fifth of reconstructions following mastectomy for breast cancer. Enhanced recovery after surgery (ERAS) protocols have been implemented to improve patient care. The aim of this project was to identify variation in the perioperative care of women undergoing microvascular breast reconstruction to inform development of an ERAS protocol.METHODSSurveys were developed for plastic surgeons, anaesthetists and the lead clinician for breast reconstruction at each unit. These assessed most aspects of perioperative care. A team of medical student collaborators was identified. This team created a list of surgeons and anaesthetists in the United Kingdom by unit. REDCap was used to record their responses.RESULTSNineteen (19/39, 49%) lead clinicians, 83 (83/134, 62%) plastic surgeons and 71 (71/100, 71%) anaesthetists from units across the UK completed the surveys. Marked variation was identified in the clinician responses when compared with the national and international guidelines. This variation covered many aspects of patient care including antibiotic and fluid prescribing, surgical technique, post-operative care and recording of patient outcomes.CONCLUSIONSThe optiFLAPP national practice survey has demonstrated variation in the perioperative care of women undergoing abdominal-based microvascular breast reconstruction. We propose a large prospective audit to assess current protocols and support development of randomised controlled trials.

17. The Impact of Nursing Homes Staff Education on End-of-Life Care in Residents With Advanced Dementia: A Quality Improvement Study.

Authors Di Giulio, Paola; Finetti, Silvia; Giunco, Fabrizio; Basso, Ines; Rosa, Debora; Pettenati, Francesca; Bussotti, Alessandro; Villani, Daniele; Gentile, Simona; Boncinelli, Lorenzo; Monti, Massimo; Spinsanti, Sandro; Piazza, Massimo; Charrier, Lorena; Toscani, Franco
Source Journal of pain and symptom management; Jan 2019; vol. 57 (no. 1); p. 93-99
Publication Date Jan 2019
Publication Type(s) Journal Article
PubMedID 30315916
Database Medline
Available at Journal of pain and symptom management from ScienceDirect Please click on 'Sign in' and then on 'OpenAthens' for the site to recognise your Athens account and provide access to the full range of issues.
Available at Journal of pain and symptom management from Available to NHS staff on request from UHL Libraries & Information Services (from NULJ library) - click this link for more information Local Print Collection [location] : UHL Libraries On Request (Free).

Abstract CONTEXTEnd-of-life care in nursing homes (NHs) needs improvement. We carried out a study in 29 NHs in the Lombardy Region (Italy).OBJECTIVESThe objective of this study was to compare end-of-life care in NH residents with advanced dementia before and after an educational intervention aimed to improving palliative care.METHODSThe intervention consisted of a seven-hour lecture, followed by two 3-hour meetings consisting of case discussions. The intervention was held in each NH and well attended by NH staff. This multicenter, comparative, observational study included up to 20 residents with advanced dementia from each NH: the last 10 who died before the intervention (preintervention group, 245 residents) and the first 10 who died at least three months after the intervention (postintervention group, 237 residents). Data for these residents were collected from records for 60 days and seven days before death.RESULTSThe use of "comfort hydration" (<1000 mL/day subcutaneously) tended to increase from 16.9% to 26.8% in the postintervention group. The number of residents receiving a palliative approach for nutrition and hydration increased, though not significantly, from 24% preintervention to 31.5% postintervention. On the other hand, the proportion of tube-fed residents and residents receiving intravenous hydration decreased from 15.5% to 10.5%, and from 52% to 42%, respectively. Cardiopulmonary resuscitations decreased also from 52/245 (21%) to 18/237 (7.6%) cases (P = 0.002).CONCLUSIONThe short educational intervention modified some practices relevant to the quality of end-of-life care of advanced dementia patients in NHs, possibly raising and reinforcing beliefs and attitudes already largely present.

18. Pilot Teledermatology Service for Assessing Solitary Skin Lesions in a Tertiary London Dermatology Center.

Authors Cheung, Chung-Mei Maggie; Muttardi, Kayria; Chinthapalli, Suchitra; Ismail, Ferina
Source Journal for healthcare quality : official publication of the National Association for Healthcare Quality; ; vol. 41 (no. 1); p. e1
Publication Type(s) Journal Article

PubMedID 29634594
Database Medline
Available at Journal for healthcare quality : official publication of the National Association for Healthcare Quality 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 BACKGROUNDEfficient clinical pathways are needed to meet the growing pressures in dermatology due to the significant rise in the number of suspected skin cancer referrals. Our hospital serves a wide geographical area and receives a large number of 2-week-wait (2WW) suspected skin cancer referrals. In the United Kingdom, approximately 10-12% of 2WW referrals are diagnosed as skin cancers fulfilling the 2WW criteria.PURPOSEWe sought to assess the role of teledermatology in reducing hospital consultations for patients referred via the dermatology 2WW pathway.METHODSWe piloted a teledermatology service and detailed the clinical outcomes of patients with solitary skin lesions of uncertain diagnosis triaged through this pathway. Seventy-six primary care referrals were reviewed by consultant dermatologists and analyzed against the British Association of Dermatologists' teledermatology audit standards.RESULTSIn 52/76 (68%) of patients, confident benign diagnoses were made, avoiding the need for a face-to-face (FTF) consultation.CONCLUSIONSOur results showed that with adequate image quality, teledermatology can be used to accurately diagnose skin lesions.IMPLICATIONSTeledermatology can significantly reduce the number of urgent referrals necessitating FTF appointments, therefore providing a new solution to streamline care delivery.

19. Making and breaking a health service.

Authors Doran, Tim
Source Health economics, policy, and law; Jan 2019; vol. 14 (no. 1); p. 19-24
Publication Date Jan 2019
Publication Type(s) Journal Article
PubMedID 29547366
Database Medline
Available at Health economics, policy, and law 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 creation of the National Health Service (NHS) marked a radical break with the past, making health care universally available on the basis of need rather than means. The NHS was conceived during wartime emergency and has had to survive further regular crises to reach its 70th year, but it now faces challenges that are unprecedented in scale and there are doubts about its ability to continue in its present form. Resources have not increased with need, and the NHS can no longer function as a comprehensive service during periods of peak demand. Policymakers look for solutions in service rearrangements, new technologies, quality improvement initiatives and alternative funding arrangements; meanwhile, chronic lack of capacity is taking a predictable toll on patient care and staff morale. The NHS has become a formidably resilient institution, but securing its future may take as great a collective effort as the one that created it.

20. A Comparison of Mortality From Sepsis in Brazil and England: The Impact of Heterogeneity in General and Sepsis-Specific Patient Characteristics.

Authors Ranzani, Otavio T; Shankar-Hari, Manu; Harrison, David A; Rabello, Lígia S; Salluh, Jorge I F; Rowan, Kathryn M; Soares, Marcio
Source Critical care medicine; Jan 2019; vol. 47 (no. 1); p. 76-84
Publication Date Jan 2019
Publication Type(s) Journal Article
PubMedID 30247269
Database Medline
Available at Critical care medicine from Ovid (Journals @ Ovid) - Remote Access
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Abstract OBJECTIVESTo test whether differences in both general and sepsis-specific patient characteristics explain the observed differences in sepsis mortality between countries, using two national critical care (ICU) databases.DESIGNCohort study.SETTINGWe analyzed 62 and 164 ICUs in Brazil and England, respectively.PATIENTSTwenty-two-thousand four-hundred twenty-six adult ICU admissions from January 2013 to December 2013.INTERVENTIONSNone.MEASUREMENTS AND MAIN RESULTSAfter harmonizing relevant variables, we merged the first ICU episode of adult medical admissions from Brazil (ORganizational CHaractEeriSTics in cRitical cAre study) and England (Intensive Care National Audit & Research Centre Case Mix Programme). Sepsis-3 definition was used, and the primary outcome was hospital mortality. We used multilevel logistic regression models to evaluate the impact of country (Brazil vs England) on mortality, after adjustment for general (age, sex, comorbidities, functional status, admission source, time to admission) and sepsis-specific (site of infection, organ dysfunction type and number) patient characteristics. Of medical ICU admissions, 13.2% (4,505/34,150) in Brazil and 30.7% (17,921/58,316) in England met the sepsis definition. The Brazil cohort was older, had greater prevalence of severe comorbidities and dependency compared with England. Respiratory was the most common infection site in both countries. The most common organ dysfunction was cardiovascular in Brazil (41.2%) and respiratory in England (85.8%). Crude hospital mortality was similar (Brazil 41.4% vs England 39.3%; odds ratio, 1.12 [0.98-1.30]). After adjusting for general patient characteristics, there was an important change in the point-estimate of the odds ratio (0.88 [0.75-1.02]). However, after adjusting for sepsis-specific patient characteristics, the direction of effect reversed again with Brazil having higher risk-adjusted mortality (odds ratio, 1.22 [1.05-1.43]).CONCLUSIONSPatients with sepsis admitted to ICUs in Brazil and England have important differences in general and sepsis-specific characteristics, from source of admission to organ dysfunctions. We show that comparing crude mortality from sepsis patients admitted to the ICU between countries, as currently performed, is not reliable and that the adjustment for both general and sepsis-specific patient characteristics is essential for valid international comparisons of mortality amongst sepsis patients admitted to critical care units.

21. Addressing the challenges of knowledge co-production in quality improvement: learning from the implementation of the researcher-in-residence model.

Authors Vindrola-Padros, Cecilia; Eyre, Laura; Baxter, Helen; Cramer, Helen; George, Bethan; Wye, Lesley; Fulop, Naomi J; Utley, Martin; Phillips, Natasha; Brindle, Peter; Marshall, Martin
Source BMJ quality & safety; Jan 2019; vol. 28 (no. 1); p. 67-73
Publication Date Jan 2019
Publication Type(s) Journal Article
PubMedID 29866766
Database Medline
Available at BMJ quality & safety from BMJ Journals - NHS

Abstract The concept of knowledge co-production is used in health services research to describe partnerships (which can involve researchers, practitioners, managers, commissioners or service users) with the purpose of creating, sharing and negotiating different knowledge types used to make improvements in health services. Several knowledge co-production models have been proposed to date, some involving intermediary roles. This paper explores one such model, researchers-in-residence (also known as 'embedded researchers').In this model, researchers work inside healthcare organisations, operating as staff members while also maintaining an affiliation with academic institutions. As part of the local team, researchers negotiate the meaning and use of research-based knowledge to co-produce knowledge, which is sensitive to the local context. Even though this model is spreading and appears to have potential for using co-produced knowledge to make changes in practice, a number of challenges with its use are emerging. These include challenges experienced by the researchers in embedding themselves within the practice environment, preserving a clear focus within their host organisations and maintaining academic professional identity.In this paper, we provide an exploration of these challenges by examining three independent case studies implemented in the UK, each of which attempted to co-produce relevant research projects to improve the quality of care. We explore how these played out in practice and the strategies used by the researchers-in-residence to address them. In describing and analysing these strategies, we hope that participatory approaches to knowledge co-production can be used more effectively in the future.

22. Results of the British Association of Urological Surgeons female stress urinary incontinence procedures outcomes audit 2014-2017.

Authors Cashman, Sophia; Biers, Suzanne; Greenwell, Tamsin; Harding, Chris; Morley, Roland; Cooper, David; Fowler, Sarah; Thiruchelvam, Nikesh; BAUS Section of Female Neurological and Urodynamic Urology
Source BJU international; Jan 2019; vol. 123 (no. 1); p. 149-159
Publication Date Jan 2019
Publication Type(s) Journal Article
PubMedID 30222915
Database Medline
Available at BJU international from Wiley

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Abstract OBJECTIVESTo analyse the results of the stress urinary incontinence (SUI) audit conducted by the British Association of Urological Surgeons (BAUS), and to present UK urologists' contemporary management of SUI.PATIENTS AND METHODSThe BAUS audit tool is an online resource, to which all UK urologists performing procedures for SUI are invited to submit data. The data entries for procedures performed during 2014-2016 were collated and analysed.RESULTSOver the 3-year period analysed, 2917 procedures were reported by 109 surgeons, with a median of 20 procedures reported per surgeon. A total of 2 366 procedures (81.1%) were recorded as a primary surgery, with 548 procedures (18.8%) performed for recurrent SUI. Within the time period analysed, changes were noted in the frequency of all procedures performed, with a trend towards a reduction in the use of synthetic mid-urethral tapes, and a commensurate increase in the use of urethral bulking agents and autologous fascial slings. A total of 107 (3.9% of patients) peri-operative complications were recorded, with no association identified with patient age, BMI or surgeon volume. Follow-up data were available on 1832 patients (62.8%) at a median of 100 days postoperatively. Reduced pad use was reported in 1311 of patients (84.5%) with follow-up data available and 86.3% reported a pad use of one or less per day. In all, 375 patients (85%) reported being satisfied or very satisfied with the outcome of their procedure at follow-up, although data entry for this domain was poor. De novo overactive bladder (OAB) symptoms were reported by 15.2% of patients (263/1727), and this was the most commonly reported postoperative complication. For those reporting pre-existing OAB prior to their SUI surgery, 28.7% (307/1069) of patients reported they got better after their procedure, whilst 61.9% (662/1069) of patients reported no change and 9.4% of patients (100/1 069) got worse.CONCLUSIONSThis review identified that, despite urological surgeons undertaking a relatively low volume of procedures per year, SUI surgery by UK urologists is associated with excellent short-term surgeon- and patient-reported outcomes and low numbers of low grade complications. Complications do not appear to be associated with surgeon volume, nor do they appear higher in those undergoing mesh surgery. Shortfalls in data collection have been identified, and a longer follow-up period is required to comment adequately on long-term complications, such as chronic pain and tape extrusion/erosion rates.

23. Severe group A streptococcal infections in mothers and their newborns in London and the South East, 2010-2016: assessment of risk and audit of public health management.

Authors Leonard, A; Wright, A; Saavedra-Campos, M; Lamagni, T; Cordery, R; Nicholls, M; Domoney, C; Sriskandan, S; Balasegaram, S
Source BJOG : an international journal of obstetrics and gynaecology; Jan 2019; vol. 126 (no. 1); p. 44-53
Publication Date Jan 2019
Publication Type(s) Journal Article
PubMedID 30070056
Database Medline
Available at BJOG : an international journal of obstetrics and gynaecology from Wiley
Available at BJOG : an international journal of obstetrics and gynaecology from Available to NHS staff on request from UHL Libraries & Information Services (from NULJ library) - click this link for more information Local Print Collection [location] : UHL Libraries On Request (Free).
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Abstract OBJECTIVEWe describe cases of invasive group A Streptococcus (iGAS) in mothers or neonates and assess management according to national guidelines, which recommend administering antibiotics to both mother and neonate if either develops iGAS infection within 28 days of birth and investigation of clusters in maternity units.DESIGNCross-sectional retrospective study.SETTING AND POPULATIONNotified confirmed iGAS cases in either mothers or neonates with onset within 28 days of birth in London and the South East of England between 2010 and 2016 METHOD: Review of public health records of notified cases.MAIN OUTCOME MEASURESIncidence and onset time of iGAS in postpartum mothers and babies, proportion given prophylaxis, maternity unit clusters within 6 months.RESULTSWe identified 134 maternal and 21 neonatal confirmed iGAS infections. The incidence (in 100 000 person years) of iGAS in women within 28 days postpartum was 109 (95% CI 90-127) compared with 1.3 in other females aged 15-44. For neonates the incidence was 1.5 (95% CI 9-23). The median onset time was 2 days postpartum [interquartile range (IQR) 0-5 days] for mothers and 12 days (IQR 7-15 days) for neonates. All eligible mothers and most (109, 89%) eligible neonates received chemoprophylaxis. Of 20 clusters (59 cases of GAS and iGAS) in maternity units, two clusters involved possible transmission. However, in 6 of 15 clusters, GAS isolates were not saved for comparison even after relevant guidance was issued.CONCLUSIONSiGAS infection remains a potential postpartum risk. Prophylaxis among neonates and storage of isolates from maternity cases can be improved.TWEETABLE ABSTRACTAre public health guidelines being followed in the management of mothers and their newborns to reduce the risk of iGAS infection?

24. Nursing home adoption of the National Healthcare Safety Network Long-term Care Facility Component.

Authors Dick, Andrew W; Bell, Jeneita M; Stone, Nimalie D; Chastain, Ashley M; Sorbero, Mark; Stone, Patricia W
Source American journal of infection control; Jan 2019; vol. 47 (no. 1); p. 59-64
Publication Date Jan 2019
Publication Type(s) Journal Article
PubMedID 30227943
Database Medline

Abstract BACKGROUNDHealth care-associated infections pose a significant problem in nursing homes (NHs). The Long-term Care Facility Component of the National Healthcare Safety Network (NHSN) was launched in 2012, and since then, enrollment of NHs into NHSN has been deemed a national priority. Our goal was to understand the characteristics of NHs reporting to the NHSN compared to other NHs across the country.METHODSTo meet this goal, we quantified the characteristics of NHs by NHSN enrollment status and reporting consistency using the Certification and Survey Provider Enhanced Reporting (CASPER) data linked to NHSN enrollment and reporting data.RESULTSOf the 16,081 NHs in our sample, 262 (or 1.6% of NHs) had enrolled in NHSN by the end of 2015; these early adopting facilities were more likely to be for-profit and had a higher percentage of Medicare residents. By the end of 2016, enrollment expanded by more than 5-fold to 1,956 facilities (or 12.2% of NHs). In our analysis, the characteristics of those later adopting NHs were more similar to NHs nationally than the early adopters. Specifically, bed size and hospital-based facilities were related to both early and late adoption of NHSN.CONCLUSIONSThe types of NHs that have enrolled in NHSN have changed substantially since the program began. The increased enrollment was likely due to the Centers for Medicare & Medicaid (CMS)-funded "C. difficile Infection (CDI) Reporting and Reduction Project" that incentivized Quality Innovation Network-Quality Improvement Organizations (QIN-QIOs) to support NH enrollment and participation in NHSN. Further understanding of a facility's ability to enroll in and maintain reporting to NHSN, and how this relates to infection prevention staffing and infrastructure in NHs and infection rates among NH residents, is needed.

Strategy 432444

#	Database	Search term	Results
1	Medline	(audit* OR "quality improvement*").ti,ab	155028
2	Medline	(NHS OR england OR UK OR "united kingdom" OR "national health service").ti,ab	178464
3	Medline	exp "UNITED KINGDOM"/	343705
4	Medline	exp "CLINICAL AUDIT"/	21128
5	Medline	exp "QUALITY IMPROVEMENT"/	17473
6	Medline	(1 OR 4 OR 5)	175028
7	Medline	(2 OR 3)	432701
8	Medline	(6 AND 7)	13082
9	Medline	8 [DT 2018-2018]	529
10	Medline	(leicester* OR glenfield).ti,ab,aa	25497
11	Medline	(8 AND 10)	269
12	Medline	11 [DT 2018-2018]	22
13	Medline	8 [DT 2018-2019]	547
14	Medline	8 [DT 2019-2019]	18