

Strategy 432444/9

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1. Exploring Preceptorship Programmes: Implications for Future Design.

Authors Taylor, Louise M; Eost-Telling, Charlotte L; Ellerton, Annie
Source Journal of clinical nursing; Nov 2018
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Publication Type(s) Journal Article
PubMedID 30431190
Database Medline
 Available at [Journal of clinical nursing](#) from Wiley Online Library Medicine and Nursing Collection 2018 - NHS
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 Available at [Journal of clinical nursing](#) from Available to NHS staff on request from UHL Libraries & Information Services (from non-NHS library) - click this link for more information Local Print Collection [location] : British Library via UHL Libraries - please click link to request article.

Abstract AIMS AND OBJECTIVES To review and analyse current preceptorship programmes within NHS trusts in the North West of England. To evaluate the pedagogic rigour of the programme and suggest recommendations to inform the future design of preceptorship programmes. BACKGROUND Enhancing the retention of newly qualified staff is of particular importance given that the journey from a new registrant to a competent healthcare professional poses a number of challenges, for both the individual staff member and organisations. DESIGN A mixed methods evaluative approach was employed, using online questionnaires and content analysis of preceptorship documentation. METHODS Forty-one NHS trusts across the North West region employing newly qualified nurses were invited to participate in the completion of an online questionnaire. In addition, preceptorship programme documentation was requested for inclusion in the content analysis. This study utilised the SQUIRE (Standards for Quality Improvement Reporting Excellence) guidelines. RESULTS The response rate for the questionnaire was 56.1% (n=23). Eighteen trusts (43.9%) forwarded their programme documentation. Findings highlighted the wide variation in preceptorship programmes across the geographical footprint. CONCLUSIONS There were instances of outstanding preceptorship and preceptorship programmes where there was a clear link between the strategic vision, i.e., trust policy, and its delivery, i.e. preceptorship offering. There was no one framework that would universally meet the needs of all trusts, yet there are key components which should be included in all preceptorship programmes. Therefore, we would encourage innovation and creativity in preceptorship programmes, cognisant of local context. RELEVANCE TO CLINICAL PRACTICE The significant shortage of nursing staff in England is an ongoing issue. Recruitment and retention are key to ameliorating the shortfall, and formal support mechanisms like preceptorship, can improve the retention of newly qualified staff. Understanding current preceptorship programmes is an important first step in establishing the fundamental building blocks of successful preceptorship programmes and enabling the sharing of exemplary good practice across organisations. This article is protected by copyright. All rights reserved.

2. Improving the identification of patients with delirium using the 4AT assessment.

Authors Bearn, Amelia; Lea, William; Kuszniir, Jennie
Source Nursing older people; Nov 2018
Publication Date Nov 2018
Publication Type(s) Journal Article
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 Available at [Nursing older people](#) from Glenfield Hospital Library Local Print Collection [location] : Glenfield Library.
 Available at [Nursing older people](#) from Leicester General Hospital Library Local Print Collection [location] : Leicester General Library. [title_notes] : Issues before 2000 held in Archive.
 Available at [Nursing older people](#) from Available to NHS staff on request from UHL Libraries & Information Services (from NULJ library) - click this link for more information Local Print Collection [location] : UHL Libraries On Request (Free).
 Available at [Nursing older people](#) 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 Delirium is a common neuropsychiatric disorder that all those working with older people will have encountered at some stage. Delirium is often poorly identified in hospital settings and therefore not optimally managed. After data collection on the acute medical unit in an acute hospital trust in the UK it was evident that patients with signs of delirium were not being formally assessed and therefore not appropriately managed in many cases. A quality improvement project introduced the 4AT delirium assessment tool to try to ensure that patients with delirium were being identified. The project team carried out several plan-do-study-act cycles to bring about our changes, which included a 4AT assessment sticker for nursing staff to complete and teaching for all healthcare staff. Through involvement of all members of the multidisciplinary team and ongoing feedback and changes we were able to increase assessment of delirium from 0% to 64%. There is ongoing work to be done to continue to improve delirium management, but by initially improving the assessment and identification of delirium we will make a difference to these patients' outcomes.

3. Empowering junior doctors: a qualitative study of a QI programme in South West England.

Authors Doran, Natasha J; Bethune, Rob; Watson, Joanne; Finucane, Katherine; Carson-Stevens, Andrew
Source Postgraduate medical journal; Nov 2018
Publication Date Nov 2018
Publication Type(s) Journal Article
PubMedID 30425133
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Available at [Postgraduate medical journal](#) from BMJ Journals - NHS
Available at [Postgraduate medical journal](#) 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 [Postgraduate medical journal](#) from Available to NHS staff on request from UHL Libraries & Information Services (from non-NHS library) - click this link for more information Local Print Collection [location] : British Library via UHL Libraries - please click link to request article.

Abstract AIMTo explore how the South-West Foundation Doctor Quality Improvement programme affected foundation year 1 (F1) doctors' attitudes and ability to implement change in healthcare.METHODSTwenty-two qualitative interviews were carried out with two cohorts of doctors. The first F1 group before and after their participation in the QI programme; the second group comprised those who had completed the programme between 1 and 5 years earlier. Qualitative data were analysed using thematic analysis techniques. RESULTS : Prior to taking part in the QI programme, junior doctors' attitudes towards QI were mixed. Although there was agreement on the importance of QI in terms of patient safety, not all shared enthusiasm for engaging in QI, while some were sceptical that they could bring about any change. Following participation in the programme, attitudes towards QI and the ability to effect change were significantly transformed. Whether their projects were considered a success or not, all juniors reported that they valued the skills learnt and the overall experience they gained through carrying out QI projects. Participants reported feeling more empowered in their role as junior doctors, with several describing how they felt 'listened to' and able to 'have a voice', that they were beginning to see things 'at systems level' and learning to 'engage more critically' in their working environment.CONCLUSIONSJunior doctors are ideally placed to engage in QI. Training in QI at the start of their medical careers may enable a new generation of doctors to acquire the skills necessary to improve patient safety and quality of care.

4. Laparoscopic specimen retrieval and attitudes towards morcellation: a questionnaire survey of gynaecology consultants in the United Kingdom.

Authors Sankaran, Sridevi; Brown, Anna; Kent, Andrew; Odejinmi, Funlayo
Source Journal of obstetrics and gynaecology : the journal of the Institute of Obstetrics and Gynaecology; Nov 2018 ; p. 1-4
Publication Date Nov 2018
Publication Type(s) Journal Article
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Available at [Journal of obstetrics and gynaecology : the journal of the Institute of Obstetrics and Gynaecology](#) from Available to NHS staff on request from UHL Libraries & Information Services (from NULJ library) - click this link for more information Local Print Collection [location] : UHL Libraries On Request (Free).
Available at [Journal of obstetrics and gynaecology : the journal of the Institute of Obstetrics and Gynaecology](#) from Available to NHS staff on request from UHL Libraries & Information Services (from non-NHS library) - click this link for more information Local Print Collection [location] : British Library via UHL Libraries - please click link to request article.

Abstract

The aim of this study was to evaluate the practices of laparoscopic specimen retrieval among Gynaecologists in the United Kingdom and to determine any variation in practice. A survey of Consultant Gynaecologist members of the British Society of Gynaecological Endoscopy (BSGE) was conducted using Survey Monkey™. Of the 460 registered consultants, 187 (40%) responded to the questionnaire. Sixty-two percent (62%) of the respondents considered themselves to be advanced laparoscopic surgeons whilst 34% considered themselves to be intermediate laparoscopic surgeons. The umbilical port was the most commonly used port for specimen retrieval and it was used to remove 49% of ectopic pregnancies, 43% of ovarian cysts and 43% of endometrioma. Most respondents would not insert an extra port or extend the existing port just for the retrieval of a specimen. The level of laparoscopic experience and the gender did not affect the method of specimen retrieval in cases of ectopic pregnancies, endometrioma and ovarian cysts (p value >.05, not significant). The majority of respondents used power morcellation for a laparoscopic myomectomy (85% of respondents) and laparoscopic subtotal hysterectomy (93% of respondents), despite the recent concerns surrounding power morcellation. Impact statement What is already known on this subject? There is a paucity of literature regarding laparoscopic specimen retrieval in gynaecology. In view of recent controversy pertaining to the potential upstaging of leiomyosarcoma with morcellation, other methods of specimen retrieval are gaining an importance. What do the results of this study add? This study shows that the umbilical port is the most commonly used port for specimen retrieval among UK gynaecologists and that most gynaecologists would not insert an additional port purely for specimen retrieval. Most respondents would still use power morcellation for a laparoscopic myomectomy and subtotal hysterectomy, despite the recent concerns over morcellation and its safety. What are the implications of these findings for clinical practice and/or further research? This paper demonstrates the need for development of a database of morcellation practices to enable analysis of both benefits and potential adverse outcomes. This paper will also encourage future research and the audit of specimen retrieval.

5. Improving care at scale: process evaluation of a multi-component quality improvement intervention to reduce mortality after emergency abdominal surgery (EPOCH trial).

Authors Stephens, T J; Peden, C J; Pearse, R M; Shaw, S E; Abbott, T E F; Jones, E; Kocman, D; Martin, G; EPOCH trial group
Source Implementation science : IS; Nov 2018; vol. 13 (no. 1); p. 142
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Publication Type(s) Journal Article
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 Available at [Implementation science : IS](#) from Europe PubMed Central - Open Access
 Available at [Implementation science : IS](#) 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 Improving the quality and safety of perioperative care is a global priority. The Enhanced Peri-Operative Care for High-risk patients (EPOCH) trial was a stepped-wedge cluster randomised trial of a quality improvement (QI) programme to improve 90-day survival for patients undergoing emergency abdominal surgery in 93 hospitals in the UK National Health Service. METHOD The aim of this process evaluation is to describe how the EPOCH intervention was planned, delivered and received, at both cluster and local hospital levels. The QI programme comprised of two interventions: a care pathway and a QI intervention to aid pathway implementation, focussed on stakeholder engagement, QI teamwork, data analysis and feedback and applying the model for improvement. Face-to-face training and online resources were provided to support senior clinicians in each hospital (QI leads) to lead improvement. For this evaluation, we collated programme activity data, administered an exit questionnaire to QI leads and collected ethnographic data in six hospitals. Qualitative data were analysed with thematic or comparative analysis; quantitative data were analysed using descriptive statistics. RESULT The EPOCH trial did not demonstrate any improvement in survival or length of hospital stay. Whilst the QI programme was delivered as planned at the cluster level, self-assessed intervention fidelity at the hospital level was variable. Seventy-seven of 93 hospitals responded to the exit questionnaire (60 from a single QI lead response on behalf of the team); 33 respondents described following the QI intervention closely (35%) and there were only 11 of 37 care pathway processes that > 50% of respondents reported attempting to improve. Analysis of qualitative data suggests QI leads were often attempting to deliver the intervention in challenging contexts: the social aspects of change such as engaging colleagues were identified as important but often difficult and clinicians frequently attempted to lead change with limited time or organisational resources. CONCLUSION Significant organisational challenges faced by QI leads shaped their choice of pathway components to focus on and implementation approaches taken. Adaptation causing loss of intervention fidelity was therefore due to rational choices made by those implementing change within constrained contexts. Future large-scale QI programmes will need to focus on dedicating local time and resources to improvement as well as on training to develop QI capabilities. EPOCH TRIAL REGISTRATION ISRCTN80682973 <https://doi.org/10.1186/ISRCTN80682973> Registered 27 February 2014 and Lancet protocol 13PRT/7655.

6. Relationship between height and outcomes among critically ill adults: a cohort study.

Authors Vail, Emily A; Harrison, David A; Wunsch, Hannah
Source Intensive care medicine; Nov 2018
Publication Date Nov 2018
Publication Type(s) Journal Article
PubMedID 30421257
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Available at [Intensive care medicine](#) from Available to NHS staff on request from UHL Libraries & Information Services (from NULJ library) - click this link for more information Local Print Collection [location]: UHL Libraries On Request (Free).

Available at [Intensive care 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 PURPOSE Many diagnostic and therapeutic interventions for critically ill adult patients are not performed according to patient size, but are standardized for an idealized 174-cm man (ideal body weight 70 kg). This study aims to determine whether critically ill patients with heights significantly different from a standardized patient have higher hospital mortality or greater resource utilization. METHODS Retrospective cohort study of consecutive patients admitted to 210 intensive care units (ICUs) in the United Kingdom participating in the Intensive Care National Audit and Research Centre's Case Mix Programme Database from April 1, 2009, to March 31, 2015. Primary outcome was hospital mortality, adjusted for age, comorbid disease, severity of illness, socioeconomic status and body mass index, using hierarchical modeling to account for clustering by ICU. Data were stratified by sex, and the effect of height was modeled continuously using restricted cubic splines. RESULT The cohort included 233,308 men and 184,070 women, with overall hospital mortality of 22.5% and 20.6%, respectively. After adjustment for potential confounders, hospital mortality decreased with increasing height; predicted mortality (holding all other covariates at their mean value) decreased from 24.1 to 17.1% for women and from 29.2 to 21.0% for men across the range of heights. Similar patterns were observed for ICU mortality and several additional secondary outcomes. CONCLUSION Short stature may be a risk factor for mortality in critically ill patients. Further work is needed to determine which unmeasured patient characteristics and processes of care may contribute to the increased risk observed.

7. Quality improvement collaborative aiming for Proactive HEalthcare of Older People in Care Homes (PEACH): a realist evaluation protocol.

Authors Devi, Reena; Meyer, Julianne; Banerjee, Jay; Goodman, Claire; Gladman, John Raymond Fletcher; Dening, Tom; Chadborn, Neil; Hinsliff-Smith, Kathryn; Long, Annabelle; Usman, Adeela; Housley, Gemma; Bowman, Clive; Martin, Finbarr; Logan, Phillipa; Lewis, Sarah; Gordon, Adam Lee
Source BMJ open; Nov 2018; vol. 8 (no. 11); p. e023287

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PubMedID 30420349
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 Available at [BMJ open](#) from HighWire - Free Full Text

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

8. Audit paints "bleak picture" of diabetes care in England and Wales.

Authors Owen, Jonathan
Source BMJ (Clinical research ed.); Nov 2018; vol. 363 ; p. k4780
Publication Date Nov 2018
Publication Type(s) Journal Article
PubMedID 30413402
Database Medline
 Available at [BMJ \(Clinical research ed.\)](#) from BMJ Journals - NHS

9. The current status of clinical trials in emergency gastrointestinal surgery. A systematic analysis of contemporary clinical trials.

Authors Milton, Amelia; Drake, Thomas M; Lee, Matthew J
Source The journal of trauma and acute care surgery; Nov 2018
Publication Date Nov 2018
Publication Type(s) Journal Article
PubMedID 30399137
Database Medline
 Available at [The journal of trauma and acute care surgery](#) from Ovid (Journals @ Ovid) - Remote Access
 Available at [The journal of trauma and acute care 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).

Abstract BACKGROUND Emergency gastrointestinal surgery (EGS) conditions represent a significant healthcare burden globally requiring emergency operations that are associated with mortality rates as high as 80%. EGS is currently focussed on quality improvement and internal audits, which occurs at a national or local level. An appreciation of what EGS trials are being conducted is important to reduce research wastage and develop coordinated research strategies in surgery. The primary aim of this study was to identify and quantify recent and active trials in emergency gastrointestinal surgery. The secondary aim was to identify conditions of interest, and which aspects of care were being modified. METHODS A systematic search of WHO, UK, US, Australian and Canadian trials databases was undertaken using broad terms to identify studies addressing emergency abdominal surgery and specific high-risk diagnoses. Studies registered between 2013-2018 were eligible for inclusion. Data on study topic, design, and funding body were collected. Interventions were classified into 'peri-operative', 'procedural', 'post-operative', 'non-surgical' and 'other' categories. RESULTS Searches identified 5603 registered trials. After removal of duplicates, 4492 studies remained and 42 were eligible for inclusion. Almost 50% of trials were located in Europe and 17% (n=7) in the USA. The most common condition addressed was acute appendicitis (n=11), with the most common intervention being procedure based (n=23). Hospital based funding was the most common funder (n=30). CONCLUSION There is large disparity in the number of surgical trials in emergency surgery, which are primarily focussed on high-volume conditions. More research is needed into high-mortality conditions. EVIDENCE LEVEL 1a (oxford).

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

Authors Cuthbert, Joseph J; Gopal, Jayanthi; Crundall-Goode, Amanda; Clark, Andrew L
Source European journal of preventive cardiology; Nov 2018 ; p. 2047487318810839
Publication Date Nov 2018
Publication Type(s) Journal Article
PubMedID 30396291
Database Medline
Abstract BACKGROUND General practitioners in the UK are financially incentivised, via the Quality Outcomes Framework, to maintain a record of all patients at their practice with heart failure and manage them appropriately. The prevalence of heart failure recorded in primary care registers (0.7-1.0%) is less than reported in epidemiological studies (3-5%). Using an audit of clinical practice, we set out to investigate if there are patients 'missing' from primary care heart failure registers and what the underlying mechanisms might be. DESIGN The design of this study was as an audit of clinical practice at a UK general practice (n = 9390). METHODS Audit software (ENHANCE-HF) was used to identify patients who may have heart failure via a series of hierarchical searches of electronic records. Heart failure was then confirmed or excluded based on the electronic records by a heart failure specialist nurse and patients added to the register. Outcome data for patients without heart failure was collected after two years. RESULTS Heart failure prevalence was 0.63% at baseline and 1.12% after the audit. Inaccurate coding accounted for the majority of missing patients. Amongst patients without heart failure who were taking a loop diuretic, the rate of incident heart failure was 13% and the rate of death or hospitalization with heart failure was 25% respectively during two-year follow-up. CONCLUSION There are many patients missing from community heart failure registers which may detriment patient outcome and practice income. Patients without heart failure who take loop diuretics are at high risk of heart failure-related events.

11. The use of an electronic health record system reduces errors in the National Hip Fracture Database.

Authors Lawrence, John E; Cundall-Curry, Duncan; Stewart, Max E; Fountain, Daniel M; Gooding, Christopher R
Source Age and ageing; Nov 2018
Publication Date Nov 2018
Publication Type(s) Journal Article
PubMedID 30395143
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 Aimto compare the validity of data submitted from a UK level 1 trauma centre to the National Hip Fracture Database (NHFD) before and after the introduction of an electronic health record system (EHRS).Patients and methodsa total of 3224 records were reviewed from July 2009 to July 2017. 2,133 were submitted between July 2009 and October 2014 and 1,091 between October 2014 and July 2017, representing data submitted before and after the introduction of the EHRS, respectively. Data submitted to the NHFD were scrutinised against locally held data.Resultsuse of an EHRS was associated with significant reductions in NHFD errors. The operation coding error rate fell significantly from 23.2% (494/2133) to 7.6% (83/1091); $P < 0.001$. Prior to EHRS introduction, of the 109 deaths recorded in the NHFD, 64 (59%) were incorrect. In the EHRS dataset, all the 112 recorded deaths were correct ($P < 0.001$). There was no significant difference in the error rate for fracture coding. In the EHRS dataset, after controlling for sample month, entries utilising an operation note template with mandatory fields relevant to NHFD data were more likely to be error free than those not using the template (OR 2.69; 95% CI 1.92-3.78).Conclusionthis study highlights a potential benefit of EHR systems, which offer automated data collection for auditing purposes. However, errors in data submitted to the NHFD remain, particularly in cases where an NHFD-specific operation note template is not used. Clinician engagement with new technologies is vital to avoid human error and ensure database integrity.

12. Patterns of Use of Heated Humidified High-Flow Nasal Cannula Therapy in PICUs in the United Kingdom and Republic of Ireland.

Authors Morris, Jenny V; Kapetanstrataki, Melpo; Parslow, Roger C; Davis, Peter J; Ramnarayan, Padmanabhan
Source Pediatric critical care medicine : a journal of the Society of Critical Care Medicine and the World Federation of Pediatric Intensive and Critical Care Societies; Nov 2018
Publication Date Nov 2018
Publication Type(s) Journal Article
PubMedID 30395107
Database Medline

Available at [Pediatric critical care medicine : a journal of the Society of Critical Care Medicine and the World Federation of Pediatric Intensive and Critical Care Societies](#) 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 [Pediatric critical care medicine : a journal of the Society of Critical Care Medicine and the World Federation of Pediatric Intensive and Critical Care Societies](#) 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 OBJECTIVESTo 1) describe patterns of use of high-flow nasal cannula therapy, 2) examine differences between patients started on high-flow nasal cannula and those started on noninvasive ventilation, and 3) explore whether patients who failed high-flow nasal cannula therapy were different from those who did not.DESIGNRetrospective analysis of data collected prospectively by the Paediatric Intensive Care Audit Network.SETTINGAll PICUs in the United Kingdom and Republic of Ireland (n = 34).PATIENTSAdmissions to study PICUs (2015-2016) receiving any form of respiratory support at any time during PICU stay.INTERVENTIONSNone.MEASUREMENTS AND MAIN RESULTSEligible admissions were classified into nine groups based on the combination of the first-line and second-line respiratory support modes. Uni- and multivariate analyses were performed to test the association between PICU and patient characteristics and two outcomes: 1) use of high-flow nasal cannula versus noninvasive ventilation as first-line mode and 2) high-flow nasal cannula failure, requiring escalation to noninvasive ventilation and/or invasive ventilation. We analyzed data from 26,423 admissions; high-flow nasal cannula was used in 5,951 (22.5%) at some point during the PICU stay. High-flow nasal cannula was used for first-line support in 2,080 (7.9%) and postextubation support in 978 admissions (4.5% of patients extubated after first-line invasive ventilation). High-flow nasal cannula failure occurred in 559 of 2,080 admissions (26.9%) when used for first-line support. Uni- and multivariate analyses showed that PICU characteristics as well as patient age, primary diagnostic group, and admission type had a significant influence on the choice of first-line mode (high-flow nasal cannula or noninvasive ventilation). Younger age, unplanned admission, and higher admission severity of illness were independent predictors of high-flow nasal cannula failure.CONCLUSIONSThe use of high-flow nasal cannula is common in PICUs in the United Kingdom and Republic of Ireland. Variation in the choice of first-line respiratory support mode (high-flow nasal cannula or noninvasive ventilation) between PICUs reflects the need for clinical trial evidence to guide future practice.

13. Improving the personalisation of care in a district nursing team: a service improvement project.

Authors McKendry, Mandy; Green, Helen
Source British journal of community nursing; Nov 2018; vol. 23 (no. 11); p. 552-558
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Abstract

Service users can benefit in a variety of ways from a personalised approach to care. This service improvement project aimed to improve personalisation for patients being cared for by a community nursing team in the south of England. A plan, study, do, act (PDSA) approach to the project was undertaken with a community nursing team. Both quantitative and qualitative data showed improvement once the focus on personalisation had been improved. Patient and staff satisfaction scores improved and a documentation audit showed the focus on personalisation had increased. Qualitative data suggested that personalisation had also saved staff time, although this measurement was not included in the project. A focus on personalisation can be beneficial for staff and service users.

14. Complications of percutaneous nephrostomy in a district general hospital.

Authors Turo, Rafal; Horsu, Seth; Broome, James; Das, Sanjay; Gulur, Dev Mohan; Pettersson, Bo; Doyle, Gerard; Awsare, Ninaad
Source Turkish journal of urology; Nov 2018; vol. 44 (no. 6); p. 478-483
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Abstract

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

15. Best-practice care pathway for improving management of mastitis and breast abscess.

Authors Patani, N; MacAskill, F; Eshelby, S; Omar, A; Kaura, A; Contractor, K; Thiruchelvam, P; Curtis, S; Main, J; Cunningham, D; Hogben, K; Al-Mufti, R; Hadjiminias, D J; Leff, D R
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Abstract

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BACKGROUND Surgical subspecialization has resulted in mastitis and breast abscesses being managed with unnecessary admission to hospital, prolonged inpatient stay, variable antibiotic prescribing, incision and drainage rather than percutaneous aspiration, and loss to specialist follow-up. The objective was to evaluate a best-practice algorithm with the aim of improving management of mastitis and breast abscesses across a multisite NHS Trust. The focus was on uniformity of antibiotic prescribing, ultrasound assessment, admission rates, length of hospital stay, intervention by aspiration or incision and drainage, and specialist follow-up.

METHODS Management was initially evaluated in a retrospective cohort (phase I) and subsequently compared with that in two prospective cohorts after introduction of a breast abscess and mastitis pathway. One prospective cohort was analysed immediately after introduction of the pathway (phase II), and the second was used to assess the sustainability of the quality improvements (phase III). The overall impact of the pathway was assessed by comparing data from phase I with combined data from phases II and III; results from phases II and III were compared to judge sustainability.

RESULTS Fifty-three patients were included in phase I, 61 in phase II and 80 in phase III. The management pathway and referral pro forma improved compliance with antibiotic guidelines from 34 per cent to 58.2 per cent overall (phases II and III) after implementation ($P = 0.003$). The improvement was maintained between phases II and III (54 and 61 per cent respectively; $P = 0.684$). Ultrasound assessment increased from 38 to 77.3 per cent overall ($P < 0.001$), in a sustained manner (75 and 79 per cent in phases II and III respectively; $P = 0.894$). Reductions in rates of incision and drainage (from 8 to 0.7 per cent overall; $P = 0.007$) were maintained (0 per cent in phase II versus 1 per cent in phase III; $P = 0.381$). Specialist follow-up improved consistently from 43 to 95.7 per cent overall ($P < 0.001$), 92 per cent in phase II and 99 per cent in phase III ($P = 0.120$). Rates of hospital admission and median length of stay were not significantly reduced after implementation of the pathway.

CONCLUSION A standardized approach to mastitis and breast abscess reduced undesirable practice variation, with sustained improvements in process and patient outcomes.

16. POINT: podiatry for international diabetic foot teams.

Authors Van Acker, K; Garoufalidis, M; Wilson, Pauline
Source Journal of wound care; Nov 2018; vol. 27 ; p. 1-32
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Abstract

FOREWORDThe Point Project is an initiative between the two organisations: D-Foot International and the International Federation of Podiatrists (FIP-IFP). Both organisations promote the role of evidence-based foot care for patients with and at risk of diabetes. This collaborative work highlights the podiatric skills needed in order to deliver comprehensive evidence-based care to patients with diabetic foot disease. The statements along with the relevant skills and behaviours are based upon the guidance documents produced by the International Working Group on the Diabetic Foot (IWGDF), thus meaning while this is a consensus document it is also evidence-based. Representatives from both organisations with a multidisciplinary membership met early in 2017 to discuss the different areas of practice and to define which skills and behaviours were required at different levels of practice. Using the TRIEpodD-document (UK) and IWGDF guidance as the basis for discussion, the team identified which knowledge, skills and behaviours could be considered podiatric in nature. Once identified as podiatric, we discussed at which level of podiatric practice they could apply. The members of the team came from a variety of locations which represented practice at the different levels. Following the initial meeting, further discussions took place via email in order to consolidate initial discussions and complete the document. Cognisant of the large volume of guidance in relation to all areas of practice, this document is aimed to assist clinicians by pointing them in the direction in which they need to develop services rather than being a set of rules which must be followed. The POINT team feels that this document supports clinicians globally on three levels: As a benchmarking tool for existing teams to critically reflect upon their practice and identify where quality improvements can be made As a tool for clinicians who wish to establish a diabetic foot team to highlight the skills needed in order to provide care across the breadth of diabetic foot practice highlighting the specific roles in which podiatrists can help For national and local decision makers, to identify which skills can be provided by podiatrists to promote the development of the profession. While this is a consensus relating to podiatric skills, the team is aware that, in the absence of podiatrists, skills will be provided by other health professionals. We support this practice and while such professionals can not be considered podiatrists, they are providing podiatric skills to the diabetic foot team. The delivery of the relevant skill to the patient is the important factor, not the health professional is delivering it. The development of this document is merely the first step to identifying areas where skills need to be developed. Both D-Foot and FIP-IFP are committed to developing podiatric skills further across the globe. The aims and objectives of the two organisations are mutually beneficial to those suffering from diabetic foot disease. People with diabetes deserve the best care that they can receive, irrespective of the resources available. By working together we have been able to identify the podiatric knowledge, skills and behaviours required to provide evidence-based care. The next step is to work together to ensure consistent delivery of these globally for the benefit of those suffering the debilitating consequences of diabetic foot disease.

17. An evaluation of a safety improvement intervention in care homes in England: a participatory qualitative study.

Authors Marshall, Martin; Pfeifer, Nadine; de Silva, Debi; Wei, Li; Anderson, James; Cruickshank, Lesley; Attreed-James, Kieran; Shand, Jenny
Source Journal of the Royal Society of Medicine; Nov 2018; vol. 111 (no. 11); p. 414-421
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Available at [Journal of the Royal Society of 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

OBJECTIVEA growing proportion of older people live in care homes and are at high risk of preventable harm. This study describes a participatory qualitative evaluation of a complex safety improvement intervention, comprising training, performance measurement and culture-change elements, on the safety of care provided for residents.**DESIGN**A participatory qualitative study.**SETTING**Ninety care homes in one geographical locality in southern England.**PARTICIPANTS**A purposeful sample of care home managers, front-line staff, residents, quality improvement facilitators and trainers, local government and health service commissioners, and an embedded researcher.**MAIN OUTCOME MEASURES**Changes in care home culture and work processes, assessed using documentary analysis, interviews, observations and surveys and analysed using a framework-based thematic approach.**RESULTS**Participation in the programme appears to have led to changes in the value that staff place on resident safety and to changes in their working practices, in particular in relation to their desire to proactively manage resident risk and their willingness to use data to examine established practice. The results suggest that there is a high level of commitment among care home staff to address the problem of preventable harm. Mobilisation of this commitment appears to benefit from external facilitation and the introduction of new methods and tools.**CONCLUSIONS**An evidence-based approach to reducing preventable harm in care homes, comprising an intervention with both technical and social components, can lead to changes in staff priorities and practices which have the potential to improve outcomes for people who live in care homes.

18. Loop colostomies are safe in anorectal malformations.

Authors Mullassery, Dhanya; Iacona, Roberta; Cross, Kate; Blackburn, Simon; Kiely, Edward; Eaton, Simon; Curry, Joe; De Coppi, Paolo

Source Journal of pediatric surgery; Nov 2018; vol. 53 (no. 11); p. 2170-2173

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Abstract AIM OF THE STUDY Divided colostomy (DC) has been recommended in anorectal malformations (ARMs) with previously reported advantages of decreasing overflow into the distal limb and urinary tract infections (UTIs). Skin bridge loop colostomy (LC) is a technically easier alternative without an increase in these complications. We report our institutional experience of LC in ARM. METHODS Retrospective study (Institution-approved Clinical Audit) reviewing the clinical records of all patients with ARM undergoing stoma formation in a single UK tertiary pediatric surgical center (2000-2015). Data collected included type of ARM, associated anomalies, type and level of colostomy, time to stoma closure, complications and UTIs. RESULTS One hundred and eighty-two (95 female) patients underwent colostomy formation for ARM. The vast majority (171/ 94%) underwent LC; 9 (5%) had a divided colostomy (DC) and 2 (1%) had no available data. The spectrum of defects in girls included rectovestibular (62/65%), rectovaginal (4/4%) and cloaca (29/31%). In boys, 71 (82%) had a fistula to the urinary tract and 16 (18%) presented with a perineal fistula. Urological abnormalities coexisted in 87 (47.8%) patients. Thirty five (21%) patients developed UTIs. Among the 19 girls who developed UTI, 8 had rectovestibular fistula and 11 had cloaca. Of the 16 boys who developed UTI, 14 had a fistula to the urinary tract and 11 had an independent urological abnormality. The mean time from stoma formation to stoma closure was 10 (3-52) months. Complications were reported in 22 (12%) LCs. Fifteen patients (9%) developed a stoma prolapse following LC with 10 (6%) requiring surgical revision. CONCLUSIONS This is the largest reported series of outcomes following LC for ARM. LC is easier to perform and to close, requiring minimal surgical access, with comparable complications and outcomes to those published for DC. TYPE OF STUDY Retrospective comparative study. LEVEL OF EVIDENCE III.

19. The detection of significant fractures in suspected infant abuse.

Authors Raynor, Emma; Konala, Praveen; Freemont, Anthony

Source Journal of forensic and legal medicine; Nov 2018; vol. 60 ; p. 9-14

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Abstract

OBJECTIVESSkeletal survey is a commonly used means of detecting fractures in infants, and is used as a screen in suspected cases of physical abuse. It is recognised that in live infants, a repeat survey some days after a suspected episode of injury will detect more fractures than one taken shortly after the suspected injury, indicating that the latter lacks sensitivity. In infants who die soon after a suspected episode of physical abuse, the managing clinicians do not have the option of a second survey; however there is the opportunity for the microscopic examination of bones removed at autopsy. Increasingly Osteoarticular Pathology at the Manchester University NHS Foundation Trust (MFT) is being sent samples of bones from infants suspected of inflicted injury for histological examination, both from bones with fractures detected at autopsy or skeletal survey and from posterior ribs and long bone metaphyses (sites of significance in assessing for abusive injury) when there is no evidence of fracture on skeletal survey or autopsy. Here we report the results of an audit of the anonymised data from a series of such cases, to establish the sensitivity of skeletal survey (SS) to detect fractures and to define the medico-legal value of submitting bones for histological examination.**METHODS**This was an audit of skeletal injuries in 38 infants aged <18 months presenting to MFT for specialist histopathological evaluation of suspected non-accidental fractures between January 2011 and June 2017. Histopathological examination was performed on all bones submitted and compared with contact radiography of isolated bones and post-mortem skeletal surveys undertaken by specialist paediatric or musculoskeletal radiologists for the presence of fracture.**RESULTS**A total of 318 fractures were detected histologically; of these, 178 (56%) were of the ribs, 119 (37.5%) were of major limb long bones, 10 (3%) were of the skull, and 11 (3.5%) were recorded as 'other'. Excluding refractures, skeletal survey detected 54% of the fractures recorded histologically. No fractures were detected radiologically that were not seen histologically. Generally, for skeletal survey, detection rates improved with the age of the lesion, and rib fractures were more difficult to detect than long bone fractures. Ribs 5-8 were the most frequently fractured ribs, and metaphyses around the knee accounted for most metaphyseal limb long bone fractures undetected by SS.**CONCLUSION**In infants coming to post-mortem, histopathology is more sensitive than SS for the detection of clinically significant fractures. In children suspected of non-accidental injuries but with negative or equivocal SS, sampling of the anterior and posterior end of ribs 5-8 and the bones around the knee for histological examination could reveal clinically unsuspected fractures and significant evidence of physical abuse. 71% of infants showed evidence of old fractures typical of non-accidental injury.

20. BASHH 2016 UK national audit and survey of HIV testing, risk assessment and follow-up: case note audit.

Authors Bhaduri, Sumit; Curtis, Hilary; McClean, Hugo; Sullivan, Ann K
Source International journal of STD & AIDS; Nov 2018; vol. 29 (no. 11); p. 1146-1150
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Abstract

This national audit demonstrated discrepancies between actual practice and that indicated by clinic policies following enquiry about alcohol, recreational drugs and chemsex use. Clinics were more likely to enquire about risk behaviour if this was clinic policy or routine practice. Previous testing was the most common reason for refusing HIV testing, although 33% of men who have sex with men had a prior test of more than three months ago. Of the group declining due to recent exposure in the window period, 21/119 cases had an exposure within the four weeks prior to presentation, but had a previous risk not covered by previous testing. Recommendations include provision of risk assessments for alcohol, recreational drug use and chemsex, documenting reasons for HIV test refusal, provision of HIV point-of-care testing, follow-up for cases at higher risk of HIV and advice about community testing or self-sampling/testing.

21. The British Association for Sexual Health and HIV 2016 UK national audit and survey of clinic policies in relation to risk assessment, HIV testing and follow-up.

Authors Bhaduri, S; Curtis, H; McClean, H; Sullivan, A K; National Audit Group of the British Association for Sexual Health and HIV
Source International journal of STD & AIDS; Nov 2018; vol. 29 (no. 11); p. 1142-1145
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Available at [International Journal of STD & AIDS](#) 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 This national audit of 142 clinics demonstrated that the majority of clinics surveyed had policies and agreed clinical practice for alcohol and recreational drug enquiry, as well as documentation of HIV test refusal, although this was not the case in 24% of clinics as regards alcohol usage, 21% of clinics as regards recreational drugs use and 43% of clinics as regards chemsex usage. Regarding management of HIV test refusal, there was no policy or agreed practice in 13% of clinics with respect to men having sex with men (MSM) attenders, and in 18% of clinics for heterosexual attenders. Seventy percent of clinics had HIV point of care tests (POCT) available. Recommendations include: all clinics should have a policy of routine enquiry about alcohol, recreational drugs and chemsex, all clinics should record reasons for HIV test refusal and all clinics should provide testing alternatives to improve uptake, e.g. point of care testing or home sampling.

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

Authors Dorobantu, Dan M; Mahani, Alireza S; Sharabiani, Mansour T A; Pandey, Ragini; Angelini, Gianni D; Parry, Andrew J; Tulloh, Robert M R; Martin, Robin P; Stoica, Serban C
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Available at [Heart \(British Cardiac Society\)](#) from Available to NHS staff on request from UHL Libraries & Information Services (from non-NHS library) - click this link for more information Local Print Collection [location] : British Library via UHL Libraries - please click link to request article.

Abstract OBJECTIVE 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. METHOD 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. RESULT 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). CONCLUSION 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.

23. Barriers to implementation of a healthy canteen policy: A survey using the theoretical domains framework.

Authors Reilly, Kathryn; Nathan, Nicole; Grady, Alice; Wu, Jason H Y; Wiggers, John; Yoong, Sze Lin; Wolfenden, Luke
Source Health promotion journal of Australia : official journal of Australian Association of Health Promotion Professionals; Nov 2018
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Available at [Health promotion journal of Australia : official journal of Australian Association of Health Promotion Professionals](#) 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 **ISSUE ADDRESSED** Improving implementation of school healthy canteen policies requires a comprehensive understanding of implementation barriers. Therefore, the aim of this study was to assess a range of barriers, as reported by canteen managers, using a quantitative survey instrument developed based on a theoretical framework. **METHODS** A cross sectional survey of primary school canteen managers from the Hunter New England region of New South Wales was conducted of eligible schools in the study region identified as having an operational canteen. Survey items assessed canteen manager employment status, canteen characteristics and potential barriers to healthy canteen policy implementation, aligned to the 14 domains of the Theoretical Domains Framework via a 5-point Likert scale ranging from 1 (strongly disagree) to 5 (strongly agree). Canteen manager mean domain scores were calculated, less than four indicating the canteen manager considered the domain was a barrier. Canteen managers were also asked to provide a current canteen menu for audit by a dietitian. **RESULTS** Of the 184 participants, 20% (n=36) were assessed as having menus compliant with the state policy. The five most common domains identified as potential barriers to policy implementation were behavioural regulation (n=117, 65%), skills (n=105, 57%), beliefs about capabilities (n=100, 55%), reinforcement (n=95, 52%) and goals (n=95, 52%). Canteen managers who reported optimism as a barrier had significantly lower odds of having a menu compliant with the state policy (OR=0.39; 95%CI 0.16-0.95, p=0.038). **CONCLUSIONS:** This study provides further evidence of perceived and actual barriers that canteen managers face when attempting to implement a healthy canteen policy, and highlights the need to address differences in canteen characteristics when planning implementation support. **SO WHAT?:** For public health benefits of nutrition policies within schools to be realised, the barriers to implementation need to be identified and used to help guide implementation support strategies. This article is protected by copyright. All rights reserved.

24. Validation of the LITHUANIAN version of the 19-item audit of diabetes dependent quality of life (ADDQOL - LT) questionnaire in patients with diabetes.

Authors Visockienė, Žydrūnė; Narkauskaitė-Nedzinskienė, Laura; Puronaitė, Roma; Mikaliūkštienė, Aldona
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Available at [Health and quality of life outcomes](#) from Available to NHS staff on request from UHL Libraries & Information Services (from non-NHS library) - click this link for more information Local Print Collection [location] : British Library via UHL Libraries - please click link to request article.

Abstract **BACKGROUND** Currently there is no diabetes-specific quality of life (QOL) instrument available in Lithuanian language. We aimed to develop a Lithuanian version of a widely-used individualised instrument - the Audit of Diabetes Dependent Quality of Life questionnaire (ADDQOL-19) and assess the validity and reliability in patients with type 1 and type 2 diabetes mellitus (DM). **METHODS** This study was conducted at the Primary Care and Endocrinology Outpatient Clinics in Vilnius. The ADDQOL was translated from the original English (UK) into Lithuanian using a standardized methodology of forward and back translation. After cognitive "debriefing" the validity and reliability of LT-ADDQOL questionnaire were assessed in a sample of 138 diabetes patients. Cronbach's alpha coefficient, factor analysis, independent t tests and ANOVA were used. **RESULTS** There were 106 participants with type 2 and 32 with type 1 DM included in the study with a mean age of 55.5 years (± 14.5) and 56.2% women. The Cronbach's alpha coefficient was 0.908 and most of items loading values onto one single factor were larger than 0.40 (varied from 0.41 to 0.77), indicating good internal consistency and reliability of instrument. **CONCLUSIONS** We developed the Lithuanian version of ADDQOL-19 which is a valid and reliable instrument to measure impact of diabetes on QOL. It could be further used by clinicians and researchers for comprehensive assessment of QOL in adults with diabetes.

25. Proceedings from 'Clinical Audit in Retina 2017': Meeting Abstracts : Crowne Plaza, Birmingham City Centre, UK; Wednesday 28 June 2017.

Source Eye (London, England); Nov 2018; vol. 32 ; p. 8-23
Publication Date Nov 2018
Publication Type(s) Journal Article
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Available at [Eye \(London, England\)](#) 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 [Eye \(London, England\)](#) from Available to NHS staff on request from UHL Libraries & Information Services (from non-NHS library) - click this link for more information Local Print Collection [location] : British Library via UHL Libraries - please click link to request article.

26. Proceedings from 'Clinical Audit in Retina 2017': summaries and discussion : Crowne Plaza, Birmingham City Centre, UK; Wednesday 28 June 2017.

Source Eye (London, England); Nov 2018; vol. 32 ; p. 2-7
Publication Date Nov 2018
Publication Type(s) Journal Article
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 Available at [Eye \(London, England\)](#) 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 [Eye \(London, England\)](#) 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.

27. Audit of COPD exacerbations in secondary care.

Source Drug and therapeutics bulletin; Nov 2018; vol. 56 (no. 11); p. 129
Publication Date Nov 2018
Publication Type(s) Journal Article
PubMedID 30297447
Database Medline
 Available at [Drug and therapeutics bulletin](#) 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 [Drug and therapeutics bulletin](#) 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 Review of: Review of: Stone RA et al COPD: working together. National Chronic Obstructive Pulmonary Disease (COPD) Audit Programme: clinical audit of COPD exacerbations admitted to acute hospitals in England and Wales. 2017 National Clinical Audit Report. London. RCP, April 2018.

28. Evaluation of the cost-effectiveness of rifaximin-α for the management of patients with hepatic encephalopathy in the United Kingdom.

Authors Berni, Ellen; Murphy, Daniel; Whitehouse, James; Conway, Pete; Di Maggio, Paola; Currie, Craig J; Poole, Chris
Source Current medical research and opinion; Nov 2018; vol. 34 (no. 11); p. 2001-2008
Publication Date Nov 2018
Publication Type(s) Journal Article
PubMedID 29995455
Database Medline
 Available at [Current medical research and opinion](#) 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 OBJECTIVERifaximin-α 550 mg twice daily plus lactulose has demonstrated efficacy in reducing recurrence of episodes of overt hepatic encephalopathy (OHE) and the risk of hepatic encephalopathy (HE)-related hospitalizations compared with lactulose alone. This analysis estimated the cost effectiveness of rifaximin-α 550 mg twice daily plus lactulose versus lactulose alone in United Kingdom (UK) cirrhotic patients with OHE.METHODA Markov model was built to estimate the incremental cost-effectiveness ratio (ICER). The perspective was that of the UK National Health Service (NHS). Clinical data was sourced from a randomized controlled trial (RCT) and an open-label maintenance study in cirrhotic patients in remission from recurrent episodes of OHE. Health-related utility was estimated indirectly from disease-specific quality of life RCT data. Resource use data describing the impact of rifaximin-α on hospital admissions and length of stay for cirrhotic patients with OHE was from four single-center UK audits. Costs (2012) were derived from published sources; costs and benefits were discounted at 3.5%. The base-case time horizon was 5 years.RESULTSThe average cost per patient was £22,971 in the rifaximin-α plus lactulose arm and £23,545 in the lactulose arm, a saving of £573. The corresponding values for benefit were 2.35 quality adjusted life years (QALYs) and 1.83 QALYs per person, a difference of 0.52 QALYs. This translated into a dominant base-case ICER. Key parameters that impacted the ICER included number of hospital admissions and length of stay.CONCLUSIONRifaximin-α 550 mg twice daily in patients with recurrent episodes of OHE was estimated to generate cost savings and improved clinical outcomes compared to standard care over 5 years.

29. The colorectal surgeon's personality may influence the rectal anastomotic decision.

Authors Moug, S J; Henderson, N; Tiernan, J; Bisset, C N; Ferguson, E; Harji, D; Maxwell-Armstrong, C; MacDermid, E; Acheson, A G; Steele, R J C; Fearnhead, N S; Edinburgh Delphi Collaborative Group

Source Colorectal disease : the official journal of the Association of Coloproctology of Great Britain and Ireland; Nov 2018; vol. 20 (no. 11); p. 970-980

Publication Date Nov 2018

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Available at [Colorectal disease : the official journal of the Association of Coloproctology of Great Britain and Ireland](#) from Wiley Online Library Medicine and Nursing Collection 2018 - NHS

Available at [Colorectal disease : the official journal of the Association of Coloproctology of Great Britain and Ireland](#) 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 [Colorectal disease : the official journal of the Association of Coloproctology of Great Britain and Ireland](#) 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 AIMColorectal surgeons regularly make the decision to anastomose, defunction or form an end colostomy when performing rectal surgery. This study aimed to define personality traits of colorectal surgeons and explore any influence of such traits on the decision to perform a rectal anastomosis.METHODFifty attendees of The Association of Coloproctology of Great Britain and Ireland 2016 Conference participated. After written consent, all underwent personality testing: alexithymia (inability to understand emotions), type of thinking process (intuitive versus rational) and personality traits (extraversion, agreeableness, openness, emotional stability, conscientiousness). Questions were answered regarding anastomotic decisions in various clinical scenarios and results analysed to reveal any influence of the surgeon's personality on anastomotic decision.RESULTSParticipants were: male (86%), consultants (84%) and based in England (68%). Alexithymia was low (4%) with 81% displaying intuitive thinking (reflex, fast). Participants scored higher in emotional stability (ability to remain calm) and conscientiousness (organized, methodical) compared with population norms. Personality traits influenced the next anastomotic decision if: surgeons had recently received criticism at a departmental audit meeting; were operating with an anaesthetist that was not their regular one; or there had been no anastomotic leaks in their patients for over 1 year.CONCLUSIONColorectal surgeons have speciality relevant personalities that potentially influence the important decision to anastomose and could explain the variation in surgical practice across the UK. Future work should explore these findings in other countries and any link of personality traits to patient-related outcomes.

30. The impact of relocation of chronic pain service from hospital setting to community centre on patient experience: a single-centre audit.

Authors Tsui, Jonathan Jenkin; Davey, Veronica; Colvin, Lesley

Source British journal of pain; Nov 2018; vol. 12 (no. 4); p. 220-229

Publication Date Nov 2018

Publication Type(s) Journal Article

PubMedID 30349696

Database Medline

Available at [British Journal of Pain](#) from Europe PubMed Central - Open Access

Abstract Background and aimsThe Lothian Chronic Pain Service relocated from a university teaching hospital (Western General Hospital (WGH)) to a community centre (Leith Community Treatment Centre (LCTC)) in 2015. Transportation and geographical location were noted by staff to be potential challenges that could negatively impact on the patient experience. The objective of this study is to evaluate how relocating pain clinic from an urban-based hospital to a peripheral community centre on patient experience.MethodsAn assessment and audit of the impact of the relocation on the Patient-Reported Experience Measure (PREM) of pain services was conducted. Using a nationally developed questionnaire, the patient-reported experience from LCTC was prospectively collected in 2016 and was compared to historical data obtained from WGH in 2014 by National Health Service (NHS) Scotland. All patients attending Lothian Chronic Pain Service clinics were deemed eligible for the audit. Patient demographics were compared between the two data sets. The impact of patient deprivation on patient experience was investigated using the Scottish Index of Multiple Deprivation (SIMD16).ResultsData from 111 patients from LCTC were compared to 206 patients from WGH. Percentage of patients rating care as 'excellent' was found to be significantly greater at LCTC than WGH (0.0049). However, overall patient rating of care from LCTC was not significantly different from WGH data and ratings were higher at LCTC. No correlation was found between patient deprivation and PREM.ConclusionThere is no clear evidence that PREM was negatively affected by the move from a university teaching hospital to a community setting. As this only reported experiences of patients who attended the service, further studies may be warranted to investigate the impact of patient nonattendance.

31. Patient's views of the consent process for groin hernia repair: Use of consent template improves compliance with best practice (Original research).

Authors Khan, Saad U; Bowrey, David J; Williams, Robert N; Soh, Jun Yi; Peleki, Aikaterini; Muhibullah, Nazli; Waterland, Peter W

Source Annals of medicine and surgery (2012); Nov 2018; vol. 35 ; p. 67-72

Publication Date Nov 2018

Publication Type(s) Journal Article

PubMedID 30294432

Database Medline

Available at [Annals of medicine and surgery \(2012\)](#) from Europe PubMed Central - Open Access

Abstract Background Informed consent obtained for day case surgery has been historically incomplete. An assessment of consenting practice for groin hernia was performed relative to existing gold standards and patient's perception of the consent process was evaluated with a questionnaire. The aim of the study was to identify areas of improvement to comply with best practice. Methods A retrospective audit of adult patients undergoing groin hernia repair (June-November 2016) at a tertiary care centre was performed. The same cohort of patients was surveyed with a self-administered questionnaire to identify their view on consenting practice. Results 113 patients were identified who underwent groin hernia repair during the study period. Pre-printed consent templates-stickers (as opposed to hand-written) were used in 53(47%) cases. In 75(66%) cases, there was complete documentation of the risks and benefits of surgery. 81(72%) patients received information about the full benefits of surgery. 27(23%) patients received partial information and 7(6%) patients had no mention of benefit recorded. Postoperative recovery was fully explained to 85(75%) patients. Use of pre-printed templates ensured 100% documentation compared to handwritten consent forms (risks 37%, benefits 47%, and recovery 53%). Preference for the timing of consent was in clinic (64%), day of surgery (25%). 34(56%) felt the choice for the technique and 22(36%) felt the choice for anaesthesia. Satisfaction was non-significantly better in those consented in clinic (87% versus 76% p=0.74). 49(80%) felt happy with the overall consent process. 57(93%) felt that they received support and advice. 60(98%) responders felt confidence in the National Health Service and 59(97%) would recommend treatment to family and friends. Conclusions The use of pre-printed consent and discharge summary templates improve compliance with best practice. Whilst patient preference favours consent in the outpatient clinic, satisfaction levels were high wherever consent was obtained. Patients should have more choice.

32. Paediatric intensive care and neonatal intensive care airway management in the United Kingdom: the PIC-NIC survey.

Authors Foy, K E; Mew, E; Cook, T M; Bower, J; Knight, P; Dean, S; Herneman, K; Marden, B; Kelly, F E

Source Anaesthesia; Nov 2018; vol. 73 (no. 11); p. 1337-1344

Publication Date Nov 2018

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Available at [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 In 2011, the Fourth National Audit Project (NAP4) reported high rates of airway complications in adult intensive care units (ICUs), including death or brain injury, and recommended preparation for airway difficulty, immediately available difficult airway equipment and routine use of waveform capnography monitoring. More than 80% of UK adult intensive care units have subsequently changed practice. Undetected oesophageal intubation has recently been listed as a 'Never Event' in UK practice, with capnography mandated. We investigated whether the NAP4 recommendations have been embedded into paediatric and neonatal intensive care practice by conducting a telephone survey of senior medical or nursing staff in UK paediatric intensive care units (PICUs) and neonatal intensive care units (NICUs). Response rates were 100% for paediatric intensive care units and 90% for neonatal intensive care units. A difficult airway policy existed in 67% of paediatric intensive care units and in 40% of neonatal intensive care units; a pre-intubation checklist was used in 70% of paediatric intensive care units and in 42% of neonatal intensive care units; a difficult intubation trolley was present in 96% of paediatric intensive care units and in 50% of neonatal intensive care units; a videolaryngoscope was available in 55% of paediatric intensive care units and in 29% of neonatal intensive care units; capnography was 'available' in 100% of paediatric intensive care units and in 46% of neonatal intensive care units, and 'always available' in 100% of paediatric intensive care units and in 18% of neonatal intensive care units. Death or serious harm occurring secondary to complications of airway management in the last 5 years was reported in 19% of paediatric intensive care units and in 26% of neonatal intensive care units. We conclude that major gaps in optimal airway management provision exist in UK paediatric intensive care units and especially in UK neonatal intensive care units. Wider implementation of waveform capnography is necessary to ensure compliance with the new 'Never Event' and has the potential to improve airway management.

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

Authors Mahedy, Liam; MacArthur, Georgina J; Hammerton, Gemma; Edwards, Alexis C; Kendler, Kenneth S; Macleod, John; Hickman, Matthew; Moore, Simon C; Heron, Jon
Source Addiction (Abingdon, England); Nov 2018; vol. 113 (no. 11); p. 2041-2050
Publication Date Nov 2018
Publication Type(s) Journal Article
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Available at [Addiction](#) from Wiley Online Library Medicine and Nursing Collection 2018 - NHS
Available at [Addiction](#) 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 [Addiction](#) from Unpaywall

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

34. Explaining organisational responses to a board-level quality improvement intervention: findings from an evaluation in six providers in the English National Health Service.

Authors Jones, Lorelei; Pomeroy, Linda; Robert, Glenn; Burnett, Susan; Anderson, Janet E; Morris, Stephen; Capelas Barbosa, Estela; Fulop, Naomi J
Source BMJ quality & safety; Oct 2018
Publication Date Oct 2018

Publication Type(s) Journal Article
PubMedID 30381330
Database Medline

Available at [BMJ quality & safety](#) from BMJ Journals - NHS

Abstract BACKGROUNDHealthcare systems worldwide are concerned with strengthening board-level governance of quality. We applied Lozeau, Langley and Denis' typology (transformation, customisation, loose coupling and corruption) to describe and explain the organisational response to an improvement intervention in six hospital boards in England.METHODSWe conducted fieldwork over a 30-month period as part of an evaluation in six healthcare provider organisations in England. Our data comprised board member interviews (n=54), board meeting observations (24 hours) and relevant documents.RESULTSTwo organisations transformed their processes in a way that was consistent with the objectives of the intervention, and one customised the intervention with positive effects. In two further organisations, the intervention was only loosely coupled with organisational processes, and participation in the intervention stopped when it competed with other initiatives. In the final case, the intervention was corrupted to reinforce existing organisational processes (a focus on external regulatory requirements). The organisational response was contingent on the availability of 'slack'-expressed by participants as the 'space to think' and 'someone to do the doing'-and the presence of a functioning board.CONCLUSIONSUnderperforming organisations, under pressure to improve, have little time or resources to devote to organisation-wide quality improvement initiatives. Our research highlights the need for policy-makers and regulators to extend their focus beyond the choice of intervention, to consider how the chosen intervention will be implemented in public sector hospitals, how this will vary between contexts and with what effects. We provide useful information on the necessary conditions for a board-level quality improvement intervention to have positive effects.

35. Transparency of the UK medicines regulator: auditing freedom of information requests and reasons for refusal.

Authors Grigg, Sam E; O'Sullivan, Jack William; Goldacre, Ben; Heneghan, Carl
Source BMJ evidence-based medicine; Oct 2018
Publication Date Oct 2018
Publication Type(s) Journal Article
PubMedID 30377149
Database Medline

36. Open tibial fractures in major trauma centres: A national prospective cohort study of current practice.

Authors Young, K; Aquilina, A; Chesser, T J S; Costa, M L; Hettiaratchy, S; Kelly, M B; Moran, C G; Pallister, I; Woodford, M; MTC-22
Source Injury; Oct 2018
Publication Date Oct 2018
Publication Type(s) Journal Article
PubMedID 30401540
Database Medline

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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 AIMSTo assess current national practice in the management of severe open tibial fractures against national standards, using data collected by the Trauma and Audit Research Network.MATERIALS AND METHODSDemographic, injury-specific, and outcome data were obtained for all grade IIIB/C fractures admitted to Major Trauma Centres in England from October 2014 to January 2016.RESULTSData was available for 646 patients with recorded grade IIIB/C fractures. The male to female ratio was 2.3:1, mean age 47 years. 77% received antibiotics within 3 h of admission, 82% were debrided within 24 h. Soft tissue coverage was achieved within 72 h of admission in 71%. The amputation rate was 8.7%. 4.3% of patients required further theatre visits for infection during the index admission. The timing of antibiotics and surgery could not be correlated with returns to theatre for early infection. There were significant differences in the management and outcomes of patients aged 65 and over, with an increase in mortality and amputation rates.CONCLUSIONSGood outcomes are reported from the management of IIIB/C fractures in Major Trauma Centres in England. Overall compliance with national standards is particularly poor in the elderly. Compliance did not appear to affect rates of returning to theatre or early infection. Appropriately applied patient reported outcome measures are needed to enhance the evidence-base for management of these injuries.

37. A preliminary audit of medical and aid provision in English Rugby union clubs: compliance with Regulation 9.

Authors Wing, Kirsten; Bailey, Hollie J; Gronek, Piotr; Podstawski, Robert; Clark, Cain C T
Source Irish journal of medical science; Oct 2018

Publication Date Oct 2018
Publication Type(s) Journal Article
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 Available at [Irish journal of medical science](#) 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 [Irish journal of medical science](#) 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 Governing bodies are largely responsible for the monitoring and management of risks associated with a safe playing environment, yet adherence to regulations is currently unknown. The aim of this study was to investigate and evaluate the current status of medical personnel, facilities, and equipment in Rugby Union clubs at regional level in England. METHODSA nationwide cross-sectional survey of 242 registered clubs was undertaken, where clubs were surveyed online on their current medical personnel, facilities, and equipment provision, according to regulation 9 of the Rugby Football Union (RFU). RESULTS Overall, 91 (45.04%) surveys were returned from the successfully contacted recipients. Of the completed responses, only 23.61% (n = 17) were found to be compliant with regulations. Furthermore, 30.56% (n = 22) of clubs were unsure if their medical personnel had required qualifications; thus, compliance could not be determined. There was a significant correlation ($p = -0.029$, $r = 0.295$) between club level and numbers of practitioners. There was no significant correlation indicated between the number of practitioners/number of teams and number of practitioners/number of players. There were significant correlations found between club level and equipment score ($p = 0.003$, $r = -0.410$), club level and automated external defibrillator (AED) access ($p = 0.002$, $r = -0.352$) and practitioner level and AED access ($p = 0.0001$, $r = 0.404$). Follow-up, thematic analysis highlighted widespread club concern around funding/cost, awareness, availability of practitioners and AED training. CONCLUSION The proportion of clubs not adhering overall compliance with Regulation 9 of the RFU is concerning for player welfare, and an overhaul, nationally, is required.

38. NHS in Scotland is "not financially sustainable," auditors warn.

Authors Christie, Bryan
Source BMJ (Clinical research ed.); Oct 2018; vol. 363; p. k4520
Publication Date Oct 2018
Publication Type(s) Journal Article
PubMedID 30361299
Database Medline
 Available at [BMJ \(Clinical research ed.\)](#) from BMJ Journals - NHS

39. Effectiveness of Behavioural Interventions to Reduce Urinary Tract Infections and E. coli Bacteraemia for Older Adults Across all Care Settings: A Systematic Review.

Authors Jones, L F; Meyrick, J; Bath, J; Dunham, O; McNulty, C A M
Source The Journal of hospital infection; Oct 2018
Publication Date Oct 2018
Publication Type(s) Journal Article
PubMedID 30359646
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 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 BACKGROUND *Escherichia coli* bacteraemia rates in the UK have risen; rates are highest amongst older adults. Previous Urinary Tract Infections (UTIs) and catheterisation are risk factors. This review examines effectiveness of behavioural interventions to reduce *E.coli* bacteraemia and/or symptomatic UTIs for older adults. METHOD Sixteen databases, grey literature and reference lists were searched. Titles and/or abstracts were scanned and selected papers read fully to confirm suitability. Quality was assessed using Critical Appraisal Skills Programme guidelines and Scottish Intercollegiate Guidelines Network grading. RESULTS 21 studies were reviewed, and all lacked methodological quality. Six multi-faceted hospital interventions including education, with audit, and feedback or reminders reduced UTIs but only three provided statements of significance. Dickson et al reported decreasing catheter associated UTI (CAUTI) by 88% $F(1,20)=7.25$. Smith et al, reported reductions in CAUTI from 11.17 to 10.53 during Phase I and by 0.39 during Phase II (Chi-square=254). Van Gaal et al reported fewer UTIs per patient week ($rr=0.39$). Two hospital studies of online training and catheter insertion and care simulations decreased CAUTIs from 33 to 14 and from 10.40 to 0. Increasing nursing staff, community continence nurses, and catheter removal reminder stickers reduced infection. There were no studies examining prevention of *E. coli* bacteraemias. CONCLUSION The heterogeneity of studies means one effective intervention cannot be recommended. We suggest feedback should be considered because it facilitated reductions in UTI when used alone or in multifaceted interventions including education, audit or catheter removal protocols. Multi-faceted education is likely to be effective. Catheter removal protocols, increased staffing and patient education require further evaluation.

40. Genome-Wide Association Study Meta-Analysis of the Alcohol Use Disorders Identification Test (AUDIT) in Two Population-Based Cohorts.

Authors Sanchez-Roige, Sandra; Palmer, Abraham A; Fontanillas, Pierre; Elson, Sarah L; 23andMe Research Team; Substance Use Disorder Working Group of the Psychiatric Genomics Consortium; Adams, Mark J; Howard, David M; Edenberg, Howard J; Davies, Gail; Crist, Richard C; Deary, Ian J; McIntosh, Andrew M; Clarke, Toni-Kim

Source The American journal of psychiatry; Oct 2018 ; p. appiajp201818040369

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

Abstract OBJECTIVE: Alcohol use disorders are common conditions that have enormous social and economic consequences. Genome-wide association analyses were performed to identify genetic variants associated with a proxy measure of alcohol consumption and alcohol misuse and to explore the shared genetic basis between these measures and other substance use, psychiatric, and behavioral traits. METHOD: This study used quantitative measures from the Alcohol Use Disorders Identification Test (AUDIT) from two population-based cohorts of European ancestry (UK Biobank [N=121,604] and 23andMe [N=20,328]) and performed a genome-wide association study (GWAS) meta-analysis. Two additional GWAS analyses were performed, a GWAS for AUDIT scores on items 1-3, which focus on consumption (AUDIT-C), and for scores on items 4-10, which focus on the problematic consequences of drinking (AUDIT-P). RESULTS: The GWAS meta-analysis of AUDIT total score identified 10 associated risk loci. Novel associations localized to genes including JCAD and SLC39A13; this study also replicated previously identified signals in the genes ADH1B, ADH1C, KLB, and GCKR. The dimensions of AUDIT showed positive genetic correlations with alcohol consumption ($rg=0.76-0.92$) and DSM-IV alcohol dependence ($rg=0.33-0.63$). AUDIT-P and AUDIT-C scores showed significantly different patterns of association across a number of traits, including psychiatric disorders. AUDIT-P score was significantly positively genetically correlated with schizophrenia ($rg=0.22$), major depressive disorder ($rg=0.26$), and attention deficit hyperactivity disorder ($rg=0.23$), whereas AUDIT-C score was significantly negatively genetically correlated with major depressive disorder ($rg=-0.24$) and ADHD ($rg=-0.10$). This study also used the AUDIT data in the UK Biobank to identify thresholds for dichotomizing AUDIT total score that optimize genetic correlations with DSM-IV alcohol dependence. Coding individuals with AUDIT total scores ≤ 4 as control subjects and those with scores ≥ 12 as case subjects produced a significant high genetic correlation with DSM-IV alcohol dependence ($rg=0.82$) while retaining most subjects. CONCLUSIONS: AUDIT scores ascertained in population-based cohorts can be used to explore the genetic basis of both alcohol consumption and alcohol use disorders.

41. Talk CPR - a technology project to improve communication in do not attempt cardiopulmonary resuscitation decisions in palliative illness.

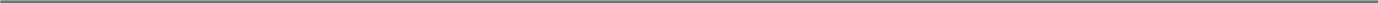
Authors Taubert, Mark; Norris, James; Edwards, Sioned; Snow, Veronica; Finlay, Ilora Gillian

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Abstract	<p>BACKGROUND A national Do Not Attempt Cardiopulmonary Resuscitation policy was rolled out for the National Health Service in Wales in 2015. A national steering group led on producing information videos and a website for patients, carers and healthcare professionals, forming part of a quality improvement program. Videos were planned, scripted and produced with healthcare professionals and patient/carer representatives, and were completed with both English and Welsh language versions. The TalkCPR videos encourage and promote open discussion about Cardiopulmonary Resuscitation (CPR) and DNACPR in palliative care situations. METHODS We worked with patient/carer groups to evaluate whether video resources to convey the salient facts involved in CPR and DNACPR decisions for people with palliative and life-limiting illness were acceptable or not. We conducted a mixed-method design service review in five phases to evaluate whether this technological resource could help. After creating video and website materials, they were evaluated by doctors, nurses and a patient/carer group. We also sent out one lightweight TalkCPR video media pad to each practice in Wales. These rechargeable electronic video media pads had communication videos pre-loaded for easy viewing, especially in areas with poor roaming data coverage. RESULTS Videos were demonstrably acceptable to both patient and carer groups, and improved healthcare professional confidence and understanding. Videos went live on the TalkCPR website, in all Welsh Health Boards and on Youtube, and are now used in routine practice throughout Wales. CONCLUSION This is the first time that DNACPR information videos are aimed directly at palliative care patients and carers, to explore this sensitive subject with them, and to encourage them to approach their doctor or nurse about it. The website, app and video media pads were developed by patients, the Digital Legacy Association, Welsh NHS IT services, Welsh Government, the Bevan Commission and the Dying Matters Charity in Wales 'Byw Nawr'. The GMC, the Royal College of General Practitioners and NICE have listed TalkCPR as a learning resource. There has also been a collaboration with Falmouth University Art College, who helped produce graphic designs to facilitate and encourage discussions about CPR and end of life care.</p>

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

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



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#	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] [Since 19-Oct-2018]	42
10	Medline	(leicester* OR glenfield).ti,ab,aa	25497
11	Medline	(8 AND 10)	269
12	Medline	11 [DT 2018-2018]	19