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

Authors	Mandavia, Rishi; Knight, Alec; Carter, Alexander W; Toal, Connor; Mossialos, Elias; Littlejohns, Peter; Schilder, Anne Gm
Source	BMJ open; Sep 2018; vol. 8 (no. 9); p. e021720
Publication Date	Sep 2018
Publication Type(s)	Journal Article
PubMedID	30209155
Database	Medline Available at BMJ open from Europe PubMed Central - Open Access Available at BMJ open from HighWire - Free Full Text
Abstract	OBJECTIVESHearing loss is an area of unmet need, and industry is targeting this field with a growing range of surgically implanted hearing devices. Currently, there is no comprehensive UK registry capturing data on these devices; in its absence, it is difficult to monitor clinical and cost-effectiveness and develop national policy. Recognising that developing such a registry faces considerable challenges, it is important to gather opinions from stakeholders and patients. This paper builds on our systematic review on surgical registry development and aims to identify the specific requirements for developing a successful national registry of auditory implants.DESIGNQualitative study.PARTICIPANTSData were collected in two ways: (1) semistructured interviews with UK professional stakeholders; and (2) focus groups with patients with hearing loss. The interview and focus group schedules were informed by our systematic review on registry development. Data were analysed using directed content analysis. Judges mapped the themes obtained against a conceptual framework developed from our systematic review on registry development. The conceptual framework consisted of five categories for successful registry development: (1) planning, (2) registry governance, (3) registry dataset, (4) anticipating challenges, (5) implementing solutions.RESULTSTwenty-seven themes emerged from 40 semistructured interviews with professional stakeholders and 18 themes emerged from three patient focus groups. The most important factor for registry success was high rates of data completion. Benefits of developing a successful registry of auditory implants include: strengthening the evidence base and regulation of auditory implants, driving quality and safety improvements, increased transparency, facilitating patient decision-making and informing policy and guidelines development.CONCLUSIONSThis study identifies the requirements for developing a successful national registry of auditory implants, benefiting from the involvement of numerous professional stakeholder groups and patients with hearing loss. Our approach may be used internationally to inform successful registry development.

2. IPEM topical report: the first UK survey of dose indices from radiotherapy treatment planning computed tomography scans for adult patients.

Authors	Wood, Tim J; Davis, Anne T; Earley, James; Edyvean, Sue; Findlay, Una; Lindsay, Rebecca; Nisbet, Andrew; Palmer, Antony L; Plaistow, Rosaleen; Williams, Matthew
Source	Physics in medicine and biology; Sep 2018; vol. 63 (no. 18); p. 185008
Publication Date	Sep 2018
Publication Type(s)	Journal Article
PubMedID	29900881
Database	Medline Available at Physics in medicine and biology from Available to NHS staff on request from UHL Libraries & Information Services (from non-NHS library) - click this link for more information Local Print Collection [location] : British Library via UHL Libraries - please click link to request article. Available at Physics in medicine and biology from Unpaywall

Abstract CT scans are an integral component of modern radiotherapy treatments, enabling the accurate localisation of the treatment target and organs-at-risk, and providing the tissue density information required for the calculation of dose in the treatment planning system. For these reasons, it is important to ensure exposures are optimised to give the required clinical image quality with doses that are as low as reasonably achievable. However, there is little guidance in the literature on dose levels in radiotherapy CT imaging either within the UK or internationally. This IPEM topical report presents the results of the first UK wide survey of dose indices in radiotherapy CT planning scans. Patient dose indices were collected for prostate, gynaecological, breast, lung 3D, lung 4D, brain and head and neck scans. Median values per scanner and examination type were calculated and national dose reference levels and 'achievable levels' of CT dose index (CTDIvol), dose-length-product (DLP) and scan length are proposed based on the third quartile and median values of these distributions, respectively. A total of 68 radiotherapy CT scanners were included in this audit. The proposed dose reference levels for CTDIvol and DLP are; prostate 16 mGy and 570 mGy · cm, gynaecological 16 mGy and 610 mGy · cm, breast 10 mGy and 390 mGy · cm, lung 3D 14 mGy and 550 mGy · cm, lung 4D 63 mGy and 1750 mGy · cm, brain 50 mGy and 1500 mGy · cm and head and neck 49 mGy and 2150 mGy · cm. Significant variations in dose indices were noted, with head and neck and lung 4D yielding a factor of eighteen difference between the lowest and highest dose scanners. There was also evidence of some clustering in the data by scanner manufacturer, which may be indicative of a lack of local optimisation of individual systems to the clinical task. It is anticipated that providing this data to the UK and wider radiotherapy community will aid the optimisation of treatment planning CT scan protocols.

3. Does the mode of delivery in routine cardiac rehabilitation have an association with cardiovascular risk factor outcomes?

Authors	Harrison, Alex S; Doherty, Patrick
Source	European journal of preventive cardiology; Sep 2018 ; p. 2047487318798923
Publication Date	Sep 2018
Publication Type(s)	Journal Article
PubMedID	30188178
Database	Medline
Abstract	Aims Cardiac rehabilitation is one of the most cost-effective interventions for patients with cardiovascular disease. Worldwide supervised group-based cardiac rehabilitation is the dominant mode of delivery followed by facilitated self-managed (FSM), which is emerging as part of a cardiac rehabilitation menu. Modern research evidence, using trials and well-resourced interventions, suggests FSM is comparable to supervised rehabilitation in its outcomes for patients; however, this is yet to be established using routine clinical practice data. Methods Including 81,626 patients from routine clinical data in the National Audit of Cardiac Rehabilitation, this observational study investigated whether mode of delivery, supervised or FSM, was associated with similar cardiac rehabilitation outcomes. Hierarchical regression models included patient and service covariates such as age, gender, cardiac rehabilitation duration and programme staff type. Results The results showed 85% of the population received supervised cardiac rehabilitation. The FSM group were significantly older, female and predominantly in lower socioeconomic groups. The results showed that all patients on average benefit from cardiac rehabilitation, independently of mode of delivery, across all risk factors. Additional benefit of 13% and 11.4% increased likelihood of achieving the target state for physical activity and body mass index respectively when using FSM approaches. Conclusion This is the first study to investigate traditional cardiovascular risk factors with cardiac rehabilitation mode of delivery using routine clinical data. Both modes of delivery were associated with comparable statistically significant positive outcomes. Despite having equivalent outcomes, FSM cardiac rehabilitation continues to be underutilised, with less than 20% of patients receiving this mode of delivery in the UK.

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

Authors	McGowan, Martin; Reid, Bernie
Source	British journal of nursing (Mark Allen Publishing); Sep 2018; vol. 27 (no. 16); p. 936-941
Publication Date	Sep 2018
Publication Type(s)	Journal Article
PubMedID	30187794
Database	Medline

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

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

Authors	Raynor, Emma; Konala, Praveen; Freemont, Anthony
Source	Journal of forensic and legal medicine; Sep 2018; vol. 60 ; p. 9-14
Publication Date	Sep 2018
Publication Type(s)	Journal Article
PubMedID	30196192
Database	Medline
	Available at Journal of forensic and legal 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	OBJECTIVESkeletal 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.METHODSThis 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.RESULTSA 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.CONCLUSIONIn 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.

6. Cervical pessary for short cervix in high risk pregnant women: 5 years experience in a single centre.

Authors	Ivandic, Jelena; Care, Angharad; Goodfellow, Laura; Poljak, Borna; Sharp, Andrew; Roberts, Devender; Alfirevic, Zarko
Source	The journal of maternal-fetal & neonatal medicine : the official journal of the European Association of Perinatal Medicine, the Federation of Asia and Oceania Perinatal Societies, the International Society of Perinatal Obstetricians; Sep 2018 ; p. 1-131
Publication Date	Sep 2018
Publication Type(s)	Journal Article
PubMedID	30173599
Database	Medline

	Available at The journal of maternal-fetal & neonatal medicine : the official journal of the European Association of Perinatal Medicine, the Federation of Asia and Oceania Perinatal Societies, the International Society of Perinatal Obstetricians 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 describe single centre clinical experience with cervical pessary used for high risk pregnant women who also had short cervix. We have focused on the techniques to optimise efficacy and minimise risk of complications and side effects related to pessary insertion, removal and pregnancy management.METHODSThis is an audit from specialist preterm birth prevention clinic in Liverpool Women's Hospital, United Kingdom for the period between January 2013 and December 2017. We also conducted postal survey in November 2015 to evaluate women's experience with vaginal pessary.RESULTSOut of 235 women who were treated for short cervix, 129 (55%) had cervical pessary as a first line treatment. Overall, 50% of treated women reached term. 17 women (13%) needed additional treatment, 9 women had pessary reinserted (7%) and 53 (41%) had pessary removed before 36 weeks, mainly due to ruptured membranes. Significant vaginal discharge and pelvic discomfort were reported by 14 and 7% women, respectively. Eighty-nine% of treated women would recommend the pessary treatment to others.CONCLUSIONWhilst the cervical pessary continues to be evaluated in clinical trials, our experience suggests that pessary is quite easy to insert and remove and is well tolerated by the women.

7. The relationship between unwarranted variation in optometric referrals and time since qualification.

Authors	Parkins, David J; Benwell, Martin J; Edgar, David F; Evans, Bruce J W
Source	Ophthalmic & physiological optics : the journal of the British College of Ophthalmic Opticians (Optometrists); Sep 2018
Publication Date	Sep 2018
Publication Type(s)	Journal Article
PubMedID	30175473
Database	Medline
	Available at Ophthalmic & physiological optics : the journal of the British College of Ophthalmic Opticians (Optometrists) from Wiley Online Library Medicine and Nursing Collection 2018 - NHS Available at Ophthalmic & physiological optics : the journal of the British College of Ophthalmic Opticians (Optometrists) 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	PURPOSETo investigate variation in optometric referral decision-making and the influence of experience and continuing education and training (CET).METHODSTo gain insight into unwarranted variation in referral activity in the United Kingdom (UK): (1) triage data were audited to investigate source of referral, provisional diagnosis, and outcome; (2) an online system was developed to present two sets of 10 vignettes, designed to avoid prompting answers. Participating optometrists completed 10 pre-CET vignettes, recording their tests and management decisions. The main group of participants chose whatever CET they wished over a 6-month period and then completed another 10 post-CET vignettes. A second group of newly-qualified optometrists completed the vignettes before and after a CET course intervention, followed by a third group of pre-registered optometrists with an intervention of 6-months experience of their pre-registration year.RESULTSThe audit identified 1951 optometric referrals and 158 optometrists (211 referrals were from general medical practitioners), with 122 of the 158 optometrists making fewer than ten referrals. Two newly-qualified optometrists generated 12.5% of the total referrals in the audit (N = 2162). Many suspect glaucoma referrals were based on a single suspect measurement resulting in a high discharge rate after community review, as did referrals for certain fundus-related appearances for which no treatment was indicated. The intervention of gaining CET points appeared to have no significant impact (p = 0.37) on referral decision-making, although this part of the study was underpowered. Self-selection bias was confirmed in the main group. When the main group and newly-qualified practitioners were compared, the number of referrals was negatively associated with time since qualification (p = 0.005). When all 20 referral decisions were compared, all optometrists referring more than 10 vignette patients came from a group of newly-qualified practitioners up to 2 years post-qualification. Pre-registered optometrists generally referred more appropriately than newly-qualified. Upon qualification, there was a significant increase in the number of sight tests undertaken per day (p = <0.0005).CONCLUSIONSGaining CET points alone is unlikely to significantly improve referral decision-making. Mentoring and targeted CET for the newly-qualified up to 2 years post-qualification should be considered. Ophthalmology replies to the referring newly-qualified optometrist are vital for moderating future referrals and developing clinical confidence.

8. Postdischarge Unscheduled Care Burden After Lower Limb Arthroplasty.

Authors	Tucker, Adam; Walls, Andrew; Leckey, Beverley; Hill, Janet C; Phair, Glenn; Bennett, Damien B; O'Brien, Seamus; Beverland, David E
Source	The Journal of arthroplasty; Sep 2018; vol. 33 (no. 9); p. 2745

Publication Date	Sep 2018
Publication Type(s)	Journal Article
PubMedID	29805105
Database	Medline Available at The Journal of Arthroplasty 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 Arthroplasty 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	BACKGROUNDIn contrast to postdischarge arthroplasty readmission rates, the unscheduled reattendance burden to primary care is under-reported. Understanding reasons for reattendance would allow for implementation of strategies to reduce this burden. The present study aims to quantify the out-of-hours (OOH) general practitioner and emergency department (ED) service reattendance burden and readmission rate after primary total hip arthroplasty and total knee arthroplasty, with estimation of the associated costs.METHODSThis is a prospective consecutive cohort study. A prospective audit of all total hip arthroplasty and total knee arthroplasty patients in 2016 in a single high-volume UK arthroplasty unit was performed. Incidence and reasons for reattendance to OOH and ED service, as well as readmission rates, at both 30 and 90 days following discharge are reported. A multivariate analysis was performed to determine patient characteristics, which results in increased reattendance and readmission rates.RESULTSA total of 2351 procedures resulted in 374 attendances of OOH service and 665 to ED with a total estimated cost of £190,000 within 90 days. The readmission rate was 6.8%. Risk factors for reattendance and readmission were increasing age and a prolonged length of stay. The use of a 5-day postdischarge phone call and a dedicated Arthroplasty Care Practitioner favors reduced reattendances but not the readmission rate, with the additional benefit of being cost-effective.CONCLUSIONThe postdischarge arthroplasty reattendance burden is associated with significant costs, and strategies to reduce this should be developed. Further research is required to assess the effectiveness and cost-effectiveness of multicomponent strategies to reduce reattendance operating at scale.

9. INTRAOPERATIVE AND POSTOPERATIVE COMPLICATIONS IN PHACOVITRECTOMY FOR EPIRETINAL MEMBRANE AND MACULAR HOLE: A Clinical Audit of 1,000 Consecutive Eyes.

Authors	Fajgenbaum, Mark A P; Neffendorf, James E; Wong, Roger S; Laidlaw, David A H; Williamson, Tom H
Source	Retina (Philadelphia, Pa.); Sep 2018; vol. 38 (no. 9); p. 1865-1872
Publication Date	Sep 2018
Publication Type(s)	Journal Article
PubMedID	29324594
Database	Medline Available at Retina 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 Retina 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	PURPOSEThe aim of this study was to report the intraoperative and postoperative complications of phacovitrectomy for epiretinal membrane (ERM) and macular hole (MH).METHODSThis was a retrospective audit of 1,052 phacovitrectomy operations (410 for ERM and 642 for MH) by the same surgical team between 1998 and 2017. Outcome measures included rates of intraoperative anterior segment and posterior segment complications such as posterior capsule rupture and retinal breaks. A subgroup analysis of 189 procedures in which postoperative complications were rigorously recorded was also undertaken.RESULTSThe rate of posterior capsule rupture was 2.2%, with no difference between ERM and MH (1.7 vs. 2.5%; $P = 0.40$). Iatrogenic retinal tears were more common in MH than in ERM surgery (15.6 vs. 6.8%; $P < 0.001$). The chance of one or more anterior segment or posterior segment intraoperative complications occurring (excluding iatrogenic retinal breaks) was not associated with: indication for surgery, grade of surgeon, gauge of surgery, surgical machine, diabetic status, patient sex, or patient age. Subgroup analysis showed postoperative events as follows: posterior capsular opacification 10.6% (20/189), posterior synechiae 4.2% (8/189), uveitis 2.1% (4/189), angle closure glaucoma 1.6% (3/189), and rhegmatogenous retinal detachment 1.1% (2/189).CONCLUSIONPhacovitrectomy seems to be safe in phakic patients with ERM or MH, performed either by fellows or consultants. It avoids the requirement for repeat surgery and is more cost and resource efficient.

10. An audit of ECT in England 2011-2015: Usage, demographics, and adherence to guidelines and legislation.

Authors	Read, John; Harrop, Christopher; Geekie, Jim; Renton, Julia
Source	Psychology and psychotherapy; Sep 2018; vol. 91 (no. 3); p. 263-277
Publication Date	Sep 2018
Publication Type(s)	Journal Article

PubMedID	29052308
Database	Medline
	Available at Psychology and psychotherapy from Wiley Online Library Medicine and Nursing Collection 2018 - NHS Available at Psychology and psychotherapy 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	OBJECTIVESElectroconvulsive therapy (ECT) continues to be used in England, but without comprehensive national auditing. Therefore, information was gathered on usage, demographics, consent, and adherence to the guidelines of the National Institute of Clinical Excellence (N.I.C.E.) and to the Mental Health Act.DESIGN AND METHODSFreedom of Information Act requests were sent to 56 National Health Service Trusts.RESULTSThirty-two trusts provided some usable data. Only 10 were able to report how many people received psychological therapy prior to ECT in accordance with N.I.C.E. recommendations, with figures ranging from 0% to 100%. The number of people currently receiving ECT in England annually is between 2,100 and 2,700, and falling. There was a 12-fold difference between the Trusts with the highest and lowest usage rates per capita. Most recipients are still women (66%) and over 60 (56%). More than a third (39%) is given without consent, with 30% of Trusts not adhering to mental health legislation concerning second opinions. At least 44% were not using validated measures of efficacy, and at least 33% failed to do so for adverse effects. Only four provided any actual data for positive outcomes or adverse effects. None provided any data on efficacy beyond the end of treatment.CONCLUSIONSNational audits should be reinstated. Independent, objective monitoring of adverse effects is urgently required. An investigation into why ECT is still administered excessively to older people and women seems long overdue.PRACTITIONER POINTSMental health staff should seek to ensure that all depressed people in their service are offered evidence-based psychological treatments before being offered E.C.T. Staff should lobby managers to ensure proper auditing of E.C.T. within their service Individuals receiving ECT should be closely monitored for adverse cognitive effects Overuse of ECT with women and older people should be avoided.

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

Authors	van Velthoven, Michelle H; Atherton, Helen; Powell, John
Source	Patient education and counseling; Sep 2018; vol. 101 (no. 9); p. 1690-1696
Publication Date	Sep 2018
Publication Type(s)	Journal Article
PubMedID	29666022
Database	Medline
	Available at Patient Education and Counseling 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 Patient Education and Counseling from Available to NHS staff on request from UHL Libraries & Information Services (from non-NHS library) - click this link for more information Local Print Collection [location] : British Library via UHL Libraries - please click link to request article.
Abstract	OBJECTIVESTo identify the self-reported behaviour of the public in reading and writing online feedback in relation to health services.METHODSA face-to-face cross-sectional survey of a representative sample of the UK population. Descriptive and logistic regression analyses were undertaken to describe and explore the use of online feedback.RESULTS2036 participants were surveyed, and of 1824 Internet users, 42% (n = 760) had read online health care feedback and 8% (n = 147) had provided this feedback in the last year. People more likely to read feedback were: younger, female, with higher income, experiencing a health condition, urban dwelling, and more frequent internet users. For providing feedback, the only significant association was more frequent internet use. The most frequent reasons for reading feedback were: finding out about a drug, treatment or test; and informing a choice of treatment or provider. For writing feedback they were to: inform other patients; praise a service; or improve standards of services. 94% had never been asked to leave online feedback.CONCLUSIONMany people read online feedback from others, and some write feedback, although few are encouraged to do so.PRACTICE IMPLICATIONSThis emerging phenomenon can support patient choice and quality improvement, but needs to be better harnessed.

12. Diagnosis, presentation and initial severity of Autoimmune Hepatitis (AIH) in patients attending 28 hospitals in the UK.

Authors	Gordon, Victoria; Adhikary, Ratul; Appleby, Victoria; Das, Debasis; Day, James; Delahooke, Toby; Dixon, Selena; Elphick, David; Hardie, Claire; Hoeroldt, Barbara; Hooper, Patricia; Hutchinson, John; Jones, Rebecca; Khan, Faisal; Aithal, Guruprasad P; McGonigle, John; Nelson, Andrew; Nkhoma, Alick; Pelitari, Stavroula; Prince, Martin; Prosser, Annell; Sathanarayana, Vinay; Savva, Sophia; Shah, Naina; Saksena, Sushma; Thayalasekaran, Sreedhari; Vani, Deven; Yeoman, Andrew; Gleeson, Dermot; UK Multi-Centre AIH Audit Group
Source	Liver international : official journal of the International Association for the Study of the Liver; Sep 2018; vol. 38 (no. 9); p. 1686-1695
Publication Date	Sep 2018

Publication Type(s)	Journal Article
PubMedID	29455458
Database	Medline Available at Liver International from Wiley Online Library Medicine and Nursing Collection 2018 - NHS Available at Liver International from Available to NHS staff on request from UHL Libraries & Information Services (from NULJ library) - click this link for more information Local Print Collection Available at Liver International 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 & AIMSThere is limited information regarding patients with AIH outside relatively few large centres. We describe here the presenting features of patients with AIH, collected as part of an audit involving 28 UK hospitals.METHODSPatients (incident since 1/1/2007 or prevalent since 1/1/2000) were ≥18 years and either met 1999 International AIH Group (IAIHG) diagnostic criteria (n = 1164), or received immunosuppressive therapy for clinically diagnosed AIH (n = 103).RESULTSOf 1267 patients (80% women, 91% Caucasian, age (median(range)) 55(8-86) years, 0.5% had acute viral hepatitis (CMV/EBV/HEV); 2% were taking Nitrofurantoin and 0.7% Khat. Twenty-one percent had clinical decompensation and/or a MELD score of >15. Time from first abnormal liver tests to diagnosis was ≥1 year in 19% and was longer in jaundiced vs non-jaundiced patients. HBV and HCV serology were undocumented in 4%, serum immunoglobulins in 31% and autoantibodies in 11%-27%. When documented, ≥1 antibody was present in 83%. LKM-1-positive and autoantibody-negative patients had more severe disease. Histological cirrhosis was reported in 23%, interface hepatitis 88%, predominant lymphocytes/plasma cells 75%, rosettes 19% and emperipolesis 0.4%. Only 65% of those meeting 1999 IAIHG criteria also met simplified IAIHG criteria. University Hospitals compared to District General Hospitals, were more likely to report histological features of AIH.CONCLUSIONSThis cohort from across the UK is older than other multicentre AIH cohorts. One-fifth had decompensation or MELD >15. Diagnosis was delayed in 19%, diagnostic testing was incomplete in one-third and rosettes and emperipolesis were infrequently reported.

13. Use of intravenous immunoglobulin for the treatment of autoimmune encephalitis: audit of the NHS experience.

Authors	Kinsella, J A; Irani, S R; Hollingsworth, R; O'Shaughnessy, D; Kane, P; Foster, M; Schott, J M; Lunn, M P
Source	JRSM open; Sep 2018; vol. 9 (no. 9); p. 2054270418793021
Publication Date	Sep 2018
Publication Type(s)	Journal Article
PubMedID	30202534
Database	Medline Available at JRSM open from Europe PubMed Central - Open Access
Abstract	ObjectivesThe treatments of limbic and other autoimmune encephalitis include immunosuppression, symptomatic treatment, and in the case of paraneoplastic syndromes, appropriate therapy for underlying neoplasms. When immunotherapy is considered, intravenous immunoglobulin is one option for treatment, either alone or in combination with corticosteroids. To date, however, evidence for the use of intravenous immunoglobulin in this context comes from case series/expert reviews as no controlled trials have been performed. We aimed to analyse the NHS England Database of intravenous immunoglobulin usage, which was designed to log use and guide procurement, to explore usage and therapeutic effect of intravenous immunoglobulin in autoimmune encephalitis in England.DesignWe conducted a retrospective audit and review of the NHS England Database on intravenous immunoglobulin use.SettingNHS England Database of intravenous immunoglobulin use which covers secondary and tertiary care prescribing and use of intravenous immunoglobulin for all patients in hospitals in England.ParticipantsHospital in-patients with confirmed or suspected autoimmune/limbic encephalitis between September 2010 and January 2017.ResultsA total of 625 patients who were 18 years of age or older were treated with intravenous immunoglobulin for autoimmune encephalitis, of whom 398 were determined as having 'highly likely' or 'definite' autoimmune/limbic encephalitis. Ninety-six percent were treated with a single course of intravenous immunoglobulin. The availability and accuracy of reporting of outcomes was very poor, with complete data only available in 27% of all cases.ConclusionsThis is the first review of data from this unique national database. Whilst there was evidence for clinical improvement in many cases of patients treated with intravenous immunoglobulin, the quality of outcome data was generally inadequate. Methods to improve quality, accuracy and completeness of reporting are crucial to maximise the potential value of this resource as an auditing tool.

14. Demonstrating Improved Surgical Communication and HAndoveR Generates Earlier Discharges (DISCHARGED).

Authors	Dean, Jonathon; Phillips, Georgina; Turner, Warren; Refson, Jonathan
Source	Journal of patient safety; Sep 2018; vol. 14 (no. 3); p. e39
Publication Date	Sep 2018
Publication Type(s)	Journal Article
PubMedID	28953052
Database	Medline

	Available at Journal of Patient Safety from Available to NHS staff on request from UHL Libraries & Information Services (from non-NHS library) - click this link for more information Local Print Collection [location] : British Library via UHL Libraries - please click link to request article.
Abstract	BACKGROUNDWeekend surgical handover at the Princess Alexandra Hospital NHS Trust in Harlow, Essex, did not fully comply with Royal College of Surgeons England guidelines. Out-of-hours care is under increased scrutiny, and we implemented a quality improvement intervention of a mandatory, standardized weekend handover form to streamline weekend care. This was shown to increase discharges and decrease lengths of stay for patients whose hospital stay included a weekend.METHODSData were collected for 15-week preimplementation and postimplementation. The number of patients handed over for senior weekend review was recorded, and for each, the presence or absence of a working diagnosis, relevant investigations, a management plan, and any outstanding tasks was recorded. A standardized weekend handover form was implemented, and these criteria as well numbers of discharges and lengths of stay were compared.RESULTSAn average of 32 patients was handed over each weekend before and after implementation. The average number of handovers with a listed working diagnosis (19.20 to 30.80, Δ11.60, P < 0.0001), management plan (16.40 to 31.73, Δ15.33, P < 0.0001), and tasks (16.60 to 29.13, Δ12.53, P < 0.0001) significantly increased. Average weekend discharges increased (39.07 to 48.93, Δ9.86, P = 0.0034). Average lengths of stay for emergency patients whose stays included a weekend shortened by 1.96 days (11.11 to 9.15 days, Δ-1.96, P = 0.0192) in keeping with the length of a weekend, with estimated annual cost-savings of between £740 000 and £3.82 million.CONCLUSIONSImplementation of a standardized weekend handover form resulted in an increase in compliance to national guidelines as well as an increase in weekend discharges and decreased length of stay for emergency patients with significant cost-savings.

15. Leading the Charge: Achievement of National Accreditation for a Nurse Residency Program.

Authors	Brown Tyo, Mirinda; Gundlach, Molly; Brennan, Cheryl; Esdale, Laurie; Knight, Autumn; Provencher, Sarah; Tardy, Kathleen
Source	Journal for nurses in professional development; ; vol. 34 (no. 5); p. 270-276
Publication Type(s)	Journal Article
PubMedID	30188480
Database	Medline
Abstract	This article describes best practice recommendations in program development for a nurse residency program. This registered nurse residency program is the first in New England to acquire the American Nurses Credentialing Center's Practice Transition Accreditation. Best practices identified in this effort include (a) use of a quality improvement analyst for data trending, (b) inclusion of an off-shift nurse educator, (c) use of evidence-based practice, (d) a standardized preceptor program, and (e) appropriate evaluation instruments. New graduate nurse satisfaction increased and turnover decreased after program implementation.

16. Improving emergency surgical care for patients with right iliac fossa pain at a regional scale: A quality improvement study using the Supported Champions implementation strategy.

Authors	Feinberg, Joshua; Flynn, Lorna; Woodward, Matthew; Pennell, Christopher; Higham, Helen; Morgan, Lauren; Holman, Lance; Tully, Patrick; McCulloch, Peter
Source	International journal of surgery (London, England); Sep 2018; vol. 57 ; p. 105-110
Publication Date	Sep 2018
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	Available at International journal of surgery (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 International journal of surgery (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.

Abstract	INTRODUCTIONMethods to improve clinical systems safety suffer from significant difficulties in implementation and scaling up. We used an upscaling implementation strategy entitled Supported Champions in a quality and safety improvement programme for emergency surgery at regional level, focusing on patients with right iliac fossa pain.METHODSA before-after study was conducted across four acute NHS Trusts: A 6 month intervention phase was preceded and followed by 3 months of data collection. An established Human Factors intervention was led at each Trust by a small group of staff selected as Champions. Champions received training in teamwork and systems improvement and were supported by Human Factors experts. The primary improvement aim was to expedite surgery for patients with sepsis, using Royal College of Surgeons emergency surgery guidelines as the measure. Additional outcomes studied included length of inpatient stay and 30-day readmission rates.RESULTSBreaches of RCS urgency guidelines decreased markedly from 13.7% of operated patients pre-intervention to 3.5% post-intervention (p = 0.000). Mean time from booking to incision decreased in three of the four sites, whilst median length of stay increased in 3 of 4. Overall 30-day readmission rate remained stable (7.84% pre-intervention versus 7.31% post-intervention, p = 0.959).DISCUSSIONThe Supported Champions model allowed all surgical teams to reduce delay for septic patients by more than 50%, using distinct Quality Improvement strategies to address local issues. Improvement was implemented in 4 diverse settings with a quarter of the level of expert input previously used in a single hospital.

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

Authors	Rogers, Libby; Pagel, Christina; Sullivan, Ian D; Mustafa, Muhammed; Tsang, Victor; Utley, Martin; Bull, Catherine; Franklin, Rodney C; Brown, Kate L
Source	Heart (British Cardiac Society); Sep 2018; vol. 104 (no. 18); p. 1500-1507
Publication Date	Sep 2018
Publication Type(s)	Journal Article
PubMedID	29371373
Database	Medline Available at Heart from BMJ Journals - NHS Available at Heart 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 Heart from Available to NHS staff on request from UHL Libraries & Information Services (from non-NHS library) - click this link for more information Local Print Collection [location] : British Library via UHL Libraries - please click link to request article. Available at Heart from Unpaywall
Abstract	OBJECTIVETo describe the long-term outcomes, treatment pathways and risk factors for patients diagnosed with hypoplastic left heart syndrome (HLHS) in England and Wales.METHODSThe UK's national audit database captures every procedure undertaken for congenital heart disease and updated life status for resident patients in England and Wales. Patients with HLHS born between 2000 and 2015 were identified using codes from the International Paediatric and Congenital Cardiac Code.RESULTSThere were 976 patients with HLHS. Of these, 9.6% had a prepathway intervention, 89.5% underwent a traditional pathway of staged palliation and 6.4% of infants underwent a hybrid pathway. Patients undergoing prepathway procedures or the hybrid pathway were more complex, exhibiting higher rates of prematurity and acquired comorbidity. Prepathway intervention was associated with the highest in-hospital mortality (34.0%).44.6% of patients had an off-pathway procedure after their primary procedure, most frequently stenting or dilation of residual or recoarctation and most commonly occurring between stage 1 and stage 2.The survival rate at 1 year and 5 years was 60.7% (95% CI 57.5 to 63.7) and 56.3% (95% CI 53.0 to 59.5), respectively. Patients with an antenatal diagnosis (multivariable HR (MHR) 1.63 (95% CI 1.12 to 2.38)), low weight (<2.5 kg) (MHR 1.49 (95% CI 1.05 to 2.11)) or the presence of an acquired comorbidity (MHR 2.04 (95% CI 1.30 to 3.19)) were less likely to survive.CONCLUSIONTreatment pathways among patients with HLHS are complex and variable. It is essential that the long-term outcomes of conditions like HLHS that require serial interventions are studied to provide a fuller picture and to inform quality assurance and improvement.

18. Forensic science policy and the question of governmental University research quality assessment.

Authors	Evison, Martin Paul
Source	Forensic science international; Sep 2018; vol. 290 ; p. 279-296
Publication Date	Sep 2018
Publication Type(s)	Journal Article
PubMedID	30121552
Database	Medline Available at Forensic science international 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	Forensic science policy has been the subject of a series of judicial and parliamentary enquiries in the United Kingdom in recent decades. Forensic science research has been a recurrent theme in their reports, which have included recommendations for research into the economics of forensic service provision; for the development of expertise and centres of excellence; and for research to establish the validity of the forensic sciences. These recommendations reflect similar concerns expressed internationally-particularly in the United States. In the United Kingdom, however, the Forensic Science Service recently enjoyed a near monopoly in research, and limited research funding and activity in the Universities was exacerbated by the lack of visibility of forensic science in government audits of research quality. This study used established methods in evidence-based policy and research quality evaluation to analyse the range, quantity and quality of research submitted to the two most recent audits-RAE 2008 and REF 2014. Strengths and weaknesses in the methods used are discussed, and the findings analysed in relation to wider research policy issues in forensic science. The study concludes that consolidating forensic science as a peer-science in the academy is essential in order to establish a virtuous circle that will sustain research in the discipline-and address wider policy and socio-economic questions that persistently trouble the field.

19. Social Connectedness and Perceived Listening Effort in Adult Cochlear Implant Users: A Grounded Theory to Establish Content Validity for a New Patient-Reported Outcome Measure.

Authors	Hughes, Sarah E; Hutchings, Hayley A; Rapport, Frances L; McMahon, Catherine M; Boisvert, Isabelle
Source	Ear and hearing; ; vol. 39 (no. 5); p. 922-934
Publication Type(s)	Journal Article
PubMedID	29424766
Database	Medline
	Available at Ear and Hearing 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	OBJECTIVESIndividuals with hearing loss often report a need for increased effort when listening, particularly in challenging acoustic environments. Despite audiologists' recognition of the impact of listening effort on individuals' quality of life, there are currently no standardized clinical measures of listening effort, including patient-reported outcome measures (PROMs). To generate items and content for a new PROM, this qualitative study explored the perceptions, understanding, and experiences of listening effort in adults with severe-profound sensorineural hearing loss before and after cochlear implantation.DESIGNThree focus groups (1 to 3) were conducted. Purposive sampling was used to recruit 17 participants from a cochlear implant (CI) center in the United Kingdom. The participants included adults (n = 15, mean age = 64.1 years, range 42 to 84 years) with acquired severe-profound sensorineural hearing loss who satisfied the UK's national candidacy criteria for cochlear implantation and their normal-hearing significant others (n = 2). Participants were CI candidates who used hearing aids (HAs) and were awaiting CI surgery or CI recipients who used a unilateral CI or a CI and contralateral HA (CI + HA). Data from a pilot focus group conducted with 2 CI recipients were included in the analysis. The data, verbatim transcripts of the focus group proceedings, were analyzed qualitatively using constructivist grounded theory (GT) methodology.RESULTSA GT of listening effort in cochlear implantation was developed from participants' accounts. The participants provided rich, nuanced descriptions of the complex and multidimensional nature of their listening effort. Interpreting and integrating these descriptions through GT methodology, listening effort was described as the mental energy required to attend to and process the auditory signal, as well as the effort required to adapt to, and compensate for, a hearing loss. Analyses also suggested that listening effort for most participants was motivated by a need to maintain a sense of social connectedness (i.e., the subjective awareness of being in touch with one's social world). Before implantation, low social connectedness in the presence of high listening effort encouraged self-alienating behaviors and resulted in social isolation with adverse effects for participant's well-being and quality of life. A CI moderated but did not remove the requirement for listening effort. Listening effort, in combination with the improved auditory signal supplied by the CI, enabled most participants to listen and communicate more effectively. These participants reported a restored sense of social connectedness and an acceptance of the continued need for listening effort.CONCLUSIONSSocial connectedness, effort-reward balance, and listening effort as a multidimensional phenomenon were the core constructs identified as important to participants' experiences and understanding of listening effort. The study's findings suggest: (1) perceived listening effort is related to social and psychological factors and (2) these factors may influence how individuals with hearing loss report on the actual cognitive processing demands of listening. These findings provide evidence in support of the Framework for Understanding Effortful Listening a heuristic that describes listening effort as a function of both motivation and demands on cognitive capacity. This GT will inform item development and establish the content validity for a new PROM for measuring listening effort.

20. Optimising collaborator recruitment and maintaining engagement via social media during large multi-centre studies: lessons learned from the National Audit of Small Bowel Obstruction (NASBO).

Authors	Sayers, Adele E; Lee, Matthew J; Smart, Neil; Fearnhead, Nicola S; NASBO steering group

Source	Colorectal disease : the official journal of the Association of Coloproctology of Great Britain and Ireland; Sep 2018
Publication Date	Sep 2018
Publication Type(s)	Journal Article
PubMedID	30171749
Database	Medline 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	BACKGROUNDThe National Audit of Small Bowel Obstruction was a UK wide study active in early 2017. A Twitter© account was used to interact with collaborators and the public throughout the study to assess whether the use of social media improved study engagement and establish which Tweet signature styles achieved highest levels of reach and engagement.METHODTwitter© analytics for @NASBO2017, covering June 2016 - May 2017 were reviewed. The number of impressions, Tweet engagement and engagement rate were analysed according to study stage.RESULTSA total of 176 Tweets were made over the study period. The median number of impressions achieved by a Tweet was 533 (75-2709). 3863 engagements were made with National Audit of Small Bowel Obstruction Tweets with a median number of 10 (0-159) per Tweet. The average overall Tweet engagement rate of 3.3% (0-14.2%). Tweets with most impressions either used images or tagged institutions (e.g. Royal Colleges, professional bodies). The number of impressions and engagement with the Tweets increased over the study period, due to the incremental growth of the National Audit of Small Bowel Obstruction Twitter© account and the identification of successful Tweet styles.CONCLUSIONSSocial media provided a major contribution to a successful concerted policy of maintaining collaborator engagement during National Audit of Small Bowel Obstruction. The use of images and videos and tagging of relevant professional bodies aided the reach and engagement of each Tweet. This data can be used to inform engagement strategies for future collaborative projects. This article is protected by copyright. All rights reserved.

21. Development of tools to facilitate palliative and supportive care referral for patients with idiopathic pulmonary fibrosis.

Authors	Sharp, Charles; Lamb, Heather; Jordan, Nikki; Edwards, Adrienne; Gunary, Rachel; Meek, Patricia; Millar, Ann B; Kendall, Clare; Adamali, Huzaifa
Source	BMJ supportive & palliative care; Sep 2018; vol. 8 (no. 3); p. 340-346
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Publication Type(s)	Journal Article
PubMedID	28667087
Database	Medline Available at BMJ Supportive & Palliative Care from ProQuest (Hospital Premium Collection) - NHS Version Available at BMJ Supportive & Palliative Care from Available to NHS staff on request from UHL Libraries & Information Services (from NULJ library) - click this link for more information Local Print Collection [location] : UHL Libraries On Request (Free).
Abstract	OBJECTIVESPalliative care is underused in non-malignant respiratory diseases, including interstitial lung diseases (ILDs). We investigated current practices around palliative and supportive care and explored the impact of a supportive care decision aid tool.METHODSThis was a single centre study in a UK ILD centre. Retrospective analysis of hospice referrals and patients with idiopathic pulmonary fibrosis (IPF) under the Bristol ILD (BILD) service were used to identify unmet palliative and supportive care needs. Using quality improvement methodology, we explored the impact of a supportive care decision aid on clinician behaviours for patients with ILD.RESULTS108 patients with ILD were referred for hospice care between 2010 and 2015, representing 0.15% of all referrals, compared with a population prevalence of IPF of 0.9%. The median interval between referral and death was 124 days.Records were reviewed for 64 deceased and 89 living patients with IPF seen on July-December 2014. The decision aid was prospectively assessed with 73 patients. The deceased patients had greater markers of severity. There were no other differences between the groups.After introduction, the decision aid tool was completed for 49.3% of patients and resulted in significant increases in documented discussion of referral to palliative care (11.2%vs53.6%, p<0.01) and end-of-life discussions (15.7%vs91.8%, p<0.01). Tool completion led to an increase in referral for palliative care (2.7%vs16.7%, p<0.01).CONCLUSIONPalliative care services are underused in ILD and a supportive care decision aid can prompt consideration of palliative and supportive care needs.

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

Authors	Pontefract, Sarah K; Hodson, James; Slee, Ann; Shah, Sonal; Girling, Alan J; Williams, Robin; Sheikh, Aziz; Coleman, Jamie J
Source	BMJ quality & safety; Sep 2018; vol. 27 (no. 9); p. 725-736
Publication Date	Sep 2018
Publication Type(s)	Journal Article
PubMedID	29572298
Database	Medline Available at BMJ Quality & Safety from BMJ Journals - NHS Available at BMJ Quality & Safety from PubMed Central
Abstract	BACKGROUNDIn this UK study, we investigated the impact of computerised physician order entry (CPOE) and clinical decision support (CDS) implementation on the rate of 78 high-risk prescribing errors amenable to CDS.METHODSWe conducted a preintervention/postintervention study in three acute hospitals in England. A predefined list of prescribing errors was incorporated into an audit tool. At each site, approximately 4000 prescriptions were reviewed both pre-CPOE and 6 months post-CPOE implementation. The number of opportunities for error and the number of errors that occurred were collated. Error rates were then calculated and compared between periods, as well as by the level of CDS.RESULTSThe prescriptions of 1244 patients were audited pre-CPOE and 1178 post-CPOE implementation. A total of 28 526 prescriptions were reviewed, with 21 138 opportunities for error identified based on 78 defined errors. Across the three sites, for those prescriptions where opportunities for error were identified, the error rate was found to reduce significantly post-CPOE implementation, from 5.0% to 4.0% (P<0.001). CDS implementation by error type was found to differ significantly between sites, ranging from 0% to 88% across clinical contraindication, dose/frequency, drug interactions and other error types (P<0.001). Overall, 43/78 (55%) of the errors had some degree of CDS implemented in at least one of the hospitals.CONCLUSIONSImplementation of CPOE with CDS was associated with clinically important reductions in the rate of high-risk prescribing errors. Given the pre-post design, these findings however need to be interpreted with caution. The occurrence of errors was found to be highly dependent on the level of restriction of CDS presented to the prescriber, with the effect that different configurations of the same CPOE system can produce very different results.

23. Validity of neurodevelopmental outcomes of children born very preterm assessed during routine clinical follow-up in England.

Authors	Wong, Hilary S; Cowan, Frances M; Modi, Neena; Medicines for Neonates Investigator Group
Source	Archives of disease in childhood. Fetal and neonatal edition; Sep 2018; vol. 103 (no. 5); p. F479
Publication Date	Sep 2018
Publication Type(s)	Journal Article
PubMedID	29079650
Database	Medline Available at Archives of disease in childhood. Fetal and neonatal edition from BMJ Journals - NHS Available at Archives of disease in childhood. Fetal and neonatal edition from Available to NHS staff on request from UHL Libraries & Information Services (from NULJ library) - click this link for more information Local Print Collection [location] : UHL Libraries On Request (Free). Available at Archives of disease in childhood. Fetal and neonatal edition from Available to NHS staff on request from UHL Libraries & Information Services (from non-NHS library) - click this link for more information Local Print Collection [location] : British Library via UHL Libraries - please click link to request article.
Abstract	OBJECTIVETo determine the validity of assessing and recording the neurodevelopmental outcome of very preterm infants during routine clinical follow-up in England.DESIGNChildren born <30 weeks gestation, attending routine clinical follow-up at post-term ages 20-28 months, were recruited. Data on neurodevelopmental outcomes were recorded by the reviewing clinician in a standardised format in the child's electronic patient record, based on a set of key questions designed to be used without formal training or developmental testing. Using a predefined algorithm, each participant was classified as having 'no', 'mild/moderate' or 'severe' impairment in cognitive, communication and motor domains. All participants also received a research assessment by a single assessor using the Bayley Scales of Infant Development, third edition (Bayley-III). The sensitivity and specificity of routine data in capturing impairment (any Bayley-III score <85) or severe impairment (any Bayley-III score <70) was calculated.RESULTS190 children participated. The validity of routine assessments in identifying children with no impairment and no severe impairment was high across all domains (specificities 83.9%-100.0% and 96.6%-100.0%, respectively). However, identification of impairments, particularly in the cognitive (sensitivity 69.7% (55.1%-84.3%)) and communication (sensitivity (53.2% (42.0%-64.5%)) domains, was poor.CONCLUSIONSNeurodevelopmental status determined during routine clinical assessment lacks adequate sensitivity in cognitive and communication domains. It is uncertain whether this reflects the assessment or/and the recording of findings. As early intervention may improve education and social outcomes, this is an important area for healthcare quality improvement research.

24. Newborn and infant physical examination standards in a dedicated clinic for developmental dysplasia of the hip.

Authors	Humphry, S; Thompson, D; Evans, R; Price, N; Williams, P

Source	Annals of the Royal College of Surgeons of England; Sep 2018; vol. 100 (no. 7); p. 566-569
Publication Date	Sep 2018
Publication Type(s)	Journal Article
PubMedID	29909671
Database	Medline
	Available at Annals of the Royal College of Surgeons of England from Ovid (Journals @ Ovid) - Remote Access
	Available at Annals of the Royal College of Surgeons of 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 Annals of the Royal College of Surgeons of 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.
Abstract	Introduction In 2014 our centre started a dedicated clinic for developmental dysplasia of the hip (DDH). The aim of the clinic was to streamline DDH referrals, enabling timely review, imaging and multidisciplinary treatment. Ongoing audit has been carried out based on the UK National Screening Committee newborn and infant physical examination (NIPE) guidelines, first published in 2008. Methods A three-year prospective audit was undertaken between 2014 and 2016 assessing compliance with NIPE standards (ST2b and ST2d) relating to timeliness of expert consultation following positive ultrasonography findings of DDH with positive examination or risk factors. Results A total of 257 babies born between January 2014 and December 2016 were seen in our dedicated DDH clinic, with 106 with abnormalities on ultrasonography and 54 requiring treatment. Compliance with 'expert consultation within 4 weeks of age for babies with an abnormality detected on clinical examination and positive ultrasonography' improved from 50% in 2014 to 53% in 2015 and 71% in 2016. Compliance with 'expert consultation within 8 weeks of age for babies with positive risk factors, negative examination and positive ultrasonography' improved from 65% in 2014 to 93% in 2015 and 100% in 2016. Conclusions This prospective audit assessing timeliness of expert consultation has demonstrated ongoing improvements between 2014 and 2016. A greater proportion of babies with ultrasonography evidence of DDH have been seen at the appropriate time. In the majority of cases, this has enabled timely non-invasive treatment with a Pavlik harness rather than surgery.

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

Authors	Toft-Petersen, A P; Ferrando-Vivas, P; Harrison, D A; Dunn, K; Rowan, K M
Source	Anaesthesia; Sep 2018; vol. 73 (no. 9); p. 1131-1140
Publication Date	Sep 2018
Publication Type(s)	Journal Article
PubMedID	29762869
Database	Medline
	Available at Anaesthesia from Wiley
	Available at Anaesthesia 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 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 the UK, a network of specialist centres has been set up to provide critical care for burn patients. However, some burn patients are admitted to general intensive care units. Little is known about the casemix of these patients and how it compares with patients in specialist burn centres. It is not known whether burn-specific or generic risk prediction models perform better when applied to patients managed in intensive care units. We examined admissions for burns in the Case Mix Programme Database from April 2010 to March 2016. The casemix, activity and outcome in general and specialist burn intensive care units were compared and the fit of two burn-specific risk prediction models (revised Baux and Belgian Outcome in Burn Injury models) and one generic model (Intensive Care National Audit and Research Centre model) were compared. Patients in burn intensive care units had more extensive injuries compared with patients in general intensive care units (median (IQR [range]) burn surface area 16 (7-32 [0-98])% vs. 8 (1-18 [0-100])%, respectively) but in-hospital mortality was similar (22.8% vs. 19.0%, respectively). The discrimination and calibration of the generic Intensive Care National Audit and Research Centre model was superior to the revised Baux and Belgian Outcome in Burn Injury burn-specific models for patients managed on both specialist burn and general intensive care units.

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

Authors	Addison, Michelle; Mcgovern, Ruth; Angus, Colin; Becker, Frauke; Brennan, Alan; Brown, Heather; Coulton, Simon; Crowe, Lisa; Gilvarry, Eilish; Hickman, Matthew; Howel, Denise; Mccoll, Elaine; Muirhead, Colin; Newbury-Birch, Dorothy; Waqas, Muhammad; Kaner, Eileen
Source	Alcohol and alcoholism (Oxford, Oxfordshire); Sep 2018; vol. 53 (no. 5); p. 548-559
Publication Date	Sep 2018

Publication Type(s)	Journal Article
PubMedID	29889245
Database	Medline Available at Alcohol and Alcoholism from Available to NHS staff on request from UHL Libraries & Information Services (from non-NHS library) - click this link for more information Local Print Collection [location] : British Library via UHL Libraries - please click link to request article. Available at Alcohol and Alcoholism from PubMed Central Available at Alcohol and Alcoholism from Unpaywall
Abstract	AimsThere is a clear association between alcohol use and offending behaviour and significant police time is spent on alcohol-related incidents. This study aimed to test the feasibility of a trial of screening and brief intervention in police custody suites to reduce heavy drinking and re-offending behaviour.Short summaryWe achieved target recruitment and high brief intervention delivery if this occurred immediately after screening. Low rates of return for counselling and retention at follow-up were challenges for a definitive trial. Conversely, high consent rates for access to police data suggested at least some outcomes could be measured remotely.MethodsA three-armed pilot Cluster Randomised Controlled Trial with an embedded qualitative interview-based process evaluation to explore acceptability issues in six police custody suites (north east and south west of the UK). Interventions included: 1. Screening only (Controls), 2. 10 min Brief Advice 3. Brief Advice plus 20 min of brief Counselling.ResultsOf 3330 arrestees approached: 2228 were eligible for screening (67%) and 720 consented (32%); 386 (54%) scored 8+ on AUDIT; and 205 (53%) were enroled (79 controls, 65 brief advice and 61 brief counselling). Follow-up rates at 6 and 12 months were 29% and 26%, respectively. However, routinely collected re-offending data were obtained for 193 (94%) participants. Indices of deprivation data were calculated for 184 (90%) participants; 37.6% of these resided in the 20% most deprived areas of UK. Qualitative data showed that all arrestees reported awareness that participation was voluntary, that the trial was separate from police work, and the majority said trial procedures were acceptable.ConclusionDespite hitting target recruitment and same-day brief intervention delivery, a future trial of alcohol screening and brief intervention in a police custody setting would only be feasible if routinely collected re-offending and health data were used for outcome measurement.Trial registrationISRCTN number: 89291046.

27. Intimate partner violence and clinical coding: issues with the use of the International Classification of Disease (ICD-10) in England.

Authors	Olive, Philippa
Source	Journal of health services research & policy; Aug 2018 ; p. 1355819618781413
Publication Date	Aug 2018
Publication Type(s)	Journal Article
PubMedID	30170502
Database	Medline Available at Journal of health services research & policy 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 health services research & policy from Available to NHS staff on request from UHL Libraries & Information Services (from non-NHS library) - click this link for more information Local Print Collection [location] : British Library via UHL Libraries - please click link to request article.
Abstract	Objectives To investigate the availability of intimate partner violence-related population health information in England and the possibility of identifying intimate partner violence-exposed population sample frames from administrative health data systems in England employing the International Classification of Disease. Methods Research design was an exploratory mixed method approach that involved trend analysis of numbers of applications of International Classification of Disease intimate partner violence classifications for admissions to NHS hospitals in England over a five-year period and semi-structured focus group interviews with clinical coders at an NHS Hospital. Results Use of International Classification of Disease intimate partner violence classifications was generally low across NHS Trusts in England. There was notable variation in the numbers of applications across NHS providers which demographic differences or rates of violence perpetration would not account for. The interview findings revealed conceptual ambiguity regarding intimate partner violence classifications which presented challenges for clinical coding and raised questions about the reliability and validity of International Classification of Disease's intimate partner violence classifications. Conclusion It would not be possible to extract robust data about populations exposed to intimate partner violence for the purposes of audit, governance or research from health information systems using current International Classification of Disease-10 classifications. Development of these International Classification of Disease codes is essential for violence and abuse to be captured more accurately in health information systems and afforded greater prioritization and funding proportionate to the health burden and service demands that intimate partner violence is responsible for.

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

Authors	Buchanan, John A G; Parry, David

Source	European journal of dental education : official journal of the Association for Dental Education in Europe; Aug 2018
Publication Date	Aug 2018
Publication Type(s)	Journal Article
PubMedID	30171662
Database	Medline
	Available at European journal of dental education : official journal of the Association for Dental Education in Europe from Available to NHS staff on request from UHL Libraries & Information Services (from non-NHS library) - click this link for more information Local Print Collection [location] : British Library via UHL Libraries - please click link to request article.
Abstract	INTRODUCTIONWell-conducted peer observation of teaching (POT) programmes are effective in enhancing teaching quality and teacher development in higher education including healthcare teaching. This study evaluated POT's use in dental education and involved predominantly clinical dental educators working in a United Kingdom (UK) dental school and hospital. It aimed to (a) audit their engagement with POT, (b) review the design(s) of POT in use, (c) assess participant's perceived value of POT and (d) explore ways that the existing programme could be enhanced to maximise its utility.METHODDental educators' teaching role and experience, current engagement and experience of POT were explored using an anonymous mixed methodology questionnaire survey which was administered during 2016. Free-text responses were subjected to thematic analysis to identify emerging themes.RESULTSOf 65 surveys distributed, 57 (88%) completed surveys were returned. The majority of respondents reported that POT was a useful process which resulted in self-perceived enhanced teaching quality. Choice of observer emerged as fundamental to POT's success. Despite recognising its utility, only 46% of the academic teaching faculty underwent POT during a 12-month period. Utilisation of a reciprocal, "critical friends" approach was infrequent. A number of barriers to its regular and effective use emerged.CONCLUSIONSPOT is an effective method for dental educator development through feedback and self-reflection. Strategies to enhance the Dental Institute's POT programme are suggested. The quality of the POT process rather than its frequency is an important factor to consider. POT may be an effective developmental intervention for part-time teachers.

29. Outcomes following emergency laparotomy in Australian public hospitals.

Authors	Burmas, Melinda; Aitken, R James; Broughton, Katherine J
Source	ANZ journal of surgery; Aug 2018
Publication Date	Aug 2018
Publication Type(s)	Journal Article
PubMedID	30159997
Database	Medline
	Available at ANZ journal of surgery from Wiley Online Library Medicine and Nursing Collection 2018 - NHS Available at ANZ journal of surgery from Available to NHS staff on request from UHL Libraries & Information Services (from non-NHS library) - click this link for more information Local Print Collection [location] : British Library via UHL Libraries - please click link to request article.
Abstract	BACKGROUNDInternational studies reporting outcomes following emergency laparotomies have consistently demonstrated wide inter-hospital variation and a 30-day mortality in excess of 10%. The UK then prioritized the funding of the National Emergency Laparotomy Audit. In a prospective Western Australian audit there was minimal inter-hospital variation and a 6.6% 30-day mortality. In the absence of any multi-hospital Australian data the aim of the present study was to compare national administrative data with that previously reported.METHODSData on emergency laparotomies performed in Australian public hospitals during 2013/2014 and 2014/2015 were extracted from admitted patient activity and costing data sets collated by the Independent Hospital Pricing Authority. The data sets, containing episode-level data relating to admitted acute and sub-acute care patients, included administrative, demographic and clinical information such as patient age, cost, length of stay, in-hospital mortality, diagnosis and surgical procedure details.RESULTSNinety-nine public hospitals undertaking at least 50 emergency laparotomies performed 20 388 procedures over the 2 years. The overall in-hospital mortality was 5.2%. There was a wide interstate and inter-hospital variation in risk-adjusted in-hospital mortality (4.8-6.6% and 0-9.3%, respectively), length of stay (12.5-16.8 days and 5.8-18.9 days, respectively) and intensive care unit admissions (24.5-40.2% and 0-75.7%, respectively).CONCLUSIONThis data suggest the wide variation in outcomes and care process observed overseas exist in Australia. However, administrative data has considerable limitations and is not a substitute for high quality prospective data. Minimizing variations through prospective quality improvement processes will improve patient outcomes.

30. Quality of British and American Nationwide Quality of Care and Patient Safety Benchmarking Programs: Case Neurosurgery.

Authors	Reponen, Elina; Tuominen, Hanna; Korja, Miikka
Source	Neurosurgery; Aug 2018
Publication Date	Aug 2018
Publication Type(s)	Journal Article

PubMedID	30165390
Database	Medline Available at Neurosurgery 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 Neurosurgery 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	BACKGROUNDMultiple nationwide outcome registries are utilized for quality benchmarking between institutions and individual surgeons.OBJECTIVETo evaluate whether nationwide quality of care programs in the United Kingdom and United States can measure differences in neurosurgical quality.METHODSThis prospective observational study comprised 418 consecutive adult patients undergoing elective craniotomy at Helsinki University Hospital between December 7, 2011 and December 31, 2012.We recorded outcome event rates and categorized them according to British Neurosurgical National Audit Programme (NNAP), American National Surgical Quality Improvement Program (NSQIP), and American National Neurosurgery Quality and Outcomes Database (N2QOD) to assess the applicability of these programs for quality benchmarking and estimated sample sizes required for reliable quality comparisons.RESULTSThe rate of in-hospital major and minor morbidity was 18.7% and 38.0%, respectively, and 30-d mortality rate was 2.4%. The NSQIP criteria identified 96.2% of major but only 38.4% of minor complications. N2QOD performed better, but almost one-fourth (23.2%) of all patients with adverse outcomes, mostly minor, went unnoticed. For NNAP, a sample size of over 4200 patients per surgeon is required to detect a 50.0% increase in mortality rates between surgeons. The sample size required for reliable comparisons between the rates of complications exceeds 600 patients per center per year.CONCLUSIONThe implemented benchmarking programs in the United Kingdom and United States fail to identify a considerable number of complications in a high-volume center. Health care policy makers should be cautious as outcome comparisons between most centers and individual surgeons are questionable if based on the programs.

31. Learning from a clinical microsystems quality improvement initiative to promote integrated care across a falls care pathway.

Authors	Gerrish, Kate; Keen, Carol; Palfreyman, Judith
Source	Primary health care research & development; Aug 2018 ; p. 1-6
Publication Date	Aug 2018
Publication Type(s)	Journal Article
PubMedID	30134997
Database	Medline
Abstract	AimTo identify learning from a clinical microsystems (CMS) quality improvement initiative to develop a more integrated service across a falls care pathway spanning community and hospital services.BACKGROUNDFalls present a major challenge to healthcare providers internationally as populations age. A review of the falls care pathway in Sheffield, United Kingdom, identified that pathway implementation was constrained by inconsistent co-ordination and integration at the hospital-community interface.ApproachThe initiative utilised the CMS quality improvement approach and comprised three phases. Phase 1 focussed on developing a climate for change through engaging stakeholders across the existing pathway and coaching frontline teams operating as microsystems in quality improvement. Phase 2 involved initiating change by working at the mesosystem level to identify priorities for improvement and undertake tests of change. Phase 3 engaged decision makers at the macrosystem level from across the wider pathway in achieving change identified in earlier phases of the initiative.FindingsThe initiative was successful in delivering change in relation to key aspects of the pathway, engaging frontline staff and decision makers from different services within the pathway, and in building quality improvement capability within the workforce. Viewing the pathway as a series of interrelated CMS enabled stakeholders to understand the complex nature of the pathway and to target key areas for change. Particular challenges encountered arose from organisational reconfiguration and cross-boundary working.CONCLUSIONCMS quality improvement methodology may be a useful approach to promoting integration across a care pathway. Using a CMS approach contributed towards clinical and professional integration of some aspects of the service. Recognition of the pathway operating at meso- and macrosystem levels fostered wider stakeholder engagement with the potential of improving integration of care across a range of health and care providers involved in the pathway.

32. Association Between Hospital Volume and Mortality in Status Epilepticus: A National Cohort Study.

Authors	Goulden, Robert; Whitehouse, Tony; Murphy, Nick; Hayton, Tom; Khan, Zahid; Snelson, Catherine; Bion, Julian; Veenith, Tonny
Source	Critical care medicine; Aug 2018
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Abstract	OBJECTIVESIn various medical and surgical conditions, research has found that centers with higher patient volumes have better outcomes. This relationship has not previously been explored for status epilepticus. This study sought to examine whether centers that see higher volumes of patients with status epilepticus have lower in-hospital mortality than low-volume centers.DESIGNCohort study, using 2010-2015 data from the nationwide Case Mix Programme database of the U.K.'s Intensive Care National Audit and Research Centre.SETTINGGreater than 90% of ICUs in United Kingdom, Wales, and Northern Ireland.PATIENTSTwenty-thousand nine-hundred twenty-two adult critical care admissions with a primary or secondary diagnosis of status epilepticus or prolonged seizure.INTERVENTIONSAnnual hospital status epilepticus admission volume.MEASUREMENTS AND MAIN RESULTSWe used multiple logistic regression to evaluate the association between hospital annual status epilepticus admission volume and in-hospital mortality. Hospital volume was modeled as a nonlinear variable using restricted cubic splines, and generalized estimating equations with robust SEs were used to account for clustering by institution. There were 2,462 in-hospital deaths (11.8%). There was no significant association between treatment volume and in-hospital mortality for status epilepticus (p = 0.54). This conclusion was unchanged across a number of subgroup and sensitivity analyses, although we lacked data on seizure duration and medication use. Secondary analyses suggest that many high-risk patients were already transferred from low- to high-volume centers.CONCLUSIONSWe find no evidence that higher volume centers are associated with lower mortality in status epilepticus overall. It is likely that national guidelines and local pathways in the United Kingdom allow efficient patient transfer from smaller centers like district general hospitals to provide satisfactory patient care in status epilepticus. Future research using more granular data should explore this association for the subgroup of patients with refractory and superrefractory status epilepticus.

33. Short-term outcomes after emergency surgery for complicated peptic ulcer disease from the UK National Emergency Laparotomy Audit: a cohort study.

Authors	Byrne, Benjamin E; Bassett, Michael; Rogers, Chris A; Anderson, Iain D; Beckingham, Ian; Blazeby, Jane M; Association of Upper Gastrointestinal Surgeons for the National Emergency Laparotomy Project Team
Source	BMJ open; Aug 2018; vol. 8 (no. 8); p. e023721
Publication Date	Aug 2018
Publication Type(s)	Journal Article
PubMedID	30127054
Database	Medline Available at BMJ open from Europe PubMed Central - Open Access Available at BMJ open from HighWire - Free Full Text
Abstract	OBJECTIVESThis study used national audit data to describe current management and outcomes of patients undergoing surgery for complications of peptic ulcer disease (PUD), including perforation and bleeding. It was also planned to explore factors associated with fatal outcome after surgery for perforated ulcers. These analyses were designed to provide a thorough understanding of current practice and identify potentially modifiable factors associated with outcome as targets for future quality improvement.DESIGNNational cohort study using National Emergency Laparotomy Audit (NELA) data.SETTINGEnglish and Welsh hospitals within the National Health Service.PARTICIPANTSAdult patients admitted as an emergency with perforated or bleeding PUD between December 2013 and November 2015.INTERVENTIONSLaparotomy for bleeding or perforated peptic ulcer.PRIMARY AND SECONDARY OUTCOME MEASURESThe primary outcome was 60-day in-hospital mortality. Secondary outcomes included length of postoperative stay, readmission and reoperation rate.RESULTS2444 and 382 procedures were performed for perforated and bleeding ulcers, respectively. In-hospital 60-day mortality rates were 287/2444 (11.7%, 95% CI 10.5% to 13.1%) for perforations, and 68/382 (17.8%, 95% CI 14.1% to 22.0%) for bleeding. Median (IQR) 2-year institutional volume was 12 (7-17) and 2 (1-3) for perforation and bleeding, respectively. In the exploratory analysis, age, American Society of Anesthesiology score and preoperative systolic blood pressure were associated with mortality, with no association with time from admission to operation, surgeon grade or operative approach.CONCLUSIONSPatients undergoing surgery for complicated PUD face a high 60-day mortality risk. Exploratory analyses suggested fatal outcome was primarily associated with patient rather than provider care factors. Therefore, it may be challenging to reduce mortality rates further. NELA data provide important benchmarking for patient consent and has highlighted low institutional volume and high mortality rates after surgery for bleeding peptic ulcers as a target for future research and improvement.

Strategy 432444

#	Database	Search term	Results
1	Medline	(audit* OR "quality improvement*").ti,ab	155028
2	Medline	(NHS OR england OR UK OR "united kingdom" OR "national health service").ti,ab	178464
3	Medline	exp "UNITED KINGDOM"/	343705
4	Medline	exp "CLINICAL AUDIT"/	21128
5	Medline	exp "QUALITY IMPROVEMENT"/	17473
6	Medline	(1 OR 4 OR 5)	175028
7	Medline	(2 OR 3)	432701
8	Medline	(6 AND 7)	13082
9	Medline	8 [DT 2018-2018] [Since 18-Aug-2018]	33