

# News from around the Bay

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Every year the *Journal* invites its readers to report on developments and improvements regarding clinical and supporting services over the previous calendar year. Here is a summary of those developments that have been notified to the editorial team. It is not a comprehensive list!

The *Journal* also notes with interest the annual list of publications and presentations for 2010 from members of the local healthcare community.

This list has been compiled by the *Journal* and the Research and Development team, and we will be circulating the healthcare community early next year to gather information regarding developments in 2011. Alternatively, readers are welcome to communicate any developments or departmental news to the *Journal* editorial team.

## Service developments in 2010

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### **Accident and Emergency**

A thrombolysis and acute stroke (cerebral infarction) clinic was started (from 9am – 5pm) for suitable patients presenting within 3.5 hours.

### **Anaesthetics / ICU (RLI)**

The anaesthetic department signed up to the Helsinki Declaration for Patient Safety in Anaesthesiology, a European-wide initiative to improve the safety of anaesthesia care still further. A research fellow was appointed to work on projects relating to distractions in the operating theatre, and critical incident analysis.

In ICU, we took part in a number of national multicentre research trials including BALTI 2, SWIFT and FiRE, organised by the Intensive Care National Audit and Research Centre.

### **Intensive Care at FGH**

During 2010 we started to implement qualitative transthoracic echocardiography (TTE) for all our intensive care admissions using a protocol developed by a Danish intensive care specialist Dr Sloth, called Focussed Assessed Transthoracic Echocardiography (FATE). The protocol increases quality of care, speeds up and clarifies the different interventions and, hopefully contributes to a reduction in length of stay.

We were able to buy GE's Vivid I ultrasound in autumn 2009 with phase array, linear, curvilinear and transoesophageal probes.

With TTE, obvious pathology is excluded. In rare cases (severe valve disease) the patient can be referred for emergency cardiac surgery. Thrombolysis can be started out of hours without the need for CT pulmonary angiography in suspected cases of pulmonary embolism. Great veins can be safely cannulated for monitoring and therapy purposes.

Sequential TTE allows the operator to observe the filling of the inferior vena cava and the effect of the addition of inotropes on myocardial performance. We believe that this intervention may reduce costs of unnecessary inotrope administration.

Diastolic function and ventricular interdependency can be seen and chamber sizes and wall thickness readily measured. There is a specific cardiac dynamic which is specific for septic shock

and ETT aids this otherwise difficult diagnosis. Other life-threatening pathology, such as pericardial effusion, can be reliably diagnosed by the bedside clinician. Although the protocol is 'qualitative', it has been shown, with practice, to have the potential to match the performance of professionals experienced in echocardiography.

We believe that with time and practice, our expertise will result in fewer consultations with cardiology, but for the moment we acknowledge the efforts of Dr Ayaz Muhammed, consultant cardiologist, for his agreement to support and teach.

### **Patient Safety Research Unit**

New grant of £417,211 awarded, available 2011-14: Smith AF, Alderson P, Tancock J, Hinder S, Harding S, Joshi A. *Enhancing the safety, quality and productivity of perioperative care* (Cochrane programme grant). UK National Institute for Health Research.

### **Research and Development**

In June 2010 we moved over to Pointer Court 1 at RLI, where we share the top floor with clinical audit. This is a huge improvement on our previous accommodation and allows us to have a room for the research practitioners (RPs) as well as offices for the R&D team.

Using the money we were awarded from the NIHR capital investment fund in 2009, we created clinical trial suites at FGH and RLI. Each of these has a treatment room, where patients can come in to see RPs in privacy (previously they would attend an outpatient clinic in order to see the RP), office space for the RPs and a pharmacy area where the pharmacy clinical trials staff work.

These improvements in accommodation and space have made a big difference to our working life, which we all appreciate.

The increase in space was very timely as during 2010 our RP team expanded.

Our target for recruitment to clinical trials was 700; we actually achieved a total of 1,543.

## Presentations in 2010

Arfanis K. Are you talking to me? How professional identity influences communication between healthcare professionals and the potential impact on patient safety. 3rd North British Patient Safety Research Symposium. Bradford, November 2010

Arfanis K. Teams, prototypes and patient safety. Are we on the same page? Professional identity and its role in communication between healthcare professionals. British Psychological Society Social Psychology Section Annual Conference. Winchester, September 2010

Deng L. A study of association of workload with infection of ventilator-associated pneumonia in ICU. 3rd North British Patient Safety Research Symposium. Bradford, November 2010

Puga-Bolio D. Perspectives of challenges in patient safety: a pilot study of the implementation of the Patient Safety First campaign in an acute general hospital using problem-structuring methods. 3rd North British Patient Safety Research Symposium. Bradford, November 2010

Puga-Bolio D. Applying problem-structuring methods to patient safety research: a case study of the implementation of the Patient Safety First campaign. 36th ORAHS (Operational Research Applied to Health Services) Conference: OR for patient-centered healthcare delivery. Genoa, Italy, July 2010

Puga-Bolio D. Modelling a patient safety system using Soft Systems methods. 2nd SCOR (Student Conference in Operational Research) Conference. Nottingham, April 2010

## Publications in 2010

Affi K, Anand S, Nallapeta S, Gelbaya TA. Management of endometrial polyps in subfertile women: a systematic review. *Eur J Obstet Gynecol Reprod Biol* 2010;151:117-21

Arnot-Smith J, Smith AF. Patient safety incidents involving neuromuscular blockade: analysis of the UK National Reporting and Learning System data from 2006 to 2008. *Anaesthesia* 2010;65:1106-13

Arumham V, Cutting C. Comparison of flexible cystoscopy performed in the community with a sheath system and performed in a dedicated endoscopy unit. *Br J Med Surg Urol* 2010;3:130-1

Ashworth A, Li Wan Po J, Baldam M. Audit of antenatal provision and recall of information regarding labour epidural analgesia. *Int J Obstet Anesth* 2010;19:S19

Booth C, Highley D. Crystalloids, colloids, blood, blood products and blood substitutes. *Anaesth Intensive Care Med* 2010;11:50-5

Brown M, Sillah K, Griffiths EA, Swindell R, West CM, Page RD, Welch IM, Pritchard SA. Tumour budding and a low host inflammatory response are associated with a poor prognosis in oesophageal and gastro-oesophageal junction cancers. *Histopathology* 2010;56:893-9

Bukhari M (and colleagues) on behalf of BSR Clinical Affairs Committee & Standards, Audit and Guidelines Working Group and the BHPR. BSR and BHPR rheumatoid arthritis guidelines on eligibility criteria for the first biological therapy. *Rheumatology* 2010;49:1197-9

Bukhari M (and colleagues). Standards, Audit and Guidelines Working Group of BSR Clinical Affairs Committee; BHPR. BSR and BHPR rheumatoid arthritis guidelines on safety of anti-TNF therapies. *Rheumatology* 2010;49:2217-19

Bukhari M (and colleagues). Beneficial effects of a 3-week course of intramuscular glucocorticoid injections in patients with very early inflammatory polyarthritis: results of the STIVEA trial. *Ann Rheum Dis* 2010;69:503-9

Chaturvedi A, Padel A. Tubulo-squamous polyp of the vagina with sebaceous glands: novel features in an uncommon recently described entity. *Int J Gynecol Pathol* 2010;29:494-6

Cockshott ZJ, Payne SA, Thomas C, Fyfe D. 'It's amazing how safe and secure I felt within that building' – Organisational milieu as central to the experience of an independent cancer support service. *Psychooncology* 2010;19:S16

Cyna A, Tan S, Andrew M, Smith AF. (eds) *Handbook of Communication Skills for Anaesthesia and Critical Care*. Oxford: Oxford University Press: 2010

Das L, Bowden A, Cooper RG, Mitchell W, O'Sullivan M, Herrick AL. Percutaneous endoscopic gastrostomy (PEG) feeding: a life-saving intervention in systemic sclerosis-myositis overlap with pharyngeal dysfunction. *Rheumatology* 2010;49:i5-6

Dent A, Hunter G, Webster AP. The impact of frequent attenders on a UK emergency department. *Eur J Emerg Med* 2010;17:332-6

Evans C, Wyre L. How senior nurses can make change happen. *Nursing Management* 2010;17:14-20

Ghosh J. Comments regarding 'A new endovascular approach to exclude isolated bilateral common iliac artery aneurysms'. (*Eur J Vasc Endovasc Surg Extra* 2010;19(6) e55-7) *Eur J Vasc Endovasc Surg* 2010;40:679-80

Hussein IY, Said MR, Padel A. Unusual presentation of invasive hydatidiform mole metastasizing to the lung. *J Obstet Gynaecol* 2010;30:748-50