

编号: YY003-20190916001

标题: GMC pledges to improve doctors' training at Scotland's largest hospital

简介: The internal medicine department at the Queen Elizabeth University Hospital in Glasgow has been under enhanced monitoring since 2016 because of concerns about workload pressures leading to an unsafe working environment for both doctors and patients. The 1100 bed adult hospital is part of a medical campus which was one of the largest in Europe when it opened in 2015. **全文链接:** <https://www.bmj.com/content/366/bmj.l5505>

编号: YY003-20190916002

标题: The Longitudinal Incidence of Human Papillomavirus Vaccination in Spanish Primary Care in the First 6 Years After Approval

简介: Background In Spain, girls and women are vaccinated against human papillomavirus (HPV) in the primary care setting, according to a national vaccination program. Vaccination is voluntary and the cost is covered by the public health system. Objectives The aim of the study was to estimate the incidence and patterns of HPV vaccination amongst girls in Spain. Methods A cohort study was performed using the information recorded in the Spanish Primary Care Database for Pharma-coepidemiological Research (BIFAP) from 7.4 million patients from eight Spanish regions, between 2001 and 2013 (56% of the regional population). Data available in BIFAP include patient age, sex, lifestyle factors, clinical events, specialist referrals, prescriptions, and vaccinations as recorded by the primary care physician (PCP) or administering nurse. The study cohort comprised all girls aged 11–18 years registered in BIFAP between 1 January 2007 and 31 December 2013 who had at least 1 year of clinical record information with their PCP (inclusion criteria). The date the inclusion criteria were met was designated as the start date of the study cohort contribution. In order to estimate the incidence of HPV vaccination, girls forming the study cohort were followed from start date until there was a recorded HPV vaccination, they reached 19 years of age or died, the end of available information, or 31 December 2013. The person-time of all patients forming the study cohort was taken into account in the incidence estimations. The cumulative incidence (Culn) of vaccination by birth cohort, year and region was estimated using life-tables (proportion of vaccination by intervals in which the denominator is the initial population corrected for losses). Results Out of 273,098 girls forming the study population, 81,461 were vaccinated during 2007–2013. Age ranged from 12 to 14 years at first dose in 86.0% of vaccinated girls; 54.1% received a quadrivalent vaccine, 21.9% a bivalent vaccine, and 24.0% an unknown type. Out of the vaccinated population, 87.9% received three doses, 8.2% two and 3.9% one dose, at a maximum of 7 years of follow-up. By calendar year and region, the Culn reached 70.0–95.8% for birth cohorts between 1993 and 1999, 28.6–99.0% for births cohorts between 1990 and 1992, and exceptionally, 70.6–99.8% for births cohorts between 2000 and 2002 in three regions. Conclusions According to BIFAP primary care data, a high incidence of vaccination among girls aged 13–15 years was observed. Vaccination among younger and older girls was less common although they reached high incidence in those regions

that included girls aged 11-18 years in mass programs. Most vaccination patterns adjusted to a three-dose regimen, as recommended.

全文链接: http://pan.ckcest.cn/rcservice//doc?doc_id=44233

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标题: Case management effectiveness for managing chronic illnesses in Korea: a systematic review

简介: Background Case management has been adopted in Korea and been recognized as a promising care-coordination method that lowers costs and improves quality of care. However, the effectiveness of case management among individuals with chronic illnesses who reside in the community has yet to be established. Aim This systematic review identifies and synthesizes recent evidence of case management's effectiveness in managing chronic illnesses among adults in Korea. Methods The methodology of this systematic review was guided by the Cochrane processes and PRISMA statements. A search of multiple bibliographic databases to identify studies of case management in the populations of Koreans adult with chronic illnesses was conducted. Studies that met the inclusion criteria were published in English or Korean. Nine empirical peer-reviewed studies published between 2008 and 2016 were selected for review. Results The retrieved studies show that case management programmes in Korea for adults with chronic illness in the community were led by nurses. There was strong evidence that nurse-led case management was effective in improving psychobehavioural and objective clinical outcomes; however, results for health services utilization outcomes were mixed. Conclusion In future, research with rigorous study designs and large sample size in multiple settings are needed to further assess the effectiveness of case management in Korea. Implications for nursing and health policy Nurse-led case management would be of support in the care of chronic illnesses not only in Korea but also in Asian countries which share standard practice of case management with Korea. Nursing leaders should allocate resources to sponsor educational resources and practical strategies for evidence-based case management.

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标题: Clinical effectiveness, cost effectiveness and acceptability of community-based treatment of hepatitis C virus infection: A mixed method systematic review

简介: Summary Several community-based models for treating hepatitis C virus (HCV) infection have been implemented to improve treatment accessibility and health outcomes. However, there is a lack of knowledge regarding how well these models achieve the desired goals. We conducted a mixed-method systematic review of quantitative and qualitative evidence about clinical effectiveness, cost effectiveness and acceptability of community-based HCV treatment models. Seventeen databases were researched for published and unpublished studies. Methodological quality was assessed using The Joanna Briggs Institute Critical Appraisal tools. Quantitative findings were synthesized in narrative form and qualitative findings were synthesized using meta-synthesis. Forty-two quantitative and six

qualitative studies were included. No relevant cost effectiveness studies were found. Five categories of community-based models were identified: telehealth, integration of HCV and addiction services, integration of HCV and HIV services, integration of HCV and primary care, and implementation by a home care and health care management company. The range of reported outcomes included; end of treatment response: 48.7% to 96%, serious side effects: 3.3% to 27.8%, sustained virological response: 22.3% to 95.5%, relapse: 2.2% to 16.7%, and treatment completion: 33.4% to 100%. Inconsistent measures of uptake and adherence were used; uptake ranged from 8.3% to 92%, and 68.4% to 100% of patients received $\geq 80\%$ of prescribed doses. Patient reported experiences included trusted and supportive care providers, safe and trusted services, easily accessible care, and positive psychological and behavioural changes. The clinical effectiveness and acceptability reported from the included studies are similar to or better than reported outcomes from systematic reviews of studies in tertiary settings. Studies of the cost effectiveness of community-based models for treating HCV are needed.

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标题: **Integrated Pediatric Health Care in Pennsylvania: A Survey of Primary Care and Behavioral Health Providers**

简介: This study reports on a statewide survey of medical and behavioral health professionals to advance the knowledge base on the benefits and obstacles to delivering integrated pediatric health care. Surveys distributed in 3 statewide provider networks were completed by 110 behavioral health specialists (BHSs) and 111 primary care physicians (PCPs). Survey content documented their perceptions about key services, benefits, barriers, and needed opportunities related to integrated care. Factor analyses identified 8 factors, and other items were examined individually. We compared responses by specialty group (BHS vs PCP) and integrated care experience (no vs yes). The findings revealed differences across domains by specialty subgroup. In several cases, BHS (vs PCP) respondents, especially those with integrated care experience, reported lower benefits, higher barriers, and fewer resource requests. The implications of these results for enhancing care integration development, delivery, training, and research are discussed along with the study's limitations and empirical literature.

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