WELCOME!

Heading towards the end of a very different and challenging year for all we will take a look at what has been going on at CURE over the last few months.

Thank you to everyone who contributed via email and Twitter and I hope you enjoy reading. Don’t forget you can keep up to date on goings on via @CURE_ScHARR on Twitter and on the CURE website.

PRIZE WINNER

As always we like to start the round up of our news at CURE with positive news and this quarter this comes in the form of a prize winner.

Congratulations to Carl Marincowitz who recently won the Rod Little Prize for trainees’ oral presentations at the RCEM Virtual Conference.

Carl’s talk centred around externally validating a previously derived prognostic model and the Hull Salford Cambridge Decision Rule to identify low-risk patients with injuries on CT who could be safely discharged from the emergency department.
Since our last update, the Pandemic Respiratory Infection Emergency System Triage Study, has produced 5 papers as pre prints, all of which are currently being considered for publication by journals. Details of these 5 can be found below:

Prognostic accuracy of emergency department triage tools for adults with suspected COVID-19: The PRIEST observational cohort study.


Characterisation of 22446 patients attending UK emergency departments with suspected COVID-19 infection: Observational cohort study.

Post-exertion oxygen saturation as a prognostic factor for adverse outcome in patients attending the emergency department with suspected COVID-19: Observational cohort study.


In addition to these papers, the work on the pre hospital side of PRIEST continues as the project was funded through a contract variation for core PRIEST by the NIHR.

The project is aiming to use retrospective linked health care data from Yorkshire Ambulance Service for the first wave of the pandemic to assess how appropriately 111 and 999 telephone services advised patients with suspected COVID to self care at home or implemented an emergency clinical assessment (like dispatching an ambulance), as well as where an ambulance attended, assess how well existing risk tools, including NEWS 2 and the core PRIEST tool, predict adverse outcomes in the pre-hospital environment.

Final analysis for the pre hospital study will look to begin this month.
Following our June newsletter, Sheffield Emergency Care Forum decided to bite the bullet and held its very first virtual group meeting at the beginning of October. This Google Meet was the first time that all members have ‘met’ since last December and, although many of us have become quite familiar with virtual meetings, it was a new experience for others.

We caught up with news from our medical students who have been very busy and our hard working ambulance service representatives brought us up to date with YAS research activities and their own projects. We heard updates of CURE research projects from Prof Steve Goodacre and had a presentation on ARC YH work from Colin O’Keeffe. We were also introduced to an interesting new proposal by Dr Matt Lee and are giving input on this. Members’ updates on the studies that they have continued to be involved with were circulated prior to the meeting, as is our usual practice.

It is important that PPI in research is not overlooked at this time and SECF members are committed to continuing our support of research and are happy to work remotely to achieve this. We plan are planning another virtual group meeting in January.

CONTRIBUTE
If you have something to share in the next newsletter please email m.botting@shef.ac.uk.

For more immediate sharing tweet @CURE_ScHARR or tag us.

CONGRATULATIONS
Congratulations to Richard Pilbury who recently won the 'Best of the Best' prize at the Australasian College of Paramedics International Conference for his research presentation titled: The effect of a specialist paramedic primary care rotation on appropriate non-conveyance decisions.

A MESSAGE FROM SECF


Christopher Burton, Tony Stone, Phillip Oliver, Jon M Dickson, Jen Lewis, Suzanne Mason " High use of the emergency department shows typical features of complex systems: analysis of multicentre linked data - preprint https://doi.org/10.1101/2020.10.08.20209296