



**NPSF CURRENT AWARENESS LITERATURE ALERT**

**May (1) 2005**

Volume 9, Issue 5:1

**1. Bad Report Card: Adverse Safety Cases on the Rise in Hospitals, Study Says.**

Conn J.

Modern Healthcare. 2005 (May 2); 35(18): 4.

*According to a study conducted by HealthGrades, the gap is widening between the worst performing hospitals and the best performing hospitals. Conn discusses the results of the study including costs of problem areas and rates of incidents reported.*

**2. Beyond Blame: Cultural Barriers to Medical Incident Reporting.**

Waring J.J.

Social Science & Medicine. 2005; 60:1927-1935.

*Semi-structured interviews were conducted in the UK as part of a qualitative study on incident reporting in the culture of medicine. The notion of "blame" was a significant finding; however, the researchers found other contributing factors towards fear of incident reporting. They suggest moving beyond blame and focusing on the many other cultural barriers within the medical culture. Selected responses from interviews are included.*

**3. Developing an Outcome-Based Multidisciplinary Care Planning Tool: Process and Outcomes.**

Sabo J.A., Knudtson B., Conbere P.C., Howard P., Rusch A., Dalen S., Wilson W., Tourville C.

Journal of Nursing Care Quality. 2005 (Apr-Jun); 20(2):145-153.

*This article discusses multidisciplinary care planning tools and the process and outcomes of a project conducted by a task force at United Hospital. Included is the hospital's pathway template with the problem, interventions, outcomes expected and patient responses mentioned.*

**4. Development and Evaluation of a Hand-Held Computer-Based On-Call Pack for Health Protection Out of Hours Duty: A Pilot Study.**

Abubakar I., Williams C.J., McEvoy M.

BMC Public Health. 2005; 5(35).

Available at: <http://www.biomedcentral.com/content/pdf/1471-2458-5-35.pdf>

*In the UK, health workers are often weighed down by management of common cases and incidents papers which must be carried when on call. This article presents the results of a study which developed a portable electronic on call pack to reduce weight carried.*

**5. Effect of Electronic Health Records in Ambulatory Care: Retrospective, Serial, Cross-Sectional Study.**

Garrido T., Jamieson L., Zhou Y., Wiesenthal A., Liang L.

BMJ 2005; 330(5)

Available at: <http://bmj.bmjournals.com/cgi/content/full/330/7491/581>

*This study examined two Kaiser Permanente electronic health record systems. The researchers used the Health Plan Employer Data and Information Set and administrative data to assess the effect of the electronic systems. Results showed the electronic systems reduced use of ambulatory care.*

**6. Ensuring Consistent Quality Care to Address Disparities in Cancer Screening.**

Williams-Brown S., Phillips J.M., Rust G.

Journal of Nursing Care Quality. 2005 (Apr-Jun); 20(2):99-102.

*This article addresses the issue of varying healthcare treatment, given an individual's racial/ethnic background, socioeconomic status and economic resources. The authors use the example of mammography screening follow-up to illustrate four strategies that can help bridge the quality gap. Consistency, continuity, collaboration and cultural change are cited as four important approaches.*

**7. Hand Washing is More Important than Cleaner Wards in Controlling MRSA.**

Eaton L.

BMJ 2005 (Apr 23); 330:922.

Available at: <http://bmj.bmjournals.com/cgi/content/full/330/7497/922-b>

*80% of staphylococcus aureus (MRSA) infections can be controlled simply by washing hands between patients, according to Mark Enright at Bath University. Additionally, 10% of MRSA infections are a result of unclean hospitals. The Patients Association will be monitoring cleaning and safe hygiene standards in hospitals.*

**8. Hospitals Compare Quality: CMS' Release of Quality Data May Change Behavior.**

Taylor M.

Modern Healthcare. 2005 (Apr 4); 35(14):4.

*The online consumer tool, Hospital Compare, has been launched by CMS. This tool is expected to improve quality and care in hospitals. On the Hospitalcare website, consumers can search hospitals performance. The website is given in the article.*

**9. Implementing Evidence-Based Guidelines and Reporting Results Through a Quality Metric.**

Dlugacz Y.D., Restifo A., Nelson K.

Patient Safety & Quality Healthcare. 2005 (Mar/Apr); 2(2): 40-42.

*The authors, leaders at North Shore-LIJ Health System, identify components necessary in implementing evidence-based guidelines in hospitals. They suggest that leadership, education and communication are suggested as critical. Included are figures illustrating quality management rotation, benchmarks of quality care and the quality management committee structure.*

**10. Leaders in Self-Improvement.**

Greene J.

Modern Healthcare. 2005 (Apr 25); 35(17):40-42.

*In this special feature of Modern Healthcare, Mercy Medical Center in Oshkosh, Wisconsin, and Winthrop-University Hospital in Mineola, New York, are highlighted as two of the 100 Top Hospitals: Performance Improvement Leaders, as selected by Solucient. This article includes some of the score results and also includes a list of all 100 Top Hospitals.*

**11. Lessons from the War on Cancer: the Need for Basic Research on Safety.**

Cook R.I.

J Patient Saf. 2005; 1(1):7-8.

*Cook describes the War on Error analogous to the beginning days of the War on Cancer. Noting the lack of evidence in decreasing rates of accidents in healthcare, Cook calls for basic patient safety research. He suggests three broad areas needed for basic research in patient safety.*

**12. Managing Change in the Nursing Handover from Traditional to Bedside Handover – A Case Study from Mauritius.**

Kassean H.K., Jagoo Z.B.

BMC Nursing 2005; 4(1).

Available at: <http://www.biomedcentral.com/1472-6955/4/1>

*Communication of clinical information during patient handovers traditionally leaves out the patient. This study notes this practice contributes to many problems. The researchers implemented an adaptation of Spradley's 8-step model and Lewin's 3-step model of Unfreezing, Moving and Refreezing. A description and discussion of each step is included.*

**13. Medication Reconciliation in the Acute Care Setting: Opportunity and Challenge for Nursing.**

Sullivan C., Gleason K.M., Rooney D., Groszek J.M., Barnard C.

Journal of Nursing Care Quality. 2005 (Apr-Jun); 20(2):95-98.

*The authors of this article stress the importance of medication reconciliation. The article identifies key points of medication reconciliation and describes a study which designed and tested a reconciliation process. Nurses are noted as playing a key role in the process. The authors also include a list of techniques for obtaining a medication history.*

**14. Predicting In-Hospital Falls: Development of the Scott and White Falls Risk Screener.**

Yauk S., Hopkins B.A., Phillips C.D., Terrell S., Bennion J., Riggs M.

Journal of Nursing Care Quality. 2005 (Apr-Jun); 20(2):128-133.

*Falling is the most common accident which occurs in hospitals. Fall risk screeners are used to examine in-hospital falls, increase awareness and identify risk factors. Many of these fall risk screeners are complex and labor intensive. This paper presents a study that developed a short and easily administered fall risk screener. Descriptions of fallers/cases and nonfallers/control are included in a table.*

**15. Predictors of Mortality in Acinetobacter baumannii bacteremia.**

Chen H., Chen T., Lai C., Fung C., Wong W., Yu K., Liu C.

Journal of Microbiol Immunol Infect. 2005; 38: 127-136.

*In this retrospective study, researchers investigated and identified clinical, laboratory and microbiological factors associated with mortality in patients infected with A. baumannii. Extensive tables and figures are included to illustrate results and outcomes. The researchers concluded that early identification of risk factors associated with mortality from A. baumannii, such as recent surgery and acute respiratory failure, is important.*

**16. Staph Changes: Providers Reassess Treatment for Infections.**

Mantone J.

Modern Healthcare. 2005 (Apr 25); 35(17):18.

*Studies indicate that staph infections are more commonly acquired in non-hospital settings. This article discusses ways in which antibiotics are introduced into communities, such as through doctors and the food chain (through animal feed additives). Ways to treat antibiotic resistant infections are discussed, as well as ways hospitals may reduce staph infections.*

**17. The Effect of Executive Walk Rounds on Nurse Safety Climate Attitudes: A Randomized Trial of Clinical Units.**

Thomas E.J., Sexton J.B., Neilands T.B., Frankel A., Helmreich R.

BMC Health Services Research. 2005; 5:28.

*Recognizing that little research on executive walk rounds has been conducted, researchers used the Safety Climate Survey before and after executive walk rounds to measure their effectiveness on provider attitudes about safety. The researchers concluded that executive walk rounds have a positive effect on nurse safety climate attitudes.*

**18. The Efficacy of Clinical Strategies to Reduce Nosocomial Sepsis in Extremely Low Birth Weight Infants.**

Hwang J.H., Choi C.W., Chang Y.S., et al.

J Korean Med Sci. 2005; 20:177-81.

*This comprehensive study was conducted to evaluate clinical strategies used to reduce nosocomial sepsis in extremely low birth weight infants. The researchers found that nosocomial sepsis was significantly decreased after implementing clinical intervention strategies, such as the establishment of guidelines for hand washing and less use of invasive procedures. Included are tables of risk factors, incidence rates and distribution of pathogens associated with nosocomial sepsis.*

**19. Physician Partnerships: the Value of Clinical Effectiveness Resource Management.**

Vogenberg F.R., Weinberg R.

Journal of Healthcare Risk Management. 2005; 25(1):11-16.

*Risk management has become increasingly recognized as an important part of clinical decision making. The authors of this article highlight the importance of the inclusion of the physician and physician practice patterns in effective clinical resource management. The article also discusses the Clinical Effectiveness Initiative™ (CEI), a resource management tool used in risk reduction programs.*

**20. Special Considerations Accompany the ‘Gift of Life’.**

Para P.J., Wells D.B.

Journal of Healthcare Risk Management. 2005;25(1):17-22.

*This article discusses risk management and other patient safety practices for organ and tissue donations. A background description of patient safety issues dealing with organ donations and transplantation is given, followed by standards and regulations that should be addressed. Case studies are also included, with a follow-up on lessons learned in each case.*

---

Current Awareness Archives can be accessed at:

[http://www.npsf.org/html/current\\_arch.html](http://www.npsf.org/html/current_arch.html)

Allison Fissel, Editor  
Current Awareness  
afissel@npsf.org