

**September (1) 2007**  
Volume 11, Issue 9:1

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- 1. Best-Practice Protocols: Reducing Harm From High-Alert Medications.**  
Meisel M., Meisel S.  
Nurs Manage. 2007(Jul); 38(7):31-39.  
*This case study describes a medication-safety intervention undertaken by Fairview Health Services, a Minneapolis, MN health system. Following a sentinel event involving oversedation with I.V. morphine at one of its hospitals, the health system implemented a series of initiatives to reduce the incidence of narcotic oversedation. Details of the changes made and results are discussed. Several tables and figures are included. This article is part of a series focusing on the Institute for Healthcare Improvement's (IHI) 5 Million Lives Campaign recommended interventions.*
- 2. Distractions, Interruptions, and Patient Safety.**  
Beyea S.C.  
AORN Journal. 2007(Jul); 86(1):109-112.  
Available at: [http://findarticles.com/p/articles/mi\\_m0FSL/is\\_1\\_86/ai\\_n19448224/print](http://findarticles.com/p/articles/mi_m0FSL/is_1_86/ai_n19448224/print)  
*This brief article discusses distractions and interruptions to nursing care and their impact on patient safety. Clinicians routinely cope with multiple interruptions while delivering care, with potential detriment to patient safety. Definitions, examples, and a summary of research on nursing distractions and interruptions are given. The author suggests that further work is needed to determine how to minimize interruptions and how best to manage those interruptions that do occur.*
- 3. Doctors Being Up There and We Being Down Here: A Metaphorical Analysis of Talk About Student/Doctor–Patient Relationships.**  
Rees C.E., Knight L.V., Wilkinson C.E.  
Soc Sci Med. 2007(Aug); 65(4):725-737.  
*This qualitative study used applied-linguistics methods to examine conceptualizations of doctor-patient, medical student-doctor and medical student-patient relationships. Focus-group discussions involving patients, medical students and providers were transcribed and subjected to metaphorical analysis. The analysis showed that metaphors clustered around six themes, most of which characterize the student/doctor-patient relationship as “oppositional.” The six metaphors identified and implications of these results are discussed in detail. Multiple tables are included.*

**4. Execution of Strategic Improvement Initiatives to Produce System-Level Results.**

Nolan T.W.

IHI Innovation Series white paper. Cambridge, Massachusetts: Institute for Healthcare Improvement; 2007.

Available at:

<http://www.ihl.org/IHI/Results/WhitePapers/ExecutionofStrategicImprovementInitiativesWhitePaper.htm>

*This white paper puts forth a framework for increasing the system-level impact of strategic improvement initiatives, focusing on the “execution” element of the Will-Ideas-Execution model for strategic improvement. An analysis of interviews with U.S. and international corporate leaders, combined with IHI data on healthcare systems, was used to identify characteristics associated with success in achieving system-level change. The proposed Framework for Execution derives from these results. The framework describes successful execution in terms of three interdependent components: system-level objectives; local improvement throughout the organization; and continual development of employees who can lead and sustain improvement. Multiple figures are included.*

**5. Health Information Technology for Improving Quality of Care in Primary Care Settings.**

Langley J., Beasley C.

Prepared by the Institute for Healthcare Improvement for the National Opinion Research Center under contract No. 290-04-0016. AHRQ Publication No. 07-0079-EF. Rockville, MD: Agency for Healthcare Research and Quality; 2007 (Jul).

Available at:

[http://healthit.ahrq.gov/portal/server.pt/gateway/PTARGS\\_0\\_1248\\_661809\\_0\\_0\\_18/AHRQ\\_HIT\\_Primary\\_Care\\_July07.pdf](http://healthit.ahrq.gov/portal/server.pt/gateway/PTARGS_0_1248_661809_0_0_18/AHRQ_HIT_Primary_Care_July07.pdf)

*While the potential of health information technology (health IT) to improve patient care is well recognized, much uncertainty remains about how most effectively to realize this potential. This AHRQ-funded report from the Institute for Healthcare Improvement examines the relationship between health IT and improvement in primary care, with the aim of providing guidelines for optimizing the use of health IT to support quality improvement in the primary care setting. The project involved staff interviews and site visits at primary care practices, as well as a meeting of clinical and industry health-IT experts. The authors’ recommendations, discussed in detail in the report, focus on applications of health IT that contribute to long-range, system-wide improvements in patient care. Applications discussed include the use of health IT in proactive care for patient populations; “whole patient” care; measurement and feedback; and data systems. A list of “change ideas” and a health-IT use phone interview tool are included in appendices.*

**6. Improving Patient Care by Linking Evidence-Based Medicine and Evidence-Based Management.**

Shortell S.M., Rundall T.G., Hsu J.

JAMA. 2007(Aug 8); 298(6):673-676.

*In this commentary, the authors discuss the conjunction of evidence-based medicine (EBM) with evidence-based management. Evidence-based management (EBMgt) refers to organizational characteristics and practices that create an environment in which evidence-based care can be provided. The authors argue that an integration of EBM with EBMgt is essential to improving the quality and safety of healthcare in the U.S. Examples and recommendations for the integration of EBM and EBMgt are given.*

**7. Maximizing Safety of Hospitalized Elders.**

Lindquist R., Sendelbach S.E.

Crit Care Nurs Clin N Am. 2007(Sep); 19(3):277-284.

*This article gives an overview of strategies and recommendations for reducing safety risks for elderly hospital patients, with a focus on the role of nurses in ensuring safe care. Given evidence that elderly patients may be predisposed to certain types of adverse events, the authors suggest that safety strategies for the care of elderly patients should give particular attention to these risks. Patient safety essentials in a number of areas are discussed, and considerations of special importance for elderly patients are highlighted.*

**8. Measuring Patient Views of Physician Communication Skills: Development and Testing of the Communication Assessment Tool.**

Makoul G., Krupat E., Chang C-H.

Patient Educ Couns. 2007(Aug); 67(3):333-342.

*This study sought to create and validate a tool to measure patients' evaluations of physician communication skills. The survey, a fifteen-item questionnaire known as the Communication Assessment Tool (CAT), was developed through review of existing tools, focus groups, and additional research and testing. The scale development process and testing methods are described in detail. The authors conclude that the CAT can be an effective means of obtaining information and providing feedback on physician communication and interpersonal skills. Several figures and tables are included; the survey tool is included in an appendix.*

- 9. Multidisciplinary Teamwork in US Primary Health Care.**  
Solheim K., McElmurry B.J., Kim M.J.  
Soc Sci Med. 2007(Aug); 65(3):622-634.  
*This qualitative study explored the use of team-based Primary Health Care in the U.S. Primary Health Care (PHC), a health-system model developed in the 1960s, aims to improve public health through universally available medical care, community involvement, and reforms targeting health-related socioeconomic factors. Researchers surveyed faculty and staff at a Midwestern nursing college regarding their involvement with PHC, and conducted interviews with nurses and their clinical collaborators for those who indicated PHC involvement. Results suggested that teamwork was valued for a number of reasons, and that PHC principles, although often not labeled as such, were frequently in use among study participants. Several tables and figures are included.*
- 10. On the Importance of Nonverbal Communication in the Physician–Patient Interaction.**  
Mast M.S.  
Patient Educ Couns. 2007(Aug); 67(3):315-318.  
*This review discusses the role of nonverbal behavior in physician-patient interaction and communication. While existing work on physician-patient communication tends to focus on verbal communication, research suggests that nonverbal communication may have a significant effect as well: certain aspects of physicians' nonverbal behavior can contribute to patient satisfaction, while patients' nonverbal actions may provide clinical clues for physicians. The author recommends that further research be done in this area, and suggests that communication training for physicians should specifically address nonverbal communication.*
- 11. Patient Handover: Time for a Change?**  
Jenkin A., Abelson-Mitchell N., Cooper S.  
Accid Emerg Nurs. Article in Press. 2007.  
*This study looked at the process of patient handoffs between ambulance and emergency department (ED) staff. Researchers conducted a cross-sectional survey of ambulance technicians and ED physicians and nurses in the UK. Based on their results, the authors identify a number of areas in which the handoff communication process could be improved. Implications of the problems identified and recommendations for improvement are discussed. Several figures, including a flowchart depicting a suggested handoff framework, are included.*

- 12. Perceptions That Affect Physician-Nurse Collaboration in the Perioperative Setting.**  
Sterchi L.S.  
AORN Journal. 2007(Jul); 86(1):45-56.  
*This study examined physicians' and nurses' attitudes regarding physician-nurse collaboration in perioperative care. Researchers analyzed responses of 137 nurses and physicians administered a modified version of the Jefferson Scale of Attitudes Toward Physician-Nurse Collaboration. Results showed that overall, nurses' perceptions regarding collaboration were significantly more positive than physicians'. The authors note one surprising result: for physicians, a more positive attitude toward collaboration was associated with more years of experience, while for nurses, the tendency was reversed. Possible explanations for this and other results are discussed. Two tables and a figure containing the survey instrument are included.*
- 13. Personal Medical Documents Management—How Patients Perceive, Keep and Manage Their Medical Documents: A Qualitative Study.**  
Rassin M., Zilcha L., Berger M., Silner D.  
Int J Nurs Stud. 2007; 44:862-868.  
*This qualitative study investigated patients' attitudes and habits concerning management of their personal medical documents. Researchers analyzed data drawn from interviews with a convenience sample of 28 patients at a cardiology clinic in Israel. Results showed that among the patients interviewed, most kept their medical documents and some organized or managed them. The authors theorize that patients' management of their medical records offers an important opportunity to increase patient involvement in the healthcare process. Also described in the article is a "patient portfolio" for storage and management of medical documents, designed and piloted as a result of this study.*
- 14. Perspectives on the Failure of Pharmaceutical and Medical Device Industries to Fully Protect Public Health Interests.**  
Maron B.J., Hauser R.G.  
Am J Cardiol. 2007(Jul 1); 100(1):147-151.  
*This commentary discusses two recent highly publicized cases concerning pharmaceutical and medical devices pulled from the market: the withdrawal of the drug Vioxx (marketed by Merck and Co.) and the recall of numerous defibrillators and pacemakers manufactured by Guidant Corp. In each case, the product was withdrawn as a result of previously undisclosed risks or defects that became generally known only after the product had been approved and was widely in use. The authors compare the facts in these two cases, noting a number of similarities, and discuss the consequences, regulatory and industry responses, and lessons to be learned.*

- 15. Physicians' Communication and Perceptions of Patients: Is It How They Look, How They Talk, Or Is It Just the Doctor?**  
Street R.L. Jr., Gordon H., Haidet P.  
Soc Sci Med. 2007(Aug); 65(3):586-598.  
*This study used an ecological approach to examine the interaction of multiple factors thought to influence how physicians perceive and interact with their patients. Researchers analyzed data on physician-patient interactions involving 29 physicians and over 200 patients at 10 outpatient clinics in Houston, TX. Statistical analysis was conducted to determine the relationships between variables including the physician's attitudes toward the doctor-patient relationship, perceived patient involvement and communication, patient demographic factors, and similarity or dissimilarity of physician and patient with respect to age, race, and gender. Results showed that patient communication, patient ethnicity, and physician orientation toward the physician-patient relationship had the strongest influence on physician communication. In general, correlations suggested there may be a bidirectional influence among physician and patient attitudes and communication behaviors. One figure and multiple tables are included.*
- 16. Predictors of Asking Medical Personnel about Handwashing: The Moderating Role of Patients' Age and MRSA Infection Status.**  
Luszczynska A., Gunson K.S.E.  
Patient Educ Couns. 2007(Sep); 68(1):79-85.  
*This study investigated the influence of Theory of Planned Behavior (TPB) factors, age, and MRSA infection status in patients' tendency to ask whether medical providers had washed their hands. Researchers surveyed patients through the UK Patients Association and an MRSA support organization regarding the patients' past behavior and future intentions with respect to asking healthcare providers about handwashing. Patient age and MRSA infection status were found to moderate the influence of the TPB cognitive-behavioral variables for some patient groups. One table and two figures are included.*
- 17. Relationship between Number of Medical Conditions and Quality of Care.**  
Higashi T., Wenger, N.S., Adams J.L., et al.  
N Engl J Med. 2007(Jun 14); 356(24):2496-2504.  
*This study examined the relationship between quality of care and the number of chronic conditions a patient has. The authors analyzed quality indicator data in relation to number of medical conditions for patients from three existing studies, involving a total of 7680 patients. Results showed a positive correlation between number of medical conditions and quality of care—an unanticipated finding. The authors note that this result gives evidence against the concern that incentive programs, predicated on the use of quality indicators to measure performance, unfairly disadvantage providers whose patients have multiple chronic conditions.*

- 18. TeamSTEPPS: Optimizing Teamwork in the Perioperative Setting.**  
Clancy C.M.  
AORN Journal. 2007(Jul); 86(1):18-21.  
*TeamSTEPPS is an evidence-based team training tool developed by the Agency for Healthcare Research and Quality and the U.S. Department of Defense. This brief commentary outlines the main components of the TeamSTEPPS program; also touched upon are conditions for successful implementation, and the benefits of improved teamwork in the clinical setting.*
- 19. The Tension between Needing to Improve Care and Knowing How to Do It.**  
Auerbach A.D., Landefeld C.S., Shojania K.G.  
N Engl J Med. 2007(Aug 9); 357(6):608-613.  
*This article discusses the uneasy balance between the pressure to implement healthcare improvement strategies and the need for scientific proof of their efficacy. By way of a series of seven arguments and counterarguments, the authors explore the rationales for and against the dissemination of promising but unproven quality- and safety-improvement methods. The authors argue that the potential benefits of untested strategies in many cases do not justify the potential harms, and that quality and safety improvement should be held to the standards of evaluation that obtain in other areas of biomedicine. One table is included.*
- 20. Understanding and Attitudes Towards Patient Safety Concepts in Obstetrics.**  
Nabhan A., Ahmed-Tawfik M.S.  
Int J Gynecol Obstet. 2007; 98:212-216.  
*This cross-sectional descriptive study examined aspects of patient safety culture in obstetric care among healthcare centers in Egypt. Researchers surveyed clinical staff at 35 primary health centers regarding their attitudes toward patient safety and observance of safety practices. Results showed, among other concerns, that a minority of respondents perceived the safety climate at their facility as "positive." Possible causes of some of the current problems, and suggested pathways for improvement, are touched upon. Several tables are included.*

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