



December (1) 2007
Volume 11, Issue 12:1

1. **A Framework for Health Care Organizations to Develop and Evaluate a Safety Scorecard.**
2. **Effectiveness of Teaching Quality Improvement to Clinicians: A Systematic Review.**
3. **Health Literacy Skills of U.S. Adults.**
4. **Healthy Work Environments, Nurse-Physician Communication, and Patients' Outcomes.**
5. **How to Save Your Life #058 [radio broadcast].**
6. **Making Numbers Matter: Present and Future Research in Risk Communication.**
7. **Measuring Adult Literacy in Health Care: Performance of the Newest Vital Sign.**
8. **Medication Safety: Just a Label Away.**
9. **'Never' Land.**
10. **On Call: Alert or Unsafe? A Report of the AORN On-Call Electronic Task Force.**
11. **Patient Education: Addressing Cultural Diversity and Health Literacy Issues.**
12. **Patient Information: Who's Your Daddy?**
13. **Patient Safety: Time to Connect the Dots.**
14. **Quality Improvement with an Electronic Health Record: Achievable, but Not Automatic.**
15. **Recommendations for Teaching about Racial and Ethnic Disparities in Health and Health Care.**
16. **The Ideal Medical Practice Model: Improving Efficiency, Quality and the Doctor-Patient Relationship.**
17. **The State of Health Care Quality.**
18. **The Use of Standardized Patients to Teach Low-literacy Communication Skills.**
19. **Toward Higher-Performance Health Systems: Adults' Health Care Experiences in Seven Countries, 2007.**
20. **Verbal Medication Orders in the OR.**

- 1. A Framework for Health Care Organizations to Develop and Evaluate a Safety Scorecard.**
Pronovost P.J., Berenholtz S.M., Needham D.M.
JAMA. 2007(Nov 7); 298(17):2063–2065.
This commentary offers a schema for the design and evaluation of a patient safety scorecard—a tool increasingly in use by hospitals to assess and report on an organization’s patient safety performance. The authors discuss three critical factors that determine the validity and effectiveness of a scorecard; they include a worksheet for assessing potential scorecards on the basis of these criteria.
- 2. Effectiveness of Teaching Quality Improvement to Clinicians: A Systematic Review.**
Boonyasai R.T., Windish D.M., Chakraborti C., Feldman L.S., Rubin H.R., Bass E.B.
JAMA. 2007(Sep 5); 298(9):1023–1037.
This study sought to systematically evaluate the educational and clinical impact of quality improvement curricula for clinicians. Curricula from studies selected through a literature review were compared statistically with respect to curriculum structure, use of adult learning principles, and educational and clinical outcomes. Results suggested that most curricula had a positive educational impact; results were inconclusive as to the effect on clinical outcomes. One figure and multiple tables are included.
- 3. Health Literacy Skills of U.S. Adults.**
Rudd R.E.
Am J Health Behav. 2007(Sep/Oct); 31(Suppl 1):S8–S18.
This study sought to form a comprehensive picture of adult health literacy in the United States, based on a conceptualization of health literacy as a set of skills needed to accomplish diverse health-related activities. Researchers analyzed health-related items extracted from published adult literacy surveys to produce an independent health literacy scale, results of which were further analyzed using latent class analysis. Results showed that health literacy tended to be lower among certain demographics; the author concludes that health literacy is likely predicted by general literacy skills. Multiple tables and figures are included.
- 4. Healthy Work Environments, Nurse-Physician Communication, and Patients’ Outcomes.**
Manojlovich M., DeCicco B.
Am J Crit Care. 2007(Nov); 16(6):536–543.
Available at: <http://ajcc.aacnjournals.org/cgi/reprint/16/6/536>
This study investigated the relationship between nurses’ work environment, nurse-physician communication, and patient outcomes in ICU care. Researchers surveyed nurses at 25 ICUs regarding their perceptions concerning these three variables, using a combination of established survey tools and nurses’ self-reported rates of nosocomial infection and medication error. Results of a statistical analysis indicated significant relationships between work environment and nurse-physician communication factors as well as between communication and nurse-reported rates of medication error. No significant relationship was found between work environment and patient outcomes. Several tables are included.

5. **How to Save Your Life #058 [radio broadcast].**
WAMC Northeast Public Radio. November 13, 2007.
Available at:
http://www.publicbroadcasting.net/wamc/news.newsmain?action=article&ARTICLE_ID=1182746§ionID=851
In this radio broadcast, host Dr. Philip Stieg speaks with Helen Osborne, an occupational therapist and president and founder of Health Literacy Consulting. The dialogue covers the increasingly prominent issues of health literacy and health communication and their impact on patient safety, as well as how changes in healthcare delivery systems, patient-provider relationships, and patients' attitudes and expectations may influence these factors. Osborne offers strategies that patients and providers can employ to help improve communication, and discusses what patients can do in general to be more involved in their care.

6. **Making Numbers Matter: Present and Future Research in Risk Communication.**
Fagerlin A., Ubel P.A., Smith D.M., Zikmund-Fisher B.J.
Am J Health Behav. 2007(Sep/Oct); 31(Suppl 1):S47–S56.
This study explored the role of patients' numeracy skills and varying methods of communicating risk information in patients' understanding of medical risk. Numeracy refers to an individual's quantitative reasoning skills and ability to interpret information expressed numerically—as is commonly the case with medication and treatment risk/benefit data. The authors conducted a literature review (presented in abbreviated form in the article) to examine prevalence of low numeracy and its impact on health outcomes, as well as the influence of multiple risk information presentation parameters on perception of risk by high- and low-numeracy individuals. Based on this research, the authors conclude that the method of risk communication significantly influences patients' perceptions of risk, and in turn, the medical decision making process. Implications and possibilities for further research are discussed. Three tables are included.

7. **Measuring Adult Literacy in Health Care: Performance of the Newest Vital Sign.**
Osborn C.Y., Weiss B.D., Davis T.C., et al.
Am J Health Behav. 2007(Sep/Oct); 31(Suppl 1):S36–S46.
This study sought to test the validity of the Newest Vital Sign (NVS), a relatively new and as yet little-tested health literacy screening tool. The NVS is a 6-item test in which patients must read and answer questions based upon information in a "Nutrition Facts" product label. Researchers administered the NVS along with one of two established health literacy assessments—the Rapid Estimate of Adult Literacy in Medicine (REALM) and the shortened Test of Functional Health Literacy in Adults (S-TOFHLA)—to a total of 248 patients. Results showed that the NVS successfully identified limited-literacy patients; however, it also classified as low-literacy a greater number of patients than did the REALM and the S-TOFHLA, perhaps due to its greater difficulty. Multiple tables and figures are included.

- 8. Medication Safety: Just a Label Away.**
Jennings J., Foster J.
AORN Journal. 2007(Oct); 86(4):618–625.
This article describes a medication safety improvement project examining OR personnel’s medication labeling practices at a Houston, TX hospital. In the descriptive study, investigators observed use of labels during surgical procedures where either blank or preprinted labels had been provided according to random assignment. Results showed that medications were labeled more frequently—almost three-quarters of the time—when preprinted labels were provided, versus only 40% of the time when blank labels were provided. As a result of this project, the authors report, the use of preprinted label kits has been adopted as standard practice at the study hospital. Multiple figures are included.
- 9. ‘Never’ Land.**
Carpenter D.
H&HN. 2007(Nov):34–38.
Available at:
http://www.hhnmag.com/hhnmag_app/jsp/printer_friendly.jsp?dcrPath=HHNMAG/Article/data/11NOV2007/0711HHN_FEA_CoverStory&domain=HHNMAG
This article discusses the ramifications of the recent change in Centers for Medicare & Medicaid Services (CMS) policy, whereby CMS will no longer reimburse hospitals for certain costs related to treatment of iatrogenic events and medical errors. Healthcare providers’ responses to the change are noted. Several similar or related payment schemes adopted independently by states or healthcare organizations, such as the state of Minnesota’s system, are highlighted in the article.
- 10. On Call: Alert or Unsafe? A Report of the AORN On-Call Electronic Task Force.**
Kenyon T.A.G., Gluesing R.E., White K.Y., Dunkel W.L., Burlingame B.L.
AORN Journal. 2007(Oct); 86(4):630–639.
This article reports on work of the AORN On-Call Electronic Task Force investigating on-call nurse scheduling practices and their effects on nurses. Results of two surveys of nurses, detailed in the article, showed that many respondents reported experiencing effects of fatigue and sleep deprivation, and that most call programs as described by survey respondents fell short of AORN recommendations. Examples of several compliant call plans, as well as a table of AORN-recommended strategies for preventing worker fatigue and sleep deprivation, are included. One figure is included.
- 11. Patient Education: Addressing Cultural Diversity and Health Literacy Issues.**
Chang M., Kelly A.E.
Urol Nurs. 2007(Oct); 27(5):411–417.
This article offers a thorough discussion of nurses’ role in patient education and of the ways in which cultural factors and patient health literacy may affect the educational process. Included in the article is a case study illustrating how cultural differences and low health literacy may complicate communication between patients and providers.

- 12. Patient Information: Who's Your Daddy?**
Chaiken B.P.
Pat Saf & Qual Healthcare. 2007(Sep/Oct); 4(5):4 pages.
Available at: <http://www.psqh.com/sepoct07/technology.html>
This article discusses electronic medical records and their implications concerning privacy of patient information. The author outlines various options for patient data management and oversight and notes the advantages and disadvantages of each. Chaiken argues that a system with stringent oversight and governance structure is needed to ensure protection of privacy and appropriate use of electronic medical information.
- 13. Patient Safety: Time to Connect the Dots.**
Nadzam D.M.
H&HN Online. 2007(Oct 16).
Available at:
http://www.hhnmag.com/hhnmag_app/jsp/printer_friendly.jsp?dcrPath=HHNMAG/Article/data/10OCT2007/071016HHN_Online_Nadzam&domain=HHNMAG
In this commentary, the author touches upon the need for leadership support as an underpinning to safety improvement efforts. Nadzam suggests that the challenges of implementing and adhering to safe practices stem in part from "loose connections" in an organization; thus, she urges leaders to take steps to ensure that this crucial reinforcement is provided.
- 14. Quality Improvement with an Electronic Health Record: Achievable, but Not Automatic.**
Baron R.J.
Ann Intern Med. 2007(Oct 16); 147(8):549–552.
This article describes a health IT-based improvement project in which a small practice employed its existing electronic health record (EHR) system as part of an effort to increase the practice's mammography rate. The author details the successes, challenges and costs associated with the project. Based on these results, he identifies prerequisites for effective application of EHR and discusses implications for other EHR users. Two figures are included.
- 15. Recommendations for Teaching about Racial and Ethnic Disparities in Health and Health Care.**
Smith W.R., Betancourt J.R., Wynia M.K., et al.
Ann Intern Med. 2007(Nov 6); 147(9):654–665.
This position paper proposes guidelines for health-disparities curricula developed by the Society of General Internal Medicine Health Disparities Task Force. The authors discuss the rationale for such teaching and present consensus-derived recommendations concerning educational objectives, teaching methods, and preparation and evaluation of faculty. An annotated list of curriculum materials and resources is included; several tables are included.

- 16. The Ideal Medical Practice Model: Improving Efficiency, Quality and the Doctor-Patient Relationship.**
Moore L.G., Wasson J.H.
Fam Pract Manage. 2007(Sep); 14(8):20–24.
Available at: <http://www.aafp.org/fpm/20070900/20thei.pdf>
This article, the first of a planned series, introduces the concept of the ideal medical practice—a practice design model that aims to improve quality and efficiency and to increase patient participation in and satisfaction with their care. The authors are participants in an ongoing national collaborative study examining the efficacy of the ideal medical practice model. Preliminary outcomes of the study are touched upon; the authors also outline key components of the model that will be addressed in upcoming articles. Several tables are included.
- 17. The State of Health Care Quality.**
No Author.
National Committee for Quality Assurance (NCQA). Washington, D.C.; 2007.
Available at:
http://web.ncqa.org/Portals/0/Publications/Resource%20Library/SOHC/SOHC_07.pdf
This annual NCQA publication reports on trends in healthcare quality in the United States. The report uses Healthcare Effectiveness Data and Information Set (HEDIS) data to assess state and national healthcare performance with respect to quality measures, as well as examining other trends. Notable advances and areas of concern are highlighted; the authors note that while overall performance improved for the eighth year in a row, the rate of improvement has decreased. The report includes an executive summary, results and analysis for 28 HEDIS measures of care, and multiple appendices providing further data analysis. New this year is the inclusion of HEDIS Relative Resource Use measures data.
- 18. The Use of Standardized Patients to Teach Low-literacy Communication Skills.**
Manning K.D., Kripalani S.
Am J Health Behav. 2007(Sep/Oct); 31(Suppl 1):S105–S110.
This article describes the design and implementation of a health-literacy training program involving the use of standardized patients. Standardized patients are actors (or actual patients) trained to interact with clinicians in simulated clinical encounters as an educational device. Recruitment and preparation of standardized patients, development of role-playing scenarios, and challenges encountered during these processes are discussed in detail. The authors conclude that the use of standardized patients can be a beneficial component of health-literacy and communication training.

19. Toward Higher-Performance Health Systems: Adults' Health Care Experiences in Seven Countries, 2007.

Schoen C., Osborn R., Doty M.M., Bishop M., Peugh J., Murukutla N.

Health Affairs. 2007(Nov/Dec); 26(6):w717-w734.

This article reports results of the 2007 Commonwealth Fund International Health Policy Survey. This survey polled adults in seven countries—Australia, Canada, Germany, the Netherlands, New Zealand, the United Kingdom, and the United States—regarding their experiences with and perceptions of their respective healthcare systems. Similarities and differences among the countries examined with respect to healthcare costs, accessibility, coordination, and numerous other variables and the implications of these findings are discussed in detail. One highlighted finding is that patients with a “medical home”—a combination of factors including ready access to care and providers who facilitate coordination of treatment—consistently viewed the health system more positively than those for whom one or more of these factors were lacking. Multiple tables are included.

20. Verbal Medication Orders in the OR.

Hendrickson T.

AORN Journal. 2007(Oct); 86(4):626-629.

This article deals with medication safety risks associated with verbal medication orders in the OR—an aspect of OR medication safety that, the author contends, warrants greater concern than it has received thus far. Hendrickson discusses the OR-specific and other factors that may contribute to this risk. He describes several potential solutions, emphasizing the role and responsibility of perioperative nurses in enforcing the error-prevention process.

NPSF Current Awareness Literature Alert Archives can be accessed at:

<http://www.npsf.org/rc/pubs/ca/>

Anita Spielman, Editor

aspelman@npsf.org