Quality Lines

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COMPLICATIONS AND TRAINEE SUPERVISION LATER IN TRAINING PERIODS

Pneumothorax is a complication associated with insertion of central venous catheters. One might assume that pneumothorax in teaching hospital intensive care units (ICUs) would be greatest in July and August (the beginning of the academic year) and in the first week of the month when resident trainee rotations begin. The rate was studied from 1999 to 2005 in two Canadian teaching hospitals. Rates did not vary by month of year; however, the rate was significantly greater in the last week of the month. Given these findings, more attentive supervision of residents at the end of ICU rotations should be considered. Whether this effect applies to other patient safety outcomes in the ICU needs further study.

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CARDIOPULMONARY ARRESTS AND ''MATURE'' RAPID RESPONSE SYSTEMS

Survival following cardiopulmonary arrests in hospital remains low. Rapid Response Systems (RRS) should eliminate ''potentially avoidable'' arrests in this setting. The purpose of this Quality Improvement Report was to study the incidence, outcomes and potentially avoidable causes of arrests in a hospital that has had an RRS for 16 years. In 2005 the RRS was activated 1942 times, of which 111 were for cardiopulmonary arrests. Twenty-five per cent survived. Assessment determined that 18% of these arrests were avoidable; while most arrests might not be prevented, survival might be improved by better adherence to RRS guidelines.

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HELPING MEDICAL STUDENTS UNDERSTAND ERROR

Medical students do not develop a good understanding of patient safety issues

without specific training. This paper describes the development of a module designed to address patient safety issues in one UK medical undergraduate curriculum. The module focuses on facilitating understanding of error and developing the skills required to deal with error in healthcare. One year later, knowledge about patient safety had increased and attitudes to patient safety issues were positive. Nevertheless, the responses indicate that junior doctors perceive difficulty in employing the skills to deal with patient safety. It appears to be important that such training be widely implemented in the postgraduate period for optimal effect.

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CREW RESOURCE MANAGEMENT IN DIABETES CARE

Crew Resource Management (CRM), developed in aviation to improve communication, teamwork and systematic workflow processes, may be a strategy for narrowing the gap between evidence-based diabetes care and current primary care practice in under-resourced, safety net environments in the US. In this study, key CRM elements were translated into functional re-design, standardised information exchange, improved diabetes care processes and selected patient outcome improvements. The approach was rated highly useful by clinic personnel and may have implications for efficient diabetes care in similar settings.

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WEB-BASED ERROR REPORTING FOR LONG-TERM CARE SETTINGS

This study describes the evaluation of a state-wide web-based medication error reporting system to improve medication safety in long-term care settings. Reports on 2731 medication errors were submitted from 23 participating facilities. Results showed that the web-based reporting system was easy to use, with strong indications that it will contribute to preventing future errors.

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