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AHRQ News and Numbers

Visits to primary care physicians—general practice, family medicine, internal medicine, and pediatric physicians—accounted for nearly half of the 967.3 million doctor visits in the United States in 2004. However, they accounted for only 30 percent of the \$152 billion spent for office-based physician care. The remaining 70 percent was spent on specialty care. [Source: Agency for Healthcare Research and Quality, MEPS, Statistical Brief #166, *Expenses for Office-based Physician Visits by Specialty, 2004*, [statistical brief](#).]

Today's Headlines:

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1. New Questionnaire Can Help Hospitals with Emergency Response Planning

AHRQ has released a hospital preparedness questionnaire that is designed to allow hospitals to collect information on how well prepared they are to deal with a public health emergency involving a chemical, biological, radiological, nuclear, and explosive event. *Preparedness for Chemical, Biological, Radiological, Nuclear, and Explosive (CBRNE) Events: Questionnaire for Health Care Facilities*, is a Web-based, downloadable questionnaire. AHRQ is not administering this questionnaire and will not be collecting data compiled from it. It is a vehicle for hospitals and health care facilities to administer at their discretion. The questionnaire was designed to be downloaded and administered by two types of users: a) States, localities, and multi-hospital systems, which can administer the questionnaire to hospitals and health care facilities in their jurisdictions to assess overall hospital emergency preparedness; and b) individual hospitals or health care facilities to serve as a checklist of areas that should be considered as a facility develops or improves emergency preparedness and response plans. This is the product of a collaborative effort between AHRQ and HRSA. Select to download the [questionnaire](#).

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2. New Survey Results Show Strong Teamwork but Room for Improvement with Handoffs and Transitions in Hospitals

More than three-fourths (78 percent) of hospital staff believe there is a positive environment of teamwork within their units, but nearly half (45 percent) indicate there is room for improvement in the area of handoffs and transitions across units, according to the results of the *2007 Hospital Survey on Patient Safety Culture Comparative Database Report* released by AHRQ. The report presents results from the first compilation of aggregated national data from AHRQ's *Hospital Survey on Patient Safety Culture* and is based on data from 382 U.S. hospitals and survey responses from 108,621 hospital staff. The report found a number of strengths among hospitals as well as areas for patient safety culture improvement. The database report provides the first national benchmarks for hospital staff assessments about patient safety issues, medical errors, and event reporting from a wide range of hospitals that participated in the AHRQ hospital safety culture survey. The report provides results by hospital characteristics such as bed size, teaching status, ownership, and geographic region. It also offers results by respondent characteristics such as respondent work area/unit, staff position and interaction with patients. Select to access the [report](#).

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3. Technology, Alert Systems, and High Workload Increase Dispensing of Potentially Harmful Drugs

High workload and unexpected consequences from technologies that assist pharmacists in filling prescriptions and provide alerts about possible drug interactions increase the potential for medication errors, according to a new study published in *Medical Care* and funded in part by AHRQ. The study, which compared pharmacy characteristics to dispensing records, also found that telephone, Internet, and fax systems—which are intended to decrease pharmacist workload and increase the efficiency of prescription receipt and filling—were associated with an increase in the number of prescriptions dispensed for medications that could interact. Changes to computer software that alert the pharmacist if a new medication might interact with a medication that the patient already receives and software that provided extensive information also resulted in increased risk. These warnings are sometimes dismissed or modified to decrease the number of alerts if the interaction is not expected to harm the patient. Additional research is needed to confirm and clarify these findings, according to the study authors. The study was conducted by a team of researchers led by Daniel C. Malone, Ph.D., at AHRQ's Arizona Center for Education and Research on Therapeutics at The Critical Path Institute and the University of Arizona College of Pharmacy. Select to read the [abstract](#) in PubMed®.

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4. AHRQ Produces Two New Audio Podcasts about Care Coordination and Transitions

AHRQ's Healthcare 411 series produced two audio podcasts on quality during health care transitions. Both are interviews with AHRQ Director Carolyn M. Clancy, M.D., discussing patient transitions in care from one setting to another, from one clinician to another, sometimes referred to as handoffs. Dr. Clancy stressed the importance of all people caring for a single patient to work from one common script. The consumer program, dubbed the "Consumer Insider," is 10 minutes and provides some tips for patients and their families. The provider version, dubbed the "Provider Insider," is 14 minutes and gives providers some ways to improve the problems with handoffs, including sending care reports to the patient's primary care provider and using non-medical terms with patients. Select to listen to the [consumer](#) version. Select listen to the [provider](#) version. You can listen to the audio program directly through your computer if it has a sound card and speakers and can play MP3 audio files, or you can download it to a portable audio device. In any case, you will be able to listen at your convenience. To access any of AHRQ's podcasts and special reports or to sign up for a free subscription to the series and receive notice of all future AHRQ podcasts, visit our [Healthcare 411](#) series main page.

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5. Call for Nominations of Topics for Evidence-based Practice Centers

AHRQ invites nominations of topics for evidence reports, technology assessments, and comparative and effectiveness reviews relating to the prevention, diagnosis, treatment, and management of common diseases and clinical conditions, as well as topics relating to the organization and financing of health care. Nominations of topics are due by May 14. Select to read the April 17 *Federal Register* [notice](#).

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6. AHRQ in the Professional Literature

We are providing the following hyperlinks to journal abstracts through PubMed® for your convenience. Unfortunately, some of you may not be able to access the abstracts because of firewalls or specific settings on your individual computer systems. If you are having problems, you should ask your technical support staff for possible remedies.

Zafar A. The AHRQ National Resource Center for Health Information Technology (Health IT) Public Web Resource. *AMIA Annu Symp Proc.* 2006;:1154. Select to read the [abstract](#) in PubMed®.

Dixon BE. The Landscape of the AHRQ Health Information Technology Portfolio. *AMIA Annu Symp Proc.* 2006;:912. Select to read the [abstract](#) in PubMed®.

Najar BE, Hubbard HB. Research fellowship helps nurse serve underserved Australia. *Reflect Nurs Leadersh* 2007; 33(1). Select to read the [article](#).

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