The Journal Welcomes Three Associate Editors

D.W. Baker, S. Berman
Jonathan Benn, PhD, Med; Kevin J. O’Leary, MD/MS; and Patricia W. Stone, PhD, RN, FAAN, are welcomed as the Journal’s first Associate Editors.

Exploring How to Better Measure and Improve the Quality of Medication Reconciliation

J.M. Pevnick, J.L. Schnipper
Researchers and quality measurement and improvement leaders, the authors argue, will need to refine existing and develop new measures of medication reconciliation to assess which interventions truly work to improve the quality of this important care process.

Measuring to Improve Medication Reconciliation in a Large Subspecialty Outpatient Practice

Medication reconciliation (med rec)—the review of patients’ medication lists to ensure they are complete and accurate—is critically important for quality and patient safety. However, improvement has generally relied on provider attestation that med rec was completed. In response, a technique was developed to use electronic health record data to provide objective measures. These measures were consistent with a true improvement in care: Patients with medication lists missing dose/frequency for at least one prescription-type medication decreased from 18.1% to 15.8%, and patients with duplicate albuterol inhalers on their lists decreased from 4.0% to 2.6% (each, p < .0001).

Creating a Pediatric Joint Council to Promote Patient Safety and Quality, Governance, and Accountability Across Johns Hopkins Medicine

The paucity of national pediatric measures for quality and patient safety poses unique challenges to ensuring consistent levels of care across diverse health care delivery settings. At Johns Hopkins Medicine, a Pediatric Joint Council was created to help ensure high-quality and safe care across a health system encompassing two full-service children’s hospitals and two community hospitals in two states.

The author discusses the importance of demonstrating that implementing well-designed electronic health record–based interventions can help improve adherence to evidence-based preventive guidelines across systems of care.

Hospitalization presents an important opportunity to engage smokers in treatment for primary and secondary prevention of tobacco-related illnesses. In a study conducted at two acute care hospitals in New York City, two electronic health record–based interventions were conducted. An order set promoted clinicians to prescribe pharmacotherapy, and a nurse-delivered counseling module automatically populated the nursing care plan for all smokers. For 4,871 smokers, a modest increase in medication orders (odds ratio [OR], 1.35) resulted, while rates of counseling increased 10-fold (OR, 10.54). Patients admitted through surgery were less likely to receive both counseling and medication compared with the medicine service.

The major intent of the medical malpractice system in the United States is to deter negligent care and to create incentives for delivering high-quality health care. In a study of whether state-level measures of malpractice risk were associated with hospital quality and patient safety, no consistent association was found between measures of the malpractice environment and hospital performance on process-of-care measures. However, a higher-risk malpractice environment was associated with two measures of overutilization, suggesting that malpractice risk may encourage defensive medicine.
Becoming Parent and Nurse: High-Fidelity Simulation in Teaching Ambulatory Central Line Infection Prevention to Parents of Children with Cancer

C.E. Heiser Rosenberg, M.F. Terhaar, J.A. Ascenzi, A. Walbert, K.M. Kokoszka, J.S. Perretta, M.R. Miller

Central-line infections in children with cancer are life-threatening, and infections are two to three times more frequent in outpatients than inpatients. Most cancer care now takes place at home, where parents perform many of the same tasks as nurses. A feasibility study was conducted on the use of simulation training to supplement usual central-line education to improve parental knowledge and behaviors regarding central line care. Knowledge and skill scores both increased significantly from pre- to posttest ($p \leq 0.001$).

Performance Measurement in Rural Communities: The Low-Volume, Large Measurement Challenge

I. Moscovice, K. Johnson, H. Burstin

Many rural providers face challenges in quality measurement and associated accountability efforts because of low patient volume, which can negatively affect the reliability, validity, and utility of performance measures. The authors provide background information on the National Quality Forum–supported expert panel to assess performance measurement issues for low-volume rural providers, (2) summarize the expert panel’s recommendations, and (3) discuss the progress made since the release of the recommendations, as well as opportunities for policy makers and rural providers to contribute to the development and use of rural-relevant performance measures.

INFORMATION FOR AUTHORS