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AHRQ Offers Health Literacy Universal Precautions Toolkit

The Agency for Healthcare Research and Quality is recently announced the publication of the [Health Literacy Universal Precautions Toolkit](#). The toolkit is based on the principles of universal precautions, or specific actions that providers can take to make health information more understandable for all patients. It is designed to be used by all levels of staff in practices providing primary care for adults and/or pediatric patients.

Medical care is complicated and many people struggle with understanding their medication, instructions, and follow-up plans. One of the toolkit's resources is a [6 minute video](#) that shows just how little patients can understand. How a practice is organized and information is communicated with patients can help to minimize confusion and lead to better health outcomes. This toolkit can help providers assess their practices, raise awareness and work on specific areas to ensure that patients can succeed in the healthcare environment.

Study: Retooling Handoff Communications Reduced Medical Errors

Researchers at Boston Children's Hospital saw a 45.8 percent decrease in medical errors with the introduction of a new multi-faceted, bundled handoff system, according to a [study](#) published online by the *Journal of the American Medical Association*.

The study found fewer omissions or miscommunications about important data during handoffs after implementation of the bundle, which led to positive results. Of the 1,255 patient admissions studied, medical errors decreased 45.8 percent. In addition, following the intervention, providers spent more time communicating face-to-face in quiet areas conducive to conversation and spent more time at the bedside with patients.

The bundle consists of three key components: standardized communication and handoff training, a verbal mnemonic and a new team handoff structure.

According to the study, implementation of the new system began with an interactive workshop for all participating clinicians, during which they practiced giving and receiving handoffs under different clinical and real-world scenarios. Secondly, participants adopted an easy-to-remember mnemonic to ensure all relevant information was verbally communicated during the handoff. Face-to-face handoffs also were restructured to involve all team members and minimize interruptions and distractions.

Finally, a structured handoff tool was created within the electronic medical record to standardize the documentation of patient information that is transmitted at change of shift. The electronic handoff tool self-populates with standard patient information. This replaced the previous method of information exchange that required clinicians to manually enter and re-enter information in a word processing document, increasing the potential for human error.

Majority of Frequent ED Users Have Chronic Conditions, Not Mental Illness

Though urban legend stigmatized frequent emergency department (ED) patients as mentally ill substance users who drain the healthcare system of millions of dollars and contribute to overcrowding, most ED superusers actually have chronic diseases, according to a new study published in *Health Affairs*.

According to the study, the majority of frequent ED users have a substantial burden of disease and display high rates of primary and specialty care use, as well as links to outpatient care.

Furthermore, they found that those with behavioral health conditions are only a small portion of users.

Findings were based on an analysis of 212,259 New York City residents who received ED care for the first time in 2007, examining each patient's eligibility, ED use, Medicaid fee-for-service spending and diagnostic history.

After analyzing the patients' medical history three years prior to the ED visit, the 12 months after the initial visit and the subsequent two years, the study concluded people who revisited the ED multiple times were likely to have chronic conditions and many hospitalizations. They also were more likely linked to ambulatory care, which actually exceeded ED visit rates, except in patients with 10 or more visits in a year.

The study stated that it is possible to use predictive modeling to identify who will become a repeat ED user and preemptively target them for interventions; however, reducing ED visits is only one aspect of a more comprehensive intervention strategy for frequent health system users.

Save the Date

Watch for our 2014 calendar—coming soon!