Nurse Interceptions Reduce Medication Errors

A recent study funded by the Robert Wood Johnson Foundation Interdisciplinary Nursing Quality Research Initiative, published in the *Journal of Nursing Scholarship*, has taken a closer look at acute care hospitals to determine the relationships among characteristics of the nursing practice environment, nurse staffing levels, nurses’ error interception practices, and rates of non-intercepted medication errors.

The study was conducted in a sample of 82 medical-surgical units recruited from 14 acute care hospitals in New Jersey. RNs on all of the units were surveyed, producing a sample of 686 staff nurses. Data collected for the 8-month study period included the number of medication errors per 1,000 patient days and the number of RN hours per patient day. Nurse survey data included the Practice Environment Scale of the Nursing Work Index as a measure of environmental characteristics, and a metric of nurses’ interception practices was developed for the study.

The study found that nurses’ error interception practices—including independent comparisons between the medication administration record and patient record at the beginning of a nurse’s shift; determining the rationale for each ordered medication; requesting that physicians rewrite orders when improper abbreviations are used; and ensuring that patients and families are knowledgeable regarding the medication regimen so that they can question unexplained variances—are associated with lower rates of non-intercepted medication errors, further quantifying the important role of nurses in enhancing patient safety.


Dementia Resistance Shows Promise for Relatives

People who are free of dementia and have high levels of C-reactive protein, the protein that indicates the presence of inflammation, have relatives who are more likely to avoid the disease as well, according to a study published in *Neurology*.

Researchers identified 277 male veterans 75 and older and free of dementia symptoms. They were given a test that measured levels of the protein. Next, the group was interviewed about 1,329 parents and siblings and whether they had dementia. A total of 40 relatives from 37 families had dementia. A secondary, independent group of 51 men 85 and older with no dementia symptoms were interviewed about 202 relatives for dementia. Nine of the relatives had dementia.

Researchers found that participants who had higher amounts of the protein were more than 30% less likely to have a relative with dementia.


MMSE Goes Mobile

One of the world’s most popular and trusted assessments of cognitive impairment is now available as a convenient app for smartphones and tablets. The MMSE/MMSE-2 app can be used to screen for cognitive impairment, to select patients for clinical trials research in dementia treatment, or to track patients’ progress over time.

The app includes a brief instructional video that guides users through the features of the app. In addition to the original MMSE, both standard and brief versions of the MMSE-2 are available, enabling healthcare providers to choose the version that will suit each client. Scoring is done automatically, and patient records can be uploaded directly to an electronic medical records system or e-mailed to appropriate personnel. The app also includes norms for both versions, by age and educational level.

likely to have relatives with dementia. Similar results were found in the secondary group. Since the protein levels were not associated with years of education, marital status, occupation, and physical activity, these factors could not account for the lower risks seen.


Study Examines Older Adults & Food Safety

A new study published in Educational Gerontology highlights that many older adults are not equipped to keep food safe during an extended power outage. The study (N = 290) found few adults 60 and older were prepared for an extended power outage (24 hours or more), and those who had experienced a severe power outage rarely followed recommended safety practices for discarding refrigerated or frozen foods.

Only 17% of the survey participants reported being fully prepared to keep food safe during an extended power outage. Forty-nine percent of respondents considered themselves somewhat prepared, while 34% had taken no steps to prepare for a power outage. Lack of thought, concern, and storage space were the top three reasons participants gave for not being prepared to keep food safe during an extended power outage.

The researchers also found that less than 40% of those who experienced a power outage discarded refrigerated, perishable, or frozen foods that had thawed. Additionally, 21% to 36% of respondents reported tasting food to determine whether it was safe to eat, and at least 5% of respondents stored food outside directly in snow or cold weather, both potentially unsafe practices.


Irregular Heartbeat Could Be A-Fib

Adults 60 and older are at the greatest risk of atrial fibrillation (AF), yet—according to a recent survey conducted by the Heart Rhythm Society (HRS)—more than 25% of Americans ages 55 to 64 have never heard of AF. Thus, HRS has launched its second annual “A-Fib Feels Like” campaign to help educate Americans about the symptoms and warning signs associated with AF and encourage those who have the disorder to talk to their physician about risks and potential treatment options.

HRS encourages Americans to take the following steps to better health: Recognize the Symptoms, Know the Risks, Talk to your Doctor, Connect the Dots, and Learn about Heart Rhythm Specialists.

For more information about the HRS and the AF Awareness Campaign, visit http://www.hrsonline.org.


Behavior Changes Not Necessarily Normal Aging

Survey results released by the Alzheimer’s Foundation of America (AFA) reveal that many caregivers mistakenly interpret various behaviors as a normal part of aging—rather than as symptoms of Alzheimer’s disease or another dementia.

Harris Interactive conducted the online survey for AFA between April and May 2012 of a nationwide cross-section of 750 non-professional caregivers—relatives or friends—of individuals with Alzheimer’s disease or a related dementia who live alone or with the caregiver. The survey examined how behavioral symptoms compare to cognitive symptoms, such as memory loss and confusion, in their impact on diagnosis, disease management, caregivers’ well-being, and other issues. The survey found that only 14% of respondents feel they are managing the person’s behavioral symptoms better than their cognitive ones.

According to the survey, two thirds of respondents who provided care prior to diagnosis believed their loved one’s behaviors were “just a normal part of aging.” Most often, mostly or only cognitive symptoms (40%) or a combination of cognitive and behavioral symptoms (40%) triggered a physician’s visit, far outweighing mostly or only behaviors (12%) as a factor.

To cope with behavioral challenges, 80% of caregivers reported that the clinician suggested medication. However, among caregivers who confide in physicians or social workers, 82% of physicians and 92% of social workers have suggested behavioral modifications, environmental changes, and other non-drug interventions, such as communication techniques, support groups, reducing noise and clutter, and activities such as music and artwork.


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