

| Appendix Horizon Scanning: Patientensicherheit | | | | | | | | | | | | | | | | | | |
|---|------------------------------|--|---|--|---|--|------------------------|--|---|--|--|--|-----------------------------|---------------------------------------|--|--|--|--|
| Article (PMID, Title, Authors, Citation, First Author, Journal, Publication Year, Create Date, PMID, NMBMS ID, DOI) | Datenbank (AKOR oder PubMed) | National origin of Study | Type of Research (z. B. RCT, Clinical Trial) | Aim of Research | Interventionsmassnahme | Interventionsabnadel oder eine Intervention? | Implementierung | Intervention Effectiveness | Target Group from Health Care Sector (Wer setzt die Intervention um? Oder wer testet die Intervention vom Gesundheitspersonal?) | Patienten Zielgruppe (z.B., children, elderly, etc.) | Health Care Sector (ambulant, stationär, Spital, Pflegeheim, Pharmazie, Psychiatrie, Rehabilitation, etc.) | Topic / Area of Patient Safety Based on "Global Attention for Patientensicherheit 2015-2020" | | | | | | |
| | | | | | | | | | | | | 1: Massnahme zur Beseitigung vermeidbarer Schäden in der Gesundheitsversorgung | 2: Hochzuverlässige Systeme | 3: Sicherheit der klinischen Prozesse | 4: Einbeziehung von Patient:innen und deren Familien | 5: Ausbildung, Qualifikation und Sicherheit des Gesundheitspersonals | 6: Information, Forschung und Risikomanagement | 7: Synergie, Partnerschaft und Solidarität |
| Jochheim DE, Müller-Werden U, Lahmann NA. Patient safety: Factors for and perceived consequences of nursing errors by nursing staff in home care services. <i>Nurs Open</i> . 2021 Mar;27(7):755-765. doi: 10.1093/nop/npaa078. Epub 2020 Nov 13. PMID: 33570279; PMCID: PMC7817149 | PubMed | Germany | NTBI: cross-sectional study | Aim: To identify factors for and perceived consequences of nursing errors by nursing staff in home care services in connection with qualification, work experience, working hours and ratings. | Not intervention study | Not intervention study | Not intervention study | Intervention Study Results: Findings indicate that insufficient hygiene and medication administration might be reduced by interventions. | unknown | unknown | Home care services | 5.5 | | | | | | |
| Labovitz AJ, Rose DZ, Fratley MG, Menewetter JN, Renati S, Martin R, Kasprzewicz T, Murrigh R, Kip K, Beckie TM, Stoddard M, Bowman AC, McTigue T, Kirby B, Tian N, Burge WS, RESIST Investigators. Early Apixatone Use Following Stroke in Patients With Atrial Fibrillation: Results of the RESIST Trial. <i>Stroke</i> . 2021 Apr;52(4):1154-1171. doi: 10.1161/STROKEAHA.120.030442. Epub 2021 Feb 25. PMID: 33629504 | PubMed | USA | RCT | Our aim was to compare early anticoagulation with apixatone in AF patients with stroke or transient ischaemic attacks (TIA) versus warfarin administration at later intervals. | comparing the safety of early use of apixatone at day 1 to 3 for TIA, day 3 to 5 for small stroke AIS (≤1.5 cm), and day 7 to 9 for medium-sized AIS (21-1.5 cm, excluding full cortical territory). In addition, in a 1:1 ratio at 1 week post-TIA, or 2 weeks post-AIS. | single intervention | unknown | Results: Early initiation of anticoagulation after TIA, small, or medium-sized AIS from AF does not appear to compromise patient safety. | unknown | unknown | unknown | 3.1 | | | | | | |
| Basal P, Elshahawi E, Alford G, Flagg TW, Franke P, Goodman CB Jr, Oudari S, Stauder T, Suzuki H, Wu D, Yarnous K, De Poma P, Broekmans MM, Li L, Li J, Thomas S, Bevans KB, Mande BD, McCarthy SA, Rathgoff DE. ACOS Investigators. Apixatone plus abiraterone acetate and prednisone versus placebo plus abiraterone and prednisone in metastatic, castration-resistant prostate cancer (ACOS): a randomised, placebo-controlled, double-blind, multinational phase 3 study. <i>Lancet Oncol</i> . 2021 Nov;22(11):1541-1558. doi: 10.1016/S1473-2165(21)00462-5. Epub 2021 Sep 30. PMID: 34606802; PMCID: PMC8377412 | PubMed | USA, Canada, Mexico, Europe, Asia, Pacific region, Africa, South America | RCT: randomised, placebo-controlled, double blind trial | We aimed to investigate the combination treatment using apixatone plus abiraterone acetate, each of which suppresses the androgen signalling axis in a different way, versus standard care in mCRPC. | oral apixatone 240 mg once daily plus oral abiraterone acetate 1000 mg once daily and oral prednisone 5 mg twice daily (apixatone plus abiraterone acetate and prednisone group) or placebo plus abiraterone acetate and prednisone (abiraterone acetate group), in 28-day treatment cycles. | single intervention | unknown | RESULTS: In the apixatone plus abiraterone acetate and prednisone group, patients had a significantly higher rate of radiographic progression-free survival (PFS) compared to the placebo plus abiraterone acetate and prednisone group. These findings add to the growing body of evidence that daily oral care as a means of primary source control may have a role in mCRPC prevention. | chemotherapy-naïve men (aged ≥ 18 years) (n=982) | hospital | 3.1 | | | | | | | |
| Guilano KK, Penoyer D, Middleton A, Baker D. Original Research: Oral Care as Prevention for Nosocomial Hospital-Acquired Pneumonia: A Four-Arm Cluster Randomized Study. <i>Am J Nurs</i> . 2021 Jun 1;121(6):24-33. doi: 10.1097/NAJ.0000000000000313. PMID: 33993136 | PubMed | USA | not clear | The primary aim of this study was to determine the effectiveness of a universal, standardized oral care protocol in preventing hospital-acquired pneumonia (HAP) in the acute care setting. The primary outcome measure was HAP incidence per 1,000 patient-days. | Patients on one medical and one surgical unit were randomly assigned to receive enhanced oral care (intervention units), patients on another medical and another surgical unit received usual oral care (control units). | single intervention | Unknown | EFFECTIVENESS: These findings add to the growing body of evidence that daily oral care as a means of primary source control may have a role in HAP prevention. | unknown | patients | tertiary medical centre | 3.3 | | | | | | |
| Liu C, Chen H, Cao X, Bai Y, Liu CY, Wu K, Liang YC, Hu BF, Huang DR, Chou WK. Effects of Mindfulness Meditation on Doctors' Mindfulness, Patient Safety Culture, Patient Safety Competency and Adverse Event. <i>Int J Environ Res Public Health</i> . 2022 Mar 15;19(6):2082. doi: 10.3390/ijerph19062082. PMID: 35288866; PMCID: PMC8954148 | PubMed | China | RCT | This study investigated the effects of mindfulness meditation on doctors' mindfulness, patient safety culture, patient safety competency, and adverse events. | mindfulness meditation group & waiting control group | single intervention | unknown | EFFECTIVENESS: The intervention of mindfulness meditation significantly improved the level of mindfulness, patient safety culture and patient safety competency. During the mindfulness meditation intervention, the rate of adverse events was significantly lower than in the control group. | doctors | unknown | hospital | 5.1 | | | | | | |
| Casati A, Novella R, Pironi M, Lazzeri N, Eberhard-Gianello O, Imelli S, Ghisolfi S, Bruni S, Pagliarone A, Ferrari P. Effect of Medication Reconciliation at Hospital Admission on 30-Day Returns to Hospital: A Randomized Clinical Trial. <i>JAMA Netw Open</i> . 2021 Sep 14;4(9):e2124877. doi: 10.1001/jamanetworkopen.2021.24877. PMID: 34229565; PMCID: PMC8448815 | PubMed | Switzerland | RCT | To assess the impact of medication reconciliation at hospital admission on patient-centred health care outcomes. | the intervention group (ie, individuals with medication reconciliation) or control group (ie, individuals with standard, physician-expired medication history) | single intervention | unknown | EFFECTIVENESS: These findings suggest that medication reconciliation at hospital admission has a beneficial effect on patient-centred health care outcomes. | pharmacy assistant, clinical pharmacist, attending physician | patients (aged 65 years or older) | hospital | 3.5, 3.2 | | | | | | |
| Cardenas R, Anguila M, Sam E, Choi O, Deshpande A. Isopiroyol alcohol nasal irrigation for nares in the triage of an adult emergency department. <i>Am J Emerg Med</i> . 2021 Mar;41:5-13. doi: 10.1016/j.ajem.2020.12.052. Epub 2020 Dec 23. PMID: 33373914 | PubMed | Turkey* | RCT | We aimed to compare the infusion of isopiroyol alcohol (IPA) with placebo (P) to treat nares at the triage area of an ED. | the infusion of isopiroyol alcohol (IPA) compared with placebo (P) | single intervention | unknown | EFFECTIVENESS: In this study, IPA was significantly more effective than P for NIV at the triage. Moreover, patients in the IPA group had less need for rescue treatment. | patients | emergency department | | 3.1 | | | | | | |
| Banham M, Saran D, Harty GE, Broadbent M, Galloway D, Wickramasekera N, Keetharath AD, Bower M, Pong M, Ellett R, Gostrow L, Nabel S, Shaw S, Wilson T, Connell J, Harman P, Adams R, Blagov E, Ashley K, Olsen S, Pilling S, Walter G, Brazier JE. Patient-centred experiential therapy versus cognitive behavioural therapy delivered in the English Improving Access to Psychological Therapies service for the treatment of moderate or severe depression (IMPACT-CBT): a pragmatic, randomised, non-inferiority trial. <i>Lancet Psychiatry</i> . 2021 Jan;68(1):47-59. doi: 10.1016/S2053-0969(21)00093-3. Epub 2021 May 14. PMID: 34009240 | PubMed | UK | Randomised, non-inferiority trial | Therefore, we aimed to examine whether PCT is cost-effective and non-inferior to CBT in the treatment of moderate and severe depression within the IAPT service. | Eligible participants were randomly assigned (1:1), independently of the research team, and stratified by site with permuted block sizes of two, four, or six, to receive either PCT or CBT by use of a remote, web-based system that revealed therapy after patient details were entered. | single intervention | unknown | Effectiveness - The finding of non-inferiority of PCT to CBT at 6 months supports the results from large, routine, non-randomised datasets from the IAPT programme. | patients 18 years or older with moderate or severe depression | mental health | 1.4 | | | | | | | |
| Hesseleir M, Morrison J, Klempf R, Bala R, Alosio D, Hardman E, Odum SW, Neeus SK, Lindell C. Promoting patient and nurse safety: testing a behavioural health intervention in a learning healthcare system: results of the RESIST program. <i>Stroke</i> . 2021 Jan;52(1):1156-1171. doi: 10.1161/STROKEAHA.120.030442. Epub 2021 Feb 25. PMID: 33629504 | PubMed | USA* | cluster, cross-over trial | the purpose of this study was to test an innovative model of care for addressing disruptive behavior in hospitalized patients to determine whether it should be scaled up at the system level. | A behavioural intervention team (BIT) with a psychiatric mental health advanced practice nurse and a social worker, with psychiatric consultation, switched between units each month and occurrences of disruptive behaviours (eg, documented violence, conflict measures, violence risk) compared. Nursing surveys assessed self-perceived efficacy and comfort managing disruptive patient. | single intervention | unknown | PARTIAL EFFECTIVENESS: The BIT intervention was perceived as beneficial by nurses in preparing them to provide care for patients exhibiting disruptive, threatening or violent behaviours. | psychiatric mental health nurse & social worker | hospitalized patients | hospital | 5.5 | | | | | | |
| Hay AD, Moore MV, Taylor J, Turner N, Noble S, Cabral C, Howwood J, Pissard V, Curtis K, Delaney B, Dennesson R, Dominguez J, Taparia A, Harris S, Little P, Loring A, Morris R, Rusey K, Bailey A, Schiller A, Vennart R, Wilkes S, Curtis V. Immediate oral versus immediate topical versus delayed oral antibiotics for children with acute otitis media with discharge: the RESIST trial—a non-randomised efficacy platform-supported RCT. <i>Health Technol Assess</i> . 2021 Nov;25(87):1-76. doi: 10.3310/hta2587. PMID: 34818765 | PubMed | UK | RCT | To compare the clinical effectiveness of immediate topical antibiotics or delayed oral antibiotics with the clinical effectiveness of immediate oral antibiotics in reducing symptom duration in children presenting to primary care with acute otitis media with discharge and the economic impact of the alternative strategies. | (1) immediate ceftriaxone (0.25%) solution, four drops given three times daily for 7 days, or (2) delayed 'time-to-age' amoxicillin suspension (clarithromycin twice daily if the child was penicillin allergic) for 7 days, with structured advice. All cohorts. | single intervention | unknown | INCONCLUSIVE - due to low participation rate | GPs | children (12 months to 16 years) | primary care | 3.3 | | | | | | |

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| Chen H, Liu C, Zhou F, Cao XY, Wu K, Chen YL, Liu CY, Huang DH, Chou WK. Focused-Attention Meditation Improves Flow, Communication Skills, and Safety Attitudes of Surgeons. <i>Int J Environ Res Public Health</i> . 2022 Apr 27;19(9):5262. doi: 10.3390/ijerph19095262. PMID: 3554687. PMCID: PMC9099589. | PubMed | China | RCT | the aim of this study is to improve the flow level, communication skills, and safety attitudes of surgeons through focused-attention meditation (FAM) training, thus helping to reduce adverse clinical events. | The focused-attention meditation (FAM) group received 8 weeks of FAM training, while the control group was on the waiting list and did not receive any interventions. | single intervention | unknown | EFFECTIVENESS S - The intervention of FAM could significantly improve surgeons' flow levels, communication skills, and safety attitudes, potentially helping to reduce adverse clinical events. | surgeons | hospital | 5.1 | |
| Ernst YELJM, Calabrese H, Peters YAS, Blos GJA, Teerenstra S, Westert GP, Damen J, Woltersheim HC, Wolff AP. Increased adherence associated with educational activities, audit and feedback, reminders, organisational intervention programme (IMPernstern Richtlijn Operatieve Vilagelijns (IMPernstern)) has been developed to support hospitals in applying these guidelines. This study evaluated the effectiveness of IMPROVE on whether patient photographs used during simulated handoffs improve information retention, response to clinical assessment, and familiarity with patients, compared with simulated handoffs without photographs. | PubMed | Netherlands | RCT | National Dutch guidelines have been introduced to improve suboptimal perioperative care. A multifaceted implementation programme (IMPernstern Richtlijn Operatieve Vilagelijns (IMPernstern)) has been developed to support hospitals in applying these guidelines. This study evaluated the effectiveness of IMPROVE on whether patient photographs used during simulated handoffs improve information retention, response to clinical assessment, and familiarity with patients, compared with simulated handoffs without photographs. | IMPROVE consisted of educational activities, audit and feedback, reminders, organisational, team-directed activities. | intervention bundle | unknown | PARTIAL EFFECTIVENESS S - Mixed implementation effects of IMPROVE were found. We found some positive associations between patient photographs and improved information retention or response to clinical assessment, but not in the early phase of the study. Patient photographs did not result in improved information retention or response to clinical assessment. | patients with noncardiac surgery | hospital | 1.1 | |
| Hughes HK, Zhang LX, Paster KJ, Smith BM, Kim JM, Tschudy MM, Mph MD, Barwert JR. A Pilot Study of Patient Photographs and Handoff Communication. <i>Hosp Pediatr</i> . 2022 Jun 1;13(2):177-183. doi: 10.1542/hpeds.2021-036393. PMID: 35519465. | PubMed | USA* | randomized trial | Our objective was to determine whether patient photographs used during simulated handoffs improve information retention, response to clinical assessment, and familiarity with patients, compared with simulated handoffs without photographs. | One investigator simulated 2 verbal handoff sessions with participants randomized to receive stock patient photographs or either the first or second session. Participants answered an online questionnaire after each session to assess information retention. | intervention bundle | unknown | PARTIAL EFFECTIVENESS S - In this pilot study, patient photographs did not result in improved information retention or response to clinical assessment. | pediatric residents | patients | 3.5 | |
| Marshall PM, Anderson-Montoya BL, Baeck S, Zhao J, Franco CH, Deneault LM, Hansen-Lindner L, Matthews ML, Uebel R, Coudrington CC, Woltersheim HC, Hane BS. A Patient Management Drapes for Hydration: Innovation for Improved Patient Safety and Surgical Care. <i>Obstet Gynecol</i> . 2021 Dec 1;138(6):905-910. doi: 10.1097/AOG.0000000000004604. PMID: 34735885. | PubMed | USA* | randomized trial | We assessed the effectiveness and usability of a novel trial capture drape compared with a standard drape during hysterectomy. | Simulation trials indicated complete collection of unabsorbed fluid with the total capture drape and progressive loss of unabsorbed fluid with the standard drape. An early-phase study with 16 women found no statistical difference between groups for the | intervention bundle | unknown | EFFECTIVENESS S - Simulation and early-phase study results are favorable for the capture drape, demonstrating comparable fluid | surgeons? | women | hospital | 3.1 |
| Di Pietro S, Ferrari L, Rie B, Parini S. Patient adherence and comprehension of take-home anticoagulant regimen prescribed at the emergency department: preliminary findings from a randomized controlled trial and implications for patient safety. <i>Intern Emerg Med</i> . 2022 Apr 17(3):921-924. doi: 10.1007/s11739-021-02872-z. Epub 2021 Nov 2. PMID: 34727287. | PubMed | Italy* | RCT | no abstract available | no abstract available | no abstract available | no abstract available | no abstract available | no abstract available | no abstract available | hospital emergency department | 3.2 |
| Pacheco E, Sohn AJ, Wells C, Sharp LC, Madala S, Lee TA, Chen YF, Yaw BP, Garcia D, Stein K, Qureshi N, Joo MJ. Design of the Reducing Diagnostic Error to Improve Patient Safety (REDENES) in COPD and asthma study: A cluster randomized comparative effectiveness trial. <i>Contemp Clin Trials</i> . 2022 Dec 123:106971. doi: 10.1016/j.cct.2022.106971. Epub 2022 Oct 22. PMID: 36280102. | PubMed | USA* | randomized trial, clustered | The REDEFINE trial is a comparative effectiveness study comparing outcomes of the REDENES program with usual care (UC) in primary care patients determined to be at increased risk of DE for asthma and COPD. The primary outcome will be all-cause | The REDEFINE program is a comparative effectiveness study comparing outcomes of the REDENES program with usual care (UC) in primary care patients determined to be at increased risk of DE for asthma and COPD. The primary outcome will be all-cause | single intervention | unknown | study protocol, two unknown | health promoters & clinicians | primary care patients | primary care | 3.1 |
| Golaki SP, Kamal F, Bagherzadeh R, Hajmohamed F, Vahedparast H. The effect of Flipped Classroom through Near Peer Education (FC) through NPE on patient safety knowledge retention in nursing and midwifery students: a solution four-group design. <i>BMC Med Educ</i> . 2022 Feb 18;22(1):112. doi: 10.1186/s12939-022-02144-w. PMID: 35183160. PMCID: PMC8857791. | PubMed | Iran | RCT | This study is an attempt to derive into the effect of FC through NPE on patient safety knowledge retention in nursing and midwifery students. | The Subjects in both intervention groups studied the educational content online for 2 weeks and subsequently the FC through NPE. Both control groups merely received education based on conventional method. The post-test was once administered to the four study groups immediately after completing the program and once again 2 months after it. | intervention bundle | unknown | PARTIAL EFFECTIVENESS S - The use of the FC through NPE increased the knowledge mean scores; however, it failed to affect knowledge retention. Given the infancy of this pedagogical approach, further studies are needed to | nursing & midwifery students | education | 5.1 | |
| Dori P, Schellberg K, Klotz C, Detsch R, Meiss R, Eckart MJ, Wille J, Wagner H, Wollf K, Preuß C, Böckel V, Meidenbauer N, Siska C, Mayr A, Fritzsche R, Grottel PJ, Kuntz F, Blockmann MW, Mackenrodt A, Neurath MF, Paster M, Dörge F. The Randomized ABERO Trial: Impact of Pharmacological/Pharmaceutical Care on Medication Safety and Patient-Reported Outcomes During Treatment With New Oral Anticancer Agents. <i>J Clin Oncol</i> . 2021 Jun 20;39(16):1985-1994. doi: 10.1200/JCO.2019.03086. Epub 2021 Apr 8. PMID: 33426560. | PubMed | Germany | RCT | Patients were randomly assigned to receive either standard of care (control group) or an additional, pharmacist-led clinical pharmacological/pharmaceutical at care, which included | Patients were randomly assigned to receive either standard of care (control group) or an additional, pharmacist-led clinical pharmacological/pharmaceutical at care, which included | intervention bundle | unknown | EFFECTIVENESS S - Anticancer-related problems were significantly less frequent with the intervention group than with the control group. | patients with anticancer drugs | pharmaceutical care | 3.1 | |
| Ferreira STP, do Socorro Brasileiro-Santos M, Teixeira JB, da Silva Ribeiro MC, da Lencina VMB, Faria BO, Silva TNS, de Lima AMU. Clinical safety and hemodynamic, cardiac autonomic and inflammatory responses to a single session of respiratory muscle training in obstructive sleep apnea. <i>Sleep Breath</i> . 2022 Mar 26(1):99-108. doi: 10.1007/s13201-022-02364-6. Epub 2021 Apr 5. PMID: 33821439. | PubMed | Brazil* | RCT | To determine clinical safety and cardiovascular, cardiac autonomic and inflammatory responses to a single session of respiratory muscle training (RMT) in obstructive sleep apnea (OSA) subjects. | Volunteers with OSA (n = 40) performed an RMT session with three sets of 30 repetitions with a 1-min interval between them. The RMT group (n = 20) used a load of 70% of the maximum inspiratory pressure (MIP), and the placebo group (n = 20) used a load of 10% of the MIP. The control group (n = 40) was given a PDS-18. The control group (n = 40) received a single patient deterioration simulation. | single intervention | unknown | EFFECTIVENESS S - RMT sessions promote hemodynamic, cardiac autonomic and inflammatory responses to a single session of respiratory muscle training (RMT) in obstructive sleep apnea (OSA) subjects. | patients with obstructive sleep apnea | | 3.1 | |
| Park J, Kim KJ. Effects of patient deterioration simulation using institutional readiness for final year nursing students: A randomized controlled trial. <i>Nurse Educ Today</i> . 2021 Nov;106:105080. doi: 10.1016/j.nedt.2021.105080. Epub 2021 Jul 24. PMID: 34346194. | PubMed | South Korea | RCT | To analyze the impact of patient deterioration simulation using institutional readiness (PSR-18) on situational awareness and patient safety competency attitude among final year nursing students. | The experimental group (n = 47) was given a PDS-18. The control group (n = 44) received a single patient deterioration simulation. | single intervention | unknown | EFFECTIVENESS S - There were statistically significant group effects, time effects, and group and time interaction effects in situational awareness and patient safety competency attitude among final year nursing students. | nursing students | clinical setting | 5.1 | |
| Yamamoto T, Weinshenker S, Yeaman MR, De Saez J, Patti F, Lobo P, von Belding HC, Kou X, Weiler K, Grossberg B. Long-term safety of salsalazine in neuromyelitis optica spectrum disorder (NMOSD) from Sakurazaki and Sakurazaki. <i>Mult Scler Relat Disord</i> . 2022 Oct;104:104925. doi: 10.1016/j.msdis.2022.104925. Epub 2022 Jul 5. PMID: 36073359. | PubMed | not to be determined | RCT | This analysis evaluated long-term safety findings from the Sakurazaki and Sakurazaki studies with salsalazine in patients with neuromyelitis optica spectrum disorder (NMOSD). | In the Sakurazaki DB protocol, patients received salsalazine (n = 41) or placebo (n = 42) in addition to stable baseline IST | single intervention | unknown | EFFECTIVENESS S - The safety profile of salsalazine as a monotherapy or in combination with IST was | patients receiving 21 dose of salsalazine in the DB and/or OLE periods | | | |
| Lim H, Yi Y. Effects of a web-based education program for nurses using medical malpractice cases: A randomized controlled trial. <i>Nurse Educ Today</i> . 2021 Sep;106:104987. doi: 10.1016/j.nedt.2021.104987. Epub 2021 Jun 3. PMID: 34168466. | PubMed | Korea* | RCT | This study sought to develop a web-based education program using medical malpractice cases and to evaluate the effectiveness with regard to legal obligations and patient safety competency of nurses. | The web-based program consisted of two modules on theoretical knowledge and seven modules on medical malpractice cases. Enhanced nurses' awareness of legal obligations and patient safety competency of nurses. | single intervention | unknown | EFFECTIVENESS S - A web-based education program on medical malpractice cases enhanced nurses' awareness of legal obligations and patient safety competency of nurses. | nurses | hospital | 5.1 | |
| Svensk J, Mohanty SE. Using QR Code Technology to Reduce Self-Administered Medication Errors. <i>J Pharm Pract</i> . 2021 Aug 34(4):587-591. doi: 10.1177/0897910920988245. Epub 2019 Dec 13. PMID: 31839920. | PubMed | USA | RCT | The aim of this study was to determine whether information embedded in Quick Response (QR) codes could reduce self-administered medication errors compared to current medication labeling among older and younger age groups. | Participants were randomly assigned to 2 groups: one with access to QR code-based information (graphic and text) and a second group with only bottle label information. Participants were allowed 30 minutes to answer 17 scenario-based questions about administering their medication. | single intervention | unknown | EFFECTIVENESS S - The study supports the use of QR code technology to increase patient safety of self-administered medications in both older and younger age | undergraduates & senior citizens over 70 years | ambulatory care | 3.2 4.1 | |
| Goldworthy S, Muir N, Barron S, Button D, Goodhand K, Hunter S, McNeill L, Penz G, McParland T, Fasken L, Peasegood L. The impact of virtual simulation on the recognition and response to the rapidly deteriorating patient among undergraduate nursing students. <i>Nurse Educ Today</i> . 2022 Mar 10;102:64. doi: 10.1016/j.nedt.2021.10264. Epub 2022 Jan 3. PMID: 36030362. | PubMed | Canada, England, Scotland, Australia | RCT | This study aimed to explore the impact of a virtual simulation on the recognition and response to the rapidly deteriorating patient among undergraduate nursing students. | Students were randomly assigned to a treatment or simulation group. The treatment group received a virtual simulation intervention and participated in a focus group. | intervention bundle | unknown | EFFECTIVENESS S - The virtual simulation intervention had a significant effect on improving recognition and response to the rapidly deteriorating patient among undergraduate nursing students. | nursing students | education | 5.1 | |
| Selmann T, Aichab S, Witzschewski D, Meyer J, Rausel T, Thiel BC, Burisch C, Marsch S, Bruckmann F. Simulation-based randomized trial of medical emergency cognitive aids. <i>Scand J Trauma Resusc Emerg Med</i> . 2022 Jul 11;30(1):45. doi: 10.1186/s13049-022-01028-y. PMID: 35850009. PMCID: PMC9277856. | PubMed | Germany | RCT | In this randomized trial we evaluated guideline adherence and treatment efficacy in simulated medical emergencies managed by residents with and without cognitive aids (CA). | Teams were randomly assigned to manage emergencies with or without CA. | single intervention | unknown | EFFECTIVENESS S - In a high-fidelity simulation study, CA usage was associated with significant | physicians | education | 2.5 5.1 | |

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|-----------------------------------|---|--------|--------|-----|--|---|---------------------|---------|---|---|------------|--|-----------------|-----|-----|
| not a hat note in PE zu tun | Geoghegan L, Scarborough A, Wormald JCR, Harrison CJ, Collins D, Gardner M, Bruce J, Rodrigues L. Autologous conventional agents for post-operative follow-up: a systematic review. <i>BJS Open</i> . 2022 Jul 6;5(4):e026778. doi: 10.1093/bjsopen/obz070. PMID: 34320516; PMCID: PMC6302342. | PubMed | UK* | RCT | The aim of this systematic review was to determine the acceptability and implementation success of chabatos in the follow-up of patients who have undergone a physical healthcare intervention. | Chabatos were used for monitoring after the management of cancer, hypertension and asthma, orthopaedic intervention, urology and intervention for various other issues. All chabatos were followed up monthly. Two groups of 52 participants each were formed to whom the intervention of chabatos was applied. The intervention group received the traditional technique was randomly assigned. | single intervention | unknown | mentioned that acceptability needs to be tested in future studies | UNCLEAR: A number of metrics were identified and reported from a 31 per cent chabatos. EFFECTIVENESS: S - The results of the intervention of chabatos in the follow-up of patients with the traditional technique was randomly assigned. | physicians | patients who have undergone a physical healthcare intervention | ambulatory care | 3.5 | 6.5 |
| | Rodriguez-Garcia FA, Sánchez-Pérez MA, de Andrea OT, Márquez-Salgado JL, Álvarez-Torres HL, Medina-Quintero VM, García-Valeza EA, Martín-Meza KE, Piñero-Rodríguez DA, Dorado-Hernández E, Borillo-Castillo PY, Ramos-Morales J, Romero-Aguila S, Jimenez-Pacheco MS, Torres-Salazar GL. Efficacy and Safety of Transcatheter Aortic Valve Replacement for the Control of Surgical Bleeding in Patients Under Liver Resection. <i>Academic Press J Surg</i> . 2022 Feb;46(1):258-264. doi: 10.1007/978-93-021-42486-y. Epub 2021 Aug 5. PMID: 34381598. | PubMed | Mexico | RCT | Transcatheter aortic valve replacement (TAVI) is an endovascular agent that competitively reduces the conversion of plasminogen to plasmin, thus preventing the binding and degradation of fibrin. Despite the effectiveness of TAVI in orthopaedic and cardiac surgeries, there is little evidence of its use in liver resection. The objective of this study was to evaluate the efficacy and safety of the use of TAVI in the modern era of care, where patients are the center of decision-making. This study examines patient perception of care and error prevention with the use of ward round checklist. | Two groups of 25 participants each were assigned either to whom the application of TAVI in a transcatheter aortic valve replacement (TAVI) to whom the application of TAVI in a transcatheter aortic valve replacement (TAVI) to whom the application of TAVI in a transcatheter aortic valve replacement (TAVI) to whom the application of TAVI in a transcatheter aortic valve replacement (TAVI) to whom the application of TAVI in a transcatheter aortic valve replacement (TAVI) to whom the application of TAVI in a transcatheter aortic valve replacement (TAVI) to whom the application of TAVI in a transcatheter aortic valve replacement (TAVI) to whom the application of TAVI in a transcatheter aortic valve replacement (TAVI) to whom the application of TAVI in a transcatheter aortic valve replacement (TAVI) to whom the application of TAVI in a transcatheter aortic valve replacement (TAVI) to 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application of TAVI in a transcatheter aortic valve replacement (TAVI) to whom the application of TAVI in a transcatheter aortic valve replacement (TAVI) to whom the application of TAVI in a transcatheter aortic valve replacement (TAVI) to whom the application of TAVI in a transcatheter aortic valve replacement (TAVI) to whom the application of TAVI in a transcatheter aortic valve replacement (TAVI) to whom the application of TAVI in a transcatheter aortic valve replacement (TAVI) to whom the application of TAVI in a transcatheter aortic valve replacement (TAVI) to whom the application of TAVI in a transcatheter aortic valve replacement (TAVI) to whom the application of TAVI in a transcatheter aortic valve replacement (TAVI) to whom the application of T | | | | | | | | | |

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|----------------------------------|---|-----------|-------------------|--|--|--|---------------------|---------|--|---|--|--|-----------------|-----|-----|
| net + hat not in PE 21 Jun | KH Hwang BY. Effect of Virtual-based Learning on Improved Monitoring of Adverse Drug Reactions by Clinical Nurses. Asian Nurs Res (Korean Soc Nurs Sci) 2021 Feb 14;45:45-51. doi: 10.1016/j.asnr.2021.12.004. Epub 2021 Dec 30. PMID: 34973410. | Public | Korea | RCT | The purpose of this study was to develop website-based learning contents to activate virtual-based monitoring and reporting of adverse drug reactions (ADRs) for clinical nurses and to verify their effectiveness. | A website was developed that provided learning contents including virtual-based learning, and the latest drug-related knowledge, as well as video lectures. Knowledge on ADR monitoring, self-efficacy, ACR practice behavior, and medication performance ability were measured at 2 weeks after intervention. A small notebook for monitoring ADRs of nurses was given to the control group. | single intervention | unknown | PARTIAL EFFECTIVENESS The scores of ADR monitoring knowledge, self-efficacy, and ACR monitoring practice in the experimental group significantly increased after the intervention. The sample included 125 experimental hospital staff members (102 [80%] women, 23 [18%] men). | clinical nurses | hospital | | 5.1 | | |
| net + hat not in PE 21 Jun | Venk S, Seeland JC, Haber K, Grande R, Kibbe M. Exposure to invisibility does not hinder speaking up: a randomized controlled high-fidelity simulation-based study. Br J Anaesth. 2020 Nov 12;126(5):778-787. doi: 10.1016/j.bja.2022.07.050. Epub 2022 Sep 6. PMID: 36077765. | PublicMed | Belgium | RCT | We studied whether witnessing a civil (i.e. polite, respectful) response to speaking up would increase the occurrence of further speaking up by hospital staff members as compared with witnessing a pseudo-civil (i.e. rude and abusive) response. | Participants in teams of two or three were randomly assigned to witness a civil or pseudo-civil response to speaking up. The intervention group (ICG) (with the practice of the Pharmaceutical Care Process) was instructed to speak up, medication reconciliation, and pharmacotherapy review was made available to the intervention group (ICG) and the control group (CG) as well as the associated factors in clinical outcomes. | single intervention | unknown | single intervention | unknown | staff members | hospital | 2.1 | 5.5 | |
| net + hat not in PE 21 Jun | de Oliveira AM, Varella FR, Rodrigues JP, Aguiar GJ, Costa Lima NDC, Lima Pereira LR. Distribution of pharmaceutical care in a primary-level health care and the safety of pharmacotherapy for hospitalized older individuals in Brazil: an investigative single-arm intervention trial. Can J Drug Saf. 2022 Jun 14. doi: 10.2174/1568880622014146433. Epub ahead of print. PMID: 35202788. | PublicMed | Brazil | investigative, single-arm, preliminary study | To evaluate whether the Pharmaceutical Care Process (PCC) when inserted in a geriatric ward and in the context of person-centered health care, cooperates with the safety of pharmacotherapy in older individuals in Brazil. | This descriptive study indicated that ADR and ME are leading to the polypharmacy in older adults. | intervention bundle | unknown | unknown | unknown | older individuals | geriatric ward & context person-centered health care | 3.5 & 3.1 | | |
| net + hat not in PE 21 Jun | Hoque AE, Darani H, Cardenas-Camarena L, Bayler JE, Calks L, Perez M, Lopez A, Tellez G, Dominguez-Morales R, Magallon R, Soto A, Dominguez A, Duenas-Brito M, Gutierrez. Randomized Clinical Trial. Plast Reconstr Surg 2022 Sep 11;150(3):569-577. doi: 10.1097/PRS.00000000000009434. Epub 2022 Jun 28. PMID: 35799637. | PublicMed | Colombia & Mexico | RCT | The authors compare the efficacy of Tetracycline oral versus placebo as a hemostatic agent in liposuction procedures. | The patients were randomly assigned to three groups: intravenous (1 g of tetracycline daily), subcutaneous (1 g of tetracycline daily), and placebo (normal saline). | single intervention | unknown | single intervention | unknown | patients undergoing liposuction | cosmetic surgery | 3.1 | | |
| net + hat not in PE 21 Jun | van Dieën MHJ, Hout EP, Abramozi A, Maas J, van Beelen I, Berghaus SC, Houtemans PW, Koster H, Cuper L, Wouter JY, Mariani M, van der Grint CP, van der Grint RW, Pineda G. Safety, pharmacokinetics and pharmacodynamics of SBT-201 in patients with early stage Huntington's disease: a 3-part study. Br J Clin Pharmacol. 2022 May 13;125:2205-2212. doi: 10.1111/bcp.14816. Epub 2020 Dec 29. PMID: 33193078. PMCID: PMC6247328. | PublicMed | France | RCT | We evaluated the safety, pharmacokinetics and pharmacodynamics of SBT-201, a novel compound to improve mitochondrial function, in a 3-part study in early stage HD patients. | Part 1 consisted of 7-day multiple ascending dose study to select the highest tolerable dose for Part 2, a 28-day dose study. Mitochondrial function was measured in the visual cortex. | single intervention | unknown | single intervention | unknown | patients with early stage Huntington's disease | | 3.4 | | |
| net + hat not in PE 21 Jun | Barré M, Ritz K, Peters S, Knyf-Staub S, Nef C, Zinner-Perrin S, Blöffel S, Blomert C, Bonner M, Main D, Biber R, Benetich D, Kuhn-Schäfer T, Cantoni N, Steger T, Büttiker L, Eichler M, Symptom Nav Program Group. Pilot Testing of a Nurse-led Basic Symptom Self-management Support for Patients Receiving First-Line Systemic Outpatient Anticancer Treatment: A Cluster-Randomized Study (Symptom Nav Program). Cancer. 2021 Nov-Dec; 01:4481-4587-4732. doi: 10.1097/NCC.0000000000000096. PMID: 34573338. | PublicMed | Switzerland | cluster-randomized study | The aims of this study were to pilot the SNP and evaluate patient-reported symptom outcomes, nursing support for symptom management, and patient safety. | The Symptom Nav Program (SNP) is a nurse-led, symptom self-management tool for basic symptom self-management for patients with early cancer diagnosis. The SNP has been accepted by patients and healthcare professionals alike. | single intervention | unknown | single intervention | unknown | nurse-led intervention | patients with cancer diagnosis | ambulatory care | 4.5 | |
| net + hat not in PE 21 Jun | Buchet-Poyat K, Occelli P, Touzet S, Langais-Jaques C, Figen S, Dubois JP, Ductoix A, Chavanelle M, Colin C, Rabilloud M, Kienle-Gascou M. Improving patient self-reporting of antihypertensive drug events in primary care: a stepped wedge cluster randomized trial. BMC Fam Pract. 2022 Apr 7;23(1):166. doi: 10.1186/s12932-022-01475-8. PMID: 34394386. PMCID: PMC8348484. | PublicMed | France | RCT | The study aimed to assess the effect of a booklet designed to improve communication and interaction between patients treated with anti-hypertensive drugs and general practitioners. | Adults consulting their general practitioner to initiate, modify, or review an antihypertensive prescription were included. A booklet including information on cardiovascular risk, the 12-week intervention was delivered to 208 nurses (102 in the control group and 106 in the intervention group) who had been employed in the clinical setting during data collection. | single intervention | unknown | single intervention | unknown | general practitioners | patients treated with anti-hypertensive drugs | primary care | 4.2 | |
| net + hat not in PE 21 Jun | Baker BR, Zakar R, Rafiq N, Javed A, Durani RR, Bhatn SK, Hassan Nadeem SD, Ali F, Shahid A, Morina AI, Wiroja KJ, Mahmood OK, Fischer B. WhatsApp-Delivered Intervention for Continued Learning for Nurses in Pakistan During the COVID-19 Pandemic: Results of a Randomized-Controlled Trial. Front Public Health. 2022 Feb 15;10:739761. doi: 10.3389/fpubh.2022.739761. PMID: 35427258. PMCID: PMC8866889. | PublicMed | Pakistan | RCT | We aimed to deliver a WhatsApp-based intervention for continued learning for nurses who are currently working in both private and public sector. | The study aimed to deliver a WhatsApp-based intervention for continued learning for nurses who are currently working in both private and public sector. | single intervention | unknown | single intervention | unknown | nurses | public and private sector | 5.1 | 6.5 | |
| net + hat not in PE 21 Jun | Ha E, Eyo SW, Kwah E, Kyeen H, Chui CH, Kim YJ, Park HM, Kim JW, Chang BM, Lee H, Kim MK, Park S, Lee YH. Effect of the efficacy of newly developed gamified activity in infertile women for assisted reproductive technology: a prospective, randomized, controlled study. J Obstet Gynaecol. 2022 Apr 4;43(4):193-202. doi: 10.1080/14447055.2022.2038665. Epub 2022 Mar 7. PMID: 35254199. | PublicMed | South Korea | prospective randomised controlled study | This study aimed to investigate the efficacy of Gamified pre-fertilization (PF), a newly developed gamified activity, for the inhibition of premature luteinizing hormone (LH) surge in vitro fertilization (IVF). | A total of 238 women in the Gamified group (114) and the control group (122) were randomly assigned. | single intervention | unknown | single intervention | unknown | infertile women | women undergoing in vitro fertilization | 3.1 | | |
| net + hat not in PE 21 Jun | Bhatia K, Guest W, Lee H, Klotzschner J, Korman H, Onu E, Qureshi A, Konyalany A, Agid R, Farb R, Radvanyi L, Nicholson R, King T, Poretsky M, Kavanagh P, Federal Agency Access to Personal Data for Research. A Randomized Clinical Trial. Clin Neurophysiol. 2022 Sep 14;133(9):1985-1991. doi: 10.1016/j.clinph.2022.09.084. Epub 2022 Dec 29. PMID: 33375917. | PublicMed | France | RCT | We aimed to provide randomized clinical trial evidence for the inferiority of radial access to radial or femoral artery access with an intertrial-safety analysis. | Participants underwent formal block randomization to radial or femoral artery access with an intertrial-safety analysis. | single intervention | unknown | single intervention | unknown | radial artery access in non-inferior to femoral artery access for procedural success in PARTIA | Adult patients referred to have for diagnostic central angiography were eligible | | 3.1 | |
| net + hat not in PE 21 Jun | Park HT, Oh WY, Jang SC, Han J. Effectiveness of Health-Safe Kids Hospital for the prevention of hospitalized children safety incidents: A randomized controlled trial. J Nurs Scholarsh. 2021 Sep 5;35(2):63-73. doi: 10.1111/jns.12693. Epub 2021 Aug 15. PMID: 34396685. | PublicMed | Korea | RCT | To determine the effectiveness of the mobile-type Health-Safe Kids Hospital (HSKH) application (app) for the prevention of hospitalized child safety incidents. | Hospitalized preschool-age children and their caregivers were randomly allocated into three groups: experimental group (n = 93), experimental group (n = 93), and the control group (n = 93). The experimental group received the HSKH app intervention. The experimental group received the HSKH app intervention. | single intervention | unknown | single intervention | unknown | preschool-age children & caregivers | hospital pediatric | 4.5 | 6.5 | |
| net + hat not in PE 21 Jun | Taigné D, Mallica G, Mureau L, Muret L, Terrien N. Safety culture in French nursing homes: A randomized controlled study to evaluate the effectiveness of a risk management culture associated with care. PLoS One. 2022 Dec 1;17(12):e0277721. doi: 10.1371/journal.pone.0277121. PMID: 36454806. PMCID: PMC3747458. | PublicMed | France | RCT | To study the impact of the RM training package on safety culture (SC) in NHs and drivers for improvement in SC scores. | The 41 NHs were randomly allocated into two groups: the first benefited from a training package; support was given to the second after the impact measurement. Seven dimensions of SC were evaluated during the first 3 h post-TCA and randomized assigned to either the "Pilot" (n = 42) or EA (n = 93) group, with the latter receiving the intervention after the first 3 h post-TCA. The patients were assessed using the Post-Transcath | single intervention | unknown | part of the inclusion criteria: the consent of top management to implement the system | EFFECTIVENESS The system appears to have improved several dimensions of SC | nurses | patients undergoing TCA | hospital | 2.1 | 3.1 |
| net + hat not in PE 21 Jun | Elasman SEA. Association of position change and back massage and early ambulation with post-transcatheter coronary angiography complication. J Vasc Nurs. 2022 Sep 10;36(3):128-133. doi: 10.1016/j.jvn.2022.08.003. Epub 2022 Sep 11. PMID: 36414367. | PublicMed | Egypt | RCT | This study aimed to assess the association of position change and back massage (PCBM) and early ambulation (EA) with the development of post-TCA complications. | The 41 NHs were randomly allocated into two groups: the first benefited from a training package; support was given to the second after the impact measurement. Seven dimensions of SC were evaluated during the first 3 h post-TCA and randomized assigned to either the "Pilot" (n = 42) or EA (n = 93) group, with the latter receiving the intervention after the first 3 h post-TCA. The patients were assessed using the Post-Transcath | single intervention | unknown | single intervention | unknown | nurses | patients undergoing TCA | hospital | 3.1 | |
| net + hat not in PE 21 Jun | Raves J, Diaz-Gonzalez de Ferris M, Johns A, Jain D, Bertram T. Protocol and Baseline Data on Rapid Autologous Catheter Injection in Adults with Chronic Kidney Disease: Relevance to a Controlled Assessment of the Kidney and Urinary Tract. Blood Purif. 2021;50(4-5):678-683. doi: 10.1159/000512588. Epub 2021 Mar 1. PMID: 33847913. | PublicMed | France | single-group, open-label trial | We present our protocol and preliminary analysis of an IRIS-approved, phase 1 single-group, open-label trial that tests the safety and efficacy of Renal Autologous Cath Therapy (REACT). | Adults with surgically confirmed ARF and CKD stage 3 and a signed an informed consent and served as their "own" baseline control. REACT is an active biological treatment acquired from a peritoneal tissue acquisition from the patient's kidney cortex. The solution contains a GMP. | single intervention | unknown | NOT CLEAR YET. REACT is demonstrating feasibility and safety in preliminary analysis. | adults with moderate to severe ARF in need of mechanical ventilation | | | 3.1 | | |
| net + hat not in PE 21 Jun | Schmid B, Kresdel M, Ulbrich R, Koenig K, Lucas R, Markstaller K, Fischer B, Kranke P, Mayhoub P, Pöschel S, Franke S, and the KAT Collaborative Group. Safety and efficacy of sequential multiple ascending doses of salivary to treat pulmonary permeability edema in patients with moderate-to-severe ARDS: a randomized, placebo-controlled, double-blind, phase 2 study. PLoS One. 2021 Sep 22;16(9):e0241643. doi: 10.1371/journal.pone.0241643. Epub 2021 Oct 18. PMID: 34560701. | PublicMed | Austria | RCT | We aimed to compare the efficacy of salivary to treat pulmonary permeability edema in patients with moderate-to-severe ARDS. | Patients with moderate to severe ARDS in need of mechanical ventilation were randomized to parallel groups receiving ascending doses of salivary or placebo, respectively. Before advancing to a higher dose, a data safety monitoring board will investigate the data from the first group. | single intervention | unknown | not known as study protocol | Patients with moderate to severe ARDS in need of mechanical ventilation | | | 3.1 | | |
| net + hat not in PE 21 Jun | Rosen MA, Rorvig M, Denko Z, Barash H, Dwyer C, Phosvong P, Sapichin A. Smart agent system for insulin infusion protocol management: a simulation-based human factors evaluation study. BMJ Qual Saf. 2021 Nov 30;31(11):883-890. doi: 10.1136/bmjqs-2020-011420. Epub 2021 Mar 10. PMID: 33692190. PMCID: PMC8452418. | PublicMed | USA | NTBI, with-adapted design. | To compare the insulin infusion protocol management of critically ill patients by nurses using either a common standard (an human completion of insulin infusion protocol steps) or smart agent (SA) system that integrates the electronic health record and infusion pump and automates insulin dose selection. | A system engineering intervention, the SA for insulin infusion management. | single intervention | unknown | EFFECTIVENESS S-A systems engineering approach jointly improved safety, efficiency and workload considerations. | critical care nurses | critically ill patients | academic medical centre | 6.5 | | |
| net + hat not in PE 21 Jun | Mahmoud GM, Munday ME. Comparison of novel machine vision spinal image guidance system with robotic navigation 3D fluoroscopy-based navigation system: a randomized prospective study. Spine J. 2022 Apr 21;33(8):161-169. doi: 10.1016/j.spinee.2021.10.000. Epub 2021 Oct 18. PMID: 34251650. | PublicMed | Australia | randomized prospective comparative control study | We aimed to compare FLASH navigation system to a robotic 3D fluoroscopy-based navigation (3D) system by comparing radiation exposure and pedicle screw accuracy. | An IGB, FLASH navigation, uses machine vision through high-resolution stereoscopic cameras and structured vision light to build a 3D topographic map of the patient's bony surface anatomy enabling navigation without fluoroscopy. | single intervention | unknown | FLASH and 3D IGB FLASH showed moderate-high accuracy for pedicle screw placement. FLASH showed | radiologists | patients undergoing open posterior instrumented fusion | hospital | 3.1 | | |

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|--|--|----------------------|--|---|---|---|--|---|--|--|-------------|-----|-----|--|-----|-----|
| Gracia J, De Rosa A, Cullen P, Chou DM, Schlemmer J, Guzman R. Randomized study comparing 3D virtual reality and conventional 2D on-screen teaching of cervicovaginal anatomy. <i>Anatomy</i> . 2021 Aug;91(5):E18. doi: 10.3171/2021.5.FOCUS.21212. PMID: 34303473. | Published | not to be determined | randomized trial | With this study, the authors aimed to compare the spatial orientation between traditional 2D images and 3D VR models in neurosurgical residents or medical students. | Residents and students were each randomly assigned to describe 4 aneurysm cases, which could be either 2D images or 3D VR models. The time to aneurysm detection as well as a spatial anatomical description was assessed via an online questionnaire and compared between the groups. The aneurysm cases were 10 selected patient cases treated at the authors' institution. | single intervention | unknown | EFFECTIVENESS: 5 - VR platforms facilitates aneurysm recognition and understanding of its spatial anatomical anatomy, which could relate from the preferred method compared to 2D images in the years to come. | medical students, neurosurgical residents | selected patient cases | | | | | | 5.1 |
| not = hat not to be PS au | Lee JW, Yun YH, Choi SC, Lee KJ, Kim N. Multicenter, Randomized, Placebo-controlled Trial to Evaluate the Efficacy and Safety of a Controlled-release, Once-daily UC020/UC020/1610 Combination Therapy for Functional Dyspepsia: Preliminary Study. <i>Korean J Gastroenterol</i> . 2021 Apr;27(1):71-78. doi: 10.1007/s12029-021-1711-PMID: 33850007 | Published | Korea | multicenter, double-blind, randomized study | Functional dyspepsia is a disease involving a range of upper gastrointestinal symptoms derived from various pathophysiological mechanisms. This study assessed the feasibility of a safe and effective treatment for preoperative evaluation and adverse events associated with adverse events. | UC020/UC020/1610 (combination of rabeprazole and CR moxapipate) was the case group, and the low-dose group was assigned to receive a placebo. A subsequent survey. | single intervention | unknown | PARTIAL EFFECTIVENESS: 16 UC020/UC020/1610 (combination of rabeprazole and CR moxapipate) was the case group, and the low-dose group was assigned to receive a placebo. A subsequent survey. | inpatients | 30 subjects | | 3.4 | | | |
| Wernhold J, Mitsch L, Rössler R, Kemper M, Caspary M, Fölsch U. A teleconsultation for preoperative evaluation during the coronavirus disease 2019 pandemic: A technical and medical feasibility study. <i>Eur J Anaesthesiol</i> . 2021 Dec;1(38):1284-1292. doi: 10.1097/EJA.0000000000001618. PMID: 34669844. PMCID: PMC8309292. | Published | Germany | NTBI: implementation study | In the present study, the effect of teleconsultation (team training on preoperative adverse events in a telemedicine department) was investigated. | The training consisted of a 4.5-hour session based on psychological theories. | single intervention | Feasibility was tested: is implementation study | EFFECTIVENESS: 5 - Teleconsultation is a medically safe and effective method for preoperative evaluation and adverse events. | interprofessional team | 111 patients involved for elective surgery | | 4.5 | | | 6.5 | |
| Hauer B, Dörflinger C, Schmeiderer R, Lippke S, Riedelhorst S, Janni W, Rösler F, Scholz C. Reducing adverse events in obstetric inpatient care: A randomized controlled trial of an intervention study. <i>BMC Pregnancy Childbirth</i> . 2023 Jan;23(25):155. doi: 10.1186/s12884-023-03584-4. PMID: 36690374. PMCID: PMC889321. | Published | Germany | NTBI | In the present study, the effect of teleconsultation (team training on preoperative adverse events in a telemedicine department) was investigated. | The training consisted of a 4.5-hour session based on psychological theories. | single intervention | In the future, regular trainings should be implemented alongside medical emergency training in obstetrics to improve patient safety. Additionally, this leads to the strengthening of human factors and ultimately also to the not an intervention study | EFFECTIVENESS: 5 - This study shows that the teleconsultation training was able to reduce adverse events. | interprofessional team | obstetric department | | 5.1 | | | | |
| Cann H, Karpman TON, Eriksson H, Abdulkarim K, Franzen K, Gillespie L. Assessment of requests for medication-related follow-up after hospital discharge, and the relation to unplanned hospital revisits, in older patients: a multicenter retrospective chart review. <i>BMC Geriatr</i> . 2021 Nov 22;21(1):618. doi: 10.1186/s12877-021-02584-5. PMID: 34724886. PMID: PMCID: PMC8561898. | Published | Sweden | multicenter retrospective chart review | The aim of this study was to evaluate the proportion of patients who requested medication-related follow-up of discharge, the proportion of patients with unplanned hospital revisits because of inadequate follow-up requests, and the association between medication review performed during hospitalization and adequate or inadequate follow-up requests. | not an intervention study | not an intervention study | not an intervention study | EFFECTIVENESS: 5 - This study shows that the teleconsultation training was able to reduce adverse events. | patients 65 years or older | hospital | | 3.5 | | | | |
| not = hat not to be PS au | Spindler P, Fissl J, Giese H, Hermann E, Lentsch J, Schulzmann MJ, Thoma U, Schumann A. Angiotensin II Receptor Antagonist (Aldosterone) and Calcium Length Improves the Quality of Ventricular Cardiac Pacing: A Randomized Controlled Trial. <i>Heart Lung</i> . 2022 Mar;51(2):242-251. doi: 10.1016/j.hrt.2021.12.036. Epub 2021 Dec 23. PMID: 34454460. | Published | Germany | non-comparative randomized phase II | The objective of the present analysis was to compare the AICV (Angiotensin II Receptor Antagonist) with the standard treatment technique (PH) for VC placement. | First, we compared the AICV, which provided a detailed analysis of the AICV from the base (3-13 cm) to 0.5 cm from the tip to the base. Second, we compared the AICV with the PH in the AICV group. | single intervention | unknown | compensation analysis: The AICV from the base (3-13 cm) to 0.5 cm from the tip to the base. Second, we compared the AICV with the PH in the AICV group. | | | | | | | |
| not = hat not to be PS au | Misrahi F, Cammarata C, Cooney TE, Juhász K, Terrien SA, TREAD D, Cani P. Patient Safety: A Safety-Held Envelope Protocol Appropriate Critical Review. <i>End-U-Life Care</i> . 2021 Sep 1;17(6):458-466. doi: 10.1007/s12000-020-00000-087. PMID: 34622155. | Published | USA | non-comparative randomized phase II | The present study sought to assess the utility of Physician Orders for Life-Sustaining Treatment (POLST) or Living Will (LW) documents alone or in combination with a video message (VLM). | Personnel were randomized to receive a video message or a document with VLM. | single intervention | unknown | Emergency medical services (EMS) personnel | | | | | | | |
| Gravados J, Amelior P, Botero-Aguirre JF, Ortiz-Castro MA, Valencia-Juanes JF, Salazar-Chapin A. Effect and associated factors of a clinical pharmacy model on the incidence of medication errors in the Hospital Pablo Tobo Uribe. <i>Enfermería</i> . 2022 Apr;42(2):338-347. doi: 10.1007/s10066-021-0138-9. Epub 2021 Apr 14. PMID: 34000000 | Published | Colombia | RCT | To assess the impact of the introduction of a clinical pharmacy practice model on medication error in patients of a university hospital. | To compare the clinical pharmacy practice model with the usual care process in the hospital. Five hospital health professionals were included. | single intervention | unknown | EFFECTIVENESS: 5 - The clinical pharmacy practice model reduced medication errors. | hospital | | | 3.2 | | | | |
| not = hat not to be PS au | Bollini A, Hines M, Grogan P, Cohen R, Rousseau B, Blanc JF, Ben Abdelhakim C, Castaldi H, Dahhan L, Treguer D, Maligne JP, Thangaraj C, Garcia-Latorre M, Vennart D, Turpin A, Naudet C. Triplet combination of darunavir, tenofovir, and efavirenz in biliary tract carcinoma: Safety and results of the randomized RADIANCE-PRODIGE 57 phase II trial. <i>J Cancer</i> . 2021 Jan;14(3):53-63. doi: 10.1166/jc.2020.10327. Epub 2021 Dec 3. PMID: 33728654. | Published | Korea | non-comparative randomized phase II | The RADIANCE-PRODIGE 57 trial is a non-comparative randomized phase II study assessing the efficacy and safety of the darunavir (dar) and efavirenz (efav) combination (dar-efav) combination with or without weekly treatment in patients with advanced biliary tract carcinoma. | Patients received darunavir (1500 mg at day 1) of each cycle (darunavir) (PS mg at day 1) for 4 cycles. Arm A) or darunavir/tenofovir/efavirenz with efavirenz (dar-efav) combination with or without weekly treatment in patients with advanced biliary tract carcinoma. | single intervention | unknown | The safety outcomes of RADIANCE-PRODIGE 57 raised concerns regarding the combination of darunavir and efavirenz. | patients | | 3.4 | | | | |
| Fukuda T, Tsuchiya Y, Iseki H, Ozaki M, Nomura M. Comparison of the efficacy of respiratory rate monitoring device and acoustic respiratory sound during endoscopic assisted dissection. <i>J Clin Med</i> . 2022 Aug;11(8):1913-1918. doi: 10.1007/s10077-021-00772-8. Epub 2021 Jun 12. PMID: 34120266. | Published | Japan | NTBI | The objective of this study was to determine the incidence of "failing to cut" clearly outperforming residents. | We compared the following techniques of respiratory rate (RR) measurement with respiratory sound (RRS) (capnography (RRS), thoracic impedance (RRS), and plethymograph (RRS)). | intervention bundle | unknown | EFFECTIVENESS: 5 - To maximize patient safety during ESD, under sedation, endoscopic impedance (RRS) and plethymograph (RRS) should be used. | patients aged > 20 years who underwent esophageal (n = 19) and gastric (n = 5) ESDs | | | 3.1 | | | | |
| Friedman D, Dylan Boudt M, Mattava A, Alam F. Investigating faculty assessment of anesthesia trainees and the falling-to-fat phenomenon: a randomized controlled trial. <i>Can J Anaesth</i> . 2021 Jul;68(7):1000-1007. Epub 2021 Jun 12. PMID: 34120266. | Published | Canada | RCT | The objective of this study was to determine the incidence of "failing to cut" clearly outperforming residents. | We compared the following techniques of respiratory rate (RR) measurement with respiratory sound (RRS) (capnography (RRS), thoracic impedance (RRS), and plethymograph (RRS)). | Not intervention study | unknown | EFFECTIVENESS: 5 - To maximize patient safety during ESD, under sedation, endoscopic impedance (RRS) and plethymograph (RRS) should be used. | supervisors | | | 1.4 | | | 5.4 | |
| Jones MD, McGrogan A, Raynor DK, Watson MC, Forslett BD. User testing guidelines to improve the safety of intravenous medicines administration: a randomised in situ simulation study. <i>BMJ Qual Saf</i> . 2021 Jan;30(1):17-26. doi: 10.1136/bmjqs-2020-019884. Epub 2020 Jun 30. PMID: 32696212. PMCID: PMC728629 | Published | UK | RCT | To compare the frequency of medication errors when administering an intravenous medicine using the current National Health Service (NHS) guidelines. | Using a training module in their clinical area, participants administered an intravenous infusion, a high-risk medicine (epinephrine 1mg/ml) and a low-risk medicine (paracetamol 500mg/ml). | single intervention | unknown | EFFECTIVENESS: 5 - User testing of on-duty nurses/trainees who regularly prepared intravenous medicines. | on-duty nurses/trainees who regularly prepared intravenous medicines | | | 3.1 | | | 5.1 | |
| Won D, Kim H, Chang JE, Lee JM, Min BW, Jung J, Yang HJ, Heang JY, Kim TK. Effect of bevel direction on the tracheal tube pathway during nasotracheal intubation: A randomized trial. <i>Eur J Anaesthesiol</i> . 2021 Feb 13;93(2):157-163. doi: 10.1097/EJA.0000000000001347. PMID: 33009189. | Published | Korea | randomized, blinded trial | We investigated whether facing the bevel of the tracheal tube in the cephalad direction of the patient could help in advancing the tracheal tube. Through the bevel pathway during nasotracheal intubation. | Patients were randomly allocated to undergo nasotracheal intubation with the bevel of the tube facing the cephalad direction (intervention group) or to the left (control group). | single intervention | unknown | EFFECTIVENESS: 5 - Facing the bevel of the tracheal tube in the cephalad direction of the patient facilitated nasotracheal intubation. | adult patients undergoing emergency surgery | University medical centre | | 3.1 | | | | |
| Hsiao PY, Lin HY, Chang CH, Chang YC, Cheng HP, Wang CY, Wang M, Wang HJ, Liu HF, Chen JS, Hsiao PH. Effects of situational simulation and online first-aid training programs for nurses in general medical wards: A prospective study. <i>Nurse Educ Today</i> . 2021 Jun;98:104651. doi: 10.1016/j.nedt.2020.104651. Epub 2020 Oct 10. PMID: 33197881. | Published | Taiwan | RCT | This study explored the effects of first-aid skills and knowledge between situational simulation training and online teaching. A also examined the different effects of two training programs associated with nurses' baseline first-aid ability. | Participants were randomly assigned to either a situational simulation training or an online teaching group. We used a first-aid skills test (FAT) and a first-aid knowledge test (FAT-K) to measure the participants' learning outcomes after intervention, and we did cost comparisons between groups. | single intervention | unknown | EFFECTIVENESS: 5 - There was no significant difference in the changes in FAT and FAT-K scores after intervention between situational simulation training and online teaching groups (p > 0.78, p > 0.45). All the participants in both training programs showed improvements via increased scores on FAT (M ± SD = 35.27 ± 12.08 for online teaching, M ± SD = 36.08 ± 10.78 for situational simulation | general ward nurses | medical centre | | 5.1 | | | | |

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| Kates AE, Knudsch MJ, Korkel A, Young A, Steinberger A, Shulski J, Rungo PL, Sethi AK, Goldberg T, Leite de Campos J, Baen G, Sattler N. Wisconsin dairy farm worker perceptions and practices related to antibiotic use, resistance, and infection prevention using a systems engineering framework. <i>PLoS One</i> . 2021 Dec 16;16(12):e0258290. doi: 10.1371/journal.pone.0258290. PMID: 34914704; PMCID: PMC8775964. | PubMed | USA | NTBI; qualitative study | We studied farmworker practices and beliefs potentially contributing to transmission of bacteria and their associated antibiotic resistance genes (ARGs) among animals and farm workers to identify potential behavioral interventions to reduce the risk of bacterial transmission. | Not intervention study | Not intervention study | Not intervention study | Not intervention study | Not intervention study | Not intervention study | 3.3 |
| Jonsson K, Brulin C, Högstam M, Lindqvist M, Hultin M. Do team and task performance improve after training situation awareness? A randomized controlled study of interprofessional intensive care teams. <i>Scand J Trauma Resusc Emerg Med</i> . 2021 Jun 22;9(1):73. doi: 10.1186/s13049-021-00878-2. PMID: 34079432; PMCID: PMC8170734. | PubMed | Sweden | RCT | The aim of this study is to evaluate an educational programme on situation awareness for interprofessional teams at the intensive care units using team and task performance as outcomes. | The intervention group (n = 11) participated in a 3-hour educational programme in situation awareness, including theory, practice, and reflection, while the control group (n = 9) performed the training without education in situation awareness. | single intervention | unknown | EFFECTIVENESS: Education in situation awareness in the intervention group improved TEAM leadership (p = 0.003), TEAM task management (p = 0.018) and TEAM total (p = 0.030) when comparing cases 1 and 2; these significant improvements were not found in the control group. No significant differences were observed in the SAGAT or the ABCDE checklist. | interprofessional teams | hospital, intensive care units | 5.1 |
| Dryer E, Knudsen J, Ekelund U, Bergenfelz A. Impediments to and impact of checklists on performance of emergency interventions in primary care: an in situ simulation-based randomized controlled trial. <i>Scand J Prim Health Care</i> . 2021 Dec;39(4):38-447. doi: 10.1080/02813432.2021.1973250. Epub 2021 Sep 13. PMID: 34519607; PMCID: PMC8725847. | PubMed | Sweden | RCT | This randomized controlled trial evaluated emergency intervention performance during two scenarios (pyroglutamic-acidemia and arrhythmia-cardiac arrest) simulated at primary care centers, and whether checklist access improved performance. | emergency intervention performance during two scenarios & checklists | unclear | unknown | NO EFFECTIVENESS: Unfamiliarity with local emergency equipment impeded the performance of emergency interventions during crises simulated in the primary care setting. Simply providing checklist access does not improve the performance of emergency interventions. | personnel | primary care | 2.5 |
| Chung JYS, Li WHC, Chung AT, Ho LKK, Chung JOK. Efficacy of a blended learning programme in enhancing the communication skill competence and self-efficacy of nursing students in conducting clinical handovers: a randomised controlled trial. <i>BMC Med Educ</i> . 2022 Apr 13;22(1):275. doi: 10.1186/s12936-022-03361-3. PMID: 35418214; PMCID: PMC9000000. | PubMed | China* | RCT | This study aimed to examine the efficacy of a blended learning programme on the communication skill competence and self-efficacy of first-year nursing students in conducting clinical handovers. | Participants were randomly assigned to either an experimental group (n = 50) that received a blended learning programme with face-to-face training and an online module on handover practice, or a waitlist control group (n = 48) that received only face-to-face handover training during the study period and an online module immediately after the completion of data collection. | intervention bundle | unknown | EFFECTIVENESS: The participants in the experimental group had significantly higher communication skill competence (p < 0.001) than those in the waitlist control group. Although both groups showed a significant improvement in self-efficacy, the mean scores of the experimental group were higher than those of the waitlist control group (p < 0.001). | nursing students | education | 5.1 |
| not = hai notas nt PB 20 tun | PubMed | | NO RCT | Here, we describe in detail the findings of dermatological examinations and measurements of skin pigmentation during this treatment over time and discuss the impact of these changes on patient safety. | In an investigator-initiated, phase 2, open-label pilot study, 2 patients with loss-of-function PCMC gene mutations and 3 patients with loss-of-function variants in LIPR6 were treated with the MCR against telomerase. Dermatological examination, dermatoscopy, whole body photographic documentation, and spectrophotometric measurements were performed at screening visit and approximately every 3 months during the course of the study. | | | | | | |
| Gao X, Xiong Y, Huang J, Zhang N, Li J, Zheng S, Lu K, Ma D, Yang B, Ning J. The Effect of Mechanical Ventilation With Low Tidal Volume on Blood Gas During Laparoscopic Liver Resection: A Randomized Controlled Trial. <i>Anesth Analg</i> . 2021 Apr 1;132(4):1033-1041. doi: 10.1213/ANE.0000000000005242. PMID: 33900490. | PubMed | not to be determined | RCT | Thus, this study aims to investigate whether mechanical ventilation with low tidal volume (LTV) reduces surgical bleeding during LLR. | 82 patients who underwent scheduled LLR were enrolled and randomly received either mechanical ventilation with LTV group (8 mL/kg) along with recruitment maneuver (once/30 min) without positive end-expiratory pressure (PEEP) or conventional tidal volume (CTV, 10-12 mL/kg) during parenchymal resection. The estimated volume of blood loss during parenchymal resection and the incidence of postoperative respiratory complications were compared between 2 groups. | single intervention | unknown | EFFECTIVENESS: The estimated volume of blood loss (median [interquartile range (IQR)]) was decreased in the LTV group compared to the CTV group (301 [148, 402] vs 358 [244, 672] mL, P = .009); blood loss per cm ² of transected surface of liver (5.5 [4.1, 7.7] vs 12.2 [8.5, 14.4] mL/cm ² , P < .001) and the risk of critically significant estimated blood loss (>800 mL) were reduced in the LTV group compared to the CTV group (0/40 vs 8/40, P = .0001). | patients who underwent scheduled LLR | 3.1 | |

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| Mazzetti MA, Petrick KM, Maglieri L, Greenwald BD, Darwin P, Goldberg EM, Sigelsson P, Chow JH, Anders M, Boyd CM, Kaplowitz JS, Sun K, Terini M, Rock P. High-Flow Nasal Cannula Oxygen in Patients Requiring Anesthesia for Advanced Esophagogastroduodenoscopy. HFNC-EGDO, a Randomized Clinical Trial. <i>Anesth Analg</i> . 2021 Mar 1;132(3):743-751. doi: 10.1213/ANE.0000000000004837. PMID: 32398433. | PubMed | USA | randomized trial | Our primary study aim was to evaluate whether high-flow nasal cannula (HFNC) oxygen reduces the incidence of hypoxemia during anesthesia for advanced EGDO. Secondly, we studied whether HFNC oxygen reduces hypercarbia or hypotension. | After obtaining written informed consent, adults requiring anesthesia for advanced EGDO, expected to last longer than 15 minutes, were randomly assigned to receive HFNC oxygen or standard nasal cannula (SNC) oxygen. | single intervention | unknown | PARTIAL EFFECTIVENESS: S - Patients who received HFNC oxygen (N = 132) had a significantly lower incidence of hypoxemia than those who received SNC oxygen (N = 132). 21.2% vs 33.1%; hazard ratio [HR] = 0.59 (95% confidence interval [CI], 0.38-0.89); P = .03. There was no difference in the incidence of hypercarbia or hypotension between the groups. The HR for hypercarbia with HFNC oxygen was 1.29 (95% CI, 0.89-1.88; P = .17). | adult patients | | 3.1 |
| Finn S, Darcy E, Donovan P, Kanagarajah S, Barnes M. A randomised trial of pharmacist-led discharge prescribing in an Australian generalist evaluation and management service. <i>Int J Clin Pharm</i> . 2021 Aug 4;43(4):847-857. doi: 10.1007/s11096-020-01184-0. Epub 2020 Nov 2. PMID: 33136253. | PubMed | Australia | RCT | To determine if a collaborative pharmacist-led discharge prescribing model results in less patients with medication errors than conventional prescribing for both handwritten and digital prescriptions. | patients randomised to conventional control) or a pharmacist-led prescribing (intervention) arms at discharge from hospital. This study had 2 phases: (1) handwritten prescribing and (2) digital prescribing. In addition, the two prescribing methods were compared. | single intervention | unknown | EFFECTIVENESS: S - in a generalist setting, pharmacist-led partnered discharge prescribing results in significantly less patients with medication errors than the conventional method for both handwritten and | pharmacists | hospital | 3.2 |
| Potvin J, Elchabane I, Soudron L, Biais M, Roulet S, Nouette-Gaulain K. Effects of capnometry monitoring during recovery in the post-anesthesia care unit: a randomised controlled trial in adults (CAPNOCSEPI). <i>J Clin Monit Comput</i> . 2022 Apr;36(2):379-385. doi: 10.1007/s10877-021-00661-9. Epub 2021 Feb 7. PMID: 33595546. | PubMed | France* | RCT | The main objective was to study the rate of patients with desaturation before tracheal extubation or Laryngeal Mask Airway (LMA) removal upon the measurement of continuous capnography. | Patients were randomly assigned to two groups: in the Capno+ group, nurses managed the patients with access to the capnometer and end-tidal carbon dioxide pressure (PETCO2) measurements; in the Capno-group, nurses monitored the patients without seeing PETCO2 measurements. | single intervention | unknown | EFFECTIVENESS: S - The use of PETCO2 monitoring improves patient safety by decreasing the incidence of CO2 retention during recovery from general anaesthesia. This study suggests that this monitoring should be integrated in the PACU. The risk of hypoxemia can also be prevented through the early recognition of apnoea. | adult patients admitted to the PACU after general anaesthesia with an endotracheal tube or LMA in place | hospital, care units | 3.1 |
| not = hat notis mit PE zu tun | PubMed | Spain* | NTBI, cross-over clinical trial blinded for hemodynamic analysis | To evaluate the effectiveness of the application of topical heat, high pressure or a combination of both on electrical venous cannulation. | allocated to one of three interventions: (1) Using dry topical heat for 7 min produced the best result (N = 21); (2) Applying controlled sphygmomanometer inflated to 160 mmHg (N = 16) and (3) combining heat and pressure (N = 20) in one period out of two. All interventions were contrasted to standard clinical practice in the other period. | single intervention (3 different types) | unknown | EFFECTIVENESS: S - All three interventions were more effective than compared. Venous perception was optimized in about all interventions. Moreover, pain relief was significantly higher when high pressure was applied. Hemolysis was not affected in any of the three interventions. In addition, no serious adverse events appeared. | healthy adults | hospital | 3.1 |
| Borell A, Najibi B, Samah T, Badje J, Perry-Thomas R, Forest K, Prentice AM, Maxwell NS. Impact of Personal Cooling on Performance, Comfort and Heat Strain of Healthcare Workers in PPE, a Study From West Africa. <i>Front Public Health</i> . 2021 Sep 1;9:712481. doi: 10.3389/fpubh.2021.712481. PMID: 34540787. PMCID: PMC8449020. | PubMed | Gambia | RCT | This study evaluated pre-cooling and per-cooling methods on thermal strain, thermal comfort and cognitive function during simulated emergency management of an acutely unwell patient. | Each participant attended two sessions (Cool and Control) in standard PPE. Cool involved pre-cooling with an ice slurry ingestion and per-cooling by wearing an ice-vest external to PPE. | intervention bundle | unknown | EFFECTIVENESS: S - Thermal strain in HCWs wearing PPE can be safely reduced using pre- and per-cooling methods external to PPE. | | medical research unit | 5.5 |
| not = hat notis mit PE zu tun | PubMed | USA* | NTBI, NO RCT | We conducted the first phase I dose escalation trial (NCT02244582) of intravenous Bacillus Calmette-Guérin (BCG) in combination with systemic pembrolizumab in patients with high-grade non-muscle-invasive bladder cancer (NMIBC) who had prior intravesical therapy with BCG, prior percutaneous or recurrent disease after radical cystectomy. The primary endpoint was the safety of this combination. The secondary endpoint was clinical activity at three months following BCG treatment. | Six doses of pembrolizumab were administered every 3 weeks over 18 weeks, concurrently with six weekly doses of BCG beginning at week 7. Patient safety was evaluated from the time of consent through 30 days following pembrolizumab treatment. Clinical activity was determined using cytotoxicity and biopsy of suspicious lesions. | single intervention | unknown | We report for the first time that combining BCG and pembrolizumab in treating NMIBC is safe allowing complete treatment of most patients. A phase II trial has opened to test the efficacy of this combination in NMIBC. (ASTUTE-EP) | | | |
| Dean WH, Gishuhi S, Buchan JC, Makupa W, Makome A, Oti-Sengeri J, Arunga S, Mulhergiee S, Kim MJ, Harrison-Williams L, MacLeod D, Cook C, Burton MJ. Intense Simulation-Based Surgical Education for Manual Small-Incision Cataract Surgery: The Ophthalmic Learning and Improvement Initiative in Cataract Surgery Randomized Clinical Trial in Kenya, Tanzania, Uganda, and Zimbabwe. <i>JAMA Ophthalmol</i> . 2021 Jun 1;139(1):9-16. doi: 10.1001/jamaophth.2020.4718. PMID: 33151321. PMCID: PMC7645744. | PubMed | Kenya, Tanzania, Uganda, and Zimbabwe | RCT | To determine whether adding simulation-based cataract surgical training to conventional training results in improved acquisition of surgical skills among trainees. | The intervention group received a 5-day simulation-based cataract surgical training course, in addition to standard surgical training. The control group received standard training only, without a placebo intervention; however, those in the control group received the intervention training after the initial 10-month follow-up period. | single intervention | unknown | EFFECTIVENESS: S - This customized clinical trial provides evidence that intense simulation-based cataract surgical education facilitates the rapid acquisition of surgical competencies and maintains patient safety. | trainee ophthalmologists | hospital | 5.1 |

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| Miharević J, Štikić M, Mikić I, Katalić Z, Karlo R, Jakić M, Jerošević A, Pogorelec Z. Comparison of new versus reused Harmonic scalpel performance in laparoscopic appendectomy in patients with acute appendicitis: a randomized clinical trial. <i>Langenbecks Arch Surg</i> . 2021 Feb;406(1):155-162. doi: 10.1007/s00423-020-02059-y. Epub 2020 Nov 25. PMID: 33241426. | PubMed | | randomized clinical trial | The aim of this study was to compare lateral thermal damage of the appendix and clinical outcomes after laparoscopic appendectomy using new versus reused Harmonic scalpels. | Using a computer random number generator, patients were allocated to new or reused group. | single intervention | unknown | The results of our study support the reuse of Harmonic scalpels especially in the settings where economic constraints might hamper access to minimally invasive surgery by a large number of patients. The results obtained on laparoscopic appendectomy might not be reproducible to other more demanding surgical procedures. | surgeons | patients with acute appendicitis who underwent laparoscopic appendectomy | hospital | 3.4 | |
| Corcillo L, Lookhart JS, Kruok R, Oermann M, Brannan J, Schreiber JB. Impact of a Digital Intervention on Perceived Stress, Resiliency, Social Support, and Intention to Leave Among Newly Licensed Graduate Nurses: A Randomized Controlled Trial. <i>J Contin Educ Nurs</i> . 2021 Aug;28(8):367-374. doi: 10.3898/0029-124-20210714-06. Epub 2021 Aug 1. PMID: 34324377. | PubMed | not to be determined | RCT | evaluated the impact of a 6-week digital intervention (text messaging) on NCCHC self-reported stress, resiliency, sense of support, and intention to leave their jobs, organization, and profession. | Messages to the experimental group (n = 10) conveyed emotional, esteem, and networking support, and messages to the control group (n = 11) were medical facts. | single intervention | unknown | The digital intervention in the form of medical facts increased the control group's sense of social support. Stress, resilience, and intention to leave their jobs, organizations, or profession did not change for either the control or experimental group. | graduate nurses | | | 5.5 | |
| Torres C, Soto-Iglesias D, Penela D, Falasconi G, Vivero D, Mesa-Santamaría J, Bellido A, Alestee-Chauca A, Ordoñez A, Mari-Almon J, Scherer C, Páez A, Carballo J, Cámara O, Ortiz-Pérez JT, Barreira A. Relationship between the posterior atrial wall and the esophageal esophageal position and temperature measurement during atrial fibrillation ablation (AVESOME-AT). A randomized controlled trial. <i>J Intern Card Electrophysiol</i> . 2022 Dec;85(5):651-661. doi: 10.1007/s10840-022-01302-0. Epub 2022 Jul 21. PMID: 35861901. | PubMed | Switzerland* & Spain* | RCT | This study evaluates the usefulness of the esophageal fingerprint in avoiding temperature risks during percutaneous atrial fibrillation (PAF) ablation. | Patients were randomized (1:1) into two groups: (1) PAFIT group, the PAF line was modified according to the esophageal fingerprint; (2) CONTROL group, standard PAF with operator blinded to the fingerprint. | single intervention | unknown | What about the intervention itself? EFFECTIVENESS - The esophageal fingerprint allows for a reliable identification of the esophageal position and its use for PAF line deployment results in less frequent esophageal temperature rises when compared to the standard approach. | | patients referred for paroxysmal AF ablation | hospital | 3.1 | |
| Vercher A, El Mhamdi S, d'Hollander A, Isotta M, Auvry Y, Michel P, Quenon JL. Impact of an Original Methodological Tool on the Identification of Corrective and Preventive Actions After Root Cause Analysis of Adverse Events in Health Care Facilities: Results of a Randomized Controlled Trial. <i>J Patient Saf</i> . 2021 Oct 1;17(7):483-489. doi: 10.1097/PTS.0000000000000437. PMID: 29116954. | PubMed | France | RCT | The aim of the study was to assess the effectiveness of a new methodological tool for the identification of corrective and preventive actions (CAPAs) after root cause analysis of health care-related adverse events. | Fifty-six risk managers, randomly assigned to two groups (intervention and control), identified CAPAs in response to two sequentially presented adverse event scenarios. For the baseline measure, both groups used their usual adverse event management tools to identify CAPAs in each scenario. For the experimental measure, the control group continued using their usual tools, whereas the intervention group used a new tool involving a systematic approach for CAPA identification. | single intervention | unknown | EFFECTIVENESS - For the two scenarios tested, more relevant CAPAs were identified with the new tool than with usual tools. | risk managers | | health care facilities | 6.1 | |
| Shafa A, Cope AG, Burnett TL, Kolkch KP, Mara KC, Wyatt MA, Green IC. Interactive video module and simulated model for uterine manipulation during laparoscopic hysterectomy. <i>Surg Endosc</i> . 2023 Jan;7(1):443-449. doi: 10.1007/s00464-022-09499-9. Epub 2022 Aug 19. PMID: 35984322. | PubMed | USA* | RCT | The objective of our study was to determine whether kinesthetic learning using a low-cost simulated pelvic model while learning the uterine manipulation maneuvers of a laparoscopic hysterectomy improves learning efficacy and application efficiency compared to an interactive video module alone. | Participants were randomized to the intervention group that used a low-cost simulated pelvic model for kinesthetic learning during the video module or the control group who only had the interactive video module to learn the uterine manipulation maneuvers of a laparoscopic hysterectomy. | single intervention | unknown | EFFECTIVENESS - Participants in the intervention group were less likely to make unnecessary movements with demonstration of both pelvic side walls (right wall: control 78.9%, intervention 42.9%, p < 0.027; left wall: control 84.7%, intervention 66.7%, p < 0.046), and this was more pronounced in novice first-year participants (p < 0.009). Additionally, participants in the intervention group reported higher perceived preparedness (100% versus 74%, p < 0.0001). | medical students | | education; academic medical centre | 5.1 | |
| Yang JC, Zhou C, Jiaou PA, Ramalingam SS, Kim TM, Rudy GL, Spira R, Poliwinski Z, Mitchell T, Garica Campos ML, Felp E, Bucherova L, Jin S, Kaur M, Dastorfsen PM, Gupta R, Burn V, Lin J, N Churchill E, Marfa M, Nguyen D. Characterization and management of adverse events observed with metformin (TAC-18). Treatment for EGFR exon 20 insertion-positive non-small cell lung cancer. <i>Expert Rev Anticancer Ther</i> . 2023 Jan;23(1):95-106. doi: 10.1080/14737140.2023.2167515. Epub 2023 Feb 16. PMID: 36707794. | PubMed | | NO RCT: Pooled safety analysis of two studies | | | | | | | | | | |
| Magdy-Nomikos C, Nektas NV, Borges JC, Brady M, Laboville S, Williams D, Soukup J, Lipetz S, Hudson M, Schipper AJ. Effects of an Intensive Discharge Intervention on Medication Adherence, Glycemic Control, and Readmission Rates in Patients With Type 2 Diabetes. <i>J Patient Saf</i> . 2021 Mar 1;17(2):73-80. doi: 10.1097/PTS.0000000000000561. PMID: 33089465. PMCID: PMC7874706. | PubMed | USA* | randomized trial | The goals of this study were to design, implement, and evaluate a multipronged transitional care intervention among hospitalized patients with diabetes. | We randomly assigned inpatients likely to be discharged home on insulin to an intensive transitional care intervention or usual care. The primary outcome was 90-day postdischarge insulin adherence, using prescription refill information to calculate a medication possession ratio. | single intervention | Further research is needed to optimize and successfully implement interventions to improve patient safety and health outcomes during care transitions. | EFFECTIVENESS - The intervention was associated with improvements in glycemic control, with nonsignificant trends toward greater medication adherence. Though adherence to drug discontinuation was higher, an EVIR + TAC regimen represents an alternative treatment option that enables withdrawal of steroids as well as reduction of CIs for pediatric kidney transplant recipients. | | patients with diabetes | hospital | 4.2 & 4.5 | |
| Tonehoff B, Tadesse-Silva H, Ettinger R, Christian M, Bjerrø A, Dello Stralogo L, Marks SD, Page L, Veldhof L, Lopez P, Cnaan M, Plinsky P, Meier M. Three-year outcomes from the CRACKLE study in de novo pediatric kidney transplant recipients receiving everolimus with reduced tacrolimus and early steroid withdrawal. <i>Am J Transplant</i> . 2021 Jan;21(1):123-137. doi: 10.1111/ajt.16005. Epub 2020 Jan 27. PMID: 32406111. | PubMed | Brazil, Germany, USA, UK, Norway, Italy, UK, Germany, India, Switzerland* | randomised trial | | randomized at 4 to 6 weeks (posttransplant to receive everolimus + reduced-exposure tacrolimus [EVIR + TAC], n = 52) with corticosteroids withdrawn at 6-month posttransplant or continue prednisolone (control + standard-exposure TAC [BMF + sTAC], n = 54) with corticosteroids. | single intervention | unknown | | | pediatric kidney transplant recipients | | 3.1 | |

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|---|--|--------|------------------------------|--|---|---------------------|---|--|------------------------|------------------|--|---|
| DeFrancesco CJ, Reichel JF, Gajjar E, Popovic M, Freeman C, Wong M, DelMo D, Liu J, Gonzalez Delo Valle A, Ranaivosoa A, Cress M, Sculco PK, Healey S, Kim D, Maslow D, Kinney M, Juras-Eyrese K, Soffel EM, Kumar K, Bueche J, Fagan M, Vohs A Jr, Gavro S, Alvelos M, Dorfman K, Russell LA, Soeria A, Saah J, Zhong H, Mermoudou SO. Effectiveness of oral versus intravenous tranexamsic acid in primary total hip and knee arthroplasty: a randomized, non-inferiority trial. <i>Br J Anaesth</i> . 2023 Feb 13;129(2):234-241. doi: 10.1016/j.bja.2022.11.003. Epub 2022 Dec 14. PMID: 36526484. PMCID: PMC9350725. | PubMed | USA* | NO RCT: noninferiority trial | randomly assigned, consecutive patients undergoing primary THA or TKA under neuraxial anesthesia to either one preoperative dose of oral TXA or one preoperative dose of i.v. TXA. | single intervention | unknown | Oral TXA can be administered in the preoperative setting before THA or TKA and performs similarly to i.v. TXA with respect to blood loss and transfusion rates. Switching from i.v. to oral TXA in this setting has the potential to improve patient safety and decrease costs. | THA patients & TKA patients | | | 3.1 (diese Studie würde ich entfernen, da sie die Wirksamkeit von Medikamenten vergleicht) | |
| not = hat nichts mit PS zu tun | Deckley DG, Verhey JT, Garhart DM, Christopher ZK, Sanghani MJ, Clarke HG, Bingham JS. There are Considerable Inconsistencies Among Minimum Clinically Important Differences in TKA. A Systematic Review. <i>Clin Orthop Relat Res</i> . 2023 Jan 1;481(1):63-80. doi: 10.1097/CORR.0000000000002445. Epub 2022 Oct 6. PMID: 36205846. PMCID: PMC9370699. | PubMed | | NO RCT: systematic review | Therefore, a systematic review of calculated MCD values, their respective ranges, and assessment of their applications is important to guide and encourage their use as a critical measure of effect size in TKA outcomes research. | | | | | | | Diese Studie würde ich nicht aufnehmen, da es um den Vergleich von Operationsmethoden mit minimalen Unterschieden geht. |
| not = hat nichts mit PS zu tun | Tan MS, Gomez-Lumbreras A, Villa-Zapata L, Malone DC. Colchicine and macrolides: a cohort study of the risk of adverse outcomes associated with concomitant exposure. <i>Rheumatol Int</i> . 2022 Dec;42(12):2253-2259. doi: 10.1007/s00395-022-02071-6. Epub 2022 Sep 14. PMID: 36045498. PMCID: PMC9473487. | AHOR | USA* | cohort study | using electronic health records comparing encounters with colchicine plus a macrolide and colchicine with an antibiotic non-macrolide. We assessed the relationship between the two groups using adjusted multivariate logistic regression models and the risk of thrombocytopenia, pericarditis, muscular weakness, heart failure, acute hepatic failure and death. 12670 patients on colchicine plus an antibiotic non-macrolide were compared to 2709 patients exposed to colchicine plus a macrolide. | is it intervention? | unknown | There is a significant increase in the risk of hepatic failure and mortality when colchicine is concomitantly administered with a macrolide. Colchicine should not be used concomitantly with these antibiotics or should be temporarily discontinued to avoid toxic levels of | | | | 3.1 |
| | Choi MA, Barbakov ME, Gilson AM, Morris AD, Stone JA. Effectiveness and sustainment of a tailored over-the-counter medication safety intervention in community pharmacies: A randomized controlled trial. <i>Res Social Adm Pharm</i> . 2022 Nov;18(11):3963-3983. doi: 10.1016/j.sapharm.2022.06.008. Epub 2022 Jun 20. PMID: 35753964. PMCID: PMC9607172. | AHOR | USA* | NTBI: research protocol | The Senior Section is a continuation of a previous intervention that aims to address a gap in medication safety, specifically related to older adult selection and use of over-the-counter medications. The purpose of this paper is to describe the protocol of this study. | single intervention | Fidelity and long-term effectiveness outcomes will be collected to demonstrate sustainment. | not known yet as study protocol | older adults | pharmacy setting | | 3.2 |
| | Gomez Lumbreras A, Reese TJ, Del Fiol G, Tan MS, Butler JM, Huneault JT, Brown M, Kawamoto K, Thess H, Wright M, Malone DC. Shared Decision-Making for Drug-Drug Interactions: Formative Evaluation of an Anticoagulant Drug Interaction. <i>JGIM Form Res</i> . 2022 Oct 19;9(10):e40018. doi: 10.2196/40018. PMID: 36263077. PMCID: PMC9631167. | AHOR | USA* | NTBI: randomized formative evaluation | The purpose of this study was to conduct a formative evaluation of a CDInteract that incorporates patient and product contextual factors to estimate the risk of bleeding. | single intervention | unknown | EFFECTIVENESS 5 - Regarding the CDInteract, participants rated CDInteract higher than UC for questions pertaining to helping patients clarify the decision (P=0.03), involving patients in the decision (P=0.01), discussing treatment options (P=0.01), identifying advantages and disadvantages (P=0.01), and facilitating patient understanding (P=0.01) and discussion of preferences (P=0.01). | patients over 50 years | ambulatory care | | 4.1 |
| | Blake GT, Piersant MJ, McGovern KM, McGrath SP. A Pragmatic Method for Measuring Inpatient Complications and Complication-Specific Mortality. <i>J Patient Saf</i> . 2022 Oct 1;18(7):559-566. doi: 10.1097/PTS.0000000000000984. Epub 2022 Feb 8. PMID: 35149621. | AHOR | | not to be determined | No RCT | no intervention | | | | | | 6.3 |
| | Chen Z, Okeson LJ, Sanghani P. Accuracy of Pressure Ulcer Events in US Nursing Home Ratings. <i>Med Care</i> . 2022 Oct 1;60(10):773-783. doi: 10.1097/MLR.0000000000001763. Epub 2022 Aug 4. PMID: 35944135. PMCID: PMC9451941. | AHOR | USA | NTBI | The objective of this study was to assess the accuracy of MCHC's pressure ulcer measures, which are chief indicators of nursing home resident safety. | no intervention | | | | | Medicare nursing home residents with hospitalizations for pressure ulcers. | 3.5 |
| | Campbell NL, Pitts C, Corvati C, Kahr E, Alamer K, Chand P, Narasaj K, Calabhan CM, Boudant MA. Describing anticholinergics in primary care older adults: Experience from two models and impact on a continuous measure of exposure. <i>J Am Geriatr Soc Pharm</i> . 2022 Oct;10:1038-1047. doi: 10.1002/jac5.1682. Epub 2022 Jul 31. PMID: 36620097. PMCID: PMC9796793. | AHOR | USA* | NTBI: pilot studies | To evaluate the impact of two pilot practice models nested within primary care. | intervention bundle | unknown | EFFECTIVENESS 5 - Pharmacists-based deprescribing successfully reduced exposure to high-risk anticholinergics in primary care older adults, yet further work is needed to understand the impact on clinical outcomes. | patients | | | 3.2 4.5 |

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|--|------|--|--|---|--|------------------------|------------------------|--|--|----------|-----|---|
| Erskine N, Wang Y, Mensky M, Ekander S, Mathew S, Sonnerblat N, Penha-Pel J, Hunt B, Brady PJ, McDermid P, Gleason E, Rodica D, Dwyer E, Kouroukz HM. Trends in Adverse Event Rates in Hospitalized Patients, 2010-2019. <i>JAMA</i> . 2022 Jul 12;386(2):175-183. doi: 10.1001/jama.2022.2600. eprint: 10.1001/jama.2022.2600 . | USA | NTBI; cross-sectional study | To determine the change in the rate of adverse events in hospitalized patients | Not intervention study | Not intervention study | Not intervention study | Not intervention study | | | 3.5 | | |
| Doyle AM, Riang KL, Hsiao T, Amato G, Gombach AT, Sakoda VJ, McDermid L, Cameron KA, Salzman DK, Paganopoulou D, McCarthy DM. "Unfortunately, I don't have an answer for you": How resident physicians communicate diagnostic uncertainty to patients during emergency department discharge. <i>Patient Educ Coun</i> . 2022 Jul 16;157:2063-2067. doi: 10.1016/j.pedc.2021.12.002. Epub 2021 Dec 9. PMID: 35186855. PMCID: PMC8377885 | USA | NTBI; qualitative study | To describe how emergency medicine resident physicians discuss diagnostic uncertainty during a simulated ED discharge discussion. | | | | | | | 4.5 | | |
| Woods CE, Cheltenham EA, Kieritz DW, Vaidyanathan A, Xia A, Thum C, Miller MR, Fackler JC, Merson MK. Bright-Start Autonomic Group. Agustin A, Albert JE, Ruhl M, Bradley E, Clayton JA, Coffin SE, Dahalweh S, Estabrook CP, Farhangy B, Foster CB, Hugler SB, Hong SJ, Hyatt MD, Kirby AL, Kossela LA, Lensen GJ, Liu JC, Lown VM, Newland JW, Neri D, Pridie GP, Sandock JT, Schwarcz HT, Smith CM, Surfin KM, Tadokoro SD, Totska P, Wolf J, Zier DM. Association of Diagnostic Uncertainty for Blood Counts in Critically Ill Children With Culture Status, Antibiotic Use, and Patient Outcomes: Results of the Bright-Start Collaborative. <i>JAMA Pediatr</i> . 2022 Jul 11;176(7):e20.008. doi: 10.1001/jamapediatrics.2022.0224. PMID: 34994141. PMCID: PMC9202771 | AHQR | AHQR | To evaluate the association of a 14-item multidisciplinary PICU blood culture collaborative with culture status, antibiotic use, and patient outcomes | single intervention | | | | | | | | pediatric intensive care unit |
| Sorice J, Zorack K, Youst N, Farnston T, Gray L, Franklin M, Smith SA, Strougo S. Development and pilot testing of survey items to assess the culture of values and efficiency in hospitals and medical offices. <i>BMC Qual Saf</i> . 2022 Jul 14;32(1):493-502. doi: 10.1186/s12936-022-012407. Epub 2021 Aug 20. PMID: 34411333. PMCID: PMC9234417 | AHQR | psychometric analysis, qualitative methods | The goal of our study was to develop survey items to assess culture and staff perspectives about the extent to which the organizational culture in hospitals and medical offices supports value | | | | | | | | | |
| Atkinson MK, Berneyan JC, Bamberg EA, Schifft GD, Phillips RE, Hunt LS, Balfanz D, Singer SJ. Evaluating a patient safety learning laboratory to create an interdisciplinary ecosystem for health care innovation. <i>Health Care Manage Rev</i> . 2022 Jul-Sep 01;47(3):E50-E61. doi: 10.1093/HCM/0000000000000339. Epub 2022 Feb 3. PMID: 35115043. PMCID: PMC9142481 | AHQR | not to be determined | mixed-method design: qualitative interviews & questionnaires | We sought to identify the role and activities of a learning ecosystem that support interdisciplinary team innovation through evaluation of a patient safety learning lab. | | | | | | | 5.1 | |
| Zaback K, Youst N, Sorice J, Farnston T, Gray L, Carpenter D, Caporaso A. Development, Pilot Study, and Psychometric Analysis of the AHRD Surveys on Patient Safety Culture™ (GOPS®) Workplace Safety Supplemental Items for Health Care. <i>W J Emerg Res Public Health</i> . 2022 Jun 2;19(11):6815. doi: 10.3390/wjph19116815. PMID: 35682402. PMCID: PMC9179961 | AHQR | USA | NTBI; literature review, qualitative interviews, psychometric testing | The purpose of this study was to develop and test survey items that can be used in conjunction with the Agency for Healthcare Research and Quality (AHRQ) Surveys on Patient Safety Culture™ (GOPS®) Hospital Survey to assess how the organizational culture in hospitals supports workplace safety for providers and staff. | | | | | | | 6.2 | |
| Semere W, Corbitt AG, Schillingler D, Cassias A, Lemberg M, Lyles CH. "We need to bring them out from the shadows": A qualitative study of safety and physician leader perspectives on caregivers. <i>Patient Educ Coun</i> . 2022 Jun 16;105(6):1663-1670. doi: 10.1016/j.pedc.2021.10.019. Epub 2021 Oct 23. PMID: 34744732. PMCID: PMC8303884 | AHQR | USA | NTBI; qualitative study | We demonstrated the feasibility of real-time patient and family-member technology-enabled safety observation reporting and elicited reports not otherwise identified. Variation in reporting may potentially exacerbate disparities in safety if not addressed. | | | | | | 4.5 | | |
| Benaguer B, Rollés PLJA, Ripa C, Onelab-Hayek JZ, Asaadorian P, Tong W, Kozlov R, Applebaum D, B. Al-Jabbar C, Gellman D, Gellman D. "We want a new name for our team": A qualitative research using their given names. <i>J Palliat Care</i> . 2022 Jun 4;35(2):702-705. doi: 10.1038/s41721-021-01270-9. Epub 2022 Jan 23. PMID: 35089885 | AHQR | not RCT | To determine the proportion of caregiver names selected in surveys for their tables to be both easy to remember and for use in hospital systems, thereby generally reducing patient identification errors. | | | | | | | | | |
| Huang L, Park DM, Jones RM, Fraser AM, Wang J, Jiang X. Efficacy of EPA-registered disinfectants against five human norovirus surrogates and Clostridioides difficile endospores. <i>J Appl Microbiol</i> . 2022 Jun 15;131(6):e00299. doi: 10.1111/jam.15524. Epub 2022 Mar 17. PMID: 35279525. PMCID: PMC9219914 | AHQR | USA* | NTBI, Unclear | To determine the efficacy of a panel of nine EPA-registered disinfectants against five human norovirus (HNV) surrogates (feline calicivirus [FCV] and Tabae virus [TV]) and Clostridioides difficile endospores. | intervention bundle | Unknown | | | | 3.4 | | EFFECTIVENESS 5 - Disinfectants containing HQ O2 are the most efficacious disinfectant products against FCV, TV, and C. difficile endospores. Product formulation, rather than the concentration of HQ O2 in a product, impacts the efficacy of a disinfectant for providers and staff. |
| Barclay NS, Blotts JR, Fiore DM, Sarkar U, Sharma AE, Boscardin WJ, Avula L, Peraltz-Neel C, Rosenblatt D, Family Imp for Quality and Safety (FIQS). Using mobile technology for in-hospital reporting from families and patients. <i>J Hosp Med</i> . 2022 Jun 17(6):456-462. doi: 10.1002/jhm.2777. Epub 2022 Feb 4. PMID: 35535946 | AHQR | USA* | NTBI; pilot study | Our goal was to test a system to gather safety observations from hospitalized patients and their family members via a real-time mobile health tool. | We developed a mobile-responsive website for reporting safety observations. | single intervention | Unknown | | | 4.2 | | Family members & patients under 15 years |
| Zrakab PA, Usher GH, McDonald KM, Houckens RL, Davies SM, Skinner HQ, Owens PL, Romano PS. Incorporating norms into the weighting of the revised Agency for Healthcare Research and Quality Patient Safety for Selected Indicators Composite (Patient Safety Indicator 90). <i>Health Serv Res</i> . 2022 Jun 5;57(3):654-661. doi: 10.1111/1475-2875.13918. Epub 2022 Jun 9. PMID: 34858429. PMCID: PMC9210839 | AHQR | USA* | NTBI | o reweight the Agency for Healthcare Research and Quality Patient Safety for Selected Indicators Composite (Patient Safety Indicator [PSI] 90) from weights based solely on the frequency of component PSIs to those that incorporate excess harm reflecting patients' preferences for outcome-related health risks. | No intervention study | | | | | | | |
| Cross WF, West JC, Owan HF, Rosenberg E, LaVigne T, Crane ED. Measurement of primary care provider suicide prevention skills following didactic education. <i>Suicide Life Threat Behav</i> . 2022 Jun 5;52(3):373-382. doi: 10.1111/sltb.12267. Epub 2022 Jan 17. PMID: 35037726 | AHQR | USA* | NTBI; regression analysis | The current study assessed post-observed skills following high-quality didactic. | online didactic training as part of their education program, followed by a standardized patient interaction conducted to assess demonstrated suicide prevention skills (i.e., assessment of risk factors, protective factors, suicidal ideation and behavior, safety planning). | intervention bundle | Unknown | | | 5.1 | | medical residents & nurse practitioner trainees |
| Milken CE, Bailey Q, Graham DA, Osoff O. Relationships Between Pediatric Safety Indicators Across a National Sample of Pediatric Hospitals: Disputing the Myth of the "Safety" Hospital. <i>J Patient Saf</i> . 2022 Jan 1;18(4):e741-e745. doi: 10.1097/PTS.0000000000000938. Epub 2021 Dec 28. PMID: 34871599. PMCID: PMC9238151 | AHQR | USA | NTBI | This study aimed to explore the co-occurrence of pediatric hospital quality indicators and evaluate the use of a single composite score. | No intervention study | | | | | | | hospital, pediatric |
| McCarthy DM, Formella KT, Ou EZ, Vaidyanathan JA, Cameron KA, Salzman DK, Doyle AM, Paganopoulou D, Riang KL. There's an app for that: Teaching residents to communicate diagnostic uncertainty through a mobile gaming application. <i>Patient Educ Coun</i> . 2022 Jun 1;105(6):1465-1469. doi: 10.1016/j.pedc.2021.09.028. Epub 2021 Oct 5. PMID: 34674602. PMCID: PMC9109131 | AHQR | USA* | randomized trial | To evaluate (1) use of an app for teaching communication skills about diagnostic uncertainty, (2) feedback on app use, and (3) the association between use and skill mastery. | The study was a planned sub-analysis of a randomized controlled waitlist trial with emergency medicine residents (physicians randomized to receive immediate or delayed access to an educational curriculum focused on diagnostic uncertainty). | single intervention | Unknown | | | 4.5 | | PARTIAL EFFECTIVENESS 5 - Despite effectiveness of app use, overall use was low and there was no association with achieving mastery. |
| Yonem S, Shah SN, Bickley SV, Ortega CA, Blumenherst KG, Goss F, Seger DL, Wickner PG, Mancini CM, Bates DW, Zhou L. Heterogeneity of Drug Allergies and Reaction Lists in Two US Health Care Systems' Electronic Health Records. <i>Appl Clin Inform</i> . 2022 May 15;7(3):743-751. doi: 10.1053/a.1862-8425. Epub 2022 May 26. PMID: 36177970. PMCID: PMC9234249 | AHQR | USA | NTBI; calculation of prevalence | The objective of this study was to assess the impact of defined reaction criteria on clinical documentation and, therefore, downstream analytics and clinical research using these data at two institutions. | First, we will conduct semi-structured qualitative interviews and human factor observations to determine the challenges and facilitators of COVID-19 | single intervention | Unknown | | | 3.4 | | |
| Evans LV, Ray JM, Blotz JW, Joseph M, Garwin JN, Datura JD, Venkatesh AK, Wong AH. Improving patient and clinician safety during COVID-19 through rapidly adaptive simulation and a randomized controlled trial: a study protocol. <i>BMC Open</i> . 2022 May 19;12(5):e056860. doi: 10.1186/s12916-021-09890-PMCID: 35089356. PMCID: PMC9212107 | AHQR | USA | RCT | We will implement a rapidly adaptive simulation and a randomized understand and improve physician preparedness while decreasing physician stress and anxiety. | First, we will conduct semi-structured qualitative interviews and human factor observations to determine the challenges and facilitators of COVID-19 preparedness and mitigation of physician stress. Next, we will conduct a randomized controlled trial to test the effectiveness of a simulation preparedness intervention on physician physiological stress as measured by heart rate variability on shift and anxiety as measured by the State-Trait Anxiety Inventory. | single intervention | Unknown | | | 5.5, 5.1 | | hospital, emergency department |

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|--|---|------|---|--|---|---------------------|---------------------|---|----------|-----|--|
| Wei YJ, Chen C, Lewis MO, Schmidt SO, Winterstein AG. Trajectories of prescription opioid dose and risk of opioid-related adverse events among older Medicare beneficiaries in the United States: A nested case-control study. <i>PLoS Med</i> . 2022 Mar; 15(3):e1003947. doi: 10.1371/journal.pmed.1003947. PMID: 35290389; PMCID: PMC8923459. | AHOR | USA | cohort study | The study aims to compare trajectories of prescribed opioid doses in 6 months preceding an incident ORAE for cases and a matched control group of older patients with chronic noncancer pain (CNCP). | Not an intervention | Not an intervention | Not an intervention | older (≥65 years) patients diagnosed with CNCP who were new users of prescription opioids | 3.2 | | |
| Reid LD, Weiss AJ, Finger KR. Contributors to disparities in postpartum readmission rates between safety-net and non-safety-net hospitals: A decomposition analysis. <i>J Hosp Med</i> . 2022 Feb; 17(2):177-87. doi: 10.1002/jhm.2769. Epub 2022 Jan 27. PMID: 35504571. | AHOR | USA | | To assess how patient, hospital, and community characteristics explain the SNIHnon-SNIH disparity in postpartum readmission rates | | | | | 6.2, 6.3 | 7.3 | |
| nr = hat nrhs mit PS zu tun | Vishwanath VY, Ramach S, Dubois KC, Singh H, Newkirk LA, Reisinger HS, Chiu CL. Diagnostic Documentation of Cerebral Palsy at Admission to a PICU. <i>Pediatr Crit Care Med</i> . 2022 Feb; 17(2):105-109. doi: 10.1093/pcc/cnab005. PMID: 34534163; PMCID: PMC8818609. | AHOR | | Retrospective mixed methods study assessing diagnosis documentation in electronic health records. | Our objective was to describe how pediatric critical care clinicians document patients diagnosed at PICU admission. | | | | | | |
| nr = hat nrhs mit PS zu tun | Bryant KB, Green MB, Smith D, Schepert M, Zhang Y, Sheppard JP, McMahon RJ, Moran AE, Bellows BK. Home Blood Pressure Monitoring for Hypertension Diagnosis by Current and Former Medicare Users. <i>Hypertension</i> . 2022 Feb; 79(2):e147-151. doi: 10.1161/HYPERTENSIONAHA.121.18463. Epub 2021 Dec 2. PMID: 34552635; PMCID: PMC8754001. | AHOR | cohort study | This analysis examined how historical use of home blood pressure monitoring was associated with current out-of-office BP monitoring recommendations for hypertensive US adults without a previous hypertension diagnosis and how HBPM use varies by patient | | | | | | | |
| Katz MJ, Tamara PD, Cosgrove SE, Miller MA, Dubatz P, Rowe TA, Alvi R, Speck K, Gao Y, Shah S, Jupp RL. Implementation of an Antibiotic Stewardship Program in Long-term Care Facilities Across the US. <i>JAMA Network Open</i> . 2022 Feb 15;5(2):e20191. doi: 10.1001/jamanetworkopen.2022.0181. PMID: 35226984; PMCID: PMC8888616. | AHOR | USA | NTBI; review | To determine if the Agency for Healthcare Research and Quality (AHRQ) Safety Program for Improving Antibiotic Use, an educational initiative to establish ASPs focusing on patient safety, is associated with reductions in antibiotic use in LTC settings. | Fifteen webinars occurred over 12 months (December 2018 to November 2019), accompanied by additional tools, activities, posters, and pocket cards. All clinical staff were encouraged to participate. | intervention bundle | | Participation in the AHRQ safety program was associated with the development of ASPs that actively engaged clinical staff in the decision-making processes around antibiotic prescriptions in participating LTC facilities. The reduction in antibiotic DOT and stains, which was more pronounced in more engaged facilities, indicates that implementation of this multifaceted program may support successful ASPs in LTC settings. | 3.3 | | |
| nr = hat nrhs mit PS zu tun | David Z, Schmajuk G, Gianfrancesco M, Subash M, Evans M, Trupin L, Yazdany J. Significant Gains in Rheumatoid Arthritis Quality Measures Among RSE Registry Practices. <i>Arthritis Care Res (Hoboken)</i> . 2022 Feb; 74(2):219-228. doi: 10.1002/acr.24444. Epub 2021 Dec 27. PMID: 33973206; PMCID: PMC7869552. | AHOR | No RCT | Using the American College of Rheumatology Rheumatology Informatics System for Effectiveness (RISE) registry, our objective was to examine performance on rheumatoid arthritis (RA) quality measures and to assess the association between practice characteristics and changes in performance over time across participating practices. | | | | | | | |
| Criss DA, Stevens MA, Spivack SB, Murray GF, Rodriguez HP, Lewis VA. Survey of Information Exchange and Advanced Use of Other Health Information Technology in Primary Care Settings: Capabilities in and Outside of the Safety-Net. <i>Med Care</i> . 2022 Feb; 60(2):145-148. doi: 10.1097/ALR.0000000000001873. PMID: 36035063; PMCID: PMC8966876. | AHOR | USA* | NTBI; cross-sectional study | The aim was to estimate advanced use of health IT use in safety net versus non-safety net primary care practices. | | | | | | 6.5 | |
| Kim J, Gurses AP, Birnir M, Schulte SH. Association of Implementation and Social Network Factors With Patient Safety Culture in Medical Homes: A Concordance Analysis. <i>J Patient Saf</i> . 2022 Jan 1;18(1):e249-e256. doi: 10.1097/PTS.0000000000000752. PMID: 32740134; PMCID: PMC7855411. | AHOR | USA | NTBI; cross-case analysis study; concordance analysis; interviews | Our objective was to explore which PCMH and patient safety implementation and social network factors may be necessary or sufficient for higher patient safety culture. | | | | | 2.2 | | |
| Coffert L, Cohen T, Altshir M, Koenig F, Choi E, Savaris S, Aggar J, Catapulte K. Barriers to safety and efficiency in robotic surgery docking. <i>Surg Endosc</i> . 2022 Jan;36(1):206-215. doi: 10.1007/s00464-020-08258-0. Epub 2021 Jan 19. PMID: 33489695; PMCID: PMC8286975. | AHOR | USA* | NTBI | Prior studies showed that the docking process in robotic assisted surgery (RAS), which requires careful management of process, people, technology and working environment, might be a particularly challenging part of the operation. We sought to explore variation across multiple clinical sites and procedures, and to examine the sources of those disruptions. | | | | | 3.1 | | |
| Portfield RB, Thompson EE, HR RJ, Schwartz N, Robt AB, Corral CL, Newton D, Rogalski K, Earls MP, Kowalek RA, Bush A, Yarbrough RH, Crystal B, Visble B, Kabeher KJ, Simon GE. Development of a Symptom-focused Modular Guide to the Prescribing of Antipsychotics in Children and Adolescents: Results of the First Phase of the Safe Use of Antipsychotics in Youth (SUAU) Clinical Trial. <i>J Am Acad Child Adolesc Psychiatry</i> . 2022 Jan;61(1):93-102. doi: 10.1016/j.jaac.2021.04.010. Epub 2021 May 4. PMID: 34266987; PMCID: PMC8393227. | AHOR | USA | NTBI; nominal group technique | To develop a new approach to prescribing guidelines as part of a pragmatic trial. Safe Use of Antipsychotics in Youth (SUAU); ClinicaTrials.gov Identifier: NCT03448073, which supports prescribers in delivering high-quality mental health care to youths. | | | | | 3.2 | | |
| Martin BA, Breslow RM, Sims A, Harben AL, Bix L, Becker MW. Identifying over-the-counter information to prioritize for the purpose of reducing adverse drug reactions in older adults: A national survey of pharmacists. <i>J Am Pharm Assoc (2003)</i> . 2022 Jan-Feb;62(1):157-175.e1. doi: 10.1016/j.japh.2021.08.019. Epub 2021 Aug 23. PMID: 34503908; PMCID: PMC8968788. | AHOR | | survey | This study aimed to determine which information from the DPL is most critical in reducing ADRs at the time of purchase or use by older adults. | | | | | 3.2 | | |
| Yount N, Zetvak KA, Farnsworth T, Sierra J, Birch R. Linking Patient Safety Culture to Quality Ratings in the Nursing Home Setting. <i>J Appl Gerontol</i> . 2022 Jan;47(1):73-81. doi: 10.1177/0733462420989053. Epub 2020 Nov 6. PMID: 33158388. | AHOR | USA* | NTBI; multiple regression analysis | This study examines the relationship between scores on the Agency for Healthcare Research and Quality (AHRQ) Surveys on Patient Safety Culture™ (SOPSC) Nursing Home Survey (NHS) and Centers for Medicare and Medicaid Services Nursing Home Five-Star Quality Ratings. | | | | | 6.2, 6.3 | | |
| Hughes TM, Ellsworth B, Berlin NL, Sinco R, Brudbeck B, Barkin A, Wang T, Nathan H, Dosselt LA. Statewide Episode Spending Variation of Mastectomy for Breast Cancer. <i>J Am Coll Surg</i> . 2022 Jan 1;234(1):14-23. doi: 10.1097/XCS.0000000000000050. PMID: 35213456. | AHOR | USA | | Centralizing complex cancer operations, such as panprostatectomy and esophagectomy, has been shown to increase value, largely due to reduction in complications. For high-volume operations with low complication rates, it is unknown to what degree value varies between facilities, or by what mechanism value may be improved. To identify possible opportunities for value enhancement for such operations, we sought to describe variations in episode spending for mastectomy with a secondary aim of identifying patient- and facility-level determinants of variation. | | | | | 1.2 | | |
| Schnook KO, Snyder JE, Gershank E, Lipitz S, Dykes PC, Bates DW, Rossett SC. Unique Patient-Reported Hospital Safety Concerns With Online Tool MySafeCare. <i>J Patient Saf</i> . 2022 Jan 1;18(1):e33-e39. doi: 10.1097/PTS.0000000000000087. PMID: 33776964; PMCID: PMC8747392. | AHOR | USA* | NTBI | We implemented the MySafeCare (MSC) application on six acute care units for 18 months as part of a patient-centered health information technology intervention to promote engagement and safety in the acute care setting. The web-based application allowed hospitalized patients to submit safety concerns anonymously and in real time. We describe characteristics of patient submissions including their categorization. We evaluated rates of submissions to MSC and compared them with rates of submissions to the Patient Family Relations department at the hospital. In addition, we performed thematic analysis of narrative concerns submitted to the application. | | | | | 4.2 | 6.5 | |

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| <p>Zinbatta AJ, Shaheed UJ, Gardina TD, Memon SA, Muhtaq UJ, Zubair FJ, Murphy DR, Bradford A, Singh H. Why Test Results are Still Getting "Lost" to Follow-up: a Qualitative Study of Implementation Gaps. <i>J Gen Intern Med</i>. 2022 Jan;27(1):137-144. doi: 10.1007/s11960-021-00772-y. Epub 2021 Apr 27. PMID: 33807862; PMCID: PMC8379406.</p> | <p>USA</p> | <p>NTBI, qualitative study</p> | <p>As part of a larger project to improve follow-up of diagnostic test results, this study sought to identify specifically where implementation gaps exist, as well as possible solutions identified by front-line staff</p> | <p>35</p> |
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