



## **CUSTOMER FOCUSED HEALTH CARE DELIVERY AND SATISFACTION September 2003**

Am J Emerg Med. 2003 Jul;21(4):288-92.

Patient compliance with medical advice given by telephone.

Labarere J, Torres JP, Francois P, Fourny M, Argento P,  
Gensburger X, Menthonnex P.

Medical Evaluation Unit, University Hospital, Pavillon D. Villars, CHU-BP 217,  
38 043 Grenoble cedex 9, France. jlabarere@chu-grenoble.fr

Data on compliance with medical advice given by telephone consultation services are currently lacking. The aim of this study was to assess patient compliance with medical advice given by a call center. A cross-sectional telephone survey was carried out on a random sample of 463 callers 72 hours after contacting the Grenoble Dial 15 center in France. Four hundred nine subjects (88.3%) participated in the study. Of these, 286 callers (69.9%) complied with the medical advice given. Compliance was 61.4% among patients who were advised to treat themselves, 83.9% among patients who were advised to consult a general practitioner during business hours, and 64.0% among patients who were advised to go to an accident and ED ( $P < .01$ ). The survey pointed out adverse events resulting from the service. Assessing patient compliance can be an important source of information for improving aspects of patient management provided by telephone consultation services.

PMID: 12898484 [PubMed - indexed for MEDLINE]

Am J Gastroenterol. 2003 Jul;98(7):1535-44.

Patient nonadherence to medication in inflammatory bowel disease.

Sewitch MJ, Abrahamowicz M, Barkun A, Bitton A, Wild GE, Cohen A, Dobkin PL.  
Groupe de Recherche Interdisciplinaire en Sante, University of Montreal,  
Montreal, Quebec, Canada.

**OBJECTIVE:** The aim of this study was to identify determinants of nonadherence to medication in outpatients with established inflammatory bowel disease (IBD).

**METHODS:** Ten gastroenterologists and 153 of their IBD patients participated in this prospective study. Demographic, clinical, and psychosocial characteristics, as well as patient-physician discordance, were assessed at an office visit.

Nonadherence to medication was assessed 2 wk later. Separate generalized estimating equations were used to identify determinants of nonadherence.

**RESULTS:** Physicians averaged 47.9 yr in age (range 30.1-57.5 yr), and 90% were male. Patients averaged 37.0 yr (SD = 15.1), and 87 (56.9%) were female. In all, 63 patients (41.2%) were nonadherent to medication; of these, 51 (81.0%) indicated unintentional nonadherence, 23 (36.5%) intentional nonadherence, and 11 (17.5%) both. Overall nonadherence was predicted by disease activity (OR =

0.55,  $p = 0.0022$ ), new patient status ( $OR = 2.14$ ,  $p = 0.0394$ ), disease duration ( $OR = 0.50$ ,  $p = 0.0001$ ), and scheduling a follow-up appointment ( $OR = 0.30$ ,  $p = 0.0059$ ), whereas higher discordance on well-being was predictive only in psychologically nondistressed patients ( $p = 0.0026$  for interaction). Unintentional nonadherence was predicted by age ( $OR = 0.97$ ,  $p = 0.0072$ ), new patient status ( $OR = 2.80$ ,  $p = 0.0239$ ), and higher discordance on well-being in psychologically nondistressed patients ( $p = 0.0504$ ). Intentional nonadherence was predicted by disease duration ( $OR = 0.55$ ,  $p = 0.0032$ ), scheduling a follow-up appointment ( $OR = 0.12$ ,  $p = 0.0001$ ), certainty that medication would be helpful ( $OR = 0.99$ ,  $p = 0.0409$ ), and total patient-physician discordance ( $OR = 1.59$ ,  $p = 0.0120$ ). **CONCLUSIONS:** These findings suggest that the therapeutic relationship, as well as individual clinical and psychosocial characteristics, influence adherence to medication.  
PMID: 12873575 [PubMed - indexed for MEDLINE]

Arch Intern Med. 2003 Jul 28;163(14):1727-34.

The impact of health information on the internet on the physician-patient relationship: patient perceptions.

Murray E, Lo B, Pollack L, Donelan K, Catania J, White M, Zapert K, Turner R. Department of Health Career Scientist, Department of Primary Care and Population Sciences, Royal Free and University College School of Medicine at University College London, , England. elizabeth.murray@pcps.ucl.ac.uk

**BACKGROUND:** Use of the Internet for health information continues to grow rapidly, but its impact on health care is unclear. Concerns include whether patients' access to large volumes of information will improve their health; whether the variable quality of the information will have a deleterious effect; the effect on health disparities; and whether the physician-patient relationship will be improved as patients become more equal partners, or be damaged if physicians have difficulty adjusting to a new role. **METHODS:** Telephone survey of nationally representative sample of the American public, with oversample of people in poor health. **RESULTS:** Of the 3209 respondents, 31% had looked for health information on the Internet in the past 12 months, 16% had found health information relevant to themselves and 8% had taken information from the Internet to their physician. Looking for information on the Internet showed a strong digital divide; however, once information had been looked for, socioeconomic factors did not predict other outcomes. Most (71%) people who took information to the physician wanted the physician's opinion, rather than a specific intervention. The effect of taking information to the physician on the physician-patient relationship was likely to be positive as long as the physician had adequate communication skills, and did not appear challenged by the patient bringing in information. **CONCLUSIONS:** For health information on the Internet to achieve its potential as a force for equity and patient well-being, actions are required to overcome the digital divide; assist the public in developing searching and appraisal skills; and ensure physicians have adequate communication skills.

PMID: 12885689 [PubMed - indexed for MEDLINE]

Arch Intern Med. 2003 Jul 28;163(14):1673-81.

Direct observation of requests for clinical services in office practice: what do patients want and do they get it?

Kravitz RL, Bell RA, Azari R, Kelly-Reif S, Krupat E, Thom DH.

Center for Health Services Research in Primary Care, University of California, Davis, Sacramento, CA 95817, USA. rkravitz@ucdavis.edu

**BACKGROUND:** Requests can influence the conduct and content of the medical visit. However, little is known about the nature, frequency, and impact of such

requests. We performed this study to ascertain the prevalence, antecedents, and consequences of patients' requests for clinical services in ambulatory practice. METHODS: This observational study combined patient and physician surveys with audiotaping of 559 visits to 45 physicians in 2 health care systems between January and November 1999. All patients had a new problem or significant health concern. Main outcome measures included prevalence of 8 categories of requests for physician action; odds of patients' requesting tests, referrals, or new prescriptions; odds of physicians' ordering diagnostic tests, making specialty referrals, or writing new prescriptions; patient satisfaction; and physicians' perceptions of the visit. RESULTS: The 559 patients made 545 audiocoded requests for physician action; 23% requested at least 1 diagnostic test, specialty referral, or new prescription medication. Requests for diagnostic tests were more common among new patients ( $P < .001$ ). Requests for any clinical service were more common among patients experiencing greater health-related distress ( $P < .05$ ) and less common among patients of cardiologists ( $P < .001$ ). After adjusting for predisposing, need, and contextual factors, referral requests were associated with higher odds of receiving specialty referrals (adjusted odds ratio [AOR], 4.1; 95% confidence interval [CI], 1.6-10.7) and prescription requests were associated with higher odds of receiving new prescription medications (AOR, 2.8; 95% CI, 1.2-6.3). Physicians reported that visits during which patients requested diagnostic tests were more demanding than visits in which no such requests were made ( $P = .02$ ). CONCLUSIONS: Though more common in primary care than in cardiology, patients' requests for clinical services are both pervasive and influential. The results support placing greater emphasis on understanding and addressing the patient's role in determining health care utilization. PMID: 12885682 [PubMed - indexed for MEDLINE]

BMJ. 2003 Aug 23;327(7412):450-1.

Comment on:

BMJ. 2003 Jun 14;326(7402):1330-1.

Copying letters to patients: doctors should tailor their practice to cater for individual patients' needs.

Dale J, Tadros G, Adams S, Deshpande N.

Publication Types:

Comment

Letter

PMID: 12933748 [PubMed - indexed for MEDLINE]

BMJ. 2003 Aug 23;327(7412):451.

Comment on:

BMJ. 2002 Aug 17;325(7360):388.

BMJ. 2003 Jun 14;326(7402):1330-1.

Copying letters to patients: most patients want copies of letters from outpatient clinics and find them useful.

O'Driscoll BR, Koch J, Paschalides C.

Publication Types:

Comment

Letter

PMID: 12933753 [PubMed - indexed for MEDLINE]

BMJ. 2003 Aug 9;327(7410):326-8.

Involving patients in medical education.

Howe A, Anderson J.

School of Medicine, Health Policy and Practice, University of East Anglia,  
Norwich NR4 7TJ.  
PMID: 12907488 [PubMed - indexed for MEDLINE]

BMJ. 2003 Jul 26;327(7408):180.  
Hospital patients say they are not fully informed about drugs.  
Eaton L.  
Publication Types:

News

PMID: 12881239 [PubMed - indexed for MEDLINE]

BMJ. 2003 Jul 26;327(7408):185.  
Doctors' emotional reactions to recent death of a patient: cross sectional study of hospital doctors.  
Redinbaugh EM, Sullivan AM, Block SD, Gadmer NM, Lakoma M, Mitchell AM, Seltzer D, Wolford J, Arnold RM.  
Department of Behavioural Medicine and Oncology, University of Pittsburgh Cancer Institute, 5150 Centre Ave #445, Pittsburgh, PA 15232, USA. ellenr@pitt.edu  
OBJECTIVES: To describe doctors' emotional reactions to the recent death of an "average" patient and to explore the effects of level of training on doctors' reactions. DESIGN: Cross sectional study using quantitative and qualitative data. SETTING: Two academic teaching hospitals in the United States. PARTICIPANTS: 188 doctors (attending physicians (equivalent to UK consultants), residents (equivalent to UK senior house officers), and interns (equivalent to UK junior house officers)) who cared for 68 patients who died in the hospital. MAIN OUTCOME MEASURES: Doctors' experiences in providing care, their emotional reactions to the patient's death, and their use of coping and social resources to manage their emotions. RESULTS: Most doctors (139/188, 74%) reported satisfying experiences in caring for a dying patient. Doctors reported moderate levels of emotional impact (mean 4.7 (SD 2.4) on a 0-10 scale) from the death. Women and those doctors who had cared for the patient for a longer time experienced stronger emotional reactions. Level of training was not related to emotional reactions, but interns reported needing significantly more emotional support than attending physicians. Although most junior doctors discussed the patient's death with an attending physician, less than a quarter of interns and residents found senior teaching staff (attending physicians) to be the most helpful source of support. CONCLUSIONS: Doctors who spend a longer time caring for their patients get to know them better but this also makes them more vulnerable to feelings of loss when these patients die. Medical teams may benefit from debriefing within the department to give junior doctors an opportunity to share emotional responses and reflect on the patient's death.

Publication Types:

Multicenter Study

PMID: 12881257 [PubMed - indexed for MEDLINE]

BMJ. 2003 Jul 26;327(7408):173-4.  
"The best places to die".  
Singer PA, Wolfson M.  
Publication Types:

Editorial

PMID: 12881231 [PubMed - indexed for MEDLINE]

BMJ. 2003 Jul 26;327(7408):174-5.  
Patient centred death.  
Clark J.

Publication Types:

Editorial

PMID: 12881232 [PubMed - indexed for MEDLINE]

BMJ. 2003 Jul 26;327(7408):221.

In search of a good death: Doctors need to know when and how to say die.

Workman SR.

Publication Types:

Letter

PMID: 12881272 [PubMed - indexed for MEDLINE]

BMJ. 2003 Jul 26;327(7408):224.

Comment on:

BMJ. 2003 Jan 4;326(7379):30-4.

In search of a good death: Each encounter with a dying patient is a unique privilege.

Knowles S.

Publication Types:

Comment

Letter

PMID: 12881284 [PubMed - indexed for MEDLINE]

ED Manag. 2003 Aug;15(8):88-90.

Patient satisfaction depends on staff morale.

[No authors listed]

PMID: 12916323 [PubMed - indexed for MEDLINE]

Holist Nurs Pract. 2003 Jul-Aug;17(4):170-7; quiz 177-8.

Examining the ethics of praying with patients.

Winslow GR, Winslow BW.

Loma Linda University, Calif 92350, USA. gwinslow@univ.llu.edu

Nurses should reflect carefully about the meaning and purpose of prayer in the clinical setting before engaging in prayer with patients. This article discusses the ethics of prayer with patients in regard to respectful care of the patient and integrity for the nurse. Five guidelines are offered to assist nurses in their ethical decisions about prayer with patients.

PMID: 12889544 [PubMed - indexed for MEDLINE]

Holist Nurs Pract. 2003 Jul-Aug;17(4):189-92.

Large clinical study shows value of therapeutic touch program.

Newshan G, Schuller-Civitella D.

Holistic Care Services Department, St John's Riverside Hospital, Yonkers, NY, USA.

Representing the largest published sample size of therapeutic touch (TT) outcomes to date, data from this continuous quality improvement (CQI) clinical study suggests that TT, when provided in the clinical setting, promotes comfort, calmness, and well-being among hospitalized patients. In addition, patients are highly satisfied with TT. The newly developed Patient Satisfaction Survey and TT Performance Improvement Tool provide an effective means by which to evaluate a TT program.

PMID: 12889546 [PubMed - indexed for MEDLINE]

Holist Nurs Pract. 2003 Jul-Aug;17(4):219.

JCAHO safeguards spiritual care.

La Pierre LL.  
Northeast Health, Rockport, ME, USA.  
PMID: 12889550 [PubMed - indexed for MEDLINE]

Hosp Health Netw. 2003 Jul;77(7):10, 12.  
True evidence-based care.  
Austin LJ.  
Publication Types:  
Letter  
PMID: 12916510 [PubMed - indexed for MEDLINE]

Int J Health Care Qual Assur Inc Leadersh Health Serv. 2003;16(2-3):63-4.  
Inappropriate response to complaints--a missed opportunity for improvement.  
Jackson S.  
Publication Types:  
Editorial  
PMID: 12870244 [PubMed - indexed for MEDLINE]

Int J Health Care Qual Assur Inc Leadersh Health Serv. 2003;16(2-3):143-53.  
Gap analysis of patient meal service perceptions.  
Hwang LJ, Eves A, Desombre T.  
School of Management, University of Surrey, Guildford, UK.  
The provision of food and drinks to patients remains a largely unexplored, multidimensional phenomenon. In an attempt to ameliorate this lack of understanding, a survey utilising a modified SERVQUAL instrument measured on a seven-point Likert scale was carried out on-site at four NHS acute trusts for the purpose of assessing the perceptions and expectations of meal attributes and their importance in determining patient satisfaction. The results of factor analysis found three dimensions: food properties, interpersonal service, and environmental presentation, with a high reliability (Cronbach's alpha from 0.9191 to 0.7836). Path analysis further established sophisticated causal relations with patient satisfaction. The food dimension was found to be the best predictor of patient satisfaction among the three dimensions, while the interpersonal service dimension was not found to have any correlation with satisfaction. Bridging the gaps that exist between perceptions and expectations can improve the quality of meal services for the purpose of maximising patient satisfaction and ultimately aiding in patient recovery.  
PMID: 12870254 [PubMed - indexed for MEDLINE]

J Clin Oncol. 2003 Aug 1;21(15):3000-2.  
Allowing patients to die: practical, ethical, and religious concerns.  
Kahn MJ, Lazarus CJ, Owens DP.  
Department of Medicine and Psychiatry, Tulane University School of Medicine, New Orleans, LA 70112, USA. mkahn@tulane.edu.  
PMID: 12885824 [PubMed - indexed for MEDLINE]

J Interprof Care. 2003 Aug;17(3):307-9.  
Collaborative training in breaking bad news to patients.  
Cooke S, Wakefiel A, Chew-Graham C, Boggis C.  
South Manchester University Hospitals' Trust, Manchester, UK.  
scooke@fs1.with.man.ac.uk  
PMID: 12879906 [PubMed - indexed for MEDLINE]

JAMA. 2003 Aug 20;290(7):953-8.  
Patient-physician communication about out-of-pocket costs.

Alexander GC, Casalino LP, Meltzer DO.

Robert Wood Johnson Clinical Scholars Program, University of Chicago, Chicago, Ill 60637, USA. calexand@medicine.bsd.uchicago.edu

CONTEXT: Out-of-pocket costs account for approximately one fifth of health care expenditures and are increasing. Previous research suggests that these costs are associated with medication nonadherence and considerable economic burden among some patients. Little is known about patient-physician communication regarding these costs. OBJECTIVE: To identify patients' and physicians' beliefs and practices regarding discussions of out-of-pocket costs. DESIGN, SETTING, AND PARTICIPANTS: Cross-sectional paired surveys of 133 general internists and 484 of their outpatients, aged 18 years or older, in 3 academic and 18 community general medicine practices in the Chicago metropolitan area, March-November 2002. MAIN OUTCOME MEASURES: Patient and physician beliefs regarding discussions

of out-of-pocket costs, frequency and predictors of discussions, and physician recognition of patient burden from out-of-pocket costs. RESULTS: Sixty-three percent of patients reported a desire to talk with their physician about their out-of-pocket costs, and 79% of physicians believed that patients in general want to discuss these costs. By contrast, only 35% of physicians and 15% of patients reported ever having discussed the study patient's out-of-pocket costs. Multivariate analysis indicated that discussions were significantly more likely to occur with patients burdened by their out-of-pocket costs (prevalence ratio [PR], 2.55; 95% confidence intervals [CI], 1.62-3.76) and with those patients seen in a community practice (PR, 5.19; CI, 1.86-8.93). Among patients burdened by out-of-pocket costs, physicians were substantially more likely to recognize this burden when a prior discussion regarding out-of-pocket costs had taken place (80% vs 51%). CONCLUSIONS: Among respondents, both patients and physicians

believed that discussions of out-of-pocket costs were important, yet these discussions occurred infrequently. Physician communication with patients about out-of-pocket costs may be an important yet neglected aspect of current clinical practice. Further research should identify the prevalence of this problem in broader populations, investigate its causes, and evaluate the impact of enhanced communication about out-of-pocket costs on patient satisfaction, utilization of care, and outcomes.

Publication Types:

Evaluation Studies

PMID: 12928475 [PubMed - indexed for MEDLINE]

Lancet. 2003 Aug 2;362(9381):408.

Comment on:

Lancet. 2003 May 10;361(9369):1603-7.

Spiritual wellbeing and care of terminally ill patients.

Steger B.

Publication Types:

Comment

Letter

PMID: 12907029 [PubMed - indexed for MEDLINE]

Med Health Care Philos. 2003;6(2):145-52.

Doctor-patient-interaction is non-holistic.

Nordby H.

University of Oslo, Department of Philosophy, P.O. Box 1024 Blindern, 0315 Oslo, Norway. halvordby@filosofi.uio.no

In recent philosophy of mind a non-holistic view on concept possession,

originally developed by Tyler Burge, has emerged as an alternative to holistic analyses of language mastery. The article discusses the implications of this view for analyses of communication in doctor-patient-interaction. The central question Burge's theory gives an answer to is this: to what extent must a doctor and a patient understand a medical term in the same way in order to communicate in the sense that they express the same concept by the term? Many empirical studies have shown that patients do not, typically, understand medical terms in the same way as doctors they encounter. Holistic approaches therefore imply that doctors and patients seldom communicate. Burge's position, on the other hand, implies that it is sufficient that patients have a minimal understanding. In an important range of cases doctors can make sure that patients have a minimal understanding by being explicit about common dictionary definitions of the terms in question.

PMID: 12870635 [PubMed - indexed for MEDLINE]

Natl Cathol Bioeth Q. 2001 Autumn;1(3):307-12.  
Depression and assisted suicide in the terminally ill.  
Angelo EJ.

Tufts University School of Medicine, Boston, Massachusetts, USA.  
PMID: 12866518 [PubMed - indexed for MEDLINE]

NeuroRehabilitation. 2003;18(2):125-33.

Depression, fatigue, and health-related quality of life among people with advanced multiple sclerosis: results from an exploratory telerehabilitation study.

Egner A, Phillips VL, Vora R, Wiggers E.

Department of Health Policy and Management, Rollins School of Public Health of Emory University, 1518 Clifton Road, NE, Atlanta, GA 30322, USA.

This study reports on secondary data, depression, fatigue and health-related quality of life (HRQOL), collected on people with advanced multiple sclerosis (MS) as part of a larger study of the impact of a telerehabilitation intervention on people with severe mobility impairment. People with spinal cord injuries (SCIs) (n=111) and the prevention of pressure sores were the primary group of interest of the project. The focus here is on data collected from people with advanced MS (n=27), who were included as an exploratory cohort, as they experience increased risk of pressure ulcer development as their level of mobility declines. The study consisted of a nine-week intervention with three randomized groups: video, telephone, and standard care. Aside from information on pressure sores, data were also collected on fatigue, depression, and HRQOL for a two-year follow-up period. For the video group HRQOL scores trended higher and fatigue and depression scores lower for 24 months. Fatigue scores were significantly lower for the video group at month six, 12, and 18. In the sample overall, fatigue symptoms were far more prominent than depressive symptoms and affected 100% higher rates of depression than women. At baseline, controlling for Extended Disability Status Score (EDSS), depression and fatigue were correlated. However, contrary to indications from previous cross-sectional studies, no consistent relationship was observed over time between the two. Telerehabilitation interventions for people with advanced MS warrant further investigation. Findings here suggest that such interventions may be beneficial, although the results need affirmation through larger samples. In addition, the higher prevalence of male depression merits serious attention.

Publication Types:

Clinical Trial

Randomized Controlled Trial

PMID: 12867675 [PubMed - indexed for MEDLINE]

Nurs Forum. 2003 Apr-Jun;38(2):25-8.  
Palliative care: a discussion of management and ethical issues.  
Chrystal-Frances E.  
School of Health, Technology, SUNY Stony Brook, Stony Brook, NY, USA.  
Echrystal@aol.com  
Publication Types:  
    Review  
    Review, Tutorial  
PMID: 12894629 [PubMed - indexed for MEDLINE]

Nurs Older People. 2003 Jul-Aug;15(5):3.  
Exploring the art of empathy.  
[No authors listed]  
Publication Types:  
    Editorial  
PMID: 12868212 [PubMed - indexed for MEDLINE]

Nurs Res. 2003 Jul-Aug;52(4):217-25.  
Determinants of hospice home care use among terminally ill cancer patients.  
Tang ST.  
National Yang-Ming University, School of Nursing, Taipei, Taiwan.  
sttang@ym.edu.tw  
BACKGROUND: Despite the widespread availability of hospice services for more than two decades in the United States, currently many terminally ill cancer patients who may benefit from hospice care do not receive it. PURPOSE: To identify determinants of the use of hospice home care services for terminally ill cancer patients during their final days of life. METHODS: Secondary analysis of data from 127 terminally ill cancer patients who participated in a prospective and exploratory study aimed at identifying determinants of congruence between the preferred and actual place of death. Multivariate logistic regression analysis was conducted to identify determinants of hospice home care use. RESULTS: Sixty-four (50.4%) out of the 127 participants had used hospice home care services before death. Important determinants of hospice home care use included: (a) longer length of survival (odds ratio [OR] 1.02; 95% confidence interval [CI]: 1.01-1.03); (b) perceived greater family ability to achieve preferred place of death (OR: 1.85; 95% CI: 1.30-2.62); (c) home as the realistic preferred place of death (OR: 5.58; 95% CI: 1.95-16.03); (d) being female (OR: 5.37; 95% CI: 1.81-15.95); (e) lower levels of functional dependency (OR: 0.94; 95% CI: 0.89-0.99); and (f) use of emergency care during the final days of life (OR: 4.03; 95% CI: 1.26-12.94). CONCLUSIONS: The results of this study identified several groups of terminally ill cancer patients who were at a disadvantage to use hospice home care, including those without sufficient family resources but who required intensive nursing care. Providing nursing care that enables family care-taking at home may facilitate hospice home care use for patients.  
PMID: 12867778 [PubMed - indexed for MEDLINE]

Qual Health Res. 2003 Jul;13(6):743-80.  
Making the case for a qualitative study of medical errors in primary care.  
Kuzel AJ, Woolf SH, Engel JD, Gilchrist VJ, Frankel RM, LaVeist TA, Vincent C.  
Department of Family Practice, Virginia Commonwealth University, Richmond, Virginia, USA.  
In the interest of publicizing examples of funded qualitative health research, the authors share a proposal to the Agency for Healthcare Research and Quality

in Washington, D.C., in which they sought to elicit patient stories of preventable problems in their primary health care that were associated with psychological or physical harms. These stories would allow for the construction of a tentative typology of errors and harms as experienced by patients and the contrasting of this with errors and harms reported by primary care physicians in the United States and other countries. The authors make explicit the anticipated concerns of reviewers more accustomed to quantitative research proposals and the arguments and strategies employed to address them.

PMID: 12891714 [PubMed - indexed for MEDLINE]

Qual Lett Healthc Lead. 2003 Jul;15(7):2-11, 1.

Putting the spotlight on health literacy to improve quality care.

[No authors listed]

A recent survey from the American Medical Association Foundation found that the issue of health literacy is just a blip on many physicians' radar screens.

However, this problem is beginning to receive greater attention because of its magnitude: An estimated 90 million adult Americans face challenges in understanding basic, common instructions given to them by their physicians.

Related to low health literacy is the potential impact on patient outcomes, which could mean additional healthcare costs of up to \$73 billion annually. This issue of The Quality Letter for Healthcare Leaders looks at how health literacy is defined and what can be done to improve communication among providers and patients from all walks of life to promote quality healthcare.

PMID: 12918286 [PubMed - indexed for MEDLINE]

Qual Manag Health Care. 2003 Jul-Sep;12(3):187-90.

Patient satisfaction with nursing care: a multilevel analysis.

Aiello A, Garman A, Morris SB.

Rush University, Chicago, Illinois, USA.

Although prior research has suggested that satisfaction with nursing care is affected by multilevel factors (e.g., patient characteristics, episode-of-care, the institution providing care), these studies typically focused only on a single level of analysis. The present study examines three levels of influence simultaneously to assess the relative effect each has on satisfaction. Results suggest that satisfaction is determined primarily by the patient and the episode of care; organization-level factors explained almost no additional variance.

PMID: 12891962 [PubMed - indexed for MEDLINE]

Qual Manag Health Care. 2003 Jul-Sep;12(3):171-84; discussion 185-6.

The coming third health care revolution: personal empowerment.

Neuhauser D.

Case Western Reserve University, Department of Epidemiology & Biostatistics, Cleveland, Ohio, USA.

The financing and organization of health care in the United States has been rapidly evolving in the last 30 years. Managed care and capitation have largely replaced fee-for-service as a way to pay providers. Cost-control initiatives were developed by payers. These crude cost-control methods proved insufficient and new approaches were developed. These might be referred to as disease management that includes evidence-based medicine and outcomes measurement. It is

proposed that a third revolution, patient empowerment, is just starting. The potential far-reaching consequences are described, discussed, and analyzed here, including their cost consequences.

PMID: 12891961 [PubMed - indexed for MEDLINE]

Rehabil Nurs. 2003 Jul-Aug;28(4):104, 122.

Everyday steps to patient satisfaction.

Weeks SK.

Wake Forest University Baptist Medical Center, Winston, Salem, NC 27157, USA.

sweeks@wfubmc.edu

PMID: 12875141 [PubMed - indexed for MEDLINE]

Soc Work. 2003 Jul;48(3):420-4.

Enhancing relationships in nursing homes through empowerment.

Ingersoll-Dayton B, Schroepfer T, Pryce J, Waarala C.

School of Social Work, University of Michigan, Ann Arbor 48109-1106, USA.

bid@umich.edu

PMID: 12899289 [PubMed - indexed for MEDLINE]

Soc Work. 2003 Jul;48(3):392-400.

Finding meaning in medical necessity.

Schwartz J, Weiner MB.

Managed Health Network, New York, NY 10005, USA. Jeffrey.Schwartzmhn.com

Managed care organizations have become partners in patient care through their representatives/liasons---care managers. This article uses personal experiences and relevant literature to highlight the professional conflicts care managers face in the struggle to fulfill two main clinical functions: applying criteria to determine medical necessity and educating practitioners and patients about effective and efficient treatments. Many care managers struggle to maintain cordial relationships with colleagues, while determining which requests for treatment are necessary versus discretionary, and insuring treatment excellence.

PMID: 12899286 [PubMed - indexed for MEDLINE]

## BOOKS

Clinical communication handbook. M Piasecki. Blackwell Pub, 2003. (UID) 101140088

Community based participatory research for health. M. Minkler, et al. Jossey-Bass , 2003. 1<sup>st</sup> ed. (UID) 101146733

Exploring consumer perspectives on good physician care: a summary of focus group results.

D Pillittere. Commonwealth fund, 2003.

Patients, power and responsibility: the first principles of consumer-driven reform. J. Spiers . Radcliffe Medical , 2003. (UID) 101186122

Quality of life: from nursing and patient perspectives: theory, research, practice/ Cynthia King et al. Jones and Bartlett, 2003 (UID) 101161969

## Videocassettes

Customer service developing a plan for excellence/HSTN.

C. C. Slaughter. Primedia Workplace Learning, 2003

1 video 90 min. (UID) 101175289