

# Rural Healthcare Quality Network

A Clinical Forum Newsletter



## Medical Literature Review

### ACS (Acute Coronary Syndrome)

*Question:* In the ED chest pain population, what is the most frequent cause of ST segment elevation?

*Answer:* Left Ventricular Hypertrophy (LVH)

*Source:* J. Emergency Medicine. July 2006.

### CAP (Community Acquired Pneumonia)

*Question:* How long should we treat healthy outpatients with CAP?

*Answer:* Several recent articles in peer reviewed literature have noted that short course therapy (5 days) is effective in the treatment of uncomplicated CAP.

*Source:* Current Opinion in Infectious Diseases. 20(2): 177-181. April, 2007.

### Family Practice/Internal Medicine

*Question:* How long are adults and children with influenza contagious?

*Answer:* The incubation period for influenza is 1-4 days. Children and adults can be infectious a day or so prior to symptom onset. Adults are generally contagious for about 5 days following symptom onset and children up to 10 days..

*Source:* MMWR. July 28, 2006.

### Medication Management

*Question:* Do opiates affect the surgical clinical evaluation of patients with acute abdominal pain ?

*Answer:* No, multiple studies have demonstrated no surgical management errors in patients receiving narcotics prior to surgical examination..

*Source:* JAMA. 296 (14): 1764. Oct. 11, 2006



### Emergency Medicine

*Question:* How soon after ethanol abstinence do withdrawal seizures occur?

*Answer:* 6 to 48 hours. These seizures are generally brief, single, tonic/clonic events. Recurrent or prolonged seizures suggest metabolic abnormality, CNS infection or trauma.

*Source:* Annals of Emergency Medicine. 1990; 19: 453

### Nursing Focused Care

*Question:* Does antibiotic administration decrease the effectiveness of oral contraceptives?

*Answer:* The only antibiotic clearly shown to reduce oral contraceptive efficacy is rifampen. *Source:* Obstetrics and Gynecology 98(5): 853-60 (2001)

### Risk Management: Emergency Dept.

*Question:* What infectious conditions should be suspected in patients who present with cervical or lumbar pain with fever?

*Answer:* Spinal discitis and epidural abscess are frequently overlooked diagnoses with resultant neurological morbidity. IVDA and immunocompromise are risk factors.

*Source:* Rosen's Textbook of Emergency Medicine. 5th Edition

## Practice Pearl:

*Question:* Can recommended doses of acetaminophen cause elevated alanine aminotransferase (ALT) levels?

*Answer:* 30 to 40% of adults taking 4 grams of acetaminophen daily had ALT levels 3 times normal. Thus, patients with elevated ALT levels should be questioned regarding analgesic use.

*Source:* JAMA. 296: 87-93. 2006

Direct comments, questions & suggestions to Dr. Stevenson, at [docfishing@hotmail.com](mailto:docfishing@hotmail.com)

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# Automated Data Collection in Rural Hospitals by Jackie Pitman

The Rural Healthcare Quality Network (RHQN) has partnered with American Institutes for Research (AIR) to bring automated data collection to Rural Hospitals.

Rural hospitals can now move away from filling out paper “abstractions” and can now enter data electronically in the RHQN owned SharePoint Portal.

This program provides an automated approach at collecting and monitoring performance data related to the treatment of inpatient community acquired pneumonia and acute myocardial infarction. Data can now be easily accessed and quickly transferred for committee review.

To date all 13 of the AHRQ grant participating hospitals have been trained on the system and are submitting data according to the pre-established due dates with very few data entry errors, which tells us that they system is easy to use for any user at any level. Best of all, the participating hospitals are receiving their performance reports as soon as 10 business days from their quarterly data entry due date. This program was designed specifically for the

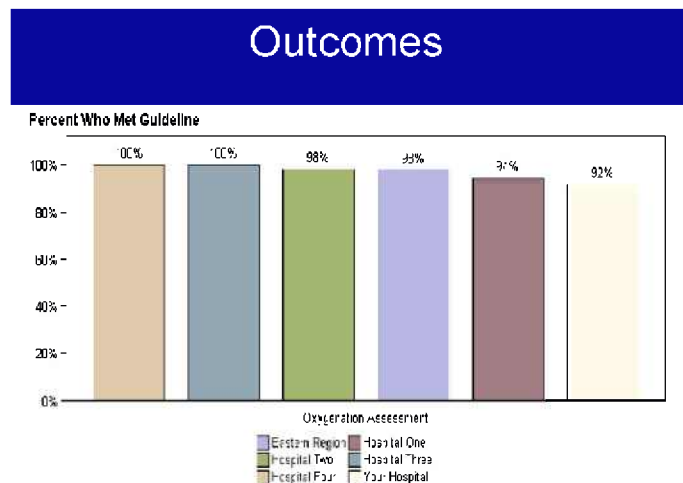
AHRQ participating hospitals; however, when the grant is finished, we hope to be able to give all RHQN member hospitals the opportunity to participate in this cost effective program. Here is how we did it....

## Phase I: Abstraction Training

Jackie Huck provided phase I training via telehealth. The purpose of the training was to teach and educate abstractors about the data we were capturing. Each site abstracted 2 de-identified cases that we submitted to Jackie Huck for inter-rater reliability. If the site passed, then they were scheduled for Phase II training.

## Phase II: Electronic Data Entry Training

Jackie Pitman provided Phase II training via web-ex. The purpose of this training was to demonstrate, via the web, how to access each hospital’s secure website and the location of their data repository. A “Go Live Date” was given and the abstractors began entering data with ease.



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