This monthly newsletter will highlight journal articles and other resources available in various health disciplines to assist in patient care and professional development. Each issue will list both print and electronic resources available through the Macarthur Clinical Library and Michael Khoo Library. If you would like any of the listed resources; follow the links if electronic or contact the library.

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**Allied Health**

**Impact of Diabetes and Comorbidities on Split-Thickness Skin Grafts for Foot Wounds**
Crystal L. Ramanujam, David Han, Sharon Fowler, Krista Kilpadi, and Thomas Zgonis
Journal of the American Podiatric Medical Association JAPMA 2013 103 (3);p 223-232

**Abstract:**

Background: Split-thickness skin grafts can be used for foot wound closure in diabetic and nondiabetic patients. It is unknown whether this procedure is reliable for all diabetic patients, with or without comorbidities of diabetes, including cardiovascular disease, neuropathy, retinopathy, and nephropathy.

Results: Overall, compared with nondiabetic patients, diabetic patients experienced a significantly higher risk of delayed healing time and postoperative complication/infection and, hence, are more likely to require revisional surgery after undergoing the initial split-thickness skin graft procedure. These differences seemed to be related more to the presence of comorbidities than to diabetic status itself. Diabetic patients with preexisting comorbidities experienced a significantly increased risk of delayed healing time and postoperative infection and a higher need for revisional surgery compared with nondiabetic patients or diabetic patients without comorbidities. However, there were no significant differences in outcome between diabetic patients without comorbidities and nondiabetic patients.

Conclusions: For individuals with diabetes but without exclusionary comorbidities, split-thickness skin grafting may be considered an effective surgical alternative to other prolonged treatment options currently used in this patient population. (J Am Podiatr Med Assoc 103(3): 223–232, 2013)

Request a copy of this article from the Clinical Library or access online via CIAP
**The Effects of Bilateral Activities of the Upper Extremities on Stroke Patients’ Daily Living Activities**

Myoung-Hyo Lee1), Kyoung-Don Kim1), Su-J in Park1), Young-Chul Choi1), Sang-Hun Jang1), Jung-Ho Lee1), Jin-Sang Kim2)


**Abstract:**

[Purpose] This study examined the effects of bilateral upper extremity activities on the daily living abilities of chronic stroke patients. [Subjects and Method] A total of 26 study subjects were selected and were randomly divided into an experimental group of 13 subjects, who received an intervention consisting of bilateral upper extremity activities and nervous system rehabilitation, and a control group of 13 subjects, who received an intervention consisting of nervous system rehabilitation only. [Results] The experimental group showed statistically significant changes in all items. Among FIM items, Self-care, Social Cognition, and Total Score showed significant differences between the groups. [Conclusion] Bilateral upper extremity activities performed by the experimental group are considered to have improved daily living activities.

Open access journal or access online via MyAthens

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**Health Management**

**Patient-centered innovation in health care organizations: A conceptual framework and case study application.**

Hernandez, Susan E.; Conrad, Douglas A.; Marcus-Smith, Miriam S.; Reed, Peter; Watts, Carolyn

*Health Care Management Review* Volume 38(2) pgs. 95-175 April/June 2013, pg. 166-175

**Abstract:**

Background: Patient-centered innovation is spreading at the federal and state levels. A conceptual framework can help frame real-world examples and extract systematic learning from an array of innovative applications currently underway. The statutory, economic, and political environment in Washington State offers a special contextual laboratory for observing the interplay of these factors. Purpose: We propose a framework for understanding the process of initiating patient-centered innovations-particularly innovations addressing patient-centered goals of improved access, continuity, communication and coordination, cultural competency, and family- and person-focused care over time. The framework to a case study of a provider organization in Washington State actively engaged in such innovations was applied in this article. Methods: We conducted a selective review of peer-reviewed evidence and theory regarding determinants of organizational change. On the basis of the literature review and the particular examples of patient-centric innovation, we developed a conceptual framework. Semistructured key informant interviews were conducted to illustrate the framework with concrete examples of patient-centered innovation. Findings: The primary determinants of initiating patient-centered innovation are (a) effective leadership, with the necessary technical and professional expertise and creative skills; (b) strong internal and external motivation to change; (c) clear and internally consistent organizational mission; (d) aligned organizational strategy; (e) robust organizational capability; and (f) continuous feedback and organizational learning. The internal hierarchy of actors is important in shaping patient-centered innovation. External financial incentives and government regulations also significantly shape innovation. Practice Implications: Patient-centered care innovation is a complex process. A general framework that could help managers and executives organize their thoughts around innovation within their organization is presented. (C) 2013 Lippincott Williams & Wilkins, Inc.
Five Keys to Better Care
Aston, Geri.
*Hospitals & Health Networks* 87. 4 (Apr 2013): 34-37

**Abstract:**

Undoubtedly quixotic is how David M. Harlan, MD, describes his diabetes centers mission to help not just the 30,000 diabetics in the UMass Memorial Health Care system but all of the estimated 60,000 diabetics in the region. The center offers one-stop care for about 6,000 patients with type 1 and type 2 diabetes, primarily those with the most complicated disease. The remaining 24,000 UMass diabetic patients, typically those with uncomplicated type 2 diabetes, are cared for by another practitioner, usually a primary care physician. Hospitals nationwide are adopting population health strategies as a way to manage chronic diseases, such as diabetes, notes Stephen A. Martin, executive director of the American Hospital Association's Association for Community Health Improvement. Given the complexity of the disease and the shortage of endocrinologists, a team approach to diabetes management is essential. Primary care disease management and the diabetes center's education and healthy behavior programs should reduce specialist visits and save money by preventing costly complications.

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New guidelines for the initial management of head injury
Carolyn M Benson, G Bryan Young
*BMC Med.* 2013; 11: 51

The majority of patients presenting with mild head trauma will have no intracranial pathology and can be safely discharged home. It is estimated that 10% to 15% of these patients will have clinically significant findings on computed tomography imaging and up to 1% may require neurosurgical intervention. The revised Scandinavian Head Trauma Guidelines provide an evidence- and consensus-based algorithm to assist physicians in determining which patients presenting with minimal, mild or moderate blunt head injury are at higher risk for intracranial pathology and thus require neuroimaging and hospital admission. Striking a balance between health care costs and risk of morbidity remains an ongoing challenge and we will present our concerns with this useful, but conservative management algorithm.

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Interventional neuroradiological procedures— a review for anaesthetists
MW. Hayman, MS. Paleologos, PCA. Kam
*Anaesthesia and Intensive Care* 2013; 4 (2) 184-201

**Abstract: (Summary)**

Interventional neuroradiology is a rapidly expanding field, and the complexity and duration of these procedures makes anaesthetic support essential to their success. Such has been the development in this area, that the American Heart Association has published a scientific statement on the indications for these procedures. A detailed understanding of patient pathology, the technical aspects of the interventions and their associated risks, and the remote location in which they are performed are important for providing expert anaesthetic care. The aim of this article is to provide a description and contemporary analysis of the
common interventional neuroradiology procedures relevant to the anaesthetist. This article will cover the management of intracranial aneurysms, cerebral vasospasm following intracranial haemorrhage, intracranial and spinal arteriovenous malformations, idiopathic intracranial hypertension, carotid artery stenting, intra-arterial thrombolysis for stroke and endovascular treatment of intracranial atherosclerosis. Protection from ionising radiation and acute kidney injury are also discussed.

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Breastfeeding after anaesthesia: a review of the pharmacological impact on children
TC Chu, J McCallum, MF Yli
Anaesthesia and Intensive Care 2013; 41 (1) 35-40
(Online via CIAP)

Summary:
Post-anaesthetic advice imparted to breastfeeding mothers can vary. This is due in part to the differing information from published data, product information sheets and inevitably from the unhindered flow of opinions available on the internet. This literature review examined the evidence relating to drugs commonly used in the modern anaesthetic setting and their impact on breastfed children. It suggests that special precautions are rarely warranted in the post-anaesthetic care of breastfeeding patients.

In the field of obstetric anaesthesia, the placental transfer of drugs is a shared and incontrovertible focus for both anaesthetic and neonatal clinicians. However, opinions about anaesthetic drug transfer via breastmilk are far from uniform. Data on the transfer of anaesthetic and analgesic drugs into breastmilk are somewhat limited due to the difficulties in recruiting nursing mothers and neonates for controlled studies. Consequently, advice on matters such as milk discards, feed delays or whether precautions are needed can vary depending on which hospital or medically-endorsed guideline is sought. In addition, objective evidence relevant to this subject may be cumbersome for clinicians to sift through and practically impossible for the public to clearly decipher. Much of the information published by pharmaceutical companies consists of generic warnings, with wording more akin to legal disclaimers than authoritative medical advice. For these reasons we have compiled a tabulated summary of the current evidence for drugs used in anaesthetic practice and their impact on children via breastmilk.

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Nursing

Mandatory continuing professional development requirements: what does this mean for Australian nurses
Ross K, Barr J and Stevens J BMC Nursing 2013, 12:9 (27 March 2013)
BMC Nursing 2013, 12:9 (Open Access)

Summary
Presenting a contemporary discussion about the current and potential impact of mandatory CPD requirements for nurses, this discussion paper utilises the case of Australia’s current national policy and CPD operation to examine the choices that nurses make in order to fulfil their legislative requirements. Additional arguments are presented about the barriers nurses face in undertaking CPD. The quest for effective CPD is complex and should incorporate different situations
Emergency Nurse Responsibilities for Mechanical Ventilation: A National Survey
Rose, L; Ramagnano, S

Abstract (summary)

Few data describe the role of registered nurses working in emergency departments in caring for ventilated patients, yet these patients may remain in the emergency department for prolonged durations because of the unavailability of intensive care unit beds. Our objective was to examine the exposure of emergency nurses to patients requiring mechanical ventilation, as well as their responsibilities and education on ventilation received.

RESULTS: The response rate was 247 of 526 (47%); 39% of respondents provided care to 10 ventilated patients or fewer over a period of 2 weeks, 32% up to 5 patients or fewer monthly, and 27% to 5 patients or fewer over a period of 6 months. A 1:1 nurse-patient ratio for ventilated patients was reported by 38% of respondents, whereas 45% managed 1 or 2 additional patients and 15% managed 3 or more additional patients. Most respondents (54%) reported that respiratory therapists (RTs) remained in the emergency department until patients' condition stabilized, 28% reported that an RT was on call, 11% reported that an RT remained until patient transfer, and 7% reported that no RT was available. Few nurses reported primary responsibility for initial ventilator setting selection (7%) or titration of ventilation (6%); nurse responsibility was influenced by RT availability (P < .001). Primary responsibility for monitoring patient response to ventilation, alarm troubleshooting, and oxygenation management was reported by 44%, 36%, and 30% of respondents, respectively. Education was received by 51% of respondents before exposure to ventilated patients; most (57%) indicated that competency was never assessed.

DISCUSSION: Emergency nurses had variable exposure to ventilated patients. Responsibility for ventilator management was influenced by RT availability. Low nurse-patient ratios; inconsistent availability of education; lack of competency assessment; and infrequent use of guidelines, protocols, or pre-printed order sets pose potential concerns for patient safety while ventilated in the emergency department.

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Is workplace culture an excuse for poor care?
Mee, Steve.
Abstract (summary)

This article looks at the issue of nurses' own responsibility for their actions. Negative behaviour can be explained by external factors, such as culture and the influence of others, or by internal ones, including a person's own moral compass. Within the context of the Francis report, this article raises questions about how we can ensure that nurses adhere to their code of conduct.

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Mental Health

Association Between Maternal Depressogenic Cognitive Style During Pregnancy and Offspring Cognitive Style 18 Years Later

Rebecca M. Pearson, Ph.D.; Charles Fernyhough, Ph.D; Richard Bentall, Ph.D.; Jonathan Evans, M.D.; Jon Heron, Ph.D.; Carol Joinson, Ph.D.; Alan L. Stein, F.R.C.Psych.;
The American Journal of Psychiatry, Vol. 170, No. 4 2013 434-441

Abstract:

Objective Understanding the origins of negative cognitive style could provide a means to prevent adult depression. Cognitive style is an important target for intervention because although it is not possible to remove the stress and adversities in people's lives, it may be possible to modify interpretation of such adversities through cognitive style. Children may develop a negative cognitive style through modeling the style of their mothers. However, findings have been inconsistent on the association. The authors tested the hypothesis that there is an independent association between maternal and offspring depressogenic cognitive style.

Conclusions Although the mechanisms remain to be elucidated, the findings are consistent with the idea that a mother's cognitive style (irrespective of her depression status) influences that of her child. This suggests that interventions to improve a mother's cognitive style could help prevent her offspring from developing depression during adulthood.

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Problem-Solving Intervention for Caregivers of Children With Mental Health Problems

Cynthia S. Johnsonb, Eric L. Scottc, Ukamaka M. Oruched, Laura M. Lindseyd

Abstract

Building Our Solutions and Connections (BOSC) focused on enhancing problem-solving skills (PSS) of primary caregivers of children with mental health problems. Aims were determining feasibility, acceptability, and effect size (ES) estimates for depression, burden, personal control, and PSS. Methods: Caregivers were randomized to BOSC (n = 30) or wait-list control (WLC) groups (n = 31). Data were collected at baseline, post-intervention, and 3 and 6 months post-intervention. Results: Three-months post-intervention, ES for burden and personal control were .07 and .08, respectively. ES for depressed caregivers for burden and personal control were 0.14 and 0.19, respectively. Conclusions: Evidence indicates that the intervention had desired effects.

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**Occupational Therapy**

**Comprehensive Behavioral Intervention to Improve Occupational Performance in Children With Tourette Disorder**
Rowe, Jan; Yuen, Hon K; Dure, Leon S.

**Abstract:**
OBJECTIVE. We evaluated the efficacy of a comprehensive behavioral intervention for tics (CBIT) program to reduce tic severity and improve occupational performance in children with tic disorder using a one-group pretest-posttest design. METHOD. Thirty children with tic disorder completed an eight-session CBIT program. The program focused on habit reversal, relaxation training, and function-based approaches to address how the environment and social situations (antecedents and consequences) sustain or influence tic severity. RESULTS. We observed significant reduction in the number of tics and improvement in scores on the Parent Tic Questionnaire, Subjective Units of Distress Scale, and Child Occupational Self Assessment after CBIT compared with scores at baseline. CONCLUSION. Findings provided support that CBIT reduced the number of tic expressions, tic severity, and level of distress associated with tic and improved these children's self-perception of their competence in and importance of performing everyday activities (i.e., occupational performance).

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**A literature review of pressure ulcer prevention: weight shift activity, cost of pressure care and role of the occupational therapist**
Stinson, May; Gillan, Catherine; Porter-Armstrong, Alison
The British Journal of Occupational Therapy, 2013, Vol 76, No. 4, pp. 169-178(10)

**Abstract (summary)**
Introduction: Pressure ulcers are a major concern for those who spend a prolonged period of time sitting. Weight shifts are one prevention strategy used to reduce the risk of tissue damage. Currently, the prevalence of pressure ulcers is high, suggesting that concordance with preventative methods is poor. Occupational therapy focuses on the use of functional activity to promote health and wellbeing. The aim of this literature review was to evaluate the role of functional activity in reducing seated interface pressure.
Method: A comprehensive search of nine electronic databases (AMED, CINAHL, Ovid MEDLINE, SportDiscus, EMBASE, British Nursing Index, Cochrane Library, Google Scholar and OTDBASE) was conducted between January 2000 and October 2011.
Findings: From the 24 articles included in the review, there is limited evidence evaluating the role of functional activity and weight shifts in reducing seated interface pressure. Limited evidence suggests poor concordance with weight shifts, with wheelchair users repositioning on average once every 1-2 hours. The cost of pressure ulcer care is considerable, with an average annual cost of £1.7 billion in the United Kingdom. Occupational therapists have a key preventative role.
Conclusion: Further research is needed to explore the role of functional activity and to determine the effectiveness of weight shift activity in reducing seated interface pressure.

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Useful Resources

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The library provides access to authoritative medical and health reference books (including tutorials) via CIAP. Subjects cover reference texts, medicine, pharmacology, nursing, psychiatry, etc.

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- Australian Medicines Handbook Books@Ovid Subscription eBooks
- eBooks with Subjects eTГ Complete
- Harrisons Online
- Informit Health Collection
- Interactive ECG
- intermid.co.uk
- LWW Total Access Collection 2013 - Q1 with Neurology
- MD Consult Core Collection
- Medical Officers Handbook 8th Edition
- Merck Manuals
- Mosby's Nursing Consult
- Nursing & Allied Health Source
- Paediatric Pharmacopoeia 13th Edition
- SAGE Complete A-Z List (1999-Present)
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