NURSE-PHYSICIAN RELATIONSHIPS

Abusive behavior still disrupts hospital care

According to a startling survey of more than 2,100 nurses and physicians conducted by the American College of Physician Executives, outrageous behavior is still common in healthcare facilities. Nearly 85% of respondents reported experiencing degrading comments and insults from colleagues in the past year, and 73% experienced yelling. Other bad behavior included throwing things, flagrant sexual harassment, and refusing to speak to or work with one another. About 67% of respondents were nurses and 33% were physicians; most (69%) worked in a hospital.

Other survey findings include the following:
• About 30% of respondents said they experienced disruptive behavior from a colleague several times a year, 25% said monthly, 30% said weekly, and 10% said daily.
• 19% reported experiencing someone throwing objects, including bloody scalpels and other equipment, power tools, clipboards, and telephones.
• Both physicians and nurses said that physicians were to blame for a large part of disruptive behaviors. Bad behavior by nurses typically involved backbiting, gossip, and attempts to blackball other staff.
• Asked if any nurses in their facility had been terminated for behavior problems during the past year, 61% of respondents said yes. Asked the same question about physicians, only 22% of respondents said yes.

Besides affecting staff morale, disruptive behavior undermines patient care. Wrote one respondent, “Some ED physicians do not respect the nurses’ opinions or suggestions. They will then appear to delay patient care ‘just to show’ the nurse.”

The electronic survey was e-mailed to about 13,000 nurses and physicians. For details about the survey, including more verbatim comments and discussion about recommended interventions and remedies, visit http://www.acpe.org/behavior.

PAIN MANAGEMENT

Opioids may encourage tumor growth

Long the gold standard for treating acute postoperative and chronic cancer pain, opioids may have a significant downside for patients with cancer: They may stimulate tumor growth. In lab testing, opioids have

"Nearly 20% of survey respondents reported experiencing someone throwing objects, including bloody scalpels and other equipment."
been shown to increase tumor cell proliferation, inhibit the immune response, and promote angiogenesis, the growth of new blood vessels feeding tumors.

In an earlier palliative care trial, patients who received spinal analgesia rather than systemic analgesia lived longer, triggering further investigation. Two recent studies involved non-small cell lung cancer and methylnaltrexone (MNTX), a drug that treats opioid-induced constipation without diminishing the opioid’s analgesic effects. Researchers found that MNTX blocked oncogenic signaling and prevented proliferation and migration of cancer cells. They say that their findings, if confirmed clinically, could influence the selection of anesthetic technique used during cancer surgery and may support the use of opioid antagonists postoperatively.

The findings were presented last fall in Boston at a joint meeting of the American Association for Cancer Research, the National Cancer Institute, and the European Organization for Research and Treatment of Cancer.

GI SURGERY FOR OLDER ADULTS

What complications should you anticipate?

According to a review of almost 55,000 gastrointestinal (GI) surgeries, adults over age 75 were significantly more likely than younger patients to experience cardiac, pulmonary, and renal complications. Post-op mortality was three to nearly seven times higher for the older group, depending on the procedure. Researchers found that rates for certain complications—bleeding, deep vein thrombosis (DVT), surgical site infections, and rates of return to the OR—were comparable in older and younger patients. But the older patients were significantly more likely to experience myocardial infarction or cardiac arrest, pulmonary events (pneumonia, pulmonary embolism, and respiratory failure) and renal or urologic events (renal failure and urinary tract infection).

Hospital quality initiatives for

"Compared to younger patients, adults over age 75 were significantly more likely to experience cardiac, pulmonary, and renal or urologic events."
older patients undergoing surgery typically focus on cardiac events, DVT, and wound infection. Based on their findings, researchers recommend adding quality initiatives for pulmonary and urologic complications as well.


OUT-OF-HOSPITAL CARDIAC ARREST

Survival rates haven’t changed in 30 years

Reviewing data on more than 142,000 patients from 79 studies published internationally between January 1950 and August 2008, researchers found that only 8% of patients suffering out-of-hospital cardiac arrest survive to hospital discharge—a figure that’s remained constant for about 30 years. Despite many advances in emergency care, only 24% survive to hospital admission.

Researchers also found that

• receiving CPR from a bystander or emergency medical services (EMS), or having a shockable rhythm (such as ventricular fibrillation), were predictors of survival.
• the strongest predictor of survival was return of spontaneous circulation at the scene.
• although half of out-of-hospital cardiac arrests are witnessed by a bystander, only 32% of victims receive bystander CPR.

Researchers speculate that the apparent lack of progress may be related to an aging population, a lower number of people found with a shockable rhythm, and longer EMS drive times due to traffic congestion and population dispersal. The analysis didn’t distinguish between traditional CPR and CPR under the latest American Heart Association guidelines, which emphasize chest compressions over rescue breathing.

The authors conclude that “efforts to improve survival should focus on prompt delivery of interventions of known effectiveness by those who witness the event.”


CCTA TESTING

Better way to assess chest pain in the ED

What’s the best way to quickly assess patients who arrive in the ED with chest pain when cardiac markers and ECG results are inconclusive? New evidence suggests that routine coronary computed tomographic angiography (CCTA) is quicker, more accurate, and less costly than standard screening with myocardial perfusion imaging (MPI).

Results from a study involving 749 patients with acute chest pain found that the time to diagnosis was 54% faster for those who were screened with CCTA compared with those screened with MPI (3 versus 6 hours, respectively). The cost of CCTA was about 38% lower than MPI screening.

The findings were reported at the American Heart Association’s annual meeting held in Orlando, Fla., in November.

ETHICAL PROFESSIONS

Nurses again rise to the top

For the 8th consecutive year, the public has voted nursing the most ethical profession in Gallup’s annual Honesty and Ethics of Professions poll. In a telephone survey of more than 1,000 adults, 83% of respondents said they believe nurses’ ethical standards are “high” or “very high.” Also rating well in the survey were druggists/pharmacists (66%), medical doctors (65%), and police officers (63%). At the bottom of the heap? Stockbrokers (46%) and health maintenance organization (HMO) managers (43%).