Hospitals Cracking Down on Disruptive Docs

Even before the Joint Commission issued its Sentinel Event Alert requiring zero-tolerance policies on lateral violence, several hospitals had already taken hard stances against “medical road rage.”

For years, hospitals have allowed disruptive behavior to become part of the institutional culture, says Peter Angood, MD, chief patient safety officer for the Joint Commission, in an article published in the Boston Globe. The typical hospital attitude, he says, has been “let’s not irritate the physicians or else they’re going to take their patients to another hospital.”

But that is changing. St. Vincent Hospital in Worcester, Mass., suspended an orthopedic surgeon in 2002 for abusive yelling and for throwing two 10-pound patient positioning sandbags in the OR. At the North Shore Medical Center in Salem, Mass., a surgeon was disciplined last summer for throwing scissors across the OR during a procedure.

Between 4 percent and 6 percent of doctors and nurses exhibit repeated outbursts, say experts at Vanderbilt University Medical Center in Nashville, Tenn., which began focusing on disruptive behavior 10 years ago. Vanderbilt now advises 34 other facilities on how to deal with disruptive behavior, according to the Globe.

Surgeons Hone Motor Skills with Games

Having helped children and adults realize their dreams of being (virtual) tennis, golf and baseball champions, the Nintendo Wii video game system is now helping medical residents sharpen their surgical skills.

At Banner Good Samaritan Medical Center in Phoenix, Ariz., surgeons in training are using the Wii game “Marble Mania” to practice the delicate micro-maneuvers needed to perform minimally invasive procedures. Using a sensor-equipped glove to track and measure a user’s hand movements, researchers at the center’s Simulation Education and Training Center found that the motions required to manipulate a virtual marble through a maze had a 92 percent correlation to the maneuvers used by surgeons performing laparoscopic surgery.

Following that discovery, training center director Marshall “Mark” Smith, MD, and bioinformatics expert Kanav Kahol, MD, set out to test the efficacy of using the game for surgeon training. They observed a group of 16 surgical residents, half of whom played “Marble Mania” for an hour, as they negotiated an instrument control and performance test. The game-playing residents experienced a nearly 50 percent improvement in skill level, says Dr. Smith. Whether it actually boosted the surgeons’ abilities or simply provided an effective warm-up, there’s “no question that it improved the skill level of their fine motor movements,” he says.

The hospital has installed Wii consoles in its surgery on-call rooms and residents are asked to play “Marble Mania” and other
Irene Tziktis

**Women Unaware of Minimally Invasive Gynecological Procedures**

Women don’t know enough about minimally invasive options to treat pelvic health disorders and want their OB/GYN physicians to fill the information gap, according to survey results released by Advancing Minimally Invasive Gynecology Worldwide, the official organization of gynecological surgeons.

Most of the 526 women polled were not aware of the latest treatment options designed for less post-op pain and faster recoveries. The survey showed less than half of the respondents had heard of endometrial ablation and myomectomy, two procedures that are over 90 percent effective in providing relief from heavy menstrual bleeding. Sling procedures, often performed outpatient with no incisions, solve mild to moderate stress urinary incontinence, but two-thirds of the women surveyed were unaware of the treatment option.

Hysterectomy is the procedure most commonly used to treat pelvic health disorders, but less than 40 percent of the women surveyed realized that total abdominal hysterectomy is a major surgery performed through a four- to six-inch incision which results in extended hospital stays and a long, often painful, recovery. Over half of the respondents were unaware that laparoscopic hysterectomy was an alternative treatment option.

A majority of those polled conceded that they needed to be more proactive when asking about their treatment options and that they would seek a second opinion if their own physician did not offer the newer, minimally invasive procedures. According to the survey, women rely equally on Internet sources and their physician’s advice when gathering information about their treatment options.

Daniel Cook

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**Instapoll: Safety Scalpels Face Uphill Struggle**

Rare is the safety scalpel that survives a surgeon trial to make it into the OR, according to Outpatient Surgery Magazine’s online poll last week.

Out of 57 responses, nearly three-fourths reported futility in trying to convert their surgeons to safety scalpels: 25 percent can’t even get surgeons to trial them and another 44 percent say their surgeons tried, but didn’t like, them. The news wasn’t all grim, though. Seven percent say they’ve converted a few of their surgeons and another 12 percent say they’ve converted all of them.

Check out this week’s poll on weekend cases, located at the lower right side of our front page.

Dan O’Connor

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**News & Notes**

- **Hand washing woes** A study of New Hampshire’s healthcare employees found that only about 69 percent wash their hands after contact with patients. The study, noted by the New Hampshire Health Care Quality Assurance Commission in its June annual report and recently reported in the region’s press, sent observers to the state’s 26 hospitals and 13 surgery centers last year to watch over 4,000 opportunities for hand washing and determine who did and didn’t comply with hand hygiene standards. In its annual report, the commission agreed that a statewide campaign to improve hand hygiene compliance was needed.

- **Another insurer’s error policy** Blue Cross Blue Shield of Illinois is the latest healthcare entity to announce its intention to stop reimbursing hospitals for treatment resulting from serious medical errors. The policy has yet to be finalized, the company says. The Illinois Hospital Association supports the policy, but has expressed concerns that it might block reimbursement for the treatment of situations beyond the hospital’s control, such as community-acquired MRSA that a patient brought with them to the hospital. Medicare was the first insurer to announce such a policy, intended to improve the quality of healthcare, followed by private insurers and state insurance programs.

- **Lawsuit against Duke can proceed** A patient who underwent surgery at a Duke University hospital where surgeons used instruments allegedly contaminated with elevator hydraulic fluid can sue the university’s health system after a North Carolina superior court judge ruled that the $14,000 fee the patient faced to bring his case
before an arbitration panel was too costly, according to a published report. The patient, Bennie Holland, said he waived his right to sue the hospital in order to undergo surgery. The judge’s decision coincides with a recent state Supreme Court ruling that found mandatory arbitration agreements cost-prohibitive for consumers, which could open the door for other patients who were involved in the fluid mishap.

- **Chewing gum reduces POI** Chewing gum after a colectomy can cut a hospital stay by more than a day, according to a meta-analysis published in the August issue of *Archives of Surgery*. Patients who chewed gum for 5 to 45 minutes three times a day after surgery took an average of .66 fewer days to pass flatus and 1.1 fewer days to have a bowel movement. The study looked at five different trials with a total of 158 patients. The gum acts as "sham feeding," triggering gastrointestinal hormone release and increased production of saliva and pancreatic secretions, according to researchers at St. Mary’s Hospital in London.