AMWA MID-AMERICA

Summer 2014

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President's Letter

Rona Claire Grunspan, MD

Dear Chapter Members,

In April, I had the privilege of attending the annual board meeting in Bethesda Maryland. A lot of ground was covered in the day and half meeting. In 2014, AMWA has continued to undertake and expand plans in 5 related key areas that will make it possible for us to meet the evolving needs of our members, to be the voice that speaks to medical writing, and to be "the resource for medical communicators."

1. Improve infrastructure to increase resources and organizational capacity: Technology was implemented to enhance functionality of the new AMWA Association Management System. New learning management system and webinar technology is being introduced to expand educational offerings (multi-year project).

2. Enhance members' resources and expand membership by developing educational and member benefit plans based on the results of the 2013 needs and assessment surveys. AMWA is working collaboratively with sister organizations, including DIA and ISMPP. The AMWA journal has increased manuscript submissions and improved the online format along with expanding the journal's reach through continued efforts to broaden the audience and highlight valuable content.

3. Increase education products/event offerings by conducting a curriculum review and producing a new medical writing manual for general reference, and to be used as a study guide for the certification exam (multi -year project).

4. Improve communication to internal and external stakeholders by increasing and improving AMWA communication regarding ongoing and emerging priorities and projects. The blueprint is to implement new promotional strategies for AMWA programs and services.

5. Define the profession: We aim to implement the medical writing certification program. The organization continues to work with the commission and testing agency to create items for an examination, the examination itself, policies and procedure manuals, eligibility criteria, candidate handbook and study guides. We hope to have first certification exam in 2015.

I am very excited and proud to be part of an organization that continues to improve and expand in an emerging industry. AMWA continues to expand on educational programs and the annual

Chapter Officers

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St. Louis Freelance Luncheon Coordinators: Lisa M. Balbes, PhD, Joanne M. McAndrews, PhD

President's Letter

conference, featuring prominent speakers, discussion sessions, and workshop and networking opportunities.

Our chapter continues to grow in numbers; we have increased our networking events to reach both Kansas City and St. Louis. This is an exciting time to be part of the organization as we move forward and implement all energizing improvements.

Best wishes,

Rona Claire Grunspan, MD
Chapter President

Upcoming Events

Save the Date!

Shake, Rattle, and Write

AMWA's 74th Annual Conference
October 8-11, 2014 Memphis, TN

Registration opens July 1st!

St. Louis-area Freelance Luncheon Series: TechWrite STL

Joanne McAndrews, PhD
Lisa Balbes, PhD

The TechWrite STL group continues to hold its bi-monthly lunch meetings. At each meeting, a topic of interest to freelance medical and technical writers is presented by a member and discussed by the group, usually over lunch at a local restaurant.

On May 16th, 12 members of the group took a tour of the newly renovated St. Louis Central Public Library. The restored 101-year-old Central Library reopened at the end of 2012, beautifully blending 19th-century architecture with 21st-century technology, and adding computer commons, a café, a staff lounge, special collections storage, and more (see http://lj.libraryjournal.com/2013/06/buildings/lbd/growing-room-st-louis-public-librarys-grand-central-renovation/#). (See photos)

Afterwards, the group adjourned for lunch at a nearby Thai restaurant.

Upcoming meetings include "Writing for the Web" on 2014 July 08, "Avatars in Work related communications" in September, and "Preparing for Tax Season" in November.

Lisa Balbes and Joanne McAndrews have been co-organizing the group since 2006.

For details or to RSVP to attend, see the chapter website (http://www.amwa-midamerica.org/index.html) . A list of past topics is also available under the History tab.

A Lesson in Poster Design

Magdalena Berry. MA

At Missouri State, I teach an undergraduate course, "Writing in the Health Professions," in the technical writing program, The students are proficient writers, familiar with writing for various audiences in a variety of document types, using sophisticated technology. My objective is to introduce them to an unfamiliar subject area, the healthcare industry. There is a wide variety of topics relevant to writers: issues with electronic medical records, ethical implications of informed consent, and health literacy concerns, among others.

We start by considering the needs of patients, then move on to popular writing about health, in print and on the web. Finally, we examine writing for expert audiences by looking at scientific literature and its conventions.

One assignment calls for students to read a published scientific article and create a poster based on it. They need to follow best practices in poster design, which include

- limiting the amount of text,
- providing informative graphics,
- using a clear, pleasing, design scheme (color, typeface, layout)

Here's a poster, created by Walter Orr, who'll be pursuing a MA in Public Health. Walter did a good job in sticking to the essentials, in a balanced, attractive layout.

A surgical safety checklist to reduce morbidity and mortality in a global population

Alex B. Haynes, M.D., M.P.H., Thomas G. Weiser, M.D., M.P.H., William R. Berry, M.D., M.P.H., Stuart R. Lipsitz, Sc.D., Abdel-Hadi S. Breizat, M.D., Ph.D., E. Patchen Dellinger, M.D., Teodoro Herbosa, M.D., Sudhir Joseph, M.S., Pascience L. Kibatala, M.D., Marie Carmela M. Lapitan, M.D., Alan F. Merry, M.B., Ch.B., F.A.N.Z.C.A., F.R.C.A., Krishna Moorthy, M.D., F.R.C.S., Richard K. Reznick, M.D., M.Ed., Bryce Taylor, M.D., and Atul A. Gawande, M.D., M.P.H.

Safe Surgery Saves Lives Study Group

Introduction

Surgery has become an integral part of global health care, but it can be associated with a considerable risk of complications and death.

In 2008, the World Health Organization (WHO) published guidelines identifying recommended practices to ensure the safety of patients worldwide. On the basis of these guidelines, we designed a 19-item checklist intended to be globally applicable and to reduce the rate of major surgical complications

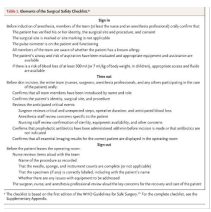
We hypothesized that implementation of this checklist and the associated culture changes it signified would reduce the rates of death and major complications after surgery in diverse settings.

Methods

We conducted a prospective study at the eight hospitals participating as pilot sites in the Safe Surgery Saves Lives program.

The intervention involved a two-step checklist-implementation program, where a local investigator was asked to implement the 19-item WHO safe-surgery checklist (Table 1) to improve practices within the institution. It is used at three critical junctures in care:

- •before anesthesia is administered
- •immediately before incision
- •before the patient is taken out of the operating room



Methods (continued)

Data Collection

We aimed to collect data on 500 consecutively enrolled patients at each site within a period of less than 3 months for each of the two phases of the study.

Outcomes

The primary end point was the occurrence of any major complication, including death, during the period of postoperative hospitalization, up to 30 days. Complications were defined as they are in the American College of Surgeons' National Surgical Quality Improvement Program17

We then calculated the frequencies of the following actions before and after implementation of the checklist:

- •performance of safety measures
- •major complications
- •death at each site

Results

We enrolled 3733 patients during the baseline period and 3955 patients after implementation of the checklist.

The rate of any complication at all sites dropped from 11.0% to 7.0% after introduction of the checklist. The total in-hospital rate of death dropped from 1.5% to 0.8%. The overall rates of surgical-site infection and unplanned reoperation also declined significantly.

During the baseline period, all six measured safety indicators were performed for 34.2% of the patients, with an increase to 56.7% of patients after implementation of the checklist Table 5 shows outcomes before and after checklist implementation.

Table 5. Outcomes before and after Checklist Implementation, According to Site.*

Site No.	No. of Patients Enrolled		Surgical-Site Infection		Unplanned Return to the Operating Room		Pneumonia		Death		Any Complication	
	Before	After	Before	After	Before	After	Before	After	Before	After	Before	After
							percent					
1	524	598	4.0	2.0	4.6	1.8	0.8	1.2	1.0	0.0	11.6	7.0
2	357	351	2.0	1.7	0.6	1.1	3.6	3.7	1.1	0.3	7.8	6.3
3	497	486	5.8	4.3	4.6	2.7	1.6	1.7	0.8	1.4	13.5	9.7
4	520	545	3.1	2.6	2.5	2.2	0.6	0.9	1.0	0.6	7.5	5.5
5	370	330	20.5	3.6	1.4	1.8	0.3	0.0	1.4	0.0	21.4	5.5
6	496	476	4.0	4.0	3.0	3.2	2.0	1.9	3.6	1.7	10.1	9.7
7	525	585	9.5	5.8	1.3	0.2	1.0	1.7	2.1	1.7	12.4	8.0
8	444	584	4.1	2.4	0.5	1.2	0.0	0.0	1.4	0.3	6.1	3.6
Total	3733	3955	6.2	3.4	2.4	1.8	1.1	1.3	1.5	0.8	11.0	7.0
P value			<0.001		0.047		0.46		0.003		<0.001	

* The most common complications occurring during the first 30 days of hospitalization after the operation are listed. Bold type indicates values that were significantly different (at P<0.05) before and after checklist implementation, on the basis of P values calculated by means of the chi-square test or Fisher's exact test. P values are shown for the comparison of the total value after checklist implementation as compared with the total value before implementation.

Conclusions

Whereas the evidence of improvement in surgical outcomes is substantial, the exact mechanism of improvement is less clear and most likely multifactorial. Use of the checklist involved both changes in systems and changes in the behavior of individual surgical teams. Implementation proved neither costly nor lengthy, and all sites were able to introduce the checklist over a period of 1 week to 1 month.

Introduction of the WHO Surgical Safety Checklist into operating rooms in eight diverse hospitals was associated with marked improvements in surgical outcomes. The reduction in the rates of death and complications suggests that the checklist program can improve the safety of surgical patients in diverse clinical and economic environments.

Applied on a global basis, this checklist program has the potential to prevent large numbers of deaths and disabling complications, although further study is needed to determine the precise mechanism and durability of the effect in specific settings.

Acknowledgments

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Literature cited

For a full list of literature cited, please visit http://www.nejm.org/doi/full/10.1056/NEJMsa0810119#t=references.

For further information

For the full published article of the same name, please see the following:

N Engl J Med 2009; 360:491-499January 29, 2009DOI: 10.1056/NEJMsa0810119