

Jill A Marsteller

List of Publications by Year in descending order

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77
papers

3,390
citations

201385

27
h-index

143772

57
g-index

78
all docs

78
docs citations

78
times ranked

3502
citing authors

#	ARTICLE	IF	CITATIONS
1	Impact of a Statewide Multi-Payer Patient-Centered Medical Home Program on Antihypertensive Medication Adherence. <i>Population Health Management</i> , 2022, 25, 309-316.	0.8	1
2	Clinical Care Among Individuals with Prediabetes in Primary Care: a Retrospective Cohort Study. <i>Journal of General Internal Medicine</i> , 2022, , 1.	1.3	3
3	Healthcare Leadership Perspectives on Supporting Frontline Workers in Health Center Settings during the Pandemic. <i>International Journal of Environmental Research and Public Health</i> , 2022, 19, 3310.	1.2	6
4	Dental care utilization during pregnancy by Medicaid dental coverage in 26 states: Pregnancy risk assessment monitoring system 2014–2015. <i>Journal of Public Health Dentistry</i> , 2022, 82, 61-71.	0.5	2
5	Challenges and Strategies for Patient Safety in Primary Care: A Qualitative Study. <i>American Journal of Medical Quality</i> , 2022, Publish Ahead of Print, .	0.2	1
6	Association of Perceived Stress and Discrimination on Medication Adherence among Diverse Patients with Uncontrolled Hypertension. <i>Ethnicity and Disease</i> , 2021, 31, 97-108.	1.0	11
7	Social and Behavioral Variables in the Electronic Health Record: A Path Forward to Increase Data Quality and Utility. <i>Academic Medicine</i> , 2021, 96, 1050-1056.	0.8	13
8	Social Determinants of Health as Potential Influencers of a Collaborative Care Intervention for Patients with Hypertension. <i>Ethnicity and Disease</i> , 2021, 31, 47-56.	1.0	7
9	Who Applies an Intervention to Influence Cultural Attributes in a Quality Improvement Collaborative?. <i>Journal of Patient Safety</i> , 2020, 16, 1-6.	0.7	6
10	Reducing Three Infections Across Cardiac Surgery Programs: A Multisite Cross-Unit Collaboration. <i>American Journal of Medical Quality</i> , 2020, 35, 37-45.	0.2	7
11	The association between organizational cultural competence and teamwork climate in a network of primary care practices. <i>Health Care Management Review</i> , 2020, 45, 106-116.	0.6	19
12	The RICH LIFE Project: A cluster randomized pragmatic trial comparing the effectiveness of health system only vs. health system Plus a collaborative/stepped care intervention to reduce hypertension disparities. <i>American Heart Journal</i> , 2020, 226, 94-113.	1.2	11
13	Patient Safety in Primary Care: Conceptual Meanings to the Health Care Team and Patients. <i>Journal of the American Board of Family Medicine</i> , 2020, 33, 754-764.	0.8	1
14	National Survey of Primary Care Physicians's Knowledge, Practices, and Perceptions of Prediabetes. <i>Journal of General Internal Medicine</i> , 2019, 34, 2475-2481.	1.3	37
15	Using a society database to evaluate a patient safety collaborative: the Cardiovascular Surgical Translational Study. <i>Journal of Comparative Effectiveness Research</i> , 2019, 8, 21-32.	0.6	2
16	Care Coordination and Population Health Management Strategies and Challenges in a Behavioral Health Home Model. <i>Medical Care</i> , 2019, 57, 79-84.	1.1	16
17	Integration of Buprenorphine Treatment with Primary Care: Comparative Effectiveness on Retention, Utilization, and Cost. <i>Population Health Management</i> , 2019, 22, 292-299.	0.8	20
18	Maryland Multipayer Patient-centered Medical Home Program. <i>Medical Care</i> , 2018, 56, 308-320.	1.1	13

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19	A bundled quality improvement program to standardize clinical blood pressure measurement in primary care. <i>Journal of Clinical Hypertension</i> , 2018, 20, 324-333.	1.0	25
20	Care Management to Reduce Disparities and Control Hypertension in Primary Care. <i>Medical Care</i> , 2018, 56, 179-185.	1.1	6
21	Reducing preventable harm: observations on minimizing bloodstream infections. <i>Journal of Health Organization and Management</i> , 2017, 31, 2-9.	0.6	11
22	Assessing content validity and user perspectives on the Team Check-up Tool: expert survey and user focus groups. <i>BMJ Quality and Safety</i> , 2017, 26, 288-295.	1.8	5
23	Measure accurately, Act rapidly, and Partner with patients: An intuitive and practical three-part framework to guide efforts to improve hypertension control. <i>Journal of Clinical Hypertension</i> , 2017, 19, 684-694.	1.0	18
24	Development and Initial Validation of a New Practice Context Assessment Tool for Ambulatory Practices Engaged in Quality Improvement. <i>American Journal of Medical Quality</i> , 2017, 32, 423-437.	0.2	1
25	Integrating traditional biomedical and high reliability organisation approaches: solving puzzles and problems. <i>BMJ Leader</i> , 2017, 1, 64-65.	0.8	1
26	Reaching for Health Equity and Social Justice in Baltimore: The Evolution of an Academic-Community Partnership and Conceptual Framework to Address Hypertension Disparities. <i>Ethnicity and Disease</i> , 2016, 26, 369.	1.0	69
27	The Role of Care Management as a Population Health Intervention to Address Disparities and Control Hypertension: A Quasi-Experimental Observational Study. <i>Ethnicity and Disease</i> , 2016, 26, 285.	1.0	15
28	Patient-health care professional gender or race/ethnicity concordance and its association with weight-related advice in the United States. <i>Patient Education and Counseling</i> , 2016, 99, 271-278.	1.0	7
29	Influence of the Comprehensive Unit-based Safety Program in ICUs. <i>American Journal of Medical Quality</i> , 2016, 31, 349-357.	0.2	16
30	Towards expanding the acute care team: Learning how to involve families in care processes.. <i>Families, Systems and Health</i> , 2015, 33, 242-249.	0.4	11
31	Locating Errors Through Networked Surveillance. <i>Journal of Patient Safety</i> , 2015, 11, 143-151.	0.7	6
32	The Armstrong Institute. <i>Academic Medicine</i> , 2015, 90, 1331-1339.	0.8	32
33	An international comparison of stakeholder motivation to implement liver cancer control. <i>Health Policy and Planning</i> , 2015, 30, 645-655.	1.0	4
34	Safety Culture in Cardiac Surgical Teams: Data From Five Programs and National Surgical Comparison. <i>Annals of Thoracic Surgery</i> , 2015, 100, 2182-2189.	0.7	24
35	Cultural Competence and Perceptions of Community Health Workers™ Effectiveness for Reducing Health Care Disparities. <i>Journal of Primary Care and Community Health</i> , 2015, 6, 10-15.	1.0	34
36	Perceptions of Health System Orientation. <i>Medical Care Research and Review</i> , 2014, 71, 559-579.	1.0	11

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37	Influence of a multifaceted intervention on central line days in intensive care units: Results of a national multisite study. <i>American Journal of Infection Control</i> , 2014, 42, S197-S202.	1.1	18
38	Impact of self-reported guideline compliance: Bloodstream infection prevention in a national collaborative. <i>American Journal of Infection Control</i> , 2014, 42, S191-S196.	1.1	13
39	Evaluating the impact of mandatory public reporting on participation and performance in a program to reduce central line-associated bloodstream infections: Evidence from a national patient safety collaborative. <i>American Journal of Infection Control</i> , 2014, 42, S209-S215.	1.1	40
40	Eliminating Central Line-Associated Bloodstream Infections: A National Patient Safety Imperative. <i>Infection Control and Hospital Epidemiology</i> , 2014, 35, 56-62.	1.0	113
41	A systematic review of teamwork in the intensive care unit: What do we know about teamwork, team tasks, and improvement strategies?. <i>Journal of Critical Care</i> , 2014, 29, 908-914.	1.0	101
42	Creating a fractal-based quality management infrastructure. <i>Journal of Health Organization and Management</i> , 2014, 28, 576-586.	0.6	38
43	A multi-level system quality improvement intervention to reduce racial disparities in hypertension care and control: study protocol. <i>Implementation Science</i> , 2013, 8, 60.	2.5	40
44	A Matched-Pair Cluster-Randomized Trial of Guided Care for High-Risk Older Patients. <i>Journal of General Internal Medicine</i> , 2013, 28, 612-621.	1.3	83
45	Technologies in the wild (TiW): human factors implications for patient safety in the cardiovascular operating room. <i>Ergonomics</i> , 2013, 56, 205-219.	1.1	40
46	Developing a Model for Attending Physician Workload and Outcomes. <i>JAMA Internal Medicine</i> , 2013, 173, 1026.	2.6	26
47	The use of memoranda of understanding in fostering inter-agency collaboration: A qualitative study of health services agencies serving vulnerable populations in Baltimore, USA. <i>Health Services Management Research</i> , 2013, 26, 126-136.	1.0	7
48	Effects of Guided Care on Providers' Satisfaction with Care: A Three-Year Matched-Pair Cluster-Randomized Trial. <i>Population Health Management</i> , 2013, 16, 317-325.	0.8	14
49	Identifying potential predictors of a safe attending physician workload: A survey of hospitalists. <i>Journal of Hospital Medicine</i> , 2013, 8, 644-646.	0.7	13
50	Using human factors engineering to improve patient safety in the cardiovascular operating room. <i>Work</i> , 2012, 41, 1801-1804.	0.6	19
51	Toward Improving Patient Safety Through Voluntary Peer-to-Peer Assessment. <i>American Journal of Medical Quality</i> , 2012, 27, 201-209.	0.2	23
52	Eradicating Central Line-Associated Bloodstream Infections Statewide. <i>American Journal of Medical Quality</i> , 2012, 27, 124-129.	0.2	42
53	A multicenter, phased, cluster-randomized controlled trial to reduce central line-associated bloodstream infections in intensive care units*. <i>Critical Care Medicine</i> , 2012, 40, 2933-2939.	0.4	108
54	Variation in Local Institutional Review Board Evaluations of a Multicenter Patient Safety Study. <i>Journal for Healthcare Quality: Official Publication of the National Association for Healthcare Quality</i> , 2012, 34, 33-39.	0.3	21

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55	The Ability of Intensive Care Units to Maintain Zero Central Line-Associated Bloodstream Infections. Archives of Internal Medicine, 2011, 171, 856.	4.3	23
56	Assessing and improving safety climate in a large cohort of intensive care units*. Critical Care Medicine, 2011, 39, 934-939.	0.4	168
57	Validity and usefulness of members reports of implementation progress in a quality improvement initiative: findings from the Team Check-up Tool (TCT). Implementation Science, 2011, 6, 115.	2.5	20
58	Preventing Bloodstream Infections: A Measurable National Success Story In Quality Improvement. Health Affairs, 2011, 30, 628-634.	2.5	81
59	Cardiac surgery errors: results from the UK National Reporting and Learning System. International Journal for Quality in Health Care, 2011, 23, 151-158.	0.9	32
60	High Stakes and High Risk. Anesthesia and Analgesia, 2011, 112, 1061-1074.	1.1	45
61	Design of a quality and performance improvement project for small primary care practices: reflections on the Center for Practice Innovation. Quality in Primary Care, 2011, 19, 49-57.	0.8	5
62	The Society of Cardiovascular Anesthesiologists' FOCUS Initiative: Locating Errors Through Networked Surveillance (LENS) Project Vision. Anesthesia and Analgesia, 2010, 110, 307-311.	1.1	42
63	Using evidence, rigorous measurement, and collaboration to eliminate central catheter-associated bloodstream infections. Critical Care Medicine, 2010, 38, S292-S298.	0.4	82
64	Executive/Senior Leader Checklist to Improve Culture and Reduce Central Line-Associated Bloodstream Infections. Joint Commission Journal on Quality and Patient Safety, 2010, 36, 519-524.	0.4	6
65	Physician Satisfaction with Chronic Care Processes: A Cluster-Randomized Trial of Guided Care. Annals of Family Medicine, 2010, 8, 308-315.	0.9	44
66	Sustaining reductions in catheter related bloodstream infections in Michigan intensive care units: observational study. BMJ: British Medical Journal, 2010, 340, c309-c309.	2.4	432
67	A simple intervention promoting patient safety improvements in small internal medicine practices. Quality in Primary Care, 2010, 18, 307-16.	0.8	1
68	Framework for Patient Safety Research and Improvement. Circulation, 2009, 119, 330-337.	1.6	159
69	Reducing Health Care Hazards: Lessons From The Commercial Aviation Safety Team. Health Affairs, 2009, 28, w479-w489.	2.5	85
70	Pneumococcal Vaccination in Nursing Homes: Does Race Make a Difference?. Journal of the American Medical Directors Association, 2008, 9, 641-647.	1.2	11
71	Developing Process-Support Tools for Patient Safety: Finding the Balance Between Validity and Feasibility. Joint Commission Journal on Quality and Patient Safety, 2008, 34, 604-607.	0.4	3
72	The Team Checkup Tool: Evaluating QI Team Activities and Giving Feedback to Senior Leaders. Joint Commission Journal on Quality and Patient Safety, 2008, 34, 619-623.	0.4	11

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73	How Do Teams in Quality Improvement Collaboratives Interact?. Joint Commission Journal on Quality and Patient Safety, 2007, 33, 267-276.	0.4	24
74	Creating High Reliability in Health Care Organizations. Health Services Research, 2006, 41, 1599-1617.	1.0	353
75	Motivation to Change Chronic Illness Care. Health Care Management Review, 2005, 30, 139-156.	0.6	39
76	Assessing the Implementation of the Chronic Care Model in Quality Improvement Collaboratives. Health Services Research, 2005, 40, 978-996.	1.0	169
77	The Role of Perceived Team Effectiveness in Improving Chronic Illness Care. Medical Care, 2004, 42, 1040-1048.	1.1	318