

Changes in Medical Errors after Implementation of a Ha

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Citation Report

#	ARTICLE	IF	CITATIONS
2	Information Gaps in Newborn Care and Their Potential for Harm. Joint Commission Journal on Quality and Patient Safety, 2015, 41, 228-233.	0.4	2
3	Improved interprofessional communication, handover and ward rounds in critical care (ICARUS). Critical Care, 2015, 19, .	2.5	0
4	Cross-checking to reduce adverse events resulting from medical errors in the emergency department: study protocol of the CHARMED cluster randomized study. BMC Emergency Medicine, 2015, 15, 21.	0.7	3
5	Crying wolf: False alarms and patient safety. Journal of Hospital Medicine, 2015, 10, 409-410.	0.7	4
6	Variation in printed handoff documents: Results and recommendations from a multicenter needs assessment. Journal of Hospital Medicine, 2015, 10, 517-524.	0.7	16
7	Nighttime clinical encounters: How residents perceive and respond to calls at night. Journal of Hospital Medicine, 2015, 10, 142-146.	0.7	4
8	Handoffs: A story in evolution. Journal of Hospital Medicine, 2015, 10, 202-203.	0.7	1
9	3. Der Einfluss komplexer Systeme auf die Patientensicherheit. , 2015, , 57-84.		0
10	A Mnemonic to Facilitate the Handover from the Operating Room to Intensive Care Unit: "I PUT PATIENTS FIRST". Journal of Anesthesia & Clinical Research, 2015, 06, .	0.1	2
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13	Evaluation of a nursing handoff educational bundle to improve nursing student handoff communications: A pilot study. Journal of Nursing Education and Practice, 2015, 5, .	0.1	0
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18	Assessment of a Brief Handoff Skills Workshop for Incoming Interns: Do past Handoff Experiences Impact Training Outcomes?. Journal of Medical Education and Curricular Development, 2015, 2, JMECD.S28401.	0.7	0
19	Initial assessment of patient handoff in accredited general surgery residency programs in the United States and Canada: a cross-sectional survey. Canadian Journal of Surgery, 2015, 58, 269-277.	0.5	11

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21	Making the Medical Morbidity, Mortality, and Improvement Conference Even Better. Journal of Oncology Practice, 2015, 11, e434-e436.	2.5	2
22	Lack of standardisation between specialties for human factors content in postgraduate training: an analysis of specialty curricula in the UK: Table 1. BMJ Quality and Safety, 2015, 24, 558-560.	1.8	17
23	Understanding the Value of Continuity in the 21st Century. JAMA Internal Medicine, 2015, 175, 1154.	2.6	6
24	Etanercept Tapering in Rheumatoid Arthritis. New England Journal of Medicine, 2015, 372, 489-490.	13.9	1
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26	Talking Back: A Review of Handoffs in Pediatric Emergency Care. Clinical Pediatric Emergency Medicine, 2015, 16, 76-82.	0.4	0
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38	Improving Safety through Human Factors Engineering. Radiographics, 2015, 35, 1694-1705.	1.4	28

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98	Paperless handover: are we ready?. <i>BMJ Quality and Safety</i> , 2016, 25, 299-301.	1.8	6
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167	Pagers and Beyond in an Era of Microcommunications" What Is Old Is New Again. <i>JAMA Internal Medicine</i> , 2017, 177, 1220.	2.6	4
168	Effects of the I-PASS Nursing Handoff Bundle on communication quality and workflow. <i>BMJ Quality and Safety</i> , 2017, 26, 949-957.	1.8	40

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169	A SWIFT Method for Handing Off Obstetrical Patients on the Labor Floor. <i>Journal of Patient Safety</i> , 2017, Publish Ahead of Print, 437-444.	0.7	0
170	Searching for management approaches to reduce HAI transmission (SMART): a study protocol. <i>Implementation Science</i> , 2017, 12, 82.	2.5	9
171	2016 Updated American Society of Clinical Oncology/Oncology Nursing Society Chemotherapy Administration Safety Standards, Including Standards for Pediatric Oncology. <i>Oncology Nursing Forum</i> , 2017, 44, 31-43.	0.5	59
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