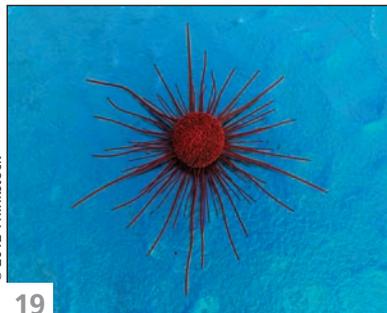




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### Patients and families as safety experts

Families were keen to participate in a system to report adverse events during their children's hospital stay and frequently reported events that had not been noted by staff. These findings come from a questionnaire survey of 544 families following discharge of their children from a hospital ward. There is potential to recruit families to improve the safety of the health care system for children, say the authors. **See Research, page 29**

When questioned, patients report safety incidents that would otherwise go undetected. Furthermore, patients are highly motivated to report errors or problems with their care. Paying close attention to patients' and families' reports of safety issues may be our best early warning system for detecting deterioration of care, the authors argue. **See Commentary, page 15**

### *Clostridium difficile* in hospitals

Hospital-acquired infection with *C. difficile* significantly prolongs a patient's stay in hospital, independent of baseline risk of death, and the estimated total cost of caring for patients who acquire this organism is substantial, say the authors. **See Research, page 37**

Infection with *C. difficile* is associated with high mortality and increases the length of a patient's stay in hospital. Enoch and Aliyu suggest using a "care bundle" approach to rapidly reduce the transmission of this organism. **See Commentary, page 17**

### Second primary cancer

Cancer survivors have just over twice the risk of contracting another primary cancer of the same type but only a slightly increased risk of a primary cancer of another type. These findings come from a nationwide cohort study that followed close to 7.5 million people for more than 25 years using three linked administrative databases. Whether these associations are due to genetic factors or lifestyle risk could be the subject of future studies, say the authors. **See Research, page E57**

Second primary cancer is a major concern for cancer survivors, their families and the health care professionals providing follow-up care. The absolute risk of each type of second

primary cancer should influence clinical decisions about the frequency and type of follow-up care, say the authors. **See Commentary, page 19**

### Diagnosed hypertension in Canada

The number of people with hypertension in Canada is increasing, while the number of new cases per year is decreasing. These findings come from an analysis of health administrative databases from each province and territory. Enhanced population programs are needed to prevent hypertension, say the authors. **See Research, page E49**

### The lucky penny: the bullet rule

Identification of the trajectory of bullets in patients who sustain gunshot wounds is critical for determining the need for surgery and prognosis. The bullet rule can be helpful in ensuring that all bullets are accounted for, say Engels and Tien. **See Practice, page 63**

### Autonomic dysreflexia

Autonomic dysreflexia occurs in up to 90% of people with upper thoracic or cervical spine injury. Triggered by stimuli such as bladder distention or even a shoelace tied too tightly, this is a medical emergency and can be life threatening. Awareness of the triggers is the key to prevention. **See Practice, page 66**

### Chilblains

Most commonly idiopathic, these lesions may be associated with conditions such as systemic lupus erythematosus or antiphospholipid syndrome, caution Vano-Galvan and Martorell. **See Practice, page 67**

### Baby basics

The *Canadian Medical Association Complete Book of Mother and Baby Care*, edited by Dr. Anne Biringer, is a practical, common-sense guide for parents on everything from planning for pregnancy to removing a splinter. **See Practice, page 70**