Management of Neonatal Abstinence Syndrome: The Importance of a Multifaceted Program Spanning Inpatient and Outpatient Care

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Experience with the Managing Abstinence in Newborns (MAiN) program demonstrates that using a multidisciplinary, coordinated treatment program whose foundation is collaborative, community-based care may provide a safe, cost-effective, and sustainable alternative to neonatal abstinence syndrome management.

Early Treatment Innovation for Opioid-Dependent Newborns: A Retrospective Comparison of Outcomes, Utilization, Quality, and Safety, 2006–2014


Fetal opioid exposure can result in neonatal abstinence syndrome (NAS), which can have serious consequences for newborns. The Managing Abstinence in Newborns (MAiN) program was designed to provide an alternative to traditional care models for NAS. Infants cared for in the MAiN program in South Carolina from 2006 through 2014 were less likely to be treated in a higher-level nursery or to have emergency department visits compared to those who received traditional care. Median per-birth charges were approximately $8,204 lower for MAiN infants.

Using Concentration Curves to Assess Organization-Specific Relationships between Surgeon Volumes and Outcomes

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A well-documented association exists between higher surgeon volumes and better outcomes for many procedures, but surgeons may be reluctant to change practice patterns without objective, credible, and near real-time data on their own performance. This study used concentration curve methodology to identify associations between surgeon procedure volumes and outcomes using their own organization’s data for three procedures: uncomplicated hysterectomies, infant circumcisions, and total thyroidectomies. The concentration indices confirmed the higher prevalence of adverse outcomes among low-volume surgeons, which supported organizational discussions about surgical quality.

Using an Inpatient Quality Improvement Curriculum for Internal Medicine Residents to Improve Pneumococcal Conjugate Vaccine Administration Rates

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The Advisory Committee on Immunization Practices recommends the use of the 13-valent pneumococcal conjugate vaccine (PCV13) to reduce complications from pneumococcal infections. At a Veterans Affairs Medical Center, 16 internal medicine inpatient residents participated in a resident-driven quality improvement (QI) project that entailed eight Plan-Do-Study-Act cycles. The percentage of Veterans discharged from the hospital medicine service with an up-to-date PCV13 vaccination increased from approximately 30% to 87%—an improvement sustained during the 12-month follow-up period. Continuous improvement can be achieved through a structured and iterative process while providing active learning of core QI concepts to residents.

Reducing Serious Safety Events and Priority Hospital-Acquired Conditions in a Pediatric Hospital with the Implementation of a Patient Safety Program


A freestanding children’s hospital evaluated the impact of its No Harm Patient Safety Program on serious safety events (SSEs) and hospital-acquired conditions (HACs). The rate of SSEs decreased from 0.19 in 2014 to 0.09 in 2015 and 0.00 in 2016. The organization reached two years without an SSE in July 2017. For HACs, the central line–associated bloodstream infection rate declined from 2.8 per 1,000 line-days in 2015 to 1.6 in 2016 ($p = 0.036$), surgical site infection rates declined from 3.8 infections per 100 procedures in 2015 to 2.6 in 2016 ($p = 0.30$), and catheter-associated urinary tract infection rates declined from 2.7 per 1,000 catheter-days in 2015 to 1.4 in 2016 ($p = 0.28$).

What is the Realistic Scope of Informed Consent?

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The success of a program to use training modules developed by the Agency for Healthcare Research and Quality to teach leaders and staff the principles of informed consent provides an example that other organizations can follow as a first step to ensure that a minimum standard of information is provided to patients in a clear and concise manner during the consent process.
Opportunities to Improve Informed Consent with AHRQ Training Modules

Informed consent, patients often do not understand the risks and benefits associated with a specific intervention and alternatives, even after signing a consent form. In a mixed-methods pilot test of two Agency for Healthcare Research and Quality (AHRQ) informed consent training modules implemented in four hospitals, knowledge increased for leaders ($p < 0.05$) and staff ($p < 0.001$) completing the training modules. The hospitals reported that piloting the modules helped them improve their informed consent practices.

Implementation and Evaluation of a Novel Colorectal Cancer Decision Aid Using a Centralized Delivery Strategy

Patient decision aids (DAs) for colorectal cancer (CRC) screening can be unsuccessful because of provider preferences for colonoscopy and lack of effective DA implementation. In a hybrid implementation-effectiveness study, using a centralized preventive health screening outreach infrastructure was a feasible and efficient method for implementing DAs in a large academic health system. More than 90% of the primary care patients in the intervention group remembered receiving the DA, and 80% found it helpful in their decision-making process. However, overall CRC screening rates significantly decreased between the control and intervention periods (50.8% vs. 39.2%, respectively; $p = 0.03$).

The Characteristics of Physicians Who are Re-Disciplined by Medical Boards: A Retrospective Cohort Study
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A study was conducted to compare the characteristics of re-disciplined to first-time disciplined physicians among Canadian physicians disciplined by medical boards between 2000 and 2015. There were 938 disciplinary events for 810 disciplined physicians, with 1 in 8 ($n = 101, 12.5\%$) being re-disciplined (each with up to six disciplinary events). Re-disciplined physicians had more mental illness (1.7% vs. 0.1%, $p = 0.01$) and unlicensed activity (19.2% vs. 7.2%, $p < 0.01$), but they were less likely to have sexual misconduct (20.1% vs. 27.9%, $p = 0.02$). License suspension and restriction occurred more frequently among those re-disciplined (56.8% vs. 48.0%, $p = 0.02$, and 38.4% vs. 26.7%, $p < 0.01$, respectively). Re-discipline is not uncommon and underscores the need for better identification of at-risk individuals and optimization of remediation penalties.

Principles of Automation for Patient Safety in Intensive Care: Learning From Aviation
J. Dominiczak, L. Khansa

The transition away from written documentation and analog methods has opened up the possibility of leveraging data science and analytic techniques to improve health care. The Principles of Automation for Patient Safety in Intensive Care (PASPIC) framework draws on Billings’s principles of human-centered aviation automation and helps in identifying the advantages, pitfalls, and unintended consequences of automation in health care. Because it combines “smart” technology with the necessary controls to withstand unintended consequences, PASPIC could help ensure more informed decision making and better patient care in the ICU.