Performance Improvement

51 Leading Change on Labor and Delivery: Reducing Nulliparous Term Singleton Vertex (NTSV) Cesarean Rates
E.K. Main
The author discusses key factors contributing to the success of an intervention to reduce cesarean section rates, including creating momentum for change with peer comparison data indicating that their hospital was an outlier, the use of multifactorial interventions, external pressure from public reporting, and physician leadership.

53 Quality Improvement Initiatives Lead to Reduction in Nulliparous Term Singleton Vertex Cesarean Delivery Rate
From 2008 through 2015, at a single tertiary care academic medical center, a multi-strategy approach including provider education, provider feedback, and implementation of new policies targeted evidence-based and inferred factors that influence the nulliparous term singleton vertex (NTSV) cesarean delivery rate. Analysis of more than 20,000 NTSV deliveries, of which more than 15,000 occurred during the intervention period, showed a decrease in the NTSV cesarean delivery rate from 35% to 21%, with a decrease also in the total cesarean delivery rate.

Clinical Monitoring

62 Data-Driven Implementation of Alarm Reduction Interventions in a Cardiovascular Surgical ICU
S.H. Allan, P.A. Doyle, A. Sapirstein, M. Cvach
In a project designed to improve patient safety by optimizing alarm systems in a cardiovascular surgical intensive care unit (CVSICU), nurse surveys and baseline monitor alarm data were used to select alarm reduction interventions, which were progressively phased in. For the most frequent CVSICU monitor alarm types—pulse oximetry, heart rate, systolic and diastolic blood pressure, pulse oximetry sensor, and ventricular tachycardia > 2—there was a 61% reduction in average alarms per monitored bed and a downward trend in cardiorespiratory events.

Coordination of Care

71 Year-End Resident Clinic Handoffs: Narrative Review and Recommendations for Improvement
A.T. Pincavage, M.J. Donnelly, J.Q. Young, V.M. Arora
Year-end clinic handoffs in resident continuity clinics are an important patient safety issue. A review of 23 intervention studies and consensus expert opinion led the authors to provide 12 recommendations for improvement that can provide a starting point to guide training programs.

80 Improving Communication with Primary Care Physicians at the Time of Hospital Discharge
L.A. Destino, A. Dixit, J.L. Pantaleoni, M.S. Wood, N.M. Pageler, J. Kim, T.S. Platchek
Communication with primary care physicians (PCPs) at the time of a patient's hospital discharge is important to safely transition care to home. In a quality improvement initiative at an academic children's hospital, root cause analysis identified several key drivers of the problem, and successive countermeasures were implemented to achieve 80% of attempted verbal communication within seven days before or after discharge (usually 24–48 hours) on the pediatric medical services. Hospitalwide PCP communication increased from an average of 59.1% (n = 5,397) in the eight months before the intervention to 76.7% (n = 4,870) in the seven months after (p < 0.001).

Medication Safety

89 Review of Nonformulary Medication Approvals in an Academic Medical Center
Frequent and inappropriate use of nonformulary medication (NFM) has the potential to increase hospital costs, negatively affect the quality of care, and increase medication errors. A review of all approved NFM requests between 2009 and 2012 at an academic tertiary care facility showed that of the 15,356,016 new medication orders, there were 223,266 NFM approvals for 433 unique NFMs, with only a few classes of medications and a few medications within each class accounting for most of the NFM use.