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Nov. 19 2015 Joint Commission Hospital Accreditation Update

Nov. 20 Patient and Family Engagement across the Continuum and Across Cultures in N.J.

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CDC Report: Cesarean Deliveries Drop from 2009 to 2013

The nation's low-risk cesarean delivery rate has declined from 32.9 percent in 2009 to 32.7 percent in 2013, according to a report released last week by the Centers for Disease Control and Prevention.

According to the report, the low-risk C-section delivery rate reached a low of 18.4 percent in 1997, and then rose steadily to a high of 28.1 percent in 2009. The rate decreased from 2009 through 2013, reaching 26.9 percent, the lowest rate since 2005.

Efforts to reduce nonmedically indicated cesarean delivery and induction of labor include new guidelines from the American Congress of Obstetricians and Gynecologists, initiatives to improve the quality of perinatal care, changes in hospital policies to disallow elective delivery before 39 weeks and public education campaigns.

State DOH to Focus on Reducing Pressure Ulcers in Nursing Homes

The state Department of Health announced a statewide focus on reducing pressure ulcers in all New Jersey nursing homes, according to a letter recently sent to New Jersey nursing home administrators.

DOH is strongly encouraging all nursing home facilities to join the Department, NJHA, Healthcare Association of New Jersey, LeadingAge NJ, the Ombudsman and Healthcare Quality Strategies Inc. in a statewide effort to address the ongoing problem of the prevalence of pressure ulcers in hospitals and nursing homes.

As a first step, DOH is asking all nursing homes to seriously consider joining the nursing home quality improvement project facilitated by HQSI through the new Quality Improvement Network (QIO). This effort is part of the new statement of work for the QIOs that will last for five years with a goal of engaging 75 percent of all N.J. nursing homes.

Medical Errors Drop with Physician Handoff Program

Better communication between physicians during shift changes can reduce medical errors and preventable adverse events, according to a new study published recently in the New England Journal of Medicine.

The research team, led by Amy J. Starmer, MD, MPH, of Boston Children's Hospital, conducted a prospective intervention study of a resident handoff-improvement program in nine hospitals, measuring rates of medical errors, preventable adverse events and miscommunications, as well as resident workflow.

The study involved nearly 11,000 patients and called for physicians to write down instructions during handoffs and read them back to make sure they understood them. The handoff called for the physicians to discuss the severity of the patient's illness, the patient's history, an action list of what needed to be done and contingency plans.

The improved communication as part of the hand-off program cut medical errors by 23 percent and preventable adverse events by 30 percent.

According to the study, there was a dramatic reduction in medical errors, and the method is adaptable to other hospitals and to other healthcare workers, such as nurses and surgeons.