

Research

CARING FOR THE CRITICALLY ILL PATIENT

Treatment of Vitamin D Deficiency in Critically Ill Patients 1520

Vitamin D deficiency has been linked to mortality and morbidity among critically ill patients. Whether this association is causal is unknown. In a randomized placebo-controlled trial that enrolled 492 critically ill adult patients with vitamin D deficiency, Amrein and colleagues found that compared with placebo, administration of high-dose vitamin D₃ did not shorten hospital stay or reduce hospital or 6-month mortality.

Obstetric Quality Indicators and Morbidity 1531

In an analysis of linked New York City hospital discharge data from 115 742 deliveries and birth certificate data from 103 416 term newborns, Howell and colleagues assessed whether 2 Joint Commission obstetric quality indicators—rates of elective (nonmedically indicated) deliveries between 37 and 39 weeks' gestation and cesarean deliveries performed in low-risk mothers—are associated with maternal and neonatal morbidity. The authors report that rates of the 2 obstetric quality indicators and of maternal and neonatal complications varied widely in New York City hospitals in 2010. However, the authors found no correlation between rates of the quality indicators and maternal and neonatal morbidity. In an Editorial, McGlynn and Adams discuss attributes of good quality measures.

← Editorial 1517 Related Article 1542

+ Author Video Interview

Skilled Nursing Facility Quality and Hospital Readmissions 1542

Hospital readmission rates among patients receiving care in skilled nursing facilities are high. In an analysis of Medicare data representing more than 1.5 million discharges to a skilled nursing facility following an acute care hospitalization, Neuman and colleagues examined the association between facility performance measures and hospital readmissions. The authors found that publicly available performance measures—staffing intensity, facility site inspection ratings, and percentages of patients with delirium, moderate to severe pain, and new or worsening pressure ulcers—were not consistently associated with the risk of readmission or death within 30 days of the index hospital discharge.

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Editor in Chief
Howard Bauchner, MD

131 YEARS
OF CONTINUOUS
PUBLICATION

Research (continued)

Vancomycin MIC, Mortality in *Staphylococcus aureus* Bacteremia 1552

In a systematic review and meta-analysis of data from 38 studies of *Staphylococcus aureus* bacteremia (8291 episodes), Kalil and colleagues assessed the association of vancomycin minimum inhibitory concentration (MIC) with mortality. The authors found no statistically significant differences in the risk of death when comparing patients with *S aureus* isolates exhibiting high- vs low-vancomycin MIC.

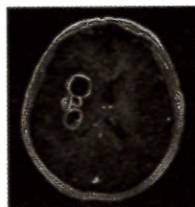
Clinical Review & Education

Climate Change and Global Health Challenges 1565

Based on a review of recent international studies on climate change and health, Patz and colleagues summarize the evidence for diverse adverse health consequences of climate change including heat-related deaths, exacerbation of respiratory disorders, increased vectorborne and waterborne infectious diseases, food insecurity, and mental health disorders related to climate change-associated natural disasters. In an Editorial, Bauchner and Fontanarosa discuss why climate change warrants physician concern.

✚ Editorial 1519

Patient With Facial Droop, Left-Sided Weakness, Brain Lesions 1581



A 73-year-old man has a 3-week history of left-sided facial droop and leg weakness, which began while vacationing in upstate New York. Tests for Lyme disease, toxoplasma, cryptococcal antigen, and human immunodeficiency virus are negative. Multiple ring-enhancing lesions are seen on magnetic resonance imaging of the brain. What would you do next?

✚ Quiz jama.com

Medical Letter: Drugs for MRSA Skin, Soft Tissue Infections 1583

This Medical Letter on Drugs and Therapeutics article summarizes recommended drug treatment and related costs of community-acquired and nosocomial methicillin-resistant *Staphylococcus aureus* (MRSA) skin and soft-tissue infections. Oral trimethoprim-sulfamethoxazole, minocycline, doxycycline, or clindamycin are recommended for community-acquired MRSA skin infections that do not resolve with incision and drainage. Intravenous vancomycin is recommended for complicated infections.

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Editor's Audio Summary

Howard Bauchner, MD, summarizes and comments on this week's issue.

Author Reading



AUDIO Coleen A. Boyle, PhD, reads her Viewpoint "Use of Clinical Preventive Services in Infants, Children, and Adolescents."

Author Interview

VIDEO Interview with Elizabeth A. Howell, MD, MPP, author of "Association Between Hospital-Level Obstetric Quality Indicators and Maternal and Neonatal Morbidity"

AUDIO Interview with Jonathan A. Patz, MD, MPH, author of "Climate Change: Challenges and Opportunities for Global Health"

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JAMA's Key and Critical Objective
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