



U.S. Department of Health and Human Services



Agency for Healthcare Research and Quality

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2015 Richard & Hinda Rosenthal Symposium

Protecting Patients: Advances and Future Directions in Patient Safety

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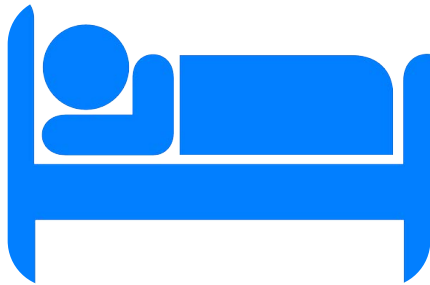


How AHRQ Makes A Difference

- AHRQ **invests in research and evidence** to understand how to make health care safer and improve quality
- AHRQ creates materials to **teach and train** health care systems and professionals to **catalyze** improvements in care
- AHRQ **generates measures and data** used to track and improve performance and evaluate progress of the U.S. health system



Improvements in Patient Safety 2010 - 2014



**17% reduction
in HACs**



**87,000 lives
saved**



**2.1 million
patient harms
avoided**



**\$19.8 billion in
savings**

**ORIGINAL ARTICLE**[A Correction Has Been Published ▸](#)

An Intervention to Decrease Catheter-Related Bloodstream Infections in the ICU

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N Engl J Med 2006; 355:2725-2732 | [December 28, 2006](#) | DOI: 10.1056/NEJMoa061115

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[Abstract](#)[Article](#)[References](#)[Citing Articles \(1312\)](#)[Letters](#)

Catheter-related bloodstream infections are common, costly, and potentially lethal.^{1,2} Each year in the United States, central venous catheters may cause an estimated 80,000 catheter-related bloodstream infections and, as a result, up to 28,000 deaths among patients in intensive care units (ICUs). Given that the average cost of care for a patient with this infection is \$45,000,³ such infections could cost up to \$2.3 billion annually. According to the National Nosocomial Infections Surveillance (NNIS) system of the Centers for Disease Control and Prevention (CDC), the median rate of catheter-related bloodstream infection in ICUs of all types ranges from 1.8 to 5.2 per 1000 catheter-days.^{3,4} Interventions aimed at decreasing the infection rate are needed to reduce the serious public health consequences of this hospital-acquired infection.

How many of these infections are preventable is unknown. Several single-hospital studies and two multicenter studies have shown reductions in the rates of catheter-related bloodstream infection.⁵⁻¹² To build on this research, we studied the extent to which these infections could be reduced in Michigan, using an intervention as part of a statewide safety initiative regarding patients in ICUs, known as the Michigan Health and Hospital Association (MHA) Keystone Center for Patient Safety and Quality Keystone ICU project, which was funded predominantly by the Agency for Healthcare Research and Quality (AHRQ). The objective of the study was to evaluate the effect of the



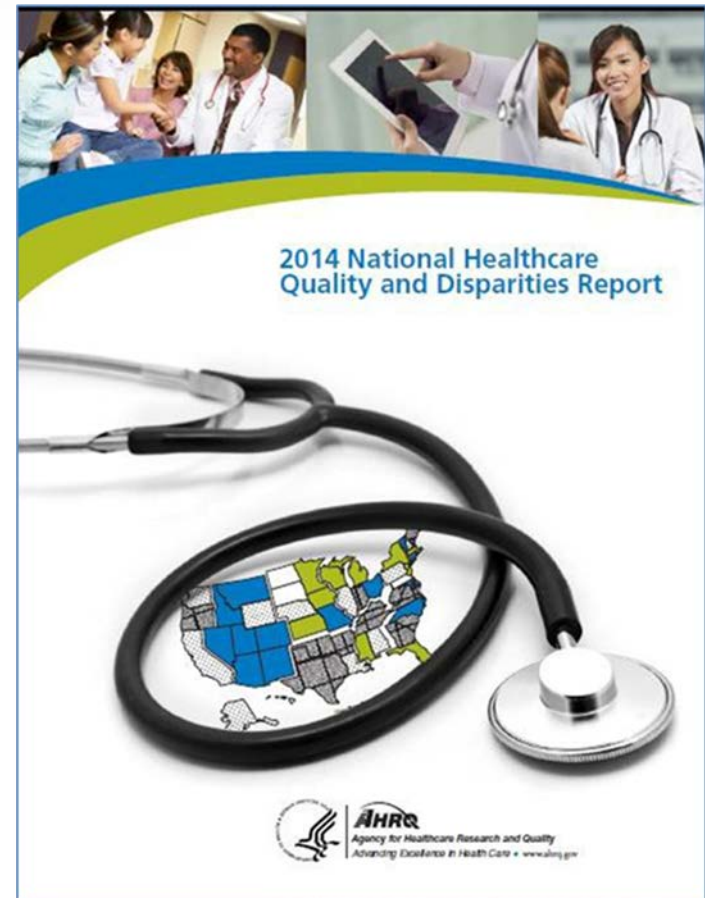
Tools and Training Materials

- Patient Safety Culture Surveys
- TeamSTEPPS® team training materials
- Comprehensive Unit-based Safety Program (CUSP) toolkits to reduce CLABSI, CAUTI, etc.
- Re-Engineered Discharge (RED) tools to reduce avoidable hospital readmissions
- Guide to Patient and Family Engagement
- NGC/NQMC



Measures and Data

- National Healthcare Quality and Disparities Report
- Medicare Patient Safety Monitoring System
- Consumer Assessment of Healthcare Providers and Systems (CAHPS)
- Quality Indicators





Where to From Here?

- Continue to work on improving safety in hospitals and extend patient safety gains to all settings
 - ▶ Ambulatory settings (physician offices, outpatient, lab)
 - Diagnostic error: New IOM report
 - ▶ Long-term care