

*Studies Show Checklists Improve Patient Safety, Quality of Care*

(West Windsor, NJ) – U.S. Rep. Rush Holt and six other members of Congress are urging the U.S. Department of Health and Human Services (HHS) and the Agency for Healthcare Research and Quality (AHRQ) to work with hospitals to expand the use of medical checklists. Last year, the New England Journal of Medicine released a study that found that when surgical teams used a simple checklist, similar to the ones pilots use before takeoff, patient death rates dropped by half and serious complications fell by more than a third. Checklists include basic safety requirements, including confirming the identity of the patient, the type of surgery, and the availability of all equipment.

“Checklists alone will not solve all health care quality issues, but these innovations show great promise in improving health care quality and patient safety,” the Members write. “We encourage you to investigate checklists in your work to enhance health care quality and improve patient safety.

In addition to Holt, signers included Reps. Lois Capps (CA-23); Pete Stark (CA-13), Chair of the House Ways and Means Subcommittee on Health; George Miller (CA-07), Chair of the House Committee on Education and Labor; Yvette Clark (NY-11); Brian Higgins (NY-27); and Barbara Lee (CA-09).

A copy of the letter is below:

Dear Administrator Berwick and Director Clancy:

We are writing to ask for you to further investigate the success of medical checklists to increase research and dissemination of this life-saving health care tool.

Checklists are simple devices, yet the results from medical checklists are dramatic. For example, Johns Hopkins University researcher Dr. Peter Pronovost developed a checklist to

reduce catheter-related bloodstream infections in the ICU. These infections affect an estimated 80,000 patients per year, with almost 30,000 patients dying each year as a result. These infections were reduced by two-thirds in 108 hospital ICUs after implementing Dr. Pronovost's checklist, with many ICUs seeing their infection rate fall to zero once the checklist was in place. Similarly impressive results have resulted from a safe surgery checklist created by Harvard researcher Dr. Atul Gawande. In a worldwide study, the safe surgery checklist reduced surgical mortality by nearly half and decreased inpatient complications by almost 40 percent.

These impressive results highlight the need for increased research into the development and implementation of successful checklists as well as further dissemination of effective ones. AHRQ has been a leader in supporting previous checklist development, such as Dr. Pronovost's, and we encourage you to continue research in this area. As well, this type of innovation would be ideal for future study by the upcoming Center for Medicare and Medicaid Innovation, which was created by the health reform law to incentivize high-quality care.

Checklists alone will not solve all health care quality issues, but these innovations show great promise in improving health care quality and patient safety. We encourage you to investigate checklists in your work to enhance health care quality and improve patient safety.

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