



MHA Keystone Center
for Patient Safety
& Quality

*Bringing health care
providers together
with information,
resources and
collaborative
opportunities to bridge
the quality chasm*

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News Release

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Two-Year Project Improves Patient Safety in Michigan Hospital ICUs

More Than 120 Michigan ICUs, 70 Hospitals Participate

DEARBORN, Mich. — Michigan hospital intensive care units (ICUs) are safer today following a two-year project to reduce medical errors and improve patient safety directed by the state's hospital association and The Johns Hopkins University Quality & Safety Research Group.

Results of the project were announced today by leaders of the Michigan Health & Hospital Association's (MHA) Keystone Center for Patient Safety & Quality and patient safety experts from Johns Hopkins. *Keystone: ICU* is believed to be the largest patient safety collaborative of its kind anywhere in the world, with more than 120 Michigan ICUs and 70 Michigan hospitals participating. The results were shared at a conference for Michigan business leaders, state lawmakers and hospitals leaders. Using a predictive model and data collected from project participants between March 2004 and June 2005, the total savings in the 15-month span were:

- **Patient Lives Saved - 1,578***
- **Hospital Days Saved - 81,020***
- **Health Care Dollars Saved - \$165,534,736***

“As a result of *Keystone: ICU*, medical errors are being avoided, and lives and health care costs are being saved,” said MHA President Spencer Johnson. “Improving health care safety at the bedside benefits all patients and the governments, employers and workers that pay for health care services. Michigan hospitals are proud to be at the forefront of patient safety and health care quality improvement initiatives.”

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Keystone: ICU is already changing the benchmarks of health care quality, dramatically reducing complications once regarded as nearly impossible to eliminate. Central intravenous (IV) lines are a major source of infections in ICUs that harm patients and increase lengths of stay, which drive up costs. Hospitals participating in Keystone: ICU have reduced central IV line infections by nearly 50 percent. Prior to MHA Keystone, Michigan's rate of central line infections ranked average in the nation. Today, Michigan's performance ranks among the best in the nation. Of the 127 participating ICUs, 68 have reported zero bloodstream infections or ventilator-associated pneumonias for six months or more. Overall ventilator-associated pneumonia rates in the Keystone: ICU project continue to decrease as well. Each prevented infection reduces costs, reduces the time a patient must stay in the ICU and often saves a life.

The MHA Keystone Center for Patient Safety & Quality was created in March 2003 as a 501(c)(3) division of the MHA Health Foundation. MHA Keystone brings together hospitals, national experts and best practice evidence to improve patient safety by addressing the quality of health care delivery at the bedside. In addition to Keystone: ICU, the Keystone Center is working on projects to improve stroke care and boost the number of organ donations made in Michigan hospitals.

The two primary leaders of the MHA Keystone Center and its ICU project are Chris Goeschel, RN MPA MPS, who serves as Keystone's executive director, and Peter Pronovost, MD, PhD a practicing anesthesiologist and critical care physician, lecturer, and internationally known patient safety researcher and leader from the Johns Hopkins University.

MHA Keystone Center is exploring ways to improve safety and reduce errors in other health care delivery settings, and will be expanding work with the Johns Hopkins Quality and Safety Research Group in a new "Partners in Possibility" initiative during 2006. Corporate sponsors are being invited to join with the MHA Keystone Center in these important initiatives.

For more information, please visit www.MHAKeystoneCenter.org.

** These impact estimates are based on projections from the Johns Hopkins Opportunity Calculator. This model applies estimates of the prevention of deaths and decreased hospital stay as extrapolated from published empirical studies. The estimated dollar savings is based on an average cost of a hospital day and an ICU day in Michigan from a sample of Michigan hospitals.*

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