HHS Funds New Research to Fight Infections

BY JANE ANDERSON

The Department of Health and Human Services has awarded $17 million to fund research projects aimed at reducing central line–associated bloodstream infections and other hospital-acquired infections, including methicillin-resistant *Staphylococcus aureus*.

Nearly half of the funds will go toward financing a national expansion of the Keystone Project, which uses a checklist of evidence-based safety practices, staff training, careful measurement of infection rates, and teamwork-building tools for hospital staff to reduce the rate of central line–associated bloodstream infections (CLABSIs), according to the HHS.

The program, which has been implemented in more than 100 Michigan intensive care units, has saved more than 1,800 lives, more than $271 million in health care costs, and more than 140,700 excess hospital stay days in that state between 2004 and 2009, according to the Michigan Health and Hospital Association in Lansing.

In addition, data indicate that the CLABSI rates of hospitals participating in the Keystone program were consistently lower than the national average, the hospital association said in an October report.

Last year, the Agency for Healthcare Research and Quality (AHRQ) funded an expansion of the Keystone Project to 10 states. Now, with additional funding from the AHRQ and a private foundation, it is operating in all 50 states, the HHS said. The additional $8 million from the HHS will allow the program to expand to more hospitals, to extend to other settings in addition to intensive care units, and to broaden the focus to address other types of infections, the HHS said.

Dr. Thomas W. Barrett, a hospitalist at the Portland (Ore.) VA Medical Center, said in an interview that this type of implementation research is difficult to conduct because there are so many potentially confounding variables.

"This is a great step forward—it's very important for patient safety and patient care," Dr. Barrett said. "It's encouraging

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to see AHRQ take a great step in the right direction. I hope that since AHRQ is funding this, the level of rigor in the research will continue to improve."

To spend the remaining $9 million of the $17 million in new funding, the AHRQ said it collaborated with the Centers for Disease Control and Prevention to identify projects.

The projects chosen will focus on reducing *Clostridium difficile* infections through a regional hospital collaborative, reducing the overuse of antibiotics by primary care physicians treating patients in ambulatory and long-term care settings, evaluating two ways to eliminate MRSA in ICUs, and improving the measurement of the risk of infections after surgery.

Additional projects will attempt to identify rates of hospital-acquired infections, to reduce infections caused by *Klebsiella pneumoniae* carbapenemase-producing organisms by applying recently developed recommendations from the CDC's Healthcare Infection Control Practices Advisory Committee, to standardize antibiotic use in long-term care settings, and to implement teamwork principles for frontline health care providers, the AHRQ said. ■

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Lorraine Quatrone, medical administrator, on preparedness for working without computers or phones at Children's Specialized Hospital, New Brunswick, N.J., p. 19