Study Finds A Decline In Adverse Events For Heart Attack, Heart Failure Patients

Adverse events for patients being treated for heart attack and heart failure have declined, according to a new study published in the January 23 issue of the *New England Journal of Medicine*. However, the analysis funded by the Agency for Healthcare Research and Quality (AHRQ) found that there has not been a significant decrease in adverse events for patients being treated for pneumonia and those who are recovering from surgery.

The study, "National Trends in Patient Safety for Four Common Conditions, 2005 to 2011," compared the rate of 21 adverse events that occurred among hospital patients in 2005-2006 with those that happened in 2010-2011. The 21 adverse events included drug reactions, hospital-acquired pressure ulcers, falls, and several healthcare-associated infections. Researchers found that 81,000 adverse events among heart attack and heart failure patients were averted annually in 2010 and 2011 compared with 2005 and 2006. However, some common adverse events in pneumonia and surgical patients, such as pressure ulcers and urinary tract infections, did not show improvement.

"Heart patients are having fewer adverse events today than they have before, which is a major achievement for the nation," said AHRQ Director Richard Kronick, Ph.D. "However, the data show that significant challenges remain in our efforts to make care safer for all patients."

The study authors, led by Yun Wang, Ph.D., senior research scientist at the Harvard School of Public Health's Department of Biostatistics, and Noel Eldridge, M.S., public health specialist at AHRQ, used Medicare Patient Safety Monitoring System data abstracted from medical records of patients 65 and older. The researchers found that from 2005 to 2011, the rate of heart attack patients experiencing one or more adverse events fell from 26.0 percent to 19.4 percent and the rate for heart failure patients experiencing adverse events fell from 17.5 percent to 14.2 percent. No significant changes were found in the rate of adverse events experienced by patients who had surgery or those being treated for pneumonia. Among patients in each of the four groups, experiencing one or more adverse events was correlated with a longer length of stay and an increased chance of dying in the hospital. However, the data were not sufficient to prove that the increased lengths of stay and death rates were due to the adverse events.

AHRQ continues to build the evidence base on what works and what doesn't to improve patient safety. The Agency has developed a wide range of tools to help improve patient safety in hospitals and other settings, which can be found online at http://www.ahrq.gov/professionals/quality-patient-safety/index.html [1]. AHRQ is a key participant in the Partnership for Patients initiative, a public-private partnership working to improve the quality, safety, and affordability of health care for all

Americans by reducing preventable hospital acquired conditions by 40 percent from 2010 to 2013. More information about the Partnership for Patients initiative can be found at http://innovation.cms.gov/initiatives/partnership-for-patients/ [2].

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