

Pronovost took the idea of his list to his own hospital where he conducted a fifteen-month study. During that time, the checklist prevented forty-three infections and eight deaths, and it saved the health care system \$2 million in costs. A hospital association in Michigan was so impressed by the statistics that it brought the checklist model to 100 intensive care units in 70 Michigan hospitals. In the first eighteen months, it saved an estimated 1,500 lives and \$75 million. Pronovost claims that he could do nationally what he did in Michigan for \$3 million.

“If it costs only \$3 million for the entire country to implement this checklist,” Chairwoman Cornell said, “think how little it would cost to do it just in New York. And given how much Michigan saved in lives and money in just eighteen months, it makes so much sense for all hospitals in our state to use these checklists as soon as possible.” Cornell was confirmed in her beliefs with the recent release of the Niagara Health Quality Coalition’s 2010 Hospital Report Card, which revealed that while hospitals across the state have shown improvement in eight out of ten measures of hospital error rates, hospital-acquired infection rates have not gotten better. “It’s time to improve those rates,” Cornell said, “and we have the means to do so.”

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