Agency for Healthcare Research and Quality

AHRQ News Now: new infection prevention toolkit; patterns in cholesterol treatment and benzodiazepine use; U.S. Antibiotic Awareness Week; QuestionBuilder app for patients; improving physician well-being

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In This Week's Issue: new infection prevention toolkit; patterns in cholesterol treatment and benzodiazepine use; U.S. Antibiotic Awareness Week; QuestionBuilder app for patients; improving physician well-being

New AHRQ Toolkit Strengthens Infection Prevention in Long-Term Care Facilities

AHRQ has released the new Toolkit for Improving Skin Care and MDRO Prevention in Long-Term Care, which outlines four evidence-based strategies to reduce infection risks and maintain skin integrity among long-term care residents. The toolkit strategies include keeping skin clean and safe, reducing MDRO transmission, using antibiotics wisely, and cleaning and disinfecting high-touch surfaces.

Unlike other healthcare settings, long-term care residents receive medical care in the same place they call home, making infection prevention a complex, critical task. Designed for practical use, the toolkit offers a structured bundle of interventions that address both clinical and cultural aspects of care. One notable feature is the inclusion of Teachable Moments—real-world case scenarios that illustrate infection risks and best practices—designed to reinforce learning and support staff training by making clinical lessons relatable and actionable. Also, an Implementation Guide is provided to help teams operationalize the toolkit

and integrate it into daily practice. By combining behavioral, cultural, and clinical interventions, this program offers a comprehensive approach to safeguarding residents, promoting teamwork, and facilitating a culture of safety in nursing homes.

The toolkit was based on the AHRQ Safety Program for Improving Skin Care and MDRO Prevention in Long-Term Care, implemented over 18 months across more than 300 nursing homes nationwide. The program was linked to significant reductions in the development of nosocomial stage 2 and unstageable pressure ulcers and achieved a significant increase in the number of facilities reporting at least 75 percent hand hygiene compliance among healthcare personnel, among other outcomes.

AHRQ Data Reveal Shifts in Adult Health Trends

Statistical Brief Highlights Trends in High Cholesterol Diagnosis, Treatment

The annual average number of adults with diagnosed or treated high cholesterol increased from 76.4 million per year in 2018 and 2019 to 84.2 million in 2021 and 2022. A new statistical brief from AHRQ's Medical Expenditure Panel Survey, Recent Changes in Treatment Patterns for Diagnosed or Treated High Cholesterol, 2018–19 to 2021–22, tracks trends in a time when changing guidelines from two organizations and significant healthcare events may have impacted high cholesterol treatment. The statistical brief (1) explores how the use of medications and visits to providers changed for adult patients with new or existing

high cholesterol diagnoses, and (2) provides insight into how a patient's age, insurance access, and other characteristics impacted treatment.

New Analysis Examines Benzodiazepine and Opioid Use Among Older Adults

In 2021–22, 4.0 percent of adults aged 65 and older used benzodiazepines, a type of medication often prescribed for anxiety or sleep problems, without opioids, while 1.5 percent used both medications at the same time. Concurrent use of these medications is identified by clinical guidelines as a potentially serious health risk for older adults. The analysis is contained in a new AHRQ Medical Expenditure Panel Survey statistical brief, Benzodiazepine Use Among Older Adults: Any Use and Concurrent Use With Opioids, which highlights differences across subgroups. Older women were more likely than men to use benzodiazepines alone, 5.1 percent compared with 2.7 percent, and with opioids, 2.0 percent compared with 0.9 percent. Seniors in the Northeast were more likely to use benzodiazepines only, 5.8 percent, than those in the South, Midwest, or West. Older adults reporting fair or poor health also had higher use of benzodiazepines alone, 5.1 percent, and in combination with opioids, 3.7 percent, compared with those in better health. Explore the statistical brief for additional insights on use by insurance, chronic conditions, and other factors.

Strengthen Antibiotic Stewardship With AHRQ Resources

During U.S. Antibiotic Awareness Week, join AHRQ in advancing safe antibiotic use across all healthcare settings. Effective antibiotic stewardship protects patients, reduces resistance, and improves outcomes. AHRQ offers evidence-based tools to help your facility achieve your infection prevention and stewardship goals. Explore these key resources:

- Toolkits for MRSA Prevention: Guidance for both intensive care unit (ICU) and non-ICU settings, plus strategies to prevent surgical site infections, and for improving skin care and preventing multidrug-resistant organisms (MDROs) in long-term care.
- Antibiotic Stewardship Toolkits: Setting-specific toolkits for acute care, long-term care, and ambulatory care—all built around the proven Four Moments of Antibiotic Decision Making framework.

- Nursing Home Antimicrobial Stewardship Guide: Comprehensive toolkits to help nursing homes optimize antibiotic use and improve resident safety.
- Overview of Methicillin-Resistant *Staphylococcus aureus* (MRSA)-Related Adult Inpatient Stays, 2016–2021: A statistical brief from the Healthcare Cost and Utilization Project.

Preserve the power of antibiotics for future generations: access all of AHRQ's healthcare-associated infection toolkits and antimicrobial stewardship resources. Also, subscribe to the AHRQ Infection Prevention & Combating Antimicrobial Resistance Bulletin to stay up to date on AHRQ's projects and research.

Use AHRQ's QuestionBuilder App To Prepare for Medical Visits

AHRQ's QuestionBuilder app is a free tool that helps patients prepare for their in-person or telehealth appointments. Available for iOS and Android devices, the app lets users enter details of their upcoming visits and compile a list of questions they want to ask their providers. It also includes examples of questions clinicians may ask patients about their symptoms, helping patients organize their concerns and get the most out of their appointments. All information entered in the app resides on the patient's phone, ensuring privacy. Additional resources include videos, fact sheets, graphics, and definitions of complex medical terms, all in easy-to-read formats and in plain language. By encouraging patients to prepare in advance, the QuestionBuilder supports stronger communication, better understanding, and more effective, patient-centered care. The QuestionBuilder app can be downloaded at no cost through the Apple App Store or Google Play.

Studies Explore Physician Well-Being Through Meaningful Connections and Human Factors Engineering

Two AHRQ-funded studies examined ways to support internal medicine physicians' well-being. One study, published in JAMA Network Open, explored the impact of "sacred moments," or meaningful connections with patients. Sixty-eight percent of respondents reported having experienced a sacred moment, and those who did a few times per year or more had 0.29 times reduced odds of reporting extreme burnout compared with those who had fewer. Discussing these moments with colleagues was also linked to reduced burnout. A second study, published in the Journal of Patient Safety, surveyed 632 internists about human factors engineering (HFE). While 59.5 percent believed HFE could enhance their

well-being by improving processes, teamwork, and leadership, 22.6 percent were unfamiliar with its principles, highlighting a need for greater awareness and involvement in designing supportive systems. Together, these findings suggest that fostering personal connections and making system-level changes may help reduce burnout and improve physician well-being.

Register for Upcoming Webinars

- AHRQ Safety Program for HAI Prevention: CAUTI Informational Webinar
    - November 19, 10:30–11 a.m. ET
    - December 2, 10:30–11 a.m. ET
    - December 11, 11:30 a.m.–12 p.m. ET

AHRQ Stats: Medical Care Access and Insurance in Small Rural Areas

In small rural areas, 31.5 percent of adults on Medicaid and 58.9 percent of uninsured adults reported having poor or fair access to medical care in 2021. By comparison, just 14.8 percent of Medicaid users and 16.9 percent of uninsured adults reported similarly limited access in urban areas. (Source: AHRQ Medical Expenditure Panel Survey Statistical Brief #564, Adult Ratings of Neighborhood Medical Care Availability in Nonmetropolitan and Metropolitan Areas, United States 2021

New Research and Evidence

- Systematic Review: Pharmacologic and Nonpharmacologic Treatments for Posttraumatic Stress Disorder: An Update of the PTSD Repository Evidence Base

AHRQ in the Professional Literature

Peer-support needs and experiences of young adults with chronic conditions: a mixed methods study. Melton K, Telenko B, Miles P, et al. Health Care Transit. 2025 Jul 29;3:100114. Access the abstract on PubMed®.

Prevalence and outcomes of emergency presentations of colorectal cancer in Veterans Affairs health care system. Khalaf N, Ali B, Zimolzak AJ, et al. Dig Dis Sci. 2025 Jan;70(1):177-90. Epub 2024 Dec 11. Access the abstract on PubMed®.

Implementation of passive deterioration index alerts in an intermediate care unit: a failed early warning system strategy. Byrd IV TF, Mattson M, Polt M, et al. Appl Clin Inform. 2025 Aug;16(4):903-10. Epub 2025 Aug 27. Access the abstract on PubMed®.

Potential benefits of incorporating social determinants of health screening on comprehensive medication management effectiveness. Farley JF, Pradeep S. J Manag Care Spec Pharm. 2024 Nov;30(11):1217-24. Access the abstract on PubMed®.

Derivation and validation of an electronic health record penicillin allergy de-labeling prevalence measure. Blumenthal KG, Jiang B, King AJ, et al. Clin Infect Dis. 2025 Apr 30;80(4):723-6. Access the abstract on PubMed®.

Identifying diagnostic errors in the emergency department using trigger-based strategies. Khalili M, Enayati M, Patel S, et al. BMJ Open Qual. 2025 Aug 6;14(3):e003389. Access the abstract on PubMed®.

Health care affordability problems by income level and subsidy eligibility in Medicare. Park S, Fung V. JAMA Netw Open. 2025 Sep 2;8(9):e2532862. Access the abstract on PubMed®.

Risk-stratified screening: a simulation study of scheduling templates on daily mammography recalls. Lin Y, Hoyt AC, Manuel VG, et al. J Am Coll Radiol. 2025 Mar;22(3):297-306. Access the abstract on PubMed®.