Agency for Healthcare Research and Quality

AHRQ News Now: ambulatory surgery patient safety survey results; digital tools for geriatric care; infection prevention in long-term care; patient-centered disclosures and apologies; preventing hospital readmissions

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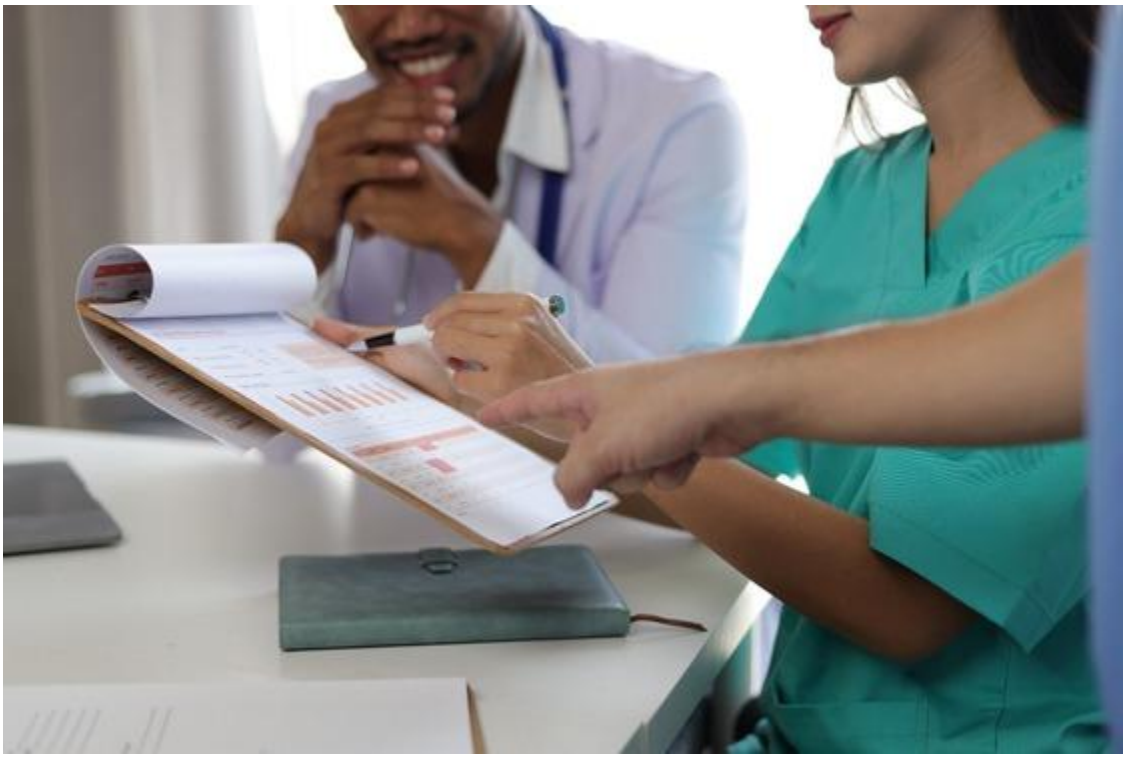
In This Week's Issue: ambulatory surgery patient safety survey results; digital tools for geriatric care; infection prevention in long-term care; patient-centered disclosures and apologies; preventing hospital readmissions.

Available Now: 2025 Survey Results on Patient Safety Culture in Ambulatory Surgery Centers



Results from AHRQ's Surveys on Patient Safety Culture® (SOPS®) Ambulatory Surgery Center Survey (ASC): 2025 Database Report are now available. The findings generally reflect strong positive results for safety culture in ASCs, with staffing identified as a key area for potential improvement. Strengths include the overall composite score (85% positive average) and organizational learning and continuous improvement (91% positive average). In contrast, questions about staffing, work pressure, and pace yielded a much lower score (72% positive average), indicating that these tended to be areas for improvement.

Digital Health Innovations Transform Care for Aging Populations: Webinar Recording Available

Three research teams are challenging assumptions about older adults and technology. At the AHRQ Digital Healthcare Research Program's recent national webinar, "Prepping for the Future: Digital Solutions for Aging Populations," researchers from Florida State University, the University of Chicago, and the University of Utah presented digital health innovations designed specifically for seniors: AI-powered lab result visualizations that improve health literacy, virtual pharmacist consultations that reduce chronic obstructive pulmonary disease readmissions, and mobile apps that enable personalized geriatric care.

These user-friendly tools demonstrate how thoughtful technology design can help older adults actively manage their health, prevent hospitalizations, and achieve better outcomes. View the webinar recording and materials.

Toolkit Supports Improved Skin Care and Infection Prevention in Nursing Homes

The AHRQ Safety Program for Improving Skin Care and Multidrug-Resistant Organism (MDRO) Prevention in Long-Term Care was implemented over an 18-month period in more than 300 nursing homes across the United States. The program has been associated with increased adoption of infection control practices and significant reductions in the development of nosocomial stage 2 and unstageable pressure ulcers.

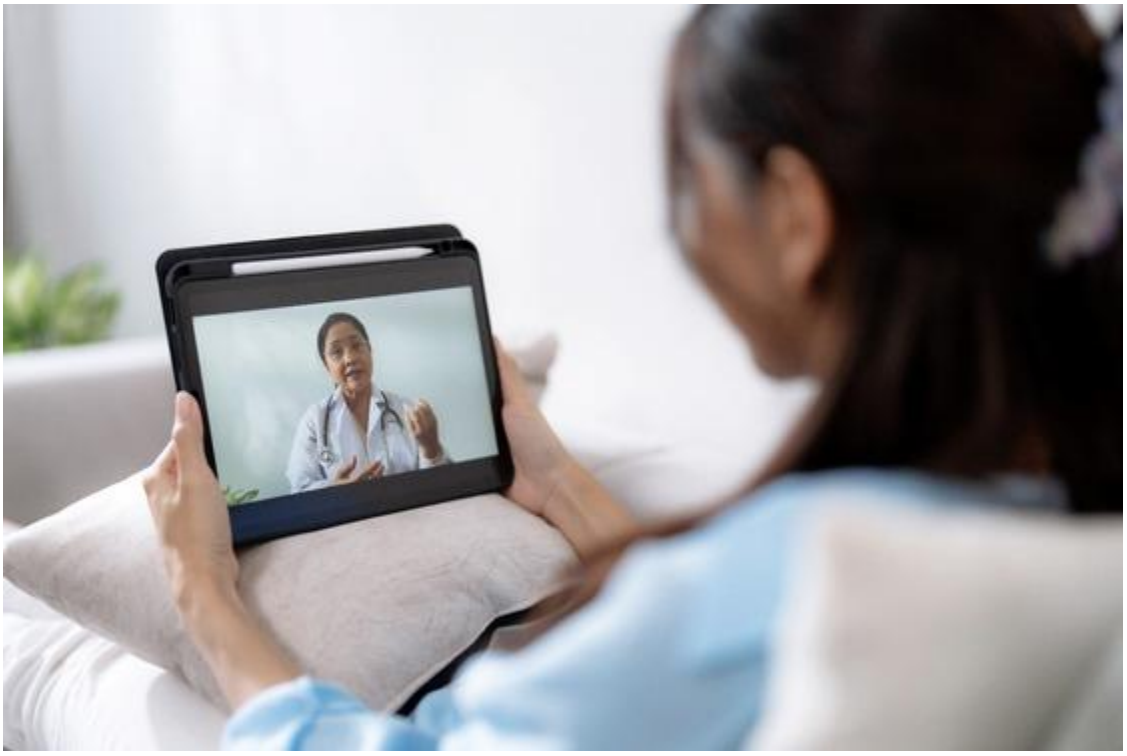
Developed to support this national implementation effort, the AHRQ Toolkit for Improving Skin Care and MDRO Prevention in Long-Term Care is a must-have for long-term care facilities and provides practical resources to strengthen infection prevention compliance, improve skin care, protect residents, and enhance safety culture.

Mapping Apologies To Improve Error Disclosure Training

When clinicians disclose medical errors, they commonly offer multiple apologies per disclosure, with significant variation in timing, content, and focus, according to AHRQ-funded research published in Frontiers in

Health Services. The simulation-based study analyzed 49 simulated error disclosures by clinical teams and found that the apologies vary; some center on clinician emotion, while others are more patient focused. The findings revealed that a consistent conversation structure can inform training programs aimed at improving communication, transparency, and trust when having harm-response conversations. Access the study and the CANDOR Toolkit to learn how apology strategy can shape more effective patient-centered disclosure practices.

Research Highlights Effective Strategies To Prevent Hospital Readmissions



Telehealth and Care Coordination Reduce Readmissions

Telehealth programs along with caregiver, social needs, and behavioral health support may reduce hospital readmissions for high-risk patients, according to an AHRQ-funded study in the Journal of Patient Safety. The study assessed a connected transitional care program for high-risk patients. Among 1,374 patients who participated, 32 percent received a followup telehealth visit after discharge. Their readmission rate was 18.7 percent, compared with 21.3 percent for nonparticipants. Chart reviews also linked lower readmission rates to earlier followup after discharge, greater family or caregiver involvement, fewer language barriers, and less altered mental status. The authors called for more rigorous studies to understand how telehealth can best help all patients avoid readmission. Read the full article.

Centralized Discharge Care Lowers Readmissions Systemwide

Implementing a hospitalwide Discharge Care Center (DCC) at Vanderbilt University Hospital reduced 30-day readmissions by 6.6 percent over 2 years, a new study in NEJM Catalyst found. The DCC model provides personalized, risk-based postdischarge support through automated text messages or calls, a DCC hotline, nurse triage, and multidisciplinary care coordination. The approach reached 80,247 patient discharges, of which 23,050 received targeted interventions addressing postdischarge care needs such as new or worsening symptoms, patient education, and medication-related questions. The authors share practical guidance for hospitals interested in replicating the model, emphasizing the importance of automation, real-time data review, and regular feedback loops with leadership. The approach demonstrates how a scalable, systemwide strategy can meaningfully reduce readmissions, improve patient outcomes, and save costs across diverse hospital settings.

Register for Upcoming Webinars

- January 15, 1–2 p.m. ET: CAHPS End-of-Life Care Survey Webcast
- January 20, 1–3 p.m. ET: AHRQ Evidence-based Practice Center Program Grand Rounds session on Workplace Safety and Well-Being
- January 22, 2–2:30 p.m. ET: AHRQ Safety Program for HAI Prevention: CAUTI Informational Webinar

AHRQ Stats: Benzodiazepine Use Among Older Adults: Any Use and Concurrent Use With Opioids

In 2021–22, 4.0 percent of adults aged 65 and older used benzodiazepines only, without opioids, while 1.5 percent used both benzodiazepines and opioids. (Source: AHRQ Medical Expenditure Panel Survey Statistical Brief #567, Benzodiazepine Use Among Older Adults: Any Use and Concurrent Use With Opioids, 2021–22, CFACT, 2025.)

AHRQ in the Professional Literature

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