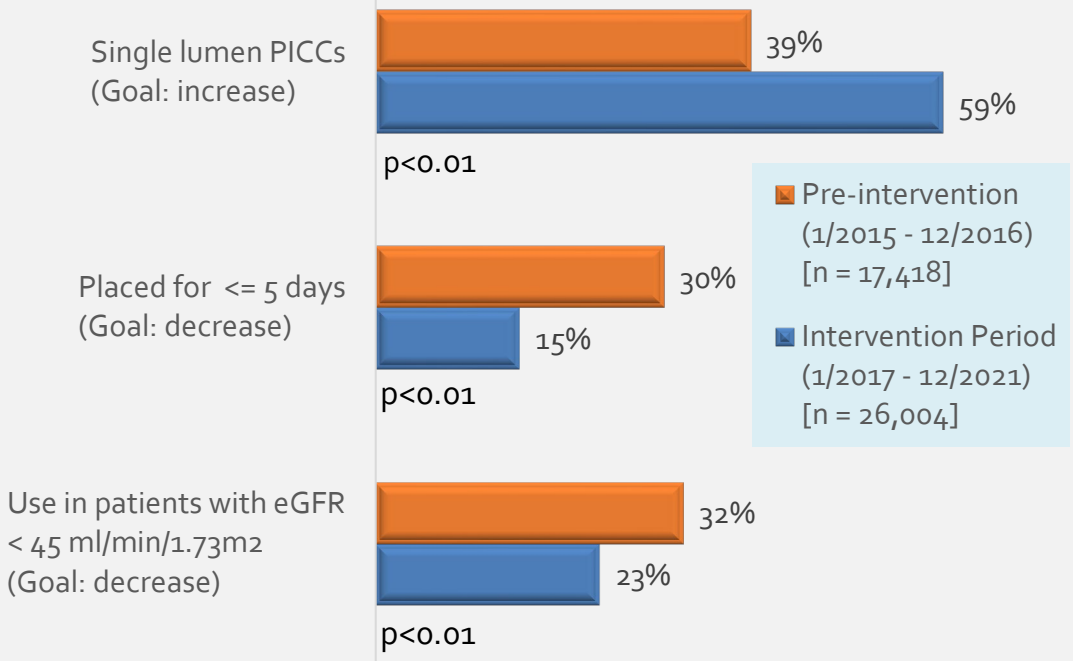
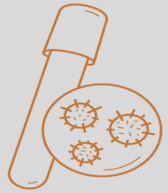
Cost-effectiveness of improving appropriate use of Peripherally Inserted Central Catheters (PICCs) through a statewide hospital collaborative

Improving the appropriateness of PICC use was associated with a decrease in PICC complications and costs in Michigan

Improvements in PICC Appropriateness



Estimated Number of PICC Complications Prevented in 35 Hospitals



CLABSI: 871

VTE: 2,535

Catheter Occlusion: 8,743

	Cost Estimates		
TOTAL QI PROGRAM COSTS	**$31,751,606**		
Cost-offset category	Low estimate	Middle estimate	High estimate
from CLABSI averted	$10,872,437	$18,951,656	$27,030,874
from VTE averted	$33,949,442	$41,250,239	$48,551,037
from catheter occlusion averted	$3,812,304	$4,172,279	$4,532,301
TOTAL Cost-offset from prevented events	**$48,634,183**	**$64,374,173**	**$80,114,212**

Legend: Cost-offset = healthcare costs avoided; CLABSI = central line-associated bloodstream infection; VTE = venous thromboembolism

Implementing & sustaining a large-scale, multi-hospital QI initiative to improve appropriate PICC use can yield substantial return on investment

Blue Cross Blue Shield Blue Care Network of Michigan

Nonprofit corporations and independent licensees of the Blue Cross and Blue Shield Association

M Heath et al. *Jt Comm J Qual Patient Saf.* 2024.

HMS Michigan Hospital Medicine Safety Consortium