

INSTITUTE FOR
HEALTHCARE
IMPROVEMENT

Changing a Whole Country

Lessons from the US 100,000 Lives Campaign

Danish Society for Patient Safety

Patient Safety Conference 2007

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My Thanks to You All

- For the invitation to join you today
- For taking on the challenge to change

Some Lessons from the US

- We have lots of room to improve
- We are strong on research and innovation, but sometimes impatient at seeing the new performance levels through to complete coverage across the country (or even across the hospital!)

Lessons cont.

- To make these changes, leaders need to focus on:
 - Will
 - Ideas
 - Execution

Will

- Leaders need to build the will to overcome busy-ness and the status quo.
 - Data transparency
 - Stories
 - Attention
 - Signs and symbols
 - Board-level attention
 - Energy

Ideas

- Most effective when science and research are:
 - Designed into a user-friendly “change package”
 - Limited in number
 - Important to the core aim
 - Tested

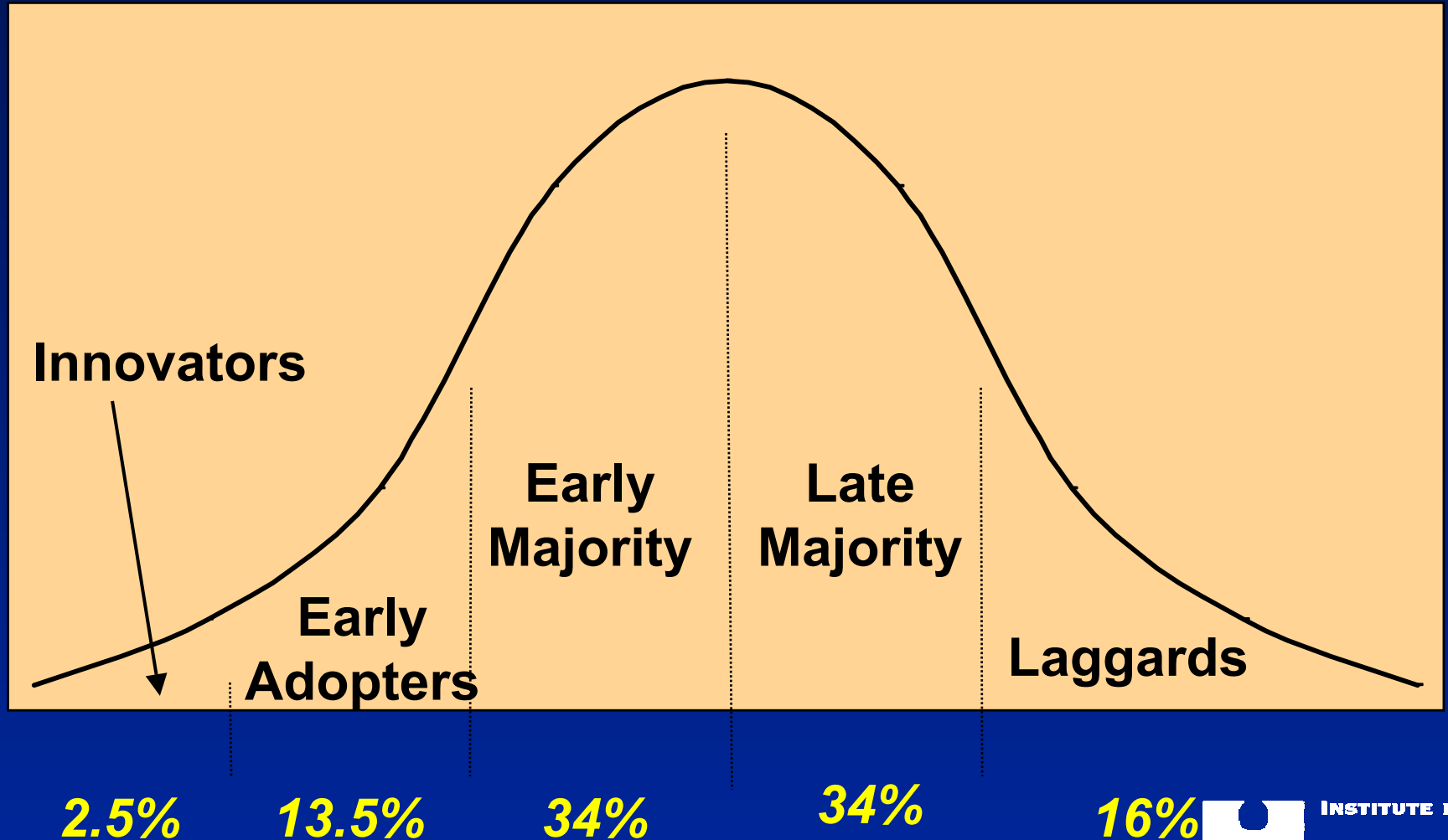
Execution

- Includes great local improvement projects, a leadership system for spread and attention to sustainability.

What Are We Talking About When We Say “Spread?”

- Not butter
- The science of taking a local improvement (intervention, idea, process) and disseminating it across a system
- There are many possible definitions for “a system” (e.g. a hospital, a group of hospitals, a region, a country)

Adopter Categories



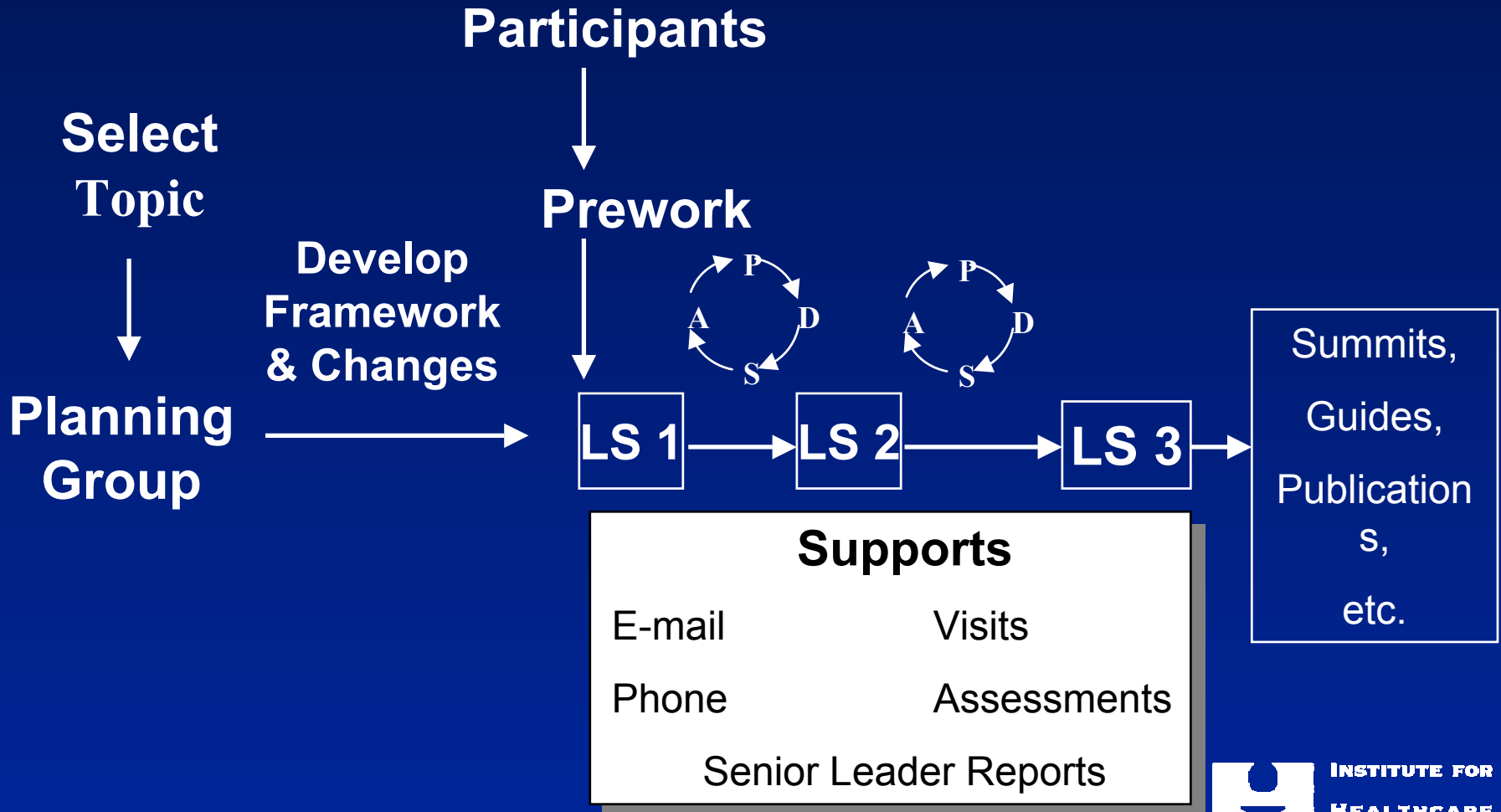
from E. Rogers, 1995

How Do We Spread?

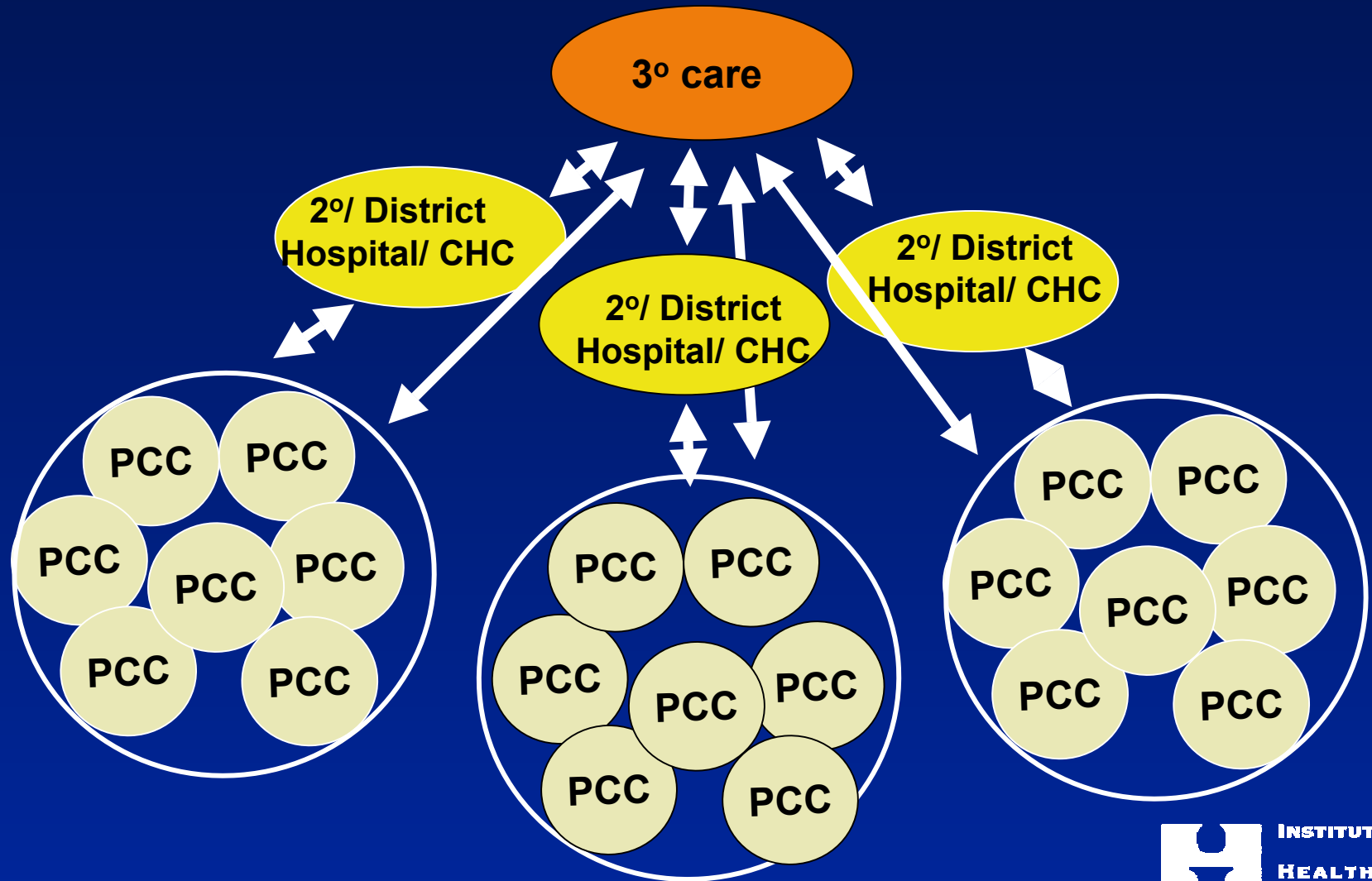
Many possible ways:

- Natural diffusion
- Breakthrough Series Collaborative model
- Extension agents
- Emergency mobilization
- Wave sequence
- Campaign model

Breakthrough Series (~9-18 months time frame)



Wave Sequence Approach



Examples of Major Spread Efforts in Health Care

- Ascension Health - Affinity Groups
- Kaiser Permanente - Nurse Knowledge Exchange
- NHS UK - Modernization Plan
- HRSA BPHC - Health Disparities Collaborative
- Jönköping - Advanced Access
- Iowa Health System – Medication Safety
- Veterans Health Administration - Improved Access
- DHHS Division of Transportation - Organ Donation
- Tula & Tver Oblasts, Russian Federation – HT, PIH, HT
- Peru - TB
- End Stage Renal Disease Networks (CMS)
- South Africa – Antiretroviral Therapy
- 100,000 Lives Campaign, 5 Million Lives Campaign and SHN!

Additional Examples

- Cooperative Extension System (USDA)
- BRAC (Bangladesh)
- Gloria Steinem's ideas for starting a movement

Gloria Steinem's Advice on Starting a Movement



- Get people together
- Build coalitions
- Name the problem
- Use the media
- Use voting

How Do We Spread?

Many possible ways:

- Natural diffusion
- Breakthrough Series Collaborative model
- Extension agents
- Emergency mobilization
- Wave sequence
- *Campaign model*

“What needs to be spread?”



100,000 Lives Campaign Objectives (December 2004 – June 2006)

- Save 100,000 Lives
- Enroll more than 2,000 hospitals in the initiative
- Build a reusable national infrastructure for change
- Raise the profile of the problem - and our proactive response

The Six Interventions from the 100,000 Lives Campaign

- **Deploy Rapid Response Teams**...at the first sign of patient decline
- **Deliver Reliable, Evidence-Based Care for Acute Myocardial Infarction**...to prevent deaths from heart attack
- **Prevent Adverse Drug Events (ADEs)**...by implementing medication reconciliation
- **Prevent Central Line Infections**...by implementing a series of interdependent, scientifically grounded steps
- **Prevent Surgical Site Infections**...by reliably delivering the correct perioperative antibiotics at the proper time
- **Prevent Ventilator-Associated Pneumonia**...by implementing a series of interdependent, scientifically grounded steps

The 100,000 Lives Campaign Scorecard

- **An estimated 122,000 lives saved by participating hospitals (through work on the Campaign but also through other improvements and work on complementary initiatives)**
- **Over 3,100 Hospitals Enrolled**
 - **Over 78% of all discharges**
 - **Over 78% of all acute care beds**
 - **Over 85% of participating hospitals sending IHI mortality data**
- **Participation in Campaign Interventions:**
 - Rapid Response Teams: 60%**
 - AMI Care Reliability: 77%**
 - Medication Reconciliation: 73%**
 - Surgical Site Infection Bundles: 72%**
 - Ventilator Bundles: 67%**
 - Central Venous Line Bundles: 65%**
 - All six: 42%**

Sources of Optimism: Hospitals with No VAP for One Year

1. Baptist Memorial DeSoto – Southhaven, MS
2. Baptist Memorial Hospital Golden Triangle – Columbus, MS
3. Bay Regional Medical Center – Bay City, MI
4. BryanLGH Medical Center – Lincoln, NE [no VAP as of 3/2/06]
5. Caruya Medical Center – Ithaca, NY
6. Columbus Regional Hospital – Columbus, IN
7. Community Hospital Anderson – Indianapolis, IN [one unit has not had a VAP in two years]
8. Community Hospital East – Indianapolis, IN [one ICU went 25 months with no VAP]
9. Dominican Hospital – Santa Cruz, CA [no VAP since 10/12/04]
10. Geneva General Hospital – Geneva, NY
11. McLeod Regional Medical Center – Florence, SC [ICU has gone 21 months as of April without a VAP]
12. Memorial Hermann Texas Medical Center – Houston, TX
13. Oconee Memorial Hospital – Seneca, SC
14. OSF Saint Francis Medical Center – Peoria, IL
15. Overlake Hospital Medical Center – Bellevue, WA
16. Palmetto Health Baptist – Columbia, SC
17. Passavant Area Hospital – Jacksonville, IL
18. Providence Milwaukie Hospital – Milwaukie, OR [no VAP since February 2004]
19. Ridgeview Medical Center – Waconia, MN [no VAP in 2.5 years]
20. Sentara Leigh Hospital – Norfolk, VA
21. Sentara Norfolk General Hospital – Norfolk, VA [one unit has not had a VAP in over two years]
22. Sentara Williamsburg Community Hospital – Williamsburg, VA
23. St. Luke's Hospital East – Ft. Thomas, Kentucky
24. St. Luke's Hospital West – Florence, Kentucky
25. University of Rochester Medical Center/Strong Memorial Hospital – Rochester, NY
26. Upper Chesapeake Medical Center – Bel Air, MD

Sources of Optimism: Hospitals with No CLI for One Year

1. Capitol Region Medical Center – Jefferson City, MO
2. Cooley Dickinson Hospital – Northampton, MA
3. Community Hospital East – Indianapolis, IN
4. Community Hospital Anderson – Anderson, IN
5. East Alabama Medical Center – Opelika, AL
6. Immanuel St. Josephs, Mayo Health System – Mankato, MN
7. Indiana Heart Hospital – Indianapolis, IN
8. Overlake – Bellevue, WA
9. Passavant Area Hospital – Jacksonville, IL
10. South Shore Hospital – South Weymouth, MA
11. Southwestern Vermont – Bennington, VT



*Improving patient care
in U.S. hospitals
coast to coast*

100k

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in U.S. hospitals
coast to coast*



100K
Lives

WWW.IHI.ORG

the Boston to Seattle tour

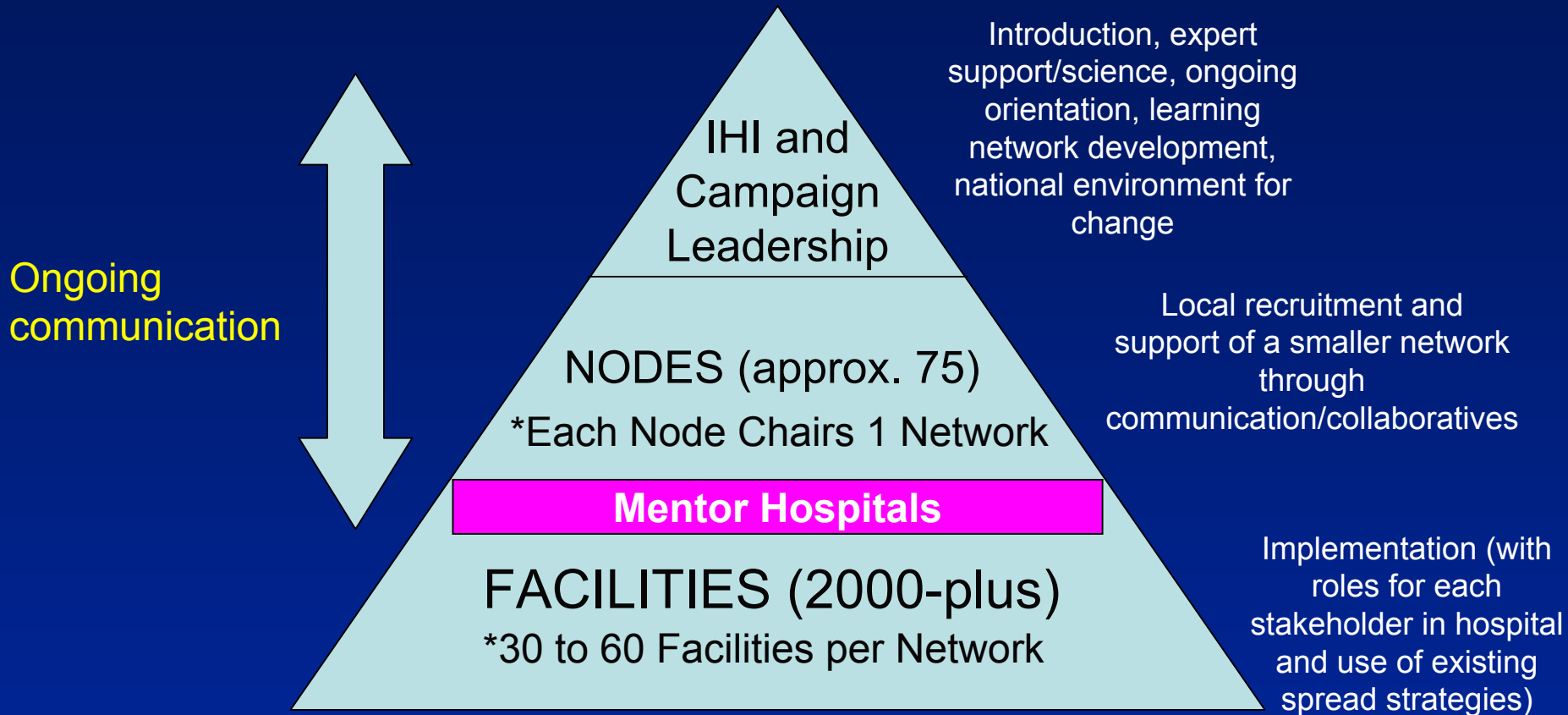


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Additional Campaign Status

- Over 55 field offices (“nodes”)
- Vibrant national partner support
- Thousands on national calls
- Unprecedented web activity
- New tool development
- Unprecedented media coverage (*Newsweek, US News and World Report, Wall Street Journal, New York Times, JAMA*)
- Related campaigns forming nationally and globally (Canada, Australia, Sweden, Denmark)
- Changes in standard of care in participating facilities (e.g. over 25 hospitals going a year without a VAP)

Campaign Field Operations Structure



Possible Ways Forward

- Expanded 100,000 Lives Campaign – take advantage of installed audience and welcome others to use the “chassis”
- Possible focus on reducing harm, waste, disparities
- Deeper connection to patients and families, outpatient settings, Boards, and executives
- Engagement with other nations

We Aim to Achieve Care That Is...

- Safe
- Effective
- Patient-centered
- Timely
- Efficient
- Equitable

IHI's "No Needless" List

No needless deaths

No needless pain

No helplessness

No unwanted waiting

No waste

...for anyone

Voices from Field

“I have been involved in Medical QA since 1982. The IHI 100K Lives Campaign is the most exciting phenomenon I have been involved with in my career.”

- Dr. Steven Tremain

Voices from Field

“The opportunity to serve in the field structure of this campaign only strengthened the thought that to improve quality we have to work together... Ego was put aside as institutions understood that some places do it better.”

- Dr. Bob Wilmouth

Voices from Field

“We asked, ‘If you were talking to an organization that was thinking about testing MRT, what two things would you tell them about this work?’

“One MRT nurse said, ‘You need to just do it. Don’t wait!’ And then she started crying; crying for joy about the impact that she personally, and the MRT as a whole, was having on outcomes....”

Voices from Field

“...Another MRT nurse said, ‘I would want it for my grandmother.’ She later told us that her grandmother had, in fact, gotten in trouble in this hospital, and she had contacted the MRT nurse on duty for help.”

-- IHI Field Staff on a visit to Virginia



Voices from Field

“...All of my nursing students that went on job interviews in hospitals this spring told me that they asked if the hospital had a RRT, and three took jobs because the nurse recruiters were able to explain and promote their hospitals RRT and they choose that as one of the criteria that they were looking for in a first time nursing job.”

-- Mary Therriault

The Next Campaign

- We know that for every unnecessary death there is much more error, injury and pain.
- We know that the nation has a great deal of progress yet to make in reducing adverse drug events, infection, and surgical complications.
- We are serious about completely transforming the US health care system.
- We know that there is great will and optimism among leaders and frontline providers of care.

The Next Campaign

WE'RE GOING AFTER HARM...

The Next Campaign

WE'RE GOING AFTER HARM...

but what do we mean by "harm?"

Our Definition of Medical Harm

Unintended physical injury resulting from or contributed to by medical care (including the absence of indicated medical treatment), that requires additional monitoring, treatment or hospitalization, or that results in death.

Such injury is considered harm whether or not it is considered preventable, whether or not it resulted from a medical error, and whether or not it occurred within a hospital.

The Next Campaign

WE'RE GOING AFTER HARM...

*but how much harm will we
reduce?*

Logic Chain: Step 1

How Many Admissions per
Year?

37 Million Admissions

Source: The AHA National Hospital Survey for 2005

Logic Chain: Step 2

How Often Are Patients
Injured by Care?

**40 to 50 Patient Injuries per 100
Hospital Admissions**

Source: IHI “Global Trigger Tool” Guiding Record Reviews

Logic Chain: Step 3

How Many Injuries in the US?

37 Million Admissions

X

40 Injuries per 100 Admissions

=

15 Million Injuries per Year

Logic Chain: Step 4

If we could replicate best performance across the existing Campaign population, how many injuries might we expect to avoid?

Approximately 3.5 Million

PROTECTING

5 Million

lives

FROM HARM

ihi.org



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The *5 Million Lives Campaign*

- Campaign Objectives:
 - Avoid five million incidents of harm over the next 24 months;
 - Enroll more than 4,000 hospitals and their communities in this work;
 - Strengthen the Campaign's national infrastructure for change and transform it into a national asset;
 - Raise the profile of the problem - and hospitals' proactive response - with a larger, public audience.

The Platform

The six interventions from the 100,000 Lives Campaign:

- **Deploy Rapid Response Teams**...at the first sign of patient decline
- **Deliver Reliable, Evidence-Based Care for Acute Myocardial Infarction**...to prevent deaths from heart attack
- **Prevent Adverse Drug Events (ADEs)**...by implementing medication reconciliation
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The Platform

New interventions targeted at harm:

- **Prevent Pressure Ulcers...** by reliably using science-based guidelines for their prevention
- **Reduce Methicillin-Resistant *Staphylococcus Aureus* (MRSA) Infection...** by reliably implementing scientifically proven infection control practices
- **Prevent Harm from High-Alert Medications...** starting with a focus on anticoagulants, sedatives, narcotics, and insulin
- **Reduce Surgical Complications...** by reliably implementing all of the changes in care recommended by the Surgical Care Improvement Project (SCIP)
- **Deliver Reliable, Evidence-Based Care for Congestive Heart Failure...** to reduce readmissions.
- **Get Boards on Board....** Defining and spreading the best-known leveraged processes for hospital Boards of Directors, so that they can become far more effective in accelerating organizational progress toward safe care

The Platform

...plus numerous other interventions that hospitals must introduce in order to contribute to meeting our aim.

More Details

- *Mechanics*: Opt-out enrollment; no cost for participants; mortality data/profile data submission; multiple approaches to morbidity measurement (including representative national panel).
- *New audiences*: Boards; patients and families; outpatient settings.
- *Operational enhancements*: Improved feedback system; improved field operation (including rural support); study of intervention-level business implications.
- *Support*: Nodes, national partner group, key donors (America's Blue Cross and Blue Shield health plans, Cardinal Health Foundation, others)

Support Going Forward

- Launch events with nodes, mentors and hospitals around the country
- Detailed How-to Guides on each of the interventions, frequently asked questions (FAQ's) and lots of new material in the Campaign area of IHI.org
- Matrix describing alignment with other national improvement leaders and initiatives (e.g., GWTG, JCAHO, AHRQ, CMS, CDC, NQF, Leapfrog, NPSF)
- Ongoing national educational calls on all of the existing and new interventions (schedule at IHI.org)

Some Early Returns

- Outstanding national call attendance
- Unprecedented downloads of intervention materials
- Very strong interest in MRSA, Pressure Ulcer and “Boards on Board” interventions
- Powerful local activity through field offices
- Increased action in rural affinity group
- Some academic dialogue

The Big Question

Will we help drive a massive national reduction in harm?

That's the exciting work ahead...moving from enrollment and orientation to execution, from initial improvement to significant spread and sustainability...

Thanks again!

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