



INSTITUTE FOR
HEALTHCARE
IMPROVEMENT

*Incentives to Improve Quality and Safety: Thinking
About Context...*

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We Transform Health Care By...

- Building Will
 - Motivating health care provider organizations to think beyond the status quo and imagine a better system
- Harvesting Ideas
 - Finding, cultivating, or inventing new approaches for better patient care
- Getting Results
 - Providing the support, methods and tools for teams to take action

*“Improvement of any system requires **will, ideas and execution.**”*

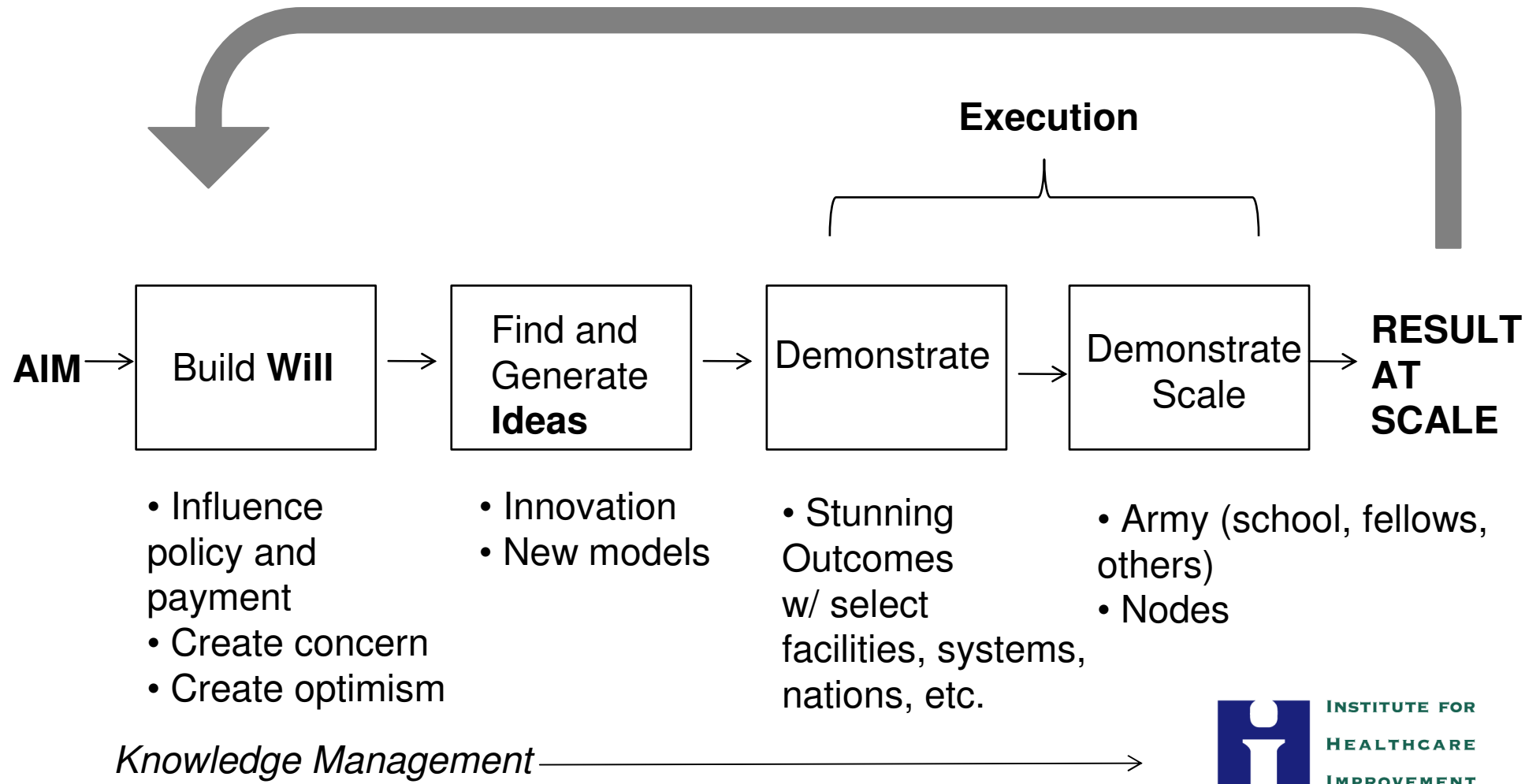
- Tom Nolan, PhD

HOW DO WE BUILD WILL?

What is Our Theory on How National Change Will Occur?

- Information?
- Alignment?
- Joint support?
- Leadership?
- Coordinated regulations?
- Shared infrastructure (e.g., videoconference)?
- Pay for performance?
- Recognition?
- Collaboration?

IHI's Recursive Assembly Line



Campaign Origins

Origins of IHI's 100,000 Lives Campaign:

- Frustration with persistent variability in the quality of American health care and the national rate of change;
- Belief that our sense of urgency was shared by leaders and providers throughout the system;
- Charismatic leadership;
- Belief in the value of a shared, explicit set of aims and a campaign model.

PROTECTING

5 Million

lives

FROM HARM

IHI.org



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Campaigns Across the Continuum

- Advancing Excellence in America's Nursing Homes
- Home Health Quality Improvement National Campaign (complete)
- ACTION Campaign (Addiction Treatment and Recovery)
- Stop Hospital Infections (Consumer's Union)

What Is Possible

- 150 New Jersey health care facilities reduced pressure ulcers by 70%
- Rhode Island reported a 42% decrease in Central Line-Associated Bloodstream Infections (2006-2007)
- More than 65 Campaign hospitals report going more than a year without a ventilator-associated pneumonia in at least one unit; more than 35 report going a year without a central line infection
- Drops in adverse event rates of 51%-75% in four Safer Patients Initiative hospitals
- Cincinnati Children's, Ascension, Baptist, SSM, St. Luke's, Northern Mississippi Medical Center...

Key Considerations in Large-Scale Improvement Efforts

- Motivation (includes leadership and energy)
- History (narrative placement)
- Theory of change
- Aim
- Intervention
- Social system
- Method of spreading better practice (includes resources)

A Sequence of Change

1. An innovative discovery
2. A demonstration in 50 hospitals
3. Outstanding results in 4 states
4. Interest from purchasers and payers
5. A state law in 14 states
6. A national mandate
7. A part of graduate-level training
8. An expectation and a standard
9. Confidence in ability to make change
10. More ambitious aims

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Forces of Note in Matters of Quality and Safety (Complex Dynamics)

- Consumers
- Caregivers
- Payers
- Corporate America
- The Legal Community
- The Research Community
- Information Technology
- Globalization of Healthcare

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How Do We Spread?

Many possible ways:

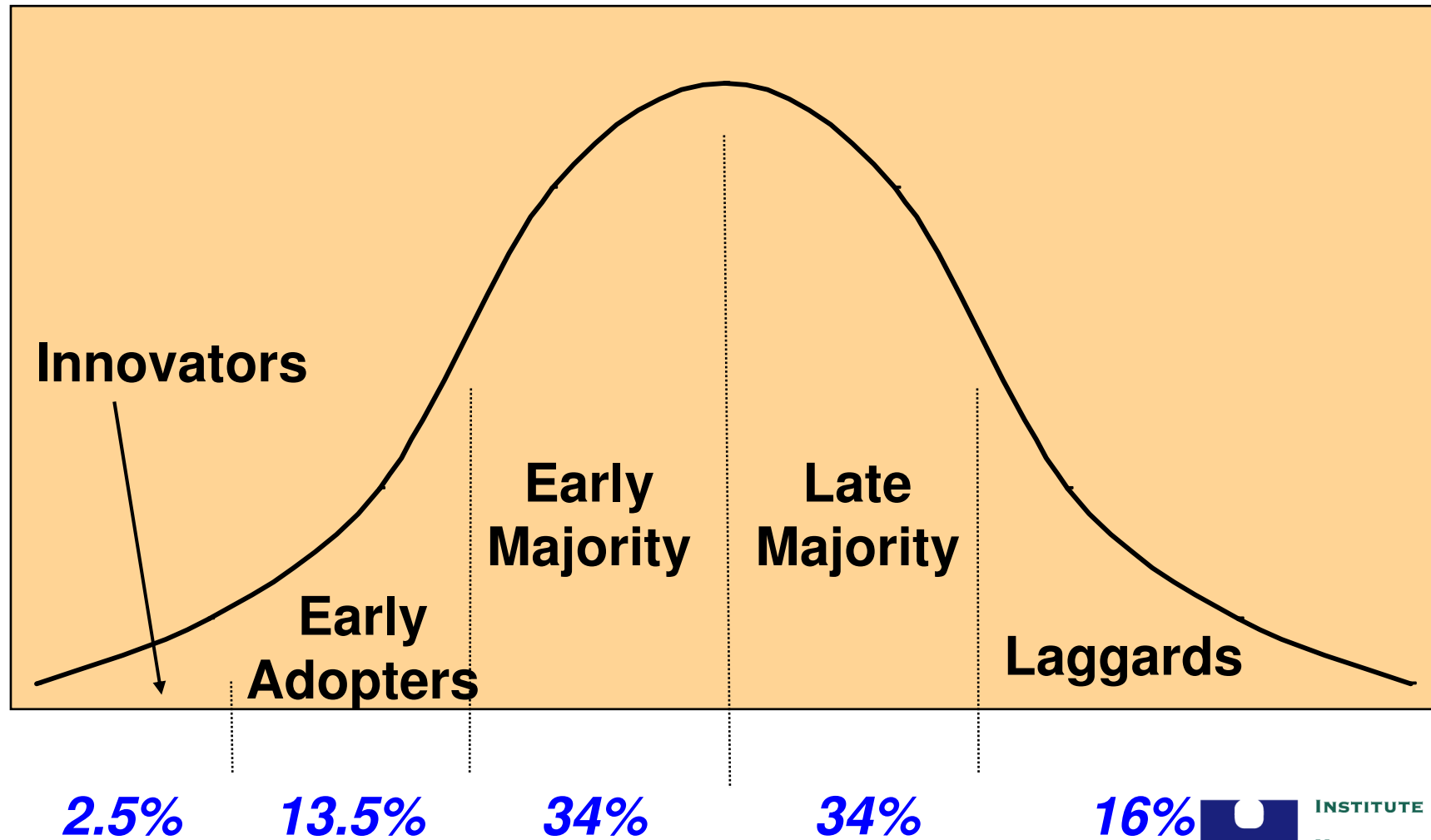
- Natural diffusion
- Breakthrough Series Collaborative model
- Extension agents
- Emergency mobilization
- Wave sequence
- Campaign model
- Social movements
- Hybrid models

Attributes of Innovation

- Relative advantage
- Compatibility
- Complexity
- Trialability
- Observability

from E. Rogers, 1995

Adopter Categories



from E. Rogers, 1995

How Do We Spread?

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Additional Examples

- Cooperative Extension System (USDA)
- BRAC (Bangladesh)
- Grameenphone (Bangladesh)
- Emergency “Plumpynut” response (Niger)

Crucial Differences

- Scale
- Pace
- Resources
- National interest (“felt need”)
- Local skill
- Timing
- Tolerance of media and policymakers
- Theory of change

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