

#### 100,000 Lives Campaign Overview

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## **Campaign Origins**

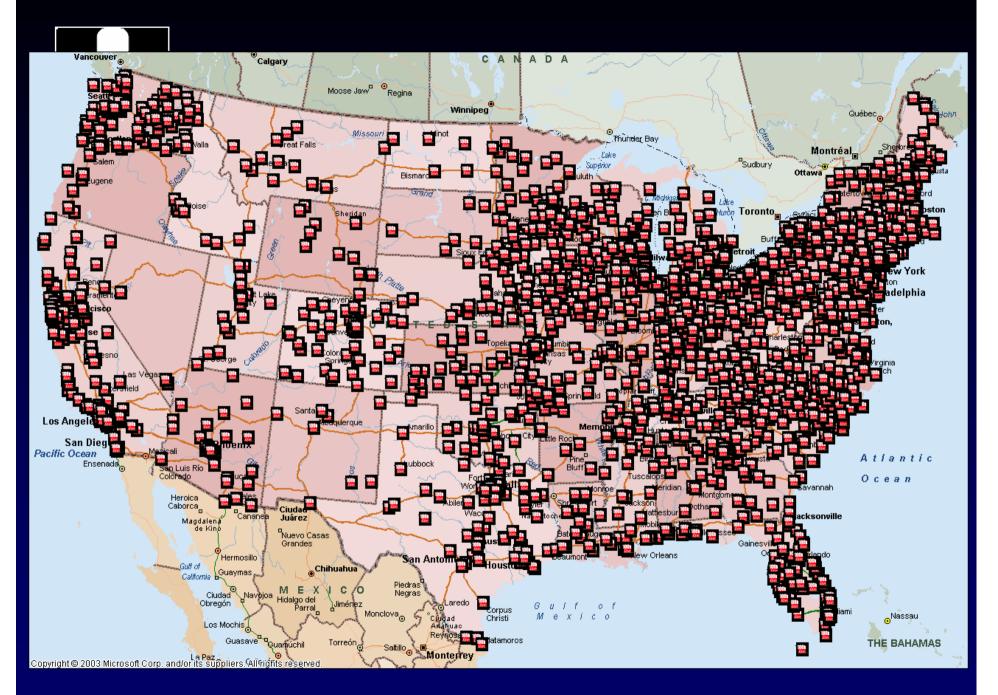
Origins of IHI's 100,000 Lives Campaign:

- Belief in the value of a shared, explicit set of aims and attention to *how* we spread change.
- Frustration with persistent variability in the quality of care and the national rate of change;
- Belief that our sense of urgency was shared by leaders and providers throughout the system;



# **Campaign Objectives**

- Save 100,000 Lives (December 14, 2004
  June 14, 2006)
- 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



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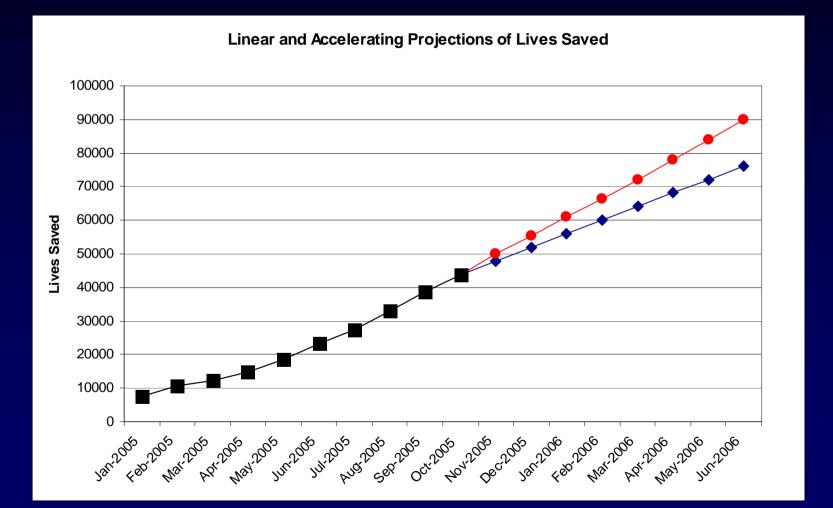


## Six Changes That Save Lives

- **Deployment of Rapid Response Teams**...at the first sign of patient decline
- Delivery of Reliable, Evidence-Based Care for Acute Myocardial Infarction...to prevent deaths from heart attack
- Prevention of Adverse Drug Events (ADEs)...by
   implementing medication reconciliation
- **Prevention of Central Line Infections**...by implementing a series of interdependent, scientifically grounded steps called the "Central Line Bundle"
- **Prevention of Surgical Site Infections**...by reliably delivering the correct perioperative antibiotics at the proper time and taking several other associated actions
- Prevention of Ventilator-Associated Pneumonia...by implementing a series of interdependent, scientifically grounded steps called the "Ventilator Bundle"



#### **Two Projections of Lives Saved**



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### Campaign Participants So Far (a sample...)

- American Medical Association, American Nurses Association, American College of Physician Executives, Association of American Medical Colleges, JCAHO, Leapfrog Group, NPSF, Premier, University HealthSystem Consortium, VHA
- Large systems: SSM Health Care, Ascension Health, Adventist Health System, Hospital Corporation of America, Tenet Health Care
- State Hospital Associations and Nurses Associations: MA, NC, IL, MI, WA....
- Federal Agencies: CMS, CDC, AHRQ, VA
- Scientific Societies: ACC, American Heart Association, APIC, SHEA
- Pediatric and rural "nodes"
- AHQA (Quality Improvement Organizations across the country)
- Financial support: BCBS of MA, Moore Foundation, Leeds Family, Rx Foundation, Blue Shield of CA Foundation, Colorado Trust, Cardinal Health Foundation, Baxter International, Robert Wood Johnson Foundation



## Campaign Field Operations Structure

Ongoing communication



Introduction, expert support/science, ongoing orientation, learning network development, national environment for change

NODES (approx. 75) \*Each Node Chairs 1 Network

FACILITIES (2000-plus) \*30 to 60 Facilities per Network Local recruitment and support of a smaller network through communication/collaboratives

> Implementation (with roles for each stakeholder in hospital and use of existing spread strategies)



### **Possible Ways Forward**

- "Saturation" and "Sustainability"
- Expanded 100,000 Lives Campaign an installed audience and welcome others to use the "chassis"
- Campaign (or similar approach) for outpatient settings
- Campaign to reduce waste (removing excuses and getting onto improvement)
- Campaign on reducing disparities
- Campaign College for other countries