



Early Returns from the 5 Million Lives Campaign: Overview and Update

Joe McCannon, Vice President
Institute for Healthcare Improvement

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A large study...

- McGlynn, et al: The quality of health care delivered to adults in the United States. NEJM 2003; 348: 2635-2645 (June 26, 2003)
 - 439 indicators of clinical quality of care
 - 30 acute and chronic conditions, plus prevention
 - Medical records for 6712 patients
 - Participants had received 54.9% of scientifically indicated care (Acute: 53.5%; Chronic: 56.1%; Preventive: 54.9%)

Conclusion: The "Defect Rate" in the technical quality of American health care is approximately

45%



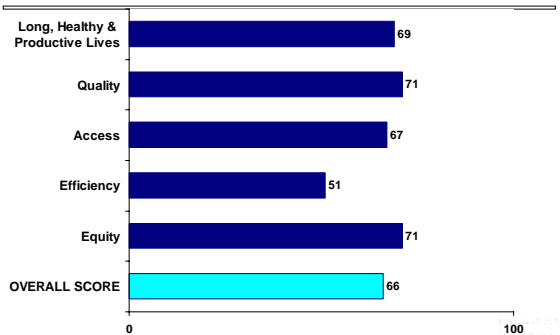
We're *Not* The Best (Rank 1 is best, 5 is worst)

	Australia	Canada	New Zealand	UK	US
Patient Safety	2.5	4	2.5	1	5
Patient-Centeredness	2	3	1	5	4
Timeliness	2	5	1	4	3
Efficiency	1	4	2	3	5
Effectiveness	4.5	2.5	2.5	1	4.5
Equity	2	4	3	1	5

Source: Davis, et al. The Commonwealth Fund, 2004

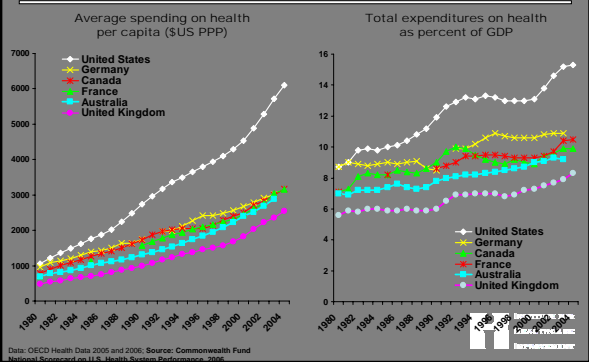


U.S. Scorecard: Falls Short of Benchmarks on All Dimensions of a High Performance Health System



Source: Commonwealth Fund National Scorecard on U.S. Health System Performance, 2006

International Comparison of Spending on Health, 1980-2004



Data: OECD Health Data 2005 and 2006; Source: Commonwealth Fund National Scorecard on U.S. Health System Performance, 2006

How will we rapidly transform the quality of care across the nation?

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



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"



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100,000 Lives Campaign Results

- An estimated 120,000 lives saved by participating hospitals through overall improvement (i.e., we cannot attribute change in mortality to the Campaign alone)
- 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%



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 Objectives (Summer and Fall 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
- *Complete implementation of all six Campaign interventions in participating hospitals by January 2007.*



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



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...

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





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
- **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 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.



The Platform

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



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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)



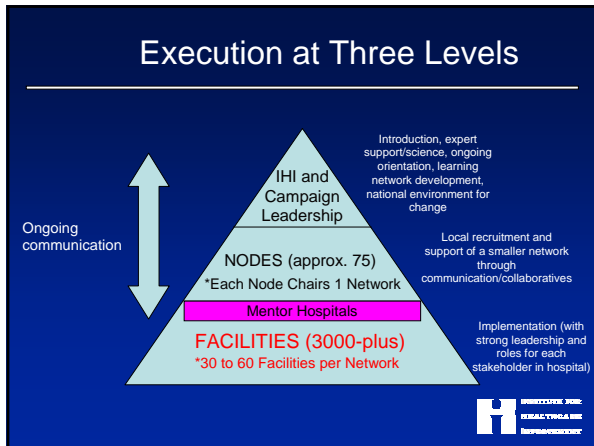
Some Early Returns

- 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



How will we rapidly transform the quality of care across the nation?





- ## Target Stakeholder Groups in Individual Facilities
- The Board and executive team
 - Managers
 - The front line providers of care
 - Patients and families
 - Community resources
- IHI
INTEGRATING HEALTH
REAL WORLD
RESEARCH

- ## Framework for Change Within the Organization
- Vision
 - Will
 - Ideas
 - Execution
- IHI
INTEGRATING HEALTH
REAL WORLD
RESEARCH

National Action Day (June 20)

- A virtual meeting (11am-5pm eastern) with WebEx sessions on all twelve Campaign interventions and on organizational structures to support improvement
- A practical focus on getting results faster – 90-day action plans and key strategies for change
- A keynote from Don Berwick to open and close the day
- Use all the sessions or select a few -- and enjoy!
- All sessions available in recorded form after June 20th



5 Million Lives Campaign Donors

- **America's Blue Cross and Blue Shield health plans**
- Cardinal Health Foundation
- Blue Shield of California Foundation
- Aetna Foundation
- Rx Foundation
- Baxter International, Inc.
- Abbott Fund