



THE 100,000 LIVES CAMPAIGN
AN INITIATIVE OF THE
INSTITUTE FOR HEALTHCARE IMPROVEMENT

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“American health care operates with levels of unreliability, injury, waste and just plain poor service that long ago became absolutely unacceptable in many other industries,” says Dr. Donald M. Berwick, President and CEO of the Institute for Healthcare Improvement (IHI) and a leader in the movement to fix flawed care. The Institute of Medicine (IOM) of the National Academies of Science drew a similar conclusion in 2001: “Between the health care we have and the care we could have lies not just a gap, but a chasm.”ⁱ

Led by IHI, pioneering doctors and hospital systems are finally taking action. Some 3,000 hospitals in all 50 states and the District of Columbia have joined an initiative known as the 100,000 Lives Campaign launched by Berwick and IHI in December 2004. The Campaign has also gained the support of such distinguished organizations as the American Medical Association (AMA), the American Nurses Association (ANA), the Centers for Disease Control (CDC), the Centers for Medicare & Medicaid Services (CMS), the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), the Leapfrog Group, the National Business Group on Health and 20 state hospital associations, among others. More hospitals and professional organizations are joining the Campaign every day.

The Campaign is ambitious. *It seeks to reduce the number of unintended deaths by 100,000 by June 2006, and maintain this progress each year thereafter.* To achieve this goal, IHI enlists hospitals who commit to implement six key interventions proven to prevent avoidable deaths and to reduce waste and costs. Participating hospitals agree to measure their results and to report mortality data on a quarterly basis.

The 100,000 Lives Campaign is building a national network for reform. The gains made by participating hospitals will attract more hospitals. The data this Campaign produces will support the introduction of further interventions. Using the results of Phase One, which ends in June 2006, IHI will expand the scope of the initiative thereafter.

The astonishing response to this initiative underscores IHI’s standing and influence in the health care community. The Institute for Healthcare Improvement is a leading accelerator of change in the health care industry. Its President and CEO, Dr. Donald M. Berwick, was identified by *Modern*

Healthcare as the third “most powerful person” in American medicine, just after the US Secretary of Health and Human Services and the Administrator of the Medicare system.ⁱⁱ IHI’s Board, management, staff of 70, and faculty of over 400 experts worldwide, work with health care professionals, hospitals, and payers to re-engineer health care into a system no longer plagued by systemic errors, waste, delay, and nearly unsustainable social and economic costs.

A not-for-profit organization that until now has supported itself primarily on fees for services, workshops, and conferences, IHI now seeks philanthropic investment to support elements of its core strategy. In the last few months, a growing community of individuals and organizations has made financial commitments to IHI’s 100,000 Lives Campaign. In addition to the Campaign, IHI seeks funding for four other areas of activity: Global Health Reform, Innovation, Professional Development, and Fellowships. Information on each of these additional areas is available upon request.

During the last 14 years, IHI has invented new solutions to perfect innovation in health care; it has developed will and optimism for change by reducing barriers that traditionally have prevented people and organizations from coming together to cooperate and to share lessons; it has spread new tools and methods for improvement to health care organizations to enable them to turn knowledge into action and improve results; and it is helping to build the future health care workforce by developing young professionals in education programs that reduce profession-specific silos that limit collaborative thinking and efforts.

IHI is leading the way to health care improvement by demonstrating what works, by documenting practices that make a difference, and by creating new models for effective and efficient health care delivery. No other organization in America has more clinical process improvement information, more evidence of outcomes and results, or a more substantial repository of data and evidence on how efficacy and efficiency can be achieved. Additionally, IHI supports research to document the impact of quality improvement on cost. In short, IHI is uniquely positioned to hold out the promise of significantly re-engineered health care systems, with better care at lower cost.

the problem...
and the opportunity

The American health care system, which intends to heal, too often does just the opposite – leading to unintended harm and unnecessary deaths at alarming rates. Consider just these two statistics:

- The Institute of Medicine estimates that as many as 98,000 people die each year in US hospitals due to medical injuries.ⁱⁱⁱ
- The Centers for Disease Control and Prevention estimate that two million patients suffer hospital-acquired infections each year.^{iv}

Compounding the problem is the staggering cost of this inadequate system. Americans spend \$1.5 trillion a year – over 15 percent of our Gross Domestic Product and over 40 percent more per capita than any other developed nation – for a system that performs worse than many others on important dimensions of health care quality.^v

In its landmark 2001 report, *Crossing the Quality Chasm: A New Health Care System for the 21st Century*, the Institute of Medicine articulated six urgently needed “Aims for Improvement” of health care in America:

- Safety;
- Effectiveness;
- Patient-centeredness;
- Timeliness;
- Efficiency; and
- Equity

IHI took up IOM’s challenge with its own translation of the IOM’s Six Aims:

- No Needless Deaths...
- No Needless Pain or Suffering...
- No Unwanted Waits...
- No Helplessness – in those Served or Serving...
- No Waste...
- No One Left Out.

IHI is doing what it set out to do: raising the bar on health care performance and getting results. Here are some examples:

- Since the Missouri Baptist Medical Center (St. Louis, Missouri) began working with IHI and using IHI’s “Trigger Tool” in May 2001 to track adverse drug events (ADEs) – that is, injuries from medications – their average number of ADEs per 1,000 doses was cut from almost 2.0 to less than 0.5 by the summer of 2003, a 75 percent reduction.^{vi}
- ThedaCare, Inc. (Appleton, Wisconsin), with three not-for-profit hospitals and 16 outpatient clinics, has worked with IHI to improve access and patient flow in its facilities. At its six provider clinics in Kimberly, the wait for a routine appointment used to range from six weeks to six months. Today, with open access scheduling, these same patients are seen the same day or never greater than two days out from the day that they call.^{vii}
- Using IHI’s improvement methods to help primary care clinicians improve the systems of care for patients with coronary heart disease, the National Primary Care Development Team (NPDT), part of England’s National Health Service, has cut heart attack patients’ risk of dying or having a second heart attack by as much as 40 percent.^{viii}
- Implementing IHI’s “Ventilator Bundle” concept, Baptist Memorial Hospital (Southaven, Mississippi), has reduced the rate of ventilator-associated pneumonia (VAP) in its adult ICUs by 46 percent in one year.^{ix} Dominican Santa Cruz Hospital (California) has had a period of eight continuous months with no VAP whatsoever.^x
- Borgess Hospital, part of the Ascension Health System (Kalamazoo, Michigan), has adopted a Rapid Response Team system that was tested and proven in an IHI Innovation Team project, and calculates a savings of more than 100 lives in under six months from implementing that one change alone.^{xi}
- IHI combined forces with Luther Midelfort Hospital, part of the Mayo Health System (Eau Claire, Wisconsin), at an IHI Medication Safety Collaborative to develop a concept called Medication Reconciliation that reduced medication errors at the interfaces of care by 80 percent and reduced adverse drug events by 15 percent. Now with the

influence of the IHI, Medication Reconciliation has become a Joint Commission Standard for all hospitals.^{xii}

the 100,000 lives
campaign

IHI works by leveraging partnerships and channels of influence within the health care community. It changes health care by helping and influencing others to do so, beginning by showing them the possibility of success, and then by supporting them in their own pursuit of success. As a result, IHI now stands in the midst of a results-driven network for change, providing member organizations on the very frontlines of health care delivery with guidance, knowledge, and tools for making breakthrough improvements.

Up to now, the majority of IHI's improvement initiatives have engaged large numbers of organizations in a single project. The 100,000 Lives Campaign seeks to take the next step: working on a scale of thousands and rapidly expanding the reach of organizations to improve quality and lower costs across the country.

The Campaign pursues these goals:

- First of all, to save 100,000 individuals from unintended deaths by June 14, 2006;
- To build a network of hospitals that adopt transformational practices to substantially improve the way they provide care;
- To accelerate the pace of change so that it happens in months and years, not decades; and can be sustained;
- To increase the quality of health care while at the same time lowering costs through the introduction of uniform best practices across the country; and
- To build a network of hospitals, reaching into almost every community in the country, that will continue to grow and stay active for future phases of this Campaign.

The Campaign was well designed and well researched before it was announced in December 2004. Its components are so timely and appropriate are that the health care community responded immediately. The Campaign asks participating hospitals to implement a set of six health care interventions that have been proven to prevent avoidable deaths. To date, more than 3,000 hospitals,

representing more than half of the hospitals beds in the country, have signed on.

The Campaign has also gained the support of such distinguished organizations as the Agency for Healthcare Research and Quality, the American Medical Association, the American Nurses Association, the Association of American Medical Colleges, the Centers for Medicare & Medicaid Services (CMS), the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), the Leapfrog Group, the National Business Group on Health, the National Patient Safety Foundation, the University HealthSystem Consortium, the American College of Cardiology, the Centers for Disease Control and Prevention, the Society for Healthcare Epidemiology of America, and 20 state hospital systems.

As never before, this Campaign illustrates IHI's effective use of leverage to pursue four key strategies: *innovate*, *motivate*, *get results*, and *raise joy in work*.

innovate

With pressures mounting to raise quality of care and lower costs, health care personnel are expressing frustration and looking for ways to improve. In response to growing receptivity to leadership and solutions, IHI designed the 100,000 Lives Campaign, the first-ever such national campaign. Recognizing examples of best practices throughout the health care industry, the Campaign aims to harness those examples and to apply them reliably, 100 percent of the time.

The 100,000 Lives Campaign asks hospitals to implement the following six interventions:

- 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 by implementing medication reconciliation.
- Prevent central line infections by implementing a series of scientifically grounded steps.
- Prevent surgical site infections by reliably delivering the correct preoperative antibiotics at the proper time.
- Prevent ventilator-associated pneumonia by implementing a series of interdependent, scientifically grounded steps.

These are powerful improvement tools, based on solid research. IHI provides detailed information on each of these changes to participating hospitals.

motivate

IHI's Donald Berwick announced the Campaign on December 14, 2004, on the occasion of IHI's 16th annual National Forum on Quality Improvement in Health Care, the premier "meeting place" for some 4,000 health care leaders from around the world attending in person, with an additional 6,000 participating via satellite.

With sign-up exceeding expectations, "the momentum that is building behind this Campaign is truly extraordinary," said Dr. Berwick. "The health care community recognizes that dramatic quality improvement is possible and is coming together to achieve it. The goal of saving 100,000 lives is achievable by June 14, 2006."

IHI makes participation easy. There is no cost to hospitals for joining.

Detailed information about each intervention, useful tools for getting started, and additional helpful resources at www.ihl.org/ihl/programs/campaign. Starting in February 2005, participating hospitals began to receive instruction on how to introduce the Campaign within their organizations and constituencies. They also began to take part in informational calls on each of the six Campaign interventions. The call schedule is available on the IHI Web site. Campaign staff based at IHI headquarters in Cambridge, Massachusetts, and IHI expert faculty and supporters around the nation are available for consultation.

Major national news outlets (e.g., *The Boston Globe*, *The Wall Street Journal*, and *U.S. News & World Report*) and industry journals (e.g., *Modern Healthcare* and *Modern Healthcare Executive*) have produced stories on the Campaign.

get results

The six interventions introduced by this Campaign were specifically chosen because they are proven to make a difference, and they are measurable.

Whether a hospital chooses to apply all or some of these changes, the Campaign measurement team, led by Dr. Robert Lloyd, Executive Director for Performance Improvement at IHI, and including representatives from IHI, JCAHO, and CMS, will track changes in mortality rates at each site. This will serve as a regular

barometer of the Campaign's progress. The measurement team will align its measurement information with that of other national quality improvement initiatives.

Measuring results is key to IHI's determination to effect massive change. Payers and employers are holding hospitals contractually accountable for documenting standards of care as measured by specific quality criteria. Accountability will increase with data availability. Most hospitals require additional expertise, resources, skills or time to respond effectively to new demands and reporting requirements. IHI, in this and future stages of the Campaign, will provide resources and expertise for accurate measurement.

IHI gets results by building productive partnerships and effective networks. An impressive list of partners has signed on to endorse the Campaign, to promote it, and to help collect data.

To accelerate the 100,000 Lives Campaign at the local level, IHI has established Campaign "nodes" in 48 states thus far and building toward 50-state coverage.

Examples of node members include the following:

- A system with large numbers of constituent hospitals;
- A state coalition consisting of a state hospital association, medical association, quality improvement organization, and others; or
- An affinity group (e.g., rural associations, pediatric associations, etc.).

The nodes promote the Campaign in the following ways:

- Raising awareness on the local level;
- Driving enrollment within their network;
- Bringing representatives of participating sites together in meetings, conference calls, or electronic discussions;
- Acting as a communications relay point for the network;
- Coordinating technical assistance to participating sites;
- Tracking progress; and
- Identifying and responding to emerging challenges within the network.

raise joy in work

In the face of debilitating criticism of the US health care system, the 100,000 Lives Campaign is a psychological shot in the arm for health care organizations, putting them on the path to change and supporting their innovation efforts.

Consistent with IHI's tradition of keeping its own profile low and working through partnerships, it is the participating institutions that will get the credit for the changes they achieve. They will be recognized in their own communities for their measurable results.

about the institute
for healthcare
improvement

Founded in 1991, the Institute for Healthcare Improvement is a leading accelerator of change in the health care industry. A not-for-profit organization, IHI offers a comprehensive array of products and services, all in support of its ambitious goal to bring about massive social and organizational change in health care.

As illustrated by the 100,000 Lives Campaign, IHI pursues this goal through four key strategies:

- ***Innovate: Invent New Solutions***

IHI initiates, supports, and helps perfect innovation in medical care, so as to discover, cultivate, and demonstrate the feasibility of new, more capable designs. IHI exercises academic rigor in this work.

- ***Motivate: Build Will and Optimism for Change***

IHI develops and nurtures will and commitment, energizing a movement for profound change in health care by doing the following:

- Bringing people and organizations together across traditional boundaries to cooperate, share lessons, and encourage each other;
- Identifying boldly the gaps that need to be closed;
- Setting forth a clear vision of the future; and
- Helping the public to understand and demand the improvement that is needed and is possible.

- ***Get Results: Drive Broad-Scale Adoption of Sound Changes***

IHI spreads improvement knowledge around the world, and provides methods, tools, and other supports, largely through partnerships, for thousands of health care organizations to turn knowledge into action and improved results.

- ***Raise Joy in Work: Help Build the Future Health Care Workforce***

IHI works to change the skills, attitudes, and knowledge of the workforce, both in the ongoing development of young professionals and in life-long education, so as to reduce profession-specific silos that limit collaborative effort for the well being of patients. IHI seeks to improve joy in work, and to help all who work in health care become better able to improve care.

IHI leads the way to health care improvement by demonstrating and calling attention to what works. It documents practices that make a difference. It creates new models for effective and efficient health care delivery. It supports research to prove that quality care lowers costs. No other institution or organization in America has more clinical process improvement information, more evidence of outcomes and results, or a more substantial repository of data and evidence on how improvements in health care efficacy and efficiency can be achieved.

President and CEO and a member of the group that founded IHI is Donald M. Berwick, MD, MPP, FRCP. A Harvard-trained physician and Clinical Professor of Pediatrics and Health Care Policy at Harvard Medical School, he is a founder and national leader of the health care quality movement. Dr. Berwick works with the organization's Board, management, staff of 70, and a faculty of over 400 experts around the world.

IHI has grown from initial, grant-supported programs totaling just under \$2 million in FY1992 to a comprehensive budget that will total nearly \$30 million in FY2006. Despite its still relatively compact size, IHI has become, according to many, the most influential single force for the improvement of health care in America.

why fund IHI?

IHI boasts an extraordinary record of fiscal management. Unlike most not-for-profits, IHI has supported itself primarily through earned income from contracts for consultative services, and from conference and workshop fees. Going forward, most elements of IHI's strategic plan will continue to include services that are marketed to health care providers and will generate earned income with margins to support the operating costs of the organization.

Nevertheless, certain elements of IHI's strategy, including the 100,000 Lives Campaign, involve important priorities that have little, if any, potential to generate earned income. Grants totaling \$5.2 million are needed to underwrite Phase One of the 100,000 Lives Campaign. Response to our fundraising to date has been extremely encouraging. Some gifts have come directly to IHI; some have also given local and regional institutions the resources to work with IHI.

We still seek funding for all aspects of the Campaign, from core operations, to local initiatives, to specific interventions. In the narrow sense, IHI seeks funding partners to support this Campaign; in the broader sense, it seeks partners for the ongoing effort to transform our health care system. Our other activities in need of support include Global Health Reform, Innovation, Professional Development, and Fellowships. Any investment will yield both short- and long-term returns.

In the last five years, American corporations have gone through an extraordinary period of "re-engineering." Through elimination of waste and the implementation of best practices, American corporations have emerged more efficient and more productive than ever before. Now they and the public at large ask why hospitals and health care facilities are unable to do the same. IHI asks that same question, and has been doing so since it was founded in 1991. Now, 14 years later, IHI has not just answers but solutions.

The 100,000 Lives Campaign is IHI's most ambitious effort to date. The Campaign focuses all of IHI's extraordinary knowledge on the problems of inappropriate care, waste, and mismanagement, and mobilizes IHI's equally extraordinary network of associate hospitals and health care organizations to intensify its impact. The Campaign is building a new national network for reform. The gains made by participating hospitals will attract more hospitals.

The data this Campaign produces will support the introduction of further interventions. Phase One of the Campaign is scheduled to end in June 2006. Early results from Phase One are so strong that IHI's Board has already committed to securing resources to support expansion of the initiative into Phase Two.

Bringing together a deep understanding of science and medicine, close familiarity with the health care delivery process, and unparalleled credibility, IHI is the best equipped of any organization in the United States, either inside or outside the health care community, to identify high-quality/low-cost practices, to model them, and to gain adoption of them.

IHI requests that you provide funding support for the 100,000 Lives Campaign in the short term and for its long-term work for effective change. Attached you will find a project budget and a list of ways you can participate.

As Don Berwick said when he launched this Campaign, "Some is not a number, and soon is not a time." The number is 100,000 lives, and the time is now. The goal is achievable, but it needs your support.

As IHI seeks funding partners, it brings the potential of enormous benefits: higher quality health care for patients and a more cost-effective system for providers and payers. In the effort to reform our health care system, IHI is an indispensable agent for change. While politicians, legislators, and lobbyists in Washington and state capitals spend time and money to change health policy, IHI is several steps ahead, out in the field, changing the hospitals themselves. IHI is a good and sound investment. It brings benefits surely and swiftly.

footnotes

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ⁱⁱ 100 Most Powerful. *Modern Healthcare*. August 26, 2002.

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^{iv} Centers for Disease Control and Prevention. Public health focus: Surveillance, prevention and control of nosocomial infections. *MMWR*. 1992;41:783-787.

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^{vii} Institute for Healthcare Improvement. "Success Story: Improving Access to Computed Tomography Services at ThedaCare." Online information available at: <http://www.ihl.org/IHI/Topics/OfficePractices/Access/ImprovementStories/SuccessStoryImprovingAccessToComputedTomographyServicesatThedaCare.htm>

^{viii} Taking Heart. *Primary Care*, an edition of NHS Magazine. May 2002.

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