

The Institute for Healthcare Improvement's 100,000 Lives Campaign

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December 14, 2004 marked an important shift in the patient safety movement. It was this day that the 100,000 Lives campaign (100k Lives), created by the Institute for Healthcare Improvement (IHI), launched with a determined effort to improve patient care and prevent avoidable deaths in U.S. hospitals.¹

“The Institute for Healthcare Improvement is a not-for-profit organization driving the improvement of health by advancing the quality and value of health care. IHI is a reliable source of energy, knowledge, and support for a never-ending campaign to improve health care worldwide. The Institute helps accelerate change in health care by cultivating promising concepts for improving patient care and turning those ideas into action.”² “The president and CEO of IHI, Dr. Donald Berwick was named the third most powerful person in U.S. health care in 2005.³ A nationally representative survey of hospital quality improvement directors and senior executives found that The Institute for Healthcare Improvement was among the most cited outside sources of helpful advice.⁴ Dr. Berwick and organization’s leadership have clinical and research experience that have been key to the success of IHI, and the development and roll out of the 100k Lives campaign.

This campaign is designed to accelerate current progress to build a safer health system. The aim of the project is to implement evidence-based safety practices in hospitals that result in better care for patients across the nation. 100k Lives encourages participating hospitals to take part in any or all of **six changes** to improve patient safety.

1. **Deploy rapid response teams.** These teams, which may consist of dyads such as an ICU MD/RN team or an ICU RN/Respiratory Therapist team, can be called at any time by anyone in the hospital to care for a patient who shows the signs of deterioration that often occur prior to cardiac arrest.
2. **Prevent adverse drug events.** This change can be achieved through medical reconciliation; a process by which a comprehensive list of a patient’s home medications are compared to those ordered while the patient is in the hospital.
3. **Deliver reliable, evidence-based care for Acute Myocardial Infarction (AMI).** Seven components of acute AMI care, such as early aspirin and beta-blocker administration and timely initiation of reperfusion, direct care toward evidence-based guidelines.

4. **Prevent surgical site infections** by using the best perioperative care, including the use of antibiotics and appropriate hair removal.
5. **Prevent central line infections.** Often called the “central line bundle”, a set of five practices, such as hand hygiene and chlorhexidine skin antisepsis provides a foundation to prevent infection.
6. **Prevent ventilator-associated pneumonia** uses a set of four practices, such as elevation of the head of the bed to between 30 and 45 degrees and peptic ulcer disease prophylaxis.

A major factor is the practical and applicable nature of the interventions. These six changes target adverse events that occur frequently with modifications that can be readily implemented. The campaign is also very “user-friendly.” Each of the six changes has a kit that consists of a How-To Guide, a PowerPoint presentation with facilitator notes designed to familiarize an organization with the intervention, and an annotated bibliography. Tools tailored to each intervention, including a variety of training videos, checklists, forms, patient education materials as well as conference calls, further support participating hospitals. The feedback loop imbedded in the campaign is also integral to the practical appeal of 100k Lives. Participating hospitals are expected to provide data over time as the interventions are undertaken and through this process hospitals can monitor their own progress and share stories of success. In addition to publicizing success, the IHI website has a forum for active discussion between participants.

The evidence base supporting 100k Lives, along with the IHI’s clinical and research experience with the six changes, has been major forces in fostering support for the program. Organizations such as the American Medical Association, the Joint Commission of Accreditation of Healthcare Organizations, the Centers for Disease Control and Prevention, the Centers for Medicare & Medicaid Services and the Agency for Healthcare Research and Quality have all endorsed the philosophy and activities of the campaign. The philosophical/theoretical framework of the campaign is just as important as the evidence base. The campaign is based on the idea that “health care is a highly complex system” with many broken parts and that a medical error results from a failure of the system and not an individual. 100k Lives seeks to redesign care in order to bridge these gaps in the most critical areas.

It is also significant to note 100k Lives has been effective at using the approach of political campaign to disseminate its message. 100k Lives has a tangible goal of saving 100,000 lives in exactly 18 months, a bus tour, a slogan (“Some is not a number. Soon is not a time”), a communication infrastructure, and press release templates. The campaign has garnered media attention from the Boston Globe, USA Today, Forbes, the Chicago Sun Times and Newsweek among others. Enrollment has also been impressive, with involvement of 3,000 out of the almost 5,000 community hospitals in the United States.⁵

Although all of the campaign’s strengths, from the practical design to the evidence base interventions to the powerful leadership and organization support, have laid the groundwork for its success, it is the political campaign strategy that makes 100K Lives

truly innovative. If this campaign is able to continue its momentum, health care quality improvement initiatives in the future may take on a similar campaign appearance.

References

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