From October 25 through November 7, 2007, the 5 Million Lives Campaign celebrated the improvement work of over 3,600 hospitals by "harvesting" the ideas, innovations, and best practices they are using to improve care and reduce harm.

The centerpiece of the Fall Harvest was a series of visits by the Campaign team, IHI faculty, and staff to hospitals in all 50 states and the District of Columbia. By meeting face to face with frontline improvers, we tapped the energy and ingenuity that was dramatically transforming patient care to share these discoveries with the entire Campaign community. Read the blog entries below to learn more about the Fall Harvest.

Thursday, October 18, 2007: Don Berwick describes making the Fall Harvest connection

The trees are glorious, the air is crisp, and the World Series and the NFL compete for attention. It must be fall. Thanksgiving impends... then Christmas, and, incredibly, then we will be one full year into IHI’s 5 Million Lives Campaign – the largest single improvement effort we have ever tried – you have ever tried.

We’ve been watching closely as over 3,600 hospitals have signed onto reducing patient injuries even faster than they were already trying. We’ve populated the IHI website with hundreds of pages of supportive materials, and we have joined with dozens of partner organizations and Node leaders to share and extend knowledge as fast and as far as the computer age and airplanes will let us.

Now, with the 5 Million Lives Campaign “Fall Harvest,” we will connect at a level we never have before. Part of the reason, frankly, is that, without something like this, we can’t keep up with the creativity we are seeing everywhere. When we started this Campaign, we did offer an even dozen “planks” designating specific kinds of harm to reduce, and how. But we said and knew from the start that safe patient care requires a far bigger portfolio than that – not dozens, but hundreds of targeted types of injury – and that hospitals and clinics throughout the country would be adding their extra sauce to our recipe. I saw this after the Campaign had barely opened, when a CMO from a small, rural hospital in Eastern Washington came up to me after my talk and asked if it would be “OK” if they tried to improve outcomes for sepsis – not one of our original twelve planks. “OK”??? OK!!! Exactly!!! The shared explorations of hundreds of places and thousands of people, with a good dose of science, evidence, and caution, can amount for our country and the Campaign to a treasury of ideas and possibilities for all.

But, of course, that knowledge lies fallow unless it can spread. Transparency is leverage. That’s a key purpose of the Fall Harvest – get out, get about, and find out whatever we can about the innovations and surprises surfacing in the field. Think about it. If we do it right, all staffs in all hospitals are your staff, too. Leverage.

There is one other, more selfish, reason for IHI to lead the Fall Harvest: building our own joy in our own work. The core of IHI’s staff is remarkably small – barely 100 people in our office in Cambridge, Massachusetts, and maybe 20 others around the US. Most of them connect with the field of improvement partially and remotely. They take your phone calls, coach you on the web, and make it possible for you to learn from each other and our faculty at meetings. They celebrate the work in the field, but they don’t get to see it, first hand, as most wish they could.
The Fall Harvest will include the biggest outreach in person – as opposed to electronically – by IHI staff to the field in our history. Over 80 IHI personnel will board planes, trains, and cars during the Fall Harvest to visit real sites and real teams everywhere in the nation. I think it’s possible that this experience will transform IHI as our entire staff gets a new infusion of both excitement and reality from their dialogues with many of you.

The aim, of course, is improvement – safer care for patients. Our premise is simple: we’ll make gains faster together than separately, and the Fall Harvest will connect us all in new and energizing ways.

-- Don Berwick

Wednesday, October 24, 2007: Jackson Hospital's strong leadership culture prioritizes improvement

It was raining in Montgomery, Alabama on the morning of the Fall Harvest's first visit to lovely Jackson Hospital but I consoled myself by noting that some rain is necessary for any good harvest (and by learning just how badly local crops are in need of some water)...I was welcomed by a team of more than twenty hospital executives, Board members, physician leaders and quality practitioners, and they proceeded to impress me enormously with their commitment (active teams on all twelve Campaign interventions), their success (tremendous outcomes on reduction of infection and surgical process improvement) and their insights on what makes an organization like theirs so successful at pursuing system-level change. Their recipe for success? “Brutal honesty“ (sober, regular assessment of data and progress), physician engagement – from the front lines to the Board - and a “no fault” environment that encourages candid sharing of successes and shortcomings. Their pride and energy was infectious and my compliment to them is one of the highest I can think of giving: if I were a health care professional, this is the type of organization where I’d like to work.

This terrific visit happened, incidentally, on the heels of an exhilarating day with all of Alabama’s hospitals at Tuesday’s Alabama Quality Forum, co-hosted by AQAF (the state’s QIO), the Alabama Hospital Association and Blue Cross Blue Shield of Alabama. Keith Granger, Chairman of the hospital association’s Quality Task Force, opened the day with a transparent review of hospitals’ performance and set a tone of great ambition by asking if the state could move into the top 10 performers in the country on measures of quality and safety. To judge by the presence of committed and engaged leadership, the heated and practical discussion on keys to success at introducing best practices, and the unprecedented willingness to share learning between hospitals, this seems entirely possible!

-- Joe McCannon
Wednesday, October 24, 2007: LDS Hospital uses teamwork to improve safety

October 24th was a glorious day in Salt Lake City! As the sun shone and the mountains in the distance displayed their snow-capped peaks, IHI Fall Harvesters arrived at LDS Hospital. Campaign faculty member Kathy Duncan and I were accompanied by Utah Node members Jackie Buttaccio and Linda Johnson of Health Insight. Fifteen folks, including administrators, quality directors, nurse managers, and a physical therapist, welcomed us upon our arrival. Brent James, executive director for Intermountain Health Care, introduced the group to some of the research done at LDS that was used in developing IHI’s Global Trigger Tool. We then learned three different ways in which LDS was improving safety throughout their hospital and how teamwork played an integral role in achieving quality care.

LDS has created safer ICUs by creating an ICU Safety Team that meets monthly with Safety Champions from each of the seven ICUs who together recommend and implement changes in the ICU systems that impact patient safety. The group mentality of watching out for each other and involving everyone from clerks, to physicians, nurses, and housekeeping has made the project very successful. One specific change they implemented was requiring that the name of a drug be circled with red pen before being hung.

LDS has also worked to improve their medication event verification. They have developed their own software that requires a pharmacist to examine all drug-related events. One pharmacist is assigned to a specific nursing unit and examines 1-3 events a day to determine if the error was a result of a system problem.

We also learned about how LDS has improved their pressure ulcer prevention program through nurse education, the use of electronic charting tools, product standardization, development of a SWAT (Skin and Wound Assessment Team), and communication tools.

We thank the folks from LDS for sharing their work to improve quality and patient safety in their hospital!
-- Jordana Pickman

Thursday, October 25, 2007: Codes and falls drop at St. Mary's in South Dakota

Greetings from Pierre, South Dakota! IHI Fellow Karen Metzguer and I just visited St. Mary's Healthcare Center where we met with their Rapid Response and Falls Prevention Teams. St. Mary's is a 60-bed facility and the only acute care hospital in the state capitol. Karen and I were amazed by their highly engaged staff and by the incredible amount of support shown by St. Mary's leadership.

During the 100,000 Lives Campaign, St. Mary's did a "gap analysis" and determined – of all the interventions – Rapid Response Teams would have the biggest positive impact on their mortality rates; furthermore, the hospital is located 170 miles from the nearest cardiologist, so caregivers need robust
systems for recognizing when a patient's condition is declining before s/he has a heart attack. Since implementing a Rapid Response Team, St. Mary's has seen codes drop by 50 percent and plans are in place to allow family members to activate the team in 2008.

Since 2000, the leadership at St. Mary's has fully supported the implementation of several best practices for preventing falls. To get this buy-in, the Falls Prevention Team cited data from other hospitals across their system, Catholic Health Initiatives. Best practices included developing an assessment tool for evaluating patients' needs, integrating their Fall Prevention Plan into MediTech, and investing in exercise equipment for elderly patients. St. Mary's has seen the number of falls decline by 73% since 2000! The Campaign Team looks forward to spreading the strategies we learned on this visit to hospitals across the country.

On a personal note, for reasons of geography, the other members of the Campaign Field Team and I seldom get to visit successful smaller-sized hospitals like St. Mary's. We are grateful the Fall Harvest has offered us the opportunity to "discover" these gems.

-- Jonah Borrelli

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St. Mary's Healthcare Center's Flame of Life:
The names of people who survived cardiac arrest in or while being transported to their Special Care Unit.

Thursday, October 25, 2007: Christiana Care – The crown jewel of the Diamond State!
Believe it or not, it was a dark and stormy night as Eastern Field Coordinator Katie O'Rourke, Don Berwick's Executive Assistant Markus Josephson, IHI Director Cindy Hupke, and I made our way to Philadelphia on Wednesday. After white-knuckle turbulence and multiple flight delays, I was glad we decided to fly in the night before our first Fall Harvest visit (although it meant missing most of the Red Sox rout of the Colorado Rockies in Game 1 of the World Series!).

Within minutes of our arrival on Thursday, it was clear that – if Christiana Hospital is anything to go by – Thomas Jefferson had it right when he deemed Delaware a jewel among states! Everything – from the opening remarks by Christiana’s CEO Dr. Robert Laskowski, to our tours of the ED and their simulation lab, to the very last presentation on their medical residency program – demonstrated how thoroughly they have embedded their devotion to excellence into practically everything they do. I was prepared to hear about their first-rate AMI work and their exceptional work on reducing sepsis (Christiana Care Health System estimates their Sepsis Alert Program reduced mortality by 46%), but until today I had no idea that they also considered employee satisfaction to be an integral part of their mission. Most impressively, it’s not just that the many people we met seemed excited about working at a high-performing institution; to a person, they also seemed driven to continually provide better care for their patients and eager to share what they’ve learned with other hospitals.

I learned so much and felt so inspired by this visit. I can hardly wait to see what else we reap from the Fall Harvest!

-- Jo Ann Endo
Thursday, October 25, 2007: Pressure ulcer prevalence down to 1.5 percent at Yuma Regional Medical Center

What a beautiful day in Yuma, Arizona! The beautiful sunshine and the 90-degree temperatures made the visit to Yuma Regional Medical Center a great day! Eighteen leaders of Yuma Regional greeted Barb Averyt (of the Arizona Hospital Association) and me. They spent the morning describing their tremendous work in several areas: Infection Control, Pressure Ulcer Prevention, Glycemic Control, and Advanced Clinical System Project. After five years of focus on pressure ulcer prevention, their pressure ulcer prevalence is down to 1.5 percent! Several leaders proudly described their work in these key strategies. The passion for the patient at YRMC was evident with every presentation! They have created a tool to assist them in staying on the right track as they journey through a long IT process: It’s called “The Story of Jane” — a story from a patient’s point of view that gives a glimpse of the future of health care delivery at Yuma Regional Medical Center. It brought tears to my eyes! Barb and I were privileged to meet and learn from these talented folks!

-- Kathy Duncan

Friday, October 26, 2007: Collaborating on quality in Washington State

Crisp fall weather and peak foliage greeted me this morning in Spokane, Washington, for what was a tremendously exhilarating visit to Sacred Heart Medical Center, an enormous 600-bed teaching hospital that is the nation’s largest between Seattle and Minneapolis. All hands – from Sacred Heart’s President Mike Wilson and the board to frontline care providers – were present to describe in detail the organization’s strategy for addressing all of the 5 Million Lives Campaign interventions. Closely mirroring my recent experience at Jackson Hospital in Alabama, I observed a deep leadership commitment to improvement, a safe environment for sharing and learning from performance data, and the devotion of dedicated resources to quality activities. I was also particularly struck by the structures in place – including standardized quality data bulletin boards, visible to patients and families, in every unit - to ensure regular review of progress and identification of opportunities for improvement. Clinically, Sacred Heart is doing outstanding work by improving early detection with its highly-active Rapid Response Team, by joining a city-wide initiative for standardizing and tracking patient medication lists and by driving VAP rates down to zero in its ICUs. It has also introduced a remarkable regional model for getting heart attack patients from surrounding rural facilities into its catheterization lab in 90 minutes or less, an approach we learned about in even greater detail during the day’s second visit.

Thirty-five miles away in rural Davenport, we met CEO Tom Martin and the hard-driving team from Lincoln Hospital, who described the symbiotic relationship between their critical access facility and a referral center like Sacred Heart, telling us in detail the story of the first heart attack patient assessed in their facility and immediately helicoptered to Sacred Heart for a door-to-balloon time of just over 90
minutes. Tom, the board, quality managers and medical staff aspire to an ambitious and innovative vision of Lincoln as a world-class hospital that distinguishes itself by doing more than simply providing excellent care within its own walls; instead they seek to provide a “coordinated care experience” that utilizes all technology and all available resources (in referral centers, at other sites and in the community) to provide comprehensive care for local patients. As leading members of the area’s Rural Healthcare Quality Network, Lincoln shares its vision with other facilities and encourages leaders and clinicians in the area to adopt a similar, data-driven ethic of improvement.

Special thanks to Carol Wagner of the Washington State Hospital Association and Sharon Eloranta of Qualis, Washington’s QIO, who joined me for both visits and who have both played key roles in the remarkable improvement activity in the state. Though tired at the end of a full day, we finished full of ideas and energy for the work ahead!

-- Joe McCannon

Friday, October 26, 2007: Commitment to the community at Alaska Regional Hospital

This is IHI Fellow Anna Roth and Campaign Project Manager Christina Gunther-Murphy sending word from Anchorage. We arrived on a beautiful Alaskan fall day: 30 degrees and two inches of snow! Despite the cold weather, we were greeted warmly by the team at Alaska Regional Hospital (including staff, executives, and the board chair).

Their clinical results are impressive, but it is their approach to patient care that touched us the most. The staff members at Alaska Regional are committed to providing every Alaskan in their hospital, and in all hospitals in the state, with superior care. This commitment has led to collaborative efforts statewide and the formation of the Alaskan Patient Safety Collaborative. The Chief Medical Officer, Dr. Norm Wilder, reiterated that this collaboration is critical to providing the safest care possible to the community: “We don’t compete on quality. We collaborate and share in every way throughout the region.”

Alaska Regional has seen measurable progress in a number of areas. They have gone from 44 percent to 90 percent compliance on SCIP measures, partially as a result of their “Decorate Your Socks” contest aimed at raising awareness about preventing deep vein thrombosis. (We were lucky enough to see pictures of the creative designs, including entries from the CEO, COO, CNO, and CMO.) Additionally, they are the only hospital in Alaska to receive Joint Commission accreditation for stroke care. This is a critical stride in meeting the needs of the community; stroke is the fourth leading cause of death in Alaska. The design of the stroke program has been an organization-wide effort, resulting in a redesign of the emergency department and community outreach. Alaska Regional has provided public service advertisements on the city bus and television to educate the community about signs and symptoms of strokes and the importance of seeking care. Robin, an ER nurse, shared a story from a grateful patient whose mother was having a stroke.

We could have spent all day learning from this great team. They are also working on MRSA, Rapid Response Teams, and many other initiatives. We were grateful for their informative sharing.

--Anna Roth and Christina Gunther-Murphy
Friday, October 26, 2007: Inspiring dedication to quality at MemorialCare in California

This is Dan Souw, Project Coordinator for IHI Strategic Partners, writing from Newport Beach. As the sun was rising through the smoky skies of southern California, IHI Senior Fellow Blair Sadler, Western Region Campaign Field Coordinator Jordana Pickman, and I met with several system and hospital board members and frontline staff from MemorialCare.

Helen Macfie, Vice President, Performance Improvement, gave a wonderful overview of the system’s accomplishments and described how MemorialCare’s system- and hospital-level boards are highly engaged in the organization’s quality agenda. They use IHI’s Seven Leadership Leverage Points as a focus to start their meetings, include storytelling, and do not forget to celebrate their successes – and there are many. Their use of Process Improvement Dashboards (spider diagrams) presents simple and clear breakdowns of organizational aims with the status of each based on four target levels. As finance departments would initiate a quarterly “close,” MemorialCare conducts a “quality close” to review system-wide data.

Results from the individual hospitals were also very impressive. To name a few, Orange Coast Memorial Medical Center has had no VAPs since November 2005 and their use of Rapid Response Teams has reduced code blues outside critical care by 48 percent over two years! Anaheim Memorial Medical Center has 97 percent reliability in their AMI Perfect Care delivery and has reduced their central line infection rates by 50 percent.

MemorialCare’s spirit and ambition to provide quality care is truly inspiring, and I am very appreciative for the time they gave to sharing their great work with us.

-- Dan Souw
Friday, October 26, 2007: Who says small can’t think big?

Campaign Central Region Field Coordinator Jonah Borrelli and I had the pleasure of visiting a small hospital located in the wide open spaces of rural Nebraska. Nemaha County Hospital is a 20-bed facility that exemplifies what is possible with a steadfast commitment to providing care that is patient-centered, high quality and, above all, safe. Supported by a board of directors that has patient safety as the first agenda item at their monthly meetings, Nemaha has implemented impressive IT tools to support and sustain their improvements in patient safety and quality.

Our visit began with a warm welcome and introductions to key hospital staff including CEO Marty Fattig and CNO Kermit Moore. Representatives from the Nebraska Node, Monica Seeland of the Nebraska Hospital Association and Janet Dooley of the Nebraska QIO, were present as well. We spent the first hour learning about their vision, their accomplishments and the outstanding caliber of the staff. During the hospital tour, we saw firsthand the benefits of their IT investment during a demonstration of the safety features built into their daily medication administration routines. We were then delighted by a presentation about their Personalized Patient Centered Care program, Partners for Life, which embodies the core values of the organization: Integrity, Compassion, Accountability, Respect and Excellence (I CARE).

The message we heard from both administrative and frontline staff was clear: transparency and a blame-free environment are key to consistent improvement. Addressing all twelve Campaign interventions, Nemaha County Hospital is a model of the level of excellence that can be achieved in rural hospitals. To quote CEO Marty Fattig, “You may be small, but that doesn’t mean you can’t think big!”

-- Tracy Jacobs

The team from Nemaha County Hospital welcomes IHI Director Tracy Jacobs and Central Region Field Coordinator Jonah Borrelli for the Campaign’s Fall Harvest visit to Nebraska.

Monday, October 29, 2007: Big strides in sepsis care at St. Bernards in Jonesboro, AR

It was a crisp, clear, southern morning as Campaign faculty member Kathy Duncan picked me up from a hotel on Memphis’s famous Beale Street. We set out across the Mississippi river to the vast cotton and soy bean fields of Arkansas towards St. Bernards Medical Center in Jonesboro. Pam Brown of the Arkansas Foundation for Medical Care joined us for a site visit packed with learning and Fall Harvest fun.

The team we met with is really living by the hospital’s mission to provide healing to the community through education, treatment, and health services. After analyzing their hospital-wide mortality rates, they realized that sepsis was an area of care that needed improvement. They then drilled down to find the area of sepsis prevention and care that needed to be improved: early identification. They addressed this issue by creating a sepsis identification card that all doctors and nurses carry with them during their shifts to ensure sepsis is at the top of their mind. They also engaged their Rapid Response Team to help when needed in the immediate care of a septic patient and – starting in December – families will be able to call the Rapid Response Team as well.
Once they set protocols for the identification of sepsis, engaging their staff was paramount in ensuring they were followed. Hospital administration sent out letters to the staff addressing the prevalence and severity of sepsis at St. Bernards as well as inviting them to a dinner with an accomplished speaker in the area of sepsis care and identification, Dr. Art Wheeler from the Vanderbilt University Medical Center.

Their methods are consistent with an organization focused on quality care led by leadership and adopted by a staff truly concerned with quality and the safety of their patients. They are also doing excellent work in the areas of reducing MRSA and preventing both central line-associated bloodstream infections and ventilator associated pneumonia. After excellent presentations, Kathy and I were treated to a true southern lunch of pulled pork BBQ and sweet tea. Even though I was out of town during the Red Sox World Series victory, I felt right at home in Jonesboro!

-- Jesse McCall

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Team members from St. Bernards Medical Center in Jonesboro, Arkansas celebrate the Campaign Fall Harvest with IHI's Jesse McCall.

Monday, October 29, 2007: Post-Katrina success story - Meeting the “cream” of Slidell Memorial Hospital

Greetings from Louisiana! This is Samantha Henderson, Special Assistant to Dr. Don Berwick. Sunny skies and balmy weather welcomed Campaign Manager Joe McCannon, Eastern Region Field Coordinator Katie O’Rourke, and me to New Orleans. After admiring the beautiful balconies of the French Quarter, sampling the delicious seafood dishes, and even finding a handful of Red Sox fans to cheer the Sox on to victory, we piled into our rental car early Monday morning and drove across Lake Pontchartrain to Slidell Memorial Hospital (SMH).

At SMH, we received a warm welcome from Chief Nursing Officer Mark Stockstill and several key players in SMH’s quality improvement work. They told us about their Rapid Response Teams, known at SMH as Critical Assessment Teams (CATs). This acronym lent itself to clever marketing strategies to raise awareness and promote the CAT: the CAT tiger logo is posted prominently around the hospital, stuffed animal tigers are given to staff members who activate the CAT, and Kit Kat candy bars distributed at traveling road shows spread the CAT concept outside of SMH. The staff also raises morale with a Save of the Month trophy that rotates among teams that had the most successful or inspirational patient “save.”

Widespread educational programs, hand-picked CAT members, and strong support from the SMH Board contribute to the hospital’s great success in reducing codes outside of the ICU. Two years ago, over 40 percent of the hospital’s codes occurred outside of the ICU; this month, the rate is down to 12.5 percent. The SMH staff accomplished this in the face of Hurricane Katrina and its aftermath, during which the hospital lost almost half of its nursing staff and took in displaced nurses from nearby flooded and abandoned hospitals. Despite the massive staff turnover, the SMH leadership did not flag in its quality improvement work and instead used the setback as an opportunity to re-launch and reinforce the CAT initiative. The staff of Slidell Memorial Hospital developed successful and resourceful methods to reduce
codes outside of the ICU in spite of formidable challenges, proving one of CNO Mark Stockstill’s favorite quotes: “Shake it up and the cream comes to the top.”

-- Samantha Henderson

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Slidell Memorial Hospital welcomes the team from IHI during their Fall Harvest visit.

Monday, October 29, 2007: Volume Follows Quality in Kentucky

The first day of the first full week of Fall Harvest found CSI Coordinator Caitlyn Carlson and me in beautiful Northern Kentucky. Members of Health Care Excel joined us for a visit to St. Elizabeth Grant County Hospital, a 25-bed critical access hospital in Williamstown, located 40 miles outside Cincinnati. Grant County was one of the first Critical Access Hospitals to achieve Magnet status. They owe this achievement to a commitment to providing the best care possible for their rural population and to a belief that "volume follows quality."

The staff shared with us their great success in improving care for heart attack patients. In 1991, when Grant County joined St. Elizabeth's Health System, the board staffed the hospital's ER exclusively with board-certified ED physicians. While initially this was financially challenging, it was more important that St. Elizabeth maintained its reputation for providing high-quality care; furthermore, leadership had faith that improved outcomes would draw more customers from this fast-growing region.

Many years later, when the American College of Cardiologists suggested that hospitals set a goal of 90 minutes for door-to-balloon time, Grant County began extensively educating their staff on the importance of reperfusion. Their attitude was that rural heart attack patients needed (and deserved) treatment that was just as timely as that received by patients entering the ER at a receiving hospital. Through a series of innovative process changes—including enabling the ED physician to contact a cardiologist and activate the cath lab with a single call—Grant County has worked with its receiving hospital to get more than 85% of its AMI patients from door to balloon in under 90 minutes!

St. Elizabeth shared with us the many awards they had won as a result of their improvements in cardiac care; furthermore, since 2003, visits to the ED have more than tripled! This is in part due to the growth of the region; however, it is also due to the facility's reputation for providing top-notch care!

-- Jonah Borrelli
Monday, October 29, 2007: Holy Cross Community Hospital - A Home Away from Home

At 8:30 in the morning, sitting in the lobby of my hotel waiting for Jordana and Joanne, I pondered just what this day would bring. I had never been to New Mexico, never been on a site visit, and never met the two members of the QIO, New Mexico Medical Review Association (NMMRA), with whom we were about to spend the day. After a hearty breakfast and some ribbing at my expense due to fact that my newly acquired belt didn’t fit exactly as it should, I still blame the belt. With a quick stop at the hotel store, Joanne had her much-needed hair spray and we were ready to begin this adventure. Even after I had pleaded with Jordana that it would make us look good if we showed up in a red convertible, we got a grey Dodge minivan. She handled like a dream—a dream you’re stuck in a soccer mom’s body. Nevertheless, I was enthused that our state-of-the-art van was equipped with satellite radio; I thought, well, at least we can rock out like we have a convertible! But all I got from the back seat was ―easy listening only, Jake.‖ Dang. I thought, well, at least I’ll be able to tear up the roads; then Jordana jumped into the driver’s seat. Trumped again!

We were on our way, off to pick up our friends at NMMRA. We marveled at the grid-like system and road signs aplenty, yet being in a new city proved too much for the navigator (me) and with a left, left, left, right…. wait for it left, we were there. Once we were all in the van, we hopped on Route 25 and, with Anne Timmins and Jennifer Trotter as our guides, we saw the beauty that was New Mexico. It was two and a half hours to Taos, the site of Holy Cross Hospital, and with a stop-over in Santa Fe we were able to truly get a sense of the local culture. We ate lunch at a wonderful little local spot our New Mexican hosts picked out. We passed though many art shops and a small market, where it was apparent how big a part art and artistic expression played in their culture. None of us bought anything, but I was able to pick up a huge souvenir in Santa Fe for free! It was a gift from a rather large bird that passed by; I guess he thought my brand new shirt just looked too good. Thanks hawk, you’re the best. With my attire tarnished, but not my mood, we headed out again.

The drive to Taos was amazing; colors and rock formations such as Camel’s Rock kept me glued to the window. We pulled into Holy Cross Hospital right on schedule, hopped out of the van, and after a quick stretch of the legs we entered what truly felt like a home away from home. We were met by two members of Holy Cross who were all smiles; in fact, that’s all we got during our site visit there, smiles. They were glowing with pride, and rightfully so. During our tour through the facility, we marveled at the art that was hung on every square inch—all of it donated from the community to the hospital, the facility not more than 12 years old. In total, an estimated half a million dollars’ worth of art blanketed the facility. It was apparent from the start that this hospital was deeply a part of the community, and community was a part of it. The facility itself was beautiful, with natural light pouring in through skylights and a cafeteria that had one of the most amazing views you could find anywhere. It was a wonder how in a setting such as this anyone could get sick. The maternity rooms looked more like what you might find in your own home, with hardwood floors and wooden rocking chairs, and newborns sleeping in the same room as their mother.

After our tour, we were brought to a large conference room and in front of us was another row of smiles. We were greeted warmly and took our seats intent on listening to all the great work that had been taking place. I was amazed to hear that the staff, after some frustration with the system as it was, went to the
management and the board with a case for change. And boy, did the board and management react. They went out and found the 100,000 Lives Campaign and Life Wings. Life Wings is a quality system that was developed from the field of aviation, much like the lean work we have learned from the Toyota model. Borrowing tools from aviation safety standards and techniques, Life Wings coupled with the Campaign has really transformed the way care is given at Holy Cross. The management and board mandated that everyone in the hospital comply and observe the new processes and interventions, along with a mandatory training even for the board!

We heard accounts of how communication and innovation were the cornerstone of their improvement efforts. They took SBAR and tweaked it to fit their own organization better. They had a system in place that empowered everyone so that no problem, small or large, would go unchecked. "See it, say it, fix it" has become their motto and it is working. Everyone now has a stake in the improvement of their community’s hospital. They live there, too; Holy Cross is the only hospital within 60 miles; they see themselves as a family and it shows in their work. Briefings before each day and debriefs after each surgery have led to daily problem solving, and fast spread of information and safety techniques. The team had also collected a lot of data to determine just how they were doing in certain efforts. For example, they went from marking the surgical site 30 percent of the time to 100 percent of the time by empowering nurses to help their doctors remember. They created procedure cards that have helped every level of care and are now at 99 percent utilization. They have been without a pressure ulcer for six months!! They created a system for tool stations (using trays) that drastically improves making sure that each tool is in its place when needed.

After leaving the hospital and all the warm faces, we had another trek through the wonderful scenery that was New Mexico. Surely if anything can be said about our trip, it’s clear that you are apt to get warm, safe, patient-centered care at Holy Cross.

-- Jake Auger

Members of the Campaign team, IHI staff, and the NMMRA get down to business during the New Mexico Fall Harvest visit.

Tuesday, October 30, 2007: Rallying for safety and quality at KP South San Francisco Medical Center

Today, for my first Fall Harvest visit, we headed to the Kaiser Permanente South San Francisco Medical Center. As we sat in a conference room framed by beautiful hills, clinicians from all different specialties and backgrounds poured into the room—physicians, nurses, administrators, quality improvement folks—with an excitement and energy that was palpable. I was struck by how proud they all were of the difference they were making in their lives and those of their patients.

A physician from the emergency department told their story, which actually began in 2005. They shared the pain of the past, when the medical center had been close to closing its doors. This caused them all to come together and decide they needed to work as a team. Shortly after this, they attended a 100,000 Lives Campaign meeting at which Maureen Bisognano challenged attendees to "have a rally" and change the way they provide care. These words changed their lives—and those of their patients—forever.
The team took Maureen’s words to heart. Within a month, they identified key stakeholders in different areas of the hospital and asked them to lead a team. They had a meeting in the cafeteria to celebrate the difference they were going to make and identified these key leaders—who had no idea what they were going to be doing! These teams were then empowered to take the tools put out by the Campaign and change the way they cared for patients. They worked together in ways they had not done before; the excitement and the challenge drove these teams, and the original task force had trouble keeping up with them! Senior leadership from KP Northern California came to the facility and spent a day listening to these frontline teams and the work they were accomplishing. A transformation had occurred that made safety personal to all staff and clinicians; it became unacceptable for any employee to accept unsafe conditions, and together they all worked to own and share the safety journey.

We toured the hospital and saw this work in action: nurses wearing fluorescent green vests while they were dispensing medications. It was very clear that interruptions and distractions while administering medications are no longer acceptable. This team had moved beyond the “quiet zone” by using their data: using the vests resulted in a 40 percent decrease in administration errors. Involving multidisciplinary teams in this work and communicating the why’s and how’s to everyone was necessary. Team members are now also identifying additional areas where interruptions contribute to unsafe conditions—such as when physicians are writing orders—and trying to identify how they can build safety practices into these high-risk conditions as well. Every day the nurse managers hold a High-Alert Medication noon huddle to discuss patients on high-alert medications. Any near misses are identified and sent to Quality. Clinicians are told how their identification of these near misses results in a review, and all staff are informed of any changes so they can share in how this work leads to a safer environment.

The hospital has also taken the Rapid Response Team concept to a new level. The ICU nurse assigned to the team for her shift makes rounds several times a day to all of the inpatient units, troubleshooting the care of patients with the frontline nurses and identifying concerns before it is necessary to call the Rapid Response Team. They are committed to doing this even though they are a small community hospital. The team tested not doing these rounds and saw the codes on the units go up and calls to the Rapid Response Team go down—after which the rounds were immediately re-instated. They have now also built the Rapid Response Team work into simulations for current and new staff, focusing on what needs to happen in the time between when the Rapid Response is called and when the team arrives. This week the team launched their “Condition H” response—allowing patients or families to call the Rapid Response Team—by testing it on one unit.

The surgical team described their improvements and the resulting collaboration among all providers. Physicians talked about how other physicians on the teams have been present in the OR to support their peers in making some of the improvements. Physician engagement is clear at this facility.

The clinicians also communicated that, in all of their work, “SIMPLE” has become a motto. They have refined and tested everything they do to make it as uncomplicated as possible. SBAR is now the standard communication tool, whether it is giving report to a physician or identifying a near miss. The organization has adopted James Reason’s “Just Culture” algorithm and uses it to understand all events that occur in the medical center.

This Fall Harvest Team was energized by the commitment KP South San Francisco has made to themselves and to their patients. It was amazing to witness the energy that was unleashed by Maureen’s challenge two years ago. The rally has not finished and, from what we witnessed, will be going on for a very long time!

-- Sue Gullo
Tuesday, October 30, 2007: Data-driven improvement, strong physician engagement, and active leadership involvement thriving at UHC in Clarksburg, West Virginia

Joe McCannon and I were joined by node leaders Patty Ruddick from the West Virginia Medical Institute and Cassie Jo Watson from West Virginia Hospital Association for a visit to United Hospital Center (UHC) in the picturesque, rolling mountains and vibrant, rich fall colors of Clarksburg, West Virginia. From the moment we made our entrance into this vibrant community hospital, the organization’s focus on quality and safety was apparent. Bruce Carter, UHC President, and Mark Povroznik, Director of Quality Initiatives, welcomed us into a warm room of nearly 40 people, including board members, physicians, management, clinicians, and other front-line staff, all dedicated to continuous improvement in their facility.

Through presentations from Bruce, Mark, and many others, we learned that from the top down UHC has established a culture of shared accountability and collaboration in pursuit of better outcomes. The team shared its tremendous success in driving ventilator-associated pneumonia rates down to zero and establishing a model of performance on the AMI intervention that is exceptional. In particular, the facility has consistently seen door-to-balloon times in the range of 60 minutes, despite the challenges posed by its rural location, matching some of the best performers we have seen around the country. They are also working rigorously, with teamwork and innovation, to prevent pressure ulcers, dropping rates drastically and now observing in-hospital incidence of pressure ulcers well beneath the national average.

An appreciation for data-driven improvement, the presence of strong physician engagement, and leadership insistence on enhanced care for patients emerged repeatedly as themes in our conversation. With board acknowledgement, an active quality team, and a new facility in sight for 2010, United Hospital Center is positioned for ongoing success. The trip was a great Fall Harvest highlight.

-- Marie Defer

Tuesday, October 30, 2007: MRT's and Show No MRSA in "Mwaukee"

My first Fall Harvest trip took me to a state known for its uncommon affinity for cheese, to a city that is the home of the Miller Brewing Company, to a place where "Hackbarth" is actually a common surname. A new Eden, you say? "It's pronounced 'Mwaukee,'" my fellow Harvester and "Mwaukee" ex-pat Jeff Spade informed me.

After a quick lunch and a whirlwind tour of the local sights, Jeff piloted us (in his sweet, cherry-red Monte Carlo rental) to Wheaton Franciscan Healthcare – St. Joseph, where we met Barbara Rogness, Director of Quality, who introduced us to her merry band of die-hard improvers. (It was encouraging to see among this group two senior physicians and the hospital CEO.) St. Joseph is pursuing all 12 Campaign interventions, and teams gave detailed presentations on two of these, Rapid Response Teams (called Medical Response Teams, or "MRTs", at St. Joseph) and MRSA. We also heard a presentation on glycemic
control work that started back in 2002 with cardiac surgical cases only, and has since been rolled out for all med/surg patients.

The quality of the work was really outstanding. After a difficult start in which uncertain nurses and medical staff supported the concept only because of prior successes with other IHI-related improvement projects—a testament to the trust among quality staff, leaders, doctors, and nurses—MRTs took off. The team publishes a monthly newsletter detailing the drop in codes outside the ICU and describing an “MRT Call of the Month,” every code is checked to see if it could have been prevented by early detection, and a sophisticated “Early Warning System” (EWS) based on a composite of patient vitals adds to the vigilance of front-line staff in detecting deteriorating patients.

The glycemic control and MRSA presentations were equally encouraging. St. Joseph has experienced a precipitous drop in their risk-adjusted mortality rate (measured with the HSMR), and the team believes that a strong contributor to this has been their house-wide glycemic control work. The project trajectory they described was textbook rapid-cycle improvement and adaptation to navigate some very technically challenging improvements. The MRSA presentation (“Show No MRSA”) showcased the great, fun atmosphere that pervades the organization’s improvement work.

Jeff and I had a great time, and there was a lot of good discussion throughout the day, resulting, as usual, in some measurement homework for yours truly. That will have to wait until later, however; now, I’m off to Denver. I hope they won’t be too sore about that whole World Series sweep thing...
-- Andy Hackbarth

IHI's Andy Hackbarth, Jeff Spade of the North Carolina Rural Health Center, and the "merry band of die-hard improvers" at Wheaton Franciscan Healthcare - St. Joseph in Wisconsin.

Tuesday, October 30, 2007: Getting the Board on Board in Southwestern Vermont

Becky Grossman and I visited Southwestern Vermont Health Care (SVHC) in the beautiful town of Bennington, VT. Over lunch, a group of quality improvement leaders and members of the SVHC Board shared with us some of the things they are doing to get their “board on board.” One impressive aspect of their work is how actively members of the board participate on the Patient Safety and Quality Committee. Three members of the board joined us for lunch, and it was apparent they bring a great deal of energy, skill, and knowledge to their role.

SVHC has restructured their board meetings, making Quality agenda item number one. They open every board meeting with a real patient story involving harm that occurred in the hospital. Their CMO, Mark Novotny, presents these stories, and they have served to catalyze the board’s commitment.

SVHC has also developed a concise summary of sentinel events that is shared at every board meeting. It provides a structured description for each case, including what happened, a root cause analysis, action plans, and status. The Patient Safety and Quality Committee members described how challenging it was to share this information with the board in an open way, but how helpful it was to develop processes that
would hold them to account for fixing safety and quality problems. They are willing to share their tool with others.

In addition, they have really stepped up their involvement of patients and families in making the care better. They recently ran a focus group of patients and families who had been harmed at SVHC or elsewhere to better understand their experiences and what they need. A couple of the important findings were that families want to hear from the hospital sooner rather than later when something goes wrong, and that often the concerns about care start long before a catastrophe happens—when patients and families experience a lack of connection and relationship with the health care team. They now have a process for contacting patients and families right away when something goes wrong, and to partner the physician or other care team member with a trained staff member for support in communicating openly and effectively.

We met a new board member, Kevin, whose brother died after a routine procedure that went very wrong at SVHC. He described waiting for six weeks to have a chance to talk with the hospital about what happened. His commitment to making the care at SVHC more patient- and family-centered as a member of the board was palpable. He brings a professional background in human resources management and knows what it takes for complex organizations to make fundamental changes. SVHC has developed guidelines for bringing patients and family members onto the board, and has generously offered to share this document with other hospitals.

We discussed the “Will, Ideas, and Execution” framework, and it is clear that SVHC has an abundance of Will at the board level, the senior administration, medical executive, and front lines. They also feel that there are abundant Ideas for how to fix quality issues. Where they feel challenged is in the realm of Execution. Sometimes they feel that their very ambition leaves them feeling swamped with problems and a “to-do” list that gets longer all the time. I recommended they read the new IHI White Paper on Execution [http://www.ihi.org/IHI/Results/WhitePapers/ExecutionofStrategicImprovementInitiativesWhitePaper.htm]. We talked about Don Berwick’s injunction to “waste no will” and how the execution framework could help harness will effectively.

We thank the Campaign team for this opportunity to visit an exemplary 5 Million Lives Campaign hospital, and for the chance to enjoy the lovely fall scenery along the way!

-- Carol Beasley

![Image](image.jpg)

Fall is in the air at Southwestern Vermont Health Care.

**Tuesday, October 30, 2007: Setting a Standard of Excellence for Academic Hospitals at the University of Kansas Medical Center**

Campaign faculty expert Kathy Duncan and I had the pleasure of visiting the beautiful University of Kansas Medical Center (KU) on a brilliant afternoon in Kansas City. The stunning interior of the hospital at once made us feel welcome and eager to begin our visit. Every detail of the hospital was geared towards affability. I was particularly impressed by the hospital cafeteria, where nutritional statistics for
every item offered were listed on menus throughout the dining area. The hospital environment directly reflected KU’s number one priority: the patient.

Terry Rusconi, Senior Director of Organizational Improvement at KU, and Tina Lodgson, from Child Healthcare Corporation of America, greeted Kathy and me at the visitor’s desk with enthusiasm. As Terry led us to the meeting space, the jovial employee dynamic was immediately apparent as he greeted everyone he passed with smiles and humor. Among the key hospital staff joining us were Vice President & Chief Medical Officer Dr. Lee Norman, President and Chief Executive Officer Bob Page, and Executive Vice President, Chief Operating Officer & Chief Nursing Officer Tammy Peterman. Over thirty members of the hospital staff and several people from the Kansas Foundation for Medical Care joined us to hear about the fantastic improvement work that KU has aggressively implemented.

The cardiac care team highlighted their fantastic door-to-balloon times and Hospital to Home Guide for heart failure patients. The sepsis team is deeply involved with the national Surviving Sepsis Campaign. In less than five years, mortality rates have decreased over 25 percent and are still falling.

In February 2005, KU began implementing Rapid Response Teams. As early adopters of the concept, they shared with us extraordinary stories of Rapid Response calls happening all over the hospital including the elevator and bus stop.

KU was recently recognized by the University Health System Consortium as the #5 best teaching hospital in the country for patient safety and quality. Their willingness to not only use new improvement methods but share them was inspiring. KU started the Kansas Critical Care Collaborative focusing on sharing improvement and getting executives committed to quality care. Most notably, the AMI team has reached out to referring hospitals to work on decreasing transfer times and the sepsis team is working with hospitals statewide in a collaborative to decrease sepsis mortality. They have also implemented a quarterly meeting with EMS and are holding an ECG interpretation class at the end of the month.

Two hours passed before we knew it! I left KU inspired by the people that I met. Steve Simpson of the sepsis team said it best: “KU is keeping score because not keeping score is just practice.”

-- Courtney Kaczmarsky

Representatives from the University of Kansas Medical Center welcome IHI’s Kathy Duncan and Courtney Kaczmarsky during the Fall Harvest.

Tuesday, October 30, 2007: Rapid Response Team meets with swift success at Kent Hospital, Rhode Island

This is IHI Chief Financial Officer Amy Hosford-Swan writing from Warwick, Rhode Island. During our visit to Kent Hospital, Madge Kaplan, Katie O’Rourke, and I met a group of committed professionals who described how their Rapid Response Team is making everyone in the hospital – patients and staff – “feel safer.”
Following the best improvement advice to start small, Kent piloted their Rapid Response Team on an oncology/medical/surgery unit in August 2005. The introduction was so successful that nurses on other floors quickly started to request the team’s assistance. That led Kent to go hospital-wide with the program fairly quickly.

They described how their rapid response system has made an impact on their effectiveness, empowered staff, and reduced their costs. Once the team is activated, patients’ needs are quickly evaluated and addressed, often heading off needless, costly transfers to the ICU. (Kent has even developed a method for calculating how much $ their Rapid Response Team saves.)

A unique feature of their team is the inclusion of Physician Assistants. Kent PAs receive airway management training enabling them to do rapid assessments and immediate intubations, if needed. They believe their Rapid Response Team has helped bring down their number of codes and contributed to their drop in hospital-wide mortality and cardiac arrests.

Kent’s leaders stressed the importance of educating staff on what should trigger a Rapid Response call and making people feel empowered to activate the team without fear of criticism or undue scrutiny. One enthusiastic staff person stated, “You don’t just wait for the code blue to happen. You want staff awareness. That is how things get better.”

-- Amy Hosford-Swan

**Tuesday, October 30, 2007: Cincinnati Children’s is changing the outcomes**

What can you say when you walk away from a site visit in complete awe? That is exactly how NICHQ VP for Programs Doris Hanna and I felt when we left Cincinnati Children’s Hospital Medical Center!

We spent five hours with a number of key staff – Patty Bondurant, RN, MSN, Senior Clinical Director for the Regional Center for Newborn Intensive Care; Debbie Hershberger, MN, RN, Outcomes Manager; Frederick Ryckman, MD, Director of the Liver Transplant Program; Stephen Muething, MD, Assistant VP for Patient Safety; Richard Brilli, MD, Associate Chief of Staff; and William Kent, MD, Senior VP of Clinical Care – who provided us with the amazing stories that are a part of this organization’s improvement journey. Beginning a few years ago with Dr. Uma Kotagal’s careful and insightful selection of key providers to champion improvement efforts, Cincinnati Children’s has raised the bar for all health care organizations with their outcomes.

A focus on high reliability, transparency, immediacy of event review and real-time data availability has resulted in significant reductions in ventilator-associated pneumonia, bloodstream infections and codes. Even more impressive is the transformation of the hospital’s culture to embrace patient safety and continuous quality improvement as part of everyone’s daily responsibilities. Hospital staff is empowered by the knowledge that they can change the outcome and are supported with resources and tools to do exactly that. It is no surprise that Cincinnati Children’s Hospital is consistently ranked among the top 10 pediatric hospitals in the nation! Doris and I are honored to have had the opportunity to spend time with such exceptional people and see the transformation they are continuing to create.

-- Tracy Jacobs

**Wednesday, October 31, 2007: Outstanding Results at Exempla St. Joseph’s in Colorado**

The Mile High City. Unfazed by the altitude, but a little jet-lagged, I, along with IHI Co-Harvesters Anna Kawar and David Gozzard, saddled up with a group of Colorado node honchos for a visit with the good folks at Exempla Healthcare at their St. Joseph facility downtown.

The meeting, which was attended by about 60 people and featured the most enormous cheese platter I had ever seen (see below), began with a frank and inspiring introduction from system CEO Jeffrey Selberg. He described a sentinel event and the subsequent internal analysis that led to a leadership-driven change in culture to focus on quality and safety, eventually culminating in Exempla’s 5-year plan to become the “Best in the Nation.” (Jeff’s enthusiasm for the improvement work was obvious throughout the presentation, but I already knew to expect this: several months ago, we had spoken on the phone at length about using mortality as a scorecard indicator. Any time a system CEO cares enough about measurement to spend that much geek time hashing through the pros and cons and statistical esoterica of calculating lives saved, you’ve got someone special on your hands.)
The Exempla system comprises three hospitals—St. Joseph, Good Samaritan, and Lutheran—and teams from all three were on-site to present on their work. The first presentation described an incredible medication reconciliation program, featuring integrated electronic communications between inpatient, outpatient, and primary care settings. David Gozzard, no stranger to the difficulties presented by med rec as a leader of a large hospital trust in Wales, remarked that he'd never seen anything like it before. I will be contacting these guys shortly to make sure they submit an entry for the med rec Innovation Challenge.

The next presentation described Exempla’s work on the SCIP measures, which has resulted in a composite measure score in the high 90s through remarkable efforts from the perioperative services team. (“I live at Lutheran” was offered as explanation for presenter Janie Griffin’s facility with the myriad measures and processes involved.) An emotional description of a MRSA scare in the NICU, and the subsequent all-hands-on-deck response from the NICU and infection control staff rounded out the day, highlighting the genuine responsibility that these folks feel for the safety and well-being of the patients who trust them with their care.

The IHI team was grateful to be at the meeting where the outstanding results of so much hard work were presented, but my final word of thanks must go to the day’s master of ceremonies, Dr. Dave Munch, Lutheran's Chief Clinical and Quality Officer, who not only gave me a lift back to my hotel but called in and picked up for me an order of his favorite Mexican delicacy. Dave—thanks again; it was, as promised, delicious.

Tomorrow: Phoenix.

-- Andy Hackbarth

Wednesday, October 31, 2007: The Billings Clinic “pit crew” wins the door-to-balloon race against time

If the AMI team at Billings Clinic in Montana were a NASCAR pit crew – their analogy, not mine – they would win the Nextel Cup! And yet, this team knows there is more at stake: saving the heart muscle. Having attended my first NASCAR race this summer, I’ve learned there are many similarities between successful pit crews and improvement teams. Pit crews review their actions after each pit stop, spend hours analyzing opportunities for improvement, work effectively as a team, and approach their job creatively and passionately. Billings Clinic – including their AMI team – is no different.

Their physician champion, Dr. Scott Sample, showed us their impressive data distilling the critical success factors in short door-to-balloon times. They have a clear process with owners for each step and the team works together to continuously improve the procedures. The team welcomes ideas from all staff members and is committed to caring for each heart attack patient as they would their own family member. As a result, Billings Clinic has gone months without a door-to-balloon time over 90 minutes. Yet, they are still hard at work, trying new ideas and reviewing each patient case to determine how they can continue to improve. Their leadership continually reinforces and celebrates the team’s work.
We discovered that Billings Clinic has many incredible individuals committed to creating a strong culture of safety. They have created a “cultural bundle” that Infection Control Practitioner Nancy Iverson asserted is just as important – if not more important – than the clinical intervention bundles. In their winning fight against MRSA and other hospital-acquired infections, they are creating a safe and supportive environment where peers reinforce hand hygiene, use of contact precautions, and other good MRSA reduction practices. As a result, they have seen 50 percent to 70 percent decreases in transmission of MRSA and other infections.

The Billings Clinic has created a culture without blame where individuals take personal responsibility for their work. Western Region Field Coordinator Jordana Pickman, Node representatives Dr. Bob Wilmouth and Kim Kurokawa, and I all walked away with new ideas and a renewed spirit. We know this is just the beginning of more great things to come at Billings!

-- Christina Gunther-Murphy

**Wednesday, October 31, 2007: Griffin Hospital, CT - “A small community hospital can do wonders”**

Hello from the great Nutmeg State of Connecticut! After a two-year reprieve from Campaign duty, I had the privilege of hopping back on the Campaign trail for the Fall Harvest at Derby, CT’s [Griffin Hospital](http://www.griffinhospital.org). I joined IHIers Jonathan Small, Peter Cerbone, Angela DiGioia, and Jesse McCall. Julie Petrellis of the [Connecticut Hospital Association](http://www.cha.org), the state Node, also attended.

It may have been Halloween, but Griffin Hospital was anything but spooky, despite all the scary creatures lurking the halls – a “cereal” killer, Batman, and the Addams family among them. As we walked through the front door to the sweet musical stylings of the lobby piano player, it was clear that Griffin is not your average hospital; instead it felt warm and welcoming. Walking to our meeting room, I felt as if I was in a first-rate hotel. The “ambassador” at the front desk pointed me in the right direction, and at every step along the way, any time it appeared I might be lost, a friendly member of the Griffin staff always popped out of his or her chair to get me back on track.

Griffin is all about creating a great experience for its patients, their families, and the hospital staff. Where else would you find an “exercise stairwell” that blasts hot gym tunes to encourage everyone to take the stairs instead of the elevator? And where else would every member of the staff introduce themselves by proudly stating that they’ve been at Griffin for 15, 20, 30+ years?

Being fun and creative and bucking trends is what Griffin is all about. And that’s most clear in the hospital’s successful efforts to make care patient-centered. Bill Powanda, the hospital’s VP, explained that Griffin went from the brink of closure 20 years ago to being a nationally-recognized center for patient-centered care. They started by surveying their community to find out how to improve the patient experience, and they responded to the input quickly. One particularly successful endeavor was their childbirth center, which now has a dedicated entrance from the street, bassinets in patient rooms, double beds so partners can stay with new moms, and Jacuzzis (!) to help women in long labor, relax. Even more importantly, Griffin joined the [Planetree](http://www.planetree.org) initiative, which has transformed the institution. Carrie Brady from Planetree explained how Griffin and Planetree have worked closely together to implement the initiative’s highly effective patient-centered principles. Kathleen Martin and Todd Liu told us about Griffin’s open medical record and how they encourage patients to get involved in their own care through “patient care conferences” that bring the entire care team to the bedside to discuss goals and plans with patients and their families, so everyone feels they’re on the same page.

Griffin CEO Pat Charmel took us on a tour and showed us the new wing they built around patients’ needs (complete with separate family hallways and clinical corridors), the Planetree lending library they built to educate their patients and the community about health issues, the gorgeous (and sweet smelling) dining room they built for families and staff, and the music performance spaces they created to keep patients entertained. He even introduced us to Jax, one of the terrific “pet therapy” dogs that provide the best medicine – unconditional love.

In the last few years, Griffin has turned its focus to ensuring that reliable, high-quality care for its patients is a vital component of Griffin’s patient-centeredness campaign. And the team is bringing the same ingenuity and hard work to quality improvement and patient safety that it has brought to patient-centeredness for last two decades.
What keeps Griffin on the trail to improvement? How do they stay motivated enough to meet the higher energy level that their brand of care demands? VP of Patient Services Barb Stumpo may have summed it up best: “We are very good at keeping ourselves uncomfortable.” The status quo at Griffin is in many ways leaps and bounds ahead of other institutions, but it’s not good enough for the Griffin team. And that’s the true hallmark of a leading improver!

-- Alexi Nazem

Jax, Griffin Hospital's littlest quality improver (and pet therapy dog).

**Wednesday, October 31, 2007: St. John Macomb-Oakland Hospital’s never-ending cycle of improvement**

After traveling to my home state of Michigan with Jonah Borelli and Joe McCannon, I had the extraordinary opportunity to attend the Fall Harvest visit at the **St. John Macomb-Oakland Hospital.** The leaders of this organization welcomed us into an intense learning session in which they shared the many changes implemented and tools they have used to significantly reduce harm over the last couple of years. St. John has a strong foundation in Six-Sigma, a set of practices designed to systematically improve processes by eliminating defects. The Six-Sigma “black-belts” have shepherded many of the changes in the hospital.

During our meeting, each team presented an array of ideas designed to improve care. In particular, St. John’s innovative “Seven Strategies to Hardwire Change” and use of Rapid Improvement Events were fascinating and showed the organization’s goal of instilling in their employees the never-ending cycle of improvement. For an organization that is already a center of excellence, their critical evaluation of sub-optimal systems in their hospital seems to really indicate their level of commitment to being a leader of change in the near and distant future.

I hope that as I return to Michigan next year to enter medical school I can again visit this hospital to learn more about integration of improvement into the professional growth of their employees.

-- Andrew Billi

**Thursday, November 1, 2007: New London Hospital, New Hampshire - Big things can happen in small places**

In case you didn’t know, big things are happening at the **New London Hospital** (NLH) in New London, New Hampshire (and I don’t mean the construction!). Earlier today, Jo Ann Endo, Mike Sweeney and I had a chance to tour the hospital’s halls and hear about the success they’re having with Boards on Board, SCIP and pneumonia.

If you’re unfamiliar with hospitals in New Hampshire, you might find it interesting to note that they have 26 acute care hospitals; 13 of them are designated as critical access facilities. NLH is one of these 13 and their work is among the best out there!
Dedication to quality improvement was clear from all the leaders around the table. In addition to NLH President and CEO, Bruce King – who is championing the Boards on Board movement both at NLH and across the state – the chair-elect of the board, the chair of the board quality steering committee, the president-elect of the medical staff, the chief clinical officer and the CFO were all in attendance.

An invitation to apply to become a Boards on Board mentor is on its way because of their impressive governance focus on quality: every board meeting starts with the presentation of a story detailing an adverse event and what's been done to prevent it from happening again; composite quality measures are included on the board’s balanced scorecard; and executive compensation is tied to meeting quality improvement goals.

NLH credits their notable (and sustained) improvements in their SCIP and pneumonia composite scores to their use of multidisciplinary teams, role clarification, use of order sets and other standardized processes. Restless and eager for greater success, they are continually reviewing current processes and testing new changes.

The entire NLH team deserves a round of praise for their work, especially Director of Quality Improvement Leigh Roche and Rachael Rowe who proudly collaborates with NLH as the vice president at the Foundation for Health Communities.

What a wonderful visit and inspiration to all!

-- Nicholas Leydon

Thursday, November 1, 2007: Loving, Relentless Health Care and Business Practice in Tupelo

How can health care be both loving and relentless? We found out at North Mississippi Medical Center (NMMC) in Tupelo when Dr. Ken Davis, their chief medical officer, told us. First, he explained, in order for his hospital to run as harmoniously as possible, he needed to get everyone on the same page. He accomplished this by partnering with his accounting department to understand how spending money to save medical errors was very cost-effective. Their idea of centralizing the budget to cater to care and safety first (known as Care-Based Cost Management) made it possible to get everyone on board to make safety the top priority in every department. The key strategy for NMMC is workforce excellence, with a structure and culture that supports good outcomes, efficiency, and patient and staff satisfaction. They are rewarded with a tremendous retention rate: 92 percent for physicians and 95 percent for pharmacists.

The structure and culture of NMMC can be traced back to their open communication system. Because safety is the top priority in every department, open communication is a must. Traditional health care silos are broken down and are organized into specialty sections that optimize multidisciplinary teamwork. Data is readily available to almost anyone who requests it, which results in constant checks to make their practice error-free. They have an integrated electronic medical record across hospitals, clinics, and the community. They even have a TV studio inside the hospital that broadcasts health tips or reminders for the employees of the hospital.

So, how exactly are they “relentless”? NMMC is relentless in that they are always looking for new ways to improve. Each year, NMMC sets priorities; this year the top priority is hand hygiene. Joe McCannon, Cory Sevin, and I were able to watch employees participate in a hand sanitation lab for the employees. Upon completion, the employees got to choose a prize.

Staff members also carry cards that describe their individual performance goals in relation to their department goals and to the organization’s strategic plan. Each person has the opportunity to understand their impact on and role in the big picture, which contributes to the self-described family atmosphere in the hospital.

NMMC has also gotten involved in the community. Joe, Cory, and I attended a Health Fair, with a very large turnout, including eye exams, flu shots, Tai Chi videos, a moon-bounce, and balloon animals. The dedication to make the health fair a good place to take the family on an afternoon was tremendous, and really embodies what health care across America could be one day.
I would like to personally thank Dr. Davis, Joellen Murphee, and everyone we met at on behalf of all of us here at IHI. Their willingness to share, along with their hospitality, friendliness, and overall attitude, made a great learning experience a great personal experience as well. This hospital shows that actions speak louder than words, and their actions have paid off.

-- Alex Greenland

**Thursday, November 1, 2007: Sooners follow surgical best practices to a "T"**

IHI Director Fran Griffin, Staff Accountant Jillian Atkinson and I accompanied members of the Oklahoma Foundation For Medical Quality on a visit to OU Medical Center (OUMC) in Oklahoma City, the state capitol. Together, we witnessed the pride shown by this esteemed academic hospital when it comes to improving their surgical processes. As the only Level-One Trauma Center and Joint Commission-certified Stroke Center in the state, OU Medical Center handles a huge volume of surgical patients. The hospital works hard to comply with each of the measures in SCIP.

For example, in addition to giving anesthesiology responsibility for administering the antibiotic within an hour of incision—a strategy we have seen in many successful hospitals—OUMC has also done a thorough job of educating their medical students on the importance of the measure; furthermore, the hospital uses standard order forms for the antibiotic, has pharmacy send the first preoperative dose immediately (regardless of surgery type), and uses blinded physician data in order to foster healthy competition between departments. As a result, OUMC has seen their compliance on timely administration of the preoperative antibiotic fall within the top 10th percentile for US hospitals in 2007!

OUMC attributes their success this year to five components: systems improvements, accountability, feedback, physician leadership, and interdisciplinary collaboration. These leaders will have loads of tips and tricks to pass on to other surgical centers, large and small, in the coming months.

-- Jonah Borrelli

**Thursday, November 1, 2007: Making the business case for quality in New York**

Overlooking kayaks and foliage at the New York Athletic Club in Pelham, IHI’s Executive Director of Performance Improvement Bob Lloyd and I had a great Fall Harvest visit in New York. We were graciously invited to attend New York-Presbyterian’s 8th Annual Quality Symposium. With 312 attendees from over 100 hospitals in the NYC region discussing the business case for quality, we harvested quite a bit. Bob had the privilege to be one of the storyboard judges for the event. With 64 submissions (including a New York-Presbyterian storyboard accepted for the IHI National Forum in December), he had quite a task to sort through all the great presentations.
While at the event, we were both able to meet with the folks behind the storyboards as well as key members of the Healthcare Association of New York State. We heard some wonderful presentations that ranged from the “quality-conscious consumer” to sports analogies of transparency and statistics in health care. The two winning posterboards were submitted by Stamford Hospital (“Improving Patient Safety through Better Environmental Cleaning: An Opportunity to Reduce the Risk of Hospital-Acquired Infections”) and Vassar Brothers Medical Center (“Capturing Opportunities Required for Excellence (CORE)”).

This was a great chance for us to learn about the stellar quality culture in the NYC area. Seeing the New York Halloween Parade the night before put the whole trip over the top!

-- Katie O'Rourke

Thursday, November 1, 2007: Notable numbers in Nampa, Idaho

In Nampa, 20 miles west of Boise and the second largest city in Idaho, Mercy Medical Center (MMC) demonstrates its commitment to quality care and patient safety every day. Campaign Project Coordinator Christina Gunther-Murphy and I – along with Idaho Node partners Jane Burgman from Qualis Health, Nanette Hiller from the Idaho Hospital Association, and Blue Cross of Idaho representatives Andrew Baron, Brenda Vanden Beld, and Zelda Geyer-Sylvia – were welcomed by Mercy staff with smiling faces and alcohol gel dispensers at every turn!

Ryan Lund, Director of PI and Case Management at MMC, introduced us to about 30 folks from Mercy including physicians, nurses, quality managers, board members and CEO Joe Messmer. They shared very impressive results including 100% compliance with all the CHF measures for 20 months! Staff attributes part of this success to the implementation of concurrent coding, a process by which Case Managers receive a work list detailing patients admitted to the hospital with CHF. All patients are coded within two days of admission which allows the Case Managers to make sure patients receive all CHF care measures before being discharged.

If you ever happen to visit Mercy Medical Center, you might hear a “Code 90” page over the intercom. Ask anyone what that means and – because of hospital-wide education – any staff member will be able to tell you that a “Code 90” is a page that mobilizes a designated team to transfer a patient experiencing an ST-elevated MI to the cath lab. At Mercy, staff reviews every AMI case and work as a team to make every step from the ER to the cath lab as efficient as possible. This may be why they had the best door-to-balloon time in Idaho in 2006!

Seen on promotional posters in the hallways:

When there’s something strange and it don’t look good
Who you gonna call? Rapid Response Team!
If your patient’s not responding like you think she should
Who you gonna call? Rapid Response Team!

The Rapid Response Team at MMC has been very successful. MMC had 49 Rapid Response Team Calls in 06-07, at a rate of 6.31 calls/1000 discharges. The Team can be activated by anyone from housekeepers to family of the patient, and thrives through creating an atmosphere of teamwork and trust.

Thanks to Mercy Medical Center for an impressive Fall Harvest visit!

-- Jordana Pickman

Thursday, November 1, 2007: Riding the Improvement Wave at Queen’s Medical Center, Hawaii

Aloha from beautiful Honolulu, Hawaii! Ninety-degree weather, ocean breezes and soft rains welcomed me to Queen’s Medical Center. Immediately after their Medical Executive Committee meeting, physicians and staff stayed to present some of their great work. The staff from the Emergency Department, cath lab and critical care, along with key physician champions, told me of their work in two areas: reducing door-to-balloon times and VAP prevention.

The development of the "Code STEMI" team at Queen’s was a great model for process improvement. Great tests of change and the standardization of processes amazed me! Upon review of the timeline for
getting a patient to the cath lab, several hindrances were noted and processes put in place to shave off valuable minutes, including:

- A “STEMI alert box” that saves staff from spending valuable time gathering equipment to start IVs, write orders, etc. This small red tackle box from Sears (see Picture) contains orders and a flow chart along with the supplies. This shaved 8 minutes off their door-to-balloon time, and the staff loves it!
- The meds on the orders are packaged together as STEMI drug kits in the med distribution system, so the staff can enter a possible STEMI patient into the system and grab all the meds in one trip.
- Their clipboards have a stop watch (counting down from 90 minutes) to allow the use of the same clock for documentation of all interventions and to keep staff aware of how much time has ticked away since the patient arrived. (picture)
- To facilitate smooth transfer to the cath lab, they cross-train their ED staff and cath lab ancillary staff.
- Segregation of possible MI patients in a special area of the ED close to triage.

Also, Queen’s has been focusing on VAP prevention for about five years. The critical care staff and the respiratory therapy department have worked together to standardize processes and supplies. The result is a more than a 75 percent decrease in VAP rates.

I was also invited to observe a debriefing event in the OB department. It was a great learning exercise. Staff involved in the case – both nursing and physicians – were present. Hawaii Node leader and Queen’s anesthesiologist Dr. Della Lin facilitated the discussion and great opportunities for testing new processes were identified. I was so impressed with the transparency, the encouragement and the desire to improve the process for all patients.

-- Kathy Duncan

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Friday, November 2, 2007: Pediatric Pressure Ulcer Prevention Pervades in the Peach State

An early November day in Atlanta felt like a bit of late summer to those of us from the Northeast! We had the pleasure of visiting the Scottish Rite campus of Children's Healthcare of Atlanta (CHOA), where a large group welcomed us to tell their story of pressure ulcer reduction. This was a unique learning opportunity for us as our content is based on the adult population and it is a common misconception that children are not at risk for pressure ulcers, even among those who care for children, as we learned.

With little in the way of literature and guidelines for this in pediatrics, CHOA ventured down the path of innovation, using two years of their own data that clearly indicated a need. The passion was apparent, as Marie Sosebee (their Wound Nurse) and Carrie Silver (Senior PI Consultant) described their work; it was further evident that the enthusiasm was shared as nearly everyone jumped in to share some aspect of their excitement about what had been achieved. CHOA had a baseline of 7.5 percent pressure ulcer incidence back in October 2005; their improvements have led to an average of 3.4 percent sustained for one year - quite impressive! Taking the IHI How-to Guide for Pressure Ulcers, and at the request of our
"sister organization," the National Initiative for Children's Healthcare Quality, CHOA developed a pediatric version which is publicly available on the NICHQ website. This superb document summarizes all of the lessons CHOA learned in developing standard risk assessment scales, educating staff and parents, and building the process changes into their daily routine. They have great examples of reliability concepts: standardization of scales to prevent staff confusion, standardization of products to ensure consistency, and computer calculation of risk score with prompts on recommended treatments.

We toured the hospital and saw the improvements in action out on the front lines. It was a great visit and we were thrilled to learn so much about this really innovative work to improve care for some of the smallest patients.

-- Fran Griffin

Friday, November 2, 2007: Turning crisis into opportunity at Clarian Healthcare, Indiana

This is IHI Fellow Pinckney McIlwain writing from Indianapolis where Joe McCannon and I visited Clarian Healthcare. From our initial reception by Betsy Lee, Director of the Indiana Patient Safety Center (and old IHI'er), and Cathie Pritchard, Health Care Excel (the Indiana QIO), to the new ideas, success stories, and even failures we learned about, the hours seemed like minutes.

I was particularly moved by the open and honest discussion surrounding the heparin incident slightly more than a year ago. This organization has taken a heart-wrenching event and made it into a vehicle that has accelerated intent and motivation for change. To a person, all present spoke to the power and presence of their CEO, Mr. Dan Evans, and Methodist Hospital President, Mr. Sam Odle, during this crisis exemplifying the importance of leadership in the quality and safety journey.

As you might imagine, high-alert medications provide rich opportunities for improvement at Clarian. Quite unique and very exciting is the development of insulin and heparin dosing tools. These tools are available to staff via their computer system and have markedly reduced errors in dose calculation, timing of administration, and – with insulin – has enhanced tight glycemic control with significant reductions in episodes of hypoglycemia.

Another notable achievement was the development of a community-wide MRSA database identifying individuals known to be positive and making that information available across health systems, even among competitors. Consider the possibilities this kind of collaboration could achieve for other thorny problems involving information exchange like medication reconciliation!

Quality of care as an organizational “Big Dot” was clear. Dr. Sam Flanders, Senior VP, Medical Quality, shared the Clarian Quality Matrix including many of the measures Clarian uses to achieve transformational performance. Clear focus on execution was apparent. Transparency was a means to achieve desirable outcomes.

I was also impressed with the commitment to staff training and development. Dr. Flanders shared the Clarian Preeminence Seminar, based on the IHI Model for Improvement. This is required training for all managers. The organizational goal is for 25 percent of front line staff to attend. In this way, Clarian achieves concept spread throughout a large organization with a central quality staff of only seven people. Amazing! I plan to “steal shamelessly.”

My take away from this meeting is that leadership supporting the development of a strong foundation associated with dedication and commitment from staff sets the stage for becoming a high performing health system. My hat is off to Clarian!

-- Pinckney McIlwain

Friday, November 2, 2007: Teamwork, Collaboration, Will

Blount Memorial Hospital in Maryville, Tennessee has a team that isn’t afraid of tackling the Campaign’s ambitious interventions. IHI Director Marie Schall and I were greeted by two excited members of the Tennessee Node who joined us for this visit and were eager to share what Blount (pronounced blūnt) Memorial has accomplished.

Upon our arrival, we entered a crowded conference room where they had prepared storyboards of their PDSAs on central line infections and MRSA. Their storyboard on SBAR has to be the most creative use of a
NASCAR driver to prove a point! Kyle Petty’s quote, “My team makes a difference in a safe trip around the track,” demonstrated Blount’s ability to relate the community’s love of race car driving to a vital message on safety. It is this simple, yet effective method of communication that has helped this hospital in their efforts to reduce MRSA and prevent central line infections. Communicating with staff and families about infections could have been a difficult feat, but simple and concise pamphlets have proven to be quite successful.

The visibility of Blount’s leadership was clear as two board members joined us as well as Dr. Dick Evans, the hospital’s medical director. It speaks volumes that these individuals were able to attest to the great work and dedication of their staff. We’re all familiar with stories about the challenge of engaging hospital boards and leaders, so it was truly amazing to see with my own eyes how special Blount’s leadership makes them. Marie posed questions about keeping staff motivated and the difficulties the hospital has faced. Dr. Evans and his colleagues were honest and shared how their work is ever evolving, but so rewarding.

This group is also working with eight other hospitals in Blount County to provide better care for the community and it was heartwarming to hear the genuine sincerity in their stories of working to prevent harm to patients. I’m not sure if it’s the beautiful scenery or the fresh air in eastern Tennessee, but I only wish all hospitals could be as devoted and enthusiastic as Blount!! We’ll keep our fingers crossed for you to become a Campaign Mentor Hospital!

-- Afiesha Balgobin

Friday, November 2, 2007: Quality is what happens at the bedside

"Quality is what happens at the bedside" is the pervasive cultural attitude that Fall Harvesters Jim Conway and I found at St. Rose Dominican Hospital in Henderson, Nevada. We were impressed the moment we entered the Siena campus – surrounded by faith-based healing messages and greeted by friendly, welcoming faces. The commitment to quality was ever-present. Seemingly everywhere we walked, there were posters recognizing providers for their quality contributions, quality data transparently presented, and opportunities and encouragement to disinfect hands. This is an organization deeply committed to doing what is best for its patients, to measuring its progress, and to celebrating its successes.

We were warmly greeted by Deb Winiewicz, Director of Quality Management System, and joined by Jackie Buttaccio and Debra Huber from HealthInsight (the Nevada Node). Dr. Stephen Jones, CMO, and about a dozen other frontline staff members joined us in the boardroom for a rich discussion about the hospital system and its quality journey.

We focused primarily on two topics: initiatives to prevent sepsis and increase patient satisfaction. But our discussion covered lots of ground, including core values, board involvement, physician engagement, activating nurses, project prioritization, efficacy of measurement, and preventing pressure ulcers. This group takes great pride in their work and accomplishments, but also recognizes there is still much to do.

St. Rose Dominican is also an organization with a deep commitment to measurement and the sharing of data and dashboards across the organization and with all staff. Our only grievance was that there was so much measurement that the binder of data we were given was difficult to carry home in our little suitcases!

Most powerful concepts: Nursing “bundle” (hourly rounds, individualized care planning, bedside reporting and handoffs, discharge planning calls) and the "Get Well Network" (a set of tools for achieving patient satisfaction and service recovery, including extensive bedside education resources clinicians can "order" for patients and real-time patient satisfaction review).

Thanks for a great visit...wish we had a better experience in the casinos!

-- Jonathan Small
Friday, November 2, 2007: Improving by leaps and bounds at Alleghany Regional Hospital, Virginia

This is Northeastern University co-op student Chris Cassorio. Katie O’Rourke and I had a scenic drive through the mountains and valleys of rural Virginia en route to Alleghany Regional Hospital (ARH), a 190-bed facility in Low Moor. Our hosts greeted us at the door with excitement.

During a brief lunch, we attended a presentation on core measures by Dr. Sallie Cook from the Virginia Health Quality Center. We met a number of people from ARH, including their nurse managers, quality team members, and the CNO, CEO, and CFO.

ARH has developed an effective Rapid Response Team, provides top-notch AMI care, added to the ventilator bundle, does great work in identifying and isolating MRSA and C. diff, and is implementing a strong hand hygiene campaign. The ARH staff eagerly presented us with a binder of information detailing their strategies and results for the 12 Campaign interventions and expressed their willingness to share their successes with the whole health care community.

The goal of CEO Tim Tobin – and the entire team at Alleghany – was to initiate a culture change to transform quality quickly and effectively. All the hard work has paid off for ARH as they have improved their core measure scores from the 50th to the 95th percentile in the past 24 months.

It was great to see how excited Alleghany was to embrace the Campaign interventions. Their willingness to collaborate with IHI and other hospitals to change and move forward is amazing. This hospital has clearly worked hard to improve its operations and – more importantly – maintain its excellent reputation within the community.

-- Chris Cassorio
Friday, November 2, 2007: Patient-centered culture at the Phoenix Indian Medical Center

Another first-time visit to a major US city for your faithful narrator, and my last Fall Harvest hospital stop this week. For today’s trip to Phoenix Indian Medical Center (PIMC) in Arizona, a 127-bed hospital serving the regional Native American communities, I was joined by IHI’s Siobhan Moran and Anna Roth. Luckily for me, both of my fellow Harvesters have some relevant background: Siobhan is the IHI liaison with the Indian Health Service (IHS) with which PIMC is affiliated and – in addition to being a Merck Fellow at IHI – Anna works at Contra Costa Regional Medical Center, a hospital in northern California that is similar to PIMC in size and setting, and – as we found out – faces many of the same resource challenges.

To begin the day, Dr. Charlton Wilson, COO of PIMC, welcomed us and introduced us to CEO Dr. Vince Berkeley and Area Director Don Davis, who provided some background about PIMC, the IHS, and the local history, including some of the difficulties facing the Native American communities in the area. Drawing from a wide geographic area, PIMC serves a huge portion – one third – of all IHS patients; their outpatient services saw 260,000 patients last year. One point that stuck out – and was indicative of the overall patient-centered culture there – was that because their patients often do not have any other options for health care, PIMC staff feel an acute responsibility to provide them with the best possible care. In other places, lack of competition might be an excuse for relaxing quality standards, but here it has the opposite effect.

Next, hospital staffers walked us through a few of their notable programs. First, we saw how PIMC is using an intranet to track and present performance measurement data – including run charts with statistical process control data – making their results easily accessible to front-line staff involved in the improvement work.

We then heard about PIMC’s amazing medication reconciliation work. PIMC has achieved almost 100 percent reliable medication reconciliation throughout the inpatient stay, and because of a shared IT infrastructure, has connected this process with outpatient and primary care settings as well. Anna, knowing the challenges of implementing med rec in a similar setting, was particularly impressed with the fact that staffed pharmacy space exists on each inpatient floor, which allows pharmacists to be available for real-time corrections or changes needed when updating the Medication Administration Record (MAR), ultimately allowing the MAR to be used reliably as a medication care plan rather than just a documentation tool. The pharmacist we met later on the floor tour confirmed that the pharmacists see med rec as a core responsibility, which is one of the key reasons for the program’s success.

We also heard about PIMC’s infection control (IC) work. My favorite bit in this area was the IC department’s approach to maintaining proper hand hygiene through a clandestine network of “spies” that keep track of missed hand-washing opportunities within departments. The great innovation is that, through a system of constant rotation, everyone eventually becomes a “spy,” and so – along with the light atmosphere cultivated around this process by the IC leaders – the program has never veered toward the sinister or paranoid and simply serves as a constant reminder for vigilant hand hygiene practices.
We heard about several other programs as well – improved pressure ulcer care, work to reduce ventilator-associated pneumonia and central line infections, and MRSA screening and isolation – and we toured the inpatient and primary care facilities that share space on site. To top it all off, we headed down the road to a local (South Asian) Indian restaurant for the standard all-you-can-eat lunch buffet.

Improvement has never been so delicious.

-- Andy Hack Barth

Friday, November 2, 2007: From Caterpillar to Healthcare

The day began early, so early that the night shift was still on duty at the hotel, coffee wasn’t yet available and there was some confusion over whether we were checking in or checking out. For an 8:00 AM meeting a three-hour drive away, you need strong coffee and a fairy godmother a/k/a Pat Merryweather, VP of the Illinois Hospital Association, a partner in the Illinois Node. Pat arrived with a large smile and a large car to whisk IHI’s Manager of New Product Development Janice Gagnon, Central Region Field Coordinator Jonah Borrelli and I from Chicago to central Illinois.

By the time we reached Decatur Memorial Hospital (DMH), the sun had come up and we could see the heavy frost on the cars. No matter. Our welcome from the DMH executive team (including CEO Ken Smithmier, COO Tim Stone, Vice President Quality Management Dr. Michael Zia, Vice President and Chief Nurse Executive Linda Fahey, and CFO Gary Peacock) was very warm.

The executive team spoke, with pride and honesty, of the journey to change the culture of their organization, from “push from the top” to “pull from the bottom.” The initial learning came from Caterpillar – the manufacturing company and largest local employer – that had achieved impressive results after changing its corporate culture. The DMH team wanted to transform their hospital in the same way, so Ken asked the Caterpillar plant manager to talk to the hospital board. They then brought consultants from the Pacific Institute on site to instruct 30 trainers and provide four days of training for all 2,000 physicians and members of the staff and board.

Their aim was to be an organization which excelled because of the values which shaped the hospital. They wanted to employ people with the right strengths, then encourage and support those staff to make decisions, implement changes and not to settle for the minimum standard. Tim and Linda spoke of the strengths and behaviors which the organization values. Ken spoke of defining “the what not the how,” and Mike talked about not limiting the aspirations of the staff and enabling them “to be a better version of what they already are.”

Where are they now? DMH was the first hospital to publish a report card, they have no outside temporary staffing and do well on Medicare core measures. The Model for Improvement is part of core hospital business, the strengths valued by the organization are built into pre-hire processes, managerial assessment, practice development and leadership development. DMH has developed their own two-day curriculum which they use internally and are hoping to share with other hospitals.

What were our impressions? There is real ongoing commitment here, difficult decisions have been made, some staff have moved on, others have changed roles. This is not seen as an improvement project; it is a way of working which in turn encourages and enables staff to deliver better care. It is certainly a team with a great story to tell and IHI can help them tell it.

-- Susan Went
Monday, November 5, 2007: Giving families a voice at Children's Hospitals and Clinics of Minnesota

Fall Harvest is winding down, and just in time as Minnesota’s infamous winter approaches. IHI Director Diane Jacobsen, Central Region Field Coordinator Jonah Borelli and I were warmly welcomed at Children's Hospitals and Clinics of Minnesota, as we arrived amidst swirling snow flurries. We spent the afternoon hearing from a number of people including staff, the Minnesota Hospital Association, and Stratus Health. Topics of discussion included cystic fibrosis outcomes, pediatric pain and palliative care programs, Rapid Response Teams, getting Boards on Board and engaging patients and families.

After learning about these quality improvement efforts, we toured the facility. We started off on the seventh floor to get a sense of how the hospital was originally designed. The majority of the rooms had two or four beds and the nursing station spanned the middle of the hospital floor. Our next stop was the third floor to get a glimpse of how the impending hospital redesign would look and feel. The hospital’s Family Advisory Council has been very involved in planning the hospital expansion and Tessa Billman – the Council’s chair and passionate mother of two – explained how each room will be converted to singles, and outside of each room will be a nursing station allowing more convenient access to nursing staff.

Personally, the most powerful part of this visit was witnessing the strong partnership that exists between the Children’s staff and the patients and their families. It was incredible to hear the voice that families have and how medical staff truly listen and respond to the feedback parents offer. Tessa Billman told us the compelling story of the first time she got up in front of a board meeting three years ago and described experiences she’d had with her disabled daughter. The president and CEO of Children’s pulled her aside afterward and asked for the text of the story she shared so he could send it as a memo to all Children’s staff, and ask them to come up with solutions to the issues Tessa’s family experienced.

Children’s works hard to engage their board of directors in quality improvement. When members join Children’s board, they are required to be on the quality and safety committee their first year. Also, the board chair also serves as the chair of the quality and safety committee.

We have a lot we can learn from the work happening at Children’s and are grateful for the time they took to share it with us!

-- Greta Retterath

Monday, November 5, 2007: Maine Medical Center - Another New England champion

This is IHI Event Coordinator Ilenna Elman reporting from Maine. It was a perfect New England autumn day with crisp air, a bright blue sky, and beautiful foliage as Eastern Field Coordinator Katie O’Rourke, IHI Fellow Karen Metzguer, and I drove to Portland. While our lunch of delicious clam “chowdah” certainly lived up to our expectations, our Fall Harvest visit to Maine Medical Center (MMC) exceeded them.
New Campaign field team member Dr. Eric Dickson, from Iowa, joined us at MMC where we were welcomed by about 25 people. In the room were physicians, nurses, and pharmacists in various positions from management to department chiefs to staff clinicians. In addition, several representatives from other Maine hospitals – including competitors – were present to hear about MMC’s great work.

Dr. Chris Wellins began our meeting by announcing MMC’s goal to be “as successful as the New England sports teams.” (Go Sox, Pats, Celtics and Bruins, in case the reference wasn’t clear!) He went on to outline the background and results of their medication reconciliation work. MMC started this initiative in 2005, when a dedicated team looked at the Joint Commission’s National Patient Safety Goals for 2006. In MMC’s design, physicians are held accountable for completing the reconciliation. Some of the challenges they have faced in this work included engaging a large staff (many of whom are not hospital employees) and a lag in technology with electronic solutions still on the horizon. Nonetheless, MMC has increased their compliance over the past two years from 43 percent to 78 percent by emailing weekly reports and scorecards directly to clinicians, getting the department chiefs actively involved, and sharing stories of providers catching instances where reconciliation did not happen. MMC’s increasing engagement can be attributed to their emphasis that the goal is not to merely reconcile medication for the sake of doing so, but to prevent errors and protect patients.

Following Dr. Wellins’s presentation, the group had an informal conversation, including descriptions of MMC’s other successes, including a Rapid Response Team that lowered the number of non-ICU codes from 17 per month to three or four a month; a below average door-to-balloon time they attribute to allowing Emergency Medical Services to activate the lab; surveillance and in-room cleaning services that have helped reduce drug-resistant organisms from seven infections per month to one since August 2007; and a dedication to the Boards on Board Campaign plank by starting every board meeting with a 30-minute curriculum sharing harm stories. These improvements have come with challenges, but the culture at MMC is supportive: leadership is continuously striving to better assist the frontline workers, and there is a unique level of trust amongst doctors and nurses.

Throughout our visit, it became evident how committed everyone at MMC is to making quality improvements and providing the best possible care. While there may not be a World Series to win, Maine Medical Center is certainly championing safer health care.

-- Ilenna Elman

Monday, November 5, 2007: Team Empowerment is Key to Successes in Maryland and Washington, DC

Greetings from IHI Systems Analyst Virginia Vance, and R&D Research Assistant Nichole Willy! After a crab cake dinner overlooking Baltimore Harbor and a good night’s sleep in a quirky art deco hotel, we set off through the heart of Baltimore with IHI Director Frank Federico and National Campaign Field Manager Jennifer Chi for Mercy Medical Center. When we arrived, we were greeted by IHI Board Member Ruby Hearn; our colleagues from Delmarva, NQF, and CareFirst BlueCross BlueShield; a warm plate of biscuits; and room full of smiling faces.

At Mercy, we heard about their improvement processes addressing infection prevention (including MRSA, VAP and BSI), medication reconciliation, and – most notably – about how staff in the ICU flock to the 15-minute weekly “Discovery & Action” huddles. These facilitated creative discussions keep everyone, from the head of the ICU to the housekeeping staff, excited about improvement!

From Baltimore, we drove to DC, miraculously managing to avoid traffic! We arrived at the bustling campus of Washington Hospital Center (WHC), a large hospital in the MedStar Health System. At WHC, multidisciplinary teams are key to achieving their goals around Rapid Response Teams, achieving excellence in cardiac care, and preventing central line infections. Additionally, the Performance Improvement Committee structure systematically involves senior leadership in their quality initiatives. We were also greatly impressed with their dexterity at using data to identify their most and least effective changes, and to drive improvement. Consequently, the average response time for a Rapid Response Team is 3 minutes and 58.9 percent of patients stay in a room after the Rapid Response Team is activated! Central line infections at WHC have also decreased significantly in the ICU, through the use of PDSA cycles to create an “opt-out” CLI check-list that enforces compliance with Core Measures. Next, the CLI team is expanding their project to include non-ICU units. Downstairs, the Simulation Center was alive
with activity. The Center is busy teaching all their physicians the standard protocol for putting in central lines, so – by this time next year – everyone at WHC will be very well acquainted with Mr. SimMan!

The overarching themes of the day were empowerment of all team members and leveling the playing field. Both sites have made huge strides in involving the whole hospital community in improvement, from the CMOs to the receptionists and transport staff. At Washington, nurses are the champions of the Rapid Response Team, and at Mercy, the RNs keep everyone on task with their central line insertion checklist.

We can’t wait to hear more from these great sites as they continue to learn and spread their great work!

-- Nichole Willy and Virginia Vance

**Tuesday, November 6, 2007: Success Takes a Strong Team with Even Stronger Leadership**

On a cold and rainy New England day, five members of the IHI family (Don Berwick, Kate Bones, Samantha Henderson, Jesse McCall and I) braved the elements like a group of mail carriers working overtime to reach our destination of the **UMass Memorial Medical Center** in Worcester. Our visit began with an invitation to sit in on the hospital’s Clinical Performance Council where we were introduced to System President and CEO John O’Brien, UMass Memorial President Walter Ettinger, MD, several clinical department chairs, and members of the senior management team. During this meeting, leadership talked about the hospital’s dramatic changes in their approach to quality improvement. After determining that their cardiac surgery mortality rate was unacceptably high, they worked to completely revamp their quality and safety department, cardiac surgery department, and intensive care units. In addition, board engagement with issues of quality and safety are now a primary focus of the system’s CEO.

Our next stop was the cath lab, where we met the multi-disciplinary team working to improve door-to-balloon times including staff from pharmacy, the ED, cardiology, and the lab. The path to the cath lab was easy to find as the hospital has created a visual cue (a thick red line painted on the wall leading from the ED entrance to the lab) for EMTs to easily and efficiently reach their destination. The level of teamwork was evident. What was equally as impressive was the amount of community education being done on recognizing STEMI patients through the training of the police and fire departments and all first responders. The primary goal of this effort is to speed the activation of the cath lab upon arrival of each patient. These concerted efforts have greatly reduced the hospital’s door-to-balloon time. (We heard UMass Memorial’s shortest door-to-balloon time to date was 12 minutes!)

We also visited the recently constructed Lakeside 3 ICU where we learned about the use of EICU remote video support. This new technology provides 24-hour video monitoring of patients and support to bedside caregivers, and allows continuous opportunities for review and improvement.

As we departed, Don asked ICU Director Dr. Richard Irwin to share his thoughts on what factors contributed to the strides being made at the hospital. He responded with three things: the strong leadership of their CEO John O’Brien, teamwork, and holding people accountable.

Needless to say, there truly is no ‘I’ in teamwork, or in UMASS Memorial Medical Center, except for the two in "memorial" and "medical" but you get my point!

-- Betty Amoah

**Tuesday, November 6, 2007: St. Clair Hospital, Pittsburgh, PA – A large hospital with a community feel**

We set out for **St. Clair Hospital** in Pittsburgh on a bitingly frigid, blustery morning, but the welcoming reception we received upon our arrival warmed us up in no time. We were introduced to a large group of excited people from all sectors of the hospital and began learning about some amazing improvement work in medication reconciliation, fall prevention, and MRSA reduction.

The team that led the medication reconciliation initiative developed a nifty tree diagram visualizing the reconciliation process. In addition to consulting with clinical staff, the team interviewed key stakeholders including patients and families, skilled nursing facilities, and other care providers in preparation for a new system. Using an electronic medication reconciliation form developed by St. Clair’s IS department, there has not been a medication error in over one year and patient handoffs have simplified tremendously. With the electronic form, completing the previously lengthy discharge process now only takes three clicks! St.
Clair has also created an easy way for a patient to track their current medications using a convenient fold-out wallet card. The hospital has put considerable effort into encouraging adoption of the card in the community.

St. Clair has also made great strides in preventing patient falls by standardizing equipment, processes and communication. One of the precautions developed by the team is giving red slippers to patients especially at risk for falling so they can be easily identified and assisted by anyone who sees them, including environmental staff and other non-clinical hospital workers.

Safety is a priority in the minds of St. Clair’s entire staff, not just doctors and nurses. They have achieved 100 percent compliance with hand hygiene and other MRSA reduction measures in twelve of their departments and the others are not far behind! To top it off, St. Clair has seen only one VAP and one BSI in the last 16 months. What was also impressive was the outstanding communication among staff for such a large hospital.

St. Clair services over 300,000 residents in 20 communities in Pittsburgh, but they manage to maintain a community feel. It was truly an enriching and incredible learning experience and the hospital staff’s dedication to patient safety was truly touching.

-- Julie Buchik and Nathalie Desrosiers

**Tuesday, November 6, 2007: The “status quo” is not good enough at West River Regional in North Dakota**

Greetings from IHI Director Diane Jacobsen! I had the pleasure of traveling west-southwest from Bismarck to West River Regional Medical Center in Hettinger, North Dakota. Our colleagues from the North Dakota Node met me at the airport and – after stopping for lunch to sustain us – we embarked on a beautiful three-hour drive. It was a sunny autumn day and pheasants were everywhere. (Unfortunately for these beautiful birds, the state was in the midst of pheasant hunting season!)

When we arrived, West River Regional’s CEO Jim Long, CNO Barb Stadheim, and QI Manager Dana Andress provided a tour of their critical access hospital. They were excited to show us the plans for the renovation/expansion currently underway at the hospital. The expansion will provide updated and additional surgical services space that will enhance care and separate the inpatient and outpatient surgical streams.

After completing a full day at the hospital, West River Regional’s CEO, CNO, medical staff, board members, quality and hospital staff were kind enough to describe their quality journey at a dinner meeting. “Quality was important to us before it was fashionable,” they stated. They emphasized that the “status quo is not good enough.” Throughout the visit, the level of commitment and focus on quality was clear with a strong focus on care for persons with diabetes, reducing the risk of surgical complications and strong teamwork and communication to respond to patients needs quickly.

They described their ongoing efforts to engage their board and community in building partnerships. Their dedication to providing top-quality health care to their rural population is amazing: the medical staff travels 50-100 miles daily to round at outlying satellite clinics and provide secondary care at the hospital. “[The Campaign has] your 5 Million lives,” they said. “We have our 25,000 lives.”

We have a great deal to learn from the ongoing work at West River Regional Medical Center in their steadfast commitment to providing quality care to rural North Dakota.

-- Diane Jacobsen
Tuesday, November 6, 2007: Improvement never ends at Mercy Medical Center in Iowa

After a 4:00 AM wake-up call, I met my bleary-eyed travel companions – IHI Director of Marketing Katy Dowd, Senior Engineer Andy Hackbarth, and Executive Vice President and Chief Operating Officer Maureen Bisognano – at Logan Airport. Off to Iowa we went, where amidst the ubiquity of tall corn and “field(s) of dreams,” we found Mercy Medical Center in Des Moines, a dream unto itself.

We knew that Mercy had attained tremendous success before arriving, but once we got there, we saw just how far they had come. They are achieving greater than 95 percent Perfect Care for AMI, haven’t had a single case of VAP in their cardiac ICU within the last 27 months, and have reached door-to-balloon times of under 60 minutes for cases in a 60-mile radius. Mercy runs the largest emergency department in Iowa and just reached the greatest number of births in a month this past October (450) in Mercy’s history.

Their clinical success, however, was only the beginning of the story.

Greeted by VP for Performance Improvement Dan Varnum and Tom Evans of the Iowa Healthcare Collaborative, we heard more about Mercy’s story of improvement. Dan identified Mercy’s greatest transformation as their development of a culture of safety. By changing the attitudes of leaders and team members, they found they were able to work cooperatively to achieve sustainable results. To help to align their work and maintain a uniform focus, they now perform multidisciplinary rounds, arrange doctors and nurses into pods in the emergency department to facilitate improved communication flow, and practice daily goal setting in the ICU. From board reports to quality measurements and statistics, Mercy is also working to make their practice increasingly transparent.

While they have found success in engaging teams of providers, what was also astonishing about Mercy was their focus on the patient and family. In a newly renovated facility, Mercy has designed their patient rooms to accommodate family members by including couches, desks, and internet connectivity. After observing an eye-opening catheterization procedure, the patient’s family was brought in immediately. Mercy doesn’t believe in restricted patient visiting hours and it’s this commitment to the patient that really impressed us.

What surprised me most, though, happened on our ride back to the airport. Clinical Safety Coordinator Monica Gordon described how she felt that Mercy still had so far to go. This hospital – which had achieved so many great clinical outcomes and created a community where their employees received everything from Turkeys at Thanksgiving to flu shots in the fall (we got one too!) – seemed to be at the top. However, this desire to constantly strive for better was a display of the true engagement of Mercy’s staff in the improvement process. Campaign or no Campaign, they intend to continue their work in quality improvement. There’s no better campaign statement than that.

-- Meredith Kimball
Tuesday, November 6, 2007: The Show Me State shows IHI how their perinatal improvement is done

The team from St. John’s Hospital in Springfield lived up to the reputation of Missouri as the Show Me State by showing us how Campaign hospitals are taking on improvements beyond the Campaign interventions. In this case, it was reducing harm by improving perinatal care. We could tell right away we were at a hospital that had all the ingredients for success: every key member of the team met with us, including the medical director of OB, senior administrators, nursing leadership, performance improvement representatives, and the director and staff members from the OB department.

During the presentation and discussion, our hosts described the importance of having an open dialog with physicians. The medical director explained how she was able to present strong clinical evidence for the changes to the physicians while at the same time listening and involving them in how the changes would be tested and implemented. They stressed the importance of setting a pace and consistency in the work through regular weekly meetings of the entire team. We also heard about their efforts to spread the changes at St. John’s to other hospitals in their system through tours, site visits and webcasts. While on a tour of the OB department, we met two of their star “patients”: the simulation “mother” and “newborn” they use as part of their staff education program.

Thanks to the St. John’s team for a great visit and for all your hard work with improvement!
-- Marie Schall
Tuesday, November 6, 2007: Making higher standards the standard at Self Regional Hospital, South Carolina

From the moment we arrived at Self Regional Hospital in Greenwood, South Carolina, Joe McCannon and I knew something special was happening. “Manicured” understates the beauty of the grounds. “Immaculate” comes closer. The grass was emerald green, edged, and almost appeared to have been vacuumed. The attention to detail outside followed us inside where we were graciously welcomed by Mary Margaret Jackson, director of performance outcome services, and members of her staff.

For the next two hours, we were awed by the discussion of the journey Self Regional had taken to achieve ISO certification. Beginning with the pharmacy, Self Regional has now certified a total of four departments including the ED, laboratory, and radiology. But they aren’t done. Next on the agenda is environmental services.

Self Regional President and CEO M. John Heydel has clearly provided the requisite leadership initiative to get this ball rolling. He clearly sees ISO certification as central to Self’s business strategy. He proudly described the bridges ISO has built with members of the Greenwood business community.

I would be remiss if I failed to thank Sonya Dawkins from PHT Services for her support. Dr. Rick Foster and Thornton Kirby from the South Carolina Hospital Association provided us with the broader perspective of the quality movement across the state. Being a native South Carolinian, I have to admit being more than a little proud of what I saw and learned in Greenwood!

-- Pinckney McIlwain

Tuesday, November 6, 2007: Hot Springs County Memorial Hospital, Wyoming – A small hospital getting big results

Our Fall Harvest team (Angela Zambeaux, executive assistant to IHI Senior VP Jim Conway; Dr. Bob Wilmouth, Mountain-Pacific Quality Health Foundation Node representative; and Christina Gunther-Murphy, project manager for the 5 Million Lives Campaign) was greeted in Thermopolis, Wyoming — population 3,172 — by a variety of wildlife including falcons, antelope, deer, and rabbits. The next day, we made our way past the sulfuric hot springs to Hot Springs County Memorial Hospital, a 25-bed critical access hospital with an average daily census of six patients.

From the moment we walked through the doors, we could feel the energy and passion evident throughout the organization. During a brief hospital tour led by Chief Executive Officer Trudy Chittick, it became evident that – from the top down and in all departments, clinical and otherwise – there is a deep commitment to providing each patient with the best and safest care. Presentations by the surgical, nursing, technology, and laboratory services teams, and the board of directors confirmed this dedication. Chief Operating Officer Belenda Wilson summed it up best when she succinctly stated, “Culture eats strategy for lunch.”

The most impressive work was presented by Belenda, board member Dr. Howard Wilson, and Board Chair Ron Jurovich. Their board has not only made a pledge towards safety and quality, they have executed. The board decided that zero falls was the only acceptable benchmark for their organization, and they targeted this aim with resources. As a result, Hot Springs has gone two months without a single fall.

Hot Springs has also gone beyond bringing patients and families who have suffered medical errors at their hospital to board meetings to tell their story. They asked their senior staff to apologize to these patients and relay how their experience is going to change hospital operations. Hot Springs County Memorial Hospital publicly reports their data, demonstrating an impressive level of transparency and accountability to the community. The board of Hot Springs reiterated what was clear from their presentation: their duty is to provide impeccable care for the community and to keep the doors of the hospital open.

The board of directors’ review of data and commitment to improvement was mirrored in Hot Springs’ work on the surgical care measures. We heard from Robin Griffin, who talked about how she worked tirelessly to bring their compliance with surgical measures to 100 percent. Robin and her team collected data on patients for three months after their surgery as the proof needed to convince others that there was no
correlation between discontinuing antibiotics and higher infection rates. Throughout the organization, staff members studied and used data to continue to improve and found every opportunity to "make it easy to do the right thing."

Hot Springs County Memorial Hospital may be small, but they are getting big results!
-- Angela Zambeaux and Christina Gunther-Murphy

IHI's Angela Zambeaux and the team from Hot Springs County Memorial Hospital pause for a photo during the Fall Harvest.

Wednesday, November 7, 2007: Baylor Regional – A star in the Lone Star State

Jonah Borrelli and I visited the team at Baylor Regional Medical Center in Plano, Texas to hear about their surgical care improvement work. Our visit was beautifully choreographed, and we came to appreciate a corresponding level of choreography that goes into their care of surgical patients. As these patients move through the system, from the surgery check-in center, to the OR, to the post-anesthesia care unit, to the medical/surgical unit, there is a strong web of interacting roles and processes that is focused on avoiding surgical complications. Every day, the team leader generates a list of scheduled surgeries, identifies the patients that fall under the SCIP guidelines, summarizes the type of surgery each patient is receiving, and lists the antibiotics that are recommended for that type of surgery. The list is distributed by email every morning to every department that will end up caring for the patient, including anesthesia and pharmacy. It also goes to the Chief Executive Officer of the hospital. Each component of the team swings into action, making sure that all of the appropriate steps – from antibiotic use, to DVT prophylaxis, beta-blockade, and temperature management – occur perfectly.

We were especially impressed with the handoffs from department to department, and the degree to which nurses and pharmacists are empowered to question and engage in problem-solving with physicians. The best examples occurred between departments responsible for the appropriate administration and discontinuation of antibiotics. At the end of every day, the pharmacy department reviews each case for appropriate use of antibiotics, and notifies everyone on the distribution list of the outcome. It could be a day where every patient received appropriate antibiotics, or a day where there were exceptions to learn from.

The team has developed a great facility for doing small tests of change. When they needed a better way to identify SCIP patients on the chart, one of the nurses developed a sticker, printed up a batch, and tried them out on the chart the same day. The sense of daily innovation, and fast PDSA cycles was pervasive in our conversations. It was also apparent that the teams derived a great deal of pride and satisfaction from their results as well as from their ability to improve quickly.

Contributing to the “one-team” feeling at Baylor is the alignment across all levels of the organization – from the board to the front lines of care – around “big dot” goals and how everyone’s work is related to the big dot. They have put a great emphasis on mortality reduction, and have achieved an estimated 37 percent reduction in mortality. As they become more experienced with the Global Trigger Tool, Baylor foresees shifting their organizational big dot to harm reduction.
In short, we left the Lone Star state convinced that there are actually many “stars” in Texas and we felt privileged to have spent the day with a number of them at Baylor.

-- Carol Beasley

**Wednesday, November 7, 2007: Making improvement personal at Mountain View Hospital, Oregon**

Maybe it’s the clear mountain air in Madras, Oregon, that makes the team at Mountain View Hospital know how to have so much fun. Suzi Bean, Director of Quality Improvement, made improvement fun from the beginning with ideas ranging from her alter ego as Clarabelle in an advice column to staff on quality improvement, to Rapid Response Team guidelines built to the acronym CANDYBAR. Jay Henry (CEO) and Michele Walsh (CNO) stressed that their work is fun, especially as a smaller hospital with agility to change. Mountain View Hospital serves a population of 25,000 with 25 beds as a rural critical access hospital.

The Mountain View team is also achieving remarkable results, with a 50 percent drop in the overall hospital mortality rate in the last year. The team attributes much of this drop to the Rapid Response Teams, but other work includes surgical site infection prevention, a hand hygiene campaign, medication reconciliation initiatives, perinatal care bundles, practice changes in AMI care, and so much more that it is impossible to list it all! A wide audience included St. Charles Medical Center in Bend, St. Charles Medical Center in Redmond, and Pioneer Memorial Hospital in Prineville, partnering hospitals who make up the Cascade Healthcare Community; Oregon Node representatives Leslie Ray (Oregon Patient Safety Commission), Kathy Phipps (Acumentra Health), and Linda Lang (Oregon Association of Hospitals and Health Systems); and the visiting IHI team of Jordana Pickman, Jennifer Chi, Jane Roessner, and me. All of us applauded Mountain View Hospital for their remarkable accomplishments!

A message that resonated throughout the day is that in this small community, anyone who walks through the door of your hospital could easily be your neighbor, mother, or child. Each of the team members shared how their personal experiences as consumers of the health system drive their desire to improve the care that they deliver as providers. As Suzi Bean concluded at the end of the day, “We make it personal, we make it fun, and that’s why our work gets done.”

-- Karen Zeribi

**Wednesday, November 7, 2007: Garden State collaboration deserves congratulations**

While it was still dark, IHI Fellow Susan Went, Eastern Field Coordinator Katie O’Rourke, and I made our way to Boston’s South Station and boarded a train for Newark. The day grew brighter, warmer and more colorful as we arrived in the Garden State.
Joe, Atlantic Health’s driver and all-around-good-guy drove us to Morristown Memorial Hospital. We joined the Overlook and Morristown teams (which included board member David Powell) and New Jersey Node representatives Aline Holmes of the New Jersey Hospital Association and Maureen McKee of the New Jersey Council of Teaching Hospitals for a delicious lunch served on a rose petal-strewn table. While we enjoyed some fantastic desserts and caffeinated drinks, we were doubly pleased by the 20 storyboards showing significant progress on the 5 Million Lives Campaign interventions and much more.

We then attended presentations given by the North Central New Jersey Health Association Partnership for the Reduction of Pressure Ulcers (or the NCNJHAPRPU, if you’re fond of acronyms). Collaborative participants we heard from included Morristown Memorial, Overlook Hospital, Atlantic Rehabilitation Institute, Runnells Specialized Hospital of Union County and CareOne at Madison Avenue. Highlights from this initiative included collaboration between acute care hospitals and rehab and long term care facilities, multidisciplinary teams and an internal shared website. Each team described how they achieved the bold aims they set for 2006-07 and the new aims they’ve set for 2007-08. Excited Morristown frontline nurses then showed us the great training they do for staff at time of hire and annually thereafter.

On the train home, we spoke of how impressed we were by the way Atlantic Health collaboratively communicates and pursues improvement. Then we took advantage of the opportunity to sleep.

Congratulations Atlantic Health on your great work and thank you for your hospitality!

-- Thomas Van Der Laan
I could have spent an entire day at Pitt hearing about their work. A few other highlights included their efforts to reduce VAP through a modified ventilator bundle (they have added two elements to the original IHI bundle) and how they have patient safety champions from almost every department in the hospital who educate, spread information and design safety strategies for their areas. A great example was the "Room in Ruins" presented by the respiratory department (near and dear to my heart and past life!): a room set up with safety issues and staff compete to see who could identify and fix the most. Very clever!

The most impressive aspect of my visit to Pitt was hearing about how their board is involved in promoting quality and safety. Three (yes, three!) board members joined me for lunch to talk about this and it quickly became obvious that this board was well ahead of the Boards on Board intervention and could easily be a role model for others. One of their former board members owned an industrial plant and shared how the "10 worst machines" in the plant were always known by the front line. The board at Pitt has applied this to health care and wants to know what the "10 worst machines" (translated to processes) are in the hospital so they can focus on these for improvement. One board member even attended (on her own initiative) a conference on high-performing organizations, which included businesses like Continental Airlines (one organization that I am personally thankful is on this list). The enthusiasm at Pitt clearly is top-down and bottom-up! What a wonderful way to wrap up my Fall Harvest travels!

-- Fran Griffin

Wednesday, November 7, 2007: The Fall Harvest visits end, but the learning continues

Can it really be over? After traveling to nearly all 50 states and the District of Columbia (only the threat of Hurricane Noel kept us from visiting Florida), it’s hard to believe that the 5 Million Lives Campaign’s Fall Harvest visits have come to a close. Over 80 IHI staff and faculty members logged almost 275,000 miles and met literally hundreds of people who demonstrated enormous passion, caring, and commitment. The pride they expressed in the improvements they are making individually and collectively was nothing short of inspiring.

We’ve learned so much in such a short time and we feel privileged to have interacted with so many wonderful, welcoming organizations. We are deeply grateful for their generosity and I would be remiss if I did not also offer special thanks to the Campaign team and IHI staff and faculty who flawlessly planned these visits and tirelessly traveled the nation.

We set off on the Harvest two weeks ago with a guiding question: “What is the formula for success in those hospitals that are most successful at improving quality and safety?” We had some theories in mind about what makes high-achieving organizations tick (see the IHI white paper, Execution of Strategic Improvement Initiatives to Produce System-Level Results), but we wanted to test and confirm them. What is the answer to our question? While there are certainly no silver bullets, here are some of the things that seem to be happening in these hospitals (and many others like them):

· **Leaders set ambitious, system-level aims for improvement and closely track progress against these aims.** In the facilities we visited, boards, executives and clinician leaders set goals for total facility or system transformation (e.g., reducing all-cause harm or risk-adjusted mortality, enhancing patient and staff satisfaction) and study their progress every month, noting opportunities for improvement, removing barriers to progress and liberally celebrating success. Giving the chief medical officer responsibility for quality seems especially effective in creating clinician ownership of improvement.

· **The organization gives itself “permission to prioritize.”** Where resources are finite organizations must make decisions about which improvement projects to select; by doing so on a quarterly or annual basis, using their system-level goals as a compass, they are observing more success, feeling more confidence and building more capacity to take on additional change.

· **The organization regularly and transparently reviews its performance data.** Honest, frequent assessment of data by everyone in the organization, including front-line staff, allows high-achieving facilities to stay agile, focusing energies on their most acute problems and building joint accountability for progress.

· **The organization’s care is focused on the patient (inside and outside of the hospital).** Hospitals that view themselves as part of a larger system, consisting of other hospitals, outpatient settings and the patient’s home, provide coordinated, integrated care that comforts the patient and their family and significantly improves outcomes.
Taken together, these characteristics – and many others – create organizations where quality is not a department, but a shared responsibility; where excellence is not defined as adherence to external guidelines, but as care for the patient that approaches perfection. Describing exactly how these organizations achieve such complete transformation is the Campaign team’s next task, and I encourage you to tune in closely as we explore this – in calls, materials and countless other learning opportunities – in the months to come.

Can it really be over? The real answer, of course, is “no.” As always in our continuous effort to improve hospital care in this country, we must continue, relentlessly, to learn from one another and to study how your organizations are seeing their way through the hard work of making change. We are humbled to see that not only are organizations working hard on the Campaign, many are also building on these experiences and expanding their improvement efforts to areas outside the 12 interventions. This is confirmation that we are building a renewal resource for continuous improvement within organizations.

We will distill and re-broadcast what we have learned in the last two weeks, but we will also push out into the field to see what’s happening at the front lines of this crucial movement in service of patients and families. Amazingly, we feel more energy now than we did two weeks ago, and we look forward with pleasure to being on your doorstep sometime very soon!

-- Joe McCannon

At the end of the Fall Harvest, Thomas Van Der Laan and Katie O'Rourke pause for a well-earned rest.