Have you been wondering:

• What tests do we repeat unnecessarily?
• Which protocols or pathways don’t add value to patient care?
• What is the impact of readmissions on the bottom line?
• Which processes block patient throughput?
• What is the cost of waiting, rework, and unclear communications?
• What chronic illnesses could we better manage through new partnerships?
• How can we streamline care for complex patients?
• Do we need a new approach to balance our budget?
• Which improvements in care will lead to BOTH better quality for patients and cost savings?

In the first year of the Impacting Cost + Quality initiative, IHI worked with 40 organizations to drive waste out of their systems. These organizations are now on track to save a collective $30 million. Join the upcoming wave of this program, starting this September, and be the next to seriously impact your organization’s bottom line.
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Impacting Cost + Quality
An IHI Leadership Initiative

It’s time to lose the waste and get serious about cost reduction.

How to reduce expenses while improving quality:

• What tests do we repeat unnecessarily?
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The Program

Impacting Cost + Quality is designed to be a dynamic learning system for the rapid spread of proven changes and for further testing of ideas that hold promise for reducing expenses while improving quality. This initiative is focused on two goals: improving cost AND quality. Current members have recognized that only by working on BOTH at the same time can we achieve a patient-positive relationship between the two.
Have you been wondering:

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As first, the tradeoff seems unavoidable: as expenses decrease, so too must quality, right? Not necessarily. Pioneering organizations that have worked with IHI over the past few years are challenging the long-held notion in health care that “more is always better.” They are identifying and driving out waste wherever it exists in their systems. And they are implementing a host of critical changes that BOTH reduce expenses and improve care. These include:

- • Smoothing patient flow
- • Improving supply chain management
- • Reducing deflections like adverse events
- • Eliminating duplicate orders, unnecessary workups, and consultations
- • Reducing readmissions

Many of the changes that these organizations have tested are now ripe for wide-scale dissemination, while others are ready for more extensive prototyping efforts. In its first six months of the 2010-2011 Impacting Cost + Quality program, teams were able to develop a plan to remove a collective $30 million in excess expenses by the end of the 12-month program.

The Program

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The Participants

This program is geared toward hospitals with a strong track record of improvement and demonstrated quality outcomes—and their leaders who are responsible for improving the bottom line and improving quality in departments, divisions, or the hospital as a whole. The focus will be on finding the waste and removing it—diagnosis and execution. With specific programming tailored to CEOs, CFOs, COOs, and clinical leaders, participants will identify opportunities to drive out waste, prioritize what changes are best suited for their organization, and successfully lead front-line improvement efforts that improve the organization’s financial standing. Ultimately, success in this work will depend on the organization’s ability to translate leadership direction into solid front-line execution. This will require participants to possess exceptional capacity for improvement, project-management skills, and highly disciplined methods for design and redraft the structures, processes, and systems needed to implement, sustain, and spread good ideas. Selected participants in the 2010-2011 Impacting Cost + Quality initiative include:

- • University of Pittsburgh Medical Center - Mercy Hospital
- • Baptist Memorial Health Care Corporation
- • The County Council of Jönköping
- • Georgetown Memorial Hospital
- • Veteran’s Association
- • University of Kansas Hospital
- • Ochsner Health Systems

We asked current participants in Impacting Cost + Quality if they agreed with the statement “I would recommend this program to another organization”:

- • Strongly Agree
- • Agree
- • Not Sure
- • Disagree
- • Strongly Disagree

It’s time to lose the waste and get serious about cost reduction.

It is the most significant health care leadership challenge of our time:

How to reduce expenses while improving quality

45
40
35
30
25
20
15
10
5
0
Strongly Agree
Agree
Not Sure
Disagree
Strongly Disagree

The most significant health care leadership challenge of our time: How to reduce expenses while improving quality

In the first year of the Impacting Cost + Quality initiative, IHI worked with 40 organizations to drive waste out of their systems. These organizations are now on track to save a collective $30 million. Join the upcoming wave of this program, starting this September, and be the next to seriously impact your organization’s bottom line.

Health care approaches 28% of the GDP in the United States. Health care executives are reaching a single conclusion: we must find ways to cut expenses while continuing to improve the quality of care delivered to patients.

As first, the tradeoff seems unavoidable: as expenses decrease, so too must quality, right? Not necessarily. Pioneering organizations that have worked with IHI over the past few years are challenging the long-held notion in health care that “more is always better.” They are identifying and driving out waste wherever it exists in their systems. And they are implementing a host of critical changes that BOTH reduce expenses and improve care. These include:

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We asked current participants in Impacting Cost + Quality if they agreed with the statement “I would recommend this program to another organization”:

- • Strongly Agree
- • Agree
- • Not Sure
- • Disagree
- • Strongly Disagree
The Alims
The focus of this program will be on finding the waste and remaking it — diagnosing and excising. Participation will help your hospital leadership teams achieve measurable results within the year by acting with you.

• The skills and tools to improve quality while removing 1% of operating expenses in 12 months of project work.
• A framework for the year two and beyond that continually improves quality while reducing operating expenses by 1% per year.

The Curriculum
The content for this program will be divided into four critical “work streams”:

• Leadership — setting the course, establishing the metrics and the priorities
• Clinical Improvements — focusing on patient populations, care effectiveness, and eliminating unnecessary waste
• Finance — building effective models and measuring “not done” from the expense
• “Less of” — seeking to drive out waste

These work streams will be used in concert through a variety of engaging activities throughout the year, including these face-to-face meetings (see the list below for September 15-16, 2011, in Cambridge, MA, more than 20 interactive webinars, and ongoing support from expert faculty.

Your organization can take full advantage of the following activities and support as a participant in this intensive year-long program:

• Use IHI’s Waste Identification Tool to identify your organization’s highest potential savings.
• With guidance from IHI faculty, select your portfolio of work, set system-wide cost and quality goals, and quantify potential savings.
• Display established financial models to measure program over time, test “in literature” methods for cost savings against your organization’s financial footprint, and create plans to ensure “dark-green” dollars fall to the bottom line.
• Communicate process, aims, and system changes at all levels within your organization.
• Share your best ideas and lessons with other participants and adapt ideas, successes, and lessons learned from other participating organizations to enhance your work.
• Rely on ongoing help and “stuck coaching” from IHI’s expert faculty.
• Identify potential and present savings beyond your walls. Engage with your community organizations, patients and families, payers, and competitors (where appropriate) to reduce duplication and suboptimal care.
• Use IHI’s Waste Identification Tool to identify waste opportunities, and prioritize key areas of focus

The Cost
The cost of the year-long program is $16,500 per hospital team. This fee includes access to all program events and materials. It does not include the cost of travel to program meetings. IHI is pleased to offer a 50% discount to hospitals with fewer than 50 beds and to members of the National Association of Public Hospitals.

The Return on Investment
By participating in the Impacting Care + Quality initiative, your organization will learn to eliminate many types of waste, such as preventable savings embedded in the improvements. Some of these savings can be counted on to begin reducing defects quickly.

• Reducing ventilator-associated pneumonia (VAP) in the ICU (reduce $25,000-$40,000 per case, based on estimates from literature)
• Reducing pressure ulcers (reduce $43,000 per grade III or IV ulcer avoided, based on estimates from literature)
• Reducing waste of blood products (reduce $500-$600,000 per year, based on estimates from literature)

Other improvements will take longer, such as:

• Reducing length of stay and readmissions for patients with CHF (reduce $2,200 to $4,200 per patient for inpatient costs, based on estimates from literature)
• Reducing unnecessary inpatient labs and x-rays (reduce $132.151 per year, based on estimates from literature)
• Reducing unreported or overcharged patients (reduce $35,000-$40,000 per case, based on estimates from literature)
• Reducing ventilator-associated pneumonia (VAP) in the ICU (reduce $25,000-$40,000 per case, based on estimates from literature)
• Reducing length of stay and readmissions for patients with CHF (reduce $2,200 to $4,200 per patient for inpatient costs, based on estimates from literature)

IHI calculates that your organization’s investment in Impacting Care + Quality (assumes enrollment for plus approximately $24,000 in travel expenses for a total of $40,000) will be covered if you avert just two cases of VAP or two pressure ulcers. Participants who do the work in this initiative will not only achieve these types of improvements and cost savings, but also will build a portfolio of changes and the necessary infrastructure to reduce cost by 50% per admission, with the ability to remove 1% of operating expenses year-on-year while improving the quality of care. For a typical 300-bed hospital, this represents about $4,000,000 per year – nearly 100 times the investment in this program.
The Aims

The focus of this program will be on finding the waste and remoding it—diagnosis and execution. Participation will help your hospital leadership achieve measurable results within the year by applying what you’ve learned:

- The skills and tools to improve quality while removing 1% of operating expenses in 12 months of project work.
- A framework for the year two and beyond that continually improves quality while reducing operating expenses by 1% per year.

The Curriculum

The content for this program will be divided into four critical “work streams”:

- Leadership—setting the course, establishing the metrics, and the priorities
- Clinical Improvements—focusing on patient populations, care efficiencies, and eliminating vulnerabilities in care
- Finance—building effective models and measuring “net gain” from the expense
- “Lean of”—solving to drive out waste

These work streams will be set in motion through a variety of engaging activities throughout the year, including three face-to-face meetings (the first will be September 15-16, 2011, in Cambridge, MA), more than 20 interactive webinars, and ongoing support from expert faculty

The Return on Investment

By participating in the Improving Care + Quality initiative, your organization will learn to eliminate many types of waste, such as preventable savings embedded in the improvements. Some of these improvements can be counted on to begin reducing defects quickly. These include:

- Reducing ventilator-associated pneumonia (VAP) in the ICU (reduce $35,000-$40,000 per case, based on estimates from literature)
- Reducing pressure ulcers (reduce $43,000 per grade III or IV ulcer avoided, based on estimates from literature)
- Reducing rates of wound infections (reduce $150,000-$600,000 per year, based on estimates from literature)
- Other improvements will take longer, such as:
  - Reducing length of stay and readmissions for patients with CHF (reduce $2,200 to $4,200 per patient for inpatient costs, based on estimates from literature)
  - Reducing uncontrolled blood pressure and diabetes (reduce $152.57 per year, based on estimates from literature)
  - Reducing waste in supply chain and materials (reduce $35,000-$40,000 per case, based on estimates from literature)

IHI calculates that your organization’s investment in the Improving Care + Quality initiative will include approximately $24,000 in travel expenses for a total of $40,500 (assumes enrollment fee plus approximately $24,000 in travel expenses to program meetings). This initiative will not only achieve these types of improvements and cost savings, but will also build a portfolio of changes and the necessary infrastructure to reduce costs by $500 per admission, with the ability to remove 1% of operating expenses year-on-year while improving the quality of care. For a typical 300-bed hospital, this represents about $4,000,000 per year—nearly 100 times the investment in this program.

The Cost

The cost of this year-long program is $16,500 per hospital team. This fee includes access to all program events and materials. It does not include the cost of travel to program meetings. IHI is pleased to offer a 50% discount to hospitals with fewer than 50 beds and members of the National Association of Public Hospitals.

The Faculty

The expert faculty for this program will include:

Pete Rouse
Executive Vice President
Ballin Health
Green Bay, Wisconsin

Lucy A. Savitz, PhD, MBA
Director of Research and Education
Institute for Healthcare Delivery Research
Memorial Medical Group
Worcester, Massachusetts

Lacy K. Savitz, PhD, MBA
Director of Research and Education
Intermountain Health Care Institute for Health Delivery Research
Salt Lake City, Utah

Helen Zak, MD
President and CEO
Healthcare Value Leaders Network
Cambridge, Massachusetts

Learn More

IHI will be hosting a free informational call with program faculty to help hospital leaders learn more about this program and determine if it is right for your organization. This call will take place on:

Thursday, May 26
12:00 PM – 1:00 PM ET

To register for this free call and to learn more about this program, go to:

www.IHI.org/ImpeatingCostandQuality

For more information, call IHI at 617-303-4800 or info@IHI.org.

We look forward to working with you!
The Aims
The focus of this program will be on finding the waste and removing it – diagnosis and execution. Participation will help your hospital leadership achieve measurable results within the year by working with you.

• The skills and tools to improve quality while removing 1% of operating expenses in 12 months of project work.
• A framework for the year two and beyond that continually improves quality while reducing operating expenses by 1% per year.

The Curriculum
The content for this program will be divided into four critical "work streams":

• Leadership – setting the course, establishing the metrics and the priority.
• Clinical Improvements – focusing on patient populations, care efficiency, and optimizing organizational structure.
• Finance – building effective models and measuring "not done" and the expenses.
• "Less of" – seeking to drive out waste.

The Content for this program will be divided into four critical "work streams":

• Leadership – setting the course, establishing the metrics and the priority.
• Clinical Improvements – focusing on patient populations, care efficiency, and optimizing organizational structure.
• Finance – building effective models and measuring "not done" and the expenses.
• "Less of" – seeking to drive out waste.

The Aims
The focus of this program will be on finding the waste and removing it – diagnosis and execution. Participation will help your hospital leadership achieve measurable results within the year by working with you.

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• Finance – building effective models and measuring "not done" and the expenses.
• "Less of" – seeking to drive out waste.

The Return on Investment
By participating in the Impacting Care + Quality initiative, your organization will learn to eliminate many types of waste, such as preventable savings embedded in the improvements. Some of these improvements can be calculated to begin reducing defects quickly. These include:

• Reducing ventilator-associated pneumonia (VAP) in the ICU (reduce $35,000-$40,000 per case, based on estimates from literature)
• Reducing pressure ulcers (reduce $43,500, based on estimates from literature)
• Reducing waste of blood products (reduce $500,000-$600,000 per year, based on estimates from literature)

Other improvements will take longer, such as:

• Reducing length of stay and readmissions for patients with CHF (reduce $2,000 to $4,000 per patient, based on estimates from literature)
• Reducing unventilated repeat inpatient labs and x-rays (reduce $132,151 per year, based on estimates from literature)

IHI calculates that your organization's investment in the Impacting Care + Quality initiative will result in approximately $24,000 in travel expenses for a total of $40,500) will be covered if you avert just two cases of VAP or two pressure ulcers. Participants who do the work in this initiative will not only achieve these types of improvements and cost savings, but will also build a portfolio of changes and the necessary infrastructure to reduce cost by $500 per admission, with the ability to remove 1% of operating expenses year-on-year while improving the quality of care. For a typical 300-bed hospital, this represents about $4,000,000 per year – nearly 100 times the investment in this program.

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The Alims
The focus of this program will be on finding the waste and removing it – diagnosis and execution. Participation will help your hospital leadership teams achieve measurable results within the year by working with you:

- The skills and tools to improve quality while removing 1% of operating expenses in 12 months of project work.
- A framework for the year two and beyond that continually improves quality while reducing operating expenses by 1% per year.

The Curriculum
The content for this program will be divided into four critical “work streams”:

- Leadership – setting the course, establishing the metrics and the priorities.
- Clinical Improvements – focusing on patient populations, care efficiencies, and eliminating complications in care.
- Finance – building effective models and measuring “real dollars” from the expenses of care.
- Lean – solving to drive out waste.

These work streams will be run in a rotation through a variety of engaging activities throughout the year, including these face-to-face meetings (the first will be September 15-16, 2011, in Cambridge, MA), more activities throughout the year, including three face-to-face meetings:

- September 15-16, 2011, in Cambridge, Massachusetts
- Date and location of the second meeting will be announced soon
- Date and location of the third meeting will be announced soon

In addition to the direct travel and time away for activities, there will also be:

- "Less of" – reducing the time spent away from your work.
- "Real dollars" – giving you the tools and techniques to improve patient care.

The Cost
The cost of this year-long program is $16,500 per hospital team.

Your organization can take full advantage of the following activities and resources:

- With guidance from IHI faculty, select your portfolio of work, set system-wide cost and quality goals, establish metrics for key areas of focus, and quantify potential savings.
- Display established financial models to measure progress over time, test “in-lieu” methods for cost savings against your organization’s financial footprint, and create plans to “shrink” goods, dollars, and time to the bottom line.
- Communicate process, aims, and system changes at all levels within your organization.
- Share your best ideas and success with other participants and adapt ideas, successes, and lessons learned from other participating organizations to enhance your work.
- Rely on ongoing help and “stuck coaching” from IHI’s expert faculty to move your projects forward.
- Identify partners and potential savings beyond your walls. Engage with your community organizations, patients and families, payers, and competitors (where appropriate) to reduce duplication and suboptimal infrastructure to reduce cost by $500 per admission, with the ability to remove 1% of operating expenses year-on-year while improving the quality of care. For a typical 300-bed hospital, this represents about $132,151 per year, based on estimates from literature.

Impacting Cost + Quality

Reducing waste of blood products (reduce $500,000-$600,000 per year, based on estimates from literature)

Reducing ventilator-associated pneumonia (VAP) in the ICU (reduce $35,000-$40,000 per case, based on estimates from literature)

Reducing length of stay and readmissions for patients with CHF (reduce $3,000-$4,000 per patient for inpatient costs, based on estimates from literature)

Reducing pressure ulcers (reduce $43,000 per grade III or IV ulcer avoided, based on estimates from literature)

Reducing length of stay and readmissions for patients with VTE (reduce $2,200 to $4,200 per patient for inpatient costs, based on estimates from literature)

Reducing pressure ulcers (reduce $43,000 per grade III or IV ulcer avoided, based on estimates from literature)

Reducing ventilator-associated pneumonia (VAP) in the ICU (reduce $35,000-$40,000 per case, based on estimates from literature)

Reducing waste of blood products (reduce $500,000-$600,000 per year, based on estimates from literature)

Other improvements will take longer, such as:

- Reducing length of stay and readmissions for patients with CHF
- Reducing length of stay and readmissions for patients with VTE
- Reducing length of stay and readmissions for patients with VAP
- Reducing length of stay and readmissions for patients with VTE
- Reducing length of stay and readmissions for patients with VAP
- Reducing length of stay and readmissions for patients with VTE
- Reducing length of stay and readmissions for patients with VAP
- Reducing length of stay and readmissions for patients with VTE
- Reducing length of stay and readmissions for patients with VAP
- Reducing length of stay and readmissions for patients with VTE

These include:

-Reduction of medical errors (reduce $500,000-$600,000 per year, based on estimates from literature)
-Reduction of infections (reduce $500,000-$600,000 per year, based on estimates from literature)
-Reduction of patient harm (reduce $500,000-$600,000 per year, based on estimates from literature)
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The Return on Investment
By participating in the Improving Care + Quality initiative, your organization will learn to eliminate many types of waste, with potential savings embedded in the improvements. Some of these improvements can be counted on to begin reducing defects quickly:

- Reducing ventilator-associated pneumonia (VAP) in the ICU (reduce $35,000-$40,000 per case, based on estimates from literature)
- Reducing premium dollars (reduce $43,000 per grade III or IV ulcer avoided, based on estimates from literature)
- Reducing waste of blood products (reduce $500,000-$600,000 per year, based on estimates from literature)
- Reducing length of stay and readmissions for patients with CHF (reduce $3,000-$4,000 per patient for inpatient costs, based on estimates from literature)
- Reducing length of stay and readmissions for patients with VTE (reduce $2,200 to $4,200 per patient for inpatient costs, based on estimates from literature)
- Reducing length of stay and readmissions for patients with VAP (reduce $35,000-$40,000 per case, based on estimates from literature)
- Reducing length of stay and readmissions for patients with VTE (reduce $2,200 to $4,200 per patient for inpatient costs, based on estimates from literature)
- Reducing length of stay and readmissions for patients with VAP (reduce $35,000-$40,000 per case, based on estimates from literature)

Some types of savings may be captured more quickly than others, depending on your organization’s ability to implement and sustain these improvements. IHI calculates that your organization’s investment in Improving Care + Quality (assumes enrollment fee plus approximately $24,000 in travel expenses for a total of $40,000) will be covered if you avoid just two cases of VAP, two pressure ulcers, and two VTE per year. Participants who do the work in this initiative will not only achieve these types of improvements and cost savings, but will also build a portfolio of changes and the necessary infrastructure to reduce cost by $500 per admission, with the ability to remove 1% of operating expenses year-on-year while improving the quality of care. For a typical 300-bed hospital, this represents about $4,000,000 per year – nearly 100 times the investment in this program.

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We look forward to working with you!