



**5 MILLION LIVES CAMPAIGN**  
AN INITIATIVE OF THE  
INSTITUTE FOR HEALTHCARE IMPROVEMENT

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## 5 Million Lives Campaign

- I. **Origins of the 100,000 Lives Campaign**
  - II. **The 100,000 Lives Campaign (December 2004 – June 2006)**
  - III. **100,000 Lives Campaign Results**
  - IV. **The Next Campaign: 5 Million Lives Campaign**
  - V. **A Request for Support**
  - VI. **References**
- 

### Executive Summary

On December 14, 2004, at its 16<sup>th</sup> Annual National Forum on Quality Improvement in Health Care, the Institute for Healthcare Improvement (IHI) launched the “100,000 Lives Campaign”—a national initiative to engage thousands of U.S. hospitals in an effort to prevent 100,000 needless inpatient deaths by implementing improvements in care. Declaring that “Some is not a number; soon is not a time,” Don Berwick, MD, IHI’s President and CEO, challenged U.S. hospitals to commit to reaching a bold goal: saving 100,000 lives by June 14, 2006. To help hospitals reach this goal, IHI outlined six clinical interventions that hospitals could focus on to reduce mortality and morbidity.

On June 14, 2006, the 100,000 Lives Campaign ended and IHI announced that after 18 months, Campaign hospitals had exceeded the goal of 100,000 lives saved by a significant margin. Once again, Don Berwick stood before an audience of thousands of people committed to improving health care and declared the result: hospitals participating in the Campaign had prevented an estimated 122,300 needless deaths.

This unprecedented result testifies to the willingness of U.S. hospitals to participate in this voluntary initiative (an estimated 80 percent of U.S. inpatients now receive their care from hospitals participating in the Campaign) and to the improvements in care they have implemented. After decades of limited traction in improving our troubled health care system, the Campaign appears to have tapped into a new and promising level of energy, dialogue, and will to change.

IHI and its many partners are committed to building on the momentum generated by the 100,000 Lives Campaign as we eagerly anticipate the next Campaign, and we invite you to support us in this effort.

## I. Origins of the 100,000 Lives Campaign

*The “quality chasm”: A health care system in crisis*

A half decade has elapsed since the Institute of Medicine (IOM) released its two landmark reports on health care safety and quality, *To Err Is Human* and *Crossing the Quality Chasm*. Those studies illuminated the shortcomings of the American health care system and articulated a simple yet bold agenda for improving the quality of our health care.

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

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

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

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

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

IHI took up the IOM challenge with its own translation of the IOM’s six aims:

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

*IHI: A catalyst for accelerating improvement worldwide*

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

IHI is leading the way to health care improvement by demonstrating what works, by documenting practices that make a difference, and by creating new models for effective and efficient health

## 5 Million Lives Campaign

care delivery. No other organization in America has more clinical process improvement information, more evidence of outcomes and results, or a more substantial repository of data and evidence on how efficacy and efficiency can be achieved. Additionally, IHI supports research to document the impact of quality improvement on cost. In short, IHI is uniquely positioned to hold out the promise of significantly re-engineered health care systems, with better care at lower cost.

IHI works by leveraging partnerships and channels of influence within the health care community. It changes health care by helping and influencing others to do so, beginning by showing them the possibility of success, and then by supporting them in their own pursuit of success. As a result, IHI developed the IMPACT network, a results-driven network for change that has a growing membership of over 200 hospitals; initiated the Pursuing Perfection project to work intensively with seven U.S. hospitals and six international health care sites toward achieving system-wide transformation; and engaged several large U.S. and international health care systems in strategic partnerships to spread improvement. These endeavors all serve to provide organizations on the very frontlines of health care delivery with guidance, knowledge, and tools for making breakthrough improvements.

Prior to the Campaign, the majority of IHI's improvement initiatives engaged tens and sometimes hundreds of organizations in a single project. The 100,000 Lives Campaign sought to take the next step: working on a scale of thousands and rapidly expanding the reach of organizations to improve quality and lower costs across the country.

## II. The 100,000 Lives Campaign (December 2004 – June 2006)

The Campaign was well designed and well researched before it was announced in December 2004, and deeply grounded in IHI's previous work. Its components proved so timely and appropriate that the health care community responded immediately. The Campaign asked participating hospitals to implement a set of six evidence-based health care interventions that have been proven to prevent avoidable deaths. To date, more than 3,100 hospitals, representing more than three quarters of the hospitals beds in the country, have signed on.

In addition to its explicit goals for mortality reduction and enrollment, the 100,000 Lives Campaign is intent on building a reusable national infrastructure for groundbreaking change, developing and leveraging strong relationships with national partners (listed below), scientific expert groups, local health care associations (e.g., state hospital associations, nurses' associations, and medical societies) and successful "mentor" hospitals to expand the initiative's reach and increase effectiveness. This national network, focused on maximizing expert support and learning opportunities for participating facilities, could emerge as a major asset in introducing health care improvements in coming years.

### *Campaign Goals*

The Campaign pursued these simple goals:

1. To save 100,000 lives from unintended deaths by June 14, 2006;
2. To enroll more than 2,000 hospitals in the initiative;
3. To build a vibrant, reusable infrastructure for change;
4. To change the national discourse about the response to variability in the quality of American health care.

### *Campaign Interventions*

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

- Deploy Rapid Response Teams at the first sign of patient decline.
- Deliver reliable, evidence-based care for acute myocardial infarction to prevent deaths from heart attack.
- Prevent adverse drug events by implementing medication reconciliation.
- Prevent central line infections by implementing a series of scientifically grounded steps.
- Prevent surgical site infections by reliably delivering the correct preoperative antibiotics at the proper time.
- Prevent ventilator-associated pneumonia by implementing a series of interdependent, scientifically grounded steps.

IHI made participation in the Campaign easy. There is no cost to hospitals for joining the Campaign. Detailed information about each intervention, useful tools for getting started, and additional helpful resources were made available, all at no charge, at [www.ihl.org/ihl/programs/campaign](http://www.ihl.org/ihl/programs/campaign). Starting in February 2005, participating hospitals began to receive instructions on how to introduce the Campaign within their organizations and constituencies. They also began to take part in informational calls on each of the six Campaign interventions. Campaign staff based at IHI headquarters in Cambridge, Massachusetts, and IHI expert faculty and supporters around the nation were available for consultation.

### *Campaign Partners*

The Campaign also gained the support of such distinguished organizations as the Agency for Healthcare Research and Quality, the American Medical Association, the American Nurses

## 5 Million Lives Campaign

Association, the Association of American Medical Colleges, the Centers for Medicare & Medicaid Services (CMS), the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), the Leapfrog Group, the National Business Group on Health, the National Patient Safety Foundation, the University HealthSystem Consortium, the American College of Cardiology, the Centers for Disease Control and Prevention, the Society for Healthcare Epidemiology of America, and 20 state hospital systems.

### *Campaign Infrastructure*

To accelerate the 100,000 Lives Campaign at the local level, IHI has established Campaign field offices or “nodes” in 48 states thus far.. Examples of node members include the following:

- Systems with large numbers of constituent hospitals;
- State coalitions consisting of a state hospital association, medical association, quality improvement organization, and others; or
- Affinity groups (e.g., rural associations, pediatric associations).

The nodes promote the Campaign in the following ways:

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

In addition to nodes and national partners, the Campaign has also identified over 100 “mentor” hospitals—facilities that have confidently introduced Campaign interventions and now act as coaches to their peer facilities.

In the face of debilitating criticism of the U.S. health care system, the 100,000 Lives Campaign has been a psychological shot in the arm for health care organizations, putting them on the path to change and supporting their innovation efforts. The hospitals have worked tremendously hard to make changes within their organizations and have more than deserved the recognition they have received in their own communities for their measurable results.

### III. 100,000 Lives Campaign Results

The 100,000 Lives Campaign culminated on June 14, 2006, when Don Berwick, MD, IHI's President and CEO, announced that over 3,100 participating hospitals had saved an estimated 122,342 lives since the initiative's launch on December 14, 2004. This news was met with a great deal of excitement and energy across the health care industry and the nation. IHI is now asking hospitals to "celebrate and accelerate"—to recognize what they've achieved and, wherever possible, to adopt all six Campaign interventions while thinking clearly about their strategies for sustaining progress and spreading change to every applicable care setting.

*"Celebrate and Accelerate": June – December 2006*

In the aftermath of the 100,000 Lives Campaign, the Campaign's chief request of hospitals and all partners in this work is that they truly celebrate their achievement in all of its richness. Indeed, focusing solely on the lives saved estimate—stirring as it is—can obscure associated achievements of equal significance, which include:

- The proactive energy and optimism with which participating hospitals are driving improvement (without financial incentive or external regulation).
- A new profile for the problem of variability in the quality of American health care and increased awareness of hospitals' committed, proactive response.
- The beginnings of a significant change in the national standard of care:
  - Over 25 participating Campaign facilities have reported that they have gone over a year without a ventilator-associated pneumonia, a leading killer among all hospital-acquired infections, demonstrating that this sort of complication can be avoided and is not inevitable.
  - Over 1,500 hospitals have now instituted Rapid Response Teams (there were approximately 100 prior to the Campaign), a relatively new concept that has tremendous potential to avoid unnecessary deaths.
  - Thousands of hospitals are at work on delivering reliable care for acute myocardial infarction, preventing adverse drug events using medication reconciliation, and preventing surgical site and central line infections.
- The creation of a national infrastructure for improvement that will enable thousands more lives to be saved in the future:
  - More than 3,100 hospitals are participating in the Campaign, representing an estimated 80 percent of the hospital beds in the U.S.
  - More than 50 health care organizations—state hospital associations, quality improvement organizations, or other health care entities, often working together—are serving as local field offices (or "nodes") for the Campaign, leading Campaign initiatives on a state or regional level.
  - More than 90 national partners are actively involved in supporting and promoting the Campaign.
  - More than 100 hospitals that have demonstrated success with specific interventions are acting as "mentor" hospitals, sharing their knowledge and experience with other hospitals aiming to achieve excellence in these areas.

A great deal of highly positive media coverage has followed the June 14<sup>th</sup> announcement, including a segment on *CNN Headline News* and coverage in *The New York Times*, *The Wall Street Journal* and hundreds of other national and local publications (reaching a combined audience of over 100 million). A handful of journalists and researchers have also begun to express a desire to further assess the impact of the Campaign on the overall reduction in unnecessary deaths, and we welcome this type of inquiry. A major part of the Campaign team's

## 5 Million Lives Campaign

current mission consists of closely analyzing the initiative's first 18 months, with an eye to the next Campaign to be launched in December 2006.

Between June and December 2006, the Campaign team is focusing intensively on two areas: offering ongoing energy and support to Campaign hospitals as they accelerate their efforts to improve the quality of the care they provide; and building anticipation and detailed plans for another aggressive Campaign to be launched in December 2006.

In service of the first activity, we have requested that all participating hospitals adopt all six Campaign interventions in every appropriate unit and facility, and then focus on sustaining their progress and spreading these interventions throughout their facilities and systems. The Campaign team has developed a collection of new tools to support hospitals in these endeavors, among them:

- A Campaign Best Practices Guide (based on the first 18 months of learning);
- A How-to Guide on spreading and sustaining successful improvements;
- Updated How-to Guides on each of the six Campaign interventions (including "tips and tricks," new frequently asked questions, and current bibliographies);
- Increased access to over 100 mentor hospitals (experienced facilities offering to help coach other facilities on how to introduce particular interventions);
- Continued national conference calls on how to successfully introduce the six existing interventions; and
- Ongoing hospital visits and learning sessions at field offices (nodes) across the country.

#### **IV. The Next Campaign: 5 Million Lives Campaign (December 2006 – December 2008)**

The 5 Million Lives Campaign will be launched in conjunction with IHI's National Forum meeting in December 2006. Having consulted thoroughly with IHI's Board, management, partners, and experts, the team has selected new aims and clinical interventions that will galvanize the national hospital community and truly capitalize on the potential developed through our first 18 months of work. The 5 Million Lives Campaign will establish a bold aim for US health care: Protect patients from five million incidents of medical harm over the next two years (December 2006 to December 2008).

The aims of the next Campaign represent an amplification of those the 100,000 Lives Campaign community pursued:

- Where the 100,000 Lives Campaign's aim was to impact 100,000 lives (through a focus on mortality reduction), the 5 Million Lives Campaign will expand its focus to millions of lives (taking on morbidity in addition to mortality);
- Where the 100,000 Lives Campaign sought to enroll 2,000 hospitals, the next Campaign will seek to enroll 4,000;
- Where the 100,000 Lives Campaign sought to build a reusable national infrastructure for change, the next Campaign will seek to strengthen that infrastructure and transform it into a lasting national asset.

As the Campaign grows, we will expand our focus beyond mortality to also include harm, progressing through IHI's "No Needless" list from "No Needless Deaths" to "No Needless Pain or Suffering," and introducing high-impact interventions that build logically on the interventions from the 100,000 Lives Campaign. Specifically, we will introduce interventions to target the following:

- Nosocomial infection (starting with MRSA, and ideally expanding to C. diff and VRE);
- High-alert medications;
- Surgical complications (alignment with the Surgical Care Improvement Project, designed with partners including AHRQ, CDC, CMS, JCAHO and others);
- Pressure ulcers;
- Congestive heart failure; and
- Governance structures (which can have enormous impact on a facility's ability to drive change).

We will also build on our previous work on rapid response teams by introducing a new early warning systems approach, and we are contemplating adding one or two additional interventions that might have relevance to outpatient settings. In all cases, we will invite partners and nodes to pursue their own interventions to reduce harm, and we are seriously considering adopting and spreading their work through the Campaign infrastructure when it is successful.

The Campaign team is also introducing major operational improvements that should increase effectiveness significantly. Specific enhancements include:

- Deeper engagement with new audiences ("on-ramps"):
  - Boards and leaders;
  - Patients and families;
  - Employers and payers; and
  - Outpatient providers.
- Enhanced feedback system and research capability:

## 5 Million Lives Campaign

- Enhanced field operations:
  - Robust nodes;
  - Node laboratories (to generate new interventions with possible rolling introduction of interventions at regular intervals); and
  - Robust mentor hospitals.
- Expanded study of business implications for interventions

## V. A Request for Support

The IHI believes that the Campaign represents a powerful vehicle for rapidly and permanently transforming the quality of American health care. In order to sustain this initiative's momentum and enhance the infrastructure we have built, we are now approaching donors to explore possible collaboration on our next Campaign. The importance of the generosity that donors have shown to this work thus far cannot be overstated. It has made—and continues to make—a tremendous contribution to our work and to the efforts of thousands of committed health care professionals across the country.

Support for Campaign operations is distributed across five core work areas, which combine to offer crucial assistance to participants:

- Platform – The Campaign platform team acts to assemble the science base on which the initiative's clinical interventions rest. The team develops detailed Getting Started Kits and collects powerful tools and stories of success for each intervention, hosting frequent informational conference calls (led by national experts and often attended by thousands), publishing peer-reviewed papers, and analyzing the latest evidence as it emerges.
- Field Operations – The Campaign field team is responsible for driving hospital enrollment and supporting the introduction of Campaign interventions in hospitals across the country. A field staff four, distributed regionally, supports local field offices (nodes) as they convene meetings, identify high-achieving facilities, and offer technical assistance across states and large systems.
- Communications – The Campaign communications team is responsible for managing the initiative's public relations strategy, collecting information on successes and challenges in the field (knowledge management), publishing innovations and success stories, and connecting peer facilities to one another through discussion boards, email lists, and bi-weekly newsletters.
- Measurement – The Campaign measurement team collects data from all participating hospitals (hospital profile data, mortality data, and intervention-level data) via IHI's web-based "extranet." The measurement group analyzes this information, calculates national and local changes in the quality of care, and studies results on an ongoing basis.
- Strategy and Administration – A core project management staff is in place to devise ongoing strategy and develop key partner relationships while also handling the mechanics of the Campaign – participant inquiries, enrollment, web site maintenance, and coordination of Campaign team meetings, travel, and activities.

We would be delighted to speak with you directly about options for Campaign support and corresponding forms of recognition.

**VI. References (Peer-Reviewed Journal Articles)**

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