Defining Moments
An Irish proverb says,

“When you come upon a wall, throw your hat over it, and then go get your hat.”
At the Institute for Healthcare Improvement (IHI), the spirit of this one little saying has inspired many big outcomes. People who are drawn to IHI see beyond walls to the possibilities on the other side. We are driven by our unwavering mission to improve health and health care worldwide. It is an immense calling that we cannot answer alone.

We have the privilege of partnering with a growing community of visionaries, leaders, and front-line practitioners around the globe to spark bold, inventive ways to improve the health of individuals and populations. Every day the IHI community of improvers is testing ideas, exploring new models of care, and finding better ways forward.

When it comes to raising the quality of health for all, we see boundless possibilities and while we see the walls in front of us, together we will not rest until we reach the other side.
A message from Maureen

Reflecting on my years with IHI, one of my most important realizations has been that the majority of big improvement successes are gained because of a collection of small, pivotal moments along the way. Just one new idea, one unexpected alliance, or one growing realization has the power to create a ripple effect — encouraging others, opening up new possibilities, and creating lasting change.
This year’s progress report focuses on defining moments. It was truly inspiring to explore some of the notable improvement accomplishments that have shaped 2012 for the IHI community. As I read these stories, I am once again reminded how grateful and humbled I am to have the opportunity to collaborate with all of you to improve health and health care worldwide.

It is amazing to think about what can be achieved on a large scale because of one seemingly small turning point.

- Just one conversation, like the one led by a group of passionate people gathered at the 2007 National Forum, can spur a learning movement like the IHI Open School that today is 100,000+ strong.
- Just one courageous question, like the one raised by the board member you’ll read about from Allegiance Health in Jackson, Michigan, can change the way care is provided for an entire community.
- Just one collaboration, like the one forged by a team of health care professionals in the South West of England, gives root to an idea with the power to reduce the mortality ratio for the entire region by seven percent.

The ingenuity, passion, and perseverance of the extraordinary people featured on these pages illustrate the possibilities present in every one of us and across the entire IHI improvement community. When people envision a better health and health care future, they can overcome obstacles, climb over walls, and seize the moment to make it so.

As you find ideas and inspiration in these stories, I urge you to also step back and ask yourself just one courageous question about the year ahead: if big improvements are a collection of small defining moments, what will my next defining moment be?

Sincerely,

Maureen Bisognano
President and CEO, Institute for Healthcare Improvement
Defining Moment

On August 8, 2012, after just four years in existence, the IHI Open School reached 100,000 students and residents. Spurred by a discussion at the 2007 National Forum, the Open School has rapidly grown into a defining force in the IHI community's quest to inspire and equip a world of health care improvers.
Since 2008, the IHI Open School has grown rapidly to include more than 500 Chapters worldwide with a notable increase in Latin America, the United Kingdom, and New Zealand over the last year.

The IHI Open School
From One Idea to 100,000+ Strong

At the 2007 National Forum, the IHI Open School was just an idea. A group of inspired people came together to talk about creating an online tool for health care quality improvement learning that would help cultivate the next generation of improvers. Ashley Kay Childers was at that discussion, bringing her firsthand insights as a graduate student in industrial engineering from Clemson University in South Carolina.

Now a passionate quality improvement advocate, Ashley Kay Childers, PhD, is an industrial engineering professor at Clemson, who — with the support of the South Carolina Hospital Association (SCHA) — encourages her students to use Open School online courses to supplement their classroom learning. As Dr. Childers’ career as an engineer developed, so did the Open School. Since its launch in 2008, the Open School has grown rapidly to include more than 100,000 registered students and residents, with 508 Chapters in 46 states and 57 countries.

Clemson is just one of a growing list of more than 60 institutions around the world that have tapped into the rich learning available from the Open School, requiring students to complete select modules or all 16 Basic Certificate Open School courses. Health care professionals — such as SCHA’s Rick Foster, MD — also appreciate the value of the Open School. “I have a great deal of hope when I deal with Open School students and faculty members,” he says. “I think our future will be brighter with this generation of health professionals.”

The following institutions now require students to complete select Open School learning modules or all 16 courses included in the Basic Certificate: Baylor College of Medicine / Boston College School of Nursing / Eastern Virginia Medical School / Johns Hopkins University School of Nursing / Loyola University School of Nursing / Texas A&M University College of Medicine / University of Alabama Birmingham School of Nursing / University of Colorado College of Nursing / University of Minnesota Duluth / University of San Francisco School of Nursing and Health Professions / University of Tennessee Health Science Center College of Medicine / University of Wisconsin-Milwaukee College of Nursing

Visit ihi.org to learn about more organizations that have embraced the IHI Open School.

photo: Ashley Kay Childers, PhD, Industrial Engineering Professor, Clemson University
Defining Moment
One board member asked, “Why does the HMO want to maintain this community’s poor health? We should become a health improvement organization, not a health maintenance organization.”
Allegiance Health’s focus on health improvement led to the creation of the Jackson Community Medical Record. More than 50% of residents are now accounted for in this leading-edge medical records database.

**The IHI Triple Aim**

**Changing Care and Communities**

A simple question from an Allegiance Health board member in 1999 upended the way this hospital and health system in Jackson, Michigan, cares for patients. At the time, Allegiance, which owned the local health maintenance organization (HMO), was facing an employer outcry after a proposed 40 percent premium increase. In the ensuing discussions, one board member asked, “Why does the HMO want to maintain this community’s poor health? We should become a health improvement organization, not a health maintenance organization.”

Over the next decade, this one moment was the guiding light that led Allegiance to do just that. In 2000, the organization created “It’s Your Life,” an employer-based health management program designed to improve both the experience of care and the health of the community by using health coaches to encourage employees to take control of their own preventive care. Then in 2006, Allegiance partnered with the Jackson Physicians Alliance to create the Jackson Community Medical Record, a county-wide database at the leading edge of medical record use.

“Now, instead of each physician’s office maintaining individual patient records in isolation, more than half of the population is in the community medical record,” says Ray King, MD, Allegiance Health Senior Vice President and CMO.

In 2009, IHI invited Allegiance to participate in the Triple Aim initiative — which focuses on simultaneously enhancing patients’ experience of care, improving overall population health, and reducing costs — as a prototyping partner. “It was a big advantage to put our work within that framework and look at it through that lens,” says Amy Schultz, MD, MPH, Director of Prevention and Community Health at Allegiance and Medical Director of the Jackson County Health Department. “It was also exciting to find other people doing this work in other places around the country, so we could come together and share ideas.”

*photos: Jackson, Michigan, and (top right) Ray King, MD, Allegiance Health Senior Vice President and CMO*
Big Moments

11.8.2012

IHI’s Post-Election Event

Senator Tom Daschle, Senator Bill Frist, MD, and Don Berwick, MD, discuss the 2012 elections and their impact on the future of health care during IHI’s event, Out of the Blocks: Where Does Health Care Go from Here?

8.6.2012

Lessons of Summer Immersion at IHI

Every year, a small group of health care professionals takes a deep dive into the world of IHI to see how we accelerate quality improvement in health care. We asked some of them, “What did you learn during your Summer Immersion?”

“I’m using these lessons every day at work and in wider large-scale change programs.”

Ben Lobo, MD, FRCP(UK)

“After returning from Summer Immersion, our nine-person nephrology group chose the following three priorities to focus on:
1. Implement a self-care dialysis system modeled on the program initiated by the dialysis patient in Sweden.
2. Expand the use of the Internet and audio-visual aids for patient education.
3. Shadow our patients to see what they actually go through in the process of medical care to improve their experience.”

Richard L. Gibney, MD

“Consistent throughout the IHI environment was joy at work, true team concept design, transparency, and no barriers.”

Diane Curley, MSN, RN, CNOR, CBN

“I think you are going to see a real change in health care delivery... and that innovation burst is likely to occur in even greater and more tangible ways as a result of the election being behind us.”

Senator Tom Daschle, speaking at IHI’s Out of the Blocks: Where Does Health Care Go from Here?
We must strengthen our capacity to create community — without a community, it is nearly impossible to achieve voice: it takes a village to raise a Rosa Parks. Without a community, it is nearly impossible to exercise the ‘power of one’ in a manner that multiplies: it took a village to translate Parks’ act of personal integrity into social change.” From Healing the Heart of Democracy: The Courage to Create a Politics Worthy of the Human Spirit by Parker Palmer, WIHI guest on June 20, 2012
With this election, things have not changed. We’re where we were a week ago: the same players at the exact same tables with the exact same issues. But in health care, things have radically changed in the last 48 hours.

*Senator Bill Frist, MD, speaking at the IHI event, Out of the Blocks: Where Does Health Care Go from Here?, on November 8, 2012*

Be worried, but do not for one moment be confused. You are healers, every one, healers ashamed of miseries you did not cause. And your voice — every one — can be loud, and forceful, and confident, and your voice will be trusted.

*Don Berwick, MD, from his speech at Harvard Medical School Class Day on May 24, 2012*
“With the spread of the Triple Aim — both the initiative and the idea — we have an increasing sense that it is becoming a sort of true north in health care. For the reality in the United States today is that our country is counting on the health care sector to pursue the Triple Aim and, at some point in the not-too-distant future, to achieve it.”

From the preface to the book, Pursuing the Triple Aim, by Maureen Bisognano and Charles Kenney, published on May 1, 2012
Defining Moment

The transition that takes a patient from the hospital to their home or another care setting marks a pivotal care moment. Zeroing in on what happens during this critical juncture, with the support of IHI’s STAAR initiative, has helped the Ohio Hospital Association make significant progress in its aim to reduce hospital readmissions by 20 percent within two years.
Reducing hospital readmissions by 20 percent within two years is no small goal. But the Ohio Hospital Association (OHA) has made significant progress in achieving this aim. One critical step in its journey was the OHA’s decision to participate in IHI’s STate Action on Avoidable Rehospitalizations (STAAR) initiative. STAAR focuses on improving patient transitions — the pivotal process of discharging a patient from the hospital to their home or to another care setting. During transitions the continuity of care often gets lost, increasing the likelihood of patient readmission.

The OHA, which represents 167 hospitals and 16 health care systems throughout the Buckeye state, kicked off its STAAR work at a two-day conference in October 2010 with 18 hospitals participating. At this event, IHI faculty identified four key changes for the OHA member hospitals to implement: 1) identify patients’ post-discharge needs; 2) provide effective teaching and enhanced learning for patients and families; 3) improve communication to patients, families, and post-acute care providers; and 4) provide follow-up once a patient returns home or is discharged to another care setting.

The OHA saw a reduction in both predicted readmissions and absolute readmissions at STAAR hospitals. In one example, for heart failure 30-day readmissions, STAAR hospitals had an 18.37 percent reduction versus non-STAAR hospitals, which had a 5.61 percent reduction.

As a STAAR participant, Kathleen Vidal, RN, MSN, Director of Nursing Practice Development at University Hospitals in Cleveland, Ohio, found one important lesson: identify the key learner in a patient’s family. “You have, say, an elderly man in the hospital and his wife is with him all the time. In the past, you’d just automatically tell his wife everything. But in reality, it’s his daughter who sets up the pills and takes him to the doctor.”

*24.7%* Medicare data from July 2008 through the end of June 2011 showed that 24.7 percent of heart failure patients nationally were readmitted within 30 days of discharge.

*Targeting Patient Transitions to Reduce Readmissions*

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*photo: Tocombamaria K. Murphy, a patient at University Hospitals’ Case Medical Center (an OHA hospital participating in STAAR) who had a successful transition home without being readmitted*
Defining Moment

Emboldened by the achievements of the UK’s Safer Patients Initiative (SPI), a team of participants in the South West of England joined forces to spread this collaborative approach in their region. They launched the Quality and Patient Safety Improvement Programme (QPSIP), which is accelerating them toward their goal to make all hospitals in the South West safer for patients.

Lowering the Hospital Standardized Mortality Ratio (HSMR) in the South West of England

NHS South West saw a 7 percent reduction in median HSMR from the 2009 baseline with their focused efforts to improve safety as part of SPI and QPSIP.
Nine NHS South West hospital units reported 95 percent or greater compliance in June 2012 for giving patients a venous thromboembolism risk assessment on admission to the intensive therapy unit.

In July 2012, the world marveled when nurses danced in tribute to the UK National Health Service (NHS) during the opening ceremony of the London Olympics. NHS South West Strategic Health Authority’s (NHS South West) determination to make health care in the South West of England safer is one great reason for celebration. After several years of focused effort, NHS South West has reduced the median hospital standardized mortality ratio (HSMR) for the entire region — an area similar in size and population to Scotland — by 7 percent.

How did they do it? From 2004 to 2008, IHI worked with the London-based charity, the Health Foundation, on SPI-1 and SPI-2, the first major programs to address patient safety in the UK. The SPI hospitals worked in pairs, learning from each other’s successes and challenges. One of the most successful SPI pairings was based in the South West of England, and in 2009, leaders there were inspired to spread this collaborative approach. To do so, the team launched the Quality and Patient Safety Improvement Programme (QPSIP), which mobilizes the collective regional pursuit of aims, including reducing pressure ulcers, falls, and venous thromboembolisms.

When it comes to taking the first steps toward large-scale improvement, Corinne Thomas, Senior Clinical Advisor for Patient Safety at NHS South West says, “First, change should be less about the care setting and all about the patient. Second, while senior organizational leadership is fundamental, middle manager support is also critical — they integrate the improvements into ‘business as usual.’ And third, a strong improvement methodology facilitates change at the front line — don’t take your eye off the ball.”

Fulfilling the IHI Fellowship Program’s Mission: NHS staff Joanne Watson, MD, Carol Peden, MD, and Charlie Tomson, MD, spent a year at IHI’s office in Cambridge, Massachusetts, as IHI Fellows. Watson, Clinical Director of Musgrove Park Hospital’s Improvement Network in Taunton, England, recalls, “I came into the QPSIP program after my fellowship at IHI. It was starting in the fall of 2009 and offered me an oasis to put into practice what I had learned at IHI. What an opportunity! What timing!”
Defining Moment

When the OB nurses at Woman’s Hospital in Baton Rouge noticed full-term births were becoming disturbingly rare, they took action. Their commitment to make a difference eventually helped decrease NICU admissions at Woman’s Hospital by 23 percent, inform a statewide birthing initiative, and start to shift Louisiana from a follower to a leader in perinatal care.
Elective deliveries before 39 weeks are now banned at all Louisiana birthing hospitals, and the earliest adopters reported 20 percent reductions in NICU admissions in the first six months.

Big Results for Louisiana’s Smallest Patients

The OB nurses at Woman’s Hospital in Baton Rouge knew something was wrong. Day after day, they reviewed the current deliveries and none of the mothers had reached their 40th week of pregnancy. More worrisome, the nurses knew that many women were delivering early for non-medical reasons. Frequently, their babies wound up in the neonatal intensive care unit (NICU).

“We knew the problems the babies would have,” says Cheri Johnson, RNC-OB, BSN, Director of Obstetrical Services, “but we didn’t have data.” The nurses needed numbers to convince providers to make changes, and they got them by joining IHI’s Perinatal Improvement Community. Today, there are no elective deliveries before 39 weeks at Woman’s, and NICU admissions are down 23 percent.

Throughout Louisiana, about 15 percent of babies arrive early. The March of Dimes planned to give the state a grade of “F” around the time Bruce D. Greenstein became Secretary of Louisiana’s Department of Health and Hospitals in 2010. The state launched the Birth Outcomes Initiative (BOI), which included the 39 Week Initiative to eradicate elective preterm deliveries. Greenstein decided “it was overwhelmingly compelling and part of my responsibility” to make this work a priority.

Greenstein and his BOI team met with leaders from Woman’s Hospital and learned about IHI’s perinatal initiative. Next, they partnered with the Louisiana Hospital Association and the March of Dimes and visited the state’s major birthing hospitals, urging them to collaborate with IHI and voluntarily end elective preterm deliveries.

The results have been dramatic: elective deliveries before 39 weeks are now banned at all 58 Louisiana birthing hospitals, and the earliest adopters reported 20 percent reductions in NICU admissions in the first six months. “The progress we’re making in Louisiana is being noticed,” Greenstein says. “We were the first state to accept the March of Dimes’ challenge to reduce preterm births by 8 percent by 2014, and we received their Prematurity Leadership Award in July 2012. Louisiana’s efforts are a shining example that collaborative work can yield major gains to improve birth outcomes.”
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Countries with most total visits in 2012
1/ United States
2/ Canada
3/ United Kingdom
4/ Mexico
5/ Australia

WIHI Broadcasts
Most total listeners in 2012
1/ Have You Had “The Conversation”? Helping Loved Ones Discuss End-of-Life Preferences  January 26, 2012
2/ Highly Reliable Hospitals: The Work Ahead  March 8, 2012
3/ Minimally Disruptive Medicine  August 8, 2012
4/ Live from the International Forum  April 19, 2012
5/ Situational Awareness and Patient Safety  June 7, 2012

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3/ Going Lean in Health Care
4/ Respectful Management of Serious Clinical Adverse Events
5/ Achieving an Exceptional Patient and Family Experience of Inpatient Hospital Care
How-to Guides
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1/ Improving Transitions from the Hospital to Community Settings to Reduce Avoidable Rehospitalizations
2/ Prevent Central Line-Associated Bloodstream Infections
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5/ Improving Transitions from the Hospital to Skilled Nursing Facilities to Reduce Avoidable Rehospitalizations

IHI Open School Courses
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1/ Fundamentals of Improvement
2/ Introduction to Patient Safety
3/ Fundamentals of Patient Safety
4/ The Model for Improvement: Your Engine for Change
5/ Teamwork and Communication

No. 1 downloaded item from theconversationproject.org
Conversation Starter Kit
A free kit to help guide discussions about end-of-life wishes

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2/ The Science of Improvement... On a Whiteboard! Video
3/ When You Hear Hoofbeats, Don’t Think Zebras Case Study/Video
4/ Defining “Quality”: Aiming for a Better Health Care System Video
5/ An Insulin Overdose Case Study

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Countries with increased visitors in 2012

1/ Australia 57%
2/ United Kingdom 52%
3/ United States 48%
4/ Canada 43%
5/ Mexico 28%
Defining Moment
South Africa’s Department of Health committed to spreading quality improvement methods to help reduce the rate of mother-to-child HIV transmission to less than 5 percent nationwide.

In 2009, the rate had plateaued at 20 percent, but in 2012 the rate is down to 2.5 percent across the country.
South Africa now has a highly reliable process for HIV testing among pregnant women, with a nearly 100 percent testing rate in three districts in KwaZulu-Natal as of January 2012.

Dramatically Reducing HIV Transmission in South Africa

Four years ago, the impact of HIV on the health of mothers and children in South Africa had reached a critical level. The problem was evident in the province of KwaZulu-Natal, where nearly 40 percent of women attending prenatal clinics had HIV and were at risk for passing the virus to their newborn children.

To help reduce the likelihood of mother-to-child HIV transmission, IHI formed an alliance with organizations in KwaZulu-Natal called The 20,000+ Partnership. The goal of the group was to demonstrate how quality improvement (QI) methods, along with evidence-based practices and the use of public health data, could better identify pregnant mothers who were HIV-positive and start them on treatment to prevent HIV transmission to their babies.

“QI methodology helped health care workers appreciate the value of using routine public health data to identify and work to close gaps in performance,” says Jennifer Reddy, project director of The 20,000+ Partnership, based at the University of KwaZulu-Natal. “It strengthened communication and accountability for service delivery across levels of care.”

As leaders in KwaZulu-Natal began seeing results, they requested a scale-up of QI across the province. National health leaders in South Africa were also working to reduce the rates of transmission but had seen mixed results. In 2007, the South Africa Department of Health set a goal to reduce the rate of mother-to-child HIV transmission nationwide to less than 5 percent by 2011 (the rate plateaued at 20 percent in 2009). Taking notice of the success of The 20,000+ Partnership, the Department of Health launched an accelerated effort to scale up QI work across the country.

South Africa now has a highly reliable process for HIV testing among pregnant women, with a nearly 100 percent testing rate in three districts in KwaZulu-Natal as of January 2012. The country has also achieved a low rate of mother-to-child HIV transmission, passing its 5 percent goal and dropping the rate to 2.5 percent across the country.
Defining Moment

“His daughter said, ‘You never talk. I don’t know what you want,’” Dr. Lally recalls. “So I reframed the conversation around what mattered to him.”
In a 2012 survey of Californians, 82 percent say it is important to put end-of-life wishes in writing, but only 23 percent say they have done so.

**Encouraging Families to Have A Critical Conversation**

At Kent Hospital in Warwick, Rhode Island, an elderly woman lay unresponsive after a stroke. Kate M. Lally, MD, FACP, Director of Palliative Care, wanted to know what treatments her patient would want. The woman’s daughter didn’t know. When the daughter had broached the subject in the past, her mother would answer, “I don’t want to talk about it.” Instead of being able to convey her mother’s end-of-life wishes, her daughter was unsure and distraught. Later, Lally worried, the daughter’s grief at her mother’s passing would be complicated by guilt.

Pulitzer Prize–winning columnist Ellen Goodman and her friends had dealt with these same kinds of complications as caregivers for their own relatives. Recalling “good deaths” and “hard deaths,” they resolved to help the public speak more openly about dying, so everyone’s wishes could be expressed and respected. Goodman approached IHI for help with structuring this vision, and together we launched The Conversation Project in August 2012.

The campaign provides an online forum for sharing experiences and a “Conversation Starter Kit” for easing discussions about values and end-of-life wishes. While advance directives or living wills are important, The Conversation Project encourages people to go beyond these legal documents and openly communicate so loved ones can make decisions on a patient’s behalf with more confidence, even in unforeseen circumstances.

Understanding that providers need to be prepared to hear and respect the end-of-life wishes of patients, IHI launched Conversation Ready (as a complement to The Conversation Project) for hospitals, nursing homes, and other facilities. Kent Hospital’s parent organization, Care New England, is among the pioneers of the Conversation Ready program (see page 9) and its caregivers are finding that these conversations are getting easier. One patient in his 60s who had terminal lung cancer assumed his family would know what to do in the end. “His daughter said, ‘You never talk. I don’t know what you want,’” Lally recalls. “So I reframed the conversation around what mattered to him. He said, ‘I want to see my girlfriend, go walking, and have family dinners. When I’m too sick to enjoy those things, it’s my time.’”

*photo: Kate Lally, MD, patient Florence Melbourne, and her daughter have a conversation about end-of-life wishes*
Defining Moment

IHI's Patient Safety Officer (PSO) program has had a strong effect on Kaiser Permanente’s safety culture. Barbara Crawford, Kaiser Permanente’s Vice President of Quality and Regulatory Services, says, “Our quality leaders bring back the lessons of the PSO training to the organization, and they all consider it a transformational experience. And they continue to live it.”

A Measure of Excellence

The Joint Commission (TJC) composite score is an averaged aggregation of 21 Joint Commission indicators represented in a single measure that spans conditions and populations.
That’s the dramatic reduction that Kaiser Permanente saw in its hospital standardized mortality ratios — down from 76.5 percent in 2008 to 50.3 percent in 2012.

**Strategic Partnership**

**Boosts Performance and Gives Back**

In 2005, Kaiser Permanente was poised to take quality, safety, and service to a higher level. It had implemented the largest civilian electronic medical record system in the US, and now it wanted to jumpstart the development of a world-class performance improvement system. To help with this, Kaiser Permanente entered into a strategic partnership with IHI to design ideal systems of care and bring improvement science expertise to all levels of its organization.

“Nothing has been more influential than the strategic partnership with IHI,” says Alide Chase, Kaiser Permanente Senior Vice President of Medicare Clinical Operations and Population Care, and Executive Director of the Care Management Institute. “IHI was instrumental in helping us think through whole-system measures on performance.”

Reflecting on the partnership, Chase says, “I could go on and on about different specific clinical initiatives and service initiatives, how IHI has served as coaches and mentors, and how we’ve used the skills we’ve gained in improvement science to advance the improvement work. Our results prove that it’s working.”

One big achievement is the development of Kaiser Permanente’s web-based data dashboard, called Big Q. Created in collaboration with IHI, it tracks the performance of each medical center and service area against external best-in-class benchmarks and internal goals. Notable improvements include: the hospital standardized mortality ratio has been on the decline and performance on The Joint Commission composite score has been on the rise, with both consistently beating benchmark levels.

The partnership has been mutually beneficial for both IHI and Kaiser Permanente. For example, Kaiser Permanente provides a multimillion dollar endowment for safety net organizations to attend IHI programs. “It’s consistent with our mission as an organization to contribute to helping safety net organizations advance their learning,” says Chase. “To me, a strategic partnership is a two-way relationship.”
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The IHI Team
What’s your next defining moment?