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## **IHI'S IMPACT NETWORK HAS DEMONSTRATED DRAMATIC IMPROVEMENTS IN THE DELIVERY OF PATIENT CARE**

### **Facilities in Alaska, California, Florida, Illinois, Iowa, and Michigan Highlighted**

BOSTON, MA – July 21, 2003 – The Institute for Healthcare Improvement (IHI) announced today that its IMPACT network – which now has over 100 health care member organizations, has made dramatic improvements in patient care. Created in 2002, IMPACT is a network of health care organizations, including some of the finest hospitals and medical practices in the world, that are joined together under IHI's leadership to create a community of service providers committed to significantly improving patient care. Some examples of IMPACT's success include the following:

- **PATIENT SAFETY – OSF HealthCare**, which has six hospitals in Illinois and Michigan, **has significantly reduced the number of adverse drug events (ADEs), from 4.0 to 1.5, per 1,000 doses** throughout the entire system. It has designed and implemented a wide array of changes to reduce ADEs, ranging from an “ADE Hotline” to a pharmacy-based Coumadin dosing protocol. Teams are also working on a number of other safety initiatives including enhancing and maintaining a culture of safety and improving medication reconciliation.
- **CRITICAL CARE SETTINGS – Dominican Hospital**, a 379-bed hospital that serves Santa Cruz County in California, **has reduced the average number of days a patient spends on a mechanical ventilator from 5.5 to 3.0 days**. The team at Dominican, part of the 41-hospital Catholic Healthcare West system, is working to improve critical care processes and has implemented ventilator bundling, daily goal sheets, and improved glucose control, among other things. The crew credits using scientific evidence over intuition. The team implemented such interventions as assuring that the head of the bed is always raised to 30 degrees or greater, providing peptic ulcer and deep vein thrombolysis prophylaxis, and sedating ventilator-assisted patients as minimally as possible. Reductions in ventilator-associated pneumonia and Intensive Care Unit (ICU) mortality have shown related improvement as well.
- **OFFICE PRACTICES AND OUTPATIENT SETTINGS – Iowa Health System (IHS)**, which supports a system of 10 rural hospitals in Iowa and partners with physicians and clinics in more than 80 communities in Iowa, western Illinois, and

eastern Nebraska, **has improved patient access to care by reducing the wait for the 3<sup>rd</sup> next available appointment from 32 to 9 days.** Beginning in one clinic, with plans to spread successes throughout the system, IHS is working to improve care for patients with chronic disease by making improvements in its primary care clinics that impact all six of the Institute of Medicine's aims for improved care: safety, effectiveness, patient-centeredness, timeliness, efficiency, and equity.

- **WORKFORCE DEVELOPMENT – Southcentral Foundation and the Alaska Native Tribal Health Consortium**, two large nonprofit health organizations that jointly provide comprehensive services at the Alaska Native Medical Center (ANMC) in Anchorage, Alaska, **have reduced the voluntary employee turnover rate from 32% to 15%.** The team has made significant early strides in their aim of reducing overall voluntary workforce turnover rates by 25% in the next 12 months. ANMC has tested and implemented changes in new employee-orientation structure and process, performance evaluations, competency-based interviewing, and a new training program for administrative support positions.
- **FLOW THROUGH ACUTE CARE SETTINGS – Bon Secours Venice Hospital** (Florida), a 342-bed community hospital, **has been able to reduce the number of hours it takes for a patient to be transferred within the hospital. Placement into long-term care, for example, was reduced from 10 to 3 hours.** The IMPACT team has worked on reducing delays to safe and efficient patient flow throughout the hospital in a community that serves 85 percent Medicare population. Through several cycles of change in education, communication, reduction of hand-offs, and redesigned patient transportation, they have been able to considerably diminish their transfer times across the system. These include reductions from the Emergency Room to inpatient bed, from the Post Anesthesia Recovery Unit to bed, from the ICU to bed, and placement into long-term care, all resulting in improvement of patient care and substantial cost savings.

“The health care organizations in IMPACT are pioneers in demonstrating that improvements in patient care are both achievable and significantly easier when people work together,” said IHI president and CEO Donald M. Berwick, MD, MPP. “These remarkable achievements provide incentive and encouragement to all those who know that patient care can and must be improved.”

For further information, including contacts at the participating health care facilities, please call Danielle Rhoades at (212) 576-2700. More detailed charts presenting the data described above are available at [www.qualityhealthcare.org](http://www.qualityhealthcare.org).

*The Institute for Healthcare Improvement (IHI) is a not-for-profit organization leading the improvement of health care throughout the world. Founded in 1991 and based in Boston, MA, IHI is a catalyst for change, cultivating innovative concepts for improving patient care and implementing programs for putting those ideas into action. Thousands of health care providers, including many of the finest hospitals in the world, participate in IHI's groundbreaking work.*