

# Overview of the 100,000 Lives Campaign

"The names of the patients whose lives we save can never be known. Our contribution will be what did *not* happen to them. And, though they are unknown, we will know that mothers and fathers are at graduations and weddings they would have missed, and that grandchildren will know grandparents they might never have known, and holidays will be taken, and work completed, and books read, and symphonies heard, and gardens tended that, without our work, would never have been."

Donald M. Berwick, MD, MPP, Former President and CEO, Institute for Healthcare Improvement

Excerpted from Dr. Berwick's plenary address at IHI's 16th Annual National Forum on Quality Improvement in Health Care (December 2004)

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We invite you to join a Campaign to make health care safer and more effective — to ensure that hospitals achieve the best possible outcomes for all patients.

#### **A Flawed System**

Health care is a highly complex system with many broken parts. The good news is that for every broken part in our system, there are remarkable examples of excellence — organizations that have overcome enormous obstacles to redesign the way patient care is delivered.

Unfortunately, these examples are too few. As the Institute of Medicine (IOM) declared in 2001, in words that still ring true, "Between the health care we have and the care we could have lies not just a gap, but a chasm." Health care does not yet reliably transfer best-known science into action, and processes frequently fail, despite the best intentions of a dedicated and highly skilled workforce. Our system, which intends to heal, too often does just the opposite — leading to unintended harm and unnecessary deaths at alarming rates.

## 100,000 Lives

The 100,000 Lives Campaign is a nationwide initiative launched by the Institute for Healthcare Improvement (IHI) to significantly reduce morbidity and mortality in American health care. Building on the successful work of health care providers all over the world, we are introducing proven best practices across the country to help participating hospitals extend or save as many as 100,000 lives. With your help, IHI and its partners in this work believe it's possible to achieve this in 18 months (January 2005 through June 2006) and in every year thereafter.

Hundreds of health care organizations have been making changes that improve care and reduce patient harm. Now is the time to harness those experiences and apply the best methods reliably 100% of the time. This is essential in the face of these disturbing statistics:

- The IOM estimates that as many as 98,000 people die each year in US hospitals due to medical injuries.
- The Centers for Disease Control and Prevention estimate that two million patients suffer hospital-acquired infections each year.
- The US spends the most money on health care of all (advanced) industrialized nations [1], but it performs more poorly than most on many measures of health care quality [2].

These circumstances are not acceptable. It is time to change; and you can help.

### The Campaign

IHI and its partners in this Campaign encourage hospitals and other health care providers to take the following steps to reduce harm and deaths:

- 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 (ADEs)...by implementing medication reconciliation
- **Prevent Central Line Infections**...by implementing a series of interdependent, scientifically grounded steps called the "Central Line Bundle"
- **Prevent Surgical Site Infections**...by reliably delivering the correct perioperative antibiotics at the proper time
- Prevent Ventilator-Associated Pneumonia...by implementing a series of interdependent, scientifically grounded steps including the "Ventilator Bundle"

When reliably implemented, these interventions will greatly reduce morbidity and mortality.

Detailed information on each of these six changes is available in the <u>Materials</u> section and will be augmented over the course of the Campaign. In addition to these six changes, IHI will continuously seek and add others that have been shown to save lives.

Whether a hospital chooses to apply all, or some, of the recommended interventions, their results will be routinely tracked and measured, and will serve as a regular barometer for the Campaign's progress.

#### **Get Involved**

There's no cost to joining the 100,000 Lives Campaign, but your organization must be ready to make some changes and willing to report back on your progress.

The first step is to sign up — simply go to the "Sign Up" tab. In the Campaign area on IHI's website, you'll find everything you need to know to implement the recommended changes at your institution, including detailed information about each intervention, useful tools, and helpful resources. The site will also feature information on other ways that individuals and organizations can help with the Campaign.

Some Is Not a Number. Soon Is Not a Time.

The number is 100,000. The time is NOW. The goal is achievable, but we need your help. Please be part of the 100,000 Lives Campaign.

<sup>[1]</sup> Reinhardt UE, Hussey PS, Anderson GF. US health care spending in an international context. Health Affairs. 2004;23(3):10-25.

<sup>[2]</sup> Blendon RJ, Schoen C, DesRoches CM, Osborn R, Zapert K, Raleigh E. Confronting competing demands to improve quality: A five-country hospital survey. *Health Affairs*. 2004;23(3):119-135.