


 HTNYS


 Trustee Leader

Information, policy developments, and educational opportunities for health care trustees

5 Million Lives Campaign for Quality Improvement Has Trustee Component

The Institute for Healthcare Improvement (IHI) has launched a new national hospital quality improvement campaign that includes a component for hospital boards of trustees. The 5 Million Lives Campaign is asking hospitals to build upon the work that was begun with the 100,000 (100k) Lives Campaign, a nationwide initiative launched in 2005 to significantly reduce morbidity and mortality in American health care.



The 5 Million Lives Campaign seeks to rapidly improve care to protect patients from five million incidents of medical harm over a 24-month period, ending December 9, 2008.

About the 5 Million Lives Campaign

The 5 Million Lives Campaign aims to enlist 4,000 hospitals, challenging all to adopt up to 12 of the following interventions—six of which were included in the 100k Lives Campaign and six of which are new.

New 5 Million Lives Campaign initiatives:

- **Prevent Methicillin-Resistant Staphylococcus Aureus (MRSA) Infection**—by reliably implementing scientifically proven infection control practices throughout the hospital.
- **Reduce Harm from High-Alert Medications**—starting with a focus on anticoagulants, sedatives, narcotics, and insulin.
- **Reduce Surgical Complications**—by reliably implementing the changes in care recommended by the Surgical Care Improvement Project (SCIP).
- **Prevent Pressure Ulcers**—by reliably using science-based guidelines for prevention of this serious and common complication.
- **Deliver Reliable, Evidence-Based Care for Congestive Heart Failure**—to reduce readmissions.
- **“Get Boards on Board”**—by spreading processes that help hospital boards of directors become more effective in accelerating the improvement of care.

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The six original interventions from the 100k Lives Campaign are:

- **Deploy Rapid Response Teams**—at the first sign of patient decline and before a catastrophic cardiac or respiratory event.
- **Deliver reliable, Evidence-Based Care for Acute Myocardial Infarction**—to prevent deaths from heart attack.
- **Prevent Adverse Drug Events**—by reconciling patient medications at every transition point in care.
- **Prevent Central Line Infections**—by implementing a series of interdependent, scientifically-grounded steps.

- **Prevent Surgical Site Infections**—by following a series of steps, including reliable, timely administration of correct perioperative antibiotics.
- **Prevent Ventilator-Associated Pneumonia**—by implementing a series of interdependent, scientifically grounded steps.

There is no cost for hospitals to join the 5 Million Lives Campaign, but participating hospitals must adopt at least one intervention.

“I think that we should declare 2007 ‘The Year of Governance’ and start to put back on the table of the boards not just a request, but an absolute sense of obligation, that learning who does better and then doing at least that well is central to proper stewardship of health care. Until leaders own that problem, I don’t think spread is going to happen. The buck stops in the board room.”

— “An Interview with Donald Berwick,”
*Joint Commission Journal on Quality
and Patient Safety* 2006;32(12):666

Why IHI Includes a Board of Trustees Component

After the first 18 months of the 100k Lives Campaign (December 2004-June 2006), IHI paused to study the participating hospitals that had the most success over the course of the initiative. IHI wanted to learn more about those facilities that had introduced Rapid Response Teams and seen precipitous drops in “codes” being called outside of the intensive care unit. IHI also wanted to understand the clinical insight and operational breakthroughs that had allowed other organizations to go more than a year without a single ventilator-associated pneumonia or central line infection.

In hospitals across the country, IHI uncovered innovations and local adaptations for each of the six 100,000 Lives Campaign interventions. IHI also noticed several core characteristics of facilities whose work was outstanding, no matter what intervention the facility introduced. These exceptional hospitals seemed to have created an organizational context better able to support change of any kind,

whether it involved providing reliable care for acute myocardial infarction, reducing adverse drug events through effective medication reconciliation, or introducing other best practices to improve care and make patients safer. These highest-achieving organizations shared in common a small set of foundational properties, including clear aim-setting and prioritization, transparent measurement, investment in building quality improvement capacity, and mindfulness of the role that every stakeholder in the care process has in driving improvement.

IHI decided to augment its six original and five new clinical interventions (11 in total) with an intervention of a different type—a non-clinical intervention—that focuses on one of the most crucial attributes of those organizations that have demonstrated the greatest, sustained progress in patient safety: deeply engaged leadership, starting with the board of trustees.

FOR MORE INFORMATION ABOUT THIS TOPIC, CONTACT

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At a minimum, boards should start by spending more than 25% of their meeting time on quality and safety issues and conducting, as a full board, a conversation with at least one patient, or family member of a patient, who sustained serious harm at their institution within the last year.”

— *IHI Getting Started Kit: Governance Leadership How-to Guide*

Six Things All Boards Should Do to Improve Quality and Reduce Harm

As part of the “get boards on board” intervention, IHI is asking governing boards of participating organizations to focus on the following six activities:

- 1. Setting Aims:** Set a specific aim to reduce harm this year. Make an explicit, public commitment to measurable quality improvement (e.g., reduction in unnecessary mortality and harm), establishing a clear aim for the facility or system.
- 2. Getting Data and Hearing Stories:** Select and review progress toward safer care as the first agenda item at every board meeting, grounded in transparency, and putting a “human face” on harm data.
- 3. Establishing and Monitoring System-Level Measures:** Identify a small group of organization-wide “roll-up” measures of patient safety (e.g., facility-wide harm, risk-adjusted mortality) that are continually updated and are made transparent to the entire organization and all of its customers.
- 4. Changing the Environment, Policies, and Culture:** Commit to establish and maintain an environment that is respectful, fair, and just for all who experience pain and loss as a result of avoidable harm and adverse outcomes: patients, their families, and staff.
- 5. Learning... Starting with the Board:** Develop your capability as a board. Learn about how “best in the world” boards work with executive and physician leaders to reduce harm. Set an expectation for similar levels of education and training for all staff.
- 6. Establishing Executive Accountability:** Oversee the effective execution of a plan to achieve your aims to reduce harm including executive team accountability for clear quality improvement targets.

To assist hospital boards in implementing the six recommended activities for boards, IHI has made available *Getting Started Kit: Governance Leadership How-to Guide*. The Getting Started Kit contains specific examples for each of the activities. It is available at no charge on the IHI Web site at www.ihl.org.

How Can Your Board Join?

Hospitals that are already enrolled in the 100k Lives Campaign do not need to officially re-enroll in the 5 Million Lives Campaign. Hospitals will also be invited to reaffirm their commitment to this work—and identify the interventions they are working on—by meeting the requirements of the first data collection period for the 5 Million Lives Campaign. The data submission requirements for the 5 Million Lives Campaign are the same as for the 100k Lives Campaign—hospitals will not be asked to submit additional data. IHI will begin accepting data submissions in January 2007 of basic administrative and demographic characteristics of hospitals, and later in the year of acute care inpatient mortality data (deaths and dis-

charges). Hospitals that did not enroll in the original campaign can enroll on at www.ihl.org.

If your board chooses to participate in the “getting boards on board” intervention, IHI recommends the following initial steps:

- Distribute the *Getting Started Kit* to your board, executive administrative, and clinical staff immediately.
- Put the 5 Million Lives Campaign on the agendas of the next meetings of the board of trustees, board quality, executive leadership, and medical executive committees.

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- Open these meetings with a short narrative of an actual patient event, illustrating a type or pattern of harm that occurred recently at your institution. This is most effective when connected to the organization's harm reduction strategy, including lessons learned from the event and specific actions being asked of the board.
- Present the "Six Things All Boards Should Do to Improve Quality and Reduce Harm" and develop an action plan to move forward on each item within the next month.
- Place your organization's system-level harm metrics on the board and senior leadership dashboards.

HTNYS Activities

HTNYS, in conjunction with the Healthcare Association of New York State (HANYS), encourages members to participate in the 5 Million Lives Campaign. HTNYS will provide member trustees with tools and information to support participation in the "getting boards on board" intervention during the next year.

If you have any questions or comments, please contact Joanne Cunningham, Executive Director, HTNYS, or Jennifer Carter, Director, at (800) 360-7211. You may also e-mail them at jcunning@hanys.org, or at jcarter@hanys.org, respectively.



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