

## IHI's 100k Lives Campaign

**Country:** USA

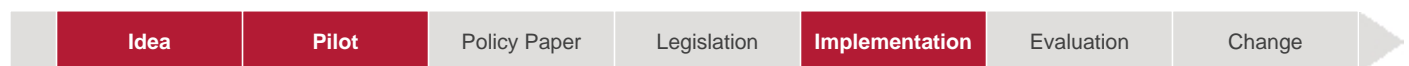
**Partner Institute:** The Commonwealth Fund, New York

**Survey no:** (5)2005

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**Health Policy Issues:** Quality Improvement, Others

**Current Process Stages**



### 1. Abstract

IHI's 100,000 Lives Campaign aims to incorporate six changes into 1,600 U.S. hospitals within the next year and a half to save 100,000 lives by 9 a.m., June 14, 2006. IHI has identified six specific changes that should be put into place to achieve that goal.

### 2. Purpose of health policy or idea

On December 14, 2004, The Institute for Healthcare Improvement, a private, non-profit organization, announced the 100k Lives Campaign which aims to enlist up to 2,000 U.S. hospitals to make a commitment to implement changes in care that have been proven to prevent avoidable deaths. The Campaign has started with **six interventions**:

1. deploy rapid response teams at the first sign of patient decline;
2. deliver reliable, evidence-based care for acute myocardial infarction to prevent deaths from heart attack;
3. prevent adverse drug events by implementing medication reconciliation;
4. prevent central line infections by implementing a series of interdependent, scientifically grounded steps called the "Central Line Bundle";
5. prevent surgical site infections by reliably delivering the correct perioperative antibiotics at the proper time;
6. prevent ventilator-associated pneumonia by implementing a series of interdependent, scientifically-grounded step[s called the "Ventilator Bundle".

In addition to these six interventions, IHI will continuously seek and add others that have been shown to save lives.

Hospitals that choose to participate in the Campaign commit to implementing some or all of the six interventions. (This text was taken from the IHI 100k Lives Campaign press release available at [www.ihl.org/IHI/Programs/Campaign/](http://www.ihl.org/IHI/Programs/Campaign/)

#### Main objectives

To prevent 100,000 avoidable deaths by having hospitals implement 6 interventions.

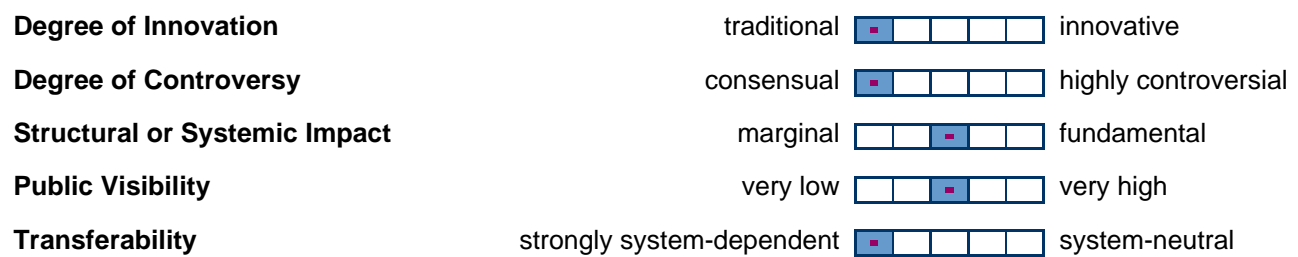
**Type of incentives**

none

**Groups affected**

Hospitals, Patients, Providers

**3. Characteristics of this policy**



Implementation of the 6 interventions is a good practice. However, number of lives saved and impact cannot be determined until data is available.

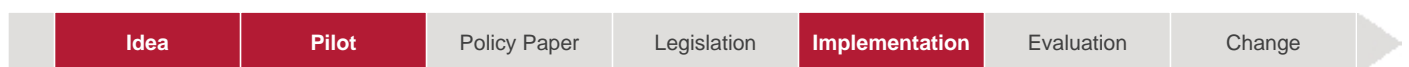
**4. Political and economic background**

In the past half-decade, interest in patient safety has risen to unprecedented levels in the United States. The release of the 1999 Institute of Medicine (IOM) report, "To Err is Human," drew attention to the high frequency of medical errors and prompted calls for system-wide reform. The report revealed that hospital errors cost as many as 98,000 lives every year, and called for comprehensive changes in health care delivery and oversight and set the goal of reducing error-related deaths by 50% in five years (Institute of Medicine. *To Err is Human: Building a Safer Health System*. Washington, DC: National Academy Press, 1999).

**Change based on an overall national health policy statement**

1999 Institute of Medicine report To Err is Human

**5. Purpose and process analysis**



**Origins of health policy idea**

The Institute for Healthcare Improvement initiated the Campaign. The tools that will be used are the six interventions proven to prevent avoidable deaths.

### Approach of idea

The approach of the idea is described as: renewed: The 6 approaches that IHI is calling for enactment by hospitals are evidence-based and already known to be effective.

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### Stakeholder positions

A full list of the hospitals and health care systems that have joined the Campaign is available at [www.ihl.org/IHI/Programs/Campaign/](http://www.ihl.org/IHI/Programs/Campaign/). It consists of:

Over 60 health care systems totalling more than 2,000 hospitals, including:

- Veterans Health Administration (171 hospitals)
- Ascension Health (67 hospitals)
- Ardent Health (35 hospitals)
- Sioux Valley Hospitals and Health System (24 hospitals)
- SSM Health Care (20 hospitals)
- Sisters of Mercy Health System (16 hospitals)
- Baylor Health Care System (16 hospitals)

And over 300 individual hospitals.

In addition, 36 other health care organizations have joined the Campaign as partners. These include the state hospital associations from Maine, Massachusetts, North Carolina, Washington, Minnesota, and New York (also listed at [www.ihl.org/IHI/Programs/Campaign/](http://www.ihl.org/IHI/Programs/Campaign/)). The Campaign has been endorsed by health care organizations including: the American Medical Association, the American Nurses Association, the Centers for Medicare and Medicaid Services, and the Joint Commission on Accreditation of Healthcare Organizations.

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### Influences in policy making and legislation

This is a campaign to encourage voluntary action by hospitals and is not part of the legislative process.

Legislative outcome

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### Adoption and implementation

Implementation will occur voluntarily with each hospital that participates in the Campaign.

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### Monitoring and evaluation

Participating hospitals agree to measure their results with monthly mortality data reported on a quarterly basis. Aggregated findings will be made public.

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## 6. Expected outcome

If the participating hospitals implement the six changes, there should be an increase in quality and safety. However, impacts of the initiative cannot be determined until outcome data is available.

Impact cannot be determined until data is available.

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## 7. References

### Sources of Information

[www.ihf.org/ihf/Programs/Campaign/](http://www.ihf.org/ihf/Programs/Campaign/)

McCue M, Commentary and Executive Profile of Dr. Don Berwick, *Managed Healthcare Executive*, February 2005, [www.ihf.org/NR/rdonlyres/73125243-4DD8-4CF7-97CC-75027F762031/0/MHE25705e.pdf](http://www.ihf.org/NR/rdonlyres/73125243-4DD8-4CF7-97CC-75027F762031/0/MHE25705e.pdf)

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