



*The 100,000 Lives  
Campaign:  
Getting Started*

**Institute for Healthcare Improvement**



Arizona Hospital and  
Healthcare Association



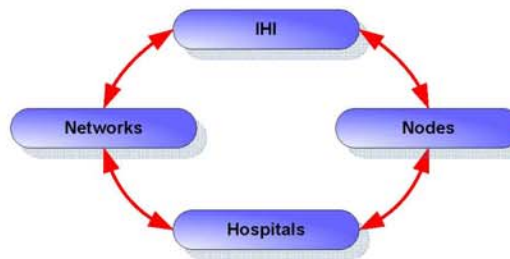
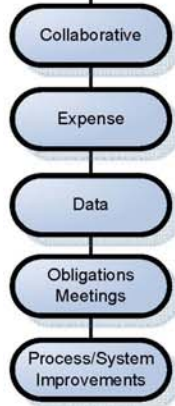
# Who is IHI?

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## Goals:

- No needless death
- No needless pain or suffering
- No helplessness in those served or serving
- No unwanted waiting
- No waste





**IHI Field Operations (4)**

**Platform**  
 ✓ 6 interventions

**Measurement**  
 ✓ Strategy  
 ✓ Collect Monthly  
 ✓ Data Submission Process

**Communication**  
 ✓ Spread the Word  
 ✓ Publicity

**Field Operations**  
 ✓ IHI Partners  
 ✓ Taking Action in Field  
 ✓ Track Success

**Nodes**

**Raise Awareness** about campaign/broad and deep into organizations

**Drive Enrollment** – keep going – strategy

**Convene** – conference call, face to face meetings, mentor, link experts, discussion groups, list serv, etc.

**Communication Relay** – between IHI and network members

**Technical Assistance** – (after forming team) how to put in to place

**Measurement**

**Respond to Emerging Challenges**



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

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**THE NUMBER:**

**100,000 LIVES**

**THE TIME:**

**JUNE 14, 2006 - 9 A.M. ET**



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## 100k *lives* Campaign

SOME IS NOT A NUMBER. SOON IS NOT A TIME.

This campaign aims to enlist 1,600 hospitals across the country in a commitment to implement six changes in care that have been proven to prevent avoidable deaths.



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# Campaign Platform

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- The 100,000 Lives Campaign invites participants to pursue all or several of six improvement interventions.
- More interventions may be added in the course of the Campaign.
- There are thorough, referenced overviews of each Campaign intervention at [www.ihl.org/IHI/Programs/Campaign/](http://www.ihl.org/IHI/Programs/Campaign/)





## 100k *lives* Campaign

SOME IS NOT A NUMBER. SOON IS NOT A TIME.

- **Prevention of Central Line-Associated Bloodstream Infection...**by implementing a series of interdependent, scientifically grounded steps called the “Central Line Bundle”
- **Rapid Response Teams...**at the first sign of patient decline
- **Improved Care for Acute Myocardial Infarction...**to prevent deaths from heart attacks
- **Prevention of Adverse Drug Events...**by implementing medication reconciliation
- **Prevention of Surgical Site Infection...**by reliably delivering the correct preoperative antibiotics at the proper time
- **Prevention of Ventilator-Associated Pneumonia...**by implementing a series of interdependent, scientifically grounded steps called the “Ventilator Bundle”



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# Campaign Measurement

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- The 100,000 Lives Campaign strongly encourages all participants to measure process and outcome measures associated with each intervention.
- The Campaign will, however, keep track of the number of organizations involved, the interventions they pursue, and total number of lives saved.
- Measurement strategy will be available at [www.ihl.org/IHI/Programs/Campaign/](http://www.ihl.org/IHI/Programs/Campaign/)





# Use of the Data

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- IHI will collect these data in quarterly reports from participating organizations.
- Individual participant data will not be released to the public or any other organization (data will only be shared in aggregate).
- A national comparative database which identifies each participant will not be developed.



# Prevention of Adverse Drug Events



*Goal: Prevent adverse drug events (ADEs) by implementing medication reconciliation.*

## Background

- Hospitalized patients who experience an ADE are twice as likely to die.
- Death certificate data showed 1,200 hospital deaths in 1993 due to medication errors.
- ADEs account for 6.3% of malpractice claims.
- JCAHO has included medication safety in its 2005 National Patient Safety Goals.





## *Prevention of Adverse Drug Events*

### **Intervention – Medication Reconciliation**

- 46% of errors occur at transition points (e.g., admission to hospital, transfer between units, discharge from hospital).
- Medication reconciliation ensures that patients receive all intended medications and no unintended medications following transitions in care locations.
- Medication reconciliation can virtually eliminate errors occurring at transitions in care.





## *Prevention of Adverse Drug Events*

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Luther Midelfort, Mayo Health System, Eau Clair, WI, eliminated virtually all ADEs in the Telemetry/Intermediate Care Unit by implementing a medication reconciliation system.





# Patient Safety in Arizona

## Patient Safety Steering Committee

- Arizona Hospital and Healthcare Association
- Banner Desert Medical Center
- Banner Good Samaritan Medical Center
- Casa Grande Regional Medical Center
- Health Services Advisory Group, Inc.
- Renal Care Group, Inc.
- Scottsdale Healthcare
- St. Luke's Health Initiatives
- Sun Health Corporation
- Veterans Integrated Service Network 18 (VISN)
- Yuma Regional Medical Center, Inc.





# Patient Safety in Arizona

## Mission

Supporting and engaging Arizona consumers, hospitals and healthcare organizations in their patient safety efforts to improve systems and patient outcomes by:

- increasing awareness of patient safety issues;
- providing education regarding patient safety issues;
- developing and providing tools for providers and consumers regarding patient safety issues;
- creating a culture and mindset regarding patient safety issues;
- fostering and encouraging transparency so all can learn and benefit when things happen and not lay blame; and
- thinking, speaking and functioning with one voice and language so a consistent message is communicated and confusion is eliminated.





# Patient Safety in Arizona

## Vision

To partner and work collaboratively with consumers, industry and community to create and maintain the safest state in the United States to receive healthcare. We will achieve the vision by impacting cultural conditions and advocating in concert with other patient safety minded organizations for patient safety initiatives, practices and outcomes.

## We Value the Concepts of:

- collaboration;
- sharing of information;
- celebrating success;
- being proactive and visible; and
- using lessons learned and reflective learning to facilitate improvement and growth.





# Patient Safety in Arizona

## Principles

We Will:

- work on evidence based patient safety activities;
- remain patient /provider/community centered;
- focus on improved outcomes;
- freely share information, and ideas with each other to improve patient safety progress;
- disseminate best practices;
- shared responsibility / accountability;
- incorporate patient safety into healthcare curriculum as a standard and industry norm; and
- work with a sense of urgency.



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# Arizona Partnership for Implementing Patient Safety (A-PIPS)

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Aetna

AHCCCS

Arizona Association for Home Care

Arizona Association of Homes for the Aging

Arizona Dept of Health Services

Arizona Hospital and Healthcare  
Association

Arizona Medical Association

Arizona Medical Board

Arizona Nurses Association

Arizona Osteopathic Medical Association

Arizona State Board of Nursing

Banner Desert Medical Center

Banner Good Samaritan

Banner Home Care

Eli Lilly

Health Services Advisory Group, Inc

Hospice of the Valley

Isaacson & Duffy, PC

John C. Lincoln Deer Valley

Mercy Health Care Center

Mutual Insurance Company of Arizona

PacifiCare

TAPI

University of Arizona, Rural Health Office

Wellness Council of Arizona



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# Next steps

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- If you are not currently listed on [www.ihl.org/IHI/Programs/Campaign/](http://www.ihl.org/IHI/Programs/Campaign/) as a Campaign participant, learn more and enroll.
- Join upcoming calls, listen to recordings of past calls, and download Getting Started Kits to learn more about each intervention and how you and your organization can start your campaign work.
- Get started on making change and saving lives!





# Contact:

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