



Jay A. Gold, MD, JD, MPH

The 100,000 Lives Campaign

Jay A. Gold, MD, JD, MPH

Seven Wisconsin health care organizations have come together to form a “node” in the Institute for Healthcare Improvement’s 100,000 Lives Campaign.

The campaign is a national initiative to engage hospitals in a commitment to implement changes in care proven to improve patient care and prevent avoidable deaths. The goal of the campaign is to prevent 100,000 avoidable deaths by June 14, 2006, 18 months after the campaign was announced.

Organized by MetaStar, the following organizations have joined to do their part to achieve IHI’s goal in Wisconsin:

- Wisconsin Medical Society
- Wisconsin Hospital Association
- Pharmacy Society of Wisconsin
- Rural Wisconsin Health Cooperative
- Wisconsin Nurses Association
- Wisconsin Organization of Nurse Executives

Doctor Gold is senior vice president and principal clinical coordinator for MetaStar, Inc. This material was prepared by MetaStar, Inc., the Quality Improvement Organization for Wisconsin, under a contract with the Centers for Medicare & Medicaid Services (CMS). The contents presented do not necessarily reflect CMS policy.

- **MetaStar**

The campaign centers around the implementation of six interventions that have been demonstrated to save lives.

- **Deployment of Rapid Response Teams**

A rapid response team (RRT)—also known as the Medical Emergency Team—is a team of clinicians (physicians, nurses, respiratory therapists, etc) who bring intensive care expertise to the patient bedside (or wherever it is needed). All hospitals have special teams and procedures for responding to a cardiac or respiratory arrest. The goal of an RRT is to respond to signs and symptoms of the patient’s worsening condition before the patient’s heart or breathing stops. The role of the RRT is to assist hospital staff in assessing and stabilizing the patient’s condition and organizing information to be communicated to the patient’s physician. If necessary, the team will assist with transferring the patient to an intensive care unit or to surgery. Studies have shown that hospitals with RRTs can reduce post-surgical non-ICU arrests and deaths dramatically.

- **Delivery of Reliable, Evidence-Based Care for Acute Myocardial Infarction**

Studies have shown that if hospitals do seven key things for patients with heart attacks, morbidity and mortality are reduced:

1. Administer aspirin quickly.
2. Administer a beta-blocker quickly.
3. Reperfuse quickly.
4. Administer ACE inhibitors or ARBs to patients with decreased left ventricular function.
5. Counsel smokers to stop smoking.
6. Prescribe aspirin at discharge.
7. Prescribe a beta blocker at discharge.

- **Prevention of Adverse Drug Events**

Adverse drug events (ADEs) can be prevented with medication reconciliation, a process of comparing a complete and accurate list of each patient’s current medications to the physician’s orders each time the patient moves into, out of, or within the hospital. Mismatches are brought to the attention of the physician and, if appropriate, changes are made to the orders.

Prevention of Central Line Infections

Central lines are prone to infections that can lead to a life-threatening infection for the patient. Studies have shown that using five procedures in the hospital can greatly reduce central line infections. Each of these procedures is effective on its own, but they are especially effective when used together:

- Wash hands before and after coming into contact with the central line, before and after medical procedures, between patients, before putting on and after removing gloves, and after using the bathroom.
- When installing the central line, whether in the patient's room or in a procedure room, use maximal barrier precautions: wearing a cap, mask, sterile gown, and gloves. The cap should cover all hair and the mask should cover the nose and mouth tightly. The patient should be covered from head to toe during the surgery with a sterile cloth, with only a small opening for the central line.
- Use chlorhexidine skin antiseptic.
- Insert the central line into the subclavian vein.
- Examine the central line daily to determine if it is still needed. If it is no longer needed, remove it.

Prevention of Surgical Site Infections

Many surgical site infections (SSIs) can be prevented by performing four procedures for all surgical patients before and after surgery. Again, each of these procedures is effective on its own, but are especially effective when used together:

- Appropriate antibiotic use: Choosing an antibiotic that is consistent with national guidelines, starting it within an hour before incision, and discontinuing it within 24 hours after surgery.
- Clipping hair from the surgery site or not removing the hair, rather than shaving the area
- Monitoring and controlling major cardiac surgery patients' glucose levels after surgery.
- Keeping colorectal surgery patients warm after surgery.
- Provide technical assistance.
- Encourage hospitals to join the campaign and to participate in improvement efforts associated with the campaign.
- Provide opportunities for participating hospitals to connect and share with one another.
- Act as a communication point between participating hospitals and the national campaign.
- Respond to emerging issues during the course of the campaign
- Work with participating hospitals in tracking campaign progress.

Prevention of Ventilator-Associated Pneumonia

Ventilator-associated pneumonia (VAP) is the leading cause of death among hospital-acquired infections, exceeding the rate of death due to central line infections, severe bloodstream infections, and respiratory tract infections in patients not on ventilators. In addition, VAP prolongs time spent on the ventilator, length of ICU stay, and length of hospital stay after discharge from the ICU.

Studies have demonstrated that four practices, when used together for all patients on mechanical ventilation, result in dramatic reductions in VAP:

- Raising the head of the bed.
- Reducing sedatives daily and assessing the patient's ability to breathe on her/his own.
- Administering medications to prevent reflux.
- DVT prophylaxis.

Conclusion

To encourage each of the six elements of the plan, the seven-organization Wisconsin node will:

- Disseminate improvement tools.
- Offer intervention strategies and opportunities to discuss them.

For more information about the Wisconsin node and the 100,000 Lives Campaign, please go to www.metastar.com/professional/IHI100klives.asp, or contact Carolyn Coffey at ccoffey@metastar.com or 608.274.1940.

Wisconsin Medical Journal

The mission of the *Wisconsin Medical Journal* is to provide a vehicle for professional communication and continuing education of Wisconsin physicians.

The *Wisconsin Medical Journal* (ISSN 1098-1861) is the official publication of the Wisconsin Medical Society and is devoted to the interests of the medical profession and health care in Wisconsin. The managing editor is responsible for overseeing the production, business operation and contents of the *Wisconsin Medical Journal*. The editorial board, chaired by the medical editor, solicits and peer reviews all scientific articles; it does not screen public health, socioeconomic or organizational articles. Although letters to the editor are reviewed by the medical editor, all signed expressions of opinion belong to the author(s) for which neither the *Wisconsin Medical Journal* nor the Society take responsibility. The *Wisconsin Medical Journal* is indexed in Index Medicus, Hospital Literature Index and Cambridge Scientific Abstracts.

For reprints of this article, contact the *Wisconsin Medical Journal* at 866.442.3800 or e-mail wmj@wismed.org.

© 2005 Wisconsin Medical Society