

The 100,000 Lives Campaign: Saving lives in Wisconsin and the nation

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It is well known that some life-saving medical interventions remain underused. If such practices were employed whenever they were indicated, many lives could be saved. MetaStar has worked for years with Wisconsin physicians and health care professionals to increase the rates at which some of these interventions are offered. However, making changes 1 person or 1 hospital at a time is slow and fragmented, and patients continue to be harmed despite the best efforts of good, dedicated health professionals. That is why the Institute for Healthcare Improvement (IHI) and numerous national partners launched the 100,000 Lives Campaign nationwide on December 14, 2004.

After a review of the literature, IHI developed a list of 6 hospital-based interventions that already had been tested and refined, and had been shown to save lives but were variable in their adoption. The goal was for these proven methods to be implemented on a large scale allowing changes to take place much more rapidly and systematically.

The campaign began with the seemingly-ambitious goal of enrolling 2000 US hospitals in an 18-month

campaign (December 2004-June 2006) to prevent 100,000 unnecessary deaths. Participating hospitals were asked 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 (AMI) to prevent deaths from heart attack.
- Prevent adverse drug events by implementing medication reconciliation procedures.
- 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 peri-operative antibiotics.
- Prevent ventilator-associated pneumonia by implementing a series of interdependent, scientifically grounded steps including the “ventilator bundle.”

When reliably implemented, these 6 interventions are known to reduce mortality. Hospitals enrolling in the campaign were encouraged to work on all 6 of the interventions, but had the choice of implementing 1, a few, or all of them.

At the 18-month mark of the campaign, on June 14, 2006, the IHI announced that the original ambitious goals of the campaign not only had been met but had been surpassed. Over 3000 hospitals joined the campaign, representing an estimated 75% of US hospital beds. Using a sophis-

ticated methodology,¹ IHI estimated that 122,300 unnecessary deaths were prevented by voluntary, widespread collaboration and commitment by physicians and other health care leaders and staff. If Wisconsin deaths were prevented in the ratio of Wisconsin’s population to the US population, it means that the unnecessary deaths of about 2300 Wisconsinites were prevented.

The success of the campaign was due in part to the national infrastructure—organized deliberately like a national political campaign—that was developed to support the campaign, with local field offices, or “nodes,” consisting of over 155 organizations. Seven Wisconsin health care organizations came together to form the Wisconsin node. The node disseminated improvement tools and provided support to health care professionals throughout the state. Node members included MetaStar (which organized the node), the Wisconsin Medical Society, Pharmacy Society of Wisconsin, Rural Wisconsin Health Cooperative, Wisconsin Hospital Association, Wisconsin Nurses Association, and Wisconsin Organization of Nurse Executives. During the course of the campaign, the node members provided opportunities for hospitals to connect with one another to share their efforts and successes, and provided guidance for intervention activities. MetaStar provided support for AMI Care, Prevention of Surgical Infections, Prevention of Ventilator-Associated Pneumonia, and Prevention of Central

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Line Infections. The Pharmacy Society of Wisconsin and the Wisconsin Hospital Association led efforts in Medication Reconciliation, while Wisconsin Organization of Nurse Executives spearheaded the Rapid Response Team initiative.

Eighty-two Wisconsin hospitals were actively involved in the campaign. Many made great strides in implementing 1 or more of the 6 interventions. Twenty of the participating hospitals implemented Rapid Response Teams during this period. One Wisconsin hospital was listed as a mentor hospital on the IHI Web site, making its staff available to assist other hospitals in improving AMI care.

Nationally, more than 20 of the 1982 hospitals in the 100,000 Lives Campaign working on ventilator-associated pneumonia reported to IHI that they had reduced cases of VAP to 0 for at least a year, and some participating hospitals have seen no cases in 2 years or longer. One thousand seven

hundred eighty-one hospitals are in some stage of rapid response team development or implementation. Of the 3000 participating hospitals, 2288 participated in interventions aimed at reducing mortality from acute MI, 2185 hospitals made changes to prevent medication errors, while 1925 hospitals followed 5 steps to prevent central line infections and 2133 hospitals used a series of steps to prevent surgical infections.

Without denying the success of the campaign during the first 18 months of the campaign, it is clear that much remains to be done. Participating hospitals are continuing to work on the 6 interventions, committing to fully spreading the improvements throughout their facilities and enacting plans to sustain the gains in performance. Throughout the rest of 2006, IHI will be working with expert groups and high-achieving facilities to explore new areas for hospital improvement that will be introduced in the next phase

of the campaign, with new, ambitious goals for saving lives. The new campaign goals will be announced at IHI's Forum on Healthcare Improvement in December 2006.

A powerful network of national and statewide partners and hospitals has come together during the campaign to create an infrastructure for changing health care. The next phase of the campaign will build on this infrastructure with the aim of saving additional lives. The organizations that constitute the Wisconsin node remain committed to continuing their efforts with Wisconsin hospitals and being a part of the transformation of health care, not only in Wisconsin but nationwide.

References

1. Hackbarth AD, McCannon CJ, Berwick DM. Interpreting the "lives saved" result of IHI's 100,000 lives campaign. *Joint Commission Benchmark*. 2006;8(5):1-3,10-11.

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