

Building on Success

The 5 Million Lives Campaign: An Update and a Primer for Rural Hospitals

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Ground to Cover...

- **A brief overview of the 5 Million Lives Campaign.**
- **Early returns**
- **Key strategies and resources for achieving results faster in rural and community hospitals.**
- **Time for questions and discussion.**

Our Blueprint: The Institute of Medicine's Six Aims

- ***Safe*** – no needless deaths
- ***Effective*** – no needless pain or suffering
- ***Patient-Centered*** – no helplessness in those served or serving
- ***Timely*** – no unwanted waiting
- ***Efficient*** – no waste
- ***Equitable*** – for all

IOM Crossing the Quality Chasm -- Change Required --

- **Clarifying national aims for improvement.**
- **Changing the care, itself.**
- **Changing the organizations that deliver care.**
- **Changing the environment that affects organizational and professional behavior.**

IOM Crossing the Quality Chasm -- Change Required --

- **Care based on continuous healing relationships.**
- **Customization based on patient needs and values.**
- **The patient as the source of control.**
- **Shared knowledge and the free flow of information.**
- **Evidence-based decision making.**

IOM Crossing the Quality Chasm -- Change Required --

- **Safety and quality as system properties.**
- **The need for transparency.**
- **Anticipation of patient needs.**
- **Continuous decrease in waste and inefficiency.**
- **Cooperation, collaboration and teamwork.**

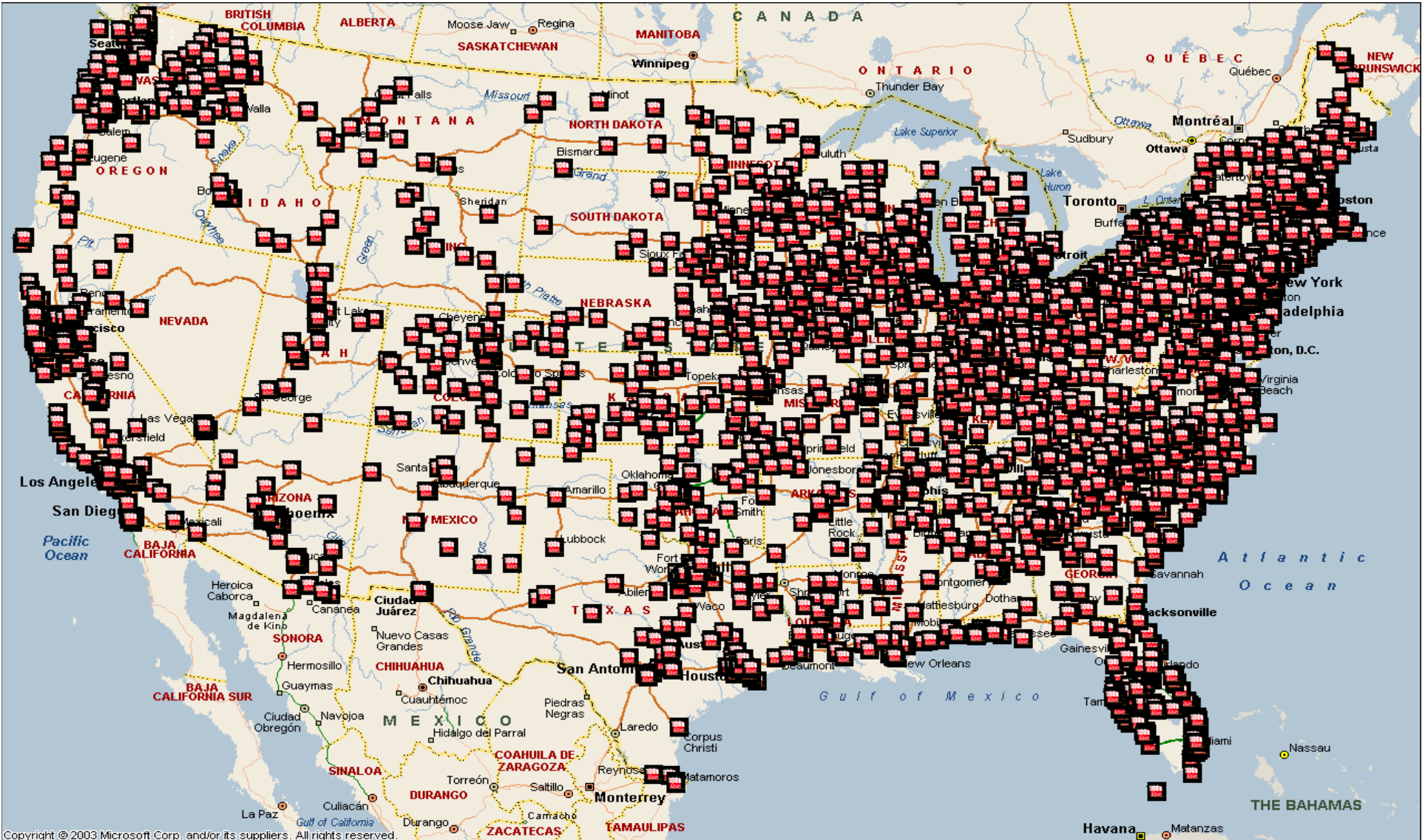
We Transform Health Care By...

- **Building Will**
 - Motivating health care provider organizations to think beyond the status quo and imagine a better system
- **Harvesting Ideas**
 - Finding, cultivating, or inventing new approaches for better patient care
- **Getting Results**
 - Providing the support, methods and tools for teams to take action

*“Improvement of any system requires **will, ideas and execution.**”*

- Tom Nolan, PhD

Nearly 3800 Hospitals Nationwide Involved In a Campaign to Reduce Harm to Patients



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National Rural Health Association

The 5 Million Lives Campaign

Campaign Objectives:

- **Avoid five million incidents of harm over 24 months.**
- **Enroll more than 4,000 hospitals and their communities in this work.**
- **Strengthen the Campaign's national infrastructure for change and transform it into a national asset.**
- **Raise the profile of the problem - and hospitals' proactive response - with a larger, public audience.**

The Platform

Six interventions from the 100K Lives Campaign:

- **Deploy Rapid Response Teams**...at the first sign of patient decline
- **Deliver Reliable, Evidence-Based Care for Acute Myocardial Infarction**...to prevent deaths from heart attack
- **Prevent Adverse Drug Events (ADEs)**...by implementing medication reconciliation
- **Prevent Central Line Infections**...by implementing a series of interdependent, scientifically grounded steps
- **Prevent Surgical Site Infections**...by reliably delivering the correct perioperative antibiotics at the proper time
- **Prevent Ventilator-Associated Pneumonia**...by implementing a series of interdependent, scientifically grounded steps

The Platform

New interventions targeted at harm:

- **Prevent Pressure Ulcers**... by reliably using science-based guidelines for their prevention.
- **Reduce Methicillin-Resistant *Staphylococcus Aureus* (MRSA) Infection**...by reliably implementing scientifically proven infection control practices.
- **Prevent Harm from High-Alert Medications**... starting with a focus on anticoagulants, sedatives, narcotics, and insulin.
- **Reduce Surgical Complications**... by reliably implementing all of the changes in care recommended by the Surgical Care Improvement Project (SCIP).
- **Deliver Reliable, Evidence-Based Care for Congestive Heart Failure**...to reduce readmissions.
- **Get Boards on Board**....Defining and spreading the best-known leveraged processes for hospital Boards to accelerate organizational progress toward safe care.



Alignment with National Health Care Improvement Initiatives

General Aim Alignment	
Organization	Areas of Focus Aligned with Campaign Aims
Institute of Medicine (IOM)	<p>3 of 20 “priority areas for transforming health care”:¹</p> <ul style="list-style-type: none"> • Ischemic heart disease—prevention, reduction of recurring events, and optimization of functional capacity • Medication management—preventing medication errors and overuse of antibiotics • Nosocomial infections—prevention and surveillance
Agency for Healthcare Research and Quality (AHRQ)	<p>6 of 25 patient safety practices with “the greatest strength of evidence regarding their impact and effectiveness” or “high strength of evidence regarding their impact and effectiveness”:²</p> <ul style="list-style-type: none"> • Appropriate prophylaxis to prevent venous thromboembolism • Use of perioperative beta-blockers • Use of maximum sterile barriers during insertion of central lines to prevent central line infections • Appropriate use of antibiotic prophylaxis to prevent SSIs • Use of pressure relieving bedding materials to prevent pressure ulcers • Semi-recumbent positioning to prevent VAP
Centers for Medicare & Medicaid Services (CMS)	<p>3 of 4 conditions targeted by the Hospital Quality Initiative:³</p> <ul style="list-style-type: none"> • Acute Myocardial Infarction (AMI) / Heart Attack • Heart Failure • Surgical Infection Prevention

Some Early Returns

- Enrollment eclipsing 3,700 hospitals (70-75% of all US hospital beds)
- Nodes in all 50 states (62 in total) and 170 mentor hospitals
- Outstanding national call attendance (250-500 lines/call)
- More than 50,000 downloads of intervention materials (very strong interest in MRSA, Pressure Ulcer and “Boards on Board” interventions)
- Increased action in rural, pediatric and public affinity groups
- Over 40 million new media impressions
- Vibrant Fall Harvest in all 50 states and DC

What is Possible

- **150 New Jersey organizations reduced pressure ulcers by 70%**
- **More than 65 Campaign hospitals report going more than a year without a ventilator-associated pneumonia**
- **More than 35 report going a year without a central line infection**
- **Looking elsewhere...Drops in adverse event rates of 51%-75% in four Safer Patients Initiative hospitals**

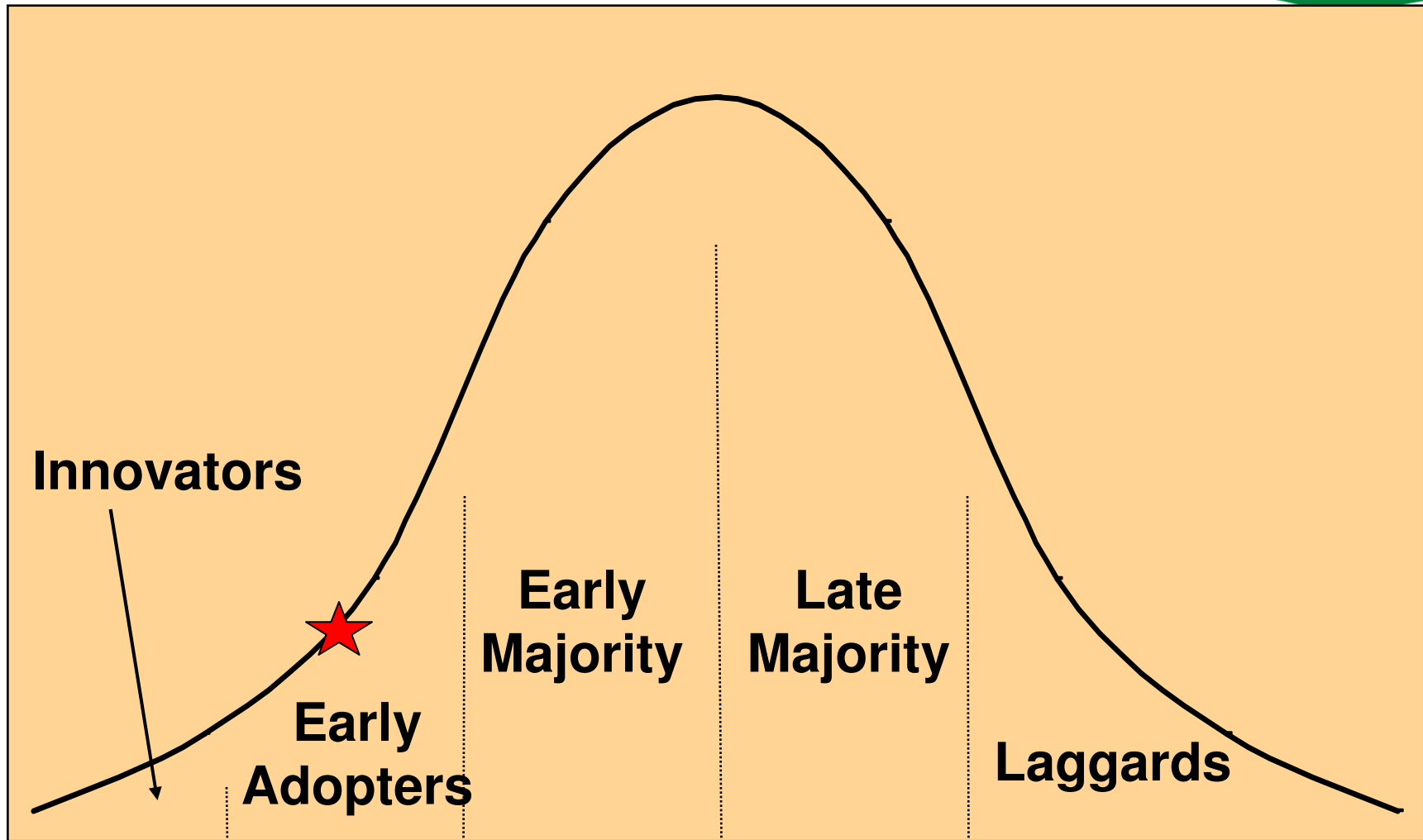
Rural Hospital Participation

- **Over 1,580 Rural Hospitals Enrolled, Representing 42% of Total Hospitals**
- **Of the 180+ Mentor Hospitals**
 - **Nearly 60 Rural Hospital experts**
 - **35+ Rural Hospitals ≤ 150 beds**
 - **Critical Access Mentors**
 - ✓ **Kossuth Regional Health Center, Algona, IA**
 - ✓ **St. Peter Community Hospital, St. Peter, MN**
 - ✓ **Hot Springs County Memorial Hospital, Thermopolis WY**
 - ✓ **New London Hospital, New London, NH**
 - ✓ **Transylvania Community Hospital, Brevard, NC**
 - ✓ **Mountain View Hospital District, Madras OR**
 - ✓ **Fairview Hospital, Great Barrington, MA**

The Big Question

Will we help drive a massive national reduction in harm? (Results)

Will we help you in a meaningful way? (Value)



2.5%

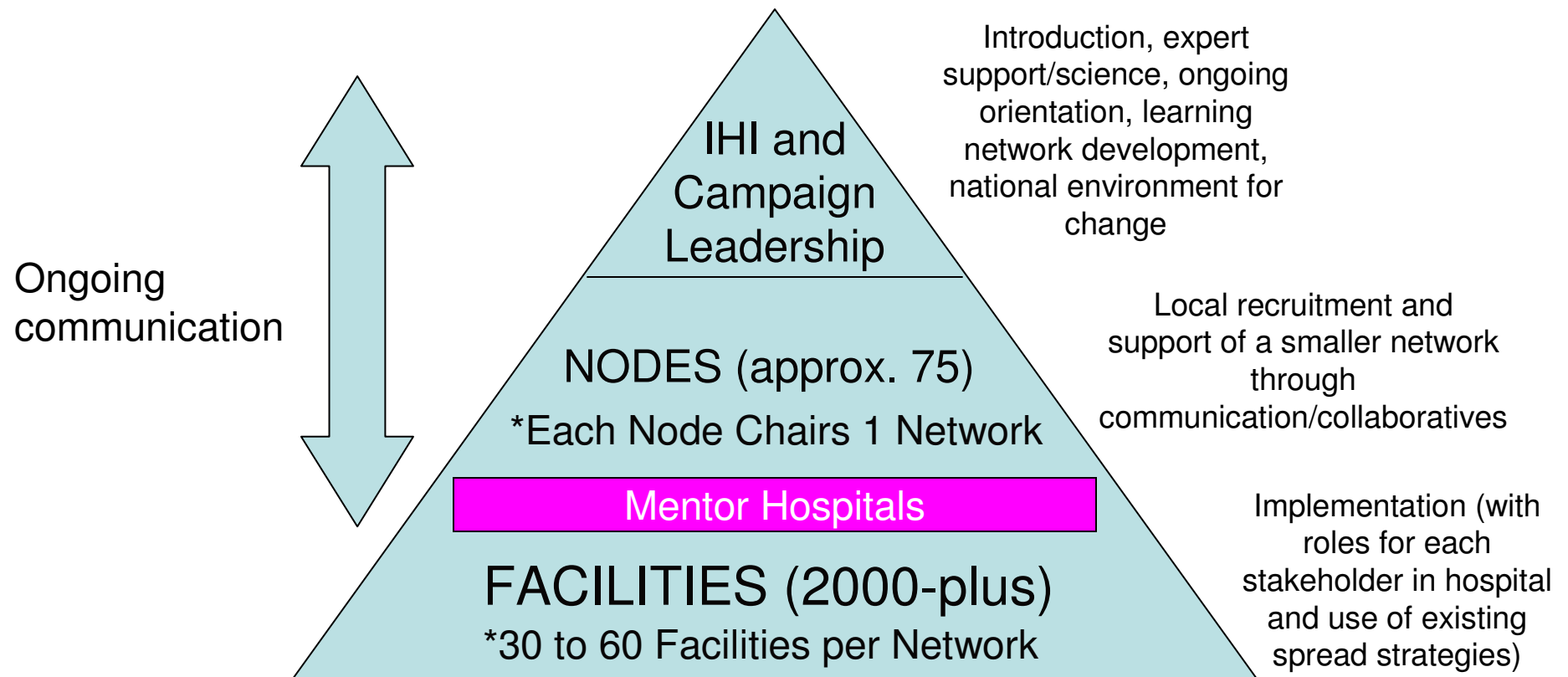
13.5%

34%

34%

16%

Campaign Field Operations Structure



Tiers of Activity in the Campaign

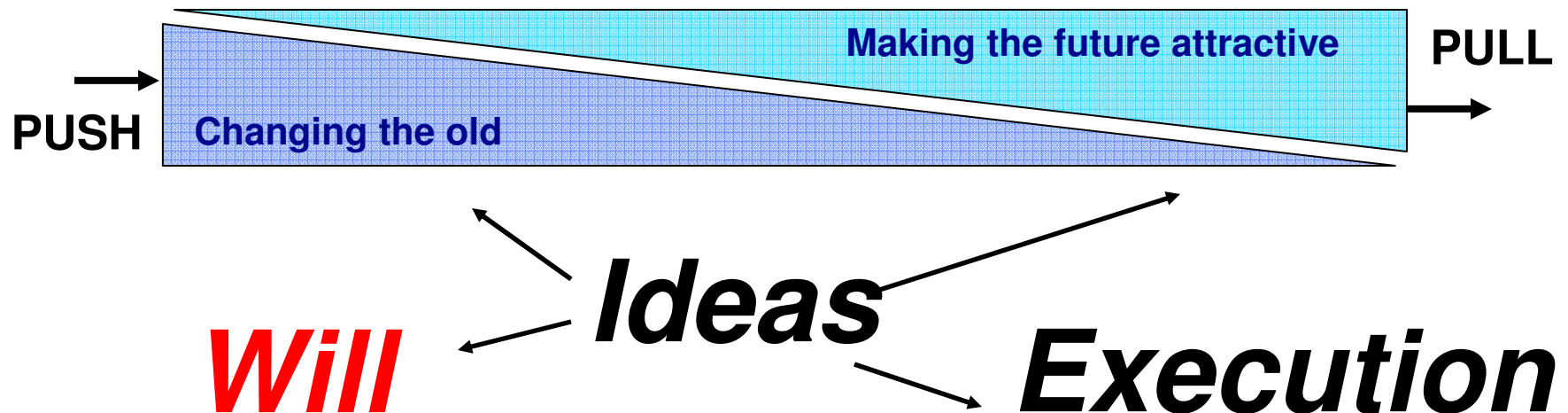
- **IHI and National Partners:**
 - Set agenda and “drumbeat”
 - Establish conducive regulatory environment
 - Align with one another on quality initiatives
- **Nodes:**
 - Local leadership (payers, providers, purchasers, patients and families, policymakers)
 - Support for local learning networks
- **Hospitals:**
 - Create will (and utilize will, ideas and execution framework)
 - Create accountability systems
 - Remove resource barriers – real or perceived

Target Stakeholder Groups in Individual Facilities

- **The Board and executive team**
- **Managers**
- **The front line providers of care**
- **Patients and families**
- **Community resources**

Framework: Leadership for Improvement

Setting Direction: Mission, Vision and Strategy



Establish the Foundation

How Do We Engage Leadership?

- **By candidly addressing fears (e.g., lack of expertise)**
- **By conducting self-assessment (e.g., The Hospital Leadership and Quality Assessment Tool)**
- **By understanding business implications of poor quality (cost and payment changes)**
- **By communicating honestly and collaborating effectively with leadership and clinical staff**
- **By truly understanding the environment in which they operate**

Leadership Actions

- **System-level aims**
- **Regular review of progress**
- **Removal of barriers to success**
- **Intentional development of culture and capacity**
- **Regular celebration of achievement**

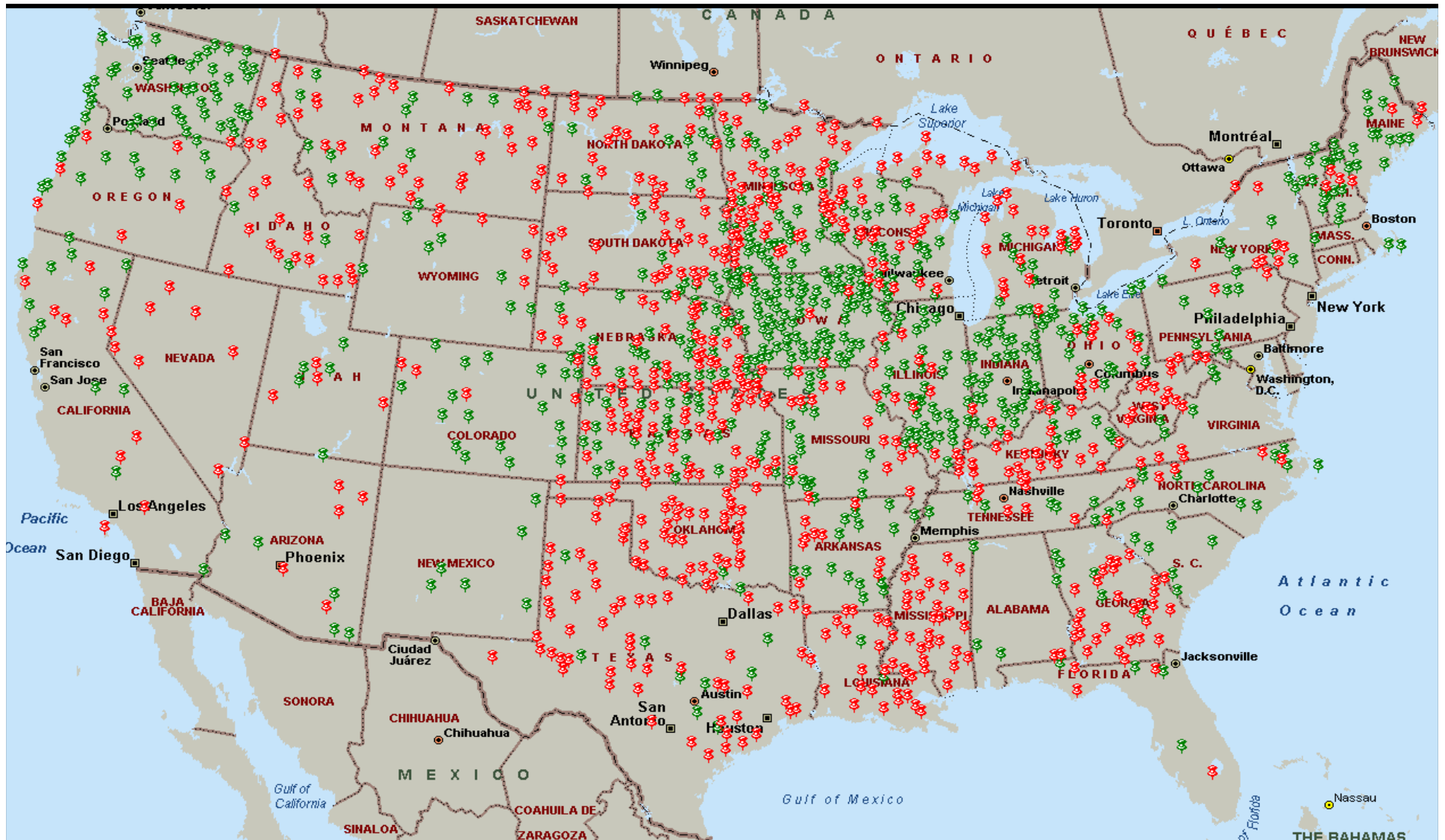
Resources and Support

- **Learning events with nodes, mentors and hospitals around the country**
- **Detailed, continuously updated How-to Guides on each of the interventions, frequently asked questions (FAQ's) and lots of new material in the Campaign area of IHI.org**
- **Matrix describing alignment with other national improvement leaders and initiatives (e.g., GWTG, JCAHO, AHRQ, CMS, CDC, NQF, Leapfrog, NPSF)**
- **Ongoing national educational calls on all of the existing and new interventions (schedule at IHI.org)**

Rural Affinity Group

- **A team of rural health experts dedicated to helping rural hospitals and health organizations connect to the 5M Campaign.**
- **Jeff Spade, FACHE, North Carolina Rural Health Center, NCHA**
jspade@ncha.org
- **Brock Slabach, FACHE, National Rural Health Association**
bslabach@nrharural.org

CAH Enrollments in Campaign



Support for Rural Hospitals

- **Rural Hospital How-to Guides and Supplements for the Campaign Interventions**
- **Conference Calls Specific to Rural Hospital Issues and Adaptations (The Primaries)**
- **Increased Recruitment of Rural Mentor Hospitals as Resources for the Campaign Interventions**
- **Greater Access to Rural Health Experts, Toolkits and Resources on IHI.org**

Support for Rural Hospitals

Nine rural teleconferences online:

- Reducing Harm in CAHs
- RRT and Surgical Site Infection
- Medication Reconciliation and AMI
- Ventilator Acquired Pneumonia and Central Line
- Calls in 2008 for CHF Care, Boards-on-Board and Pressure Ulcer Care
- ✓ Grand-Rounds Scheduled for Fall, 2008

Small Hospitals Adapting the Campaign

St. Peter Community Hospital (CAH), St. Peter, MN

- Acute Myocardial Infarction care for inpatients became **Emergency Department care and rapid transfer for Acute MI patients.**
- Prevention of Adverse Drug Events became **Medication Reconciliation and redesign of medication intake, transfer and discharge planning tools and processes.**
- Rapid Response Teams to prevent acute cardiopulmonary collapse on the inpatient unit became **Recognize, Respond and Treat: Promptly recognizing a decline in patient condition to decrease transfers to a higher level of care at another institution.**
- Preventing central line sepsis became **Preventing infections related to peripheral, pic and central lines.**
- Preventing Surgical Site Infection was extended to **Using clippers throughout the hospital including: ED, Med Surg, OB and Surgery.**

Small Hospitals Adapting the Campaign

St. Peter Community Hospital (CAH), St. Peter, MN

RESULTS

- **Rapid Response Team prevented 11 (28%) transfers to another hospital. The average savings per transfer was \$6210.**
- **Reduced Acute Hospital Mortality Rate from 26/1000 to 10-12/1000.**
- **Intravenous line infections have disappeared.**
- **Surgical Site Infections have declined from 15.2/1000 to 7.0/1000.**
- **Medication Reconciliation improved from 76% to nearly 100%.**

Hospitals Making the Campaign their Own in the Rural Setting

- **Carteret General Hospital – Morehead City, NC** Licensed Beds: **117**
Codes outside the CCU decreased by 50% between May 2005 and May 2006.
- **Fauquier Hospital – Warrenton, VA** Licensed Beds: **86**
Reduced the code blue calls on the floors by 50%
- **Mountain View Hospital District – Madras, OR** Licensed Beds: **25**
Reduction in the number of codes (outside the ICU) per 1000 discharges from 5.1/1000 for the year prior to the existence of the team to 0.7/1000. Reduction in the percentage of patients transferred to a higher level of care.
- **Southwestern Vermont Medical Center – Bennington, VT** Licensed Beds: **99**
97% of patients diagnosed with MI received 'perfect care' – meaning that they received all key interventions for treatment of MI. AMI in-patient risk-adjusted mortality index (Delta Data) has dropped 60% since 2000

Hospitals Making the Campaign their Own in the Rural Setting

- **Valley View Hospital – Glenwood Springs, CO** Licensed Beds: **80**
No Central Line infections since February 2004, averaging 250 ICU patients a year.
- **Faquier Hospital – Warrenton, VA** Licensed Beds: **86** No ventilator associated pneumonia was identified in more than 2 years.
- **Parkland Medical Center - Derry, NH** Licensed Beds: **86** Healthcare-acquired MRSA rate has decreased to 0.6 cases per 1000 patient days in 2006
- **Transylvania Community Hospital – Brevard, NC** Licensed Beds: **25**
Inpatient surgical site infection rate has been consistently below 2.7% for three consecutive years.
- **Saint Francis Medical Center – Grand Island, NE** Licensed Beds: **140**
6% decrease in mortality in FY 2006

Commonly cited “Myths”

Why the 5 M Campaign doesn’t fit the CAH:

Myth #1 “We don’t do enough of those _____”
(Insert the word “procedure”, “types of patients”, etc)

Myth #2 “We don’t have enough _____ to implement changes...”
(Insert the word “staff”, “money”, “time”, etc.)

Myth #3 “We already give ‘good care’ why do we need to change?”

Myth #4 “We have low mortality/injury already, how can we do any better?”

LET’S BUST THOSE MYTHS!!

--Michelle Kelly

Buena Vista Medical Center

Conclusions

- It's never too late to join the Campaign
- Signing-up is easy to do – we'll help you!
- FLEX Coordinators: consider state-wide campaign efforts and 100% participation
- After that, Review the Campaign Schedule and How-to-Guides, Contact your Node, Identify a Mentor, and
- Join us in preventing 5 Million Incidents of Harm!

Frequently Asked Questions

- **But my hospital doesn't experience many of these issues or events Why should we participate?**
- **Must we commit to all twelve interventions?**
- **How much does the Campaign cost?**
- **Will smaller hospitals be compared to larger ones?**
- **But how can you measure improvement with small numbers and denominators?**