

GREAT BOARDS

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BOARDROOM BRIEFING

How your board can help save 100,000 lives

By Barry S. Bader and Sharon O'Malley

Knowing why a hospital patient died, says St. Agnes HealthCare Board Chairman Albert "Skip" Counselman, is just as important as learning how many died.

So trustees at the Baltimore hospital have asked management to recast board reports to focus on causes and solutions, not just numbers of adverse outcomes. "It's not enough to know the number of incidents and how the incidents occurred," says Counselman. "That doesn't tell us how that situation will be fixed. We know [if we do this] that we will save patients and lives at our institutions."

Indeed, St. Agnes could contribute to the saving of 100,000 lives nationwide between now and June 2006. The hospital is one of about 2,000 expected to participate in the 100K Lives Campaign, an 18-month effort launched by the highly regarded Institute for Healthcare Improvement.

Deceptively simple on the surface, the 100K campaign has targeted six clinical areas for which death rates could plummet if hospitals would consistently follow what IHI calls a "bundle" of recognized best practices. The six target areas are:

1. Rapid response teams. Hospitals have "code teams" that rush to the bedside when a patient stops breathing, but what if a team were available at the first sign that a patient's condition was deteriorating? That's the premise behind "rapid response teams." Dr. William Minogue of the Maryland Patient Safety Center calls these "Grandma-isn't-looking-so-good teams." Most patients, he says, have

identifiable signs of deterioration before they suffer cardiac arrest. If a nurse or even a family member who suspects a patient's in trouble could call a team to quickly evaluate the patient, he says, fewer would suffer heart or respiratory failure, and more would survive. Teams, which include some combination of an intensivist, hospitalist, physicians assistant, ICU nurse or respiratory therapist, can cut the number of deaths and codes by up to 50 percent, says IHI.

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2. Improved care for acute myocardial infarction. Fully a third of patients hospitalized for AMI die. Although medical studies show that certain practices, such as early administration of aspirin and drugs called beta blockers, can dramatically reduce mortality, only about half of eligible patients receive them. IHI's "AMI care bundle" includes seven practices that can reduce the average inpatient mortality rate for AMI to 4 percent, IHI estimates. AMI is also one of the outcome indicators being tracked by JCAHO and the federal government.

3. Prevention of central line-associated bloodstream infections. A central venous line is a narrow tube or catheter placed into a large blood vessel and passed into the opening of the heart to receive medicine and fluids and to draw blood. About 48 percent of ICU patients have the catheters. Infections can be deadly in patients who are already very sick. Up to 4,000 patients die annually due to bloodstream

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infections, and the infections also prolong hospitalizations by about seven days, adding costs of \$3,700 to \$29,000. To prevent infections, IHI's "central-line bundle" includes five "evidence-based interventions," including hand-washing, disinfecting the patient's skin and making sure someone with experience changes catheters. A key is designating a multi-disciplinary team to oversee compliance with the bundle. Some hospitals applying the bundle report they have whittled these blood-stream infections to zero.

4. Prevention of adverse drug events through "medication reconciliation." Almost half of medication errors occur when a patient transfers from one hospital unit to another or to the hospital from outside care, IHI says. A "medication reconciliation" system—one that makes sure prescription information is passed on to the next caregiver—can virtually eliminate errors during transitions, IHI says.

5. Prevention of surgical-site infections. Such infections account for 15 percent of all hospital-acquired infections—and that number jumps to 40 percent among surgical patients. Several practices can prevent them, according to IHI: a dose of antibiotics within an hour before surgery; hair removal by electric rather than straight-edge razor; and more careful monitoring of bacteria-breeding glucose. Mercy Health Center in Oklahoma City reports a 78 percent decline in surgical-site infections in one year after standardizing the three-pronged bundle.

6. Prevention of ventilator-associated pneumonia. Ventilator-

6 Steps to Start Saving Lives

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6. Prevention of ventilator-associated pneumonia.

associated pneumonia is an airway infection that develops more than 48 hours after the patient is intubated. VAP is the leading cause of death among patients with hospital-acquired infections. IHI's "ventilator bundle" includes four practices, including propping a patient's bed up 30 degrees. Exempla Healthcare in Denver reports it had no cases of ventilator-associated pneumonia since staff there started on the protocols.

Minogue, whose Elkridge, Md.-based center is encouraging the state's hospitals to participate in the 100K campaign, calls the six interventions "very doable" because they are achievable, evidence-based and already widely implemented—just not widely enough. In fact, many hospitals, including 45 in Maryland, began

using the interventions before IHI's campaign began. At Exempla Healthcare, likewise, two hospitals already have rapid-response teams, and now the system's third hospital will adopt them, says CEO Jeff Selberg.

What the Board Can Do

Consider these steps to get the board behind the 100K Lives Campaign and other hospital or health system efforts to improve patient outcomes and safety.

1. Educate the board about the 100K Lives Campaign and other leading-edge quality and safety improvement efforts. Trustees don't need to be quality experts, but they can reach a level of "quality literacy" to understand what causes errors, how to achieve improvement, and how to interpret reports and spot "red flags."

2. Establish improvement goals at the board level. What the board pays attention to is what gets done. If management asks the board to set a goal of saving a specific number of lives, then the board can hold the

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organization accountable for results. Be wary of targeting too many goals at once. Achieving best practices at some hospitals will require better measurement and significant culture change.

3. Oversee performance regularly, but don't expect overnight success. Exempla CEO Selberg calls IHI's strategy "brilliant" because it gives hospitals a deadline for standardizing their care in the six areas. "Improving statistics is important, but the fact that we are actually saving lives is the more compelling and inspiring story," Selberg says. As the board receives reports about the number of lives saved, he notes, "This will place the board in a stronger and clearer position to express their expectation

for clinical improvement to both the medical staff and administration." The Exempla board has agreed to devote resources as needed to standardize practices for the six interventions across its three hospitals.

4. Incorporate improvement into the system's strategic plan. Strategic plans often focus on financial success and program growth, while quality is seen as "operations" and gets less attention. That's a mistake. Quality and safety are strategic imperatives. Trustees at Baylor Healthcare System in Dallas embraced the 100K Lives Campaign "as a very natural fit" because its 12 hospitals are in the midst of a \$130 million "clinical transformation" effort to update their technology and

standardize best practices systemwide, says Barbara Spreadbury, vice president, healthcare improvement. Starting in June, Spreadbury says, the board will track how many lives the new practices have saved.

5. Reward performance in the incentive compensation plan for senior leaders. Also consider opportunities for gain-sharing with physicians and reinvesting saved resources in clinical improvements and improved technology.

For more ideas on engaging the board, see the *Great Boards* Web site at www.GreatBoards.org. For more details about IHI's 100K Lives Campaign, visit <http://www.ihl.org/IHI/Programs/Campaign.GB>

Saving Lives

7 leverage points for achieving improvements

A new publication from IHI recommends seven "leverage points" that take leaders beyond small-scale projects to achieve dramatic, systemwide quality improvements:

1. Establish and oversee system-level aims for improvement at the board and leadership levels. Challenge people to make significant improvements in mission-critical performance measures, such as in-hospital mortality and medication errors.

2. Align system measures, strategy and improvement projects in a leadership learning system. The

organization's strategic plan should include quality aims that are aligned with daily work, and measures should be tracked to learn from experience.

3. Channel leadership attention to system-level improvement. What leaders oversee gets done. Making quality transparent to those outside the organization is one powerful way of seeing that improvement gets attention inside.

4. Get the right team on the bus. The entire top leadership team, not just one department or vice president, has to discuss and drive quality.

5. Make the CFO a quality champion. Sufficient resources will flow as the CFO recognizes the business case for quality improvement.

6. Engage physicians. Without their support, enthusiasm and experience, significant clinical improvements are unlikely.

7. Build improvement capability. Through training and accumulated knowledge, leaders build a sustainable infrastructure to drive advancements.

Download a copy at www.ihl.org.