

# The 5 Million Lives Campaign: Preventing medical harm in Wisconsin and the nation

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From December 2004 to June 2006, the Institute for Healthcare Improvement (IHI) along with many national organizations sponsored the 100,000 Lives Campaign. This campaign, which is described in a previous issue of the *Wisconsin Medical Journal*,<sup>1</sup> was aimed at preventing 100,000 unnecessary deaths over an 18-month period. Participating hospitals across the country implemented  $\geq 1$  of 6 interventions that were known to reduce mortality. Over 3100 hospitals joined the campaign, including 82 in Wisconsin. IHI estimated that the campaign prevented 122,300 unnecessary deaths; we estimated that about 2300 of these were in Wisconsin.

In December 2006, building on the 100,000 Lives Campaign, IHI and partner organizations announced the 5 Million Lives Campaign, with the aim of increasing patient safety and transforming the quality of care in America's hospitals.

The 5 Million Lives Campaign differs from the 100,000 Lives Campaign in several important ways.

- The duration of the campaign is 2 years from December 2006 to December 2008.

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- The aim of the campaign is to prevent 5 million instances of medical harm during this period. Medical harm is defined as: unintended physical injury resulting from or contributed to by medical care (including the absence of indicated medical treatment), that requires additional monitoring, treatment or hospitalization, or that results in death. Such injury is considered medical harm whether or not it is considered preventable, whether or not it resulted from a medical error, and whether or not it occurred within a hospital.

Note that by this definition, medical harm is not the same as medical error. Some errors do indeed result in medical harm, but many errors do not; conversely, many incidents of medical harm are not the result of any errors. IHI estimates approximately 15 million instances of medical harm occur each year in the United States.

- The types of interventions to be employed have expanded substantially. The 100,000 Lives Campaign limited itself to the following 6 interventions:
  - **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 called the "Central Line Bundle."
- **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 including the "Ventilator Bundle."

The 5 Million Lives Campaign has added an additional 6 interventions that hospitals may choose to employ:

- **Prevent pressure ulcers...** by reliably using science-based guidelines for prevention of this serious and common complication.
- **Reduce methicillin-resistant *Staphylococcus aureus* (MRSA) infection...** through basic changes in infection control processes throughout the hospital.
- **Prevent harm from high-alert medications...** starting with a focus on anticoagulants, sedatives, narcotics, and insulin.
- **Reduce surgical complications...** by reliably implementing the changes in care recommended by the Surgical Care Improvement Project (SCIP).<sup>2</sup>
- **Deliver reliable, evidence-based care for congestive heart failure...** to reduce readmission.

- **Get Boards on board...** by defining and spreading new and leveraged processes for hospital Boards of Directors, so they can become far more effective in accelerating the improvement of care.

IHI has developed a tool—the *Global Trigger Tool*—that hospitals can use to perform a retrospective review of patient records to identify harm events. This tool will be used to measure the success of the campaign.

Physician leadership is critical to the success of the campaign. In November 2007, the 5 Million Lives Campaign conducted a Fall Harvest to collect and share ideas and improvement stories from hospitals and systems in every state.<sup>3</sup> Common themes were identified among the organizations most successful at improving quality and safety. In the most successful organizations, Boards, executives and clinician leaders set ambitious, system-level aims for improvement and closely track progress against those aims. Medical staff takes responsibility for clinical improvement, with physicians actively engaged

in data review and the selection of improvement projects.

As of May 2008, over 3800 hospitals enrolled in the campaign nationwide. This includes 84 Wisconsin hospitals, two-thirds of the hospitals in the state. Of the 84, 50 are considered “fully committed”—that is, they submit profiles and monthly inpatient mortality data. The other 34 have access to all the campaign’s resources despite not submitting data.

As with the 100,000 Lives Campaign, the 5 Million Lives Campaign is organized via a system of local “nodes” or field offices that disseminate improvement tools and provide support to participating organizations. Members of the Wisconsin node include MetaStar, the Wisconsin Medical Society, the Pharmacy Society of Wisconsin, the Rural Wisconsin Health Cooperative, the Wisconsin Hospital Association, the Wisconsin Nurses Association, the Wisconsin Organization of Executive Nurses, the Association for Professionals in Infection Control and Epidemiology Southeast Wisconsin Chapter, the

American College of Healthcare Executives Wisconsin Chapter, and the Dahlen Company.

Even now, hospitals are continuing to join the 5 Million Lives Campaign. Results will be announced at the IHI Forum on Healthcare Improvement in December 2008. IHI and its partners are planning how to build on this campaign in 2009. The organizations that constitute the Wisconsin node will remain committed to continuing efforts with hospitals and physicians to accelerate the transformation of health care in Wisconsin.

## References

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