



# 100k lives Campaign

SOME IS NOT A NUMBER. SOON IS NOT A TIME.

August 4, 2005

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This is the first newsletter from your Wisconsin Node and we hope you find it useful. The Wisconsin Node is a coalition of the seven organizations listed on this page, which are working together to support Wisconsin hospitals in making six changes. Don Berwick challenged the nation's hospitals to make these changes at the Institute for Healthcare Improvement (IHI) Annual Conference in December, 2004 and calculated that if 2,000 hospitals made these changes by 9:00 AM, June 14, 2006, 100,000 lives would be saved. Over 2,400 hospitals have committed to the campaign. The Wisconsin Node is here to help all Wisconsin hospitals make these important changes.



## FAQ about joining the Campaign

**Q:** What does it cost to join the 100k Campaign?

**A:** IHI charges nothing to join but does require that hospitals submit monthly (unadjusted) mortality data and commit to work on one or more of the six changes. Hospitals are strongly encouraged, but not required, to submit intervention level data. IHI provides many resources to support the campaign at no charge, such as, "Getting Started Kits", discussion groups, data aggregation, and campaign conference calls. IHI does charge its customary fees for programs and projects that include each of the six changes, but there is no obligation for hospitals in the Campaign to participate in these activities. This is where the nodes come in.

**Q:** What does a hospital have to do to join the Wisconsin Node?

**A:** Nothing, because hospitals do not "join" the nodes. The Wisconsin Node members are sponsoring activities to assist hospitals in working on the changes at little or no cost to them. Depending on the situation, sign-up may be required for events or projects but that is for logistical reasons—determining space needs, active participation in the project, etc.

**Q:** If a hospital belongs to a system with its own node, can it also participate in Wisconsin Node events or projects?

**A:** Yes. Participation in the activities of any node is non-exclusive. The Wisconsin Node is here to help in any way it can.

**Q:** If a hospital has not signed up for the IHI Campaign, can it participate in a Wisconsin Node activity?

**A:** Yes, the whole point is making changes to make health care safer. The Wisconsin Node welcomes any hospital to learn about or make the changes in the 100k Lives Campaign.

## Tracking Progress

Seventy Wisconsin hospitals have joined the campaign! (See list at <http://www.ihl.org/NR/rdonlyres/F7874F5F-08AB-496E-80BE-71236DA26DD7/0/CampaignHospitalsByState.pdf>) It's a great start but we would like to see every hospital join.

## Highlights from Wisconsin Node 100k Lives Campaign Survey

WHA conducted a *Zoomerang* online survey of hospitals in June on behalf of the Wisconsin Node to learn hospitals' status in the six 100k Lives Campaign changes. Fifty-seven hospitals (44%) responded.

### Participation in the 100k Lives Campaign

59% (33 of 56) of responding hospitals indicated participation in the 100k Lives Campaign.

### Which of the Six Campaign Interventions are the furthest along among all respondents?

Intervention	Percent * Fully Implemented
Acute Myocardial Infarction Care	56%
Surgical Infection Prevention	32%
Medication Reconciliation	26%
Ventilator Associated Pneumonia Prevention	15%
Central Line Infection Prevention	13%
Rapid Response Team	9%
* N = varies from 52-54	



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## WI Node Activities on the Six Changes

### New 100k Lives Web Page

The Wisconsin Node has developed special pages on MetaStar's website for each of the six changes in the 100k Lives Campaign. For complete information, go to <http://www.metastar.com/professional/IHI100kLives.asp> and click on the change of interest. In addition to local resources and information, the pages provide direct links to IHI's Getting Started Kits.

### Rapid Response Teams—a 60,000 Lives Opportunity

This change has the greatest opportunity to save lives and the lowest implementation level in Wisconsin. We need to change that! Betsy Benz, of W-ONE, and Gretchen Dahlen of the Dahlen Company are graciously volunteering their time to lead the Wisconsin Node's support for developing Rapid Response Teams. Their activities so far have included establishing a RRT Steering Committee, writing an action plan and surveying Wisconsin hospitals on the extent of RRT implementation. They are developing a local panel of experts, drafting planning tools and planning educational sessions.

Contact Gretchen [dahलगret@aol.com](mailto:dahलगret@aol.com) or Betsy at [betsy.benz@stvgb.org](mailto:betsy.benz@stvgb.org) to get involved.

### Central Line Infection Prevention

Over 100 nurses and physicians from 22 hospitals attended MetaStar's first Central Line Infection Prevention Initiative meeting on June 27. National speakers presented central line infection research, as well as practical changes proven to reduce central line infections to zero. Sixteen hospitals are participating in the initiative, which looks at the changes they can make in ninety days.

On July 20, MetaStar hosted the first monthly webinar. Carla Alverado, PhD, CIC, of the Center for Quality and Productivity at the University of Wisconsin – Madison, spoke about how human factors engineering can be used to reduce central line infections. The August 17 webinar will feature a panel of Wisconsin hospitals that have successfully eliminated central line infections. MetaStar will choose a topic for the final webinar, scheduled for September 21, according to participant needs.

### Medication Reconciliation

WHA and the Pharmacy Society of Wisconsin are leading a group of Wisconsin Node members and representatives from hospitals in an effort to assist hospitals to implement the medication reconciliation intervention. The group developed specifications for a performance measure, which it provided as input to the *CheckPoint* public report. WHA will provide training on this new measure in late August and early September.

The group is now mapping out the medication reconciliation process with supporting tools, which they will make available to all interested hospitals.

### Acute Myocardial Infarction Care

This intervention uses a bundle of five measures that most hospitals are already collecting and reporting for care of acute myocardial infarction (AMI). The difference is in the analysis. Processes of care for a patient must be followed for all five measures to be counted for the bundled measure. The result is usually a lower value than when the measures are taken individually.

MetaStar is planning a teleconference for September with an out-of-state hospital that has achieved 100% on the AMI bundle



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