

100K Lives Campaign

"Some is not a number, soon is not a time"

The 100,000 Lives Campaign is an initiative to engage U.S. hospitals in a commitment to implement changes in care proven to improve patient care and prevent avoidable deaths. The Campaign is the first national effort to promote saving a specified number of lives by a certain date (June 14, 2006). The New York City Health & Hospitals Corporation was a member of this initiative and contributed to saving lives. Please read the article below to see how the 100K lives campaign exceeded it's targets.

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Hospital Initiative Cut Errors Find About 122,300 Lives Saved

Associated Press

ATLANTA—U.S. hospitals have saved an estimated 122,300 lives in the past 18 months through a campaign to reduce lethal errors, the leader of the national effort said.

“I think this campaign signals no less than a new standard of health care in America,” said Donald Berwick, a Harvard professor who organized the campaign.

About 3,100 hospitals participated in the project, sharing mortality data and carrying out study-tested procedures that prevent infections and mistakes. “We in health care have never seen or experienced anything like this,” said Dennis O’Leary, president of the Joint Commission on Accreditation of Healthcare Organizations.

Dr. Berwick disclosed the campaign’s results at a hospital conference here.

Medical mistakes were the focus of a widely noted 1999 national report that estimated 44,000 to 98,000 Americans die each year as a result of errors and low-quality care. That year, Dr. Berwick—president of the Institute for Healthcare Improvement, a Massachusetts-based nonprofit organization—challenged health-care leaders to improve care quality and prevent mistakes.

In December 2004, he stepped up the

challenge by announcing a “100,000 Lives Campaign.” He set a June 14, 2006, deadline to sign up at least 2,000 U.S. hospitals in the effort and implement six types of changes.

Perhaps the best known of the six changes was to deploy rapid-response teams for emergency care of patients whose vital signs suddenly deteriorate. Hospitals generally have teams that respond when patients develop sudden heart or breathing problems. That work is common in emergency departments. The measure was designed to make sure the service is available around the clock to other units.

Another urged checks and rechecks of patient medications to protect against drug errors. A third focused on preventing surgical-site infections by following certain guidelines, including giving patients antibiotics before their operations.

The effort was endorsed by federal health officials, health insurers, hospital industry leaders, the American Medical Association and others. The roughly 3,100 hospitals that signed up represented about 75% of the nation’s acute-care beds. About 86% sent in mortality data. Roughly a third said they were implementing all six measures, and more than half committed to at least three, Dr. Berwick said.