[Title]

Ambitious Campaigns to Reduce Harm in Hospitals: Why is Progress so Slow?

[Abstract]

It has been 15 years since the US Institute of Medicine issued its seminal report, “To Err Is Human,” which highlighted the severe toll of hospital-acquired harm on mortality, suffering, and cost of care. Since then, many local, regional, and national efforts have been made to prevent harms such as health care-associated infections, pressure ulcers, falls, adverse drug events, delirium, and venous thromboembolism. In 2004, the Institute for Healthcare Improvement (IHI) launched the 100.000 Lives Campaign with the goal of preventing 100,000 avoidable harm-associated deaths within 1.5 years. This was followed at the end of 2006 by the 5 Million Lives Campaign, which had the goal of preventing 5 million harms within two years. Over 4,000 US hospitals joined these Campaigns, but despite broad participation and enthusiasm, demonstrable results were modest. Even so, the Campaigns changed the national conversation about preventable hospital-acquired harm in fundamental ways, leading to major Federal funding for efforts to reduce healthcare associated infections and numerous improvement collaboratives and other initiatives. Health care providers stopped claiming that infections are “inevitable” in sick hospitalized patients and started to think that it might be possible to reduce the rate of infection to zero. A particularly important outcome was the US Partnership for Patients, a nationwide effort to reduce harms by 40% in approximately 3 years. Despite the complexity of this national program and a rather chaotic launch, Initial results are encouraging, although it is difficult to sort out whether the Partnership itself is responsible for the improvement or improvement is the result of the many initiatives that have been brought to bear on the problem in recent years. For example, the Centers for Medicare and Medicaid Services (CMS) has effectively reduced payment to hospitals when patients have a growing list of harms, and a number of states have mandated public reporting of harm rates. However, the impact of “pay for performance” and public reporting remains unclear. In the meanwhile, IHI has completed a validation of the effectiveness of its Campaign approach (now called the Rapid Response Network) in a national study of a campaign to implement evidence-based practices to prevent infections in hip and knee arthroplasty.

In summary, progress in combatting hospital-acquired harm indeed has been slow, but there is growing evidence that the curve is bending. Progress seems most rapid when the evidence for preventive measures is strong, robust improvement efforts are made at local and national levels, and agencies and health care institutions are aligned and focused on preventing a limited number of specific harms.