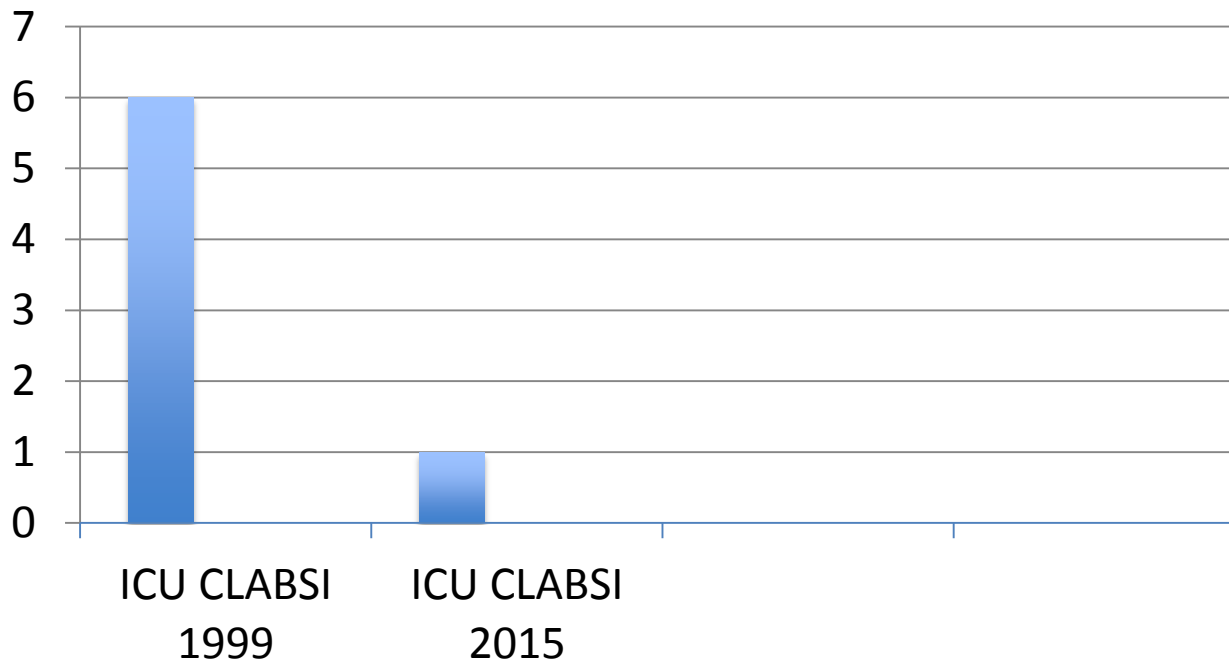


# The Journey to Eliminate Harm

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# ICU CLABSI Rates per 1000 catheter days in US; 1999 and 2015



# Improvement Science

- Starts with End (improved outcomes) and works backwards
- Requires partnerships among researchers and providers
- Draws upon theories large and small
- Is informed by transdisciplinary teams from medical and social sciences
- Uses multifaceted interventions
- Evolves overtime
- Employs mixed methods evaluation to answer not just whether something worked, but how and why

Dixon-Woods, what is improvement science the Health foundation 2013

Marshall, Promotion of improvement as a science; Lancet 2013

# Why did CLABSI Work at Policy Level

- Used reliable and valid measurement system
- Identified evidence-based practices from clinical and basic research
- Invested in implementation (improvement) science
- Created cascading structures to support peer learning communities and data collection
- Align and synergize efforts around a common goal and measure

# Why did this work at a local level

- Declare and communicate goals
- Create enabling infrastructure
- Engage clinicians and connect them in peer learning (clinical) communities
- Report transparently and create accountability system
- Told a new story; CLABSI are preventable and I can do something about it.

Pronovost under review

Dixon-Woods; Milbank 2011

B E L I E V E









# How might we apply these lessons

- Develop valid, reliable, scalable measures for common causes of harm
- Select common goals and measures
- Align multiple stakeholders in fractal model
- Evaluate and learn whether, how, why
- Support transdisciplinary improvement science research
- Build capacity of improvement scientists
- Create performance system that seeks to eliminate all harms rather than one harm

