

## **EFFICIENCY PROPOSED SYNOPSIS OF BETTER PRACTICE**

### **Institute for Health Improvement (IHI) Collaborative Model for Breakthrough Improvement**

#### **Section I: Summary**

The Institute for Healthcare Improvement (IHI) is an independent non-profit organization based in Cambridge, Massachusetts in the United States that works toward the improvement of health care throughout the world. IHI hosts conferences to engage healthcare professionals and help create an impetus for change, promotes best practices through the dissemination of knowledge, and provides organizations with quality improvement tools and measurements in order to put knowledge into practice.

In 1995 IHI created the Breakthrough Series, a model for collaborative learning to help healthcare organizations achieve “breakthrough” improvements in quality while reducing cost. The Breakthrough Series seeks to help organizations decrease the knowledge gap that prevents good practices from being adopted in a timely way. Various IHI collaborative projects have been successful in improving quality and efficiency in healthcare organizations, for example by reducing waiting times by 50 percent, reducing worker absenteeism by 25 percent, reducing ICU costs by 25 percent, and reducing hospitalizations for patients with congestive heart failure by 50 percent. The IHI also trains people in the Breakthrough Series methodology so that other organizations can sponsor Collaborative projects throughout the healthcare world.

#### **Section II: Statement of purpose**

A Breakthrough Series Collaborative is a 6-15 month learning model in which multiple teams from hospitals and clinics come together to seek improvement in a specific topic area. Collaboratives range from 12 to 160 teams, with work split between Learning Sessions and Action Periods. Each team generally sends three representatives to three face-to-face Learning Sessions while additional team members participate within the local organization. A key concept of the Breakthrough Series model is that traditional didactic education is only the first step in bringing about system change and therefore a learning and action structure is needed to help organizations put theories and ideas into actual practice. The Learning Sessions of the Breakthrough model allow participants to collaboratively learn about the selected topic and plan changes for improvement within their organizations; the Action Periods allow the teams to test the changes in a clinical setting.

The model's structure can be divided into several key elements:

- **Topic Selection:** IHI leaders identify healthcare topics/issues that need improvement, often because a gap exists between knowledge and practice, better practices have been demonstrated, or patients are being critically affected by current practices.
- **Faculty Recruitment:** Subject matter experts from around the world are recruited, as well as application experts and individual clinicians who have achieved breakthrough improvements in their own practice. A faculty Chair is designated and leads the faculty in designing content and strategies for the Collaborative.
- **Enrollment of Organizations/Teams:** Organizations submit an application to participate in a Collaborative; in general, all applicants to who agree to commit to the principles and expectations of the model are accepted. IHI conducts preliminary conference calls with prospective teams to explain the model, and the roles and expectations for team members.
- **Learning Sessions:** A Collaborative generally conducts three face-to-face Learning Sessions in which multidisciplinary teams from each organization can share ideas, develop changes to improve performance, and report on progress.
- **Action Periods:** Action Periods occur in between Learning Sessions so that teams can test and measure changes implemented within their organizations. Action Sessions provide opportunities for additional exchange, collaboration, and support through conference calls, peer site visits, and web discussions that also bring in national experts from other healthcare organizations.
- **The Model for Improvement:** Teams are taught an approach for implementing and continuing their improvement work called the Model for Improvement, which was developed independently by the consulting firm Associates in Process Improvement.<sup>1</sup> The Model for Improvement helps teams identify the specific outcomes they would like to change, determine appropriate measures to track success, and identify the key changes that they will actually implement and test. Changes are made in a cyclical fashion by repeating a process of implementation, measurement, and modification, so that the change is continually improved over each iteration of the cycle.
- **Conferences and Meetings:** Collaborative teams present their outcomes, findings, and lessons learned to participants and non-participants at national and international conferences and summits.

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<sup>1</sup> [http://www.apiweb.org/API\\_home\\_page.htm](http://www.apiweb.org/API_home_page.htm)

- **Measurement and Evaluation:** Teams are required to track monthly progress, which is reviewed by Breakthrough faculty members to assess the Collaborative's overall success.

### **Section III: Outcomes**

IHI surveyed healthcare clinicians, policymakers and administrative leaders to derive an initial list of topics for the Breakthrough Series. The ten topics selected were: Asthma Care, Reducing Delays and Wait Times, Adverse Drug Events, Cesaerean Section Rates, Physician Prescribing Practices, Low Back Pain, Inventory Levels and Supplier Management, Adult Intensive Care, Neonatal Intensive Care, and Adult Cardiac Surgery. The first three Collaboratives were initiated in 1996 and focused on Caesarean Section Rates (28-team Collaborative), Asthma Care (12-team Collaborative), and Reducing Delays and Wait Times (23-team Collaborative). All three Collaboratives were successful in improving the efficiency and/or quality of these issues within their participating organizations.

The goal of the Caesarean Collaborative was to reduce cesaerean section rates by 30% or more in 12 months. Fifteen percent of participating teams/organizations reduced their rates by 25% or more within 12 months; fifty percent of the organizations reduced their rates by 10-25%.

The goal of the Reducing Delays and Wait Times Collaborative was to reduce delays and wait times by 50% in 12 months. One hospital team was able to reduce operating room delays from 55 minutes to 25 minutes; another organization improved the percentage of patients offered routine pediatric appointments from 42% of patients offered an appointment within seven days to 100% of patients offered an appointment.

The Asthma Care Collaborative achieved positive improvement in a number of areas for several participating organizations. Examples of improvements include significantly reducing the percentage of asthma patients using the emergency room and urgent care and increasing the percentage of patients receiving anti-inflammatory inhalers.

Since the initial Collaboratives were completed, the Breakthrough Series model has been used, and continues to be used, throughout the healthcare systems of the United States, Canada, and Europe. Many organizations have adopted and improved the model at the local level to achieve successful results in system quality and efficiency improvements. Additional examples of successful Collaborative outcomes include:

- **Russia:** Multiple Collaboratives in 23 administrative territories of the Russian Federation were initiated to improve quality of care for women with pregnancy-induced hypertension, children with neonatal respiratory distress syndrome, and adults with arterial hypertension. The initiatives were part of a larger effort to spread improvements from a few pilot sites to covering

over two million people.

- United Kingdom: The National Health Service of the UK launched the National Primary Care Collaborative in 2000, covering over 18 million patients in nearly 2,000 practices. The Collaborative reduced by 60% the wait time for a general practitioner appointment.
- United States: The US Veterans Administration oversees care for over six million patients. The agency reduced waiting times in primary care clinics by 53%, from 60 days to 28 days. In only four months the number of veterans waiting for an appointment decreased from over 300,000 to less than 50,000.

The IHI continues to promote the Breakthrough Series through other forums. IHI offers a Breakthrough Series College that trains individuals and organizations how to initiate their own Collaboratives. IHI also formed IMPACT, a network of organizations that use the Breakthrough model to bring about improvements across multiple topics and affect broader change at the system/organizational level.

## **Section IV: Contact Information and References**

### Contacts

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### Other Sources of Information

Institute for Healthcare Improvement. "The Breakthrough Series: IHI's Collaborative Model for Achieving Breakthrough Improvement." 2003.  
<http://www.ihl.org/NR/rdonlyres/BCA88D8F-35EE-4251-BB93-E2252619A06D/0/BreakthroughSeriesWhitePaper2003.pdf>.