Form **990** 

Department of the Treasury Internal Revenue Service

### **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

► The organization may have to use a copy of this return to satisfy state reporting requirements

2008

OMB No 1545-0047

Open to Public Inspection

<b>B</b> Che		pplicable	Please	C Name of organization Institute for Healthcare Improv	01-2008 and ending 04-30-2		D Employer ide	entification number
┌ Add	ress ch	nange	use IRS label or	·	rement		38-301722	
☐ Nan	ne chai	nge	print or type. See	Doing Business As			E Telephone nu	
┌ Inıtı	al retui	rn	Specific	Number and street (or P O bo	x if mail is not delivered to street ad	dress) Room/suite	(617) 301-	
<b>Г</b> Теп	nınatıo	on	Instruc- tions.	20 university road			G Gross receip	<b>ts</b> \$ 69,596,778
☐ Ame	ended i	return		City or town, state or country, cambridge, MA 02138	and ZIP + 4		1	
Г Арр	lication	n pending						
				ne and address of Principal	O fficer		s a group return	
				berwick versity road		affilia	tes?	⊤Yes ▼ No
			cambri	dge, MA 02138		H(b) Are al	l affiliates include	ed?
I Tax	-exem	npt status	<b>▽</b> 501(c)	) ( 3 ) ◀ (insert no )	a)(1) or 527	(If"N	o," attach a list	See instructions )
J W	eb site	e:► HTT	P //WWW	IHI ORG		H(c) Grou	p Exemption Nu	mber ►
<b>К</b> Турє	of org	ganization	<b>✓</b> Corporat	tion trust association oth	ner 🟲	L Year of Fo	rmation 1992 <b>M</b>	State of legal domicile MA
Par	t I 1			e organization's mission or	most significant activities			
					most significant activities CARE THROUGHOUT THE W	ORID BY BIITI F	OING THE WILL	FOR CHANGE
ည္					R IMPROVING PATIENT CAP			•
፸		THEID	ΞΑS					
<u>.</u>	_		–				<b>5</b> 0. 6.	
Governance			•		nued its operations or disposed ody (Part VI, line 1a)			
	3 4			_	11 11			
Activities &	-		•	ndent voting members of the nployees (Part V , line 2a)	governing body (Part VI, line	10)		11 131
<b>5</b>				olunteers (estimate if neces			_ =	14
육					Part VIII, line 12, column (C)			0
		-		iness taxable income from F			7b	0
					<u> </u>	Pric	or Year	Current Year
	8	Contrib	outions and	d grants (Part VIII, line 1h)		9,324,274	12,228,939	
Ę.	9	Progra	m service i	revenue (Part VIII, line 2g)		29,321,245	27,392,401	
Revenu	10	Invest	ment incor	me (Part VIII, column (A), l	ines 3, 4, and 7d)		3,840,864	-4,916,657
#	11	Other	revenue (P	art VIII, column (A), lines		420,177	561,087	
	12	Total ro 12)	evenue—a	dd lines 8 through 11 (must	equal Part VIII, column (A),	line	42,906,560	35,265,770
	13		and simila	ar amounts paid (Part IX, co	olumn (A ), lines 1-3)		966,089	1,778,721
	14			or for members (Part IX, col	, ,,		0	(
	15	Salarıe	s, other co	ompensation, employee ben	efits (Part IX, column (A), line	s 5-		
Expenses		10)					12,398,044	13,656,425
<u>₹</u>	16a			Iraising fees (Part IX, colum			0	(
<u>ਡ</u>	ь	•		penses, Part IX, column (D), line	<u> </u>			
	17			(Part IX, column (A), lines 1		,	21,284,327	20,446,930
	18 19			-add lines 13-17 (must equ penses Subtract line 18 fro	al Part IX, line 25, column (A)	'	34,648,460 8,258,100	35,882,076
<i>20</i> 00 00 00 00 00 00 00 00 00 00 00 00 0	19	Revent	ie iess exp	penses Subtract line 10 no	m me 12	Poginni		End of Year
98.00 80 80.00 80.00 80.00 80.00 80 80 80 80 80 80 80 80 80 80 80 80 8	20	Tatal	costo (D=	rt V Juno 15\		beginni	ng of Year	
3.45 4.45 1.45 1.45 1.45 1.45 1.45 1.45 1	20			rt X, line 16)			68,945,696	58,685,781
Not Assets or Fund Balances	21		-	Part X, line 26)	1. for marking 2.0		10,892,741	9,109,680
	22			nd balances Subtract line 2	1 from line 20		58,052,955	49,576,101
Pai	t II		ature Blo		ned this return, including accompany	ing schedules and s	tatements and to t	he hest of my knowledge
					of preparer (other than officer) is ba			
Plea		****					-03-10	
Sign Here		<b>I</b> Sig na	ture of office	er		Date		
			HOSFORD SV					
		<b>F</b> 'ÿpe	or print nam	ic and the				/C C 7 : 1
		Preparer's			Date	Check if self-	Preparer's PTIN	(See Gen Inst)
<b>.</b>		,	F			empolyed 🕨 🦵		
Paid	اليمور				FIN •			
Prepa			me (or yours	s KPMG LLP			EIN Þ	
		ıf self-em	` '	<b>)</b>			EIN P	

Form 990 (2008)

#### Part III Statement of Program Service Accomplishments (See the instructions.)

1	Briefly describe the organization's mission
See A	dditional Data Table
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O
3	Did the organization cease conducting or make significant changes in how it conducts any program services?
	If "Yes," describe these changes on Schedule O
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported
4a	(Code ) (Expenses \$ 3,843,036 including grants of \$ ) (Revenue \$ )
	IMPACT is the institute's membership network in which approximately 200 healthcare organizations work intensively with faculty and each other to achieve breakthrough improvements in patient care. Each member participates in a Leadership Community and at least one Learning and Innovation Community. IMPACT is designed to connect member leaders to the improvement work happening at the front-lines. Continued on Schedule O
4 h	(Code ) (Expenses \$ 1,995,345 including grants of \$ ) (Revenue \$ )
4Ь	(Code ) (Expenses \$ 1,995,345 including grants of \$ ) (Revenue \$ )  CAMPAIGN The 5 Million Lives Campaign was a voluntary national initiative to protect patients from five million incidents of medical harm during a two year period (December 2006 - December 2008) IHI worked to support over 4,000 hospitals enrolled in this program, representing more than 75% of the acute care inpatient hospital beds in the US continued on Schedule O
4c	(Code ) (Expenses \$ 4,420,399 including grants of \$ ) (Revenue \$ )
	GRANTS The organization received and expended funds for a variety of purposes in the pursuit of its mission. These included programs to provide patient self-management skills, improve care at the bedside, disseminate medical best practices, improve chronic care and reduce unnecessary hospitalizations. These efforts contribute to IHI's growing knowledge of optimal system designs that can dramatically improve patient care.
4d	Other program services (Describe in Schedule O) (Expenses \$ 20,894,680 including grants of \$ 1,778,721)(Revenue \$)
<u> </u>	Total program service expenses \$ 31.153.460 Must equal Part IX Tine 25 column (B)

#### Form 990, Part III, Line 1 - Briefly describe the organization's mission:

THE INSTITUTE FOR HEALTHCARE IMPROVEMENT (THE INSTITUTE) IS AN INDEPENDENT NOT-FOR-PROFIT ORGANIZATION LEADING THE IMPROVEMENT OF HEALTH CARE THROUGHOUT THE WORLD. FOUNDED IN 1991 AND BASED IN CAMBRIDGE, MA, THE INSTITUTE WORKS TO ACCELERATE IMPROVEMENT BY BUILDING THE WILL FOR CHANGE, CULTIVATING PROMISING CONCEPTS FOR IMPROVING PATIENT CARE, AND HELPING HEALTH SYSTEMS PUT THOSE IDEAS INTO ACTION. IHI'S ACTIVITIES PROVIDE IMPORTANT BENEFITS TO THE COMMUNITY, INCLUDING: - PROFESSIONAL EDUCATION PROGRAMS TO HELP HEALTH PROFESSIONS STUDENTS LEARN QUALITY IMPROVEMENT KNOWLEDGE AND SKILLS. - SCHOLARSHIPS TO IHI PROGRAMS. THE ORGANIZATION PROVIDED OVER \$1 MILLION IN SCHOLARSHIPS IN FY08 AND HAS A GOAL OF \$2 MILLION FOR FY09. - NATIONAL CAMPAIGNS TO IMPROVE HEALTHCARE, SUCH AS THE 5 MILLION LIVES CAMPAIGN. - WORK IN DEVELOPING COUNTRIES, SUCH AS SOUTH AFRICA. - RESEARCH AND DEVELOPMENT ACTIVITIES DESIGNED TO CULTIVATE INNOVATIVE, PROMISING IDEAS FOR HEALTH CARE IMPROVEMENT. - IHI'S WEBSITE.

27111V Checklist of Required Schedules	art IV	Chec	klist of	Required	Schedules
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			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🥵	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Νο
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		No
5	Section $501(c)(4)$ , $501(c)(5)$ , and $501(c)(6)$ organizations. Is the organization subject to the section $6033(e)$ notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	8		No
9	Complete Schedule D, Part III 2			
	complete Schedule D, Part IV	9		N o
10	Did the organization hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part V	10		No
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII .	12	Yes	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a	Yes	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part $I$	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15	Yes	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		No
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G,	17		No
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Νο
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νο
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νο
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Νo
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule  J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25	24a		Νο
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No

#### Part IV Checklist of Required Schedules (Continued)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part			
		28a		No
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		No
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV.	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Νο
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νο
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? <i>If</i> "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		No
36	501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		Νο
37	Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No

Pa	t V Statements Regarding Other IRS Filings and Tax Compliance	e				
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal					
	of U.S. Information Returns. Enter -0- if not applicable					
		1a	0			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments to	o ven	dors and reportable	1.		
2-	gaming (gambling) winnings to prize winners?	 I		1c		
2a	Statements filed for the calendar year ending with or within the year covered by this return	2a	131			
b	If at least one is reported in 2a, did the organization file all required federal employs  Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file thi	nent t		2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during return?			3a		N o
ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Sch	edule	0	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a s					
	over, a financial account in a foreign country (such as a bank account, securities acacount)?	_	•	4a	Yes	
b	If "Yes," enter the name of the foreign country SF, MI					
	See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1</b> , <i>Re Financial Accounts</i> .	eport o	f Foreign Bank and			
5a	Was the organization a party to a prohibited tax shelter transaction at any time duri	ng the	tax year?	5a		Νο
ь	Did any taxable party notify the organization that it was or is a party to a prohibited	tax sh	nelter transaction?	5b		Νο
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exemp	t Entil	ty Regarding Prohibited			
_	Tax Shelter Transaction?	•		5с		
6a	Did the organization solicit any contributions that were not tax deductible?			6a		Νο
b	If "Yes," did the organization include with every solicitation an express statement to were not tax deductible?	nat su	ch contributions or gifts	6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization provide goods or services in exchange for any quid pro quo commore $^{\circ}$	trıbut	ion of \$75 or	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services ${\bf p}$	rovide	d?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal prope	rty for	which it was required to			
_	file Form 8282?	I		7c		No
a	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay benefit contract?			7e		Νο
f	Did the organization, during the year, pay premiums, directly or indirectly, on a pers	onal b	enefit contract?	7f		Νο
g	For all contributions of qualified intellectual property, did the organization file Form	8899	as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization f	ile a F	orm 1098-C as			
	required?			7h		
8	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds a supporting organizations. Did the supporting organization, or a fund maintained by a excess business holdings at any time during the					
	year?			8		Νο
9	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds.					
а	Did the organization make any taxable distributions under section 4966?			9a		Νo
ь	Did the organization make a distribution to a donor, donor advisor, or related person	?.		9b		Νo
10	Section $501(c)(7)$ organizations. Enter	_				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations Enter					
	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 ii	n lieu d	of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the	12b				
	year				l	

# Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A.	Governing	Body	and	Manage	ment	

					Yes	No			
	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below processes, or changes in Schedule O. See instructions.	ribe the circumstances,							
1a	Enter the number of voting members of the governing body	11							
Ь	Enter the number of voting members that are independent	1b	11						
2	Did any officer, director, trustee, or key employee have a family relationship or a bus other officer, director, trustee, or key employee?	2		No					
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .								
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?								
5	Did the organization become aware during the year of a material diversion of the organization's assets?								
6	Does the organization have members or stockholders?								
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?								
Ь	Are any decisions of the governing body subject to approval by members, stockhold	rother persons?	7b		Νo				
8	Did the organization contemporaneously document the meetings held or written active year by the following	ons u	ndertaken during the						
а	the governing body?			8a	Yes				
Ь	each committee with authority to act on behalf of the governing body?			8b	Yes				
9a	Does the organization have local chapters, branches, or affiliates?			9a		Νo			
b	If "Yes," does the organization have written policies and procedures governing the a affiliates, and branches to ensure their operations are consistent with those of the o	• •	9b						
10	Was a copy of the Form 990 provided to the organization's governing body before it must describe in Schedule O the process, if any, the organization uses to review the			10	Yes				
11									

#### Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No", go to line 13 $\cdot$ .	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
а	The organization's CEO, Executive Director, or top management official?	15a	Yes	
b	Other officers or key employees of the organization?	15b	Yes	
	Describe the process in Schedule O			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	Yes	
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b	Yes	
		TOD	1 63	

#### Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed MA
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply own website. upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

AMY HOSFORD-SWAN 20 UNIVERSITY ROAD CAMBRIDGE,MA 02138 (617) 301-4800

## Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

#### Section A Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed

Check this box if the organization did not compensate any officer, director, trustee or key employee

- \* List all of the organization's **current** officers, directors, trustees (whether individuals or organizations) and key employees regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- \* List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- \* List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- \* List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

The check this box in the organization and i	·	Posit	(C	) chec	:k al				(E)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Chrector	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
							-			

#### Part VII Continued

<b>(A)</b> Name and Title	(B) Average hours per week	on at Institutional Trustee	appl	y) F	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	<b>(E)</b> Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
1b Total						١	8,059,406	0	429,998

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ►40

			Yes	No
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		Νο
4	For any individual listed online 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such			
	ındıvıdual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person	5		Νο

#### **Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
TOM NOLAN 1110 BONIFANT ST 420 SILVER SPRINGS, MD 20910	PROGRAM CONSULTING	285,060
LLOYD PROVOST 115 E 5TH ST SUITE 300 AUSTIN, TX 78701	PROGRAM CONSULTING	216,079
ROGER RESAR MD 903 SKYVIEW DR ALTOONA, WI 54720	PROGRAM CONSULTING	204,592
JERRY LANGLEY 1116 ARBOR PLACE EL DORADO HILLS, CA 95762	PROGRAM CONSULTING	201,502
JOHN WHITTINGTON  1 MARTHA AVE NORMAL, IL 61761	PROGRAM CONSULTING	188,940
Total number of independent contractors (including those in 1 from the organization		15

# Software ID: Software Version:

**EIN:** 38-3017223

Name: Institute for Healthcare Improvement

#### Form 990, Part VII - Section Aaa

Form 990, Part VII - Section Aaa								· · · · · · · · · · · · · · · · · · ·		
		Posit	(C tion ( hat a	chec	)				(E)	(F)
<b>(A)</b> Name and Title	(B) A verage hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
DONALD BERWICK MD MPP FRCP , PRESIDENT/CEO	40 0	Х		х				2,326,286	0	30,066
JAMES ANDERSON , DIRECTOR	1 0	Х						0	0	0
PAUL B BATALDEN MD , DIRECTOR	1 0	Х						0	0	0
JO IVEY BOUFFORD MD , DIRECTOR	1 0	Х						0	0	0
LINDA R CRONENWETT , DIRECTOR	1 0	Х						0	0	0
A BLANTON GODFREY PHD , chair	1 0	Х		Х				0	0	0
RUBY HEARN PHD , Vice Chair	1 0	Х		Х				0	0	0
GARY S KAPLAN MD , Director	1 0	Х						0	0	0
GARY A MECKLENBURG , Secretary- Treasurer	1 0	Х		х				0	0	0
DENNIS S OLEARY MD , Director	1 0	Х						0	0	0
VINOD K SAHNEY PHD , Director	1 0	Х						0	0	0
ROBERT WALLER MD , director	1 0	Х						0	0	0
DIANA CHAPMAN WALSH , DIRECTOR	1 0	Х						0	0	0
MAUREEN BISOGNANO , EXECUTIVE VP/COO	40 0			х				1,252,794	0	18,073
BARBARA CARVER , SENIOR VP	40 0			Х				807,759	0	17,444
DONALD GOLDMANN MD , SENIOR VP	40 0			Х				294,968	0	48,844
JAMES CONWAY MS , SENIOR VP	40 0			Х				239,628	0	45,892
JOANNE HEALY , SENIOR VP	40 0			Х				355,113	0	10,006
AMY HOSFORD-SWAN , CHIEF FINANCIAL OFFICER	40 0			х				177,274	0	26,373
CAROL BEASLEY, director of strategic project	40 0				х			152,066	0	10,973
steven brown , vice president human resources	40 0				х			163,179	0	32,820
paul hamnett , vice president engineering	40 0				Х			201,200	0	23,263
carol haraden , vice president	40 0				Х			403,560	0	11,271
andrea kabcenell , vice president	40 0				Х			172,087	0	36,423
robert lloyd , exec dır peformance ımprov	40 0				Х			180,098	0	16,986
Joseph McCannon , vice president	40 0				Х			183,311	0	28,497
patricia rutherford , vice president	40 0				Х			233,288	0	9,759
jonathan small , vice president communications	40 0				х			213,187	0	15,275
BARBARA TOBIN , DIR - DEVELOPING COUNTRIES PRG	40 0					х		143,082	0	4,782
CINDY HUPKE , DIRECTOR	40 0			<u> </u>		Х	<u> </u>	140,048	0	14,407

Form 990, Part VII - Section Aaa

		(C) Position (check all that apply)				I			(5)	(F)	
<b>(A)</b> Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations	
HEATHER LATTANZIO , DIRECTOR OF ENGINEERING	40 0					х		128,630	0	10,121	
SUSAN LEAVITT GULLO , DIRECTOR	40 0					Х		126,216	0	5,995	
Jane Roessner , lead writer	40 0	·				Х		165,632	0	12,728	

					(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
	1a	Federated can	npaigns 1a			Revenue		312, 313, 3131
Contributions, gifts, grants and other similar amounts	ь	Membership d	lues					
gra	С	Fundraising ex	<b>1b</b> vents					
ts, am		_	1c					
gifts, ilar an	d		ızatıons1d					
ns, sim	е	_	nts (contributions) <b>1e</b>					
utio er:	f		tions, gifts, grants, and not included above	10,997,981				
音音			<b>1f</b>					
돌	g		ributions included in					
O m	h		es 1a-1f)		12,228,939			
				Business Code				
en	2a	PARTICIPATION/N	MEETING/CONFERENCE	900,099	16,007,537	16,007,537		
ием	ь	FEES CONTRACT SERV	TICES	900,099	7,182,973	7,182,973		
22	c	MEMBERSHIP DU		900,099	4,201,891	4,201,891		
VIC (	d	TIETIBERSHII DO		900,039	4,201,091	4,201,891		
Ser	e							
an	f	Δ II other progr	ram service revenue					
Program Service Revenue	-	— The other progr	Talli Service revenue					
Δ	g	Total. Add line ► \$ 27,392,40	es 2a-2f					
	3		or ocome (including divi	dends, interest				
			amounts)		1,094,256	0		0 1,094,256
	4	Income from inve	estment of tax-exempt be	ond proceeds	0			
				•	0			
	5	Royalties .	(ı) Real		0			
	6a	Gross Rents	(I) Real	(II) Personal				
	ь	Less rental						
	c	expenses Rental income						
	d	or (loss)	ome or (loss)					
	_ u	Net rental inco		<u>►</u>				
	7a	Gross amount	(ı) Securities 28,319,095	(II) O ther 1,000				
		from sales of assets other	20/315/033	1,000				
		than inventory	24 220 020	1.060				
	Ь	Less cost or other basis and	34,329,039	1,969				
	С	sales expenses Gain or (loss)	-6,009,944	-969				
	d	Net gaın or (lo	oss)	_	-6,010,913			-6,010,913
	8a		from fundraising	. ▶				
		events (not in						
<u> </u>		\$	 ns reported on line					
듄		1c) See Part	IV, line 18					
ev.			le G ıf total exceeds					
ᆲ	ь		xpensesb					
Other Revenue	С		(loss) from fundrais	ing events	0			
)	9a	Gross income	from gaming	<u>►</u>				
		activities See	e part IV , line 19					
		Complete Sched						
			а					
	ь		xpensesb					
	С	Net income or	(loss) from gaming a	activities <b>-</b>	0			
	10a		f inventory, less					
		returns and al	lowances . a					
	ь	less cost of	goods sold <b>b</b>					
	c		(loss) from sales of		0			
		Miscellaneou		Business Code				†
	11a	OTHER REVE	NUE	900,099	561,087	561,087		
	ь							
	С							
	d	All other reve	nue					
	e		es 11a-11d					
	12	Total Bousses	<b>e.</b> Add lines 1h, 2g, 3	\$ 561,087	35,265,770	27,953,488		0 -4,916,657
		8c,	, -,		,	,,,,,,,,		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	]	9c, 10c, and 1	11e	. ►[				Form <b>990</b> (2008)

### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.  All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).									
Do ı	not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses				
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	0							
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	0							
3	Grants and other assistance to governments, organizations and individuals outside the U.S. See Part IV, lines 15 and 16	1,778,721	1,778,721						
4	Benefits paid to or for members	0							
5	Compensation of current officers, directors, trustees, and key employees	3,239,493	1,669,091	1,565,684	4,718				
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$	0							
7	Other salaries and wages	6,805,529	6,444,108		22,770				
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	197,533	173,133	24,400					
9	Other employee benefits	794,865	696,588	98,277					
10	Payroll taxes	2,619,005	2,130,512	488,493					
11	Fees for services (non-employees)								
а	Management	0							
Ь	Legal	148,146	135,140	13,006					
c	Accounting	118,250	105,249	13,001					
d	Lobbying	0							
e	Professional fundraising See Part IV, line 17	0							
f	Investment management fees	224,584	26,333	198,251					
g	Other	288,966	253,303	35,663					
12	Advertising and promotion	0							
13	Office expenses	1,600,050	1,389,351	210,699					
14	Information technology	948,639	559,600	389,039					
15	Royalties	0							
16	Occupancy	1,006,769	884,483	122,286					
17	Travel	2,657,295	2,506,055	151,240					
18	Payments of travel or entertainment expenses for any Federal, state or local public officials	0							
19	Conferences, conventions and meetings	4,460,909	4,346,468	114,441					
20	Interest	0							
21	Payments to affiliates	672,249	589,210	83,039					
22	Depreciation, depletion, and amortization	131,339	115,115	16,224					
23	Insurance	0							
24	Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below )								
а	CONSULTING	7,857,568	7,087,278	770,290					
ь	EDUCATION & TRAINING	91,494	82,915	8,579					
c	MISCELLANEOUS EXPENSE	240,672	180,807	59,865					
f	All other expenses								
25	Total functional expenses. Add lines 1 through 24f	35,882,076	31,153,460	4,701,128	27,488				
26	Joint Costs. Check if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				rm <b>999</b> (2008)				

Parity Balance Sheet	Part X	Ralance	Sheet
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					(A) Beginning of year		(B) End of year	
	1	Cash—non-interest-bearing			Dogg or your	1		
	2	Savings and temporary cash investments			6,320,458	2	4,941,638	
	3	Pledges and grants receivable, net			2,740,203	3	5,788,962	
	4	Accounts receivable, net			746,483	4	759,923	
	5	Receivables from current and former officers, directors, trustees other related parties Complete Part II of Schedule L	oyees or		5			
	6	Receivables from other disqualified persons (as defined under sepersons described in section 4958(c)(3)(B) Complete Part II of			6			
	7	Notes and loans receivable, net				7		
	8	Inventories for sale or use				8		
20	9	Prepaid expenses and deferred charges			317,763	9	567,742	
Assets	10a	Land, buildings, and equipment cost basis	cost basis   <b>10a</b>   3,920,353					
•	b	Less accumulated depreciation <i>Complete Part VI of Schedule D</i>	10b	1,489,559	1,063,238	10c	2,430,794	
	11	Investments—publicly traded securities			57,742,954	11	44,196,722	
	12	Investments—other securities See Part IV, line 11 $\it Complete Passive Schedule D$	rt VII of			12		
	13	Investments—program-related See Part IV, line 11 $\it Complete Part Second Part$			13			
	14	Intangible assets			14			
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule D		14,597	15	0		
	16	Total assets. Add lines 1 through 15 (must equal line 34)			68,945,696	16	58,685,781	
	17	Accounts payable and accrued expenses .			3,586,562	17	3,026,630	
	18	Grants payable			18			
	19	Deferred revenue		3,986,331	19	2,308,153		
_	20	Tax-exempt bond liabilities			20			
<u>ē</u>	21	Escrow account liability Complete Part IV of Schedule D			21			
Liabilities	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified						
ä		persons Complete Part II of Schedule L				22		
	23	Secured mortgages and notes payable to unrelated third parties				23		
	24	Unsecured notes and loans payable				24		
	25	Other liabilities Complete Part X of Schedule D			3,319,848	25	3,774,897	
	26	Total liabilities. Add lines 17 through 25			10,892,741	26	9,109,680	
seo		Organizations that follow SFAS 117, check here ▶   and comp through 29, and lines 33 and 34.	lete lines 2	27				
Balance	27	Unrestricted net assets			48,486,860	27	39,580,038	
8	28	Temporarily restricted net assets			9,566,095	28	9,996,063	
Ξ	29	Permanently restricted net assets			29			
r Fund		Organizations that do not follow SFAS 117, check here ► □ an lines 30 through 34.	d complet o	2				
s or	30	Capital stock or trust principal, or current funds				30		
Assets	31	Paid-in or capital surplus, or land, building or equipment fund			31			
As	32	Retained earnings, endowment, accumulated income, or other fu				32		
Net	33	Total net assets or fund balances			58,052,955	33	49,576,101	
<b>z</b>	34	Total liabilities and net assets/fund balances			68,945,696	34	58,685,781	
Da	rt XI	Financial Statements and Reporting						
Га	I C VI	i mandial statements and reporting						

Dark VI	Financial Statements and Reporting
<i>J.</i> 1 d <b>- 2</b> . 1 <b>m</b>	Financial Statements and Reporting

1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits?	3b	Yes	

**Employer identification number** 

#### OMB No 1545-0047

**Public Charity Status and Public Support** 

**SCHEDULE A** (Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)nonexempt charitable trusts.

Attach to Form 990 or Form 990-EZ. See separate instructions.

Open to Public Inspection

ınstitu	te for H	eaithcare impr	ovement					38.	-301722	3	
Pa	rt I	Reason	for Public C	harity Status (to be co	mpleted	bv all or	ganizatio				
				ation because it is (Please							
1	$\Gamma$	A church, c	onvention of ch	nurches, or association of ch	urches de	scribed in	Section 1	L70(b)(1)(	A)(i).		
2	$\Gamma$	A school de	escribed in <b>Sect</b>	t <b>ion 170(b)(1)(A)(ii).</b> (Attac	h Schedu	le E)					
3	$\sqcap$	A hospital	or a cooperative	e hospital service organizati	on describ	oed in <b>Sec</b>	t ion 170(£	o)(1)(A)(i	ii). (Attac	h Schedul	e H )
4	Γ	A medical i	research organı	zation operated in conjunction	on with a l	nospital de	escribed ii	n Section :	170(b)(1)	( <b>A</b> )(iii). E	nter the
		hospital's r	name, city, and	state							
5	$\Gamma$	An organiza	atıon operated f	or the benefit of a college or	universit	y owned o	r operated	by a gove	rnmental	unıt desci	rıbed ın
		Section 170	D(b)(1)(A)(iv).	(Complete Part II )							
6	Γ	A federal, s	tate, or local go	overnment or governmental	unıt descr	ıbed ın <b>Se</b>	ct ion 170(	(b)(1)(A)	(v).		
7	Γ	An organiza	ation that norma	ally receives a substantial p	art of its s	support fro	m a govei	rnmental u	ınıt or fron	n the gene	ral public
		described in <b>Section 170(b)(1)(A)(vi)</b> (Complete Part II )									
8	Γ	A community trust described in <b>Section 170(b)(1)(A)(vi)</b> (Complete Part II )									
9	굣										
		receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses									
	_			on after June 30, 1975 See							
10	<u> </u>			and operated exclusively to							
11	ı			and operated exclusively for orted organizations describe							
				type of supporting organizations						Section 5	os(a)(s): elleck
		аГ⊺	ype I <b>b</b>	Type II c	Type III	- Function	nally Integ	rated	d	Г⊤ype	III - Other
e	Γ	•	- '	rtify that the organization is			•			•	•
				agers and other than one or	more publ	icly suppo	orted orga	nizations (	described	ın section	1 509 (a)(1) or
f		section 50 If the organ		d a written determination fro	m the IRS	that it is	a Type I.	Type II o	r Type III	supportin	ng organization.
		check this					,, ,	, ,	, ,		Ĭ Ė
g				as the organization accepted	d any gift	or contrib	utıon from	any of the	!		
		following person		r indirectly controls, either a	alone or to	aether wi	th persons	describe	d in (ii)		Yes No
			•	ng body of the the supported		_			(,	11g	
			· -	erson described in (i) above	_					11g(	
			•	ty of a person described in (		oove?				11g(	
h				nation about the organizatio			supports				
			_		_						
		ame of	(ii) EIN	(iii) Type of organization	(iv) I		(v) Did y	ou notify	(vi) I	s the	(vii) A mount of
		orted		(described on lines 1 - 9		ation in	the orga			ation in	support?
	Organ	ızatıon		above or IRC section (See Instructions))	col (i) your go		supp	of your	in the	rganized US?	
				(000 2011 2.0.10.1.07)	docur	-					
					Yes	No	Yes	No	Yes	No	

Total

Part II	Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
	(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Pι	ıblic Support		, ,	,				
Cale	endar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
1	Gifts, grants, contributions, and							
	membership fees received (Do not							
	include any "unusual grants ")							
2	Tax revenues levied for the organization's							
	benefit and either paid to or expended on							
_	its behalf The value of services or facilities					<del> </del>		
3	furnished by a governmental unit to the							
	organization without charge							
4	Total. Add line 1-3					1		
5	The portion of total contribution by each							
5	person (other than a government unit or							
	publicly supported organization) included							
	on line 1 that exceed 2% of the amount							
	shown on line 11, column							
	· (f)							
6	Public Support subtract line 5 from line							
	4							
	otal Support		1		T			
	endar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) :	2008	(f) Total
7	A mounts from line 4							
8	Gross income from interest, dividends,							
	payments received on securities loans,							
	rents, royalties and income from similar							
_	sources							
9	Net income from unrelated business							
	activities, whether or not the business is regularly carried on							
10	Other income Do not include gain or loss							
10	from the sale of capital assets (Explain in							
	Part IV )							
11	Total Support (Add lines 7 through 10)							
12	Gross receipts from related activities, etc	(See instructio	ns )		•	12		
13	First Five Years. If the Form 990 is for the	organization's f	irst second thu	d fourth or fifth	ntay vearas a F		3)	
	organization, check this box and <b>stop here</b>		mat, second, tim	u, rouren, or mer	rtax year as a s	/O1(C)(C	• •	<b>▶</b> □
								•
Co	omputation of Public Support Perc	entage						
14	Public Support Percentage for 2008 (line 6	5 column (f) dıvı	ded by line 11 c	olumn (f))		14		
15	Public Support Percentage for 2007 School	dule A , Part IV -	A, line 26f			15		
16a	33 1/3% Test - 2008. If the organization di	d not check the	box on line 13.	and line 14 is 3	3 1/3% or more.		this box	
	and <b>stop here.</b> The organization qualifies a				,			<b>▶</b> □
b	33 1/3% Test - 2007. If the organization d				15 is 33 1/3% d	r more,	check th	
	box and stop here. The organization qualifi	es as a publicly	supported orga	nızatıon				<b>▶</b> □
17a	10% Facts and Circumstances Test - 2008.							
	more, and if the organization meets the "fa		•					· —
	organization meets the "facts and circums							<b>►</b> □
Ь	10% Facts and Circumstances Test - 2007.							
	more, and if the organization meets the "fa		•					_
4.0	the organization meets the "facts and circu							n ▶
18	<b>Private Foundation.</b> If the organization did	not check the b	oux on line 13, 1	oa, 100, 1/a or	1/D, Check this	oox an	u see	<b>▶</b> □
	ınstructions							F-1

#### Part III Support Schedule for Organizations Described in IRC 509(a)(2)

(Complete only if v	ou checked the box	on line 9 of Part I.
---------------------	--------------------	----------------------

	(Complete only if you check			•				
	ction A. Public Support							
	ndar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	<b>(d)</b> 2007	(e) 2	8008	<b>(f)</b> Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	23,357,991	15,658,386	14,676,472	14,671,587	16	5,430,830	84,795,266
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's taxexempt purpose	13,524,288	19,451,960	25,144,961	24,394,109	23	3,751,601	106,266,919
3	Gross receipts from activities that are not an unrelated trade or business under section 513							
<b>4</b> <b>5</b>	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities							
	furnished by a governmental unit to the organization without charge	26,002,270	25.440.246	20.024.422	20.055.505	4.6	102 121	104.052.405
	Total Add lines 1-5 A mounts included on lines 1, 2, and 3 received from disqualified persons A mounts included on lines 2 and 3	36,882,279	35,110,346	39,821,433	39,065,696	40	),182,431	191,062,185
	received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000							
с 8	Total of lines 7a and 7b  Public Support (Substract line 7c from line 6)							191,062,185
Τo	tal Support							
	tal Support	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2	008	(f) Total
Cale	ndar year (or fiscal year beginning in)	(a) 2004 36,882,279	<b>(b)</b> 2005 35.110.346	(c) 2006 39.821.433	(d) 2007 39,065,696		008	<b>(f)</b> Total
		(a) 2004 36,882,279 345,941	<b>(b)</b> 2005 35,110,346 519,519	(c) 2006 39,821,433 794,557	(d) 2007 39,065,696 1,061,398	40	2008	(f) Total 191,062,185 3,815,671
Cale 9	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975	36,882,279 345,941	35,110,346 519,519	39,821,433 794,557	39,065,696 1,061,398	40	1,094,256	191,062,185 3,815,671
Cale 9 10a	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly	36,882,279	35,110,346	39,821,433	39,065,696	40	),182,431	191,062,185
Cale 9 10a b c 11	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b,	36,882,279 345,941	35,110,346 519,519	39,821,433 794,557	39,065,696 1,061,398	40	1,094,256	191,062,185 3,815,671
Cale 9 10a  b  c 11 12	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total Support (Add lines 9, 10c, 11 and 12)	36,882,279 345,941 345,941	35,110,346 519,519 519,519	39,821,433 794,557 794,557	39,065,696 1,061,398 1,061,398	1	0,182,431	3,815,671 3,815,671 194,877,856
Cale 9 100a b c 111	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total Support (Add lines 9, 10c, 11 and	36,882,279 345,941 345,941	35,110,346 519,519 519,519	39,821,433 794,557 794,557	39,065,696 1,061,398 1,061,398	1	0,182,431	3,815,671 3,815,671 194,877,856
Cale 9 10a b c 11 12	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total Support (Add lines 9, 10c, 11 and 12) First Five Years If the Form 990 is for the o	36,882,279 345,941 345,941 rganization's firs	35,110,346 519,519 519,519	39,821,433 794,557 794,557	39,065,696 1,061,398 1,061,398	1	0,182,431	191,062,185 3,815,671 3,815,671 194,877,856
Cale 9 10a  b  c 11  12  13 14	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total Support (Add lines 9, 10c, 11 and 12) First Five Years If the Form 990 is for the ocheck this box and stop here  mputation of Public Support Perce	36,882,279 345,941 345,941 rganization's firsentage column (f) divide	35,110,346 519,519 519,519 st, second, third	39,821,433 794,557 794,557 , fourth, or fifth t	39,065,696 1,061,398 1,061,398	1	0,182,431	191,062,185 3,815,671 3,815,671 194,877,856
Cale 9 10a  b  c 11  12  13 14	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total Support (Add lines 9, 10c, 11 and 12) First Five Years If the Form 990 is for the ocheck this box and stop here	36,882,279 345,941 345,941 rganization's firsentage column (f) divide	35,110,346 519,519 519,519 st, second, third	39,821,433 794,557 794,557 , fourth, or fifth t	39,065,696 1,061,398 1,061,398	1 1 01(c)(3	0,182,431	3,815,671  3,815,671  194,877,856 ation,
Cale 9 10a  b  c 11  12  13 14  Co 15 16	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total Support (Add lines 9, 10c, 11 and 12) First Five Years If the Form 990 is for the ocheck this box and stop here  mputation of Public Support Percet Public Support Percentage for 2008 (line 8	36,882,279  345,941  345,941  rganization's first  entage  column (f) dividuale A, Part IV-A	35,110,346 519,519 519,519 st, second, third	39,821,433 794,557 794,557 , fourth, or fifth t	39,065,696 1,061,398 1,061,398	15 40 11 11 11 11 11 11 11 11 11 11 11 11 11	0,182,431	191,062,185 3,815,671 3,815,671 194,877,856 ation,
Cale 9 10a  b  c 11  12  13 14  Co 15 16	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total Support (Add lines 9, 10c, 11 and 12) First Five Years If the Form 990 is for the ocheck this box and stop here  mputation of Public Support Perce	36,882,279 345,941 345,941 rganization's firsentage column (f) dividuale A, Part IV-A	35,110,346 519,519 519,519 st, second, third ed by line 13 co	39,821,433 794,557 794,557 , fourth, or fifth t	39,065,696 1,061,398 1,061,398	15 40 11 11 11 11 11 11 11 11 11 11 11 11 11	0,182,431	191,062,185 3,815,671 3,815,671 194,877,856 ation,

19a 33 1/3% Tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line

17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 33 1/3% Tests - 2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

►V

Part IV	<b>Supplemental Information.</b> Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)						
	Facts and Circumstances Test						

Schedule A (Form 990 or 990-EZ) 2008

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As Filed Data -

DLN: 93493070006000

OMB No 1545-0047

**SCHEDULE D** (Form 990)

Department of the Treasury

**Supplemental Financial Statements** ▶ Attach to Form 990. To be completed by organizations that

Open to Public

terna	al Revenue Service	answered res, to re	orm 990, Part 1V, line 6, 7, 8, 9, 10, 11, or 1	L <b>∠.</b>	Inspection
	me of the organi			Employer ide	entification number
ıns	titute for Healthcare :	Improvement		38-301722	3
Ρā			dvised Funds or Other Similar Fu	ınds or Acc	ounts. Complete if the
	organiz	zation answered "Yes" to Form 99	00, Part IV, line 6. (a) Donor advised funds	(h) Funda	s and other accounts
1	Total number at	t end of year	(a) Donor advised funds	(b) i unu.	s and other accounts
- 2		tributions to (during year)			
3	33 3	nts from (during year)			
4	Aggregate valu	e at end of year			
5	_		sors in writing that the assets held in don- organization's exclusive legal control?	oradvised	┌ Yes ┌ No
6	_	harıtable purposes and not for the ben	donor advisors in writing that grant funds efit of the donor or donor advisor or other	may be	┌ Yes
Pa	rt III Consei	rvation Easements. Complete	ıf the organization answered "Yes" to	Form 990, F	Part IV, line 7.
1 2	Preservation Protection Preservation Complete lines	onservation easements held by the or on of land for public use (e g , recreati of natural habitat on of open space 2a-2d if the organization held a quali of the tax year		rtified historic :	structure
	on the last day	or the tax year		H	leld at the End of the Year
а	Total number	of conservation easements		2a	
b	Total acreage	restricted by conservation easements	s	2b	
c	Number of cor	nservation easements on a certified hi	storic structure included in (a)	2c	
d	Number of cor	nservation easements included in (c) a	acquired after 8/17/06	2d	
3	Number of cons	servation easements modified, transfe	erred, released, extinguished, or terminate	d by the organi	zatıon durıng
	the taxable yea	ar ►			
4	Number of state	es where property subject to conserva	ation easement is located ►		
5	_	nization have a written policy regarding the conservation easements it holds?	g the periodic monitoring, inspection, viola ?	tions, and	┌ Yes ┌ No
6	Staff or volunte	er hours devoted to monitoring, inspe	cting and enforcing easements during the	year ►	
7	A mount of expe	enses incurred in monitoring, inspecti	ng, and enforcing easements during the ye	ar 🕨 \$	
8		servation easement reported on line 2 ) and 170(h)(4)(B)(II)?	?(d) above satisfy the requirements of sec	tion	┌ Yes ┌ No
9	balance sheet,	- · · · · · · · · · · · · · · · · · · ·	onservation easements in its revenue and the footnote to the organization's financial nents	•	•
Pai			ons of Art, Historical Treasures, on "Yes" to Form 990, Part IV, line 8.	or Other Sin	nilar Assets.
1a	art, historical t	reasures, or other similar assets held	116, not to report in its revenue stateme for public exhibition, education or researc nancial statements that describes these it	h ın furtheranc	
b	historical treas		116, to report in its revenue statement a public exhibition, education, or research ir s		•
	(i) Revenues in	ncluded in Form 990, Part VIII, line 1		<b>•</b>	\$
	(ii) Assets incl	luded in Form 990, Part X		<b>►</b> \$	
2	If the organizat	,	orıcal treasures, or other sımılar assets fo S 116 relatıng to these ıtems	r financial gain	, provide the
а	Revenues inclu	ided in Form 990, Part VIII, line 1		<b>►</b> \$	

**b** Assets included in Form 990, Part X

Part	IIII Organizations Maintaining Co	llections of Art, I	list	orio	cal Treasu	res, or Othe	r Similar Ass	ets (co	ntınued)
3	Using the organization's accession and other items (check all that apply)	r records, check any o	fthe	e foll	owing that ar	e a sıgnıfıcant u	se of its collectio	n	
а	Public exhibition	•	d	Γ	Loan or excl	hange programs			
b	Scholarly research		e	Γ	Other				
С	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explain	how	they	further the c	organization's ex	cempt purpose in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t						nılar	Yes	┌ No
Par	Trust, Escrow and Custodial A Part IV, line 9, or reported an an					nızatıon answ	ered "Yes" to F	orm 9	90,
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ian or other intermedia	ary f	for co	ontributions o	or other assets		Yes	☐ No
b	If "Yes," explain why in Part XIV and comple	ete the following table							
							A mo	unt	
с	Beginning balance					1c			
d	Additions during the year					1d			
e	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amount on Fo	orm 990, Part X, line 2	1?				Г	Yes	┌ No
	If "Yes," explain the arrangement in Part XIV								
Pai	t V Endowment Funds. Complete							\=	
_		(a)Current Year	(D)	Prior Y	ear (c) w	o Years Back (d)	Three Years Back (	e)rour re	ears Back
1a	Beginning of year balance								
b	Contributions								
C	Investment earnings or losses								
d	Grants or scholarships								
e	Other expenditures for facilities and programs								
f	Administrative expenses								
g	End of year balance								
9 2	Provide the estimated percentage of the yea	r and halance hald as							
	Board designated or quasi-endowment	i ella palalice liela as							
a									
Ь	Permanent endowment 🕨								
С _	Term endowment 🕨								
3а	Are there endowment funds not in the posses organization by	ssion of the organization	on th	nat a	re held and a	dministered for	the	Yes	No
	(i) unrelated organizations						3a(i)		110
	(ii) related organizations						3a(ii)	+	
ь	If "Yes" to 3a(II), are the related organization		n Sc	hed	ule R?		3b		
4	Describe in Part XIV the intended uses of the	e organızatıon's endov	vme	nt fu	nds			•	
Par	t VI Investments—Land, Buildings	s, and Equipment	. Se	e Fo	orm 990, Pa	art X, line 10.			
	Description of investment				Cost or other (investment)	( <b>b)</b> Cost or other basis (other)	(c) Depreciation	( <b>d)</b> Bo	ok value
<b>1</b> a l	and						•		
b E	Buildings						]		
	easehold improvements					1,205,649	715,805		489,844
	Equipment					662,030	,		294,090
	 NAL					2,052,674			1,646,860
	. Add lines 1a-1e <i>(Column (d) should equal Fo</i>		(B),	line	10(c).)	2,032,071			2,430,794
	. , , , , , , , , , , , , , , , , , , ,	. ,	. //				Schedule D (		<del></del>

Part VII Investments—Other Securities. See	Form 990, Part X, line 1	2	
(a) Description of security or cateory (including name of security)	(b)Book value		d of valuation year market value
Financial derivatives and other financial products			
Closely-held equity interests			
O ther			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12 )			
Part VIII Investments—Program Related. Se	e Form 990 Part X line	13	
(a) Description of investment type	(b) Book value	(c) Method	d of valuation
(a) Description of investment type	(U) BOOK Value	Cost or end-of-	year market value
<b>Part IX</b> Other Assets. See Form 990, Part X, col (B) line 13 )			
(a) Descr			(b) Book value
	'		. ,
Total. (Column (b) should equal Form 990, Part X, col.(B) line			
Part X Other Liabilities. See Form 990, Part	T'		
(a) Description of Liability	(b) A mount		
Federal Income Taxes			
DEFERRED COMPENSATION LIABILITY	2,012,634		
REFUNDABLE ADVANCES	1,751,074		
CAPITAL LEASE OBLIGATION	11,189		
Total (Column (b) chould agree! Form 000, 5-4 V1 (0) to- 25 V			
<b>Total.</b> (Column (b) should equal Form 990, Part X, col (B) line 25)	3,774,897		

Part	XI Reconciliation of Cl	hange in Net Assets from Forn	n 99	00 to	<u>Financial Stateme</u>	nts	
1	Total revenue (Form 990, Part V	VIII, column (A ), line 12)				1	35,265,770
2	Total expenses (Form 990, Par	t IX, column (A ), line 25)				2	35,882,076
3	Excess or (deficit) for the year					3	-616,306
4	Net unrealized gains (losses) or					4	-7,860,548
5	Donated services and use of fac					5	
6	Investment expenses					6	
7	Prior period adjustments					7	
8	Other (Describe in Part XIV)					8	
9	Total adjustments (net) Add Irr	nes 4 - 8				9	-7,860,548
10	•	per financial statements. Combine lines	: 3 a	nd Q		10	-8,476,854
Part		evenue per Audited Financial			nts With Revenue i	er R	
1	Total revenue, gains, and othe						27,180,638
	statements					1	
2		t not on Form 990, Part VIII, line 12		ı	I		
а	Net unrealized gains on invest		•	2a	-7,860,548		
b	Donated services and use of fa		•	2b			
C	Recoveries of prior year grants		•	2c			
d	Other (Describe in Part XIV)		•	2d			
e	Add lines 2a through 2d .					2e	-7,860,548
3	Subtract line 2e from line 1.		•			3	35,041,186
4		0, Part VIII, line 12, but not on line 1		۱ ـ	1 224.504		
а		uded on Form 990, Part VIII, line 7b	•	4a	224,584		
b	Other (Describe in Part XIV)			4b			224 504
с -	Add lines 4a and 4b					4c	224,584
5 Part		d <b>4c.</b> (This should equal Form 990, Pari <b>xpenses per Audited Financial</b>				5 s ner	35,265,770 <b>Peturn</b>
1		audited financial statements				1	35,657,492
2		not on Form 990, Part IX, line 25					, ,
а	Donated services and use of fa			2a	1		
b	Prior year adjustments			2b		1	
c	Losses reported on Form 990,	Part IX, line 25		. 2c		1	
d	Other (Describe in Part XIV)			2d		1	
e	Add lines <b>2a</b> through <b>2d</b>					2e	
3	Subtract line <b>2e</b> from line <b>1</b> .					3	35,657,492
4	A mounts included on Form 990	), Part IX, line 25, but not on line <b>1:</b>					
а	Investment expenses not inclu	ided on Form 990, Part VIII, line 7b		4a	224,584		
b	Other (Describe in Part XIV)			4b		1	
c	Add lines <b>4a</b> and <b>4b</b>					4c	224,584
5	Total expenses Add lines <b>3</b> an	d <b>4c.</b> (This should equal Form 990, Par	t I, lı	ne 18	)	5	35,882,076
Part	XIV Supplemental Inf	ormation					
		criptions required for Part II, lines 3, 5 Part XII, lines 2d and 4b, and Part XI				art XIV	/, lines 1b and 2b,
	Ident if ier	Return Reference			Explanat	ion	

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DLN: 93493070006000

2008

OMB No 1545-0047

SCHEDULE F (Form 990)

▶ Attach to Form 990. Complete if the organization answered "Yes" to

Statement of Activities Outside the United States

Open to Public **Inspection** 

Department of the Treasury Form 990, Part IV, line 14b. Internal Revenue Service Name of the organization Employer identification number Institute for Healthcare Improvement 38-3017223 General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b. For grantmakers. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award ✓ Yes For grant makers. Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States Activites per Region (Use Schedule F-1 (Form 990) if additional space is needed) (d) Activities conducted in (e) If activity listed in (d) (b) Number of (c) Number of region (by type) (ie, is a program service, (f) Total expenditures in fundraising, program services, (a) Region offices in the employees or describe specific type of region grants to recipients located in agents in region region service(s) in region the region) Europe (Including Iceland and 1 Program Services SEE SCHEDULE F PART 1,559,332 Greenland) Sub-Saharan Africa 51 Program Services SEE SCHEDULE F PART 3,104,991 SEE SCHEDULE F PART North America Program Services 588,483

Totals . . . .

6

5,252,806

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other
	<b>-</b>	Sub-Saharan Africa	HEALTHCARE	1,433,035	TRANSFER	(	0 N /A	N/A
		Sub-Saharan Africa	HEALTHCARE	35,225	TRANSFER		0 N/A	N/A
		Sub-Saharan Africa	HEALTHCARE	285,016	TRANSFER	(	0 N /A	N/A
		Europe/Iceland/Greenland	HEALTHCARE	25,445	TRANSFER	(	0 N /A	N/A

a) Type of grant or assistance	( <b>b)</b> Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non- cash assistance	(g) Description of non-cash assistance	(h) Method o valuation (book, FMV, appraisal, othe

Schedule F (Form 990) 2008

Schedule F (Form 990) 2008		Page <b>4</b>
		ın Part I, line 2, and any other additional information.
Part IV Supplemental Infor Complete this part to Identifier	ReturnReference SCHEDULE F, PART I AND II	In Part I, line 2, and any other additional information.  Explanation  The IHI's work in Developing Countries seeks to save lives through highly leveraged interventions among large populations. The models and methods utilized in South Africa, Malawi and Ghana are borrowed from efforts in the US, UK, Russia and Peru Through local adaptation of these methods in Africa, IHI has developed new styles of prototyping, implementation and spread that currently influence IHI's work on large populations in the US and around the world With ever-increasing demands to improve access to healthcare and maintain cost, the US and other countries can benefit from lessons learned in Africa where disease burdens are high and resources are limited MALAWI FOUNDED IN 2006, MAIKHANDA (MEANING MOTHER AND NEO NATE IN A LOCAL DIALECT, CHICHEWA) WORKS TO REDUCE MATERNAL AND NEO NATAL MORBIDITY AND MORTALITY BY 30 PERCENT IN KASUNGU, LILONGWE, AND SALIMA DISTRICTS BY 2012 IHI HAS PARTNERED WITH THE HEALTH FOUNDATION, INSTITUTE OF CHILD HEALTH AT UNIVERSITY COLLEGE LONDON, CINCINNATI CHILDREN'S HOSPITAL, AND WOMEN AND CHILDREN FIRST TO MEET THESE GOALS MAIKHANDA WORKS CLOSELY WITH THESE GOALS MAIKHANDA WORKS CLOSELY WITH THESE GOALS MAIKHANDA WORKS CLOSELY (governed by a Board of Trustees) that employs approximately 46 employees working in the program teaching quality improvement methodologies in healthcare facilities and numerous community groups MaiKhanda employing 26 staff, an office in Salima employing 9 staff and an office in Kasungu employing 11 staff Ghana Project Fives Alive! works to assist Ghana in achieving Millennium Development Goal 4 reducing mortality in children under five by sixty percent by 2015 The program is being implemented in four waves and is funded by The Bill & Melinda Gates Foundation IHI works in collaboration with the National Catholic Health Service to build capacity for continuous improvement across health systems and to spread the changes being tested in current programs to the rest of the country. The program
MONITOR FUNDS OUTSIDE THE US	PART I, LINE 2	several regions across the country to improve health care quality in both urban and rural settings. The programs cover a broad array of health topics and address gaps in care that exist across district boundaries. We currently have two expatriot staff people and two faculty/consultants working on the ground in South Africa. The faculty are medical doctors, one paid directly as a consultant and one paid via the University of North Carolina (IHI reimburses the University for his portion of time). They work out of offices provided by our partners or their homes, working in the program teaching quality improvement methodologies in healthcare facilities.  All grants provided to foreign entities are pass through grants. Our procedures for monitoring are dictated both by the requirements of the original funder, IHI internal policies and procedures and the results of our evaluation prior to granting the actual award. There are requirements for regular program, program evaluation and assessment and financial reporting, no less regularly than bi-annually and as frequently as monthly. Financial reporting requirements must be abided by before wires are processed to the sub grantee. All financial reports must be accompanied by supporting general ledger detail and depending on the grant, statement of cash flows, balance sheet, bank statements, etc. Annual audits and management letters are collected from most sub grantees (if available). All sub grantees, receiving material awards, have IHI staff helping on the ground or are visited on a regular basis for program monitoring and often once or twice per year for financial monitoring/internal auditing. Depending on the sub grantee, our financial monitoring may consist of a finance staff visiting the site and performing internal audit procedures, program staff collecting documentation/performing test work and reporting back to Finance, or sub grantee staff sending a documentation to our
PROGRAM SERVICE		Finance and Internal auditor for review  EUROPE IHI WORKS IN EUROPE ON IMPROVING  HEALTHCARE DELIVERY AND SAFETY THROUGH A VARIETY OF CONTRACTUAL RELATIONSHIPS IHI ALSO HOSTS OUR INTERNATIONAL FORUM ON HEALTHCARE IMPROVEMENT HELD ANNUALLY, TYPICALLY IN A EUROPEAN LOCATION SUB-SAHARAN AFRICA OUR PROGRAMS OPERATED IN MALAWI AND GHANA WORK ON REDUCING MOTHER AND CHILD MORTALITY IN SOUTH AFRICA OUR PROGRAM IS STRIVING TO IMPROVE THE TREATMENT OF HIV AND AIDS NORTH AMERICA IHI DELIVERS SOME PROFESSIONAL EDUCATION PROGRAMS INCLUDING THE EXECUTIVE QUALITY ACADEMY AND OFFICE PRACTICE SUMMIT
		Schedule F (Form 990) 2008

Software ID: Software Version:

**EIN:** 38-3017223

Name: Institute for Healthcare Improvement

Form 990 Schedule F Part II - Grants and Other Assistance to Organizations or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraısal, other)
		Sub-Saharan Africa	HEALTHCARE	1,433,035	TRANSFER	0	N/A	N/A
		Sub-Saharan Africa	HEALTHCARE	35,225	TRANSFER	0	N/A	N/A
		Sub-Saharan Africa	HEALTHCARE	285,016	TRANSFER	0	N/A	N/A
		Europe/Iceland/Greenland	HEALTHCARE	25,445	TRANSFER	0	N/A	N/A

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As Filed Data -

DLN: 93493070006000

**Employer identification number** 

OMB No 1545-0047

2008

#### Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

ın Part III

Name of the organization

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** 

**Compensation Information** 

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

Open to Public **Inspection** 

Inst	itute for Healthcare Improvement				
		38-3017223			
Pa	rt I Questions Regarding Compensation				
		_		Yes	Νo
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regard				
	First class or charter travel Housing allowance or residence fo	r personal use			
	Travel for companions Payments for business use of pers	onal residence			
	Tax idemnification and gross-up payments  Health or social club dues or initia	ition fees			
	Discretionary spending account  Personal services (e.g., maid, chair)	uffeur, chef)			
b	If line 1a is checked, did the organization follow a written policy regarding payment or reimburs provision of all the expenses described above? If "No," complete Part III to explain	ement or	1b	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred be officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in li	•	2	Yes	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply  Compensation committee  Independent compensation consultant  Form 990 of other organizations  Approval by the board or compensation				
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a				
а	Receive a severance payment or change of control payment?		4a		Νο
ь	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	Ī	4b	Yes	
С	Participate in, or receive payment from, an equity-based compensation arrangement?		4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item	ın Part III			
5	501(c)(3) and 501(c)(4) organizations only must complete lines 5-8.  For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue compensation contingent on the revenues of	any			
а	The organization?		5a		No.
	Any related organization?	}	5b		No
_	If "Yes," to line 5a or 5b, describe in Part III				<del>                                     </del>
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue compensation contingent on the net earnings of	any			
а	The organization?		6a		Νo
b	Any related organization?		6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III	Ī			
7	For persons listed in form 990, Part VII, Section A, line 1a, did the organization provide any no payments not described in lines 5 and 6? If "Yes," describe in Part III	n-fixed	7		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes,"	l l			

#### Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(I)-(III) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name	(B) Breakdown o	f W-2 and/or 1099-MI	SC compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
See Addıtıonal Data Table (i)							
(ii	)						
(i)							
(ii	)						
(i)							
(ii	)						
(i)							
(ii	)						
(i)							
(ii	)						
(i)							
(ii	)						
(i)							
(ii	)						
(i)							
(ii	)						

#### Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Ident if ier	Ret urn Ref erence	Explanation
NONQUALIFIED RETIREMENT PLAN	PART I, LINE 4B	COMPENSATION PAID THROUGH AN IRC SECTION 457 PLAN HAS BEEN DISCLOSED IN SCHEDULE J FOR EACH REPORTED INDIVIDUAL
MANAGEMENT TEAM BENEFITS	PART I, COLUMN F	In FY 2009 certain executives became vested in IHI's Management Team Flexible Benefit Plan These benefit accounts have been funded since FY 2002, and have been expensed and reported annually in prior years Form 990 in Section V-A, in the column "Contributions to Employee Benefit Plans" When the executives vest, the amounts accumulated over the years then become taxable to the executives and reported as compensation. These taxable benefits, paid out in FY 2009 but accumulated and reported in seven years of prior Form 990s, are included in column B (iii) for the following executives. Dr. Donald Berwick, CEO, \$1,404,776, Maureen Bisognano, EVP & COO, \$691,667, Barbara Carver, SVP, \$444,211, Joanne Management Team Benefits (Continued). Healy, SVP, \$101,263, Carol Haraden, VP, \$119,524, Patricia Rutherford, VP, 55,784, Jonathan Small, VP, 58,773. This represents an average of approximately \$58,000 paid out per executive for seven years of benefits. This benefit plan is examined in the course of our compensation review (dictated by our compensation policy described in schedule O, page 49), and considered fair, reasonable and within the safe harbor guidelines for executive compensation by the organization. In addition, our compensation structure is reviewed by an external compensation advisor. IHI strongly believes that the organization needs to maintain adequate benefits necessary to retain the talented team required to accomplish our mission of improving healthcare worldwide.
FIRST CLASS TRAVEL	PART I, LINE	IHI'S travel policy requires that employees personally pay for any upgrade to first class. Any purchase of first class tickets were exceptions due to special needs and approved by IHI management. During this time IHI paid for a small amount (less than 20) of first class travel tickets when, for example, staff or faculty traveled at the request of IHI, exceptionally long distances, in a short timeline and were expected to begin working directly upon arrival, traveled with an injury, and other extraordinary circumstances.
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Software ID: Software Version:

**EIN:** 38-3017223

Name: Institute for Healthcare Improvement

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Porm 990, Schedule 3, Part II - Officers, Directors, Trustees, Rey Employees, and								
(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred	(D) Nontaxable	(E) Total of columns	<b>(F)</b> Compensation reported in prior Form
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	990 or Form 990-EZ
DONALD BERWICK MD MPP FRCP	(I) (II)	474,248 0	147,000 0	1,705,038 0	3,825 0	26,241 0	2,356,352	1,404,776 0
MAUREEN BISOGNANO	(I) (II)	329,104 0	100,000 0	823,690 0	3,825 0	14,248 0	1,270,867	691,667 0
BARBARA CARVER	(ı) (ıı)	242,916 0	25,000 0	539,843 0	3,825 0	13,619 0	825,203 0	<b>444</b> ,211 0
DONALD GOLDMANN MD	(ı) (ıı)	214,850 0	20,000 0	60,118 0	36,154 0	12,690 0	343,812	0 0
JAMES CONWAY MS	(ı) (ıı)	191,041 0	25,000 0	23,587 0	32,408 0	13,484 0	285,520 0	0 0
JOANNE HEALY	(ı) (ıı)	175,034 0	25,000 0	155,079 0	2,850 0	7,156 0	365,119 0	101,263 0
AMY HOSFORD-SWAN	(ı) (ıı)	139,055 0	25,000 0	13,219 0	22,704 0	3,669 0	203,647	0 0
CINDY HUPKE	(ı) (ıı)	133,954 0	5,000 0	1,094 0	0	14,407 0	154,455 0	0 0
CAROL BEASLEY	(ı) (ıı)	125,270 0	5,000 0	21,796 0	3,825 0	7,148 0	163,039	0 0
steven brown	(ı) (ıı)	125,692 0	25,000 0	12,487 0	20,462 0	12,358 0	195,999	0 0
paul hamnett	(ı) (ıı)	131,618 0	25,000 0	<b>44</b> ,582 0	15,917 0	7,346 0	224,463	0 0
carol haraden	(ı) (ıı)	145,607 0	25,000 0	232,953 0	3,825 0	7,446 0	414,831	119,524 0
andrea kabcenell	(ı) (ıı)	120,784 0	25,000 0	26,303 0	21,670 0	14,753 0	208,510	0 0
robert lloyd	(ı) (ıı)	151,803 0	10,000 0	18,295 0	1,725 0	15,261 0	197,084	0 0
Joseph McCannon	(ı) (ıı)	132,909 0	25,000 0	25,402 0	22,22 <b>4</b> 0	6,273 0	211,808	0 0
Jane Roessner	(ı) (ıı)	138,693 0	5,000 0	21,939 0	3,825 0	8,903 0	178,360 0	0
patricia rutherford	(ı) (ıı)	133,058 0	25,000 0	75,230 0	3,285 0	6,474 0	243,047	55,783 0
jonathan small	(ı) (ıı)	113,357 0	25,000 0	74,830 0	1,732 0	13,543	228,462	58,723 0

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**SCHEDULE 0** 

(Form 990)

Department of the Treasury

### **Supplemental Information to Form 990**

▶ Attach to Form 990. To be completed by organizations to provide additional information for

DLN: 93493070006000 OMB No 1545-0047

Inspection

responses to specific questions for the Form 990 or to provide any additional information. Internal Revenue Service

Name of the organization Employer identification number Institute for Healthcare Improvement 38-3017223

ldentifier	Return Reference	Explanation
PUBLIC DISCLOSURE	PART VI, SECTION C, LINE 19	THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, FINANCIAL STATEMENTS, AND FORM 990 ARE AVAILABLE UPON REQUEST THE FORM 990 IS ALSO POSTED ON WWW GUIDESTAR ORG AND THE WEBSITE OF THE MASSACHUSETTS ATTORNEY GENERAL

ldentifier	Return Reference	Explanation
WHISTLEBLOWER POLICY	PART VI, SECTION B, LINE 13	As noted in our Staff Guidebook a whistleblow er as defined by this policy is an employee of IHI who reports an activity that he/she considers to be illegal or dishonest to one or more of the parties specified in this policy. The whistleblower is not responsible for investigating the activity or for determining fault or corrective measures, appropriate management officials are charged with these responsibilities. Examples of illegal or dishonest activities are violations of federal, state or local lawis, billing for services not performed or for goods not delivered, and other fraudulent financial reporting. If an employee has knowledge of or a concern of illegal or dishonest fraudulent activity, the employee can contact Steve Browin, VP of Human Resources, or Jim Anderson, member of the Audit Committee (contact information below.). The employee must exercise sound judgment to avoid baseless allegations. An employee who intentionally files a false report of wrongdoing will be subject to discipline up to and including termination. Whistleblower protections are provided in two important areas—confidentiality and against retaliation. Insofar as possible, the confidentiality of the whistleblower will be maintained. However, identity may have to be disclosed to conduct a thorough investigation, to comply with the law and to provide accused individuals their legal rights of defense. IHI will not retaliate against a whistleblower. This includes, but is not limited to, protection from retaliation in the form of an adverse employment action such as termination, compensation decreases, or poor work assignments and threats of physical harm. Any whistleblower who believes he/she is being retaliated against must contact Steve Brown or Jim Anderson immediately. The right of a whistleblower for protection against retaliation does not include immunity for any personal wrongdoing that is alleged and investigated.

Identifier	Return Reference	Explanation
CONFLICT OF INTEREST	PART VI, SECTION B, LINE 12	As noted in our Staff Guidebook, This conflict of interest policy is designed to help directors, officers, and senior-level employees of IHI identify situations that present potential conflicts of interest, to provide IHI with a procedure for resolving those conflicts. I Definitions a A "Conflict of Interest" is any situation where I "Your Personal Interests of a close friend, family member, business associate, person to whom you owe an obligation, or corporation, partnership or other organization in which you hold a significant interest, could reasonably be expected to or does influence your decisions or impair your ability to 1 Act in IHI's best interests, or 2 Represent IHI fairly, impartially, and without bias b An "Indirect Benefit" is I A benefit derived by a close friend, family member, business associate, or a corporation, partnership, or other organization in which you hold a significant interest, or II A benefit that advances or protects your interests although it may not be measurable in money or A "Conflicting Relationship" is a Conflict of Interest or an Indirect Benefit d "Personal Interests" is one's status as an employee (other than as an employee of IHI), consultant, officer, director, trustee, manager, significant investor, or significant lender. II Procedures a A person who has a Conflicting Relationship shall disclose such Relationship that he or she may have in any matter affecting or involving IHI. If a person is in doubt about whether there is a Conflicting Relationship, advice must be requested from the CEO, the Chairman of the Board of Directors, or a person the Board designates b After disclosure, a person who has a Conflicting Relationship shall not participate in or be present at the Board's or committee's discussion of the matter generating the Conflicting Relationship, except, upon request, to disclose material facts and to respond to questions. Notw thistanding the foregoing, the Board (or Committee), after receiving such disclosure, may determine by majority vote of the Board mem

ldentifier	Return Reference	Explanation
COMPENSATION	PART VI, SECTION B, LINE 15A AND 15B	Institute for Healthcare Improvement Compensation Policy Aims the primary aims of the Compensation Policy and compensation practices of the institute for Healthcare Improvement are these (a) to preserve and enhance the Viatify of Hilas a system (b) to attract and retain world-class staff and faculty best able to advance IHTs mission, (c) to foster a culture of teamwork, trust, and transparency, and (d) to nurture pride and joy in work in pursuit of our aims, IHT embraces "total compensation" as a managerial resource. Thus, consistent with regulatory and legal requirements, IHT employees experience growth and education opportunities, celebrations, engagement in teams and projects, flexibility regarding family and personal circumstances, and other non-financial benefits of being respected and valued members of a community with a shared and inspiring purpose. I Regulatory and Legal Compliance. The Compensation Policy of the Institute for Healthcare Improvement (IHI) will remain at all times consistent with the regulatory and legal requirements of compensation in a 501 (c)(3) non-profit organization. The IHT Board and Management will regularly seek, obtain, and document independent outside consultative review to assure such consistency. 2 Base Salary and Total Cash Compensation Target Levels: IH aims to compensate employees with base salaries and total cash compensation within the 50th to 75th percentile of salaries and total cash compensation for consultants and relevant, accessible databases. 3 Adjustment to Base Salary and Total Cash Compensation for changes in Responsibility. IH Management will regularly review and adjust salaries and total cash compensation for condudual employees to target the 50th to 75th percentile as individuals' spans of control and responsibility change, and will report annually to the IHT Board, for Board review and approval, on the overall profile of salary and total cash compensation for Midwiduals' spans of confidence and total cash compensation of the board of the organization recru

	eturn erence	Explanation
JOINT SECTIVENTURE LINE	RT VI, TION B, E 16A D 16B	IHI Draft Policy on Business Relationships - Commercial Co-ventures, Partnerships, etc. April 2009 Policy. This policy requires the organization to evaluate its participation in joint ventures and other arrangements under applicable Federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements. Prior to entering into any potential business relations, IHI requires that all relationships go thorough a vetting process that includes a through review by our new business team which includes representatives throughout the vetting process, relationships that may constitute co-ventures, partnerships, etc. need to be reviewed with our attorneys (Coulston and Storrs) and our audit and tax firm (KPMG). Our Senior Vice President, Barrac Carver, manages the relationship with our legal team, and our Chief Financial Officer, Amy Hosford-Swain, manages our relationship with our audit firm Before proceeding with entering into any new agreements that would constitute a co-venture, or partnership, or arrangement that could affect our exempt status, both legal and auditax conclusions are presented to the new business team for review and approval. When appropriate the Chief Operating Officer and Executive Vice President may request that the relationship/agreement be presented to and approved by the Executive Committee of the Board and or the entire Board before proceeding. Definitions Commercial co-venture - an arrangement between a charitable or nonprofit organization and a firm otherwise engaged in business, where a product, service or event is promoted by the commercial business on the representation that some part of the proceeds will benefit the charitable organization. The laws involving commercial co-ventures are complex and still emerging at both the federal and state levels. A few states require registration in others, the contract between the organization and the commercial co-venturer is required to contain an animate of provisions and, in some states, the contract has to

taxed on the profits of any trade carried on within the UK. This means that even though IHI would be exempt from

U S  $\,$  tax on the income, if any, it receives from the Forum, it may be subject to UK tax  $\,$ 

ldentifier	Return Reference	Explanation
RECORD RETENTION POLICY	PART VI, SECTION B, LINE 14	IHI Record Retention Policy as noted in our Staff Guidebook Disposing of IHI's records and files is not discretionary. The government requires the retention of certain records for specific periods of time, particularly records related to employees, health and safety, the environment, taxes, finances, contracts, and corporate areas Relevant records must not be destroyed whenever litigation or a government investigation or audit is pending. Until the matter is closed, destroying records to avoid disclosure in a legal proceeding may constitute a crimmal offense. Please refer to the policy below, and when in doubt, contact Human Resources RECORD TYPE ORGANIZATIONAL 1 incorporation documents including articles of incorporation, bylaws, and related documents ARE PERMANENTLY KEPT ON FILE 2 Tax-exemption documents including application for tax exemption (IRS Form 1023), is determination letter, and any related documents including application for tax exemption (IRS Form 1023), and determination letter, and any related documents ARE PERMANENTLY KEPT ON FILE Federal law requires copies of these documents to be held at organization's headquarters office. These records must be made available for public inspection upon request 3 Meeting/board documents including agendas, minutes and related documents ARE PERMANENT Care is taken to include only necessary information in these documents. RECORD TYPE FINANCIAL 1 Paychecks ARE KEPT ON FILE FOR 8 YEARS 2 Payroll Records-including name, address, social security number, wage rate, number of hours worked dally, and weekly gross wages, deductions, allow ances claimed and net wages ARE KEPT ON FILE FOR 6 YEARS 3 Year end Treasurer's financial report/statement ARE KEPT PRANCIAL RECORDS 5 Bank statements, canceled checks, check registers, investment statements, general ledger, and related documents ARE KEPT ON FILE FOR SEVEN YEARS AND ARE STORED WITH FINANCIAL RECORDS 6 Annual information returns (IRS Forms 990) ARE KEPT ON FILE FOR SEVEN YEARS AND ARE STORED WITH FINANCIAL RECORDS Feder

FORM 990 REV IEW PROCESS	PART VI, SECTION LINE 10	in the Madue five end) All by IHI To maximur Septemb (and last prepared client list to the Form 99 person to their approduce papers (discussive Again, aby the In Novemb approve the Form	arity of support schedules for the Form 990 should be prepared during the annual audit preparation process ay-June timeframe. The remaining items should be completed by 7/31 of each fiscal year. The form 990 is months after the close of the fiscal year, which for IHI is September 15th (with a April 30th fiscal year 990 extensions are filed by KPMG (or our current outside independent audit firm) and a copy is maintained wo extensions are allowed and they each provide for an additional three months extension. Thus the mextension period allowed annually is six months from the original due date. The filling dates are as follows per 15th, if extension is filed by 9/15 then the next filling date is December 15th. If the second extension to possible extension) is filed by 12/15 then the final filling date is March 15th. The majority of schedules are doubly the senior staff accountant and reviewed by the Controller Please refer to the detailed prepared by and form 990 temized work plan on the Rnet. The Controller prepares the financial statement reconciliation form 990 financial section of the Form. This is reviewed by the CFO. Updates to policies applicable to the original accountant and reviewed by either the CFO or Internal auditor (depending on the hat authors the edit). Certain policy updates are reviewed by the Strategy Team or the Audit Committee for proval. After the review process, all supporting documentation and work papers are sent to KPMG who the draft Form 990. The draft Form 990 is reviewed and tied back to supporting documentation and work including the audited financial statements and trial balance) by the Controller. Any adjustments are early and then processed (as needed) with KPMG. The next draft is reviewed by the Controller and CFO in adjustments are discussed and then processed (as needed) with KPMG. The final draft is also reviewed ternal Auditor. After the draft is ready to be reviewed, it is sent to the Audit Committee before the late er/December meeting (ideally). After all questions and adju
Identi		Return	Explanation

Explanation

Return

Reference

ldentifier

	before it	t is filed by KPMG with the IRS
ldentifier	Return Reference	Explanation
PROGRAM SERVICE ACCOMPLISHMENTS	PART III,	L.N.E. 4A. EXPENSE = \$3,843.036 MPACT is the institute's membership network in which approximately 200 healthcare organizations work intensively with faculty and each other to achieve breakthrough improvements in patient care. Each member participates in a Leadership Community and at least one Learning and himovation Community, IMPACT is designed to connect member leaders to the improvements work happening at the front-lines. Participants have achieved dramatic improvements in areas such as reducing hispatial acquared informs, reducing medication errors, improving pentalic acre, increasing time at the bedside, and improving patient flow through acute care settings. L.N.E. 4B. EXPENSE = \$1,965,345.  CAMPAIGN The 5 Million Lives Campagn was a voluntary national intentive to protect plaients from five million incidents of medical harm during a two year part of (December 2006). Elecember 2008; IHIV orked million incidents of medical harm during a two year part of (December 2006). Elecember 2008; IHIV orked to support over, 4000 heaptals enrolled in this program, representing more than 75% of the acute care inpatient hospital beds in the U.S. Participating hospitals made important, evidence-based changes that prevented avoidable deaths and reduced unnecessary harmon patients. Approximately 10,000 participants sport and patients. Pagnicipants (Programs) in the Campagn and provide acute and patients self-management selfs, improve care at the bedside, dissensinal temperature and expended funds for a variety of purposes in the pursuit of its mession. These included programs to provide abotest self-management selfs, improve care at the bedside, dissensinate medical best practices, improve care at the bedside, dissensinate medical best practices, improve changes that participants and provide acute and provide acute in the case of the patients and patients. Pagnicipants attend hundreds of workshops and special interest meetings. A second European-Based conference, the international forming system designs that can demonstra