

## Supplemental File 1

### Background Information Sheet Sent to CEOs

#### Leadership Saves Lives: A Culture Change Collaborative to Reduce AMI Mortality

**The Need:** Approximately every 34 seconds, 1 American has a coronary event, and approximately every 1 minute, an American will die of one. With a two-fold difference across hospitals in their 30-day risk-standardized mortality rates (RSMRs) for patients with AMI, there is an important opportunity for improvement. In addition, RSMR for patients with AMI is included among the performance measures to be implemented with value-based purchasing in 2014, providing further incentive for hospitals to focus on this metric. Evidence-based strategies exist to decrease AMI mortality, and organizational culture change is fundamental to the implementation of these strategies.

**The Opportunity:** Organizational culture can be changed, and the role of leadership is key to this process. Leadership Saves Lives, a collaboration between Yale University and the Medicines Company (MDCO), is a two-year team-based leadership development program to improve hospital care for patients with AMI, build effective organizational culture, and, ultimately, save lives. The program is grounded in the scientific evidence on AMI quality generated by Yale faculty and brings together Yale's own experience in building leadership capacity across health system settings with MDCO's experience introducing innovation for improved outcomes at the hospital level. A national team of experts including both scholars and healthcare professionals will ensure that the Leadership Saves Lives program effectively bridges the knowing-doing gap to catalyze change. Most importantly, the program will be tailored to each participating hospital, building organically on existing hospital and health system priorities and processes to ensure that improvements are taken up and sustained.

**The Hospitals:** We will selectively recruit two hospital networks into the program, and will identify 5 hospitals from each of the networks to participate in the program. We will target high-volume AMI centers (>200 AMI cases per year) that have RSMRs at or above the national median on RSMR (e.g., lower performance). From the eligible hospitals in each of the targeted hospital networks, we will draw a purposeful random sample to ensure that hospitals are diverse in teaching status and geographic region. To ensure adequate engagement and receptivity, participating hospitals will be expected to commit (1) the staff time and travel resources needed to ensure full and consistent participation in the program, and (2) the level of transparency required for robust program evaluation as described below.

**A Two-Year Journey:** Participating hospital teams will embark on a two-year culture-change journey beginning in the spring 2014. Hospitals will receive three primary mechanisms of support: 1) annual convenings of the learning network of 10 hospitals; 2) semiannual workshops at each hospital; and 3) continuous remote support. We will work with each hospital to identify a core team made up of key staff involved in AMI care quality. The team may be an established quality improvement group, allowing us to take advantage of existing institutional structures, or a newly comprised group for this project. The design and content of the program will be grounded in the scientific evidence related to team-based leadership and organizational culture change, tailored to the unique context of each participating hospital.

**Measuring Success:** Leadership Saves Lives will be evaluated by a robust mixed-methods study design that combines quantitative and qualitative research methods. Using an annual survey, we will measure progress on three outcomes (uptake of evidence-based strategies for AMI care), change in organizational culture, and

improvement in mortality). We will develop a deeper understanding of how change occurred in each hospital through in-depth interviews with hospital staff, reviews of relevant hospital policies and protocols, and observations of key staff interactions (i.e., management meetings and clinical rounds on patients with AMI).