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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

OMB No 1545-0047

2008

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning 05-01-2008 and ending 04-30-2009

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Termination
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
Institute for Healthcare Improvement

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
20 university road

City or town, state or country, and ZIP + 4
cambridge, MA 02138

D Employer identification number
38-3017223

E Telephone number
(617) 301-4800

G Gross receipts $ 69,596,778

F Name and address of Principal Officer
donald berwick
20 university road
cambridge, MA 02138

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
(If "No," attach a list See instructions)

H(c) Group Exemption Number ▶

I Tax-exempt status ☑ 501(c) (3) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Web site: ▶ HTTP //WWW IHI ORG

K Type of organization ☑ Corporation ☐ trust ☐ association ☐ other ▶

L Year of Formation 1992

M State of legal domicile MA

Part I Summary

1 Briefly describe the organization's mission or most significant activities

TO LEAD THE IMPROVEMENT OF HEALTH CARE THROUGHOUT THE WORLD BY BUILDING THE WILL FOR CHANGE, CULTIVATING PROMISING CONCEPTS FOR IMPROVING PATIENT CARE AND HELPING HEALTH SYSTEMS IMPLEMENT THE IDEAS

Activities & Governance

2	Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its assets		
3	Number of voting members of the governing body (Part VI, line 1a)	3	11
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	11
5	Total number of employees (Part V, line 2a)	5	131
6	Total number of volunteers (estimate if necessary)	6	14
7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

		Prior Year	Current Year
Revenue 8	Contributions and grants (Part VIII, line 1h)	9,324,274	12,228,939
9	Program service revenue (Part VIII, line 2g)	29,321,245	27,392,401
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,840,864	-4,916,657
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	420,177	561,087
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	42,906,560	35,265,770
Expenses 13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	966,089	1,778,721
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	12,398,044	13,656,425
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	(Total fundraising expenses, Part IX, column (D), line 25 27,488)		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	21,284,327	20,446,930
18	Total expenses—add lines 13–17 (must equal Part IX, line 25, column (A))	34,648,460	35,882,076
19	Revenue less expenses Subtract line 18 from line 12	8,258,100	-616,306
Net Assets or Fund Balances		**Beginning of Year**	**End of Year**
20	Total assets (Part X, line 16)	68,945,696	58,685,781
21	Total liabilities (Part X, line 26)	10,892,741	9,109,680
22	Net assets or fund balances Subtract line 21 from line 20	58,052,955	49,576,101

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Please Sign Here

****** | 2010-03-10
Signature of officer | Date

AMY HOSFORD SWAN CFO
Type or print name and title

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-empolyed ▶ ☐	Preparer's PTIN (See Gen Inst)
Firm's name (or yours if self-employed), address, and ZIP + 4	KPMG LLP 99 High Street Boston, MA 021102371	EIN ▶	Phone no ▶ (617) 988-1000

May the IRS discuss this return with the preparer shown above? (See instructions) ☐ Yes ☐ No

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

1 Briefly describe the organization's mission

See Additional 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? . . . . . ☐ Yes ☑ No

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? . . . . . ☐ Yes ☑ No

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

4b (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 $)

4e Total program service expenses $ 31,153,460 *Must equal Part IX, Line 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,

Part IV Checklist of Required Schedules

			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		No
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," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
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, VII, 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, Part I*	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		No
19	Did the organization report more than $15,000 on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20		No
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		No
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		No
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			
a	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 IV*	**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**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "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? *If "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**		No
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

Part V Statements Regarding Other IRS Filings and Tax Compliance

				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 vendors and reportable gaming (gambling) winnings to prize winners?	1c			
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax 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 employment tax returns? **Note:** *If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.*	2b			
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	3a			No
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Yes	
b	If "Yes," enter the name of the foreign country SF , MI See the instructions for exceptions and filing requirements for **Form TD F 90-22.1,** *Report of Foreign Bank and Financial Accounts.*				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, *Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?*	5c			
6a	Did the organization solicit any contributions that were not tax deductible?	6a			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	*Organizations that may receive deductible contributions under section 170(c).*				
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of $75 or more?	7a			No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			No
d	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 premiums on a personal benefit contract?	7e			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			No
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 file a Form 1098-C as required?	7h			
8	*Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.* Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8			No
9	*Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.*				
a	Did the organization make any taxable distributions under section 4966?	9a			No
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			No
10	*Section 501(c)(7) organizations.* Enter				
a	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				
a	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 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			

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 Management

			Yes	No
	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body . .	1a 11		
b	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 business relationship with any 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? . .	3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? . .	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets? . .	5		No
6	Does the organization have members or stockholders?	6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . .	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	the governing body?	8a	Yes	
b	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		No
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	Yes	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11		No

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? *If "No", go to line 13* . .	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			
a	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	

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed MA

18 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 ☑ another's 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
* 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

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

(A) Name and Title	**(B)** Average hours per week	**(C)** Position (check all that apply)						**(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
		Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			

Part VII Continued

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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
		Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
1b Total . . . . . ▶								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 **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**		No
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 individual*	**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**		No

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

2 Total number of independent contractors (including those in 1) who received more than $100,000 in compensation from the organization . . . . . ▶ 15

Additional Data

Software ID:
Software Version:
EIN: 38-3017223
Name: Institute for Healthcare Improvement

Form 990, Part VII - Section Aaa

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

Form 990, Part VII - Section Aaa

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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
		Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
HEATHER LATTANZIO , DIRECTOR OF ENGINEERING	40 0					X		128,630	0	10,121
SUSAN LEAVITT GULLO , DIRECTOR	40 0					X		126,216	0	5,995
Jane Roessner , lead writer	40 0					X		165,632	0	12,728

Part VIII Statement of Revenue

			(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns 1a				
	b	Membership dues 1b				
	c	Fundraising events 1c				
	d	Related organizations 1d				
	e	Government grants (contributions) 1e 1,230,958				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f 10,997,981				
	g	Noncash contributions included in lines 1a-1f $				
	h	**Total (Add lines 1a-1f)** ▶	12,228,939			
Program Service Revenue		Business Code				
	2a	PARTICIPATION/MEETING/CONFERENCE FEES 900,099	16,007,537	16,007,537		
	b	CONTRACT SERVICES 900,099	7,182,973	7,182,973		
	c	MEMBERSHIP DUES 900,099	4,201,891	4,201,891		
	d					
	e					
	f	All other program service revenue				
	g	**Total. Add lines 2a-2f** ▶ $ 27,392,401				
Other Revenue	3	Investment income (including dividends, interest other similar amounts) ▶	1,094,256	0	0	1,094,256
	4	Income from investment of tax-exempt bond proceeds ▶	0			
	5	Royalties	0			
		(i) Real / (ii) Personal				
	6a	Gross Rents				
	b	Less rental expenses				
	c	Rental income or (loss)				
	d	Net rental income or (loss) ▶				
		(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory 28,319,095 / 1,000				
	b	Less cost or other basis and sales expenses 34,329,039 / 1,969				
	c	Gain or (loss) -6,009,944 / -969				
	d	Net gain or (loss) ▶	-6,010,913			-6,010,913
	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 *Attach Schedule G if total exceeds $15,000* a				
	b	Less direct expenses b				
	c	Net income or (loss) from fundraising events ▶	0			
	9a	Gross income from gaming activities See part IV, line 19 *Complete Schedule G if total exceeds $15,000* a				
	b	Less direct expenses b				
	c	Net income or (loss) from gaming activities ▶	0			
	10a	Gross sales of inventory, less returns and allowances a				
	b	Less cost of goods sold b				
	c	Net income or (loss) from sales of inventory ▶	0			
		Miscellaneous Revenue / Business Code				
	11a	OTHER REVENUE 900,099	561,087	561,087		
	b					
	c					
	d	All other revenue				
	e	**Total. Add lines 11a-11d** ▶ $ 561,087				
	12	**Total Revenue.** Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e ▶	35,265,770	27,953,488	0	-4,916,657

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 not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) 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)				
a Management	0			
b 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)				
a CONSULTING	7,857,568	7,087,278	770,290	
b 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				

Part X Balance Sheet

			(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		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, key employees or other related parties *Complete Part II of Schedule L*		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) *Complete Part II of Schedule L*		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	317,763	9	567,742
	10a	Land, buildings, and equipment cost basis — 10a: 3,920,353			
	b	Less accumulated depreciation *Complete Part VI of Schedule D* — 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 *Complete Part VII of Schedule D*		12	
	13	Investments—program-related See Part IV, line 11 *Complete Part VIII of Schedule D*		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
Liabilities	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	
	21	Escrow account liability *Complete Part IV of Schedule D*		21	
	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 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
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	48,486,860	27	39,580,038
	28	Temporarily restricted net assets	9,566,095	28	9,996,063
	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	58,052,955	33	49,576,101
	34	Total liabilities and net assets/fund balances	68,945,696	34	58,685,781

Part XI Financial Statements and Reporting

				Yes	No
1	Accounting method used to prepare the Form 990	☐ cash ☑ accrual ☐ other			
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	

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
Institute for Healthcare Improvement

Employer identification number
38-3017223

Part I Reason for Public Charity Status (to be completed by all organizations) (See Instructions)

The organization is not a private foundation because it is (Please check only **one** organization)

1 ☐ A church, convention of churches, or association of churches described in **Section 170(b)(1)(A)(i).**

2 ☐ A school described in **Section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☐ A hospital or a cooperative hospital service organization described in **Section 170(b)(1)(A)(iii).** (Attach Schedule H)

4 ☐ A medical research organization operated in conjunction with a hospital described in **Section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **Section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **Section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **Section 170(b)(1)(A)(vi)** (Complete Part II)

8 ☐ A community trust described in **Section 170(b)(1)(A)(vi)** (Complete Part II)

9 ☑ An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross 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 acquired by the organization after June 30, 1975 See **Section 509(a)(2).** (Complete Part III)

10 ☐ An organization organized and operated exclusively to test for public safety See **Section 509(a)(4).** (See instructions)

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **Section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally Integrated **d** ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization? **11g(i)**		No
(ii) a family member of a person described in (i) above? **11g(ii)**		No
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		No

h Provide the following information about the organizations the organization supports

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (See Instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			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.)

Public Support

Calendar year (or fiscal year beginning in)	(a) 2004	(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						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add line 1-3						
5 The portion of total contribution by each 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						

Total Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts 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 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 instructions) **12**

13 **First Five Years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ▶

Computation of Public Support Percentage

14 Public Support Percentage for 2008 (line 6 column (f) divided by line 11 column (f)) **14**

15 Public Support Percentage for 2007 Schedule A, Part IV-A, line 26f **15**

16a **33 1/3% Test - 2008.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

b **33 1/3% Test - 2007.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

17a **10% Facts and Circumstances Test - 2008.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶

b **10% Facts and Circumstances Test - 2007.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶

18 **Private Foundation.** If the organization did not check the box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ▶

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

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) 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	16,430,830	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 tax-exempt purpose	13,524,288	19,451,960	25,144,961	24,394,109	23,751,601	106,266,919
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total** Add lines 1-5	36,882,279	35,110,346	39,821,433	39,065,696	40,182,431	191,062,185
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 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						
c Total of lines 7a and 7b						
8 **Public Support** (Substract line 7c from line 6)						191,062,185

Total Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6	36,882,279	35,110,346	39,821,433	39,065,696	40,182,431	191,062,185
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	345,941	519,519	794,557	1,061,398	1,094,256	3,815,671
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975						
c Add lines 10a and 10b	345,941	519,519	794,557	1,061,398	1,094,256	3,815,671
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total Support** (Add lines 9, 10c, 11 and 12)						194,877,856

14 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ☐

Computation of Public Support Percentage

15 Public Support Percentage for 2008 (line 8 column (f) divided by line 13 column (f))	15	98 042 %
16 Public Support Percentage for 2007 Schedule A, Part IV-A, line 27g	16	98 564 %

Computation of Investment Income Percentage

17 Investment Income Percentage for **2008** (line 10c column (f) divided by line 13 column (f))	17	1 958 %
18 Investment Income Percentage from **2007** Schedule A, Part IV-A, line 27h	18	1 436 %

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 ☑

b **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 ☐

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

Part IV **Supplemental Information.** 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

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.**

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
Institute for Healthcare Improvement

Employer identification number
38-3017223

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate Contributions to (during year)		
3	Aggregate Grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or pleasure) ☐ Preservation of an historically importantly land area
☐ Protection of natural habitat ☐ Preservation of certified historic structure
☐ Preservation of open space

2 Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

			Held at the End of the Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶

4 Number of states where property subject to conservation easement is located ▶

5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff or volunteer hours devoted to monitoring, inspecting and enforcing easements during the year ▶

7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ $

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $

(ii) Assets included in Form 990, Part X ▶ $

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1 ▶ $

b Assets included in Form 990, Part X ▶ $

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Trust, Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain why in Part XIV and complete the following table

		Amount
c 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 Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years 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					

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶
- c Term endowment ▶

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

		Yes	No
(i) unrelated organizations	3a(i)		
(ii) related organizations	3a(ii)		
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		1,205,649	715,805	489,844
d Equipment		662,030	367,940	294,090
e Other		2,052,674	405,814	1,646,860
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				2,430,794

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or cateory (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other		
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

(a) Description of Liability	(b) Amount
Federal Income Taxes	
DEFERRED COMPENSATION LIABILITY	2,012,634
REFUNDABLE ADVANCES	1,751,074
CAPITAL LEASE OBLIGATION	11,189
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	3,774,897

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	35,265,770
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	35,882,076
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-616,306
4	Net unrealized gains (losses) on investments	4	-7,860,548
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	-7,860,548
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-8,476,854

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	27,180,638
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	-7,860,548		
b	Donated services and use of facilities	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	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	224,584		
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	224,584
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	35,265,770

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	35,657,492
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Losses reported on Form 990, Part IX, line 25	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	35,657,492
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	224,584		
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	224,584
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	35,882,076

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part XIV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Identifier	Return Reference	Explanation

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SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Attach to Form 990. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
Institute for Healthcare Improvement

Employer identification number
38-3017223

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

1 **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 the grants or assistance . . . . . ☑ Yes ☐ No

2 **For grantmakers.** Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States

3 Activites per Region (Use Schedule F-1 (Form 990) if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures in region
Europe (Including Iceland and Greenland)	1	1	Program Services	SEE SCHEDULE F PART IV	1,559,332
Sub-Saharan Africa	5	51	Program Services	SEE SCHEDULE F PART IV	3,104,991
North America			Program Services	SEE SCHEDULE F PART IV	588,483
Totals . . . . . ▶	6	52			5,252,806

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than $5,000. Check this box if no one recipient received more than $5,000 . . . . . ▶ ☐
Use Schedule F-1 if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, 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

2 Enter total number of organizations that are recognized as charities by the foreign country or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . ▶ 4

3 Enter total number of other organizations or entities . . . . . ▶ 0

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Schedule F-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Part IV Supplemental Information

Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	ReturnReference	Explanation
FOREIGN ACTIVITIES	SCHEDULE F, PART I AND II	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 NEONATE IN A LOCAL DIALECT, CHICHEWA) WORKS TO REDUCE MATERNAL AND NEONATAL 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 COMMUNITIES TO ENSURE THAT IMPROVEMENTS ARE POSITIVE AND SUSTAINABLE MaiKhanda is solely funded by The Health Foundation It is a charitable trust (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 employees administrative, clerical, program staff and drivers MaiKhanda has three locations including a main office in Lilongwe 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 project was launched in July 2008 We currently have one ex patriot staff person working on the ground in Accra, Ghana She works out of an office provided by one of our partners, working in the program teaching quality improvement methodologies in health care facilities and numerous community groups South Africa IHI began its work in South Africa in 2002, with a focus on improving the treatment of HIV/AIDS, and today is working in 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 ex patriot 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
MONITOR FUNDS OUTSIDE THE US	PART I, LINE 2	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 Finance and Internal auditor for review
PROGRAM SERVICE	PART I, LINE 2	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

Additional Data

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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) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, 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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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
Institute for Healthcare Improvement

Employer identification number
38-3017223

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☑ First class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain	**1b**	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**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 ☐ Written employment contract ☑ Independent compensation consultant ☑ Compensation survey or study ☐ Form 990 of other organizations ☑ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a			
a	Receive a severance payment or change of control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	501(c)(3) and 501(c)(4) organizations only must complete lines 5-8.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No

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 of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
See Additional Data Table	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(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

Identifier	Return Reference	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 1	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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Name: Institute for Healthcare Improvement

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

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

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SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
Institute for Healthcare Improvement

Employer identification number
38-3017223

Identifier	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

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WHISTLEBLOWER POLICY	PART VI, SECTION B, LINE 13	As noted in our Staff Guidebook a whistleblower 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 laws, 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 Brown, 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

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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, or ii The 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 c 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 Notwithstanding the foregoing, the Board (or Committee), after receiving such disclosure, may determine by majority vote of the Board members (or Committee members) who do not have a Conflicting Relationship, that the person may nevertheless participate in said matter c A person who has a Conflicting Relationship concerning a particular matter as to which the person has made disclosure, shall not be counted in determining the presence of a quorum for purposes of any votes relating to that matter d Each director, officer, and senior-level employee of IHI shall annually, during the month of May (or if sooner, within thirty (30) days of his or her election, appointment, hiring, or assumption to such position) file a Conflicting Relationship Information Form Each Information Form shall be filed with the CEO and, in the case of forms filed by any director and officer and the CEO, shall be available for inspection by any director or officer Forms filed by employees (other than the CEO) shall be available for inspection only by the CEO (or such other employees as the CEO may designate) Each person filing an Information Form shall update the Form immediately upon becoming aware of any inaccuracy or incompleteness in such Form

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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 vitality of IHI as a system, (b) to attract and retain world-class staff and faculty best able to advance IHI's 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, IHI embraces "total compensation" as a managerial resource Thus, consistent with regulatory and legal requirements, IHI 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 1 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 IHI 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 IHI aims to compensate employees with base salaries and total cash compensation within the 50th to 75th percentile of salaries and total cash compensation for comparable jobs in comparable organizations IHI will regularly seek and obtain information on comparability from independent consultants and relevant, accessible databases 3 Adjustment to Base Salary and Total Cash Compensation for Changes in Responsibility IHI Management will regularly review and adjust salaries and total cash compensation for individual employees to target the 50th to 75th percentile as individuals' spans of control and responsibility change, and will report annually to the IHI Board, for Board review and approval, on the overall profile of salary and total cash compensation levels 4 Annual Adjustments to Base Salaries At least annually, IHI Management, through the budget process, will review comparative local and national compensation data and recommend increases, if any, to the base salaries of employees It is the intent of IHI to maintain competitive total compensation at the targeted levels (see #2 above) compared to the markets where the organization recruits talent Management recommendation will be presented to the Finance Committee and be approved by the IHI Board, recognizing the overall circumstances of IHI and the aims of the Compensation Policy and Practices 5 Focus on Organizational Performance IHI does not use individualized "merit pay" or individualized performance-based changes in compensation or bonuses The awarding of periodic cash bonuses will be based on the documented assessment by the Compensation Committee and the Board of the organization's overall achievements in furthering its mission and objectives 6 Bonuses to Non-Executive Employees Bonuses to all non-executive employees as a group, based on successful overall performance, may be awarded in gratitude and celebration by the Board annually or otherwise, upon recommendation from IHI Management In general, the absolute bonus amount for all salaried, non-executive employees will be equal, adjusted pro rata for full-time equivalency and, for the first two years of employment, length of service 7 Board Review and Approval of Executive Compensation The compensation, benefits, and bonuses for the CEO, COO, and other IHI Executives will be established by the IHI Board with guidance from independent, outside consultants, and reviewed no less frequently than every three years 8 Benefits To the extent allowed by law and regulation, the IHI favors highly flexible benefits for employees, encouraging individuals to customize their benefit packages to meet their individual needs Overall benefit levels will be reviewed and approved by the Board no less often than every three years with outside consultation for competitiveness and comparability with benefits in similar organizations 9 Role and Procedures for IHI Board Compensation Committee Procedures for oversight of compensation and benefits for IHI Executives are exercised on behalf of the IHI Board by the IHI Board Compensation Committee, whose membership is established by the full Board The conclusions and recommendations of the Compensation Committee are reviewed and approved regularly by the full IHI Board The Compensation Committee also reviews and guides Management activity with respect to implementation of the Compensation Policy for non-executive employees Discussions of all compensation matters within the Compensation Committee or the full Board are documented in writing This policy was approved by the IHI Board of Directors on September 20, 2007

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JOINT VENTURE	PART VI, SECTION B, LINE 16A AND 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 organization including business development, marketing, finance, resources and the executive team During the vetting process, relationships that may constitute co-ventures, partnerships, etc need to be reviewed with our attorneys (Goulston and Storrs) and our audit and tax firm (KPMG) Our Senior Vice President, Barbara Carver, manages the relationship with our legal team, and our Chief Financial Officer, Amy Hosford-Swan, 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 audit/tax 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 a number of provisions and, in some states, the contract has to be filed Partnership - A contractual arrangement may create a partnership for federal income tax purposes if the parties carry on a trade, business or other venture and divide the profits arising from such activities Charitable Status and Joint Venture Structure Below are some of the operational and organizational requirements imposed on joint ventures between tax-exempt organizations and for-profit organizations and other legal concerns in order to protect IHI's tax-exempt status These represent only a portion of the legal and tax requirements and all individual agreements need to be review by counsel as well as audit and tax staff (as referenced above) These requirements and concerns include the following 1 IHI needs either to control any Governing Board related to the relationship or, at the minimum, to control any action taken or decision made by the Board in connection with IHI's charitable mission to ensure that the action or decision furthers IHI's exempt purpose under Section 501(c)(3) of the Internal Revenue Code of 1986, as amended (the "Code") For example, IHI should have approval over content of any event or conference to enable it to ensure that it is consistent with IHI's exempt purposes 2 IHI should be able to terminate the Agreement if it makes a determination in good faith that the operation of the Forum is inconsistent with the furtherance of its exempt purpose under Section 501(c)(3) of the Code 3 The sharing of revenues, losses and tax items should be in proportion with ownership interests Additionally, the Agreement should specify whether tax items to be shared equally are determined under U S or the country of origin (of the other entity) tax principles 4 The parties should assign some value to their contributions to the agreement in order to support their respective ownership interests 5 The Agreement should specify how often distributions should be made to the parties and whether there will be any distributions for the purpose of paying tax on the income from the agreement, if any 6 Any compensation arrangement, leases, service provider agreement or any other type of obligation of the agreement must be reasonable and reflect the fair market value of what is being provided UBTI/Other Potential Tax Liability 1 All income arising from activities not substantially related to IHI's charitable mission (e g advertising income) will be UBTI to IHI IHI's organizing documents and Application for Exemption (Form 1023) should be reviewed to determine whether income from an ownership interest in the Forum (other than advertising income) is UBTI As a joint venture/partnership, IHI may receive income from sources outside the U S , i e , revenue from conference fees or admissions This means that even though IHI would be exempt from U S tax on the income, if any, it receives from the agreement, it may be subject to taxes outside the U S For Example Under UK tax law, a non-UK resident may be 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

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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 criminal 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), IRS 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 daily, and weekly gross wages, deductions, allowances claimed and net wages ARE KEPt ON FILE FOR 6 YEARS 3 Year end Treasurer's financial report/statement ARE KEPT PERMANENTLY 4 Treasurer's reports, periodic ARE KEPT ON FILE FOR THREE YEARS AND ARE STORED WITH FINANCIAL 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 Federal law requires that the three most recent years returns be kept in the organization's headquarters office and be made available for public inspection upon request RECORD TYPE HUMAN RESOURCES 1 Personnel File Records-including application, pre-employment tests, performance appraisal, rate changes, position changes, transfers, promotions, demotions, documentation of disciplinary actions and job descriptions ARE KEPT ON FILE FOR 6 YEARS AFTER TERMINATION 2 Employee Medical Records and Analysis as required by OSHA ARE KEPT ON FILE FOR THE DURATION OF EMPLOYMENT PLUS 30 YEARS 3 MSDS (Material Safety Data Sheets) or some identification of substance used or found ARE KEPT ON FILE FOR THE DURATION OF EMPLOYMENT PLUS 30 YEARS 4 Records pertaining to unfair or discriminatory employment practices and Americans with Disabilities Act ARE KEPT UNTIL THE FINAL DISPOSITION OF THE CHARGE OR ACTION 5 Accident Reports and Workers' Compensation Claims ARE KEPT ON FILE FOR 11 YEARS 6 Applications (non-hires) ARE KEPT ON FILE FOR 1 YEAR 7 Attendance Records ARE KEPT ON FILE FOR 4 YEARS 8 COBRA Records ARE KEPT ON FILE FOR 3 YEARS 9 Employee Benefit Plans ARE KEPT ON FILE FOR 2 YEARS FOLLOWING THE TERMINATION OF THE PLAN 10 Employment Advertisements ARE KEPT ON FILE FOR 3 YEARS 11 ERISA Retirement and Pension Records (Employee Retirement Income Security Act) ARE KEPT ON FILE INDEFINITELY 12 I-9 Forms ARE KEPT ON FILE FOR 3 YEARS AFTER EMPLOYMENT BEGINS OR 1 YEAR BEYOND TERMINATION, WHICHEVER IS LATER 13 Labor Contracts ARE KEPT ON FILE INDEFINITELY 14 Medical and Exposure Records relating to toxic substances ARE KEPT ON FILE FOR 40 YEARS 15 OSHA Logs (Occupational Safety and Health Act) Employers must maintain a log that records worker's job-related injuries or illnesses, the dates, and the nature of the incidents ARE KEPT ON FILE FOR 5 YEARS FOLLOWING THE END OF THE YEAR WHICH THEY RELATE, PLUS THE CURRENT YEAR 16 OSHA Training Documentation ARE KEPT ON FILE FOR 3 YEARS

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FORM 990 REVIEW PROCESS	PART VI, SECTION A, LINE 10	The majority of support schedules for the Form 990 should be prepared during the annual audit preparation process in the May-June timeframe The remaining items should be completed by 7/31 of each fiscal year The form 990 is due five months after the close of the fiscal year, which for IHI is September 15th (with a April 30th fiscal year end) All 990 extensions are filed by KPMG (or our current outside independent audit firm)and a copy is maintained by IHI Two extensions are allowed and they each provide for an additional three months extension Thus the maximum extension period allowed annually is six months from the original due date The filing dates are as follows September 15th , if extension is filed by 9/15 then the next filing date is December 15th If the second extension (and last possible extension) is filed by 12/15 then the final filing date is March 15th The majority of schedules are prepared by the senior staff accountant and reviewed by the Controller Please refer to the detailed prepared by client list and Form 990 itemized work plan on the Rnet The Controller prepares the financial statement reconciliation to the Form 990 financial section of the Form This is reviewed by the CFO Updates to policies applicable to the Form 990 are performed throughout the year and reviewed by either the CFO or Internal auditor (depending on the person that authors the edit) Certain policy updates are reviewed by the Strategy Team or the Audit Committee for their approval After the review process, all supporting documentation and work papers are sent to KPMG who produce the draft Form 990 The draft Form 990 is reviewed and tied back to supporting documentation and work papers (including the audited financial statements and trial balance) by the Controller Any adjustments are discussed and then processed (as needed) with KPMG The next draft is reviewed by the Controller and CFO Again, any adjustments are discussed and then processed (as needed) with KPMG The final draft is also reviewed by the Internal Auditor After the draft is ready to be reviewed, it is sent to the Audit Committee before the late November/December meeting (ideally) After all questions and adjustments (if any) are resolved the Audit Committee approves the Form 990 to be presented to the full Board of Directors The CFO and Audit Committee Chair review the Form 990 with the entire Board and request Board approval The full Board must vote to approve the Form 990 before it is filed by KPMG with the IRS

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PROGRAM SERVICE ACCOMPLISHMENTS	PART III, LINE 4A-D	LINE 4A EXPENSE = $3,843,036 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 Participants have achieved dramatic improvements in areas such as reducing hospital acquired infections, reducing medication errors, improving perinatal care, increasing time at the bedside, and improving patient flow through acute care settings LINE 4B EXPENSE = $1,995,345 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 U S Participating hospitals made important, evidence-based changes that prevented avoidable deaths and reduced unnecessary harm to patients Approximately 10,000 participants joined teleconferences throughout FY08 and over 50,000 copies of campaign materials were downloaded from IHI's website LINE 4C EXPENSE = $4,420,399 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 LINE 4D EXPENSE = $4,263,117 National forum The institute's national forum on quality improvement in health care, held each December, is the major U S conference on improvement in health care Approximately 6,500 participants attend hundreds of workshops and special interest meetings A second European-Based conference, the international forum on quality and safety in health care, is jointly organized by the institute and the british medical journal publishing group EXPENSE = $243,439 PROFESSIONAL EDUCATION THE ORGANIZATION DIRECTS PROGRAMS TO HELP HEALTH PROFESSIONS STUDENTS LEARN QUALITY IMPROVEMENT KNOWLEDGE AND SKILLS THIS INCLUDES A COLLABORATION OF TWENTY MEDICAL AND NURSING SCHOOLS WORKING TOGETHER TO IMPROVE EDUCATION FOR FUTURE PHYSICIANS AND NURSES IHI IS COMMITTED TO CONTINUALLY CULTIVATING CHANGE AGENTS AS A PRIMARY BENEFIT WE PROVIDE FOR FUTURE GENERATIONS EXPENSE = $1,568,424 INNOVATION THESE ACTIVITIES INCLUDE SCANNING FOR NEW APPROACHES, RESEARCH AND DEVELOPMENT INITIATIVES AS WELL AS NEW PROGRAM DEVELOPMENT AND IMPLEMENTATION, ALL OF WHICH ARE DESIGNED TO CULTIVATE PROMISING IDEAS FOR HEALTHCARE IMPROVEMENT THROUGHOUT THE WORLD IHI IS WIDELY RECOGNIZED FOR DEVELOPING NEW SOLUTIONS TO OLD PROBLEMS THAT IMPROVE PATIENT CARE IN THE PAST YEAR, OUR EFFORTS TO IDENTIFY BETTER APPROACHES TO REDUCING HOSPITAL MORTALITY, LED BY SIR BRIAN JARMAN, RESULT IN DISTRIBUTING DATA ON HOSPITAL STANDARDIZED MORTALITY RATIOS TO OVER 600 ORGANIZATIONS IN THE U S THESE DATA ARE USED TO MOTIVATE IMPROVEMENT AND TARGET AND DISSEMINATE BEST PRACTICES ALSO IN THE PAST YEAR, IHI ALSO USED RESEARCH AND DEMONSTRATION ACTIVITIES TO CREATE PROTOTYPE PROJECT ON THE TRIPLE AIM - OPTIMIZING PATIENT EXPERIENCE, POPULATION HEALTH AND COST PER CAPITA FORTY THREE ORGANIZATIONS ARE NOW USING THE INFORMATION DEVELOPED IN RESEARCH AND DEVELOPMENT TO IMPROVE THESE OUTCOMES EXPENSE = $6,510,625 COURSES AND OTHER PROGRAMS THE INSTITUTE OFFERS PROFESSIONAL DEVELOPMENT PROGRAMS AND SHORTER TWO DAY SEMINARS TO HELP HEALTHCARE LEADERS AND PROVIDERS ACQUIRE IMPROVEMENT KNOWLEDGE AND SKILLS IHI HAS TRAINED THOUSANDS OF HEALTHCARE PERSONNEL IN CRITICAL KNOWLEDGE AND ESSENTIAL SKILLS NECESSARY TO MAKE CONTINUOUS IMPROVEMENTS IN HEALTHCARE DELIVERY TWO VERY SUCCESSFUL PROGRAMS INCLUDE THE "REENGINEERING THE OPERATING ROOM" AND THE "HOSPITAL TO HOME" SEMINARS, BOTH DEVELOPED IN 2008 THE "REENGINEERING THE OPERATING ROOM" SEMINAR DEMONSTRATED HOW TO APPLY THE TOOLS OF OPERATIONS MANAGEMENT AND VARIABILITY METHODOLOGY TO IMPROVE PATIENT THROUGHPUT, REVENUE, AND QUALITY OF CARE THE "HOSPITAL TO HOME" SEMINAR FOCUSED ON ASSISTING TEAMS IN ENHANCING COMMUNICATIONS, SUPPORTING PATIENTS AND FAMILIES, ELIMINATING WASTE, AND IMPROVING WORKFLOW TO CREATE A COMPREHENSIVE AND RELIABLE DISCHARGE PLAN BOTH PROGRAMS WERE VERY WELL ATTENDED WITH OVER 200 PARTICIPANTS IN EACH EXPENSE = $4,949,434 GRANTS = $1,778,721 DEVELOPING COUNTRIES IHI'S WORK IN DEVELOPING COUNTRIES FOCUSES ON WORKING WITHIN EXISTING RESOURCE CONSTRAINTS TO IMPROVE HEALTHCARE SYSTEMS AND HEALTH OUTCOMES BY PARTNERING WITH LOCAL ORGANIZATIONS AND GOVERNMENTS, IHI FOCUSES ON CREATING SUSTAINABLE CHANGE THAT WILL BE CARRIED FORTH BY THESE PARTNER ORGANIZATIONS IHI'S WORK IN SOUTH AFRICA FOCUSES ON EXPANDING TREATMENT OF HIV/AIDS FOR CHILDREN AND ADULTS, AS WELL AS PREVENTING MOTHER TO CHILD TRANSMISSION OF DISEASE IHI'S WORK IN MALAWI AIMS TO REDUCE MATERNAL AND NEONATAL DEATHS BY IMPROVING THE QUALITY OF SERVICES IN HEALTH FACILITIES WHILE INCREASING COMMUNITY DEMAND FOR GOOD HEALTHCARE IHI'S WORK IN GHANA AIMS TO REDUCE MORBIDITY AND MORTALITY IN CHILDREN UNDER FIVE ALONG WITH NATIONAL CATHOLIC HEALTH SERVICE, IHI INITIATED PROJECT FIVE ALIVE', WHICH WILL ULTIMATELY REACH AN ESTIMATED 3 3 MILLION CHILDREN UNDER 5 AND AIMS TO IMPLEMENT EFFECTIVE SYSTEMS TO TREAT AND PREVENT NEONATAL DISEASES, MALARIA, DIARRHEAL DISEASES, PNEUMONIA AND MALNUTRITION IHI'S EFFORTS IN THESE COUNTRIES HAVE RESULTED IN SIGNIFICANT IMPROVEMENTS TO HEALTHCARE SYSTEMS WITHIN THE EXISTING CARE RESOURCES EXPENSE = $3,368,641 CONTRACTED SERVICES ON A CONTRACTUAL BASE, THE INSTITUTE DELIVERS A VARIETY OF CUSTOMIZED SUPPORT SERVICES TO HELP HEALTHCARE SYSTEMS ACHIVE SYSTEMWIDE IMPROVMENT FOR EXAMPLE, IHI'S WORK WITH THE NATIONAL HEALTH SERVICE IN THE UK HAS HELPED TO TRANSFORM THE QUALITY AND EFFICIENCY OF CARE PROVIDED THROUGHOUT THE COUNTRY