Simple Solutions to Save Lives and Reduce Suffering

OUR STORY AT YEAR FIVE
The fundamental disease of health care systems is lack of execution. The cause of this disease is complexity. Five years ago, when we founded Ariadne Labs, we set out to prove it is possible to discover the cure. And now, as you’ll read here, we have done just that. We began with work to transform three of the critical moments in health care: childbirth, surgery, and in serious illness. We have created simple tools that can be applied in medical settings almost everywhere to produce demonstrably better care. We are now extending that effort to primary health care, a cornerstone of better health and health care, and eventually to the other key systems in health care.

Our work is only possible because of all the support, talent, and teamwork that has come together around this shared vision. We are leading a new kind of science and innovation that will advance health and well-being for all. I hope you’ll find the work we’ve done compelling and join our efforts.

Atul Gawande, Executive Director

2003-2011: Building the foundation for Ariadne Labs

On the left: John Davis, Program Director. The organization is one of the founding forty members of Ariadne Labs. He has been integrally involved in the development and advancement of our Safe Surgery Initiative as a practicing anesthesiologist at Massachusetts General Hospital. Here he uses the surgical checklist in the card OR.

Inspired by the Surgical Safety Checklist, WHO convenes global maternal health and patient safety experts led by Gawande to develop the Safe Childbirth Checklist.

First study of the Surgical Safety Checklist in 10 hospitals around the world demonstrates a 47% decrease in deaths and a 50% reduction in complications.

More than simple rules like a checklist can save lives in medicine gone mainstream after the TV show 24:7 features the Surgical Safety Checklist and Gawande’s checkbolt Mandato becomes a New York Times bestseller.

Over 175 sites in India, Kenya, Tanzania, Ghana, Nigeria, Mali, Pakistan, Egypt, and China.

The Safe Childbirth Checklist field tested in 17 sites in India, Kenya, Tanzania, Ghana, Nigeria, Mali, Pakistan, Egypt, and China.

The safety of care is an outgrowth of the Surgical Safety Checklist program.

On the right: Dr. Susan Block leads a team of palliative care experts to develop and pilot a conversation-based intervention that improve outcomes for patients with serious illness.

Gawande and his research team to create the Safe Childbirth Checklist.

The Rush County Hospital Association signs on to implement the Safe Surgery Program statewide.

The South Carolina Hospital Association signs on to implement the Surgical Safety Program statewide.

The Safe Childbirth Checklist field tested in 17 sites in India, Kenya, Tanzania, Ghana, Nigeria, Mali, Pakistan, Egypt, and China.

Dr. Susan Block leads a team of palliative care experts to develop and pilot a conversation-based intervention that improve outcomes for patients with serious illness.

Gawande forms the Ariadne Labs to spread the Surgical Safety Checklist.

The Safe Childbirth Checklist Collaborative launches with 30+ organizations to test the effectiveness of an evidence-based intervention that supports patient-clinician guided conversations about patient goals and values.

The last century of scientific research has given us incredible breakthroughs in medical knowledge and intervention that improves most diseases and health conditions. However, all too often our health systems fail to deliver the right care to patients at critical moments.

The Safe Childbirth Checklist guides birth attendants to provide 28 essential birth practices known to save the lives of mothers and babies. And our Conversation Health guide helps clinicians have conversations with their seriously ill patients about their goals of care.

Our work is informed by data, deep frontline knowledge from our physicians, researchers, and partners in the field, as well as a global network of clinicians and implementers dedicated to improving the delivery of care. In the pages that follow, you will see how our innovations improve surgery, childbirth, serious illness care, and primary health, and learn about the other critical areas where we will innovate next.

This is the science of health systems innovation. Five years on, we have demonstrated it works. We are leading the way globally in providing simple, scalable solutions that reduce suffering and save lives.
BetterBirth Program envisions a world in which every mother and newborn receives respectful, high-quality childbirth care that ends preventable suffering and death. We are working toward this global goal by testing and spreading tools that ensure mothers and newborns everywhere receive the most essential care proven to save lives during birth.

The BetterBirth Program focuses on improving facility-based care at the highest risk period for women and babies—the 48 hours around childbirth. We use the World Health Organization’s Safe Childbirth Checklist, a 28-item tool that includes the essential childbirth practices critical to address the seven big killers of women and babies. When birth attendants routinely perform the Checklist’s childbirth practices—like handwashing and monitoring vital signs—women and newborns are healthier. We pair the Checklist with an implementation strategy to strengthen the health system and empower birth attendants to provide quality care to every mother consistently and reliably.

In our BetterBirth trial in India, we found that the program demonstrated large-scale, broad-based improvement in care. We now know it is possible to achieve real progress in the delivery of care in low-resource settings. However, the improvements were insufficient to reduce the deaths of women and newborns. More research is needed to identify the additional components required to save lives at childbirth. We are collaborating with partners around the world to continue to improve implementation of the Checklist, evaluate program achievements, and develop additional approaches that collectively will save the lives of women and infants.

» 800 women and 7,000 babies die every day in childbirth
» Poor quality childbirth care is a major contributor

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» The BetterBirth Program in India dramatically improved quality of care delivered in primary care facilities
» BetterBirth facilities delivered nearly twice the most important childbirth steps, but more needs to be done to protect the health of mothers and babies

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Senior Medical Officer
Dr. Leonard Kabongo set out in 2014 to improve childbirth care for mothers and infants at Gobabis District Hospital in Namibia, which delivers an average of 2,500 babies per year. With support from Ariadne Labs, Dr. Kabongo implemented the WHO Safe Childbirth Checklist. The hospital saw adherence to essential birth practices jump from 68 percent to 95 percent, resulting in reductions in perinatal and maternal mortality. Dr. Kabongo explains:

“The Checklist has completely changed our organizational design. Before you do any vaginal examination, you must wash your hands. Water and soap must be available. Before, there might not have been water in the delivery room, or even soap. Because the Checklist requires handwashing, management had to fix this. The Checklist has also empowered nurses. If a patient comes in with bleeding, fever, or anything abnormal, it is linked to an action plan. Nurses see patients first, and they can act quickly with the Checklist. If there is no checklist, they have to wait for the doctor. Empowering the frontline staff is very important. Adhering to the practices, our stillbirth rate has dropped by half. Our maternal mortality has dropped as well.”

Sita Kathauria gave birth to her daughter Anshika on Sept. 3, 2016. Kathauria was one of the 160,000 women who took part in the BetterBirth trial.
Safe Surgery
REDUCING SURGICAL DEATHS AND COMPLICATIONS

People in the United States will have an average of seven surgeries in their lives—from minor outpatient procedures to major life-saving operations—making surgery one of public health’s most critical and widely used interventions. The Safe Surgery Program leads the global effort to make surgery safer, emphasizing the importance of preparation, communication, and teamwork to reduce surgical errors and produce the best possible outcomes for patients.

Our research has demonstrated that when surgical teams do not communicate effectively, or try to work from memory, they can miss critical safety practices. The Safe Surgery Program standardizes safety measures through simple tools and implementation strategies that promote better communication and teamwork in the operating room. Our work is built around the World Health Organization Surgical Safety Checklist, the Ambulatory Surgery Center Checklist Template, and the Operating Room Crisis Checklists. These tools are designed and tested to help surgical teams reduce errors, communicate better, and work together effectively in a complex and stressful environment. In multiple studies, we have demonstrated that using these checklists fosters a culture of patient safety in the OR that reduce complications and save lives.

The Surgical Safety Checklist is now used around the globe, but there is much more work to be done. The Safe Surgery team works with sites throughout the world to adapt these tools to local contexts, learning how the culture of the surgical team affects use of the tools in diverse settings. Our research has influenced local, regional, national, and global policies on safe surgical practices, improving the care for millions of patients each year.

» Americans have on average seven operations in their lifetime
» Surgical errors leave millions dead or disabled

Bobby Rettew is a digital and social media strategist in South Carolina, whose work with the South Carolina Hospital Association introduced him to the WHO Surgical Safety Checklist and Ariadne Labs. In June 2017, Bobby and his wife Sarah were expecting twins. George and Henry, who would join their daughter, Rose. At 32 weeks, Sarah woke to find she was bleeding and needed an emergency cesarean section. Bobby recalls what happened:

“At the hospital, I watched my whole life get wheeled away to surgery. My heart sank. When I entered the surgical suite, there was a team of providers working calmly around Sarah. I saw her face. She was scared. So was I. Then something changed. I saw the Checklist on the wall. I watched each person wash their hands before entering the surgical suite, wash as they followed all of the Checklist steps I knew through my work. Right then, my personal and professional lives came together. I found comfort and confidence that allowed me to be a support for my wife and a father in that operating room. As the boys arrived, I found joy in each cry, each smile, knowing that everything was under control. Sarah recovered well from the C-section, and the twins are home now, growing and eating like crazy.”

» Surgical Safety Checklist cuts death and complications 47%
» Safe Surgery Program in South Carolina cut death 22%
» Surgical Safety Checklist used globally in 100 million of 300 million operations

Photo: Surgery team at Brigham and Women’s Hospital

CALM TEAMWORK REASSURES FAMILY IN EMERGENCY SURGERY
We believe every individual with a serious illness should receive care that aligns with their goals, values, and priorities. Individuals who have conversations with their clinicians about what matters most to them are more likely to receive the care they want, experience better quality of life, and are less likely to receive non-beneficial medical treatments.

Ariadne Labs created a list of questions for clinicians that guides them to have meaningful conversations with their seriously ill patients about both their quantity of life and quality of life. These conversations enable clinicians and patients to align care around what matters most to the patient. Our program supports these conversations by helping clinicians identify the right patients, know when to talk to them, and make the information easy for other clinicians to find in the electronic medical record.

Early results from the Serious Illness Care Program trial at the Dana-Farber Cancer Institute in Boston show that more patients are having the conversations, the conversations are happening earlier in the course of illness, and are addressing critical questions around prognosis, values and goals, and end-of-life-care planning. Patients reported less anxiety and depression.

The Serious Illness Care Program results in more conversations with patients, earlier in the course of illness, about what matters most to patients.

85% of people believe physicians and patients should talk together about patient wishes for care.

Only 25% of people facing serious illness have had conversations with their health professional.

In 2017, Baylor Scott & White, the largest health system in Texas, became the first in the U.S. to roll out the Serious Illness Care program as one of Ariadne Labs’ Innovation Partners. Dr. Mark Cleary, director of Clinical Ethics and Supportive and Palliative Care at Baylor Scott & White Health and the University Medical Center, has played a vital role in the introduction of the program. He reflects on the impact he has seen:

“There is a lady we have been caring for in our palliative care outpatient clinic for two years now. She has advanced heart disease and advanced lung disease. Soon after I returned from Boston for the training with Ariadne Labs, I thought, ‘We know this lady fairly well, but let’s see what else we can glean from the Conversation Guide.’ I was able to pick up from her some of her desires and goals and learn really camaraderie around her husband. She left the office, and her daughter came back and asked to speak to me. My heart started to beat quickly and I thought, ‘She’s upset.’ She went on to tell me how profound that interaction was and how she heard her mom say things she didn’t realize were on her mind as concerns. She was able to elaborate for me the background concerns. That’s just one example of conversations we’ve had where we’re really been able to get meaningful information from our patients that helps guide us.”

“85% of people believe physicians and patients should talk together about patient wishes for care.

85% of people believe physicians and patients should talk together about patient wishes for care. | Ariadne Labs Story V
PUTTING THE CARE BACK IN HEALTH CARE

Primary health care ensures people of all ages stay healthy and live longer. Nearly all countries have major gaps in delivering primary care. Too many children die from preventable causes and too many adults die from treatable infections and chronic conditions. Across the globe, care is fragmented, costly, and not tailored to patient and family needs, especially for the poor and most vulnerable. Our interventions aim to guide countries in establishing primary health care systems that are accessible, coordinated, comprehensive, lifelong, and person-centered.

Our team is working to reshape the conversation on primary health care through collaboration with key global stakeholders like the World Health Organization and the World Bank to create a common language that makes the case for why health care systems should focus on primary health care now. We're identifying better measurements of primary health care system performance and building interventions, such as a care management program in Estonia, to improve gaps in care. We work at the global and country level to change the delivery of frontline primary health care services for better patient outcomes. The goal is to design interventions and tools that will allow primary care systems to improve performance, efficiency, and quality of care.

I have had the pleasure to work with Ariadne Labs for the last two years and a half as part of a global partnership that aims at accelerating performance improvement in primary health care systems globally. With Ariadne Labs, we have found rigorous and daring thinkers and innovators interested in taking a radically different look at unresolved development problems.

Jeremy Veillard, PhD
Program Manager, World Bank Group

PROVIDING MOTHERS AND BABIES WITH SAFE, RESPECTFUL CARE

Millions of women face potentially life-threatening and lifelong health complications from the wrong care at the wrong time. We have demonstrated that the characteristics of a hospital where a woman gives birth are the strongest indicators of whether she will deliver with an unnecessary C-section. While cesarean deliveries can save lives in an emergency, our research indicates clinicians are not always clear on when a cesarean is truly necessary. Our goal is to ensure every woman delivers her baby with the right care.

The Delivery Decisions Initiative is developing a solution that improves communication between clinicians and laboring women, defines the basic care every woman in labor should receive, and ensures this care happens reliably. Working with a broad coalition of technical experts and stakeholders in maternal health, we will test the effectiveness and impact of our intervention at four American hospitals in early 2018.

The Delivery Decisions Initiative is taking steps to make labor and birth care a more thoughtful, intentional, and collaborative process, while also improving safety and reducing harms from unnecessary cesareans. I value their approach, which includes soliciting input from all disciplines—recognizing the contributions of all members of the maternity care team, doctors, midwives, nurses, doulas, while working to center the voice of those we care for.

Lisa Kane Law, PhD CHM FACNM, FAAN,
President of the American College of Nurse Midwives
The Ariadne Way

The Ariadne Labs innovation pathway represents how we设计, 测试, and spread scalable solutions globally.

EXPERTISE TO DRIVE SOLUTIONS AND SPREAD

To successfully deliver on our work, Ariadne Labs has invested in specialized platforms of expertise that provide guidance and support to projects, from design through test and spread.

The Innovation Platform accelerates the ability of new projects to successfully design, test, and spread interventions. The team works with new project leaders to identify the patient outcomes that need to be improved, generates intervention options, collects rapid-cycle feedback, and iterates on solution design and implementation.

The Science & Technology Platform collaborates with programs to design, test, and spread our interventions globally. A team of experienced biostatisticians, research scientists, and software engineers brings capabilities in data management, study design, qualitative, quantitative, and mixed methods approaches; monitoring and evaluation; data visualization; and manuscript and report writing. They ensure that our work is evidence-based, and spread our ideas.

The Implementation Platform supports the dissemination and practical application of our solutions in the real world. A dedicated team of experienced physicians, nurses, implementation specialists, social scientists, and design experts brings capabilities in strategy, marketing/communications, implementation, coaching, and community engagement to support effective adoption.

To Ariadne Labs, the journey matters.

The Ariadne Way (Diagram)

- **DESIGN** — 100s of people
- **TEST** — 1,000s
- **SPREAD** — 1,000,000s

**PROJECTS IN THE PIPELINE**

13
Our Impact

A single principle guides our work: Solutions must work in the real world of health-care delivery. That means they must improve care for patients everywhere. Our programs have reduced suffering and saved lives around the world. We are already transforming care, and we’re just getting started.
After just five years, our tools and programs have reached nearly every corner of the globe.

**Global Reach**

- **USA**
  - The Delivery Decisions Initiative will test a new intervention to reduce C-sections across four U.S. pilot sites in 2018.

- **LOWELL, MASSACHUSETTS**
  - More than 300 clinicians at Lowell General Hospital in MA were trained to use the Serious Illness Conversation Guide in 2017.

- **LIVERPOOL, UNITED KINGDOM**
  - Patients in the Serious Illness Care Program reported less depression and anxiety, more control over medical decision-making, and more focus about their quality of life.

- **ESTONIA**
  - A pilot of enhanced care management done in cooperation with the World Bank led to more primary health-care contacts for patients, fewer hospital and specialist visits, and less time between hospital discharge and follow-up with primary care teams. The Estonian Health Insurance Fund is now scaling the program across Estonia.

- **CHINA**
  - The Mandarin version of the OR Crisis Checklists, endorsed by the Anesthesiology Society of China, has been downloaded more than 40,000 times.

- **NEW ZEALAND**
  - After successful testing supported by Ariadne, New Zealand has rolled out the WHO Surgical Safety Checklist nationally.

- **UTTAR PRADESH, INDIA**
  - The BetterBirth study saw significant gains in the quality of care during labor and delivery, demonstrating that large-scale behavior change is possible. However, improvements were insufficient to reduce mortality rates.

- **GOBABIS, NAMIBIA**
  - The number of stillbirths dropped by half following implementation of coaching and the WHO Safe Childbirth Checklist in Gobabis District Hospital.

- **TEXAS**
  - Baylor Scott & White Health became the first health system in the U.S. to implement the Serious Illness Conversation and Care Planning Program.

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- **SOUTH CAROLINA**
  - After Safe Surgery 2015 was implemented in South Carolina, 30-day postoperative deaths in participating hospitals dropped by 22%.

- **COSTA RICA**
  - Ariadne Labs documented how Costa Rica successfully reformed primary health care delivery and achieved universal health care.

- **PORT HARcourt, NIGERIA**
  - University of Port Harcourt Teaching Hospital has successfully piloted the Safe Childbirth Checklist to increase adherence to lifesaving childbirth practices.

- **CHIAPAS, MEXICO**
  - Ariadne Labs led an implementation training with nurses to support a study to increase the quality of maternal care and the number of facility-based births in one region of Chiapas, Mexico.

- **GHANA**
  - The Primary Care team led the first nationwide measurement of patient experience of primary health care in Africa.

- **PORT HARCOURT, NIGERIA**
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By the Numbers

FROM START-UP TO SCALE-UP: FIVE YEARS OF STEADY GROWTH & STEWARDSHIP

Since our founding, we have invested in careful, strategic growth, aimed at building capacity, supporting core programs, and encouraging innovation in new areas of health care. We have tripled the number of employees, with key hires in management and scientific leadership that have enabled greater depth and breadth of work across the organization. In the last three years, our associate and affiliate faculty membership—a community of innovators from across the Harvard teaching hospitals, academic community, and beyond—has more than doubled in size.

We have expanded and diversified our sources of revenue within the last five years, with some annual fluctuation reflecting the timing of grant awards and philanthropic gifts. Steady growth in expenses reflects growing program activity, as well as strategic investments in organizational capacity. This fiscal year, we put new metrics into place, tracking important financial indicators like the average indirect cost rates of grants and contracts and the ratio of programmatic to infrastructure spending. We also established a new optimal reserve ratio that better reflects our assessment of financial risks associated with our work and our goal of remaining self-sustaining. Over the last year, we have focused our efforts to diversify revenue streams with the goal of increasing federal funding and strategic partnerships in the future.

FY17 REVENUE BY SOURCE ($15.9M)

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<th>Source</th>
<th>FY17 Revenue</th>
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<td>Federal</td>
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<tr>
<td>Individual Gifts &amp; Family Foundations</td>
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<tr>
<td>Other Non-Federal Funders</td>
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<td>Other</td>
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FY17 EXPENDITURE BY TYPE ($17.8M)

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<td>Subcontracts &amp; Professional Services</td>
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<td>Travel &amp; Other Direct Costs</td>
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<td>10% Admin Fee &amp; Indirect Costs</td>
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FISCAL YEAR '13    '14    '15    '16    '17

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EMPLOYEES

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<th>Fiscal Year</th>
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**ADVISORY BOARD**

Our Advisory Board is comprised of world-class leaders in science, education, and business. They support Ariadne Labs by contributing expertise on research priorities, scientific plans, implementation approaches, and collaborations.

**DON BERKISCH, MD, MPH**
President,.imagine and 2013
President and CEO, Ariadne Labs

**TROYEN A. BRENNAN, MD, MPH**
Executive Vice President and CSO, CVS Health

**DANIEL L. BERNHARD, MD, MPH**
CEO, Lyra Health

**JASON FENG**
Managing Director and Portfolio Manager, Morgan Stanley

**ELIZABETH HABE, MD**
President, Brigham & Women’s Hospital

**MICHÉLLE A. WILLIAMS, ScD**
Dean of the Faculty, Harvard T.H. Chan School of Public Health

**PARTNERS**

The following institutions have valuable relationships in developing the funding, testing, implementation, and evaluation of our tools and work. We are tremendously grateful for their partnership in our work.

Agency for Healthcare Research and Quality (AHRQ)

Ariadne Labs and

Drs. Rachel Sanders and Jessica Zhou from Serious Illness Care Program’s Sojourns Scholar Leadership Program.

2013

Obstetrician Dr. Noel Skuk, Ariadne Labs

Spark to want to improve childbirth in the United States.

Ariadne Labs goes to 50 employees and moves to Boston’s Longfellow Centre.

2014

The Birthright—one of the world’s largest maternal health trials—began in Uttar Pradesh, India, to test whether the Safe Childbirth Checklist, created with funding from Ariadne Labs, can improve quality of care and reduce mortality.


The Primary Health Care Performance Initiative to strengthen global primary health care systems launches at United Nations with the Gates Foundation, WHO, World Bank, Ariadne Labs, and Results for Development.

Dr. Rachelle Bernacki from Serious Illness Care Program’s Sojourns Scholar Leadership Program.

Ariadne Labs and Stanford University publish landmark study in JAMA that supports optimal care for seriously ill patients and identifies being aligned around goals of care.

Mental and emotional health epidemic.

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After the ICU: A growing body of research on post-ICU recovery suggests that there are long-term consequences of being in the ICU that can negatively impact a patient’s physical, cognitive, and mental well-being. This project aims to establish prioritized recovery outcomes and a scalable intervention for patients after they are released from intensive care.

System Expansions: This CRICO-funded project seeks to reduce the potential for patient harm during health-care mergers, acquisitions, and affiliations by creating communication tools that uncover potential problems before they happen.

Surgical Coaching: This project, funded through CRICO, will develop a standardized coaching program that helps surgeons improve their technical and nontechnical skills, like communication and leadership.

Aria: This online platform is being developed by our Science and Technology team to support the spread of effective implementation practices. It will provide a common space for users to share what works in different settings, while also allowing for systematic data collection and reporting.

In 2017, Ariadne launched Delivery Decisions Initiative to reduce unnecessary C-sections.

Birthright study in New England Journal of Medicine, co-authored by Semrau and Gawande, demonstrates large-scale broad-based improvement in facility-based care, but improvements are insufficient to reduce maternal and perinatal mortality.

Gobabis District Hospital in Namibia reduces perinatal mortality from 22 deaths per 1,000 deliveries to 13.8 deaths and maternal mortality to zero for two years.

Safe Childbirth Checklist implementation in Gobabis District Hospital in Namibia reduces perinatal mortality from 22 deaths per 1,000 deliveries to 13.8 deaths and maternal mortality to zero for two years.

The online OR Crisis Toolkit debuts at the 2017 American Society of Anesthesiologists.

Digital Phenotyping*: This pilot uses a research platform and smartphone data to provide information to clinical teams on their patient and family guide to the serious illness conversation. This project seeks to understand the barriers and facilitators to using an evidence-based clinical resource, such as UpToDate, in low-income settings when subscriptions to these resources have been donated.

Measuring Management at Scale*: This project tests assumptions as to how to reliably and conveniently assess a site’s “readiness” to implement a new intervention, informing strategies to improve the likelihood of successful implementation.

Ariadne Labs Spark Grants support early-stage projects to design new interventions or new capacities for solving problems in health-care delivery. Some of our Spark Grants are supported through a gift from the Paul G. Allen Family Foundation. Other projects are supported through Ariadne Labs.

Patient/Family Conversation Guide: The Serious Illness Care Program is in the early stages of developing a partnership with The Conversation Project to create, test, and disseminate a patient and family guide to the serious illness conversation.

Safe Launch Initiative: This project with Johnson & Johnson centers around the design and testing of a Safe Surgery Program tool to improve safety when new devices are introduced in the operating room.

Surgical coaching: This project, funded through CRICO, will develop a standardized coaching program that helps surgeons improve their technical and nontechnical skills, like communication and leadership.

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Fatal error: This project seeks to understand the barriers and facilitators to using an evidence-based clinical resource, such as UpToDate, in low-income settings when subscriptions to these resources have been donated.
Our mission is to create scalable solutions that produce better health care at the most critical moments in people's lives, everywhere.