



2021

**Resilience:**  
A Commitment to  
Patient Safety Fuels  
Quality Initiatives During  
a Pandemic



# TABLE OF CONTENTS

<b>Message from WHA President and CEO Eric Borgerding</b>	
<b>Wisconsin Hospital Association Quality Team</b> .....	<b>1</b>
<b>About This Report</b> .....	<b>2</b>
<b>Wisconsin Hospital Performance with Federal Medicare Measures</b> .....	<b>3</b>
Hospital Value-Based Purchasing .....	3
Hospital-Acquired Conditions .....	4
Hospital Readmissions Reduction .....	5
CMS Star Ratings .....	5
<b>Wisconsin Quality Initiatives</b> .....	<b>6</b>
Readmissions .....	7
Falls .....	8
Pressure Injuries .....	8
Health Care-Associated Infections .....	9
Methicillin-Resistant Staphylococcus Aureus .....	9
Clostridioides Difficile .....	10
Central Line-Associated Blood Stream Infection and Catheter-Associated Urinary Tract Infection.....	10
Sepsis .....	10
Surgical Site Infections.....	11
Looking Forward .....	11
<b>Collaboration Opportunities and Resources</b> .....	<b>12</b>
Superior Health Quality Alliance .....	12
Quality Residency .....	14
Physician-Led Quality Improvement .....	15
<b>Hospital COVID Response Stories</b> .....	<b>17</b>
Wisconsin Hospital Association .....	17
Children’s Wisconsin, Milwaukee .....	19
Children’s Wisconsin, Milwaukee.....	19
Fort HealthCare, Fort Atkinson .....	20
Marshfield Medical Center-Park Falls .....	21
Gundersen Health System, La Crosse .....	22
Marshfield Clinic Health System .....	22
Sauk Prairie Healthcare, Prairie du Sac .....	23
Tomah Health.....	24
<b>Hospital Quality Improvement Showcase</b> .....	<b>25</b>
Children’s Wisconsin, Milwaukee .....	25
Marshfield Medical Center-Park Falls .....	26
Froedtert & the Medical College of Wisconsin, Milwaukee .....	26
Marshfield Clinic Health System .....	27
Marshfield Clinic Health System .....	27
Marshfield Clinic Health System .....	28
Marshfield Medical Center – Marshfield .....	28
Marshfield Clinic Health System .....	29
Sauk Prairie Healthcare, Prairie du Sac .....	30
SSM Health St. Mary’s Hospital, Madison.....	31
UW Health, Madison.....	32
<b>Wisconsin Hospital Association Member Hospitals</b> .....	<b>33</b>

# 2020: A YEAR OF RESILIENCE

## A Message From Eric Borgerding, WHA President and CEO



The period covered in this Wisconsin Hospital Association (WHA) annual Quality Report was one in which hospitals and the people working in them were tested like never before. Deservedly so, health care providers here and around the world have drawn praise and gratitude for their resilience in

the face of COVID-19. Undoubtedly, the commitment of Wisconsin's hospitals and health systems to their patients and their communities over the past year saved countless lives and prevented even greater virus spread throughout the state.

Wisconsin's hospitals served as both the front line and the last line of defense in fighting the COVID-19 pandemic, adapting their operations quickly to maximize the safety of their patients, staff and the community while adding workers where needed and appropriating available space and resources to attend to increasing numbers of infected patients. Health care providers throughout the state also stepped up to perform hundreds of thousands of COVID tests within their facilities and in drive-through sites. And hospitals are helping us all return to the lives we miss by administering millions of doses of COVID-19 vaccines.

All the while, hospitals continued to deliver babies, attend to accident victims and treat chronic diseases. When federal restrictions on non-emergent care were lifted in April of 2020, hospitals and health systems welcomed patients back to receive care that may have been delayed. Meanwhile, hospitals throughout the state actively participate in and fund community development activities that enhance the quality of life of their neighbors.

And true to the state's long-standing commitment to patient safety and health care quality, standards of practice in Wisconsin's hospital remained high throughout this challenging time, as the data in this report show.

### Wisconsin Hospitals Caring for their Communities 2020



**5 million**  
Outpatient visits



**1.5 million**  
Emergency  
Department Visits:



Provided care for **400,000 admitted patients**,  
accounting for **2.2 million days** of inpatient care.



Provided **\$2 billion** in charity care  
and community benefits (2019)



**60,000**  
babies  
delivered

Across the Centers for Medicare & Medicaid Services' (CMS's) various health care quality programs, Wisconsin hospitals demonstrate leadership. 2020 saw a continued trend of increasing numbers of hospitals in the state qualifying for the higher-level payment bonuses for the agency's Hospital Value-Based Purchasing Program. Wisconsin hospitals also register fewer unplanned readmissions than the national average, according to CMS data.

Wisconsin hospitals and health systems have been pioneers in quality measurement and have long shared safety and quality data with the public. WHA's CheckPoint is one of the nation's leading statewide, voluntary hospital quality reporting initiatives, meeting the demands of clinicians and consumers for information on the quality of care Wisconsin hospitals provide to their patients and communities. CheckPoint also helps foster a culture of collaboration in Wisconsin that fuels continuous improvement among hospitals, supported by the initiatives detailed in the following report, with the understanding that improving care is a journey with no end.

Eric Borgerding  
WHA President and CEO

# Wisconsin Hospital Association Quality Team

To begin the 2020 year in review, it is important to acknowledge the amazing response to the COVID-19 pandemic by Wisconsin hospitals. In the face of a pandemic, Wisconsin hospitals and health systems were the strength.

Wisconsin health care has shown tenacity during long trying days, weeks and months—showing courage when the unknown was the routine. Health care emerged from the status quo, innovatively adapting to the swiftly changing landscape. Examples include:

- Redeploying staffing resources, going back to clinical care, launching COVID testing sites and vaccination clinics;
- Demonstrating a deft ability to pivot at a moment's notice, ebbing and flowing with COVID case surges;
- Successfully delivering safe patient care with limited resources and manpower while developing the best practices for treating COVID patients along the way;
- Maintaining quality standards while moving remote and teaming in new ways; and
- Charging forward, day after day, socially connecting with the vulnerable, the isolated, young, old and scared.

As COVID-19 brought on the seemingly unavoidable, Wisconsin hospitals and health systems were the strength, shedding the light of hope that paved the way for the patients, families and communities cared for.

Lives have been forever changed from the experiences of 2020. As lives begin anew in the pursuit of new norms, memories of the past year will remain. The Wisconsin Hospital Association (WHA) is forever thankful for all that has been accomplished the past year and for the new innovative practices that will continue on for the health and safety of Wisconsin communities. Thank you for your **resilience**.

Back in 2019, before the pandemic even surfaced in Wisconsin, WHA offered a resiliency video series developed and led by resilience expert J. Bryan Sexton, Ph.D. The perspective and key messages contained in the videos are even more important and applicable today and can be accessed on [WHA's On-Demand Learning Center](#).



*Nadine Allen*  
Chief Quality Officer  
[nallen@wha.org](mailto:nallen@wha.org)



*Jill Lindwall*  
Improvement Advisor  
[jlindwall@wha.org](mailto:jlindwall@wha.org)



*Bobby Redwood, MD*  
WHA Physician Quality  
Improvement Advisor



*Marcia Egle*  
Quality Assistant  
[megle@wha.org](mailto:megle@wha.org)



*Alistair Carr*  
Analytics Support  
[acarr@wha.org](mailto:acarr@wha.org)

The WHA quality team is here to assist member hospitals and welcomes questions about this report or other quality topics relevant to sustaining and extending Wisconsin's strong health care quality performance.

To learn more or to find out how the WHA quality team can support your quality priorities, visit <https://www.wha.org/Quality-Patient-Safety>.

# About This Report

The Wisconsin Hospital Association (WHA) annual quality report aims to highlight key measures that reflect the dedication of the state's hospitals and health systems to safe patient care while also detailing collaborative efforts to increase awareness of and efforts toward health care quality best practices throughout the industry. The report also provides information on resources and partnerships available to health care quality leaders to encourage the collaboration and continuous learning necessary to keep abreast of new tools, strategies and trends.

## Sources of Health Care Quality Data

This report draws upon Care Compare (formerly Hospital Care) data that is publicly available at [www.medicare.gov/care-compare](http://www.medicare.gov/care-compare). Care Compare gives consumers the ability to compare providers based on setting type. Whether looking for a new provider, reviewing overall star ratings for hospitals or looking for quality and patient safety outcomes, patients can use Care Compare as a single source of critical data to make health care decisions. Care Compare allows patients to compare data on the following:

- Hospitals
- Doctors and clinicians
- Nursing homes, including rehab services
- Home health services
- Hospice care
- Inpatient rehab facilities
- Long-term care hospitals
- Dialysis facilities

WHA's own publicly accessible CheckPoint ([www.wicheckpoint.org](http://www.wicheckpoint.org)) has served as a trusted source for reliable hospital quality data since 2004. In 2020, WHA upgraded CheckPoint, enhancing its functionality, and increasing its ease-of-use.



The goal of CheckPoint is to provide both consumers and health care quality users objective information on measurable safety and quality standards for health care providers in the state. While many private companies rank hospitals and health systems on safety and quality, publishing lists and awards in magazines or on social media, few of these organizations are transparent about their information sources or how their rankings are calculated. CheckPoint fully discloses its data sources and shares how composites and comparisons are derived, which contributes to the reliability and confidence in the data.

Every Wisconsin hospital voluntarily reports data to CheckPoint, which currently includes over 50 measures of quality, most being patient outcome measures. Outcome measures like mortality and readmissions are important as they often give providers actionable information for improvement efforts. Measures are aligned with federal and state patient safety and satisfaction priority topics.

WHA's quality improvement practices are led by a measures team, whose members represent more than 40 hospitals in Wisconsin. The measures team comprised the following members in 2020:

Tom Rampulla – Ascension	Christine Klement – Aspirus Langlade	Suzanne Sparger – Aspirus Wausau
Sue Raduenz – Bellin Health	Lisa Harton – Bellin Health	Lisa Sheldon – Gundersen Health System
Karen Allard – HSHS Eastern Division	Kris Melaas Merkel – Marshfield Medical Ctr.	Holly Francis – Mercyhealth
Sara Sievers – SSM Health	Stephanie Wilkinson – SSM Health	Dr Jennifer Frank - ThedaCare
Kayla Mobley – Tomah Health	Linda Sauer – UW Health	

In 2020, CheckPoint adopted a new measure, term newborn complication, which measures how many unexpected complications occurred with otherwise healthy babies. The measure steward is The Joint Commission, a global organization dedicated to quality improvement and patient safety in health care.

Through the first half of 2020, Wisconsin saw continued improvement in other measures like fewer early elective births and catheter-associated urinary tract infections. However, the impact of COVID-19 on patient mix in 2020 is yet to be seen and analyzed.

# Wisconsin Hospital Performance with Federal Medicare Measures

The driving force behind hospital quality improvement initiatives and the metrics associated with health care efficacy and patient safety is the desire by health care providers to maximize the health outcomes of their patient populations.

Public disclosure of individual hospital quality data by the Centers for Medicare & Medicaid Services (CMS) through Care Compare and financial incentives and penalties associated with certain hospital quality improvement initiatives promote the importance of improving clinical outcomes for hospital patients.

Through its Hospital Value-Based Purchasing Program, Hospital-Acquired Conditions Reduction Program and Hospital Readmissions Reduction Program, CMS aims to improve the care provided by the nation's hospitals and link Medicare payments to health care quality in the inpatient setting. In all three programs, Wisconsin hospitals improve year over year and routinely outperform other health care providers. Optimal health care in Wisconsin remains a top priority.

## Hospital Value-Based Purchasing

According to CMS, the Hospital Value Based Purchasing Program is designed to improve the quality, efficiency and safety of care that Medicare beneficiaries receive during acute care inpatient stays as well as improve their experience.

### The goals of CMS's Hospital Value Based Purchasing Program include:

- Eliminating or reducing the occurrence of adverse events (e.g., health care errors resulting in patient harm);
- Adopting evidence-based care standards and protocols that result in better outcomes for Medicare patients;
- Re-engineering hospital processes that improve patient experience of care;
- Increasing the transparency of care quality for consumers, clinicians and others; and
- Recognizing hospitals that are involved in the provision of high-quality care at lower cost to Medicare.

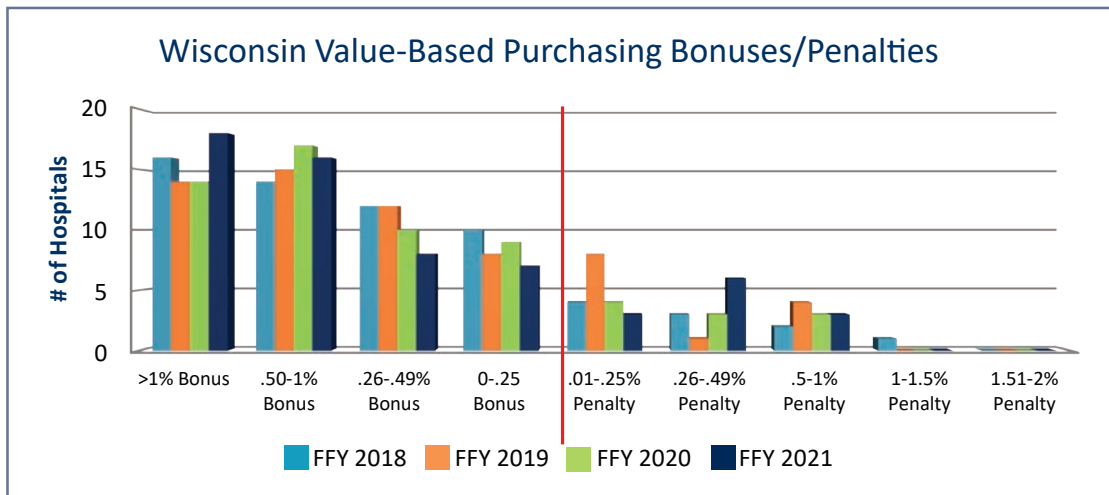


Bonuses are paid from a 2% withhold from all participants to top performing hospitals that score higher than average when comparing a hospital's "achievement" and "improvement" for each measure in the program. Scores are calculated based on measures within four domains, each weighted equally at 25%:

- Efficiency and cost reduction: Medicare spending per beneficiary
- Safety: hospital acquired infections
- Clinical outcomes: mortality and complications
- Person and community engagement: patient satisfaction/HCAHPS (hospital consumer assessment of health care providers and systems) scores

A summary of the Hospital Value-Based Purchasing Program for fiscal year 2021 is available at <https://qualitynet.cms.gov/inpatient/hvbp/resources#tab3>.

Wisconsin hospitals continue to see an increase in the number of hospitals qualifying for the higher-level payment bonuses. Additionally, 49 eligible Wisconsin hospitals—more than 80%—received a bonus payment from this program.

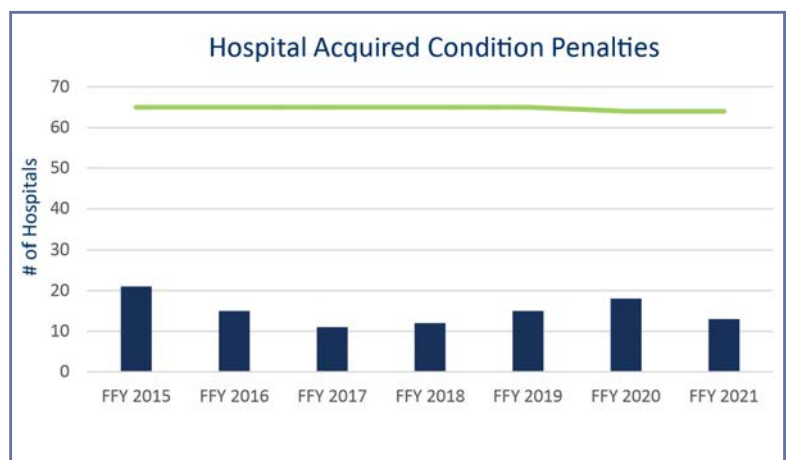


## Hospital-Acquired Conditions

Through the Hospital-Acquired Conditions (HAC) Reduction Program, the Centers for Medicare & Medicaid Services (CMS) reduces payments to hospitals based on their performance on measures of hospital-acquired conditions. CMS evaluates overall hospital performance using total HAC scores. Hospitals with total HAC scores in the worst-performing quartile receive a 1% payment reduction on their overall Medicare fee-for-service payments for fiscal year 2021 discharges.

As with the Value Based Purchasing Program, infection measure outcomes for the Hospital-Acquired Conditions Reduction Program contribute to a hospital's overall performance score. With this program, the lowest

performing quartile of hospitals across the nation incur a financial penalty. For fiscal year 2021, this equates to 13 Wisconsin hospitals that received a penalty—or 20% of those eligible—a reduction from 18 Wisconsin hospitals penalized in fiscal year 2020.



### CMS includes the following measures in its HAC Reduction assessment:

Claims-based composite measure of patient safety:

- MS PSI 90 (patient safety and adverse events composite)

CDC NHSN (Centers for Disease Control and Prevention National Healthcare Safety Network) health care-associated infection measures:

- CLABSI (central line-associated bloodstream infection)
- CAUTI (catheter-associated urinary tract infection)
- SSI (surgical site infection for abdominal hysterectomy and colon procedures)
- MRSA (methicillin-resistant Staphylococcus aureus)
- CDI (Clostridioides difficile infection)



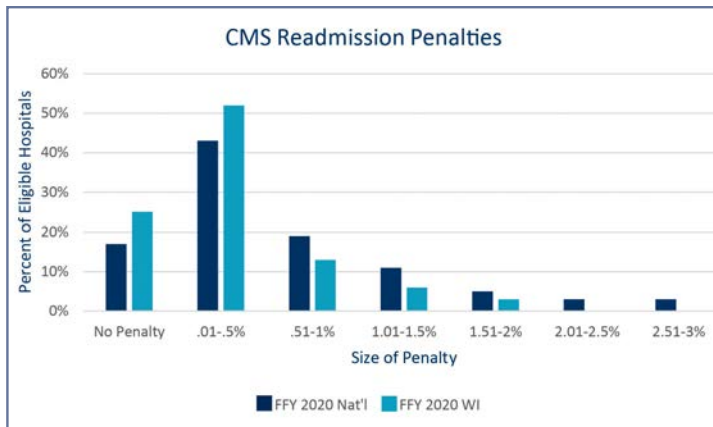
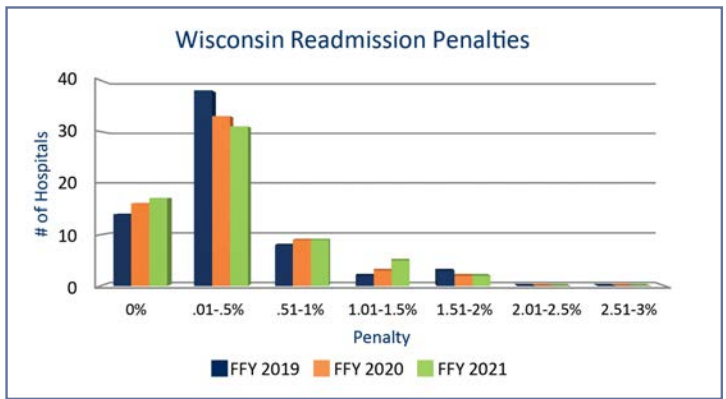
A fact sheet related to the Hospital-Acquired Condition Reduction Program is available at <https://qualitynet.cms.gov/inpatient/hac>.



## Hospital Readmissions Reduction

The Hospital Readmissions Reduction Program (HRRP) reduces payments from the Centers for Medicare & Medicaid Services (CMS) to hospitals with excess readmissions. According to CMS, the program is designed to improve communication and coordination to better engage patients and caregivers in post-discharge planning.

Unplanned readmissions to hospitals are both costly to health care providers and disruptive to patients and their families. Payments within this program may be reduced by up to 3%, depending on the performance outcomes for each of the six identified measures. Seventeen Wisconsin hospitals will receive no penalty this year (27% of eligible hospitals). Nationally, this remains an area of focus, and Wisconsin performs higher than the national average.



### CMS includes the following measures in its Hospital Readmissions Reduction Program assessment:

- Acute myocardial infarction
- Heart failure
- Pneumonia
- Chronic obstructive pulmonary disease
- Total hip and/or total knee arthroplasty
- Coronary artery bypass graft surgery



CMS calculates a payment reduction for all HRRP-eligible hospitals. CMS applies the payment reduction to all Medicare fee-for-service base operating diagnosis-related group payments regardless of condition or procedure.

A fact sheet related to the HRRP is available at <https://qualitynet.cms.gov/inpatient/hac>.

## CMS Star Ratings

The Hospital Quality Star Rating summarizes a quality ranking across seven areas of quality representing a single star rating for each hospital nationally (with the exception of Veterans or Department of Defense hospitals). Once reporting thresholds are met for each of the measure groups, an overall star rating is calculated for those measures of which data is available.

There was no update to the CMS Star Rating Program for 2020. The last time data was updated and ratings were published was in January 2020. CMS held listening sessions and conducted an open comment period in 2020 to gather feedback regarding potential changes to its Star Rating methodology, scheduled to relaunch in 2021. A preview period for changes to Star Ratings was offered to hospitals in first quarter of 2021, with the next quarterly update of data on Care Compare due out in July 2021.

# Wisconsin Quality Initiatives

Through such collaborative initiatives as the Partners for Patients Program (P4P), the Hospital Engagement Network (HEN) and the Hospital Improvement and Innovation Network (HIIN), WHA has supported the quality improvement efforts of more than 100 hospitals throughout the past 10 years, with a focus on reducing preventable hospital-acquired conditions and readmissions. The Centers for Medicare & Medicaid Services (CMS) initially selected WHA as a Hospital Engagement Contractor in 2011 and launched its inaugural P4P Program in 2012. These programs have now been retired, leaving WHA and its partners to seek and fulfill new opportunities to engage hospitals in Wisconsin and beyond in projects designed to maximize health care quality.



## Sunset of the Hospital Improvement and Innovation Network



**GREAT LAKES**  
PARTNERS FOR PATIENTS

Illinois | Michigan | Wisconsin  
Powered by the MHA Keystone Center

*Accelerating Improvement at the Point of Care*

The Wisconsin Hospital Association (WHA), the Illinois Health & Hospital Association (IHA) and the Michigan Health & Hospital Association (MHA) entered a partnership in 2016 to form the Great Lakes Partners for Patients (GLPP) Hospital Improvement Innovation Network (HIIN). Through this collaboration, WHA along with IHA and MHA delivered direct technical assistance to support the implementation of evidenced-based best practices for all patients across the tri-state region, an area that includes more than 300 hospitals. HIIN goals included a reduction of preventable hospital-acquired conditions by 20% and the reduction of preventable readmissions by 12% by 2020.

The GLPP HIIN hosted and facilitated innumerable opportunities for technical assistance, both in-person and virtual, for hospitals within the target area to drive the following quality improvement actions:

- Evidence-based interventions
- Process measures and transparency
- Designing and performing small tests of change
- Using data to generate change
- Engaging stakeholders
- Sustaining quality practices

Technical assistance successes from these engagements include:

- QuEST: Quality Essential Skills Training for hospital staff and clinicians
- Improvement Action Network events utilizing hospital mentors, to include the adoption of topic-specific playbooks and roadmaps
- Subject matter expertise collaboration
- Creation and tracking of HIIN Reliability Measure showing a composite of overall hospital safety measures
- Learning collaboratives for large and small groups
- Availability of dashboard to track hospital data throughout the program

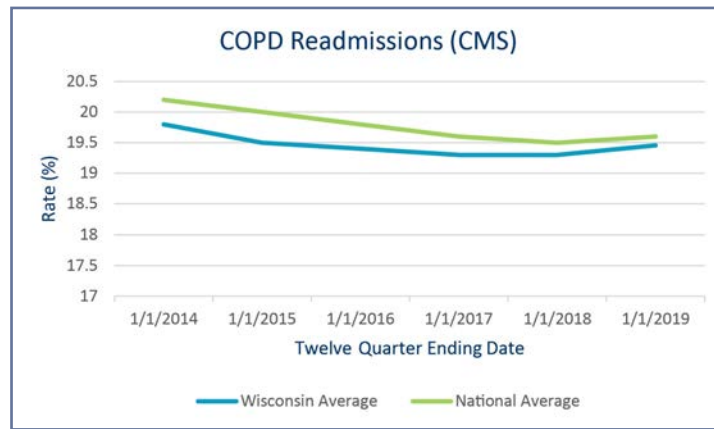
During the final 2020 “sprint to the finish,” WHA offered resources and facilitated events specifically focused on readmissions, falls, pressure injuries, and health care-associated Infections.

## Readmissions

The readmissions measure reflects the percent of patients who had a recent hospital stay for any reason and needed to return within 30 days of discharge (All-Cause Readmissions). Often, to reduce readmissions, hospitals focus in one specific cause of high readmissions within the facility and focus efforts to improve the processes for that patient population. Top causes most often evaluated in this manner might be coronary obstructive pulmonary disease, heart attack, heart failure, surgery complications and pneumonia.

In January 2020, WHA hosted a Chronic Obstructive Pulmonary Disease (COPD) Readmissions Improvement webinar which was facilitated by Marshfield Medical Center-Park Falls' (formerly Flambeau Hospital) readmissions team. Eighty-two participants joined the virtual call, representing 29 hospitals and organizations across Wisconsin, Michigan and Illinois.

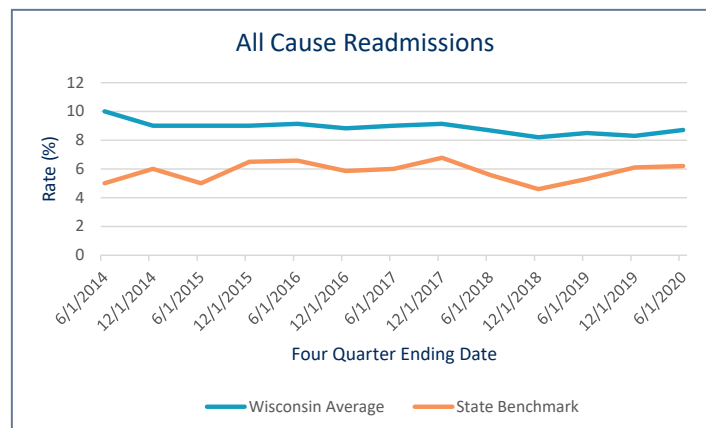
As illustrated in CheckPoint, COPD-related readmissions remain a focus for hospitals, with the gap narrowing for performance nationally.



The collaborative also launched an improvement sprint. Over three months, common themes across all participants were identified through chart audits, and meaningful conversations were facilitated. A process discovery assessment was completed by each hospital to establish current performance and identify key gaps. Facilitators led conversations on strategies and best practices to address gaps and to focus on behavior changes needed for impactful change. Each participant was left with a plan to develop tests of change and tools to track progress.

In February 2020, WHA facilitated an innovative Improvement Action Network event entitled, "Spreading Success to Reduce ED Recidivism and Hospital Readmissions." Marshfield Clinic Health System hosted the in-person event for more than 30 participants and multiple organizations, including Advocate Aurora Health, Bellin Health, Aspirus, Fort HealthCare, Froedtert, Marshfield Medical Center, Southwest Health, ThedaCare and UW Health.

Data posted in CheckPoint shows the Wisconsin all-cause readmissions remaining relatively flat, yet remaining a consistent challenge across the nation. Future work will aim to continue to drive a reduction of readmissions to move toward the state benchmark.



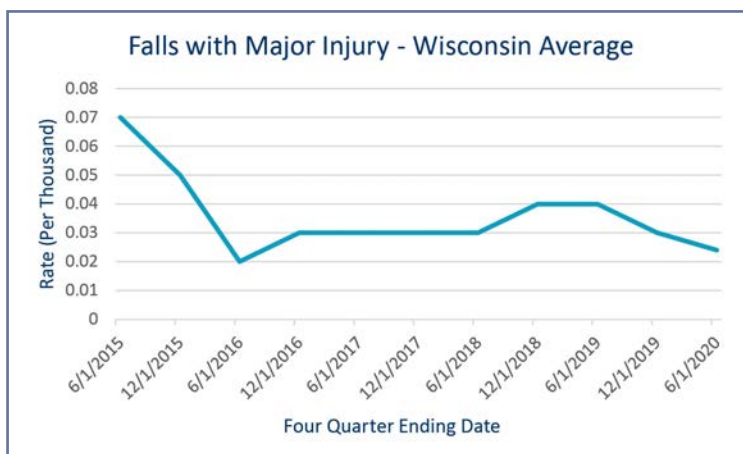
## Falls

Patient falls, tracked and measured using discharge data to calculate the rate at which patients were injured by a hospital fall, have been an ongoing patient safety priority for hospitals. When patients are in the hospital, they are at risk of becoming weak from remaining in bed for longer durations, having a surgical procedure, not feeling well or because of their medical treatments and medications—all of which puts them at a higher risk of falling. Although most falls do not result in an injury to the patient, some falls can result in serious injuries. Hospitals continually work to reduce and eliminate patient falls by addressing the contributing factors that put an individual patient at higher risk for a fall. To support hospitals in this evaluation, WHA offered several programs in 2020.

An improvement sprint focused on falls with injury was launched in January and ran through March 2020. The structure mirrored the readmissions sprint, where rich discussions and networking left participants with individualized action plans to independently employ.

During February and March, WHA hosted a three-part webinar series facilitated by nationally known subject matter expert Dr. Patricia Quigley, who presented the implementation science of reengineering fall and fall injury programs, post-fall management strategies for types of falls and repeat fallers, and innovation in fall injury reduction and prevention in the hospital setting. Prior to this series, Dr. Quigley provided individual on-site visits to address areas of risk. Of the 11 hospitals that participated in the site visits, seven have met the state benchmark by reporting zero falls with major injury, while another four hospitals have reported falls at or below the state average (0.04).

WHA, through the Great Lakes Partners for Patients Hospital Improvement Innovation Network (GLPP HIIN), offered one-year portal access to MedBridge, an eLearning platform, to three HIIN quality leaders representing four hospitals to champion efforts in their organizations on fall injury prevention and how to manage, engage and evaluate a fall program. All four hospitals met the state benchmark by reporting zero falls with major injury.



## Pressure Injuries

A pressure injury is localized damage to the skin and/or underlying soft tissue, usually over a bony prominence. In addition to carrying a high price tag for treatment, pressure injuries can cause severe pain and emotional suffering and lead to complications and even death.

Pressure injuries are potentially avoidable safety events that represent opportunities for improvement in the delivery of care. To support pressure injury prevention, WHA offered one-year portal access to the MedBridge eLearning platform to two HIIN quality leaders representing five hospitals to champion efforts in their organizations on pressure injuries, prevention, assessment, documentation and topical management. The access also created opportunities to utilize the quality assurance and process improvement (QAPI) approach for building an effective pressure injury program. The care of pressure injuries is complex, and prevention efforts take a coordinated multidisciplinary approach, posing one of the biggest challenges organizations face.

## Health Care-Associated Infections

Health care-associated infections (HAIs) are acquired by patients while receiving medical treatment or surgical care. According to the Centers for Disease Control and Prevention (CDC), each year about one-in-25 U.S. hospital patients is diagnosed with at least one infection related to hospital care. This, in turn, leads to increased antibiotic use, causing a higher risk of developing a serious antibiotic resistant bacterium, which can result in sepsis or death. Such infections can also lead to extended hospital stays and can contribute to increased medical costs. They are also a significant cause of morbidity and mortality, which positions HAIs as a high priority to prevent, reduce and ultimately eliminate.

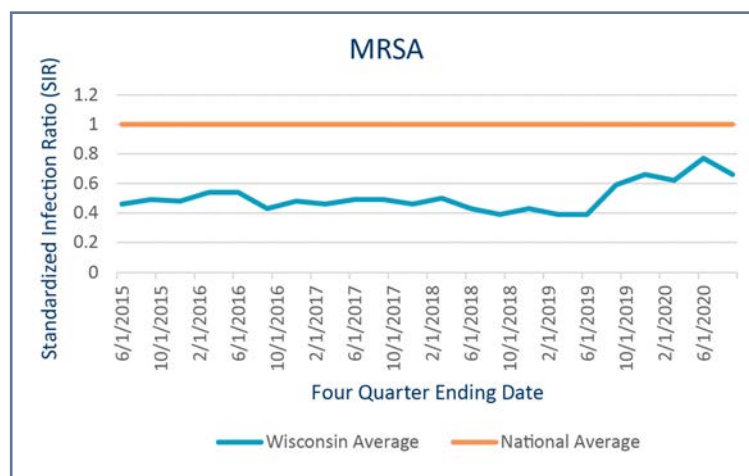
HAIs that add risk to healthy patient outcomes include methicillin-resistant *Staphylococcus aureus* (MRSA), a type of bacteria that is resistant to several antibiotics, and *Clostridioides difficile* (C. diff), a bacterial infection that commonly occurs while taking antibiotics or shortly after finishing taking antibiotics. Other common HAIs include central line-associated bloodstream infections (CLABSI), catheter-associated urinary tract infections (CAUTI), ventilator-associated pneumonia (VAP), and infections that occur at surgery sites, known as surgical site infections (SSIs).

Infection measures are monitored within the CDC's National Healthcare Safety Network (NHSN), the nation's most widely used data reporting system used to track HAIs. They are displayed a-typically and show in terms of a standardized infection ratio, or "SIR," which is a statistic used to track HAIs over time and adjusts for facility- and patient-level factors that contribute to overall HAI risk at each facility. The SIR compares the actual number of HAIs observed at each hospital to the predicted or expected number of infections at each hospital. If the SIR is greater than 1.0, this indicates that more HAIs were observed than predicted; conversely, if a SIR is less than 1.0, this indicates that fewer HAIs were observed than predicted during that particular time period. A guide to understanding SIR data is available at <https://www.cdc.gov/nhsn/pdfs/ps-analysis-resources/nhsn-sir-guide.pdf>.

WHA supported HAIs prevention in a variety of ways through the course of the GLPP HIIN collaborative. Many HAI measure results are identified below. Although significant progress has been made in preventing HAIs, there is much more work to be done.

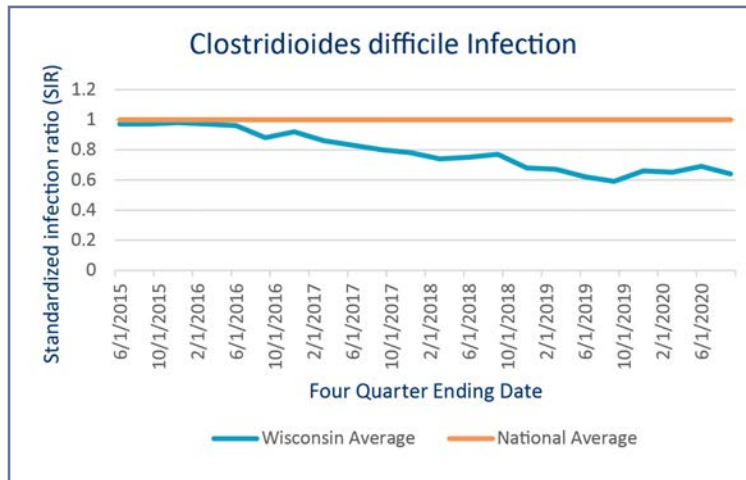
### Methicillin-Resistant *Staphylococcus aureus* (MRSA)

WHA fostered the development of a webinar entitled, *Bloodstream Methicillin-Resistant Staphylococcus Aureus: Data Validation and Next Steps*, which shared expert insights on the most common misunderstanding of MRSA bloodstream infections and how to validate MRSA data with the National Healthcare Safety Network.



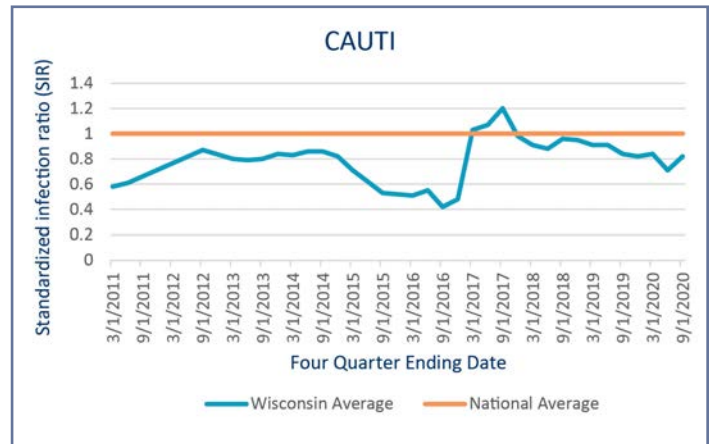
## Clostridioides difficile (C. diff/CDI)

WHA quality advisors offered technical assistance to hospitals that reached out for support on NHSN measures, including C. diff. The technical assistance consisted of providing evidence-based resources, and coaching calls, including a review of National Healthcare Safety Network (NHSN) reports and strategic discussions and follow up. This measure has seen a significant focus over the last several years with considerable outcome improvements made.



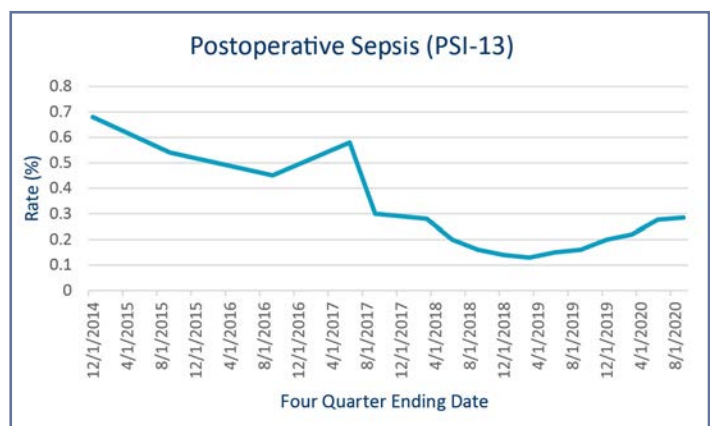
## Central Line-Associated Blood Stream Infection (CLABSI) and Catheter-Associated Urinary Tract Infection (CAUTI)

Evidence-based medicine, along with a focus on an individualized plan of care for the patient that includes a review of risk factors, can improve care and outcomes for CLABSI and CAUTI. WHA quality advisors offered technical assistance to hospitals that reached out for support on CLABSI and CAUTI improvement efforts. The technical assistance consisted of providing evidence-based resources and coaching calls, including a review of NHSN reports and strategic discussions and follow up.



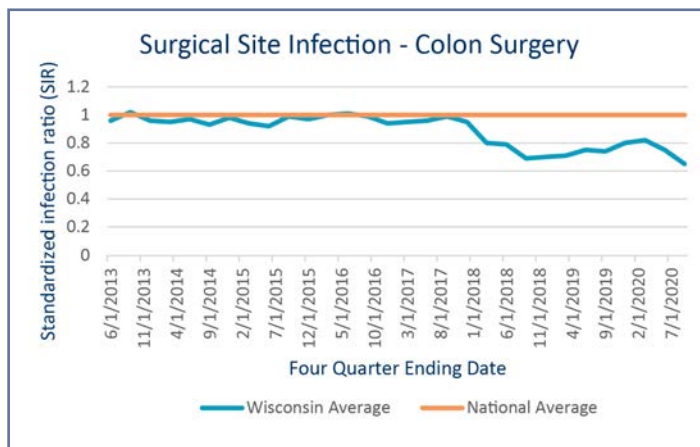
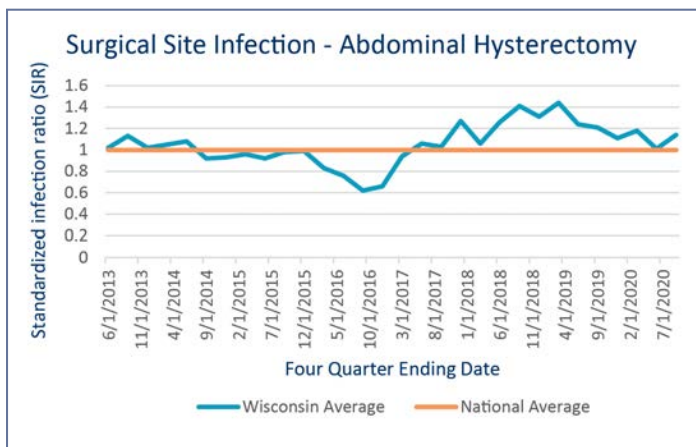
## Sepsis

A video entitled, [Avoid Hydrophobia: "30 by 3" Despite Comorbidities in Sepsis](#), by Robert Redwood, M.D., was made available in early 2020 on WHA's quality YouTube channel. (Note: Data display is rate percent, not Standardized Infection Ratio)



## Surgical Site Infections

Data show the rate of surgical site infections for abdominal hysterectomy and colon surgery. Infections are possible when surgery is not conducted entirely in a sterile environment and/or following sterile procedures. Surgical sites offer opportune conditions for germs to enter the body, which can lead to serious infections in patients. WHA and the About Health Community, a group of six Wisconsin health care systems dedicated to quality and efficiency excellence, joined forces to create a collaborative assessment based on evidence-based best practices for skin antisepsis, pre-procedure protocols, anti-microbial prophylaxis, surgical suite traffic control, blood glucose control, normothermia, blood transfusions, post-procedure protocols, patient bathing and additional best practices. Compliance for instituting these best practices is well over 95% for the five engaged systems.



## Looking Forward

Overall, Wisconsin registered marked improvements in the areas of focus, as shown in the Hospital Improvement Innovation Network (HIIN) dashboard. Although the Great Lakes Partners for Patients HIIN has come to an end, Wisconsin hospitals continue their quality journey to lead the nation in making and sustaining efforts to improve patient safety outcomes.

Upon the sunset of the HIIN on March 31, 2020, WHA continued to offer resources and support. Some of the offerings included a Great Lakes Partners for Patients and Minnesota HIIN sustainability webinar series that was offered during the spring, summer and fall of 2020.

- [HIIN Results and Next Steps April 2020](#)
- [Opioid Stewardship May 2020](#)
- [Readmissions and Care Transitions August 2020](#)
- [Pressure Injuries September 2020](#)

### WISCONSIN: HIIN IMPROVEMENT DATA



WHA is appreciative of the commitment of member hospitals to this work and for their dedication to improving the quality of care delivered throughout Wisconsin.

WHA continues to support Wisconsin hospital quality efforts. As a partner in the Superior Health Quality Alliance, the WHA quality team is participating in the next iteration of CMS Quality Innovations through partnering with the IPRO Hospital Quality Improvement Contract. WHA is also launching additional quality initiatives and opportunities.

# Collaboration Opportunities and Resources

## The Superior Health Quality Alliance

The Superior Health Quality Alliance (Superior Health) is a member of a prestigious group of quality improvement organizations that the Centers for Medicare & Medicaid Services (CMS) named to its Network of Quality Improvement and Innovation Contractors (NQIIC). Each NQIIC can bid for quality improvement tasks designed to support data-driven health and technical assistance solutions to improve the lives of Medicare beneficiaries.



Founding Superior Health partners include:

- Illinois Health & Hospital Association (IHA) – Established in 1923, IHA and its more than 200 hospitals and nearly 50 health system members are dedicated to advancing person-centered health care through evidence-based quality and safety initiatives and innovative programs that can measurably strengthen health and health care for all Illinoisans. [www.team-iha.org](http://www.team-iha.org)
- MetaStar – Based in Madison, Wisconsin, MetaStar is a quality improvement organization that works alongside those in the health care system to improve the quality of health care for all patients. [www.metastar.com](http://www.metastar.com)
- Michigan Health & Hospital Association (MHA) – The MHA and its member hospitals and health systems work together to improve health care culture, safety, and quality in Michigan hospitals and beyond. [www.mha.org](http://www.mha.org)
- Midwest Kidney Network – A private, nonprofit organization founded to improve care for patients with end stage renal disease in Michigan, Minnesota, North Dakota, South Dakota and Wisconsin. [www.midwestkidneynetwork.org](http://www.midwestkidneynetwork.org)
- Minnesota Hospital Association – The association represents 141 hospitals and health systems that provide quality care for patients and meet the needs of their communities. [www.mnhospitals.org](http://www.mnhospitals.org)
- MPRO – Based in Farmington Hills, Michigan, MPRO is an independent non-profit quality improvement organization offering services, which include consultative services, technical assistance, and medical review. [www.mpro.org](http://www.mpro.org)
- Stratis Health – Based in Bloomington, Minnesota, the independent, nonprofit organization leads collaboration and innovation in healthcare quality and safety. [www.stratishealth.org](http://www.stratishealth.org)
- Wisconsin Hospital Association (WHA) – Established in 1920, WHA's advocates for its members to lead in providing high quality, affordable and accessible health care services, resulting in healthier Wisconsin communities. [www.wha.org](http://www.wha.org)

Superior Health's first task order began in 2019 with a focus on the following goals:

- Improve behavioral health outcomes, including opioid misuse
- Increase patient safety
- Increase chronic disease self-management
- Increase the quality-of-care transitions
- Improve nursing home quality

Jill Lindwall, WHA clinical quality improvement advisor, assists Superior Health task order leaders by recruiting hospitals and nursing homes to the work, developing “frontline forces” and infection prevention education for frontline workers who are taking care of COVID-19 positive patients. Nineteen WHA hospital members have been recruited to this work, which engages participating hospitals and other community-based health care stakeholders to promote safe transitions of care, thereby decreasing the likelihood of an unplanned hospital readmission.

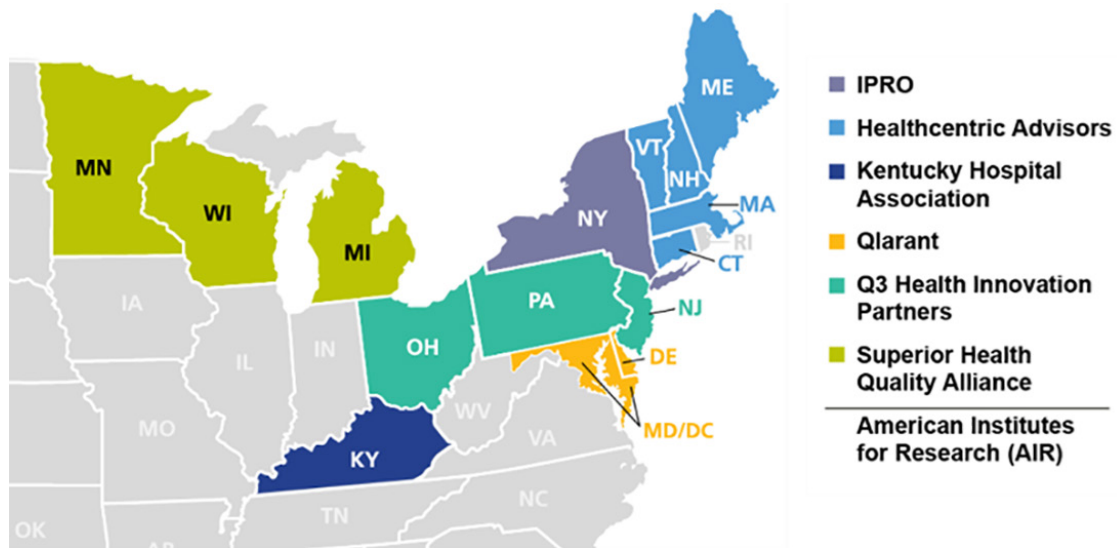
Dr. Robert Redwood, who has been part of the quality team at WHA since 2016, provides subject matter expertise related to opioid use and misuse in nursing home and community settings.

During 2020, the WHA quality team expanded its work with the Superior Health to advance safe care and improve the lives of Medicare beneficiaries across care settings.



WHA and Superior Health serve as the Hospital Quality Improvement Contractor (HQIC) for Michigan, Minnesota and Wisconsin under a subcontracting agreement with IPRO, a non-profit organization with extensive experience working with government agencies, providers, and patients to implement innovative programs that bring policy ideas to life. The HQIC contract from CMS is a four-year contract (hospital recruitment began in Fall 2020) that launched in March 2021 and is designed to build upon the quality improvement work under the CMS’s national Partnership for Patients Hospital Engagement Network (HEN) 1.0 and 2.0 and Hospital Improvement Innovation Network (HIIN) contracts awarded to the Minnesota Hospital Association and Great Lakes Partners for Patients from 2011-2020.

The HQIC efforts will provide focused support to small, rural and critical access hospitals across Michigan, Minnesota, Wisconsin (Superior Health), Delaware, Kentucky Maine, Massachusetts, New Jersey, New York, Ohio and Pennsylvania. WHA will deliver personalized technical assistance to 28 rural hospitals and critical access hospitals across Wisconsin. Superior Health has enrolled 124 hospitals across the three states, while IPRO has enrolled 269 Hospitals across the region highlighted in the accompanying graphic.



Over the next four years, hospitals working with Superior Health will focus on implementing person and family engagement, identifying health equity practices, engaging hospital leadership and addressing patient safety priority areas. Topics include:

- Opioid stewardship
- Adverse drug events
- Central line-associated blood stream infections (CLABSI)
- Catheter-associated urinary tract infections (CAUTI)
- Clostridioides difficile bacterial infections (CDI), methicillin-resistant Staphylococcus aureus (MRSA)
- Antibiotic stewardship
- Sepsis and septic shock
- Pressure injuries
- Readmissions and care transitions

This partnership between Superior Health and IPRO allows WHA to continue working closely with its members to implement innovations necessary to achieve goals to prevent harm, save lives and lower health care costs, all while giving participants access to a robust network to learn and share solutions that have been successful in small, rural and critical access communities across the region.

Learn more about the Superior Health Quality Alliance at [www.superiorhealthqa.org](http://www.superiorhealthqa.org).

## Wisconsin Quality Residency Program

While 2020 brought unprecedented challenges to providing safe patient care, one thing didn't change: New hospital quality leaders are still in need of learning basic skills and knowledge to help them succeed in their first months on the job.

The Wisconsin Quality Residency Program, created through a partnership between WHA and the Rural Wisconsin Hospital Cooperative (RWHC) and originally launched in 2014, brings participants together for learning and networking. The faculty for the program includes staff from WHA, several outside consultants and experienced peers from other Wisconsin hospitals. The program is structured as ten independent modules that allow new participants to join at any time during the year.

Quality roles are complex due to the wide range of roles and responsibilities and lack of formal training programs. The multiple expectations of a hospital quality practitioner often include responsibility for regulatory or accreditation requirements, basic risk management skills, quality data reporting methods, data analysis and quality improvement program implementation. These challenges are compounded in rural areas because of both geographical and professional isolation.

The quality improvement staff from WHA and RWHC have partnered together again to offer a comprehensive Wisconsin Quality Residency Program. The program is designed to engage new and novice hospital quality improvement leaders in a 12-month track of education, leadership training and networking, providing resources that are critical to the success of a new quality leader. Structured onboarding to a new role in quality is critical for employee retention and is an investment that can pay off by engaging and retaining employees long-term. Further, the program offers a great opportunity for organizations to conduct succession planning and to train new leaders in anticipation of future vacancies. It also offers participants a chance to brush up on up-to-date information and resources on a variety of quality topics.

"Hospitals committing time and energy to this program during 2020 shows a remarkable commitment to their hospital quality leaders," said WHA Chief Quality Officer Nadine Allen. "The desire to learn and collaborate we see in this program is just one more example of what separates Wisconsin's health care system from most other states."

The format of the program has evolved to meet the demands of the ever-changing health care environment, while the steadfast core quality topics, delivered in 10 full-day learning modules, have remained constant. Field experts cover the latest information on the following topics:

- The evolution of health care quality how it fits in the "big picture"
- Compliance with standards and regulations, surveys and accreditation
- Quality improvement principles and methodologies
- Performance and process improvement strategies and tools
- Using good data, measurement, analysis and decision-making
- Meeting reporting requirements
- Teamwork at all levels of the organization
- Patient safety—culture of safety
- Risk management
- Patient experience and patient and family engagement



Including the 2020-2021 cohort, a total of 82 quality residents will have completed the full Wisconsin Quality Residency Program since its inception. An additional 25 quality leaders will have participated as registered guests in one or multiple modules. To date, 75 of the 107 residents and guests (70%) remain employed in Wisconsin hospitals. In the current cohort, 10 of 14 (71%) are from critical access hospitals.

The 2020-2021 Wisconsin Quality Residency Program participants represent the following hospitals:

- Aspirus Langlade Hospital, Antigo
- Aspirus Riverview Hospital, Wisconsin Rapids
- Black River Memorial Hospital, Black River Falls
- Gundersen Moundview, Friendship
- Memorial Hospital of Lafayette County, Darlington
- Reedsburg Area Medical Center, Reedsburg
- Mile Bluff Medical Center, Mauston
- SSM St. Clare, Baraboo
- Southwest Health, Platteville
- ThedaCare Berlin
- ThedaCare Wild Rose
- ThedaCare Shawano
- UnityPoint Meriter, Madison
- Westfields Hospital and Clinic, New Richmond
- Crossing Rivers Health, Prairie du Chien

The 2020 participants have shown flexibility and grace with short-notice changes. The program, slated to begin in spring of 2020, was delayed due to COVID-19 safety measures. The program also transitioned from in-person to an all-day all-virtual learning format. Members have shown up, been engaged and have actively participated in each of the modules. They are truly great quality leaders for Wisconsin.

WHA and RWHC are planning to offer the next Wisconsin Quality Residency Program in the fall of 2021 as the demand for a quality residency program remains strong.

## Physician-Led Quality Improvement



Bobby Redwood presenting at CMS Quality Conference.



Shelly Coyle, Nurse Consultant, Div. of Quality Improvement Innovation Models Testing, Ctr. for Medicaid and Medicare Services; Paul McGann MD, Chief Medical Officer for Quality Improvement, Ctr. for Medicaid and Medicare Services; Dr. Bobby Redwood, Physician Improvement Advisor, WHA; Jade Perdue MPA, Dir. for Division of Quality Improvement Innovation Models Testing, Ctr. for Medicaid and Medicare Services

On February 27, 2020, just prior to the first cases of COVID in the U.S., WHA's own Dr. Robert (Bobby) Redwood presented to a packed room of physicians, nurses and quality improvement leaders at the national CMS 2020 Quality Conference in Baltimore. His presentation, *Activate Your Greatest Allies: Engaging Physicians in Quality Improvement Work*, showcased the WHA quality team's statewide improvement efforts in sepsis and antimicrobial stewardship. The Centers for Medicare & Medicaid Services (CMS) directors Paul McGann, M.D., and Jade Perdue-

Puli, M.P.A., were both in attendance. McGann is the chief medical officer for quality improvement at CMS while Purdue-Puli is the agency's director of quality improvement innovations and model testing. Both federal agency officials praised the WHA quality center's work in physician engagement and invited Dr. Redwood back to present a CMS webinar on sepsis in the fall.

Later in October, Dr. Redwood presented to more than 500 participants at the CMS Quality Reporting Center. His presentation, *Fluids, Lactate, and Champions: An Emergency and Preventive Medicine Physician's Perspective on Sepsis and the SEP-1 Core Measure*, focused on best practices and lessons learned from WHA's collaborative work on systems innovations for improving sepsis and complying with the SEP-1 core measure.

The scope of Dr. Redwood's work on sepsis has expanded in breadth and complexity with the COVID-19 pandemic, as the symptoms of sepsis and COVID-19 commonly overlap. As chief of emergency medicine at Cooley-Dickinson Hospital in Northampton, Mass., Dr. Redwood represented the emergency department on the hospital-wide COVID-19 incident command team and helped pioneer the hospital's processes for COVID-19 testing, treatment and infection control. He also helped to develop a dual-track "respiratory E.D." that used the closed-down endoscopy suite to nearly double the capacity of the emergency department during the April-May COVID surge in Massachusetts. Dr. Redwood shared these experiences with the Rural Wisconsin Health Cooperative in November 2020 and currently has a publication under review on the intersection of sepsis care, influenza and COVID-19.

Dr. Redwood's presentation is available at <https://www.qualityreportingcenter.com/en/inpatient-quality-reporting-programs/hospital-inpatient-quality-reporting-iqr-program/2020/iqr10720>.



# Hospital COVID Response Stories

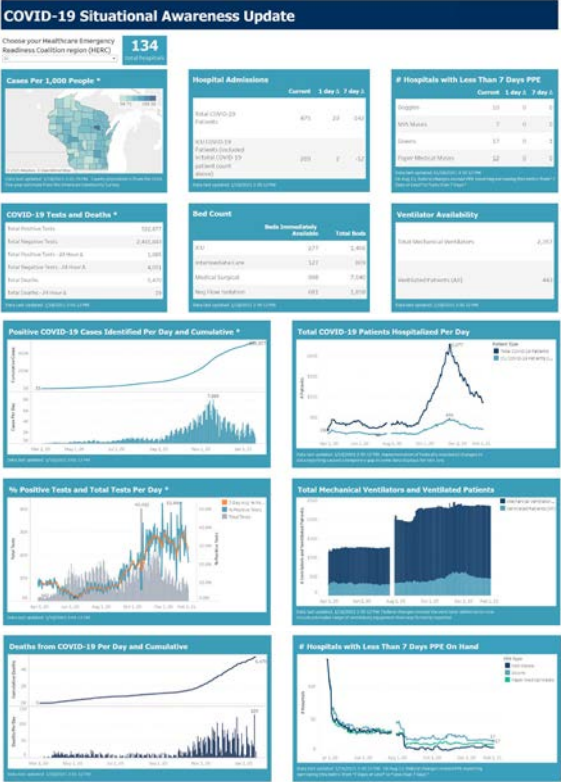
## Wisconsin Hospital Association

Working with hospital and health system members as well as state legislators, the Wisconsin Hospital Association (WHA) enhanced its standing as a trusted and influential health policy advocate throughout the COVID-19 pandemic by initiating, crafting and helping to implement reforms necessary to maximize the state’s response to an unprecedented health emergency. WHA served as a critical source of information on the effect of COVID on the state’s health system and its patients and led a successful effort to curb the spread of the virus by encouraging Wisconsinites to adopt safe practices—wearing masks, maintaining social distance and washing hands.

### WHA COVID Dashboard

Recognizing early on the lack of data needed to fight COVID-19, WHA and its subsidiary the Wisconsin Hospital Association Information Center (WHAIC) quickly created an online dashboard to report daily information from Wisconsin’s seven Healthcare Emergency Readiness Coalitions (HERCs) along with COVID-19 case data to provide informative, real-time and trended visualizations of the effects of the virus on the state’s health care system.

The [WHA COVID-19 Situational Awareness Dashboard](#) serves as a daily and reliable source of information for policymakers, the media and the general public. Referenced in hundreds of statewide news stories every month, the dashboard translates data into accurate and easy-to-understand visualizations



of COVID-19 hospitalization, testing, case, death and supply capacity data. The dashboard informs key decision-making by helping users understand the current state of the pandemic and its changing intensity statewide and regionally and how all these measures trend over time.

In a milestone underscoring the value of WHA’s COVID-19 dashboard to the state’s pandemic response, the tool logged one million views on April 30, 2021, just over a year since its launch. During that time, the dashboard averaged 2,598 views per day.

The following milestones and data points from the dashboard tell part of Wisconsin’s COVID story thus far.

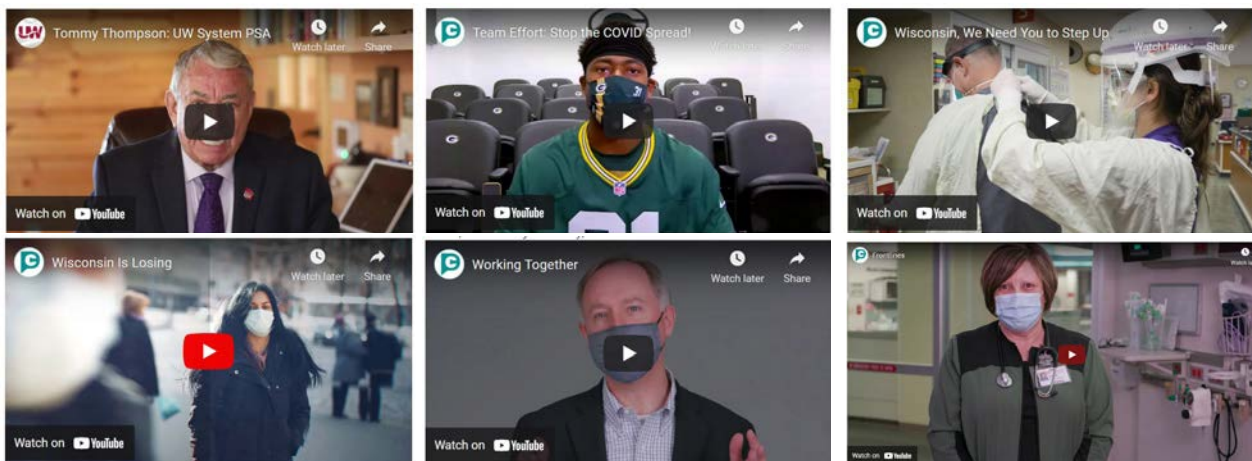
Date	Event
April 2, 2020	WHAIC COVID-19 dashboard launched, 35,000 views in first 48 hours. 192 COVID-19 hospitalizations in Wisconsin—lowest one-day figure recorded to date.
Nov. 16, 2020	178 – Largest single-day increase in COVID-19 hospitalizations in Wisconsin.
Nov. 17, 2020	2,277 – Highest, or peak, number of COVID-19 patients being treated in Wisconsin hospitals on one day.
Nov. 19, 2020	113 – Largest single-day decrease in COVID-19 hospitalizations in Wisconsin.
March 21, 2021	193 COVID-19 hospitalizations recorded, lowest point since dashboard launch, reflecting a 91% decrease since Nov. 17 peak.
April 30, 2021	WHAIC COVID-19 dashboard logs one million views, averaging 2,589 views per day.

### Leading a Coalition Formed to Fight COVID

As the pace of virus spread threatened to overwhelm the state’s hospitals and affect their ability to treat COVID and non-COVID patients alike, WHA assembled an influential group of the state’s leading advocacy organizations to form a broad-based coalition aimed at combatting the growing health crisis. The multi-industry Stop the COVID Spread! coalition, under WHA’s leadership and majority funding would grow to more than 135 organizations, including the Milwaukee Brewers, Milwaukee Bucks and Green Bay Packers, as well as representatives of local governments, chambers of commerce and conventions and visitors bureaus from every corner of the state.



The Stop the COVID Spread! coalition developed and executed a multi-channel public education campaign which included seven public education announcements. The campaign drew upon wide-ranging Wisconsin perspectives, from higher education leaders to professional athletes, frontline health care workers and (bipartisan) elected officials. Ads produced and distributed by the coalition achieved an audience reach of well over 30 million on statewide television and radio. On digital platforms, the coalition’s ads have generated over 16 million impressions and reached more than six million devices across the state. One of the coalition’s ads—“frontlines”—was recognized by the American Association of Political Consultants (AAPC) with a bronze Pollie award in the category of Best Use of Radio in the Public Affairs/Issue Advocacy.



Some of the public education announcements produced by the “Stop the COVID Spread!” coalition.

## Children's Wisconsin, Milwaukee

Children's Wisconsin created the COVID Conquerors — Mighty Mask (wear your mask), Dynamic Distance (stay six feet apart), Wonder Washer (wash your hands) and Captain Cough (cover your cough) — to reinforce the important actions kids and families need to take to keep themselves and those around them safe and healthy during the COVID-19 pandemic. COVID Conquerors posters, vinyl wall clings, bathroom mirrors clings, physical distancing signs and other materials are displayed in Children's hospitals and specialty clinics with messaging in English and Spanish.

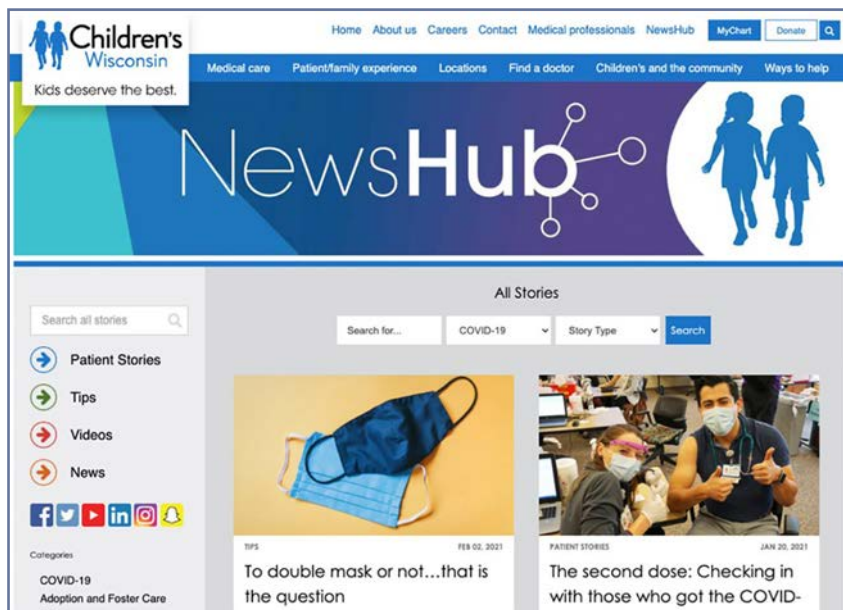
COVID Conquerors resources for Wisconsin educators to use for both in-person and virtual distance learning environments were also created. These

materials for schools were offered free-of-charge to schools at the beginning of the school year and again in January 2021. To date, more than 300 schools throughout the state have ordered and received 3,200 poster sets, 5,500 wall clings and 3,000 Wonder Washer clings. Digital downloads of fact sheets, physical distancing signs, coloring sheets, virtual meeting backgrounds and more are available at [www.healthykidslearnmore.com](http://www.healthykidslearnmore.com) under "Educator Resources/Covid Conquerors."



## Children's Wisconsin, Milwaukee

As the only hospital system in the area dedicated solely to the health and well-being of kids, Children's Wisconsin has a unique role to play when it comes to educating the public about COVID-19. While the virus itself doesn't affect kids as severely as adults, the pandemic has impacted kids and families in untold ways. To help, Children's Wisconsin is producing a great deal of family-friendly content for its NewsHub blog.



In March 2020, Children's Wisconsin published its first blog post on COVID-19: "Coronavirus: What you need to know as a parent." Since then, Children's Wisconsin has published more than 35 COVID-19 related blog posts to help families stay safe and informed during the pandemic. Topics have ranged from how to make a homemade mask, staying busy during quarantine and how to celebrate Halloween safely to how COVID-19 might affect pregnant women, addressing the mental health challenges of isolation and FAQs about the vaccine.

All these blog posts were posted and promoted on the Children's Wisconsin social media channels where they reached hundreds of thousands of people across the state.

Posts can be accessed by clicking on the COVID-19 section of the Newshub at <https://childrenswi.org/newshub/stories?category=COVID-19>.

## Fort HealthCare, Fort Atkinson

The 2020 Pandemic has shown health care organizations what it means to be responsive, resilient, and innovative. Being a small hospital with strong connections to the community, Fort HealthCare used its mission, vision and values to move through the last year. The resilience shown by everyone has been incredible and will be forever forged in our minds.

Many of the activities that were created, re-designed and implemented proved to help the community feel more confident and safer during unsettling times.

Leaders, staff, and partners stepped forward to assist with new workflows, processes and plans to ensure the safety of staff, patients, and the community.

Some of Fort HealthCare's highlighted initiatives include:

- Created a testing task force and opened a seven-day per week testing drive-through at the hospital in tandem with a COVID triage call center to schedule, follow-up on results and provide guidance for isolation and quarantine. The testing task force was multidisciplinary and evolved into the testing and immunization task force by the end of 2020.
- Set up a grocery area and pharmacy for staff to order and pick-up within the hospital to avoid outside exposure.
- Developed a more robust telehealth and virtual visit program. Behavioral Health Management spearheaded this program due to clinic closures and was able to onboard all primary care and behavioral health providers.
- Continued to employ all staff members; no one within the organization was ever laid off. In fact, many were cross trained for the eventual surge.
- Created a labor pool that was sent out weekly for staff to sign up for shifts if needed.
- Paid staff if required to isolate or were ill with COVID.
- Hosted virtual celebrations and sent letters to staff from the CEO in support of masking, social distancing and hand hygiene. Provided encouragement at every turn of this process from administration and leadership.
- Offered free flu shots at local food pantries and local food pick up for seniors and community members in need.
- Transitioned the community health and wellness programs to all virtual events with no or low cost.
- Developed a pulse oximeter program by our emergency department (ED) providers and the local foundation. Equipment was purchased with foundation dollars and provided to patients leaving the ED for home use when not ill enough for admission. Patients were provided education and follow-up was done within 24 hours by a physician assistant from the ED. Of the 75 patients that received an oximeter, only one had to be admitted after going home.
- Increased the number of negative pressure rooms on the inpatient and obstetric (OB) units.
- Moved the total joint program (Hips and Knees) to the OB unit for admission and same day discharge. After demonstrating success here, we moved the ear, nose and throat overnight procedures to OB as well as they were on opposite days of the ortho cases.
- Developed a personal protective equipment (PPE) task force that continues to meet and be innovative in accessing and utilizing supplies. The reprocessing department re-processes hospital N-95 masks according to the CDC guidelines and were



*Fort HealthCare staff working in the COVID unit and getting the first COVID vaccinations.*



offered to local police departments, dentists, and private health clinics. Additionally, an industrial washer and dryer was purchased for reprocessing re-usable gowns.

- Created an electronic form to vet alternate PPE and learned about masks and the fear that the staff at the facility were feeling.
- Hired patient care associates to assist with laundry, transporting patients, stocking rooms, sitting with patients at risk for falls and suicide and as-needed for other duties.
- Created an intubation hood for persons under investigation (PUI) for COVID or positive COVID patients, which was an incredible tool for the surgery team.
- Allowed community members to provide homemade masks and hats. A clear plastic collection bin was placed outside an entrance where donations and notes of support and encouragement were placed.
- Obtained an alcohol, tobacco and firearms (ATF) license for alcohol to ensure our supplies were maintained and managed. Schools and businesses brought the hospital masks, alcohol hand gel, and other supplies/equipment that they felt we could use.
- Collaborated with the local foundation and the hospital to allow the community to open a local venue as a walking path Monday through Saturday for the community.
- Communicated transparently with our staff and the community related to PPE, testing supplies, status of beds and needs. The emergency operations center was opened by the county and the hospital participated weekly. Leadership meeting minutes were shared with all staff.
- Held a daily clinical huddle when the initial surge started in August. Clinical leaders, administration, chief of surgery, chief of emergency services and other ad hoc members met seven days a week and continue to meet. The huddles are collaborative, unified and allow for flexibility and innovation.

Fort HealthCare never lost sight of its mission, vision or values and continues to take care of each other as well as the community by “doing the right thing.” As Mike Wallace, CEO and president always says, “Never let perfect get in the way of good.” Fort HealthCare has been able to maintain its position as an independent community hospital alive and well in Fort Atkinson, Wis.

### Marshfield Medical Center-Park Falls

In March 2020, Marshfield Medical Center-Park Falls began preparations as the spread of COVID-19 reached pandemic levels. This was a multidisciplinary initiative at many levels.

With warnings early in the pandemic that personal protective equipment (PPE) could be scarce and to anticipate shortages, their infection prevention RN and nursing leadership evaluated stored materials from Ebola preparedness and located a supply source for masks, coveralls, face shields, etc. Staff were trained in PPE requirements, and a “buddy system” was initiated for all rooms requiring COVID PPE. For those staff who were unable to use N95s, powered air purifying respirators (PAPRs) were used after respiratory therapy trained staff on proper use. The medical emergency paperwork was revised to include confirmation of the appropriate PPE for all participants. This was done as a visual reminder to oversee that all staff were properly attired during a code response.

Changes were also implemented to the hospital’s physical space. Negative air flow rooms were identified in collaboration with building services and a “pod” was created—a designated area on the medical/surgical floor that can house eight COVID positive patients. This area was sealed off from the rest of the floor and identified with appropriate restricted access signage. A nurse station is included in the area and it is staffed with one RN and one CNA, with the CNA acting as the “buddy” to ensure all appropriate PPE is worn by staff entering the patient rooms. The stress lab room right outside the ICU was also turned into a negative pressure room, and departmental managers created designated carts for PAPRs and a clean-and-dirty area was established. On exit from COVID patient rooms, all equipment is sanitized and staff are provided a place to store N95 masks for designated re-use.

Marshfield Medical Center-Park Falls monitored COVID cases and implemented hospital visitor restrictions as the virus reached pandemic levels. With outpatient areas stopping services, those employees were used to staff screening tables and all patients,

allowed visitors, and staff were screened daily. Hospital/emergency department (ED) communication concerns arose, so a nurse communication liaison position was created to assist with communication between the ED and family members who were asked to wait in their vehicles.

Initially, COVID testing results took 48 hours to receive. But the lab manager worked to reduce this time and in April 2020, was able to implement a two-hour turnaround time. These tests were originally reserved for admissions and transfers, which enabled the facility to admit COVID positive patients to appropriate areas for enhanced isolation practices and non-COVID patients to other areas, which helped with preserving PPE. Their operating room (OR) staff implemented pre-procedure testing so surgical cases could continue and the ED began COVID testing after clinic hours to assist with getting the community tested. Nursing also initiated weekend drive-up testing to supplement the clinic's weekly drive-up testing that was occurring.

In order to deal with potential staffing concerns related to surges, additional staff was trained on the nursing floor to be able to assist if needed. In addition, Marshfield Medical Center-Park Falls developed a hospital wide surge plan. Concerns around patients' communication with their loved ones were taken care of by the nurse liaison and iPad, an employee shower area was developed so staff could shower and change clothes prior to going home, UV lights were used to assist with cleaning patient rooms and ambulances, and physicians recorded public service radio announcements during the initial months reminding the community the hospital was open to assist with all health care needs and instructed the public on COVID recommendations/guidelines such as masking and hygiene.

As staff started experiencing COVID-related stress symptoms, including isolation, constant mask use, concern for co-workers and relatives, dealing with the stress of patients being unable to have family visits, a streaming montage on a TV screen was put up of staff family photos, vacation spots, pets, etc. Staff were able to submit photos whenever they wanted. This has assisted with increasing staff morale through the pandemic.

New COVID treatment options were followed as they evolved, which included the use of remdesivir and convalescent plasma, and nebulizer treatments were switched to inhalers whenever possible. In November 2020, bamlanivimab antibody infusion became available, and this was provided to the community as an outpatient visit.

This was a team effort—all departments came together to assist with our successful COVID response.

## Gundersen Health System, La Crosse

In March 2020 through a multi-team effort, Gundersen Health System opened a COVID-19 testing site in Onalaska and a stand-alone, car-side testing and lab service location for 200-400 patients a day in La Crosse. A video highlighting this initiative is available at <https://youtu.be/Mlgw191yXk8>.

## Marshfield Clinic Health System

### ***Marshfield Clinic Health System: Evolution of PPE needs, decision-making during COVID-19***

Masks, gowns, gloves and eye protection—medical supplies many people did not give a second thought to until COVID-19 began, straining medical systems worldwide and where personal protective equipment (PPE) took center stage.

PPE protects health care workers from potentially infectious patients and materials, toxic medications and potentially dangerous substances.

"Health care workers need to protect themselves so they can continue to provide care to our sick patients," said Michelle Kaiser, infection preventionist at Marshfield Clinic Health System.

A health system committee was formed to manage the PPE supply, provide recommendations for evolving guidelines and rapidly respond to PPE recommendation changes. This group brought departments from across the health system to evaluate PPE recommendations based on best practice guidance from the Centers for Disease Control and Prevention, World Health Organization, Association for Professionals in Infection Control and Epidemiology, Society for Healthcare Epidemiology of America and other health systems.

This committee included representatives from infection prevention and control; infectious disease providers; employee health; the Institute for Quality, Innovation & Patient Safety (IQIPS); supply chain; division of education; MCHS Foundation; nursing; respiratory therapy; and PPE officers from across the system. They collaborated, as appropriate, with other system COVID committees and regional incident commands as needed.

This group met several times a week to understand needs, listen to staff feedback and make recommendations to system incident command. The complete guide to PPE is listed on an internal SharePoint site with updates made daily.

"PPE policy changes ensure we have PPE today and for the entirety of the COVID-19 crisis," said Misty Fagan, IQIPS clinical quality nurse specialist.

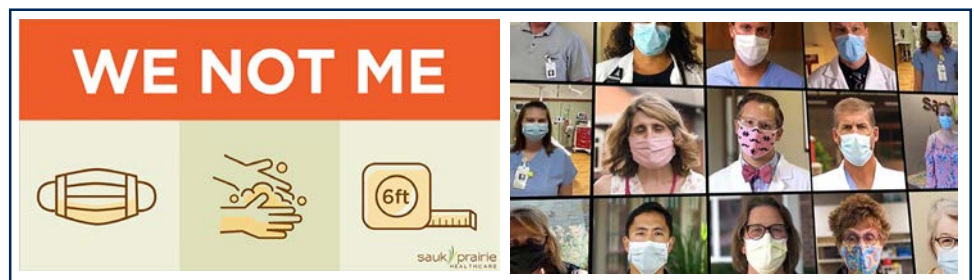
Changes are communicated daily with poster updates posted on location for staff, on the SharePoint site and through a daily COVID summary email to all staff.

## Sauk Prairie Healthcare, Prairie du Sac

### Sauk Prairie Healthcare's Rapid Improvements to the COVID-19 Pandemic



With the help and donations of Sauk Prairie Healthcare's volunteers and community members, the organization distributed over 10,000 cloth masks and 1,000 yard signs as part of the "We Not Me" campaign to stop the spread of coronavirus.



To protect other community members during Covid 19, Sauk Prairie Healthcare began the "We Not Me" campaign to encourage the preventive techniques to slow the spread of coronavirus. #WeNotMe

Sauk Prairie Healthcare (SPH) has earned a regional reputation for superior care in a friendly environment, including recognition for clinical excellence, community impact and patient experience. SPH was able to maintain high expectations for outcomes while rapidly responding to the pandemic. An incident command system was activated with the goal to protect staff and the community.

SPH quickly implemented this incident command system to formally plan logistics and communications surrounding the pandemic. This system is still in place as of March 2021, with plans to continue to support decision-making and respond to needs that arise



A few members of the Sauk Prairie Healthcare patient services team visited the Sauk Prairie Hospital sunflower field to remind us about the importance of masking and distancing. The sunflower field was planted by Heroes for Honor-Sauk Prairie to support Badger Honor Flight and local veterans.

until the pandemic has ended. Teams were assembled to address everything from infection prevention strategies and clinical treatment protocols to supply chain solutions, facility enhancement needs, COVID-19 testing and vaccination, community partnerships and response, and even childcare coverage for employees. This rapid deployment resulted in drastic changes to operations, some temporary and some long-lasting.

In August 2020, about six months into the pandemic, SPH already had over 70 significant improvement efforts specific to the pandemic response. The teams assessed what went well and what could be improved for each change. It has been the willingness of SPH's providers, team members and communities to pitch in to help in any way possible that contributed to success. SPH also had a very robust and systematic way of making decisions based upon national, state, regional and local guidance.

Key elements to the incident command system that made the response successful and key operational changes can be found [here](#).



Sauk Prairie Healthcare pitched in to help at a vaccine clinic at Waunakee High School to vaccinate Sauk Prairie School District staff and Waunakee Community School District employees as well as staff from libraries in Dane County.



Dr. Andrew Ertl, orthopedic surgeon, receives one of the first COVID-19 vaccines offered to Sauk Prairie Healthcare's frontline workforce.



Barbara, Jim and Alan are just a few of the 120 participants completing Sauk Prairie Healthcare's Joint Replacement Virtual 5K, an eight-week training program offered virtually in 2020.

- [Why are Masks Plus Social Distancing Better to Stop the Spread of COVID-19?](#)
- [Social Distancing, Handwashing and Masks to Stop the Spread of COVID-19](#)
- [We Not Me – Sauk Prairie Healthcare](#)
- [We Not Me – Masking for COVID-19](#)
- [Three Simple Steps to Help Prevent the Spread of COVID-19](#)

Despite the challenges of the pandemic, and the sometimes limited resources of a small rural hospital, SPH was able to rally and thrive together with the community, providers and team members to maintain the mission to provide extraordinary health care from the heart, one person at a time.

View Sauk Prairie Healthcare's #SaukItCOVID social media videos:

## Tomah Health, Tomah

### Tomah Health Joins with County on COVID Vaccinations

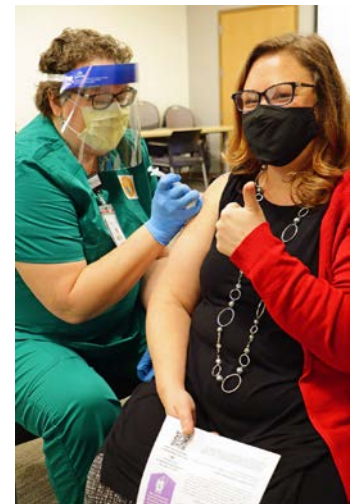
Tomah Health joined with the Monroe County Health Department to provide COVID-19 vaccines to area health care employees and essential workers.

"Tomah Health has always been an important player in the community, and when it came time for COVID vaccinations, it just made sense to work with the health department and use our mutual relationship in order to coordinate as many people as we can to get vaccinated," said Tomah Health employee health nurse Julie Anderson, M.S.N., R.N.

Monroe County Health Department Health Officer and Director Tiffany Giesler, R.N., said the partnership is crucial to get the vaccine distributed. "No one organization can do this by themselves, so having this partnership is the only way we are going to get everybody who needs the vaccine and wants the vaccine to be vaccinated. This partnership with Tomah Health is crucial for us to get the COVID vaccine out to everybody," said Giesler, who has been with the health department about three years and stepped into the director's position Dec. 28, 2020, replacing director Sharon Nelson who retired after 35 years.

"There are a lot of moving pieces when it comes to vaccinating our whole community as well as our state so that collaboration with federal, state and local partners is crucial," Giesler said. "We are all working together to figure out the most efficient way to get the vaccine out and looking for further guidance from the state for each of those categories moving forward and again working with our partners to identify how we can do that together."

Both Giesler and Anderson said until the vaccine is available to the public, residents should continue to be vigilant. "This virus is real; it doesn't just have short-term impacts, but long-term impacts, and what we do on a day-to-day basis not only protects ourselves as well as others. Even with a vaccination, we still need to continue to our part," Giesler added.



Tomah Health employee health nurse Julie Anderson, M.S.N., R.N., (left) administered the COVID-19 vaccine to Monroe County Health Dept. Health Officer/Director Tiffany Giesler, R.N., during a vaccine clinic at Tomah Health.



## Hospital Quality Improvement Showcase

### Children's Wisconsin, Milwaukee

Accurate medication information is essential to providing safe and effective care. It can be challenging to determine what medications a patient takes at home and ensure an up-to-date list is kept in the electronic health record. Hospitals have integrated pharmacy into the admission medication reconciliation process in emergency department and preoperative phone calls. A comprehensive approach for all hospitalizations is often lacking. Limited literature is available regarding solutions for ambulatory clinics.

At Children's Wisconsin, a large multidisciplinary clinical and support team was involved in this project, including medical and surgical providers, nursing staff, pediatric residents, pharmacists, pharmacy leadership, a parent and the following hospital departments: information management systems, provider services, patient safety and performance improvement.

Pharmacy was integrated into the admission medication reconciliation process by completing medication histories on patients being hospitalized through the emergency room or pre-operative areas and throughout the hospital to reach the remaining patients. Pharmacy completes medication histories on more than 90% of all hospitalized patients resulting in the home medication list being 98% accurate. This change also resulted in a 98.5% reduction in the number of hospital home medication orders requiring interventions, 90% of discharge medication lists being accurate and 90% of after-visit summaries being clear and without confusing information.

In the ambulatory clinics, targeted one-on-one training/coaching for R.N.s and M.A.s resulted in 80% of patients having all the medications listed on the home medication list and 90% of the medications managed by the clinic being complete and accurate. Children's Wisconsin is currently going systematically through each of the ambulatory clinics to provide the training/coaching.

View Children's Wisconsin's poster detailing this project at <https://www.wha.org/2020-ChildrensMedicationPoster>.

*"Children's Wisconsin has demonstrated another successful way that team-based care can be deployed to tackle the challenge of medication safety. It is a tribute to the culture of collaboration that Wisconsin's high-quality health care is known for, ensuring Wisconsin can maintain our ranking as one of the best states in the country to receive health care."*

**- Sen. Dale Kooyenga (R-Brookfield)**

## Marshfield Medical Center, Park Falls

The chronic obstructive pulmonary disease (COPD) pathway continues to be successful in reducing COPD 30-day readmissions at Marshfield Medical Center–Park Falls. The pathway was rolled out in January of 2018 after having more than 20 COPD readmissions in 2017. In 2018, this number was reduced to three readmissions. The total cost for COPD admissions averages \$20,176.35. With reductions in COPD readmissions in 2017, Flambeau hospital achieved an estimated cost reduction of \$342,997.89 in 2018.

*“Flambeau’s ingenuity and innovation to provide special care for their rural community is not just an example for rural health care, it’s an example for the rest of the state. I am proud that we have thought and practice health care leaders like Kim Bortz and her team in my district.”*

**- Rep. Beth Meyers (D-Bayfield)**

The pathway follows a patient with COPD mild/moderate or severe symptoms and addresses respiratory treatments, including oxygen use, medications and home regimens, medication transitions, patient activity, smoking cessation, flu vaccinations, discharge information, post-hospital follow up, use of a dyspnea scale and patient education. This year’s focus was on post-hospital follow-up. For this, a COPD educator follows a COPD patient for several weeks after hospitalization, depending on the patient’s needs and health status. If a patient is stable, they are contacted after one week and then again one month after hospital discharge. More fragile patients are contacted weekly until they are stable. There are also some patients who receive a home visit by the COPD educator, depending on the patient and the severity of their

COPD. The outreach and management post discharge are unique and individualized.

The COPD educator also works with insurance companies and home care companies to provide patients with special equipment and treatments at home and continues to follow up with patients to make sure lung/respiratory tests are completed so they can qualify for pulmonary rehabilitation services.

The COPD educator also facilitates the very popular COPD community support group, the “Better Breathers Club” that meets monthly. Participants are recruited by the COPD educator who reaches out to COPD patients recently discharged from the hospital. The program is promoted through social media, local papers, radio, and once the core group is established, it is also spread further by word of mouth.

The multidisciplinary approach of the pathway and the post-hospital focus has proven to reduce COPD readmissions at Marshfield Medical Center-Park Falls Hospital, providing best practice care to all COPD patients both in and out of the hospital. The team’s next focus will be to look at incorporating pneumonia into the pathway by adapting it to a respiratory pathway to broaden the scope of the COPD pathway. The COPD educator will also begin to follow pneumonia patients post hospitalization as well.

*“Flambeau Hospital’s achievement in reducing hospital readmissions positively impacts the health care system. Wisconsin’s top-ranking health care is a result of to the collaborative effort of a dedicated team of professionals, and a regulatory environment that allows and encourages innovation. Congrats to Flambeau for being a featured quality project by the Wisconsin Hospital Association!”*

**- Sen. Janet Bewley (D-Mason)**

In response to the COVID-19 pandemic, Marshfield Medical Center-Park Falls Hospital is starting to see patients recovering from COVID-19 in the pulmonary rehab department to continue care and reduce the likelihood of a readmission. Many of the recovering patients have COPD and/or other chronic respiratory conditions, so it is helpful to get those patients in to rehab as soon as possible.

View Marshfield Medical Center-Park Falls’ poster detailing this project here: <https://www.wha.org/2020-COPD-Poster>

## Froedtert and the Medical College of Wisconsin, Milwaukee

### ***Saving More Brain Cells by Reducing Time to Alteplase (tPA) on Eligible Stroke Patients***

With current guidelines emphasizing delivery of intravenous treatment for stroke patients within 60 minutes of hospital arrival, Froedtert and the Medical College of Wisconsin sought to reduce this arrival-to-treatment time to 30 minutes. A multidisciplinary team was established to analyze the process and steps needed from emergency department physician assessment, to activating the stroke team, to placing orders, obtaining CT scans and labs, to treatment. Froedtert used a tracking feedback tool for consistent timekeeping and to diagram a workable and efficient, streamlined process. As a result, Froedtert decreased the average door-to-

needle time to less than 30 minutes, which may improve outcomes for stroke patients. Early delivery of intravenous alteplase saves brain cells. Up to 1.9 million brain cells are lost for each minute the brain is not perfused. By saving more neurons, function and recovery may also be facilitated.

View Froedtert and the Medical College of Wisconsin's poster detailing this project here: <https://www.wha.org/QualitySpotlight-FroedtertMCW-stroke-pdf>.

## **Marshfield Clinic Health System**

### ***Addressing Opioids***

Marshfield Medical Center recognized the importance of developing a policy to provide guidance on opioid prescribing practices for acute and chronic pain management.

This recognition was elevated to a system-level effort resulting in policy and system changes focused on using and prescribing opioids in hospital and clinic settings.

In 2019, the health system revised and approved the opioid prescribing policy. The scope and purpose were based on key elements of the State of Wisconsin Medical Examining Board's policy on opioid prescribing for non-cancer pain.

The goal was to minimize potential risk to all patients and individuals who may be around patients who could be intentionally or unintentionally exposed to opioid medications. Providers were encouraged to implement best practices for responsible prescribing and actively participate in community coalitions.

Staff participated in the Wood County drug task force, alcohol workgroup, marijuana workgroup, Alcohol and Other Drug (AOD) Prevention Partnership and AOD steering committee, helping with educational presentations, community events, environmental and systems change.

## **Marshfield Clinic Health System**

### ***System Streamlines Pain Management Resources***

To comply with The Joint Commission (TJC) standards, Marshfield Clinic Health System's Interdisciplinary Pain Committee provided a reference tool for providers and nursing staff.

The health system compiled a pocket reference guide, a resource to help with evidence-based pain management decision making to address TJC's standards to "provide staff and licensed independent practitioners with educational resources and programs to improve pain assessment, pain management and the safe use of opioid medications based on the identified needs of its patient population."

Also, the psychosocial support team and patient social and emotional care team identified coping skills as a community need during the COVID-19 pandemic.

Over the last two years, the pain committee created and updated pain management tools for Marshfield Medical Center patients and staff. To help standardize system practices, this initiative streamlined internal and external tools placed in the health system's Pain Management Library Guide and Patient Education catalog.

Having a comprehensive program, standardized education, incorporated best practice guidelines and oversight for care provided to patients with pain ensured they received the best care possible.

Chronic pain requires a multidisciplinary, coordinated approach based on the biopsychosocial model which evaluates physical aspects of pain and incorporates the mind-body relationship to the pain experience. At times, psychological and social factors may contribute to ineffective coping, which contributes to pain intensity. The Wheel of Health model ([https://marshfieldclinic.libguides.com/ld.php?content\\_id=53865374](https://marshfieldclinic.libguides.com/ld.php?content_id=53865374)) is a tool to help promote self-management strategies that may help control pain.

## Marshfield Clinic Health System

### ***Home Recovery Care Expands to Minocqua, Weston***

Marshfield Clinic Health System expanded its home recovery care services to eligible Marshfield Medical Center-Minocqua and Marshfield Medical Center-Weston's patients, so they receive all essential elements of inpatient treatment in the comfort of their homes.

This care model makes sense for many reasons, but particularly for a rural health system where people live across a large service area.

"Instead of being in a hospital, which for some of our patients might be two hours away, they can receive needed care at home," said Deidra Schlough, home recovery care lead recovery care coordinator. "This is a benefit for quality of life for our patients and families, especially during the pandemic. These patients are stable enough to be cared for at home, allowing more availability for higher acuity patients to be admitted to the hospital."

Patients are first assessed for their acute condition by a health system physician. If they choose the program, they are assisted in returning home to begin receiving care the same day.

A recovery care coordinator is the patient's single point of contact and monitors vitals, answers questions and coordinates communication with doctors. Patients also receive in-home visits by an acute care registered nurse and have virtual visits with physicians using a state-of-the-art telehealth system.

The most common specialties referring to home recovery care include emergency department, urgent care, heart failure improvement clinic and internal medicine. Examples of medical conditions include pneumonia, congestive heart failure and urinary tract infections.

Patients who need additional care after an inpatient hospital stay can receive treatment at home for 60 days. Rehabilitation care may include infusions, wound care and physical or occupational therapy. A registered nurse, physical or occupational therapist will care for patients in their homes for two to three weeks.

Home recovery care has seen significant growth since its 2016 launch in Marshfield and 2019 expansion in the Chippewa Valley. Benefits include reduced admission costs by 17-30% as compared to typical hospital admission costs; a 55% reduction in readmissions; a 38% reduction in average length of stay, relative to health system hospitals; and patient satisfaction ratings at 93%.

## Marshfield Medical Center, Marshfield

### ***Improving Sepsis Care through Strong Multidisciplinary Collaboration***

*"I am proud to recognize Marshfield Medical Center for their hard work improving care through this project. Wisconsin's reputation for high-quality health care is a result of hospitals like Marshfield working together in collaboration to share innovative practices, which is clearly evident in this successful work."*

*- Sen. Kathy Bernier (R-Chippewa Falls)*

At Marshfield Medical Center (MMC), the strategic plan is to put quality and safety first. While sepsis is a life-threatening condition, it is well known that early recognition and treatment of sepsis saves lives. To improve outcomes for patients presenting with severe sepsis or septic shock, MMC has taken a collaborative, multidisciplinary and continuous improvement approach to implement CMS's evidence-based core measures.

Dr. Ali Al-Hilli and Dr. Zahid, both hospitalists, and Michaela Wilsmann, R.N., M.S.N., clinical quality nurse, co-lead a system-wide sepsis improvement team that meets monthly. This team consists of dedicated and action-oriented members from the emergency department, hospitalists group, intensive care units, pharmacy, quality improvement team, resident physicians and general floor leaders.

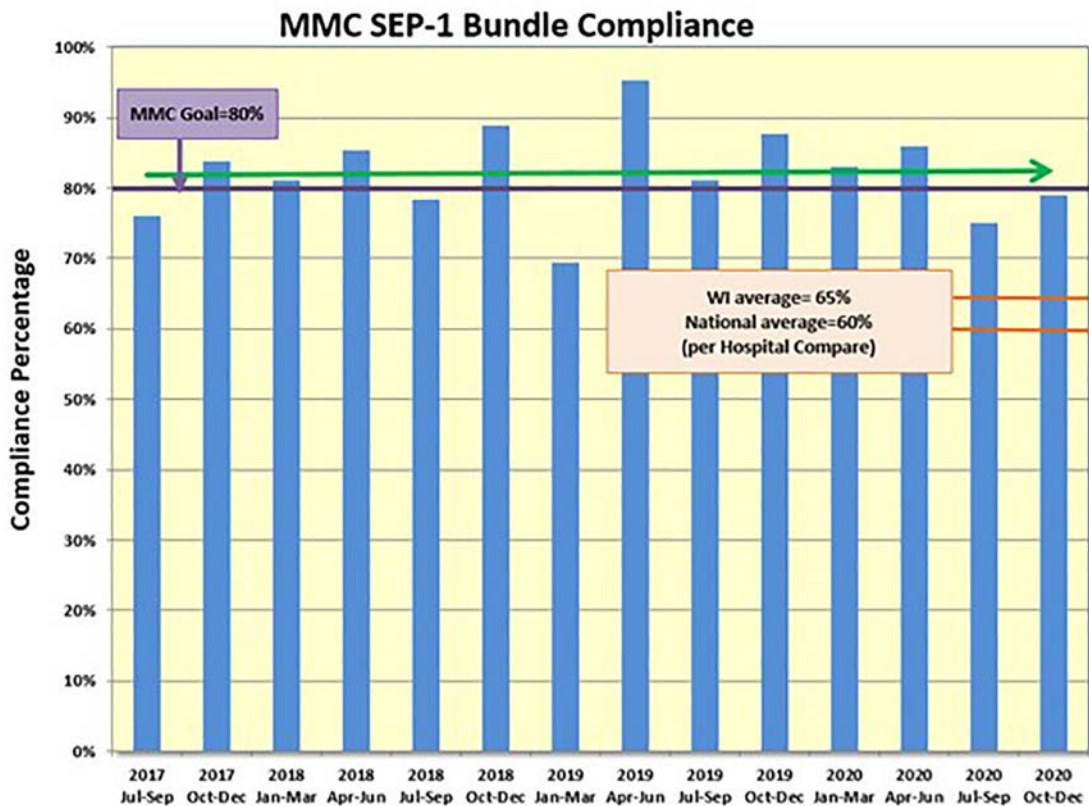
The team continues to improve Marshfield Medical Center's sepsis work:



- Through collaborating with information technology, ensuring sepsis bundle compliance is hardwired into practice by reviewing orders.
- By analyzing outliers and monitoring sepsis data for continued improvement opportunities.
- Through continuing to provide on-going education for hospital staff using the previously developed tools, which includes pocket cards, posters and computer-based training.

The efforts of the sepsis improvement team have paid off and exceed the state and national averages. Marshfield Medical Center continues to have great engagement, which supports continuous improvement efforts.

Denominators are smaller because of patients excluded due to Covid-19, which also makes bundle compliance more challenging.



## Marshfield Clinic Health System

### *Chosen as a Million Hearts Challenge Organization*

Million Hearts®, a national initiative co-led by the Centers for Disease Control and Prevention (CDC) and the Centers for Medicare & Medicaid Services (CMS), has a goal to prevent one million heart attacks and strokes by 2022.

More than 1.5 million people in the U.S. annually suffer a heart attack or stroke, reports the American Heart Association, so the Million Hearts initiative is working to decrease that number.

Marshfield Clinic Health System and Security Health Plan have ongoing initiatives to improve hypertension control as a key strategic quality improvement. Because of this effort, the organizations applied for the Million Hearts Challenge and won.

“This national award highlights a great accomplishment the health system and Security Health Plan can be proud of,” said Ann Gilbertson, director of care management and value-based care for the Institute for Quality, Innovation & Patient Safety (IQIPS). “This accomplishment is another example of how we provide quality care to our patients every day.”

Only 17 solo practitioners, large health systems, community health centers and specialty groups were recognized as champions. In their work, these champions achieved blood pressure control for at least 80% of their adult patients with hypertension. Together, these champions cared for nearly 360,000 adults.

Several tactics went into meeting the goal of 80% blood pressure control. Health system staff are educated on consistent and accurate blood pressure screenings while providers are updated on the latest hypertension guidelines during grand rounds.

The process of taking a second blood pressure reading after the first one, if greater than 140/90, continues to be hardwired into the rooming process. Across the health system, standardized patient education around hypertension is established. Also, involvement with specialty care referring to primary care when hypertension is noted, has improved patient care.

Home blood pressure units were available for a subset of patients with Security Health Plan insurance that were willing to work with a care management nurse. Also, clinical quality coordinators addressed patients' elevated blood pressures having those patients return for free blood pressure checks.

The Million Hearts Tools and Protocols that guided this work can be found at <https://millionhearts.hhs.gov/tools-protocols/index.html>.

## Sauk Prairie Healthcare, Prairie du Sac

### **Physician and Nurse Champions Transform Sepsis Care at Sauk Prairie Healthcare**

In 2017, Sauk Prairie Healthcare was attempting to meet demands of payers using different definitions and clinical criteria for sepsis. However, the sepsis care bundle measures were not being met.

A multidisciplinary improvement team was formed, including physician and nursing champions from emergency department and acute care units, leadership and ancillary departments. The team used data to understand variation in the process.

The clinical champions led the investigation, discussing opportunities to improve care with their peers. Changes started with clarifying the clinical definition for severe sepsis. The group then used small tests of change to improve workflows allowing for early identification of suspected sepsis, nurse protocols and a point-of-care tracking tool to initiate early testing and interventions.

*“The quality improvement work conducted by Sauk Prairie Healthcare will continue to improve health care for patients in our district and throughout south-central Wisconsin. Thanks to Sauk Prairie Healthcare for developing quality models that deliver extraordinary health care.”*

*- Rep. Dave Considine (D-Baraboo)*

feedback on individual patients, discussed evidence-based practice at daily huddles, unit meetings and medical staff meetings, had project boards and offered many educational sessions.

The team made and sustained significant improvements to sepsis care with these efforts moving to top decile performance.

View Sauk Prairie Healthcare's poster detailing this project at <https://www.wha.org/2020-SPHC-SepsisPoster.pdf>.

*“Congratulations to Sauk Prairie Healthcare for being featured by the Wisconsin Hospital Association for their quality improvement work related to sepsis care. This work will clearly benefit patients in south central Wisconsin who value high-quality health care close to home.”*  
*- Sen. Jon Erpenbach (D-West Point)*

The key to success included collaboration and robust communication. WHA Physician Improvement Advisor Robert Redwood, M.D., offered down-to-earth guidance through coaching with the improvement team and leading education offerings onsite for Sauk Prairie Healthcare's providers and staff. Sauk Prairie Healthcare's team also utilized multiple modes to communicate throughout the organization. They had peer-to-peer

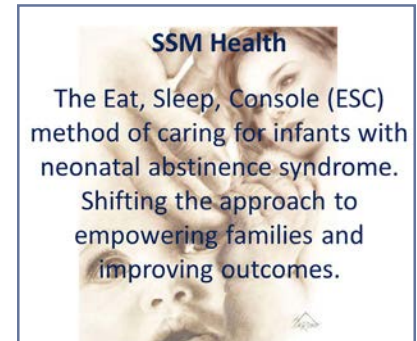
## SSM Health St. Mary's Hospital, Madison

### *Reducing Opioids Given to Infants of Mothers with Opioid Use Disorder Using Eat Sleep Console*

Opioid use in pregnancy has escalated dramatically in recent years, paralleling the epidemic observed in the general population. Since the year 2000, opioid use disorder (OUD) in pregnant women has increased from 1.19% to 5.63% per 1,000 live births in the United States.<sup>1</sup> Consequently, infants with neonatal abstinence syndrome (NAS), which results from intrauterine opioid exposure, has increased five-fold in the past 15 years. These infants traditionally have been treated pharmacologically with additional opioids after being assessed for withdrawal symptoms using the Finnegan Neonatal Abstinence Scoring System (FNASS),<sup>2</sup> which assesses for 21 of the most common signs of neonatal drug withdrawal syndrome. However, this scoring tool has never been validated and lacks internal consistency and interrater reliability. Monitoring and treatment of NAS results in prolonged hospitalizations, disrupts infant-parent bonding and leads to a substantial health care burden.

SSM Health St. Mary's Hospital's health care team wanted to reduce pharmacological interventions and wanted a model that focused on non-pharmacologic therapies and a simplified evidence-based, family-centered approach to assessment for infants exposed to opioids prenatally. The team focused on supportive care that included increased skin-to-skin contact, feeding on demand, calming techniques and maintaining a quiet environment. The model of care and assessment implemented is called Eat Sleep Console (ESC). SSM Health St.

Mary's Hospital focused on the mother as the treatment for her baby and let the moms know that they could provide the supportive care the baby needed. This strategy shifted the goal from reducing withdrawal symptoms by exposing an infant to additional opioids to an approach prioritizing the overall functional well-being of the infant. The ESC model of care, developed by the New England Perinatal Quality Improvement Network, narrows assessments to the infant's basic functions of eating and sleeping and their ability to be consoled. This led to significant decreases in average length of stay (ALOS) and opioid administration at Yale New Haven Children's Hospital.<sup>2</sup> Eat Sleep Console also seeks to reduce the stigma around neonatal exposure and withdrawal.



#### **Intervention**

ESC replaced FNASS as the method of assessment for infants at risk for NAS at SSM Health St. Mary's Madison. The multidisciplinary team created an algorithm tool and provided education and training to all members of the healthcare team. Families and caregivers were educated on the new assessment tool and on methods to help console their infants. Educational materials were distributed in the clinic before birth to help the mothers prepare for what will happen in the hospital. Suggestions on how to calm their baby were shared on a poster in the hospital room and mothers were encouraged to be with their babies continuously to help calm and soothe them.

#### **Results**

Baseline data from January 2017 to December 2018 identified infants at risk for NAS with length of stays ranging from three to 44 days. The ALOS was 9.86 days. The average doses of morphine given per month was 40, with a low of 15.5 doses to a high of 132 doses. The percentage of infants who received morphine was 38%. Since implementation of the ESC method in April 2019 there have been 52 infants identified to be at risk for NAS through August 2020. The ALOS decreased to 7 days. The percentage of infants receiving morphine decreased to 9%. No infants were readmitted for signs of withdrawal and no adverse events were reported.

#### **Conclusions**

The goal of using the ESC method is not to eliminate the use of opioids to treat NAS, but to assess each infant individually and use other methods of non-pharmacologic treatment before pharmacologic intervention. All members of the health care team really appreciate the new scoring method, the interrater reliability improved and the infant does not have to be disturbed to do the assessment. Many families have also noticed the difference. One example is a mother who was on opioid replacement therapy during pregnancy and had her second baby scored with ESC while her first was scored with FNASS. She reported that she was "happy to see that her baby was disturbed less, and she was able to help with the assessment and treatment this time."

## References

1 American College of Obstetricians and Gynecologists (ACOG) 2017. Opioid use and opioid use disorder in pregnancy. Committee opinion 711. <https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2017/08/opioid-use-and-opioid-use-disorder-in-pregnancy>

2 Grossman MR, Berkwitt AK, Osborn RR, et al. An initiative to improve the quality of care of infants with neonatal abstinence syndrome. *Pediatrics*. 2017;139(6):e20163360.

## UW Health, Madison

### ***Breaking Down the Silos! Driving Improvement through Collaboration***

UW Health encourages improvement work in many areas in response to data, but as an organization has been siloed. Given the synergy between staff satisfaction and a culture of safety and patient experience, a cross-functional work group was needed to break down the silos and make improvements. A cross-functional group was developed to evaluate data, understand variation and develop a process to promote process improvement work.

This cross-functional group played a vital role in educating UW leaders on how to incorporate process improvement into their daily routines. Over the course of just over a year, process improvement education sessions occurred through various venues, including all levels of leadership and frontline committee meetings. Each leader and area were tasked with submitting improvement work using the A3 problem solving tool pertaining to the survey data that was available.

After the year, there had been more than 250 A3s in round one and 204 A3s in round two submitted and reviewed by the cross functional team. The group encouraged cascading process improvement so uplines and downlines were aware of process improvement that was occurring in their areas, with the goal of director-level leadership being able to coach managers and others through the A3 process.

View UW Health's poster detailing this project at <https://www.wha.org/2020-UWHealthCollaborationPoster>.

# WHA Member Hospitals

AdventHealth Durand, Durand  
Amery Hospital & Clinic, Amery  
Ascension All Saints Hospital, Racine  
Ascension Calumet Hospital, Chilton  
Ascension Columbia St. Mary's Hospital Milwaukee  
Ascension Columbia St. Mary's Hospital Ozaukee, Mequon  
Ascension Eagle River Hospital, Eagle River  
Ascension Good Samaritan Hospital, Merrill  
Ascension NE Wisconsin - Mercy Campus, Oshkosh  
Ascension NE Wisconsin - St. Elizabeth Campus, Appleton  
Ascension Our Lady of Victory Hospital, Stanley  
Ascension Sacred Heart Hospital, Tomahawk  
Ascension Sacred Heart Rehabilitation Hospital, Milwaukee  
Ascension SE Wisconsin Hospital - Elmbrook Campus, Brookfield  
Ascension SE Wisconsin Hospital - Franklin Campus, Franklin  
Ascension SE Wisconsin Hospital - St. Joseph Campus, Milwaukee  
Ascension St. Francis Hospital, Milwaukee  
Ascension St. Mary's Hospital, Rhinelander  
Ascension St. Michael's Hospital, Stevens Point  
Aspirus Divine Savior Hospital & Clinics, Portage  
Aspirus Langlade Hospital, Antigo  
Aspirus Medford Hospital & Clinics, Inc., Medford  
Aspirus Riverview Hospital & Clinics, Inc., Wisconsin Rapids  
Aspirus Stevens Point Hospital, Stevens Point  
Aspirus Wausau Hospital, Wausau  
Aurora BayCare Medical Center, Green Bay  
Aurora Lakeland Medical Center, Elkhorn  
Aurora Medical Center - Bay Area, Marinette  
Aurora Medical Center - Manitowoc County, Two Rivers  
Aurora Medical Center - Washington County, Hartford  
Aurora Medical Center in Burlington  
Aurora Medical Center in Grafton  
Aurora Medical Center in Kenosha  
Aurora Medical Center in Oshkosh  
Aurora Medical Center in Summit  
Aurora Psychiatric Hospital, Wauwatosa  
Aurora Sheboygan Memorial Medical Center, Sheboygan  
Aurora Sinai Medical Center, Milwaukee  
Aurora St. Luke's Medical Center, Milwaukee  
Aurora West Allis Medical Center, West Allis  
Bellin Health Oconto Hospital, Oconto  
Bellin Hospital, Green Bay  
Bellin Psychiatric Center, Green Bay  
Beloit Health System, Beloit  
Black River Memorial Hospital, Inc., Black River Falls  
Burnett Medical Center, Grantsburg  
Children's Wisconsin - Fox Valley Hospital, Neenah  
Children's Wisconsin - Milwaukee Hospital, Milwaukee  
Clement J. Zablocki VA Medical Center, Milwaukee  
Crossing Rivers Health Medical Center, Prairie du Chien  
Cumberland Healthcare, Cumberland  
Door County Medical Center, Sturgeon Bay  
Edgerton Hospital and Health Services, Edgerton  
Essentia Health St. Mary's Hospital - Superior, Superior  
Fort HealthCare, Fort Atkinson  
Froedtert & the Medical College of Wisconsin -  
Froedtert Community Hospital – New Berlin, New Berlin  
Froedtert & the Medical College of Wisconsin -  
Froedtert Community Hospital – Pewaukee, Pewaukee  
Froedtert & the Medical College of Wisconsin -  
Froedtert Hospital, Milwaukee  
Froedtert & the Medical College of Wisconsin -  
Froedtert Menomonee Falls Hospital, Menomonee Falls  
Froedtert & the Medical College of Wisconsin -  
Froedtert West Bend Hospital, West Bend  
Grant Regional Health Center, Lancaster  
Gundersen Boscobel Area Hospital and Clinics, Boscobel  
Gundersen Lutheran Medical Center, La Crosse  
Gundersen Moundview Hospital and Clinics, Friendship  
Gundersen St. Joseph's Hospital and Clinics, Hillsboro  
Gundersen Tri County Hospital & Clinics, Whitehall  
Hayward Area Memorial Hospital & Water's Edge, Hayward  
Holy Family Memorial, Inc., Manitowoc  
Howard Young Medical Center, Woodruff  
HSHS Sacred Heart Hospital, Eau Claire  
HSHS St. Clare Memorial Hospital, Oconto Falls  
HSHS St. Joseph's Hospital, Chippewa Falls  
HSHS St. Mary's Hospital Medical Center, Green Bay  
HSHS St. Nicholas Hospital, Sheboygan  
HSHS St. Vincent Hospital, Green Bay  
Hudson Hospital & Clinic, Hudson  
Indianhead Medical Center, Shell Lake  
Lakeview Specialty Hospital & Rehab, Waterford  
Marshfield Medical Center, Marshfield  
Marshfield Medical Center - Beaver Dam  
Marshfield Medical Center - Eau Claire  
Marshfield Medical Center - Ladysmith  
Marshfield Medical Center - Minocqua

*(continued on next page)*

## WHA Member Hospitals (continued)

Marshfield Medical Center - Neillsville  
Marshfield Medical Center - Park Falls  
Marshfield Medical Center - Rice Lake  
Marshfield Medical Center - Weston  
Mayo Clinic Health System - Chippewa Valley, Bloomer  
Mayo Clinic Health System - Eau Claire  
Mayo Clinic Health System - La Crosse  
Mayo Clinic Health System - Northland, Barron  
Mayo Clinic Health System - Oakridge, Osseo  
Mayo Clinic Health System - Red Cedar, Menomonie  
Mayo Clinic Health System - Sparta  
Memorial Hospital of Lafayette Co., Darlington  
Memorial Medical Center of Ashland  
Mercyhealth Hospital and Medical Center - Walworth,  
Lake Geneva  
Mercyhealth Hospital and Trauma Center, Janesville  
Midwest Orthopedic Specialty Hospital, Franklin  
Mile Bluff Medical Center, Mauston  
Monroe Clinic, a member of SSM Health, Monroe  
North Central Health Care, Wausau  
Orthopaedic Hospital of Wisconsin, Glendale  
Osceola Medical Center, Osceola  
Prairie Ridge Health, Columbus  
ProHealth Oconomowoc Memorial Hospital, Oconomowoc  
ProHealth Rehabilitation Hospital of Wisconsin, Waukesha  
ProHealth Waukesha Memorial Hospital, Waukesha  
Reedsburg Area Medical Center, Reedsburg  
Ripon Medical Center, Ripon  
River Falls Area Hospital, River Falls  
Rogers Behavioral Health, Oconomowoc  
Sauk Prairie Healthcare, Prairie du Sac  
Select Specialty Hospital - Milwaukee - St. Francis, Milwaukee  
Select Specialty Hospital - Milwaukee - West Allis  
Select Specialty Hospital - Madison  
Southwest Health, Platteville  
Spooner Health, Spooner  
SSM Health St. Clare Hospital - Baraboo  
SSM Health St. Mary's Hospital, Madison  
SSM Health St. Mary's Hospital - Janesville  
St. Agnes Hospital, Fond du Lac  
St. Croix Regional Medical Center, St. Croix Falls  
Stoughton Health, Stoughton  
The Richland Hospital, Inc., Richland Center  
ThedaCare Medical Center - Berlin, Berlin  
ThedaCare Medical Center - New London  
ThedaCare Medical Center - Shawano  
ThedaCare Medical Center - Waupaca  
ThedaCare Medical Center - Wild Rose  
ThedaCare Regional Medical Center - Appleton  
ThedaCare Regional Medical Center - Neenah  
Tomah Health, Tomah  
UnityPoint Health - Meriter, Madison  
University Hospital, Madison  
Upland Hills Health, Inc., Dodgeville  
UW Health Rehabilitation Hospital, Madison  
VA Medical Center, Tomah  
Vernon Memorial Healthcare, Viroqua  
Watertown Regional Medical Center, Watertown  
Waupun Memorial Hospital, Waupun  
Western Wisconsin Health, Baldwin  
Westfields Hospital & Clinic, New Richmond  
William S. Middleton Memorial Veterans Hospital, Madison  
Willow Creek Behavioral Health, Green Bay





The Wisconsin Hospital Association, PO Box 259038, Madison, WI 53725-0938 | 608.274.1820 | [www.wha.org](http://www.wha.org)