

**Wisconsin Hospital Association, Inc.**

**NEWS**

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## **Wisconsin Hospitals Continue to Improve Quality, Reduce Infections, Increase Value**

### **Quality efforts aim to reduce readmissions, infections, falls**

**MADISON (March 2, 2017)** ---- Wisconsin hospitals continue to make significant progress to improve the quality of patient care by lowering some infection rates by nearly 60 percent and reducing hospital readmission rates according to a new [report](#) released today by the [Wisconsin Hospital Association](#) (WHA).

“Wisconsin is consistently among the best states in the country in patient care quality rankings, and that serves to inspire us to do better and to sustain the progress we have already made,” according to WHA Chief Quality Officer Kelly Court. “We are on the right road, but we still have a way to go to ensure every patient receives the best care possible every time.”

Preventing patients from falling can be a challenge, but there was a 38 percent decrease in falls among the 79 hospitals that work closely with the WHA team of quality improvement advisors.

The same hospitals decreased catheter-associated urinary tract infections (CAUTI) by 56 percent. CAUTI is one of the most common hospital-acquired infections. Between 15-25 percent of hospitalized patients have a urinary catheter placed during their hospital stay so it affects thousands of patients in our state every year.

One of the most difficult infections hospitals fight is Clostridium difficile infection (CDI). CDI is a diarrheal illness that commonly occurs in people who have been on antibiotics. At risk individuals are those who are frequently hospitalized, older individuals, and those who are immune-compromised. Individuals with CDI are 77 percent more likely to be readmitted to the hospital.

The rate of CDI has been increasing in Wisconsin, as it has nationally, but the upward trend did not continue here in the first half of 2016, signaling that hospitals are finding new ways to successfully fight this infection.

When a patient has an infection, it puts them at risk for developing sepsis, which is the body's toxic response to infections. This response can lead to tissue damage, organ failure and death. Sepsis can develop in anyone, at any age, for any type of infection.

Wisconsin hospitals are aggressively working to reduce sepsis mortality through early detection and rapid aggressive treatment. The faster sepsis is identified, the better the chances are that the patient will survive this life-threatening condition. Sepsis can be hard to diagnose because the symptoms mimic other less serious conditions.

WHA has brought hospitals and patient advocates from across the state together to learn how to identify and treat sepsis. These combined efforts and an increased focus on sepsis has led to an 18 percent decrease in mortality-associated sepsis since 2013. Wisconsin hospitals have made such good progress in this very difficult area of clinical practice that they were featured on a Centers for Disease Control (CDC) national Town Hall Forum to share what they had learned with hospitals across the country.

“For more than a decade, Wisconsin hospitals have set competitive interests aside and have been working together to share best practices to improve quality in their hospitals,” according to WHA President/CEO Eric Borgerding. “WHA has facilitated these efforts and we have encouraged and fostered practices and initiatives among our member hospitals that have led to greater transparency and measurable improvement.”

Borgerding is cautiously optimistic about the future of Wisconsin's health care delivery system.

“The health care environment is fraught with uncertainty in the short term, but as the dust settles, Wisconsin hospitals and health systems believe that their focus on delivering high-quality, efficient and cost-effective care is the bridge that will get us from where we are today to where we want to be tomorrow,” Borgerding said.

Many factors influence whether a patient is readmitted to the hospital. Some are within the control of the hospital and care providers, others are not. The variation with each patient, which includes the support they have in the home and community, adds to the complexity of keeping patients from reentering the hospital. It requires hospitals to work with social services agencies, home health and long term care facilities. And, while Wisconsin's readmission rate is close to the national benchmark of 8 percent, hospitals are committed to driving this rate even lower.

Knowing that collaboration is a key to success in quality improvement work, this year WHA partnered with the Michigan Health & Hospital Association (MHA), and the Illinois Health and Hospital Association (IHA) to launch a joint quality improvement program— the Great Lakes Partners for Patients —as part of a Centers for Medicare & Medicaid Services (CMS) Hospital Improvement Innovation Network (HIIN) contract. This unique partnership unites the quality improvement strengths of three statewide hospital associations, guiding participating members through a variety of best practices, resources and collaboratives to reduce hospital-acquired conditions and readmissions over the course of three years.

Visit WHA's [WiCheckPoint.org](http://WiCheckPoint.org) site to see the rates for individual hospitals on many quality-related measures.

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