

March 16, 2018

Volume 62, Issue 11

## Wisconsin Lt. Governor Rebecca Kleefisch to Keynote Advocacy Day Luncheon



Lt. Gov. Rebecca  
Kleefisch

Wisconsin's "Jobs Ambassador," Lieutenant Governor Rebecca Kleefisch, will provide the luncheon keynote address to 1,000 hospital and health care advocates at WHA's annual Advocacy Day event March 21. The Lieutenant Governor, who is an outspoken advocate for health care in Wisconsin, will discuss the administration's accomplishments to promote high-quality health care and ensure providers have the tools to maintain the quality care we currently have in Wisconsin.

In addition to serving as the state's Lieutenant Governor, Kleefisch has also worked for over a year as co-chair of the Governor's Task Force on Opioid Abuse, which includes representation from provider organizations like WHA. *(continued on page 2)*

## WHA Offers Advanced Practice Clinician Conference *Understand and grow your APC workforce*

On September 13, WHA will bring together those interested in examining the challenges and opportunities for integrated care delivery associated with the use of advanced practice clinicians (APCs). "WHA Advanced Practice Clinician Conference: A Comprehensive Look at APC Practice Challenges and Opportunities for Integrated Care Delivery in Wisconsin" will be held at Glacier Canyon Lodge at The Wilderness Resort in Wisconsin Dells. Additional information and online registration are now available at [www.cvent.com/d/hgg74q](http://www.cvent.com/d/hgg74q).

The program will provide a comprehensive review of key regulations and payment policies, education and training, scope of practice, and onboarding and retention trends. This one-day conference is designed for hospital and clinic leaders, clinicians in leadership and practice roles, human resources and recruiting specialists and all others who need to understand and navigate nuances, limitations and opportunities to support and maximize the integration of APCs within their organizations.

Registration is open at [www.cvent.com/d/hgg74q](http://www.cvent.com/d/hgg74q). Direct content questions to Ann Zenk ([azenk@wha.org](mailto:azenk@wha.org)) or Matthew Stanford ([mstanford@wha.org](mailto:mstanford@wha.org)). Registration questions can be directed to Kayla Chatterton at [kchatterton@wha.org](mailto:kchatterton@wha.org) or call 608-274-1820.

## Fort Healthcare CEO Mike Wallace Reflects on Public Health, Leadership and the role of WHA in *Becker's* Interview

*Written by Alia Paavola, Becker's Hospital Review, March 13, 2018*

Since joining Fort Atkinson, Wis.-based Fort HealthCare as president and CEO in 2006, Michael Wallace has implemented a vision and executed strategies to improve health outcomes in the community and the state of Wisconsin.

Mr. Wallace's vision, leadership and dedication helped Jefferson County, where Fort HealthCare is located, move from the 33rd spot out of 72 counties to the 9th spot in 2017 on the University of Wisconsin Population Health Initiative rankings for overall health outcomes.

In addition to his executive leadership role at the health system, Mr. Wallace, an untiring advocate for better health in Wisconsin, served as the chairman of the Wisconsin Hospital Association, is a fellow in the American College of Healthcare Executives and holds a board position at Wisconsin Manufacturers and Commerce.

Here, Mr. Wallace discusses a few key takeaways from his role at the WHA, describes his best colleague and shares his thoughts on the future of rural healthcare.

Note: The following responses were lightly edited for length and clarity.

**Question: What is your favorite part about being a CEO in the healthcare industry?**

**Michael Wallace:** I think short and sweet, articulating a vision and making it happen. I enjoy talking about things,

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## **Continued from page 1 . . . Wisconsin Lt. Governor Rebecca Kleefisch to Keynote Advocacy Day Luncheon**

Kleefisch has been recognized with a Courage in Leadership award by the Faith & Freedom Coalition and a Woman of Exceptional Courage award from the Clare Booth Luce Institute. In May 2014, the *Washington Post* cited her as one of 40 rising stars in American politics.

If you have not signed up for Advocacy Day yet, registration will remain open through Monday, March 19. Advocacy Day is a free member event, but advance registration is required. Register today at [www.whareg4.org/2018AdvocacyDay](http://www.whareg4.org/2018AdvocacyDay).

## **WHA Member Forum Webinar Focuses on Act 140 Reforms to Mental Health Emergency Processes**

### ***Sign up now for the March 23 webinar***

On December 7, Gov. Scott Walker signed into law Act 140 which enacts recommendations made by WHA's Behavioral Health Task Force to better define in statute hospitals' and physicians' roles in mental health emergencies. On March 23, from 12 noon – 12:45 p.m., WHA will offer a WHA member forum webinar focusing on the Act 140 changes entitled "New Wisconsin Emergency Detention Law: Regulatory Reforms Impacting EMTALA, Liability, and Disclosure."

This webinar is complimentary for WHA hospital and corporate members, but pre-registration is required. To register, visit: [www.whareg4.org/WIEmergencyDet](http://www.whareg4.org/WIEmergencyDet). For content questions, contact Matthew Stanford at 608-274-1820 or [mstanford@wha.org](mailto:mstanford@wha.org). For registration questions, contact Kayla Chatterton at [kchatterton@wha.org](mailto:kchatterton@wha.org) or 608-274-1820.

In addition, WHA has created a detailed summary of the new Act that is available in the WHA members only portal. The summaries are for WHA members only and will not be generally accessible on its website. Instead, they are posted to the WHA member portal, which can be found either at <http://members.wha.org> or by clicking on the "WHA Members Only" icon on the [www.wha.org](http://www.wha.org) website. Once in the WHA member portal, the summaries can be found in the dropdown menu under the "Legal Resources" tab. The member portal is a secure location and requires a first-time user to obtain a username and password. If you do not have a member account, go to <http://members.wha.org> and click on "Register" to create an account. If you have questions about how to register, contact Tammy Hribar at [thribar@wha.org](mailto:thribar@wha.org) or 608-274-1820.

## **WHA-Backed Rural Training Grant Applications Now Available – Due April 20 *March 19 webinar—application review and prep for DHS Q & A session***

The Wisconsin Department of Health Services (DHS) announced March 16 the Request for Applications (RFA) for new advanced practice clinician training grants. The new grant program, spearheaded by WHA and part of the Rural Wisconsin Initiative, is modeled after the successful WHA-led matching-grant GME program, and supports the development of advanced practice clinician training at hospitals and clinics in rural areas.

The RFA is available at [www.dhs.wisconsin.gov/contracts/advanced-practice-clinician-training-grant-2018.htm](http://www.dhs.wisconsin.gov/contracts/advanced-practice-clinician-training-grant-2018.htm). The grants will encourage partnerships among small rural hospitals and clinics, education providers and health systems. Hospitals and clinics in communities with populations of less than 20,000 will receive priority for funding. The grants are capped at \$50,000 per applicant per year and require a 100 percent cash or in-kind match.

WHA will hold an informational webinar about these new grant opportunities March 19. DHS will host a question and answer conference call for interested parties March 23. Non-binding Notice of Intent to Apply is due March 30, and final applications are due April 20.

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## Continued from page 2 . . . WHA-Backed Rural Training Grant Applications Now Available – Due April 20

To register for WHA's March 19 webinar visit [www.whareg4.org/RWIGrantWebinar](http://www.whareg4.org/RWIGrantWebinar). For content questions, contact Ann Zenk at 608-274-1820 or [azenk@wha.org](mailto:azenk@wha.org). For registration questions, contact Kayla Chatterton at [kchatterton@wha.org](mailto:kchatterton@wha.org) or 608-274-1820.

## 2018 County Health Rankings Data Valuable to CHNA Process

Hospitals and health systems have looked forward to the release of the 2018 County Health Rankings because the data collected and shared in this annual report from the Robert Wood Johnson Foundation (RWJF) and the University of Wisconsin Population Health Institute is helpful in the community health needs assessment (CHNA) process. The Health Rankings make it clear that good health includes many factors beyond medical care, such as education, jobs, smoking, access to healthy foods, and more.

Wisconsin county-specific information is available here: [www.countyhealthrankings.org/explore-health-rankings/reports/state-reports/2018/wisconsin](http://www.countyhealthrankings.org/explore-health-rankings/reports/state-reports/2018/wisconsin). You can compare counties based on key demographic, social and economic indicators here: [www.countyhealthrankings.org/explore-health-rankings#county-select-38](http://www.countyhealthrankings.org/explore-health-rankings#county-select-38).

This year's rankings show that health gaps persist not only by place, but also among racial and ethnic groups. These gaps are largely the result of differences in opportunities in the places we live.

The 2018 County Health Rankings Key Findings Report ([www.countyhealthrankings.org/explore-health-rankings/rankings-reports/2018-county-health-rankings-key-findings-report](http://www.countyhealthrankings.org/explore-health-rankings/rankings-reports/2018-county-health-rankings-key-findings-report)) highlights social and economic factors that drive health. This year's data shows:

- After nearly a decade of improvement, there are early signs that **the percentage of babies born at low birthweight may be on the rise** (a two percent increase from 2014). In all 50 states, there is a higher percentage of Black low birthweight babies than for other racial groups.
- **Some places and groups of people have fewer social and economic opportunities**, which also limits their ability to be healthy. More than 1 out of every 5 youth in the bottom performing counties do not graduate from high school in four years. For American Indian/Alaskan Native, Black, and Hispanic youth, it is 1 out of 4.
- **Residential segregation provides a clear example of the link between race and place**. For instance, in smaller metro and large urban counties, Black residents face greater barriers to health and opportunity. Black residents have higher rates of child poverty, low birthweight, and infant mortality, and lower high school graduation rates than White residents.
- **Child poverty rates remain at levels higher than those of the pre-recession era** despite declines in recent years. Patterns of recovery vary by both race and place. Child poverty rates have been slow to rebound in rural counties and in those with a greater share of people of color.
- **Teen birth rates have been declining** across community types and racial groups for more than a decade. **Yet gaps by place and race persist**. For example, teens in rural counties have seen the least improvement and continue to have the highest birth rates, nearly twice the rate of teens in suburban counties. American Indian/Alaskan Native, Hispanic, and Black teens have birth rates twice as high as White or Asian teens.

Hospitals, health systems and local health departments can use the rankings to support their work and invite new partners to the table—leaders in education, business, and community development—to take action and put healthy choices within everyone's reach.

The County Health Rankings & Roadmaps program offers data, tools, and resources in the Roadmaps to Health Action Center ([www.countyhealthrankings.org/take-action-improve-health/action-center](http://www.countyhealthrankings.org/take-action-improve-health/action-center)) so hospitals, community partners, and local health officials can accelerate their health improvement efforts.

## WHA Foundation Announces Scholarships for Hospital Team Simulation Training



High fidelity clinical simulation provides an environment for a health care team to experience infrequently encountered clinical scenarios, as well as practice and improve team communication. Across Wisconsin, high fidelity simulation labs are available to hospitals; however, cost, scheduling and other logistical issues can be a barrier to participation for some.

Since 2016, the WHA Foundation has provided scholarships to 40 Wisconsin hospitals, allowing them to participate in a variety of simulation training scenarios, including high-risk OB delivery, pediatric trauma, and severe sepsis/septic shock. The feedback from these simulation training experiences were overwhelmingly positive, leading the WHA Foundation to continue this program in 2018.

The WHA Foundation has granted funding to provide another 20 scholarships in 2018, for interdisciplinary teams to participate in clinical simulation training, choosing from stroke, OB or severe sepsis/septic shock scenarios.

Four simulation labs across the state have partnered with the WHA Foundation to offer hospital teams hands-on simulation experiences. This is an excellent opportunity for hospitals who might have limited access to high fidelity simulation.

For complete information on scholarship eligibility and criteria, visit the WHA Foundation webpage at: [www.wha.org/whaFoundation.aspx](http://www.wha.org/whaFoundation.aspx).

To apply for a scholarship, visit: [www.surveymonkey.com/r/18SimScholarship](http://www.surveymonkey.com/r/18SimScholarship). The submission deadline is 5:00 pm CST on April 6, with notification by April 13. A maximum of 20 scholarships will be awarded, so hospitals are encouraged to apply as soon as possible. Direct any questions to Jennifer Frank at [jfrank@wha.org](mailto:jfrank@wha.org).

## WI Hospitals Collaborate to Improve Sepsis Care and Reduce Readmissions

Eighty-six multidisciplinary care team members representing 17 Wisconsin hospitals met March 13, 2018 for a day of learning and action planning with the goal of reducing hospital readmissions for patients who have had sepsis.



*Action planning at Aurora Sinai, one of four Wisconsin hospitals that hosted improvement teams March 13*

Sepsis can occur when the body goes into "overdrive" in response to an infection, and can lead to tissue damage, organ failure, and even death if not detected and treated early. We know that these patients have a higher likelihood of being readmitted to the hospital within 30 days after discharge, so post-hospital coordinated care is important to continue the healing process. *(continued on page 5)*

## **Continued from page 4 . . . WI Hospitals Collaborate to Improve Sepsis Care and Reduce Readmissions**

Teams of physicians, nurses, and discharge planners gathered for Sepsis Readmissions Satellite Sessions in host hospital locations throughout the state and were joined virtually by hospital teams in Michigan and Illinois to hear best-practice broadcasts by subject matter experts on both readmissions and sepsis topics. Later, participants could share their challenges and successes with each other and create action plans for next steps back in their hospitals.

“This kind of activity exemplifies the all-learn, all-share culture that Wisconsin hospitals have created,” said WHA Chief Quality Officer Beth Dibbert. “This commitment of time and resources by our member hospitals directly impacts quality outcomes for patients. A big thank you to our host hospitals!”

## **Continued from page 1 . . . Fort Healthcare CEO Mike Wallace Reflects on Public Health, Leadership and the role of WHA in *Becker’s* Interview**

organizing people and seeing it come to fruition a few years later. Taking concepts and making them a reality is something I enjoy. An example of a vision that has come to fruition is changing our mission. About eight years ago we changed our mission and vision to improve the health and wellbeing of our community...and our vision was to become the healthiest community in Wisconsin. We organized ourselves in a way and held up our benchmark, and the work that we’ve done has moved us into the top 10 out of the 72 counties when we started out as 33rd. There’s a lot that’s gone into making it happen, but the main thing I enjoyed was keeping that vision and executing it.

### **Q: What are a few key takeaways from your role at the Wisconsin Hospital Association?**

**MW:** I think an awful lot about the WHA, and a main takeaway is that advocacy works. Testimonials from the field drive the legislative process. Legislators want to hear how a policy will impact operations or how the lack of legislative action would affect players in the healthcare space. I am a firm believer in the process. We are the face of healthcare and if we are not out trying to improve or represent our constituents we will not be represented.

Another thing is the culture of ‘competitors coming together for the greater good’—players from Milwaukee, Madison and other metropolitan areas are considered competition, but the entire group comes together and spins their hats around to collaborate. A good takeaway from this is just knowing to set aside individual silos and organizational strategies to find the areas of agreement.

### **Q: If you could change one thing about healthcare overnight, what would it be?**

**MW:** I would increase patient engagement, prevention and self care. People can no longer be passive in healthcare. While [providers] can offer counseling, interventions and other services—the single greatest determinant of a patient’s health is the decision or decisions he or she makes outside of the hospital or doctor’s office.

I think this lack of patient engagement is a challenge in healthcare. We have insulated the patient or consumer too much from the true cost of care and accountability for their overall health outcomes. We can put together outstanding care plans detailing what people should do, and then they leave the ER, or office and the noncompliance of the patient causes the patient to boomerang...they crash, they come back...we rescue and save them again. We are very good at that. But we should be better at the public health approach. So much of what we treat is lifestyle driven illness; we know it’s treatable, manageable and, in many cases, curable but patients need to be engaged. They can’t just wait for the magic pill or intervention. I wish I could change the level of engagement overnight.

### **Q: Describe one of your best colleagues. What is it that this person brings that is indispensable to your organization?**

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**MW:** The people who have had the most influence on me, both presently and in the past, are leaders with a people-oriented leadership style. Healthcare is a people-oriented business; we take care of people so it takes that type of leadership style. People in those leadership roles need to be visible, available and approachable. You have to have all three. There are many leaders that are visible but not approachable... it's finding that blend to be in touch with what will make the organization better.

**Q: What is one piece of advice you would offer to other CEOs?**

**MW:** I'd say visualize the outcome you want and then go get it. I also like the phrase 'try hard, fail fast, move on, start over...' You're one step closer to a solution if the last one didn't work. But don't let perfect get in the way of good. I like to be 8 for 10 rather than 3 for 3...Failure is the byproduct of trying to move an organization forward. If I get 8 of 10 things right, I am going to end up further along, closer to my vision than if I wait to be sure about everything to get that perfect 3 for 3.

**Q: Are you optimistic about the future of rural healthcare?**

**MW:** I am very optimistic. I think rural health is critical to the overall success of our healthcare delivery system. Simply stated, as you decrease access to care you increase cost of care. Rural health increases that access and can overall lower that cost. That upper respiratory infection that can be treated with a script of antibiotics...if you decrease access to that care, it becomes full-blown pneumonia, it becomes an ER visit with a \$10,000 hospitalization and yeah, we saved the patient, but if they had better access to care or if we preserved rural healthcare, we can mitigate some of those conditions with early detection, prevention and wellness. All roads can't lead to the big city, certainly some roads need to lead there for tertiary care, but it's in our interest to preserve and protect the rural healthcare system.

This article was published in *Becker's Hospital Review* March 13, 2018. Find at: [www.beckershospitalreview.com/hospital-management-administration/fort-healthcare-ceo-michael-wallace-on-executing-a-vision-i-like-to-be-8-for-10-rather-than-3-for-3.html](http://www.beckershospitalreview.com/hospital-management-administration/fort-healthcare-ceo-michael-wallace-on-executing-a-vision-i-like-to-be-8-for-10-rather-than-3-for-3.html)