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WHA to Hold Health Care Quality Briefing for State Lawmakers ***Health committee chairs and ranking members encourage colleagues to attend***

Lawmakers and staff in the state capitol will be able to attend a health care quality briefing June 3 hosted by the Wisconsin Hospital Association, that will include presentations by WHA Executive Vice President Eric Borgerding, WHA Chief Quality Officer Kelly Court and quality staff from several Wisconsin hospitals. The briefing will highlight recent efforts by WHA members to improve the quality of care for patients in Wisconsin, including the quantifiable results that Wisconsin hospitals have produced in lowering hospital-associated infections and reducing readmissions.

The briefing will also highlight important public policy that has been enacted in Wisconsin to protect the ability of Wisconsin medical providers to provide high-quality health care.

Hospital members participating in the briefing include Joanne Jackson, quality improvement administrator from Amery Medical Center and Gail Ostrander, chief performance improvement officer from HSHS – Eastern Division, Green Bay.

A bipartisan group of committee leaders in the Senate and Assembly Health Committees, including Sen. Leah Vukmir (R-Wauwatosa), Rep. Erik Severson (R-Star Prairie), Sen. Jon Erpenbach (D-Middleton) and Rep. Sandy Pasch (D-Shorewood), sent an email May 15 encouraging other lawmakers and staff to attend this briefing. In the email, the Health Committee leaders said, “Several recent reports and rankings have put Wisconsin in the national spotlight for having some of the highest quality care in the country.” The email goes on to say that “Whether you are a rural or urban legislator, you know that hospitals and clinics are the core of many communities within your district,” and that this education opportunity will show what “makes health care a true asset for our state.”

The briefing will take place Tuesday, June 3 from 10 - 11 a.m. in Room 412 East of the Wisconsin State Capitol.

A copy of the email is available at www.wha.org/pdf/VukmirInvite4-15-14.pdf.

State’s Largest Business Group Weighs in Against “Hidden Health Care Tax” ***WMC urges Congress to protect providers from Medicare, Medicaid cuts***

In support of the high value health care systems and hospitals in Wisconsin, the state’s largest business group, Wisconsin Manufacturers & Commerce (WMC), weighed in with Wisconsin’s Congressional Delegation against further cuts that would exacerbate the “hidden health care tax.”

“Hospitals and health care systems are part of the economic fabric of Wisconsin, ranking high on the list of what business located here need and what business looking to locate here want,” began the WMC letter. “Like good schools and roads, excellent health care is an essential asset to the infrastructure of our state.”

To date, Wisconsin hospitals and systems have seen over \$4 billion in Medicare payment reductions due to Congressional actions over the past few years. The letter went on to discuss how these continued cuts increase cost-shifting to others. *(continued on page 2)*

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"Unfortunately...continued Medicare or Medicaid cuts will only exacerbate an already unsustainable situation for Wisconsin employers. As you know, reducing payments to physicians and hospitals will only serve to shift that cost burden to other payers, ultimately increasing the 'hidden health care tax' on businesses."

The letter concluded by highlighting to Wisconsin Members of Congress the importance of Wisconsin's health care system as an economic asset.

"The high quality health care available in Wisconsin is a tool we should be proud to use and tout in order to grow and draw businesses to Wisconsin. We can only do so with your assistance," the letter tells Congress. "We encourage you to protect this nationally-respected asset by supporting thoughtful reforms to federal health care programs and by opposing increases to the 'hidden health care tax.'"

The Wisconsin Hospital Association has aggressively advocated against continued cost-shifting in government programs like Medicare and Medicaid and expressed support for the role WMC can play in those efforts.

"WHA welcomes WMC's engagement on the 'hidden health care tax' and issues related to hospital and provider reimbursement from Medicaid and Medicare," said WHA Executive Vice President Eric Borgerding. "Wisconsin has some of the lowest hospital Medicaid reimbursement rates in the country, which in 2013 caused employer health care costs to inflate by nearly \$1 billion. No one can understand the impact of cost shifting, the 'hidden health care tax', as well as employers. And frankly, no one can be a better partner on remedying this issue than WMC."

WHA Named to NGA Healthcare Workforce Policy Academy

Gov. Scott Walker this week named the Wisconsin Hospital Association to the National Governor's Association (NGA) Healthcare Workforce Policy Academy. WHA will participate on the core team as a private sector expert on health care workforce issues.

"WHA is a recognized expert on health care workforce issues. Workforce is one of WHA's leading priorities and has been for over a decade," according to George Quinn, WHA senior policy advisor. "We are looking forward to working with policy makers and content experts to develop strategies and to create tools to meet our future health care workforce needs."

Wisconsin was one of seven states selected to participate in the National Governor's Association Policy Academy, *"Building a Transformed Healthcare Workforce: Moving From Planning to Implementation."* The policy academy will be an opportunity for states to develop and implement statewide plans to meet future health care workforce needs.

A core team has been named that will include the Governor's office, other members of the Governor's Administration, WHA, the Wisconsin Medical Society, the University of Wisconsin School of Medicine and Public Health and Area Health Education Center, Wisconsin's Technical College System and the Wisconsin Council on Mental Health.

Topics covered will include developing a statewide workforce plan, streamlining licensing requirements, analyzing data on upcoming workforce needs, implementing inter-professional training opportunities and examining opportunities for new types of professionals. Wisconsin's team will be joined by teams from six other states: Colorado, Indiana, Kentucky, Minnesota, North Carolina and Oklahoma.

More CAH Piling On

What does the Journal of the American Medical Association (JAMA) have against critical access hospitals (CAHs)? And while we are asking, how about the Inspector General (OIG), the Obama Administration and CMS?

The National Rural Health Association (NRHA) is on a rampage, suggesting that JAMA has "resumed its inquiry into CAHs (focusing on transfer rates)" and that the findings amount to "sweeping conclusions based on minimal evidence" (<http://connect.nrharural.org/blogviewer/?BlogKey=7ddce187-8a58-4801-a748-7c50d8d6b7b2>). Their conclusion is "spot on" and responsive to a recent troublesome trend.

The past year has been a difficult one for CAHs. The challenges have included: an Obama Administration budget that would create mileage requirements for CAH eligibility; an OIG report suggesting the elimination of the current "necessary provider" eligibility criteria; a CMS regulatory surprise that would deny payment for inpatient admissions exceeding 96 hours, and this new "research" that basically claims some CAHs are providing surgeries beyond their capabilities, thus resulting in high transfer rates.

The past year has been a difficult one for CAHs.

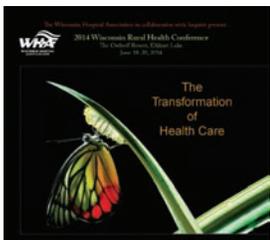
Wisconsin CAHs have much to be proud of, including relatively stable finances, quality scores that mirror their larger peers, and outstanding engagement in ongoing quality improvement initiatives. The CAH program has been a true rural safety net in Wisconsin and all across the nation.

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The only silver lining related to these recent assaults is the fact that CAHs have the opportunity and motivation to better tell their own stories. And Wisconsin politicians are listening and responding positively. This is a program worth celebrating, not disparaging.

Steve Brenton
President

Governance Education a Highlight of Annual Rural Health Conference *June 18-20, The Osthoff Resort, Elkhart Lake; Make hotel reservations by May 28*



A highlight of the annual Wisconsin Rural Health Conference is the popular governance education track, which will include sessions on the fundamental obligations of hospital boards, establishing a culture of quality, and strategic efforts trustees and leaders can make to create a positive patient experience. In addition, sessions on using Lean principals in a rural setting and expanding your hospital's capacity for quality improvement will be included.

The 2014 Wisconsin Rural Health Conference will take place June 18-20 at The Osthoff Resort in Elkhart Lake. If you plan to attend, you are encouraged to make hotel reservations immediately, as the WHA room block will only be held until May 28 or the room block fills, whichever occurs first. Please note it is very unlikely there will be rooms available to conference attendees after May 28, as The Osthoff Resort routinely sells out all hotel rooms due to racing events at Road America.

You are encouraged to make attendance for yourself, your senior leaders and your trustees a priority in 2014. A conference agenda and online registration are available at <http://events.SignUp4.net/14Rural>.

WHA Convenes DHS 124 Task Force

Chris Woleske, executive vice president of Bellin Hospital and chair of the Wisconsin Hospital Association DHS 124 Task Force, convened the first meeting of the Task Force May 15, 2014. WHA established the Task Force after the Legislature passed and Gov. Scott Walker signed 2013 Wisconsin Act 236, the act that reforms Wisconsin's hospital regulations.

In her opening comments, Woleske thanked the Task Force members for their commitment to the project and said, "We're going to generate some great dialogue. I look forward to leading us through the process."

WHA Executive Vice President Eric Borgerding thanked Woleske and the Task Force members and provided context for the Task Force's work. "This is only the second time in about 45 years that the state hospital rules have had any sort of a substantive look," Borgerding said. "It's about time—think about how much health care has changed in the past five years, let alone the past 45 years." Borgerding continued, "We are fortunate we already have a robust and modern set of hospital regulations that apply to every hospital in Wisconsin: the Medicare Conditions of Participation. As we embark on this task, our work will be consistent with that understanding, which was the foundation for Act 236. We will not need to add many standards beyond the standards that are in the Conditions."

Act 236 sunsets much of the current state hospital regulation on July 1, 2016, and establishes the Medicare Conditions of Participation as the state standards for hospitals. The Task Force, which includes hospital leaders from large and small hospitals and health systems across the state, will consider updates to those portions of DHS 124 that remain and other reformed provisions over the next several months.

WHA to Offer Health Law Manuals Webinar Series

WHA will be hosting a complimentary webinar series over the next few months focused on the WHA Health Law Manuals. Each webinar will showcase a specific topic covered by a respective Health Law Manual—for example, consent, mental health issues, health information, record retention and issues facing tax-exempt entities. WHA members are encouraged to register for any or all of the webinars in the series. Sign-up information, as well as more information about each of the webinars in the series, may be found at <http://events.SignUp4.net/HealthLawManual>. Attorneys in attendance may earn CLE credit.

Each webinar in the series will be presented by one of the following WHA corporate member law firms: Hall, Render, Killian, Heath & Lyman; Quarles & Brady; Reinhart Boerner Van Deuren; von Briesen & Roper; and Whyte Hirschboeck Dudek. These firms' assistance was invaluable in the development of the Manuals.

The Health Law Manuals are available for WHA members to view and download at www.wha.org/healthLawManual.aspx. WHA members who would like access to the Manuals should contact webmaster@wha.org to request a username and password.

Children's Preparedness Conference, June 6 in Milwaukee

On June 6, 2014, The Medical College of Wisconsin will host a *Children's Preparedness Conference: Managing Children During Disaster Response and Recovery*. The conference will be entirely devoted to issues specific to pediatric disaster preparation, response and recovery. The conference is intended for administrators and clinical providers who coordinate disaster preparedness or provide disaster response. Sessions will be led by subject matter experts with specific pediatric disaster experience who represent national, regional, and government agencies.

For a full list of speakers and to register, go to www.maxishare.com/conferences_and_training. The cost is \$50 per registrant. For more information, contact Michelle Seitz, emergency preparedness coordinator, Children's Hospital of Wisconsin, at mseitz@chw.org.

High Value Health Care—Wisconsin's Competitive Advantage

High quality, high value health care is a hallmark in Wisconsin. Hospital systems are improving quality, increasing efficiency and delivering value to employers and residents in their communities. Hospitals have been working with WHA in a focused initiative to improve quality.

WHA Partners for Patients Northwoods Hospital Tour: "Hospitals Get it Right"

In spite of a major spring blizzard in Wisconsin's northwoods, WHA Quality Coordinator Tom Kaster received a warm welcome in five hospitals located in northwestern Wisconsin. Kaster was in the area to assess the hospitals' progress on quality improvement projects they were working on as part of their participation in the WHA Partners for Patients program.

"Despite the challenging weather, I was very excited about the opportunity to visit these hospitals for the second time," according to Kaster. "Each hospital has been very engaged in Partners for Patients and has been able to consistently improve the care that they provide to their communities. In the past two years, I have personally witnessed how, through the various initiatives, the rural hospitals in this region have increased their improvement capacity, produced great results and sustained the improvements."

Below are a few highlights of each hospital visit:

Osceola Medical Center:

Through the leadership of Osceola's Quality Manager Leann Johnson, Osceola has sustained their progress in preventing falls and readmissions. In their falls initiative, led by Rachel Zimmer, they have created a constant and consistent focus on falls prevention throughout the hospital. The hospital also implemented several best-known falls prevention practices that have helped drive sustained results. Jamie Tinney has directed Osceola's readmissions efforts and she spearheaded several exceptional implementations that have made an impact throughout their system. In addition to post-discharge phone calls, which are proven to reduce the likelihood that a patient is readmitted, they expanded their collaboration with other community resources and agencies to connect patients to the help they need beyond their hospital stay. In line with Wisconsin's quality improvement mantra, Osceola Medical Center "is not done yet." For 2014, they set their sights on improving their surgical infections outcomes and are active participants in the WHA Partners for Patients Surgical Site Infection initiative.

St. Joseph's Hospital, Chippewa Falls:

St. Joseph's Partners for Patients improvement efforts are led by Clinical Quality Engineer Tammy Lampro. So far, St. Joseph's has been working diligently on preventing readmissions and venous thrombosis embolisms (VTE). Their efforts have sustained their VTE rate at zero for more than nine months. For readmissions, they have implemented several evidence-based prevention processes and are fostering strong relationships with other agencies in their area to help their patients post-discharge.

In 2014, St. Joseph's is taking their quality improvement efforts to the next level by implementation of a robust patient and family engagement initiative.

Burnett Medical Center, Grantsburg:

Burnett Medical Center has been building quality improvement capacity throughout their organization over the past two years. Their hard work has paid off. In nine of the past 12 months they have had zero patient falls. In addition, since January of 2012 they have had more than 23

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months with zero falls with injuries. These outstanding outcomes are a direct result of their falls prevention initiatives through WHA Partners for Patients. Through their readmissions prevention project, they have implemented improvements in pre-discharge patient education and training, instituted post-discharge phone calls and are continuing to work with other community agencies to help patients transition to home and to other care settings. After working hard on readmissions and falls, Burnett Medical Center added surgical site infection (SSI) prevention to their active initiatives in 2013. After a year of work, they are seeing consistent improvement in their SSI prevention processes and outcomes.

Indianhead Medical Center, Shell Lake:

Indianhead Medical Center in Shell Lake has focused their efforts on preventing catheter-associated urinary tract infections (CAUTI) as well as reducing readmissions. Their CAUTI project started in their night shift units and has now spread hospital-wide on all shifts.

“From an improvement science standpoint, they did a masterful job of testing the various evidence-based CAUTI prevention processes with the night shift and once stabilized, implemented it throughout the organization,” according to Kaster. “As a result of their successful strategy, they have not had a CAUTI in more than two years.”

Lakeview Medical Center, Rice Lake:

Kaster reported that Lakeview Medical Center’s work on readmissions has been “nothing short of exceptional.” The team developed a robust readmission prevention program that incorporates all key readmissions drivers including: pre-discharge education, post-discharge phone calls, pre-discharge medication reconciliation and ensuring that follow-up appointments are scheduled with primary care physicians prior to discharge. To move their improvement work to the next level, the hospital played a key role in organizing a collaborative with area institutions to assure that patients are able to smoothly transition to their next care setting after discharge. Their excellent readmissions work should not be overshadowed by their exceptional results in reducing surgical site infections.

“A review of their outcomes for both key measures indicates that they are doing things right. Their readmissions rate has consistently dropped over the past two years, and they have continued to achieve statistically significant low levels,” Kaster said. “Just as impressive is the fact that they have not had a reported surgical site infection in more than 20 months.”

WHA Partners for Patients: The Results Show

When analyzing the achievements of the five previously mentioned hospitals, Kaster said a pattern emerges:

- All five have been dedicated and engaged participants in the WHA Partners for Patients Collaborative;
- All five have driven improvement in their organization and reduced overall harm across the board; and,
- All five have caring, talented staff that work hard each and every day to provide high-quality, high-value health care to the communities they serve.

“Tom’s trip report illustrates the value of perseverance. The snow didn’t deter Tom from completing his scheduled visits. More importantly, each of these five hospitals have stuck with their plan and focus on reducing harm,” said WHA Chief Quality Officer Kelly Court. “It is only through the efforts of every one of our hospitals that we are able to uphold Wisconsin’s reputation for delivering high-quality, high-value care.”

Fast Facts from the WHA Information Center

May is Stroke Month



Every 40 seconds, someone in the U.S. has a stroke. WHA Information Center (WHAIC) data for 2013 reports that there were:

- 9,595 inpatient admissions for the treatment of stroke in Wisconsin hospitals
- 2,619 patients seen in emergency rooms (ER)
- 446 observation visits for stroke

Wisconsin hospitals report several stroke-related quality measures on WHA's public reporting website, CheckPoint. View them at: [www.wicheckpoint.org/report topic HeadStroke.aspx](http://www.wicheckpoint.org/report%20topic%20HeadStroke.aspx).

Although stroke is the #4 cause of death and the leading cause of disability in the United States, the American Heart Association/American Stroke Association work to increase stroke awareness and educate people that stroke is largely preventable and treatable. Be aware of the symptoms: FAST - Face drooping, Arm weakness, Speech difficulty, Time to call 9-1-1.

* Data provided by the WHAIC (www.whainfocenter.com).