Wisconsin Hospitals 2012 Quality Report

A report by the Wisconsin Hospital Association
Executive Summary

Large or small, rural or urban, Wisconsin hospitals share a belief that every patient in Wisconsin, no matter where they seek care, should receive the highest quality, safest care possible. Setting competitive interests aside, Wisconsin hospitals have been working together for more than a decade on initiatives facilitated by the Wisconsin Hospital Association that have led to greater transparency and measurable improvement.

This report illustrates and documents the progress that Wisconsin hospitals have made in quality improvement. Wisconsin was recognized by the federal Agency for Healthcare Research and Quality (AHRQ) as the second best state in the nation on overall health care quality based on its score across 171 measures that AHRQ used to evaluate health care performance. In the Centers for Medicare and Medicaid Value-Based Purchasing Program, Wisconsin hospitals were among the top ten performing states in the first round of incentive payments that were based on both clinical care and patient experience of care measures.

Working with the American Hospital Association’s Health Research and Education Trust Organization (HRET), WHA is fostering and facilitating quality improvement. With a national goal of reducing readmissions by 20 percent and reducing patient harm by 40 percent, WHA quality improvement advisors are working directly with quality managers and improvement teams to facilitate and implement quality improvement projects that lead to better patient outcomes. The WHA approach combines webinar-based teaching with individual coaching and consulting to help hospitals problem solve and reach their goals, which in turn, moves Wisconsin and the nation closer to reaching the national goal.

Dedicated health care professionals are practicing patient-centered care by improving efficiency, safety and continuity of care. The WHA Transforming Care at the Bedside (TCAB) project has helped inspire and motivate nurses to try “small tests of change” that lead to measurable improvements in patient care. They then share what they learn with other units and other hospitals.

It’s not just good enough to be “good”—the goal is always excellence.

Hospital teams meet and share their TCAB experiences.
Introduction

Wisconsin's hospitals and health systems all share a common mission to deliver the highest quality, safest care possible to ensure that every patient has the best possible outcome. Quality improvement is integrated into every process that affects a patient’s care—from admission to discharge—and every step in between.

Quality and safety improvement are not just the work of quality managers. Front-line nurses, physicians, support staff, even hospital employees not directly involved in patient care, are all committed to ensuring that patients receive the highest standard of care. As a Wisconsin nurse recently stated at a Transforming Care at the Bedside conference sponsored by the Wisconsin Hospital Association, “99.9 percent is not good enough!”

The relentless drive toward excellence has earned Wisconsin a reputation for having among the highest quality, highest value care in the nation. For more than a decade, hospitals have been publicly reporting key quality measures and collaborating, not competing, to improve quality by sharing best practices and participating in joint learning opportunities, many of which were facilitated by WHA quality staff.

This report illustrates how far Wisconsin hospitals and health systems have come, but it is also a reminder that much more work must be done to achieve—and sustain—even higher levels of quality.

Public Transparency

CheckPoint Launch Marks Release of First Voluntary Public Reporting Site in Nation

Health care quality work in Wisconsin is grounded in measurement and transparency. With guidance from a steering team comprised of quality experts from WHA member hospitals and other health care stakeholders, WHA launched CheckPoint (www.WiCheckPoint.org) in 2004, the first voluntary hospital quality public reporting site in the nation. For nearly a decade, CheckPoint has promoted health care transparency by collecting and reporting information to help consumers make informed decisions about their hospital care and to engage Wisconsin hospitals in early quality improvement. In 2012, 128 Wisconsin acute-care hospitals voluntarily reported results on 95 measures (see Table 1). Unlike quality reporting efforts in other states and even at the national level, 57 critical access hospitals (CAHs) participate in CheckPoint. While CAHs are not required to report measures to CMS, they chose to voluntarily report CMS measures that are required of larger hospitals because they wanted to share their own results with patients in their communities.

As consumers have become responsible for a larger share of their health care decisions, interest in the information on CheckPoint has grown. Today, CheckPoint averages more than 3,000 visits every month.
Table 1: CheckPoint Measures

<table>
<thead>
<tr>
<th>Measure Type</th>
<th># of Measures</th>
<th>Measure Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>CMS/Core Measures</td>
<td>16</td>
<td>Heart Attack, Heart Failure, Pneumonia, Surgical Care</td>
</tr>
<tr>
<td>Perinatal/Birth Measures</td>
<td>15</td>
<td>Facilities, Education, Delivery Rates</td>
</tr>
<tr>
<td>Surgical Infection Prevention</td>
<td>23</td>
<td>Hip surgery, Colon surgery, Cardiac surgery</td>
</tr>
<tr>
<td>Stroke</td>
<td>6</td>
<td>Medication use, Patient Education</td>
</tr>
<tr>
<td>Mortality Rates</td>
<td>18</td>
<td>Illness and Procedure Related Rates</td>
</tr>
<tr>
<td>Readmission Rates</td>
<td>3</td>
<td>30-Day Readmission Rates</td>
</tr>
<tr>
<td>Hospital Acquired Infections</td>
<td>1</td>
<td>Central Line Associated Infections</td>
</tr>
<tr>
<td>Patient Satisfaction</td>
<td>10</td>
<td>Helpfulness of Staff, Recommend Hospital</td>
</tr>
<tr>
<td>Error Prevention</td>
<td>3</td>
<td>Site Marking, Procedure Verification, Medication Reconciliation</td>
</tr>
</tbody>
</table>

In 2012, WHA added seven new measures to CheckPoint, including:

- Central Line Associated Blood Stream Infections
- CMS 30-Day Readmissions (heart attack, heart failure and pneumonia)
- CMS 30-Day Mortality (heart attack, heart failure and pneumonia)

Wisconsin hospitals are outperforming the national performance on the key outcome measures related to infections and readmissions. (Table 2)

Table 2: New Key CheckPoint Results

<table>
<thead>
<tr>
<th>Measure</th>
<th>Wisconsin</th>
<th>National</th>
</tr>
</thead>
<tbody>
<tr>
<td>Central Line Infections</td>
<td>Standardized Infection Ratio = 0.606 (32 hospitals reported zero infections)</td>
<td>Standardized Infection Ratio = 1.0</td>
</tr>
<tr>
<td>30-Day Readmissions – Heart Attack</td>
<td>18.9%</td>
<td>19.7%</td>
</tr>
<tr>
<td>30-Day Readmissions – Heart Failure</td>
<td>23.6%</td>
<td>24.7%</td>
</tr>
<tr>
<td>30-Day Readmissions – Pneumonia</td>
<td>17.9%</td>
<td>18.5%</td>
</tr>
</tbody>
</table>

CheckPoint retired 13 measures in 2012. Measures are retired and removed from public reporting when they either reach consistently high levels of performance for all hospitals or the medical practice being measured could lead to unintended consequences. A measure related to timing of initial antibiotics for pneumonia patients had the potential for some patients to get an unnecessary antibiotic in order to meet the prescribed six-hour time frame. This measure was retired due to its potential for unintended consequences. The other 12 measures were retired because of the consistently high performance across all hospitals, which no longer helped differentiate high performing hospitals from low performing hospitals.

Federal Agency Ranks Wisconsin High in Health Care Quality

The federal Agency for Healthcare Research and Quality (AHRQ) released data June 22, 2012 that confirms Wisconsin’s reputation as a leader in health care quality. Wisconsin ranked second highest in the nation in overall health care quality scores based on 171 measures that AHRQ used to evaluate health care performance. In fact, Wisconsin was edged out of the top spot by Minnesota by a mere one tenth of a percent as the top performing state in the country. AHRQ ranks the quality of a state’s health care system from weak to very strong. Wisconsin’s strongest performance measures are related to care provided by hospitals and home care agencies as well as in physician clinics. Patients in Wisconsin who are being treated for cancer, respiratory disease or chronic conditions, such as diabetes and heart disease, are getting better care here than they would receive in other parts of the country. (Figure 1)
The hospital component of the AHRQ score is driven by 32 different measures that include cancer care, heart disease, respiratory disease, safe surgery and maternal and child health. Care in Wisconsin hospitals was rated as “strong” (Figure 2) with 17 measures rating better than the national average, 13 measures the same as the national average and only two measures rated lower than the national average.

Recognizing and Rewarding High Value

**Hospital Value-Based Purchasing**

Wisconsin hospitals are committed to providing high value health care to the patients they serve. High value care means high quality care is delivered in an efficient, cost-effective manner. Hospitals that provide high value care achieve better patient outcomes and deliver safer care, have more satisfied patients, and have lower costs.

In October 2012, Medicare implemented the hospital Value-Based Purchasing program (VBP) that rewards hospitals that provide high quality patient care. For the first time, hospitals across the country will be paid for inpatient acute care services based on the *quality* of the care, not on the *quantity* of the services they provide. This VBP program, established by the Affordable Care Act, will implement a pay-for-performance approach to the payment system that accounts for the largest share of Medicare spending, affecting payment for inpatient stays in over 3,500 hospitals across the country. Under the hospital VBP program, Medicare will base incentive payments to hospitals on the following factors:

1. How well they perform on each measure; or,
2. How much they improve their performance on each measure compared to their performance during a baseline period.
The hospital VBP program is designed to promote better clinical outcomes for hospital patients as well as improve their experience of care during hospital stays. The nationally-accepted measures that are used in the VBP program do not have consistently high levels of performance across the nation; hence, they can differentiate high from low-performing hospitals. The 2013 program is based on 12 clinical process of care measures for patients that had surgery, a heart attack, pneumonia or heart failure. The program also includes eight patient experience measures that come directly from patient surveys. Medicare will add quality measures and measures that indicate efficient use of hospital resources to the program in future years.

The hospital VBP Program is currently limited to larger hospitals that are paid under the Medicare prospective payment system (PPS) that pays hospitals by Diagnosis-Related Groups (DRGs). It does not apply to the smaller critical access hospitals at this time. The VBP program is funded by a one percent withhold from all participating hospitals’ DRG payments. The amount withheld to fund the program will be increased each year, for the next four years, to reach the proposed maximum two percent. The law requires that the total amount of value-based incentive payments in aggregate be equal to the amount available for value-based incentive payments. Hospitals that provide higher quality care, as scored using the 20 measures, receive value-based incentive payments.

Wisconsin hospitals have been working to improve these quality measures long before the VBP program began. This early commitment to high value health care led to Wisconsin being in the top ten performing states in the first round of incentive payments. This commitment to high value has resulted in 62 percent of the eligible hospitals receiving bonus payment under the new program. The remaining 38 percent of eligible hospitals are experiencing payment penalties up to 0.49 percent; no Wisconsin hospitals received penalties greater than 0.50 percent.

### Hospital Readmission Reduction Program

As Wisconsin hospitals seek to provide higher value care they are keenly focused on strategies to reduce unnecessary spending. Patients that need to return to a hospital, or be readmitted, is a major source of health care spending. Readmissions can be reduced by implementing better processes to prepare a patient for leaving the hospital and by checking to ensure patients are getting the care they need when they leave the hospital.

The Affordable Care Act established the Hospital Readmissions Reduction Program, which requires Medicare to reduce payments to larger hospitals, paid under the prospective payment system, with excess readmissions. The program, which began in October 2012, does not apply to critical access hospitals. Medicare defines a readmission as an “admission to a hospital within 30 days of a discharge from the same or another hospital.” The program calculates a hospitals’ excess readmission ratio based on patients who received hospital care for heart attack, heart failure or pneumonia. The excess readmission ratio adjusts for factors that are clinically relevant, including patient demographic characteristics, co-morbidities and patient frailty.

Hospitals that have excess readmissions will be penalized through a reduction in their base Medicare payments up to one percent in this first year of the program. This amount will increase by one percent over the next two years until the three percent maximum is reached.
Wisconsin hospitals’ strong commitment to high value care is evidenced by their work on reducing hospital readmissions, which began several years ago. Hospitals are working on their own care processes and partnering in new ways with other health care providers and community partners who care for patients when they leave the hospital. This work to improve quality and reduce health care costs has led to Wisconsin being in the top ten performing states in this new program. Under the new program, 62 percent of eligible hospitals had no reduction in their payments and zero hospitals received more than a 0.50 percent penalty. Hospitals across the state continue to work on reducing readmissions through participation in the WHA Partners for Patients project described below.

WHA Partners for Patients: Improvement Work and Key Results

WHA has engaged 108 hospitals across the state to reduce readmissions by 20 percent and patient harm by 40 percent. State-specific learning content is being delivered on all of the topics within the Partnership project. Learning collaboratives are also being offered on the Comprehensive Unit-Based Safety Program (CUSP) and Just Culture, to improve the culture of safety within participating member hospitals.

WHA uses a standard improvement methodology, with the following components, for all improvement projects:

- Development of a project plan and budget. Outside funding sources are sought when available, including funding from the WHA Foundation.
- Projects are facilitated and led by WHA staff trained in quality improvement techniques.
- Hospitals are recruited to projects through communications directed to hospital senior leaders and quality leads.
- Clinical improvement content is paired with improvement knowledge with emphasis on small cycles of change and front-line staff participation. WHA believes that the key to sustainability is teaching front-line staff “how to improve.”
- Project content is delivered through webinars and coaching calls to make it simple and affordable for hospitals to participate. This eliminates travel, which hospitals report as the biggest barrier to participation and supports participation by even the smallest hospitals.
- Each project includes key process and outcome metrics, submitted to WHA, to assist hospitals with trending and analysis. Progress reports on improvement and project engagement are provided quarterly to project leaders and hospital CEOs.
- When possible, project measures will leverage existing data sources to reduce the burden of collecting new data. This focus on efficiency is aimed at maximizing staff time spent on implementing tests of change by minimizing time spent on data collection.
• All project materials, resources and the online data collection system are made available on the WHA Quality Center (http://www.whaqualitycenter.org), which is a dedicated quality website.
• Project progress and success is reviewed at WHA Board meetings.

Spread is strategically approached in two ways; spread within an individual hospital and spread to additional hospitals. The Plan-Do-Study-Act, with small tests of change, is built into every improvement collaborative. WHA quality staff assists hospitals with testing on a small scale with a few individuals, then spread to an entire unit and then to all applicable nursing units or areas within a hospital. At the completion of each learning collaborative, which typically lasts about 12 months, an assessment is done to determine the value of subsequent cohorts for the same learning material. When additional cohorts are offered, the learning from the previous cohort is used to recruit additional hospitals. Hospital-to-hospital sharing is leveraged to spread best practices to subsequent cohorts and within each individual project cohort.

Sustainability is a key component of WHA’s improvement model. It is approached through multiple strategies, starting with WHA member hospitals. WHA improvement advisors engage hospital project teams, comprised of hospital quality leaders, managers and front-line staff, through personal phone calls, webinar participation and site visits. Hospital CEOs receive information about projects through WHA’s weekly newsletter and in quarterly progress reports that are specific to their hospital’s progress on specific measures. As each team nears the end of the project, improvement advisors teach project teams about sustainability and spread and the importance of continued measurement to ensure they maintain the gains they achieved during the active phase of the project.

The Quality Center Website—the QI Resource for Wisconsin Hospitals
Already an important knowledge hub for statewide improvement projects, the WHA Quality Center provides a ready “home base” for hospitals participating in the WHA Partners for Patients initiatives. New features have been added including a secure data reporting and viewing portal for hospitals, a discussion board organized by topic and a home page for each initiative.

In addition to the improvement collaborative information, Wisconsin hospitals are offered a monthly webinar series—the “WHA Improvement Forum”—which is now in its third year. In 2012, over 90 percent of the hospitals in the state attended the Improvement Forums, which are recorded and archived on the site.

The Quality Center houses a growing library of hospital best practices, tools and templates, and easy-to-access links to dozens of quality-related websites.

Central Line-Associated Blood Stream Infections (CLABSI)
Over a three-year period (June 2009 to September 2012), a total of 42 hospitals (large, small, and rural) participated in the national On the CUSP: Stop BSI project, which aimed to reduce central line bloodstream infection (CLABSI) rates to no more than one infection per 1,000 catheter days, and improve safety culture on hospital units using the
Comprehensive Unit-Based Safety Program. The On the CUSP collaborative interventions included equal emphasis on using quality improvement approaches to adopt the documented prevention measures while attending to the culture change that is often required to sustain improvement.

Interventions in the CUSP program include:

- Educate staff on the science of safety;
- Identify defects;
- Assign an executive to “adopt” the unit; and,
- Implement teamwork and communication tools.

Teams were encouraged to convene a group of stakeholders, expanding beyond the infection control role into the involvement of front-line staff. They were then asked to introduce the central line placement checklist in their units through small tests and trials. As the testing proceeded, unit staff often discovered a need to review processes such as how supplies were accessed, which types of materials were used and how to ensure that hospital staff held each other accountable for following the new process.

Nationally, the project reduced the rate of central line-associated bloodstream infections (CLABSIs) in intensive care units by 41 percent. Wisconsin teams saw a 67 percent drop in central line-associated infections in any hospital unit where a central line was placed. The project later expanded to neonatal intensive care units (NICUs) in just nine states, including 13 of Wisconsin’s level II and III NICUs, where CLABSI rates showed a 58 percent relative reduction.

Adopting best practices and being diligent about detecting and addressing risk on their units became part of the regular work cycle for nurses and doctors working in intensive care units (ICUs). Infections were no longer part of the norm; they were now viewed as something that could be eliminated. Once the patient care teams began to own the project, the shift in thinking from “they” to “us” was essential to sustaining gains.

Wisconsin hospitals continue to focus on central line infections by publically reporting their CLABSI ICU data to the WHA CheckPoint program as well as by participating in the WHA Partners for Patients project.

Catheter-Associated Urinary Tract Infections (CAUTI)

Building off of the success of the national infection work, WHA launched the On the CUSP-CAUTI initiative in 2011 to reduce urinary catheter-associated infections (CAUTI), and has expanded this work through the WHA Partnership for Patients project.
Wisconsin has seen a 42 percent reduction in CAUTI since the 2008 baseline. In addition to eliminating catheter infections, participating hospitals have also transformed care and improved patient safety in their hospital unit by improving patient safety culture and practices.

Reducing Readmissions and Improving Care Transitions

There is a renewed focus on reducing the number of recently-discharged hospital patients who may return to the hospital within 30 days of discharge. This is a complex issue, and the reasons for a readmission may vary. These include difficulty getting to a follow-up appointment, forgetting a new prescription, or little support for care at home among other factors. It is estimated that over 30,000 Wisconsin residents have a readmission each year. WHA is working on a number of fronts to help turn the tide on readmissions.

**WHA Partners for Patients Readmissions Initiative**

Since May 2012, 67 hospitals have been working together in a focused initiative to reduce readmissions. Hospitals are encouraged to review their trends and patterns of readmission to determine the local causes. In addition, best practices determined through studies and proven outcomes are presented to hospitals for evaluation. Hospitals then select which interventions could be adopted, or are yet to be improved.

Readmissions and care transitions interventions:

- Patients are discharged from the hospital with a scheduled follow-up appointment;
- Hospital staff contact recently-discharged patients by phone soon after discharge;
- Patients knowledge of their condition and self care is assessed before discharge;
- Timely transfer of discharge paperwork occurs; and,
- Hospital staff connect with nursing home staff to design better hand-offs.
Teams attend monthly webinars and coaching calls which serve as a forum for sharing how best to improve. Also, monthly data submission to monitor the total hospital readmission rate, as well as measures used to track the interventions are used to enhance the learning.

The 72 hospitals participating have achieved a 15 percent reduction in their all cause readmission outcome rate in 2012.

**Care Transitions Coalitions**

The opportunity to improve a patient’s experience with transitioning from hospital to home, or hospital to another setting, is a key topic across the care-giving spectrum. Several organizations in Wisconsin have launched active efforts to address this issue. WHA and MetaStar, Wisconsin’s Medicare-contracted quality improvement organization, convened a number of statewide organizations that are involved in care transitions. In the spring of 2012, a Transitions of Care Steering Committee was formed so that like efforts could be shared and opportunities for collaboration could be discovered.

One outcome of the steering committee was the two care transition workshops in Rice Lake and Viroqua attended by nearly 300 people representing hospitals, public health agencies, nursing homes, aging units, aging and disability resource centers, assisted living facilities and home health care agencies. The workshops brought representatives from the local “care continuum” together to discuss hospital readmission trends, identify best practices for preventing readmissions, and to examine potential collaborations that could be used to reduce readmissions.

Participants were encouraged to continue group meetings and move forward with their efforts to ensure smoother patient transitions in their communities. Currently there are more than 10 community coalition efforts underway around the state, and two more regional workshops are slated for 2013.

**INTERACT II**

In the spring of 2012, the Care Transitions Steering Committee entertained a proposal to engage long-term care organizations in an improvement collaborative using Dr. Ouslander’s INTERACT II toolkit developed at Florida Atlantic University. With the support of sponsoring organizations, the approval to move ahead was granted in April 2012. The aim of the effort was to engage at least 50 nursing homes and long-term care organizations in webinar-based learning. Funds to support nursing home participation at no cost were provided through the Aligning Forces for Quality grant. Aligning Forces for Quality is supported by the Robert Wood Johnson Foundation through a grant to the Wisconsin Collaborative for Healthcare Quality. In Wisconsin, Aligning forces for Quality is a joint project by the Wisconsin Collaborative for Healthcare Quality, the Wisconsin Hospital Association and other organizations.
Through a concerted effort among all the stakeholder organizations, the interest in this learning collaborative started with 261 facilities. Between 48 and 55 facilities completed the webinar series and the voluntary data submission.

The webinar series was intended to encourage participation of a team, including front-line caregivers. Each webinar aligned with the successful format of WHA's learning collaborative webinars. The content delivery was designed to teach basic quality improvement practices to nursing home staff that may not have had exposure to these methods before.

MetaStar created the infrastructure for web-based data collection of readmissions and hospital transfers at the participating nursing homes. The simplest method of measurement was chosen to encourage voluntary reporting of the data. At the conclusion, 56 nursing homes were consistent data reporters. Results indicated the rate of hospital readmissions from nursing homes dropped by at least 30 percent in six months.

**Pressure Ulcer Initiative**
Pressure ulcers cause considerable pain and patient harm, frequently hinder recovery and can lead to the development of serious infections. Pressure ulcers have also been associated with an extended length of stay, sepsis and mortality. Nationally, it is estimated that nearly 60,000 hospital patients die each year from complications due to pressure ulcers. The estimated cost of managing a single full thickness pressure ulcer is as high as $70,000, and the total cost for treatment of pressure ulcers in the U.S. is estimated at $11 billion per year.

Wisconsin hospitals have focused on a variety of pressure ulcer prevention initiatives. Examples of the most commonly discussed improvement strategies include:

- Initiating daily skin re-assessments using the 4-Eyes method;
- Using pressure-reducing mattresses for high risk patients;
- Ensuring patients are repositioned hourly;
- Using evidence-based moisture absorbing materials;
- Using evidence-based lotions and salves to help keep skin hydrated and heal injured areas; and,
- Optimizing hydration and nutrition.

Wisconsin hospitals participating in the pressure ulcer initiative have decreased the prevalence of hospital-acquired pressure ulcers by 66 percent.

Work to further prevent pressure ulcers in the hospital settings will continue. Work in 2013 will focus on sustaining gains and specifically target pressure ulcer prevention for the bariatric population.
Falls Initiative
Among older adults (those 65 or older), falls are the leading cause of injury related death. They are also the most common cause of nonfatal injuries and hospital admissions for trauma. In the acute and rehabilitation hospitals, falls resulting in some injury range from 30 percent to 51 percent and falls resulting in fracture range from one percent to three percent. Falls are also associated with increased length of stay, an increased amount of health care resources and poorer health outcomes when specific fractures occur. Soft tissue injuries or minor fractures can also cause significant functional impairment, pain and distress. Even “minor” falls can prompt an older person to fear falling, causing him/her to limit activity, resulting in loss of strength and independence.

Wisconsin hospitals have been focusing on a variety of falls reduction and prevention initiatives. Examples of the most commonly discussed improvement strategies include:

- Ensuring that each room has a gait belt;
- Creating a falls prevention bundle;
- Incorporating or improving hourly rounding;
- Implementing video monitoring; and,
- Reducing delirium in elderly patients.

Over the past year WHA has offered several opportunities for hospitals to hear from in-state and national expert in falls prevention and protection as well as share best known strategies from participating hospitals. WHA-facilitated falls prevention and protection learning opportunities included:

- A falls prevention special webinar with nationally-recognized falls prevention leader Patricia Quigley;
- A falls root cause analysis webinar with Paul Frigoli from Grant County Regional Health Center;
- Minimizing delirium in the elderly to prevent falls, with Laura Magstadt from Ministry Eagle River Memorial;
- September project mid-point site-to-site, small test of change sharing with over 30 hospitals presenting; and,
- February end-of-first-year results, site-to-site sharing with 15 hospitals presenting.

Fall Prevention will continue to be a focus for improvement in 2013. Future content will stress ensuring that all universal fall protection protocol for all patients is being accomplished and then focus on developing specific processes and protocol for high fall risk patients.

Transforming Care at the Bedside (TCAB)
In partnership with the Wisconsin Collaborative for Healthcare Quality (WCHQ), the Aligning Forces for Quality grantee, WHA’s participation has given hospitals statewide the opportunity to join important improvement efforts. The successful launch of the Transforming Care at the Bedside (TCAB) initiative has engaged the front-line nursing staff in 36 hospitals in designing and conducting unit-based improvement initiatives. Several hospitals in Wisconsin have been asked to share their experience with new TCAB launches across the country.
The goal is to engage front-line nurses and leaders at all levels of the organization in the four pillars of TCAB in order to:

- Improve the quality and safety of patient care on medical and surgical units;
- Increase the vitality and retention of nurses;
- Engage and improve the patient’s and their families’ experience of care; and,
- Improve the effectiveness of the entire unit-based care team.

TCAB is not a traditional quality improvement program. Many transformational care delivery ideas are initiated directly from nurses and other bedside care team members. The beauty of TCAB is that quality becomes practical in the hands of the bedside nurses who are given the tools to conduct small tests of change, then adapt, adopt, or abandon those tests until an innovation becomes a new way of doing things.

The TCAB process empowers these caregivers to identify where change is needed, suggest and test potential solutions and decide whether to implement the change. Monthly coaching provides a forum for sharing among hospitals. Teams are encouraged to report on their innovations, which often results in “stealing shamelessly” by other teams. Often the units secure a quick win by using a Lean 5S process to reduce waste on the unit. TCAB is employed to adopt innovations as well as evidence-based practices. The emphasis is on real-time learning and quickly turning it into action steps. The TCAB program is not the aim—improvement is.

WHA has learned that, in the current environment, the hospital quality department is often spread very thin, and meeting the many reporting requirements takes precedence over facilitating improvement. This is particularly true of the small to mid-size hospitals that comprise a majority of WHA’s membership. WHA has learned that efficient adoption of best practices can only occur when a large number of front-line staff serve as the passionate drivers of change. TCAB has proven to be an effective approach to shifting the culture in this way. While teaching the best practice methods is important, the genesis for WHA’s move to a more consultative relationship with its members was the experience with TCAB hospitals.

Summary

This report highlights a number of improvement projects that illustrate the work that is going on to improve patient care and safety in Wisconsin hospitals. These combined efforts reflect the work of every Wisconsin Hospital Association member, resulting in improved care for thousands of patients statewide.

As much as hospitals have been able to significantly improve their care by reducing infections, preventing complications, and by making care safer, Wisconsin health care leaders are keenly aware that more needs to be done. That is why WHA member hospitals continue to support state and national initiatives that are designed to improve care by making it safer and more efficient.

Wisconsin hospitals have made a lot of progress and they have raised the bar on health care quality to new heights, but they know this work is never over, and every day is an opportunity to set a new standard of excellence in patient care.
WHA Member Hospitals

Agnesian HealthCare/St. Agnes Hospital, Fond du Lac
Amery Regional Medical Center, Amery
Appleton Medical Center, Appleton
Aspirus Wausau Hospital, Wausau
Aurora BayCare Medical Center in Green Bay
Aurora Lakeland Medical Center in Elkhorn
Aurora Medical Center - Manitowoc County, Two Rivers
Aurora Medical Center in Grafton
Aurora Medical Center in Kenosha
Aurora Medical Center in Oshkosh
Aurora Medical Center in Washington County, Hartford
Aurora Medical Center, Summit
Aurora Memorial Hospital of Burlington
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
Baldwin Area Medical Center, Baldwin
Bay Area Medical Center, Marinette
Beaver Dam Community Hospitals, Inc., Beaver Dam
Bellin Hospital, Green Bay
Bellin Psychiatric Center, Green Bay
Beloit Health System, Beloit
Berlin Memorial Hospital, Berlin
Black River Memorial Hospital, Black River Falls
Boscobel Area Health Care, Boscobel
Burnett Medical Center, Grantsburg
Calumet Medical Center, Chilton
Children’s Hospital of Wisconsin, Milwaukee
Children’s Hospital of Wisconsin-Fox Valley, Neenah
Chippewa Valley Hospital, Durand
Clement J. Zablocki VA Medical Center, Milwaukee
Columbia Center, Inc., Mequon
Columbia St. Mary’s Hospital Milwaukee, Milwaukee
Columbia St. Mary’s Hospital Ozaukee, Mequon
Columbia St. Mary’s, Inc. - Sacred Heart Rehabilitation Institute, Milwaukee
Columbus Community Hospital, Columbus
Community Memorial Hospital, Menomonee Falls
Community Memorial Hospital, Oconto Falls
Cumberland Memorial Hospital, Cumberland
Divine Savior Healthcare, Portage
Edgerton Hospital and Health Services, Edgerton
Flambeau Hospital, Park Falls
Fort HealthCare, Fort Atkinson
Froedtert Health St. Joseph’s Hospital, West Bend
Froedtert Memorial Lutheran Hospital | Froedtert Health, Inc., Milwaukee
Grant Regional Health Center, Lancaster
Gundersen Lutheran Health System, La Crosse
Gundersen Tri-County Hospital & Clinics, Whitehall
Hayward Area Memorial Hospital, Hayward
Holy Family Memorial Hospital, Manitowoc
Hudson Hospital & Clinics, Hudson
Indianhead Medical Center/Shell Lake, Shell Lake
Kindred Hospital Milwaukee, Greenfield
Lakeview Medical Center, Rice Lake
Lakeview Specialty Hospital & Rehab, Waterford
Langlade Hospital | An Aspirus Partner, Antigo
Mayo Clinic Health System - Red Cedar, Inc., Menomonie
Mayo Clinic Health System in Eau Claire, Eau Claire
Mayo Clinic Health System in Bloomer, Bloomer
Mayo Clinic Health System Franciscan Healthcare in La Crosse, La Crosse
Mayo Clinic Health System Franciscan Healthcare in Sparta, Sparta
Mayo Clinic Health System Northland in Barron, Barron
Mayo Clinic Medical Center-Oakridge in Osseo, Osseo
Memorial Health Center | An Aspirus Partner, Medford
Memorial Hospital of Lafayette Co., Darlington
Memorial Medical Center, Ashland
Memorial Medical Center, Neillsville
Mercy Hospital and Trauma Center, Janesville
Mercy Medical Center, Oshkosh
Mercy Walworth Hospital and Medical Center, Lake Geneva
Mercy Hospital, Madison
Mile Bluff Medical Center, Mauston
Ministry Door County Medical Center, Sturgeon Bay
Ministry Eagle River Memorial Hospital, Eagle River
Ministry Good Samaritan Health Center, Merrill
Ministry Health Care’s Howard Young Medical Center, Woodruff
Ministry Our Lady of Victory Hospital, Stanley
Ministry Sacred Heart Hospital, Tomahawk
Ministry Saint Clare’s Hospital, Weston
Ministry Saint Joseph’s Hospital, Marshfield
Ministry Saint Mary’s Hospital, Rhinelander
Ministry Saint Michael’s Hospital, Stevens Point
Monroe Clinic, Monroe
Mountview Memorial Hospital & Clinics, Inc., Friendship
New London Family Medical Center, New London
Oconomowoc Memorial Hospital, Oconomowoc
Oconto Hospital & Medical Center, Oconto
Orthopaedic Hospital of Wisconsin, Glendale
Osseo Medical Center, Osseo
Prairie du Chien Memorial Hospital, Prairie du Chien
Reedsburg Area Medical Center, Reedsburg
Rehabilitation Hospital of Wisconsin, Waukesha
Ripon Medical Center, Inc., Ripon
River Falls Area Hospital, River Falls
Riverside Medical Center, Waupaca
Riverview Hospital Association, Wisconsin Rapids
Rogers Memorial Hospital, Inc., Oconomowoc
Rusk County Memorial Hospital and Nursing Home, Ladysmith
Sacred Heart Hospital, Eau Claire
Sauk Prairie Memorial Hospital, Prairie du Sac
Select Specialty Hospital-Madison, Madison
Select Specialty Hospital-Milwaukee, West Allis
Select Specialty Hospital-Milwaukee-St. Luke’s, Milwaukee
Shawano Medical Center, Shawano
Southwest Health Center, Platteville
Spooner Health System, Spooner
St. Clare Hospital, Baraboo
St. Croix Regional Medical Center, St. Croix Falls
St. Elizabeth Hospital, Appleton
St. Joseph’s Health Services | Gundersen Lutheran, Hillsboro
St. Joseph’s Hospital, Chippewa Falls
St. Mary’s Hospital, Madison
St. Mary’s Hospital Medical Center, Green Bay
St. Mary’s Hospital of Superior, Superior
St. Mary’s Janesville Hospital, Janesville
St. Nicholas Hospital, Sheboygan
St. Vincent Hospital, Green Bay
St. Vincent Hospital, Madison
Stoughton Hospital Association, Stoughton
The Richland Hospital, Inc., Richland Center
Theda Clark Medical Center, Neenah
Tomah Memorial Hospital, Tomah
Upland Hills Health, Inc., Dodgeville
UW Health Partners Watertown Regional Medical Center, Watertown
UW Hospitals and Clinics, Madison
VA Medical Center, Tomah
Vernon Memorial Healthcare, Viroqua
Waukesha Memorial Hospital, Waukesha
Waupun Memorial Hospital, Waupun
Westfields Hospital, New Richmond
Wheaton Franciscan Healthcare - All Saints, Racine
Wheaton Franciscan Healthcare-Franklin, Franklin
Wheaton Franciscan Healthcare-St. Francis, Inc., Milwaukee
Wheaton Franciscan-Elmbrook Memorial Campus, Brookfield
Wheaton Franciscan-St. Joseph Campus, Milwaukee
Wheaton Franciscan-The Wis. Heart Hospital Campus, Wauwatosa
Wild Rose Community Memorial Hospital, Wild Rose
William S. Middleton Memorial Veterans Hospital, Madison