Front cover photo courtesy of Stoughton Hospital

Stoughton Hospital Emergency Room Nurse Rebecca Romine, RN, builds trust with her young visitor.
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Introduction

Wisconsin hospitals have a long-standing commitment to improve the quality of the care they provide to their patients and to publicly report the results of their efforts. With a national reputation for quality health care, Wisconsin hospitals have made a lot of progress in reducing infections, preventing medication errors and misuse and in decreasing avoidable readmissions, to name just a few of the areas that are being targeted for improvement.

Hospitals are using evidence-based best practices, collecting data and participating in national and statewide programs, such as the WHA Partners for Patients initiative or the WHA-led Transforming Care at the Bedside project (TCAB) to not only refine their quality improvement processes, but also to create the cultural changes that are necessary to foster and sustain high quality care.

Hospitals have made a lot of headway, but there is still much work to do to meet the high standards of care that are a hallmark in Wisconsin. That work will continue to include cultivating community partnerships to ensure smooth transitions among various health care settings, engaging patients and families in their care and publicly reporting key quality measures and pricing information on WHA’s CheckPoint and PricePoint websites (www.WiCheckPoint.org and www.WiPricePoint.org).

WHA will continue to help its member hospitals and health systems expand and accelerate their quality improvement work with education and on-site support, and in the State Capitol. The passage of the landmark Quality Improvement Act is just one example of WHA’s advocacy agenda aligning with quality to ensure hospitals can share best practices and continuously improve their clinical performance.

This report reflects one point in time in our journey toward excellence. The data shows how far we have come, but it also is an indicator of the challenges that lie ahead in our quest to deliver the best health care possible to the residents of Wisconsin.

Eric Borgerding, WHA President
Improving Value

Wisconsin hospitals strive to provide high-quality, high-value care to their patients. In health care, value is driven by achieving the desired outcome at an affordable cost. When hospitals work to improve patient safety, it improves patient outcomes and eliminates unnecessary costs associated with an unintended complication or unexpected patient response to treatment.

Hospitals across the state have been working together with the Wisconsin Hospital Association (WHA) in the Partners for Patients project to eliminate these unintended complications and their associated costs.

Safety Across the Board

In every hospital in the U.S., when a member of the community is admitted, there is a risk of that person being harmed. In the past decade, hospitals, regulatory bodies and third party administrators have done an outstanding job to develop metrics that help us evaluate the rates and percentages for different types of harm. While harm rates and percentages are important, they can be confusing to staff and other non-clinical stakeholders. In addition, looking at specific rates for any one particular type of harm that could occur can create a siloed perspective of overall patient safety performance.

In 2014, in an effort to help quality leaders throughout Wisconsin drive top-down support and engagement for improvement efforts, the WHA quality team developed new hospital-specific resources in the form of Harm Across the Board Reports. These reports use data provided through the WHA Partners for Patients initiatives.

The WHA Harm Across the Board Reports provide a framework that changes the discussion from rates and percentages into the real number of patients who experienced some form of potentially preventable harm. In doing so, the report changes the way common errors are viewed—bringing the reality that people are harmed to the forefront. Hospitals use these reports to communicate important information about improvement work with their boards of trustees, senior leaders, physicians and staff.

WHA is also using this format to track overall improvements in hospital safety for hospitals and health systems that are participating in the WHA Partners for Patients project.

Brenda Lorenz, medical lab technician, pathology, Mayo Clinic Health System in Eau Claire

Safety Across the Board
Combined data from 80+ hospitals

(Lower is better)
Cost Savings

As hospitals improve patient safety and decrease readmissions, they are eliminating unnecessary costs to patients and purchasers of health care. Over the past three years, hospitals working with WHA have provided better care to over 9,300 patients and avoided $87 million in costs. These numbers are limited to the 108 hospitals that worked with WHA in 2012-2013 and 95 hospitals in 2014. It does not include the additional patients and cost savings that 32 Wisconsin hospitals achieved by working with improvement partners other than WHA.

Table 1: Aggregate Impact of WHA Partners for Patients Project

<table>
<thead>
<tr>
<th>YEAR</th>
<th>PATIENTS WITH IMPROVED CARE</th>
<th>ESTIMATED COST SAVINGS</th>
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WHA Receives National Recognition for Quality Leadership and Innovation

In July, WHA received the 2014 Dick Davidson Quality Milestone Award for Allied Association Leadership from the American Hospital Association (AHA) for its work to improve health care quality. The award recognizes state, regional or metropolitan hospital associations that demonstrate leadership and innovation in quality improvement and contribute to national health care improvement efforts. The award is named for AHA President Emeritus Dick Davidson, who strongly promoted the role of hospital associations in leading quality improvement during his tenure as AHA president and as president of the Maryland Hospital Association.

WHA President Steve Brenton and the entire WHA quality team attended the award ceremony at the AHA Leadership Summit in San Diego. It was an honor to receive the award and has been very rewarding for the WHA quality team to work with members to achieve such meaningful results and see how much they have helped increase the knowledge and capacity for improvement in Wisconsin.

“Wisconsin’s efforts exemplify the key role now played by hospital associations across the country in convening and supporting their members in the critical work of quality and safety collaboratives,” according to Rich Umbdenstock, AHA president/CEO, as he presented the award.
WHA Partners for Patients

WHA and 95 hospitals have completed the third year of improvement work under a subcontract with the American Hospital Association Health Research and Educational Trust (HRET), to work on the national Centers for Medicare and Medicaid (CMS) Partnership for Patients project. The national project goals are to reduce hospital readmissions by 20 percent and hospital-acquired harm by 40 percent. The following section highlights each area of work and the improvement trends and key strategies hospitals are using to improve care.

Improving the Patient and Family Experience

Hospitals across the state gathered for two regional workshops in September. Both sessions were co-facilitated by national patient advocate Rosie Bartel. Rosie and WHA staff partnered to help advance efforts to develop a deeper understanding of the power of patient and family engagement. Rosie shared her story and challenged everyone to think about the care they provide from a new perspective.

Rosie’s Story

Rosie Bartel’s smile is the first thing you notice about her. That, and a laugh that is at once memorable and colors your first impression of her. She introduces Dave, her “VIP,” short for “very important pusher,” who helps her navigate her wheelchair through the barriers and challenges that persons with disabilities face every day.

Rosie could have been a bitter, angry person after she lost her leg to a hospital-acquired infection, which changed her life forever. But anyone who meets her knows that is not the person she is or ever wants to be. She is forever a teacher and a learner.

Five years ago, Rosie acquired a Methicillin-resistant Staphylococcus aureus (MRSA) infection while undergoing knee replacement surgery at Appleton Medical Center. The infection settled in her leg, and after many surgeries, Rosie takes a long view on her situation. She is a believer that patients, especially those who have a bad outcome, play an essential role in improving health care. Both provider and patient must be willing to participate in that “crucial conversation.”

“The first step for nurses and physicians is to learn to listen to—and hear—the patient,” Rosie said in a recent interview with WHA Valued Voice Editor Mary Kay Grasmick. “There are two types of reactions after a bad outcome…the upset and very angry patient and those who want to be heard on their own level. Both need to be addressed, but differently. Either can be a strong partner and ally in quality improvement.”

Instead of pushing it aside, ThedaCare administrators asked Rosie to share her story with the care team—physicians, nurses and other health care professionals. Rosie admits she was very nervous, and a bit intimidated to discuss her experience with professionals, but shortly after she started, she and everyone in the room relaxed and knew something exceptional was happening. By telling her story, the health care team began to understand the patient’s perspective, and the powerful influence it could have on quality improvement.

Soon, a “Think Rosie” campaign started at ThedaCare, a vivid reminder that every action counts and every patient deserves the best care possible.

“The staff asked me, ‘what can we do better?’ I was in a position where I felt I could help make changes that would improve care,” Rosie explained. “I felt I was in a safe place to tell my story, and they wanted to hear my viewpoint. I wanted to be a change agent; I want to make a difference.”
Rosie has helped caregivers understand the need to create this focus and find new ways to think about health care improvement. Building the patient perspective into the care process requires new structures and focus. The WHA Patient and Family Engagement initiative is helping health care systems develop this focus. A hospital assessment survey indicated a wide discrepancy in definitions, perceptions and overall knowledge of patient and family engagement. WHA is partnering with hospitals who are further ahead in this work to deliver monthly learning sessions to advance this important work across the state. New strategies hospitals are implementing include:

- **Patient and family advisory councils (PFACs)** – PFACs provide a formal mechanism for health care organizations to obtain patient and family member feedback to help redesign care systems that are patient focused.

- **Using patient and family advisors to improve systems** – Hospitals are inviting patients and family members to actively assist in improvement projects and provide constructive feedback and guidance to improve the health care experience.

- **Preparing staff and providers to partner with patient advisors to improve the delivery of care** – A successful advisory program requires strategic training for staff on how to maximize the value of input from patient and family advisors.

- **Building “always events”** – The use of “always events” is a way for health care organizations to set clear patient safety and interaction expectations and ensure they are consistently performed. Some examples may include a concept as simple as what to do when a patient or family member asks for directions or can be as complex as establishing a set protocol for a medical procedure.

- **Health Literacy** – Health literacy concepts are vitally important to understanding how well patients understand all modes of communication a health care organization provides. WHA partnered with Health Literacy Wisconsin to help hospitals improve the clarity of their communication with patients.

\[A\] meeting of the UW Health Patient-Family Advisory Committee—one of several opportunities for direct patient feedback on hospital care.

### Hospital Highlight

**University of Wisconsin Hospitals & Clinics,** Madison, incorporates the patient perspective into all aspects of their organization. More than 150 patient and family advisors are actively engaged in improvement efforts and partnerships with staff throughout UW Health. Their contributions span 11 patient and family advisory councils and 96 work groups and committees that work to improve the quality of care and services provided and to improve the overall patient and family experience.
Adverse Drug Events

Any medication used improperly can cause harm. However, a special group of medications, called high-alert medications, are more likely to cause harm and the harm they produce is likely to be more serious.

The harm leads not only to patient suffering, but also to additional costs associated with caring for the affected patient. The Institute of Medicine (IOM) Committee on Identifying and Preventing Medication Errors estimated that at least 1.5 million preventable adverse drug events (ADEs) occur each year in the United States. Hospitals working to prevent ADEs use teams comprised of pharmacists, physicians, nurses and other caregivers to implement best practices for high-risk medications, such as anticoagulants, insulin and opioids. The Pharmacy Society of Wisconsin partnered with WHA to help hospitals improve processes for these high-alert medications, including accurate calibrations for dosing and careful evaluation of the patient’s condition after he or she receives the medication. The first two quarters of 2014 data shows a 43 percent decrease in adverse events related to insulin and anticoagulants.

**WHA Partners for Patients**

**HOSPITAL HIGHLIGHTS**

**Mercy Hospital and Trauma Center**, Janesville, uses a cross-functional team to guide prescribing through use of electronic order sets. These order sets give providers the best practice medication options for medications such as enoxaparin. The medication guidelines also establish agreed-upon exclusion criteria for when enoxaparin is not clinically appropriate.

**Gunderson Health System**, La Crosse, uses their electronic medical record as much as possible to improve workflow and gather performance data. Reports are produced for patients who have received narcan and flumazenil, which are drugs that may be used to reverse an adverse drug event. Pharmacists also proactively review reports for patients on high-risk medications to ensure all necessary preventive steps are being correctly followed.
Patient Falls

Many hospitalized patients are weak and can be unsteady on their feet. The hospital environment and illness may cause a patient to be disoriented or confused. Good medicine also indicates that getting patients out of bed and walking is an important aspect of their recovery process and prepares them to leave the hospital. These combined factors put patients at risk for falls. Most patient falls do not result in an injury; however, some falls can result in serious injuries. Falls continue to be a challenging patient safety issue for many hospitals.

In 2014, hospitals worked with WHA to think past fall risk assessments, reassessments and communication strategies they have used in the past. While it is important to stay vigilant to these strategies, a new focus was created that identifies the root causes of why patient falls occur. As a result of the new analyses, hospitals began implementing three new strategies:

- Involve physical and occupational therapists in fall prevention
- Reduce the side effects of medications that can contribute to falls
- Engage patients and families in falls prevention

The most important measure related to patient falls is the number of falls that result in patient injury. While hospitals have been working hard with WHA to decrease that rate over the past three years, we have not been able to achieve the 40 percent reduction we set out to achieve. The Wisconsin rate is already 24 percent better than the national benchmark provided by CMS, as part of the Partners for Patients project. Even though Wisconsin is already well below the national benchmark, this important project will continue in 2015 to drive it even lower.

![Falls with Injury chart]

HOSPITAL HIGHLIGHTS

Black River Memorial Hospital uses two simulated exhibits to raise awareness of fall hazards for staff and members of the community. One exhibit is a typical hospital room and the other is a typical living room. Hospital and community participants evaluate the simulated settings and complete a worksheet that helps them identify potential fall hazards.

Aspirus Medford Hospital & Clinics, Inc. gets the community involved through a Volunteer Sitter Program to assist patients that are at high risk for falling. Community members also participate in their fall reduction taskforce to connect patients with a community-based program to prevent falls at home.
Pressure Ulcers

Hospitalized patients can be in a hospital bed for an extended period of time or be exposed to medical equipment and devices that cause pressure points on their skin. If these pressure points are not recognized quickly and treated, they can lead to pressure ulcers. Pressure ulcers can cause considerable pain, delay recovery and lead to serious infections.

Preventing pressure ulcers cannot depend on using just one strategy. Hospitals are making sure patients receive care that includes all of the following:

- Early head-to-toe skin assessment on admission
- Daily reassessments of skin condition
- Keeping the skin dry
- Use of devices and frequent repositioning to minimize pressure points
- Optimal hydration and nutrition

Even though hospitals that worked with WHA in the Partners for Patients project started out at a pressure ulcer rate over 90 percent better than the national benchmark, they still achieved a 15 percent reduction over the past three years in the most serious pressure ulcers.

HOSPITAL HIGHLIGHTS

**HSHS St. Vincent Hospital**, Green Bay, audits patient charts to identify ways to reduce pressure ulcers. They also use a training program that enables staff to participate in independent learning and test themselves on their pressure ulcer prevention knowledge.

**Berlin Memorial Hospital** uses focused pressure ulcer training for staff and frequent patient rounding to decrease their pressure ulcer rate. Certified nurse assistants help recognize early signs of pressure ulcers and communicate these findings to nurses. A “Rounding Team” has improved compliance with purposeful hourly rounding with patients. Hospital leaders also participate to reinforce the importance of rounding, help staff overcome obstacles and connect with patients.
A venous thromboembolism (VTE) is a blood clot that forms in a patient’s vein. A VTE can take the form of a deep vein thrombosis, most commonly occurring in the legs, or the form of a more serious and often life threatening pulmonary embolism (blood clot in the lung). Patients who are immobile for long periods of time, such as after surgery or in an intensive care unit, are at greater risk of developing this complication. The primary focus of VTE prevention is combined use of prophylactic anticoagulant medications and physical devices, such as compression stockings. Hospitals ensure high risk patients receive this preventive care through the use of standing order sets and prompts in their electronic medical records. Anticoagulants thin the blood, making it very important to carefully dose the medication and monitor the patient’s blood. Pharmacists play a key role in the care of patients who are receiving these anticoagulant medications. Hospitals who have worked with WHA on VTE prevention have decreased this complication by 17 percent.

**HOSPITAL HIGHLIGHTS**

**Langlade Hospital,** Antigo, has a physician-driven VTE screening tool for identifying VTE risk, developed with the assistance of medical staff leaders. Use of this tool helps to ensure patients receive standardized care and the appropriate prophylaxis based on their needs, and provides “measure-vention” so staff know if a prevention order is in need of completion.

**Aurora Medical Center Summit** involves physicians early in their improvement work to assist with process improvements such as building the use of VTE screening order sets in the electronic medical record. This allows for concurrent review and real-time feedback to physicians and other caregivers.
Hospital-Acquired Infections

The work to reduce preventable infections in hospitals has been a journey of several years—and the work continues. Infections are decreasing; however, even one person whose life is affected by a preventable infection is one too many. While health care-associated infections were once viewed as an unavoidable risk of providing care, successful programs to reduce or eliminate infections have proven that change is possible. WHA works with member hospitals to reduce three types of preventable infections, including catheter associated urinary tract infections (CAUTI), central line-associated blood stream infections (CLABSI), and surgical site infections (SSI).

Similar to many other areas of patient harm, preventing hospital-acquired infections is accelerated by strong partnerships across many different organizations and agencies. The Department of Health Services convenes the multi-stakeholder Hospital Acquired Infection Advisory Committee to coordinate statewide efforts. This group ensures a coordinated approach that reduces duplication of effort and leverages the expertise of each participating organization. The committee also works to make sure all members of the health care continuum are aware of best practices and focus resources on reducing the rate and occurrence of infections. The aim of the committee’s work in 2014 was spread of best practices to prevent surgical site infections. WHA will expand its infection focus in 2015 to include antibiotic stewardship and efforts to reduce Clostridium difficile infections.

Catheter-Associated Urinary Tract Infections (CAUTI)

Catheter-associated urinary tract infection is the most common type of health care-associated infection, accounting for more than 30 percent of acute care hospital infections, according to the Centers for Disease Control. This is due in part to the frequent use of urinary catheters in post-operative and non-ambulatory hospital patients. The key to reducing CAUTI is adherence to best practices for catheter insertion, as well as early identification of when a catheter is no longer needed. Hospitals learn to detect which process may have led to the infection by analyzing how many days passed between catheter placement and the development of the infection. Nurses then work with physicians to ensure care is following the best practice evidence.

Hospitals began working with WHA to reduce catheter-associated urinary tract infections in 2011. Hospitals continued this work with the Partners for Patients project, driving the rate down by 20 percent. This work will continue in 2015 to reduce this rate even more and bring it closer to the CMS national benchmark. Hospital-specific rates for these infections are available on CheckPoint (www.WiCheckPoint.org).

HOSPITAL HIGHLIGHTS

**Aurora St. Luke’s South Shore, Milwaukee**, uses a two-person catheter insertion checklist as well as real-time demonstration of insertion at skills fairs. The practices are ‘hard coded’ through bi-monthly audits with immediate feedback given to caregivers.

**Bay Area Medical Center, Marinette**, implemented a “Ban the Basin” initiative to raise awareness of frequent evaluation for catheter need. They combine this with “Days Since Last CAUTI” posters to keep staff awareness about preventable CAUTI at a high level.

**Aspirus Medford Hospital & Clinics, Inc.** found early involvement of frontline nurses builds awareness among physicians about the need to remove catheters as soon as possible. Nurses use published evidence to help answer questions physicians and staff have about the best practices.
Central Line-Associated Blood Stream Infections (CLABSI)

Central line-associated blood stream infections are very serious infections often leading to extended ICU stays or risk of death. An estimated 41,000 central line-associated bloodstream infections (CLABSI) occur in U.S. hospitals each year, according to the Centers for Disease Control. Careful attention to line insertion practices and maintenance is the key. Studies have shown that diligence on the part of clinical staff can result in zero CLABSI infections. Wisconsin hospitals have been engaged in adopting these best practices since 2009. Once a hospital is successful in improving their infection rate, they continue to pay close attention to this process to ensure they are sustaining adherence to the best practices. Hospitals publish their CLABSI rates on CheckPoint at www.wicheckpoint.org/report_topic_CLABSI.aspx?tab=2.

Hospitals began working with WHA to reduce central line-associated blood stream infections in 2009. In the first three years of the project, these infections were reduced by 36 percent. Hospitals continued this work in the Partners for Patients project in 2011, driving the rate down by another 35 percent.

Stoughton Hospital has a Vascular Access Team (VAT) that performs real time monitoring of all central lines. The team also meets monthly to monitor adherence to best practices. Staff nurses round with the hospitalists and if the patient has a vascular access device, the question is posed whether it is needed, resulting in lines being removed as soon as possible.

Upland Hills Health, Dodgeville, uses standardized basic best practices including central line supply carts, reminders on the insertion checklists and adherence to “scrub the hub” practices to prevent central line infections. They also have a dedicated group of staff complete PICC line insertions and daily management of the lines.
Surgical Site Infections (SSI)

Patients who have a surgical procedure are at risk for a surgical site infection. Surgical site infections are associated with increased readmission rates, longer lengths of stay and increased risk of death. While nationally the rate of surgical site infection is declining, the Centers for Disease Control estimates 40 to 60 percent of these infections are preventable. In addition to sterile technique in the operating room, evidence shows that asking patients to use an anti-microbial scrub prior to surgery has a preventive effect. Hospitals are educating patients about the important role they play before surgery as well as ensuring the surgical site is thoroughly disinfected prior to the operation. There is also evidence that indicates the importance of maintaining proper blood glucose levels in patients with diabetes and keeping the patient warm during the procedure also contribute to lower infection rates. When hospitals combine all of these practices with the proper use of prophylactic antibiotics, they can significantly lower their infection rates. Hospitals that have been working with WHA in the Partners for Patients project have lowered surgical site infections by six percent in 2014. Hospital-specific surgical site infection rates are available on CheckPoint for colon surgery (www.wicheckpoint.org/report_topic_SSI.aspx?tab=2&mode=COLO) and abdominal hysterectomies (www.wicheckpoint.org/report_topic_SSI.aspx?tab=2&mode=HYST).

Hospital Acquired Infections

HOSPITAL HIGHLIGHTS

**Theda Clark Medical Center**, Neenah, uses patient stories about infections to connect the operating room staff and surgeons to the importance of adhering to best practice standards and to raise awareness of the potential to ‘drift’ over time.

**Vernon Memorial Healthcare**, Viroqua, reduced SSI through improving the pre-operative preparation period by standardizing the instructions for patients during pre-surgery home instruction, providing the antimicrobial cleaning solutions and reinforcing the importance of the 30-second wait time prior to rinsing.
Sepsis

Sepsis is a potentially life-threatening complication of an infection. Sepsis occurs when a patient’s natural defenses to fight the infection trigger inflammatory responses throughout the body. This inflammation can trigger a cascade of changes that can damage multiple organ systems, causing them to fail. If a patient’s condition progresses to septic shock, dramatic drops in blood pressure can occur, resulting in mortality rates as high as 40 percent. Anyone can develop sepsis, but it is most common and most dangerous in the elderly or for patients with weakened immune systems. The primary method to reduce sepsis mortality is early detection and aggressive treatment with fluid support and antibiotics.

Hospitals can improve sepsis mortality rates by implementing a checklist of best practices, known as a bundle, to ensure all of the right components of care are being provided. Unlike some other conditions, sepsis can progress very quickly. Sepsis bundles include the correct interventions for the first three hours of care, after detection of the condition, and a second bundle for interventions during the following three hours. Hospitals began working with WHA to reduce sepsis mortality in 2014 and have achieved a 14 percent reduction in this serious complication.

Flambeau Hospital, Park Falls, started their sepsis prevention and early recognition campaign at local inpatient and outpatient meetings, which enhanced physician commitment and buy-in. From there, they analyzed their existing sepsis protocols to determine opportunities for improvement. Once the areas for improvement were identified, they provided additional training to their ED staff on sepsis recognition, Systemic Inflammatory Response Syndrome criteria and the three-hour sepsis bundle.

Post Acute Medical Specialty Hospital of Milwaukee, Greenfield, set a goal to reduce the risk of sepsis by implementing a sepsis screening protocol and a best practice three-hour sepsis bundle. Tools they have implemented include a sepsis checklist for staff to use to ensure all elements have been applied.
Safer Care for Newborns and Mothers

More than 66,000 babies are born in Wisconsin hospitals each year. Preventing complications in babies and their mothers is some of the most important work birthing hospitals can do. Hospitals have been working with WHA to improve birth-related care by preventing serious maternal complications, reducing early elective deliveries and decreasing the time to transport newborn screening results to the State Lab of Hygiene.

Reducing OB Harm and Early Elective Deliveries

Obstetrical care is very safe, but on very rare occasions a complication may arise—sometimes resulting in emergency care during childbirth. Hospitals joined WHA’s OB Adverse Events initiative to learn the latest best practices for treating emergency hypertension (high blood pressure) in delivery, excessive bleeding and methods to reduce injury to the mother during childbirth. The six-month webinar series brought many physician experts to share their real-world experience in implementing these best practices. In addition, the importance of cultural factors such as clear communication and high functioning teamwork are keys to providing the very best care in high-risk deliveries.

Hospitals continue to work to reduce the opportunity for a preventable early delivery by implementing a ‘hard stop’ policy for births before 39 weeks that do not have a clinical indication. Early deliveries create a higher risk for complications related to breathing and eating for the infant. The early elective delivery toolkit is available to any Wisconsin hospital on the WHA Quality Center at www.whaqualitycenter.org. Hospitals across the state have sustained the 80 percent improvement since 2011 and now report their results on CheckPoint at www.wicheckpoint.org/report_topic_BirthRatings.aspx?tab-2. The statewide rate of early elective deliveries, as reported on CheckPoint, is 3.4 percent, which is well below the national target of five percent.

New mother Amy gazes at her daughter Alaina at HSHS Sacred Heart Hospital in Eau Claire.
Timeliness of Newborn Screening

Every newborn in the state is screened for diseases, that when treated quickly, can prevent long-term complications. A large number of these diseases can be detected by blood tests that are performed by the State Lab of Hygiene in Madison. Hospitals were provided data in November of 2013 that showed the blood cards that are used to send the tests to the state lab were sometimes not making it to the lab as quickly as required to ensure the safety of the babies being tested. WHA partnered with the directors of the state lab to study the entire system from the time a baby is born to the time the blood card arrives at the lab in Madison. Working together with the hospitals, numerous improvements to the courier and transport process were implemented immediately. The lab also began providing hospitals with monthly feedback reports so they can monitor how well they are doing. Within two months, greater than 99 percent of cards were being received within the recommended four days. The results for how well each hospital is doing are available on CheckPoint at www.wicheckpoint.org/Docs/NB%20Screen%20Report%20Q3%202014%2015Oct2014.pdf.

![Photo courtesy of Black River Memorial Hospital.](image)

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(WI Newborn Screening Turnaround Time

(Higher is better)

Fort HealthCare, Fort Atkinson, partners with Nasco, a local business that manufactures simulation mannequins, to have a robust simulation training lab at the hospital. Staff hone their patient care skills for rare events, such as maternal hemorrhage. The simulations are live and very realistic, allowing for identification of gaps in team communication and best practices. Teams debrief each simulation during a post-simulation huddle to discuss gaps and create action plans for improvement.

Meriter UnityPoint Health, Madison, has focused on team-based care in OB as an important aspect of ensuring safe deliveries for mother and baby. Rare event protocols are regularly reviewed as they are applied in simulations. Hospital pharmacy and blood bank staff are involved in the simulations to identify potential gaps in emergent care and create the ability to resolve them before an actual event occurs.

HOSPITAL HIGHLIGHTS
Readmissions and Care Transitions

Reducing Readmissions

When patients leave the hospital they do not expect to return. However, eight percent of Wisconsin patients do end up coming back to the hospital for further treatment of their original medical condition, treatment of a complication and occasionally treatment for a new problem. The reasons for readmissions vary greatly, making it one of the hardest outcomes for hospitals to improve. Once a patient leaves the hospital, they are often responsible for their own care or they receive assistance from other health care providers and agencies in their community. The complexity of this issue requires strong partnerships with patients, and with all of the organizations within the community that can provide care for the patient. These partners include home care agencies, long-term care facilities and public agencies that provide services to elderly and disabled patients. WHA’s readmission work with hospitals in the last year encouraged hospitals to approach readmissions with both an inside, and outside, strategy. Hospitals are increasing their focus of involving nurses, pharmacists and other members of the care team in implementing tools that help reduce readmissions.

Most patients are already taking multiple medications when they arrive at the hospital and receive new medications during their stay. When most patients leave the hospital they will need to continue taking multiple medications, some of which they may have never taken before. Coordinating all of these medications with the changes that may occur during the hospital stay is complicated and can lead to adverse drug events and readmissions if it is not performed well. Many hospitals are counteracting this problem by using the Medications at Transitions and Clinical Handoffs (MATCH) Toolkit. This toolkit helps hospitals compare and reconcile a patient’s current medication regimen against a physician’s admission, transfer, or discharge orders to identify and correct discrepancies.

It can be very confusing to patients when they need to take multiple medications, often at different times each day. As hospitals study the reasons for readmissions they often find the readmission is due to patient confusion or inability to take all of their medications correctly. WHA is partnering with the Pharmacy Society of Wisconsin to raise awareness of their Wisconsin Pharmacy Quality Collaborative (WPQC) in hospitals across the state. The WPQC program expands beyond the walls of the hospital by encouraging local pharmacies and hospitals to work together to improve processes of medication reconciliation and to teach patients how to accurately take their medications.

Stoughton Hospital tackles readmissions from many angles. A multidisciplinary team implemented eight best practices designed to address many of the root causes of readmissions, and by doing so, they reduced their readmission rate by four percent.

Aspirus Medford Hospital & Clinics, Inc. knows that congestive heart failure patients have a higher likelihood of being readmitted. They use “teach back” instructional methods, provide scales for weight monitoring if patients do not have one, and educate the public about the best care for congestive heart failure.

HOSPITAL HIGHLIGHTS
Improving Care Transitions

Hospital quality and nursing leaders are expanding their understanding of processes outside the hospital’s walls by participating in new transition-of-care community coalitions across the state.

For the past three years, WHA and MetaStar, Wisconsin’s quality improvement organization, have convened a group of leaders from various associations with a stake in reducing readmissions. The group also includes both of Wisconsin’s long-term care associations, the Department of Health Services, the Pharmacy Society of Wisconsin and many others. The group meets monthly to collaborate on ways to improve patient transitions between care settings.

Part of the work of the care transitions group was to help launch 22 community coalitions across the state. These coalitions range in size from one hospital and a few skilled nursing facilities in a rural county, to regions with three or four large hospitals and many other health care providers in the community. The coalition leaders bring data to the table, which starts the process of determining the local drivers of readmissions. Coalition members then work together to create joint plans aimed at improving how patients transition between organizations, ultimately reducing readmissions.

Hospitals working with WHA in the Partners for Patients project have been able to achieve an aggregate seven percent reduction in readmissions. WHA and member hospitals will continue to work on reducing readmissions even further in 2015, with the hope of getting closer to the 20 percent national goal. Hospital specific All Cause Readmission rates will be available on CheckPoint (www.wicheckpoint.org) in March 2015.
Transforming Care at the Bedside (TCAB)

The Wisconsin Hospital Association launched its first TCAB cohort in 2011. In 2014, a third cohort consisting of seven hospitals new to the collaborative and eight hospitals from earlier cohorts was launched. The third cohort has expanded beyond the typical medical-surgical units to include emergency departments, obstetrical units, an oncology team and a team from a long-term acute care facility. To date, 52 hospitals across Wisconsin have enrolled in a WHA or national TCAB cohort.

WHA’s role as project convenor serves to support teams by compiling and reporting data, and facilitating team-to-team interactions via monthly webinars. Teams report on some aspect of their TCAB work each month. The commitment for TCAB participation is significant, including monthly data collection and reporting and open sharing with other hospitals. Hospitals are required to submit a log of their innovations and small tests of change. Each quarter the nursing leadership at TCAB hospitals receive a progress report showing the level of their team’s engagement as well as their measureable improvement.

TCAB involves a systematic approach to encourage front-line staff to engage in improving work systems and patient care processes. Leadership often speaks about staff empowerment, but there is not a formal education system that prepares managers for how to do that. With TCAB, the emphasis is on learning what needs to be improved from the point-of-view of the patient care staff, then teaching nursing leaders the skills they need to make a difference, and allowing staff a chance to try.

Each TCAB team member receives a copy of the WHA Improvement Guide, a tool developed in the Partners for Patients collaborative. The guide has step-by-step templates that hospitals can use to consistently apply the Plan-Do-Study-Act Model for Improvement to any project. TCAB hospitals learn to define very specific aims for their improvements and choose measures to track if they are improving their outcomes. Teams also learn project planning skills to clearly define what will be tested or trialed and how exactly that process will occur.

The “all teach, all learn” mindset is central to TCAB. A time-honored TCAB tradition is to “steal shamelessly,” which is to avoid recreating a process or approach that has worked elsewhere. Experienced TCAB hospitals eagerly share their successes as well as their challenges.

“This is one of the great successes of TCAB,” said Stephanie Sobczak, TCAB project manager. “Seeing hospitals willingly share with each other not only the success stories, but also talk about what hasn’t gone well. Often, the best learning comes from hearing how a hospital overcame a barrier to achieve a better outcome.”

Transforming Care at the Bedside (TCAB) is a challenging initiative as hospital teams work on many projects concurrently. The results of the most recent 18-month collaborative showed improvement from each team’s baseline in each of the five focus areas.

[Graph showing TCAB Teams Accomplishments - Cohort 2]

**Reduced Fall Rate**
**Prevented Hospital Acquired Condition**
**Improved Team Vitality**
**Improved Nurse Communication**
**Improved Efficiency**

- % Teams Achieving at 12 mos
- % Teams Achieving at project end
(Higher is better)
Quality Residency

In Wisconsin, and likely nationwide, many nurses or health care professionals are hired or "promoted" from within to fill a quality director vacancy, either by virtue of employment tenure or superior performance in their direct care position. Information collected by WHA and the Rural Wisconsin Health Cooperative (RWHC) detected many novice quality directors whose first years are frustrating because they come into the job not knowing regulatory or accreditation requirements, basic risk management skills, quality data reporting methods, and actual quality improvement tools that are foundational for a successful career. These issues are compounded in rural areas because of both geographical and professional isolation.

In partnership, WHA and RWHC developed a quality residency program to address this unique workforce challenge. The program launched in March 2014 with 32 residents. The program engages new and novice hospital quality improvement directors in a two-year track of education, leadership training and networking. The program was enhanced in September 2014 to accommodate additional residents, bringing the current program number to 38 residents. The expansion also allows veteran residents to refresh their skills by attending an individual program. The program format with 10 independent modules allows new applicants to join at any time.

Each session begins with a learning needs assessment. Content is customized to meet the needs of the current residents. Faculty for the program include a combination of staff from WHA, RWHC and external quality experts. Residents and instructors alike report that the experience is rewarding. The high level of resident participation and collaboration, and the value of customized curriculum, have exceeded everyone’s expectations.

"The Quality Residency program has been an amazing journey for me. I have learned a tremendous amount of information and have gained new friendships. The experience and continued support of our leaders has been astounding!"

Kari Marx, Mile Bluff Medical Center, Mauston

Each module is well planned, skillfully executed, engaging and fun! Not only is the residency program itself informative, but the knowledge gained and best practices that are developed and shared allow each facility to create a successful quality program.”

Jill Andrea, Spooner Health System
CheckPoint - A Full Decade of Public Transparency

As consumers and patients become more responsible for their health care decisions, it is important for them to have a reliable source of information about care they may receive in a hospital. The need to provide this important information is what drives the transparency component of WHA’s quality strategy. Wisconsin is known as a national leader in making quality results available to the public. Hospitals and providers in Wisconsin embrace transparency and know how to leverage this type of reporting to drive improvement in their organizations.

The WHA Board of Directors made a commitment to begin public reporting of hospital quality results in 2002. Staff convened a multi-stakeholder group of hospitals, payers and purchasers to design what would become CheckPoint (www.wicheckpoint.org). The new site launched in 2004 as one of the first non-mandated public sources of hospital quality results in the country. This was one full year before CMS launched their Hospital Compare website.

CheckPoint remains one of just a few sites in which hospitals voluntarily report their quality and patient safety results. Starting in 2004, CheckPoint has added new measures with a special focus on measures that reflect patient outcomes, such as mortality, readmissions and infections. Measures are updated quarterly to reflect the most current information available. Today, 127 hospitals report 80 measures of hospital quality on the site. The website averages 3,000 visits each month.

WHA uses CheckPoint to help keep members “ahead of the curve” in the current quality environment. A group of hospital quality leaders meets quarterly to review measures and make sure they are relevant to patients or are related to hospital reimbursement. The group also makes recommendations to add measures related to key hospital quality improvement projects currently in progress. This would include hospital-acquired infections and readmissions. Adding measures near the end of major improvement projects helps ensure good results are sustained over time. The WHA Board has final approval for all changes to CheckPoint, ensuring senior leader buy-in across the state.

Major changes were made to CheckPoint in 2014. The overall look and navigation of the website were improved to enhance the user experience. The site also added a three-star composite rating for groups of similar measures. These ratings make it easier for consumers to understand the overall care for a clinical condition or topic. The new ratings are based on a four-step method that calculates the statistical difference between a hospital’s performance and a target range for each measure. These differences are then combined to create the star rating.

One of the strengths of CheckPoint is the ease with which new measures can be added and measures that are no longer relevant can be removed. Better measures of quality are being developed on a regular basis. New measures will continue to be added as measures that are meaningful to consumers in making health care decisions or to hospitals in driving improvement efforts are developed.
Wisconsin Statewide Value Committee -
A Key Multi-Stakeholder Partnership

In August 2011, John Toussaint, MD, CEO of the ThedaCare Center for Healthcare Value, convened a group of Wisconsin health care leaders to discuss how to accelerate progress in health care value. Value is driven by both quality and cost. Toussaint recognized that a multi-disciplinary group would be needed to keep Wisconsin a national leader in health care quality and find innovative ways to reduce health care costs. The Statewide Value Committee (SVC) was formed out of this conversation. Today, the SVC is a coalition of approximately 30 organizations representing health care providers, payers, purchasers and state government. WHA is part of the SVC, which also includes the Wisconsin Health Information Organization, the Wisconsin Collaborative for Healthcare Quality, the Wisconsin Medical Society and the Wisconsin Statewide Health Information Network. The SVC’s goal is to realize greater value in health care faster by aligning efforts and incentives to deliver better quality care at lower cost. The SVC started with the premise that all participants in the complex health care environment—providers, purchasers, payers, government and individuals—must be committed to realizing better value in health care. In short, there is something for everyone to do in pursuit of this overarching goal.

The group quickly determined it would be difficult to know if they were improving “value” in health care without an agreed upon measure set of quality and cost. A workgroup was formed to develop an initial set of measures of value. The SVC’s initial measures of value encompass the following areas:

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<tr>
<th>AMBULATORY MEASURES</th>
<th>HOSPITAL MEASURES</th>
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<tbody>
<tr>
<td>Cancer Screening</td>
<td>Patient Satisfaction</td>
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<tr>
<td>Patient Satisfaction</td>
<td>Early Elective Delivery</td>
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<td>Childhood Immunization</td>
<td>Catheter-Associated Infection</td>
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<td>Diabetes Outcomes</td>
<td>Central Line Infection</td>
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<td>Hypertention Control</td>
<td>Surgical Site Infection</td>
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<tr>
<td>Ischemic Vascular Disease Outcomes</td>
<td>Readmissions</td>
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<td>Depression</td>
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<th>OVERALL MEASURES</th>
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<tr>
<td>Total Resource Use</td>
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WHA worked quickly to make all of the hospital measures available on CheckPoint to support this work. The Wisconsin Collaborative for Healthcare Quality will report the ambulatory measures.

Improving Wisconsin’s performance in these areas will, among other things, require better alignment among the currently siloed state-level initiatives in care delivery redesign, transparency of cost and quality metrics and payment reform. Working across organizations and among stakeholders, the SVC intends to drive real alignment and focus of measurement and related activities to cut through the “measure confusion” that consumes limited resources without returning real value to anyone, and to support focus areas with efforts in care redesign and payment reform.

The State of Wisconsin has received a state innovation model (SIM) grant from the Centers for Medicare and Medicaid Services Innovation Center. The SVC leadership council will work closely with the Department of Health and Human Services to use the grant funding to develop a plan for designing new care models that are supported by innovative payment models and supporting infrastructure. The overarching goal of the SIM project is perfectly aligned to the reason the SVC was formed. WHA senior leaders and members will be key contributors to this important statewide effort in 2015.
Summary

Wisconsin continues to be recognized as one of the highest performing states in the nation for health care quality. Hospitals and health systems continuously pursue high standards for clinical excellence, guided by the dedicated and caring health care professionals and support staff who put patients first.

The Wisconsin Hospital Association has become a trusted source of information for hospital quality improvement professionals. The team of quality experts at WHA will continue to assist and promote quality improvement activities by:

- Connecting with national experts and high performing hospitals in Wisconsin to share “what works” with our members;
- Facilitating a means for member hospitals working on similar improvements to connect with each other through monthly webinars;
- Providing direct connection with WHA quality staff available for teaching and coaching improvement teams on-site;
- Hosting the comprehensive Quality Center website to serve as an information repository and data portal for any WHA member’s improvement teams; and,
- Providing a blend of research based practices along with the knowledge of how to adapt these in the local care setting.

As hospitals continue to improve the quality of the care they provide, patient outcomes are better and unnecessary costs to patients and purchasers of health care services are greatly reduced. That increases the value of health care for health care purchasers and that makes Wisconsin’s health care a key asset to economic development in every region of the state.

WHA Member Hospitals

Agnesian HealthCare/St. Agnes Hospital, Fond du Lac
Amery Hospital & Clinic
Appleton Medical Center
Aspirus Medford Hospital & Clinics, Inc.
Aspirus Wausau Hospital
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
Aurora Sinai Medical Center, Milwaukee
Aurora St. Luke's Medical Center, Milwaukee
Aurora West Allis Medical Center
Baldwin Area Medical Center
Bay Area Medical Center, Marinette
Beaver Dam Community Hospitals, Inc.
Bellin Health Oconto Hospital
Bellin Hospital, Green Bay
Bellin Psychiatric Center, Green Bay
Beloit Health System
Berlin Memorial Hospital
Black River Memorial Hospital, Black River Falls
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 Birth Hospital, 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
Crossing Rivers Health Medical Center, Prairie du Chien
Cumberland Healthcare
Divine Savior Healthcare, Portage
Edgerton Hospital and Health Services
Essentia Health St. Mary’s Hospital-Superior
Flambeau Hospital, Park Falls
Fort HealthCare, Fort Atkinson
Froedtert & The Medical College of Wis. Community Mem. Hosp. campus, Menomonee Falls
Froedtert & The Medical College of Wis. Froedtert Hospital campus, Milwaukee
Froedtert & The Medical College of Wis. St. Joseph's Hosp. campus, West Bend
Grant Regional Health Center, Lancaster
Gundersen Boscobel Area Hospital and Clinics
Gundersen Health System, La Crosse
Gundersen St. Joseph’s Hospital and Clinics, Hillsboro

(Continued on next page)
WHA Member Hospitals (continued)

Gundersen Tri County Hospital & Clinics, Whitehall
Hayward Area Memorial Hospital
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 & Clinics
Indianhead Medical Center, Shell Lake
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
Mayo Clinic Health System-Chippewa Valley in Bloomer
Mayo Clinic Health System-Franciscan Healthcare in La Crosse
Mayo Clinic Health System-Franciscan Healthcare in Sparta
Mayo Clinic Health System-Northland in Barron
Mayo Clinic Health System-Oakridge in Osseo
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
Meriter–UnityPoint Health, Madison
Mile Bluff Medical Center, Mauston
Ministry Door County Medical Center, Sturgeon Bay
Ministry Eagle River Memorial Hospital
Ministry Good Samaritan Health Center, Merrill
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
Moundview Memorial Hospital & Clinics, Inc., Friendship
Oconomowoc Memorial Hospital
Orthopaedic Hospital of Wisconsin, Glendale
Osceola Medical Center
Post Acute Specialty Hospital of Milwaukee, LLC, Greenfield
Reedsburg Area Medical Center
Rehabilitation Hospital of Wisconsin, Waukesha
Ripon Medical Center, Inc.
River Falls Area Hospital
Riverside Medical Center, Waupaca
Riverview Hospital Association, Wisconsin Rapids
Rogers Memorial Hospital, Inc., Oconomowoc
Rusk County Memorial Hospital, Ladysmith
Sauk Prairie Healthcare, 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
Southwest Health Center, Platteville
Spooner Health System
St. Clare Hospital, Baraboo
St. Croix Regional Medical Center, St. Croix Falls
St. Elizabeth Hospital, Appleton
St. Mary's Hospital, Madison
St. Mary's Janesville Hospital
Stoughton Hospital Association
The Richland Hospital, Inc., Richland Center
Theda Clark Medical Center, Neenah
ThedaCare Medical Center, New London
Tomah Memorial Hospital
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
Waupun Memorial Hospital
Westfields Hospital & Clinic, New Richmond
Wheaton Franciscan Healthcare - All Saints, Racine
Wheaton Franciscan Healthcare-Franklin
Wheaton Franciscan Healthcare-St. Francis, Inc., Milwaukee
Wheaton Franciscan-Elmbrook Memorial Campus, Brookfield
Wheaton Franciscan-Midwest Spine/Orthopedic Hosp./Wis. Heart Hosp.,
Wauwatosa
Wheaton Franciscan-St. Joseph Campus, Milwaukee
Wild Rose Community Memorial Hospital
William S. Middleton Memorial Veterans Hospital, Madison

The Wisconsin Hospital Association Partners for Patients is a national initiative supported by the Centers for Medicare and Medicaid Services (CMS). This national goal is to prevent 1.8 million injuries to hospital patients saving more than 60,000 lives over three years. Wisconsin hospitals are known for providing patient care that is ranked among the best in the nation. This project is aimed at expanding and accelerating improvement activities that will lead to even higher performance and better care for patients in our community. All results reported for this initiative are preliminary and subject to finalization by CMS.