Wisconsin Hospitals: Working Together to Improve Quality

WHA
WISCONSIN HOSPITAL ASSOCIATION

Front cover photo courtesy of:
Wheaton Franciscan Healthcare

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Introduction

Wisconsin hospitals and health systems are committed to delivering the highest quality patient care in the country. The proof of that statement is Wisconsin's place among a handful of states that consistently receive the federal Agency for Healthcare Research and Quality's highest quality ranking and its position in the top-quartile in the Commonwealth Fund's state scorecard that rates health system performance.

We are proud of our progress and accolades, but it serves to remind us that we can do better.

In 2015, the WHA Partners for Patients initiative helped Wisconsin hospitals with their work to reduce readmissions and hospital-acquired harm, reduce infections and patient falls, and decrease mortality related to sepsis. These are the conditions that are important to and affect the greatest number of patients. And while we are never satisfied, we believe we are heading in the right direction.

In 2015, Wisconsin hospitals working with WHA achieved the following results:

- 66% reduction in catheter-associated urinary tract infections
- 26% reduction in falls with injury
- 16% decrease in sepsis mortality rate
- 6.8% reduction in all-cause readmissions

> "Health care is one of Wisconsin's greatest assets."
>
> *- Eric Borgerding*

There were some disappointments, too. Efforts to decrease infections caused by Clostridium difficile were not successful in Wisconsin, or elsewhere in the country, in part because the use of antibiotics continues to increase. Wisconsin hospitals are determined to reverse the trend and will continue their diligent work to reduce C. diff infections.

The drive to improve quality will not end. Hospitals and health systems will continue to direct resources to not only improve quality, but to sustain the progress they make to ensure patients receive the highest quality, safest care possible.

Health care is one of Wisconsin's greatest assets. High-quality, high-value health care has become synonymous with Wisconsin and it is one of the reasons we are on solid ground as the health care world changes around us.

Eric Borgerding,
President/CEO, WHA

Wisconsin Health Care Rankings

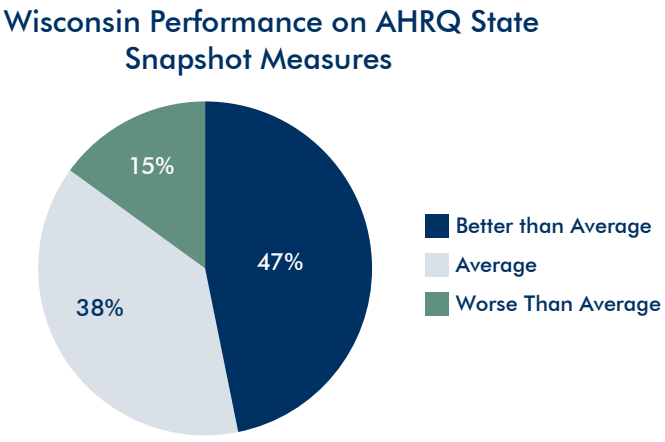
AHRQ State Snapshots

The Agency for Healthcare Research and Quality (AHRQ) produces an annual assessment of individual state performance on over 200 measures of health care quality. In 2015, Wisconsin had the second best overall health care quality measure score among all 50 states. Wisconsin has been at or near the top since AHRQ initiated "State Snapshots" in 2005.

Table 1: Wisconsin Ranking on AHRQ Snapshots

YEAR	WI RANKING
2006	1
2007	2
2008	1
2009	2
2010	7
2011	2
2013	4
2014	3
2015	2

(No report in 2012)



AHRQ measures health care quality in three different contexts:

- Type of care, such as preventive, acute, or chronic care;
- Setting, such as hospital, nursing home, home health or hospice; and,
- Clinical area, such as care for patients with cancer or respiratory diseases.

Wisconsin scored "better than average" on close to 50 percent of these measures. Wisconsin providers also scored extremely well and much higher than national benchmarks on measures related to the use of electronic health records (EHR), which were new for 2015. Wisconsin's performance on the EHR measures are an indication that health care professionals are using an EHR to improve communication with one another and their patients. EHRs and the ability to share health information electronically helps providers deliver higher quality and safer patient care by enabling quick access to patient records for more coordinated, efficient care.

WISCONSIN HEALTH CARE
Ahead of the Curve
An initiative of the Wisconsin Hospital Association

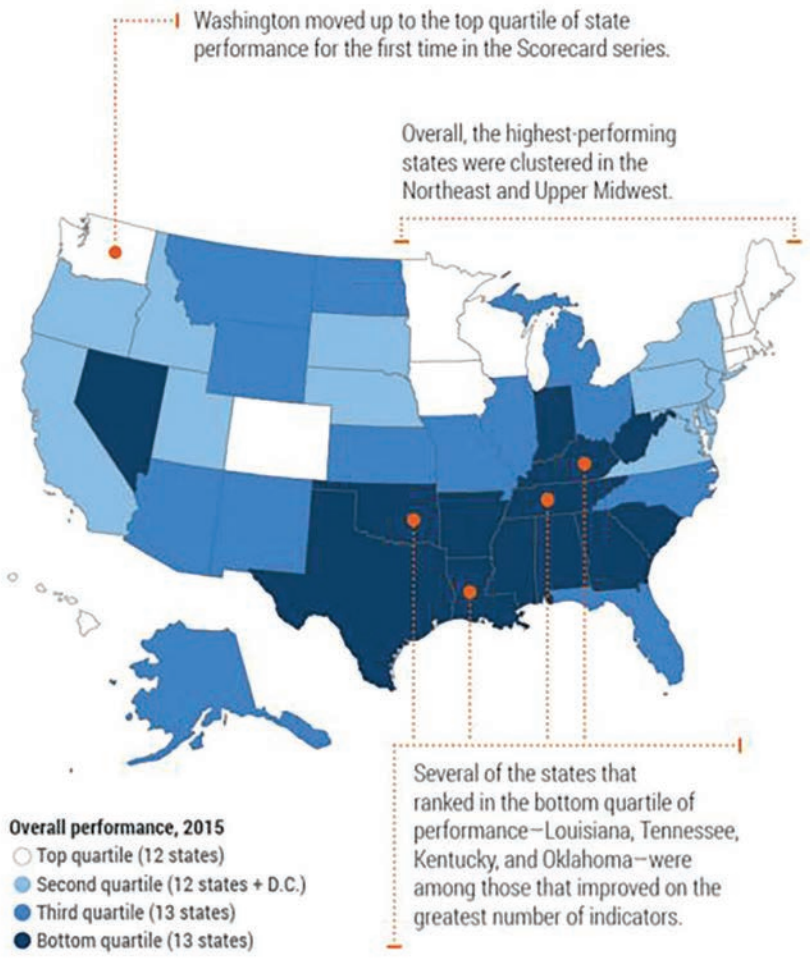
Wisconsin's continued high performance in the AHRQ rankings is a national validation that Wisconsin's local and regional health systems are delivering some of the best care in the country. High quality is occurring across the continuum of care in rural and urban settings. The combination of performance and commitment to be better keeps Wisconsin "ahead of the curve."

The rankings and details about each of the measures are posted here: http://nhqrnet.ahrq.gov/inhqrdr/state/select.

Commonwealth State Scorecard

Wisconsin kept its place in the top quartile for overall performance in the Commonwealth Fund 2015 Scorecard on Healthcare Performance. The performance scorecard rated Wisconsin in the national top quartile across 42 measures related to health care delivery and outcomes. Wisconsin's overall ranking was 11th best in the country. The measures are grouped into categories that include access and affordability, prevention and treatment, potentially avoidable hospital use and cost, healthy lives, and equity.

Wisconsin's scores for the measurement categories have not changed significantly from last year; however, the overall ranking went down four points. This occurs because other states are improving at faster rates, which is a reminder that Wisconsin must sustain its current levels of high quality and continue to improve. The pace of improvement has to continuously increase, or Wisconsin will risk falling behind other states as they begin to pay close attention to these types of metrics. If Wisconsin becomes satisfied with current levels of performance, and does not improve at the same or faster pace as other states, future rankings could continue to fall.



Source: The Commonwealth Fund

Table 2: Wisconsin Commonwealth Rankings

CATEGORY	WI NATIONAL RANKING
Access and Affordability	13
Prevention and Treatment	4
Avoidable Hospital Use and Cost	14
Healthy Lives	18
Equity	29

Wisconsin's best performance in the Commonwealth rankings is in measures related to readmissions and prevention, which are grouped under the category labeled Prevention and Treatment. The results demonstrate the dedication and focus hospitals and health systems have on clinical quality in the state. It takes an entire health care team, working across the full continuum of care, to impact results. Nearly every hospital in the state has been working with WHA, or another hospital engagement network, to reduce readmissions. This sustained level of commitment will be necessary to keep Wisconsin's status as a "leader state" in quality and value.

Wisconsin's lowest performance was in the area of health care equity. Four of the measurement categories include 33 measures that were evaluated in relationship to patient income level, race or ethnicity. WHA will be working with hospitals and systems in the WHA Partners for Patients project in 2016 to produce hospital outcome measures by race and ethnicity and identify best practices to begin reducing identified disparities.

A full copy of the report can be found at: www.commonwealthfund.org/publications/fund-reports/2015/dec/aiming-higher-2015.

Paying for Value

The Affordable Care Act established three new programs that incentivize high-quality care through annual adjustments to Medicare reimbursement rates. The programs are administered by the Centers for Medicare and Medicaid Services (CMS). The act moves the CMS quality program away from rewards for reporting measures to payments based on performance on the measures. Hospitals that perform well receive increases in their rates and hospitals that do not perform as well receive rate cuts. Each of these programs applies to the 65 Wisconsin hospitals that are subject to the inpatient prospective payment system. The programs do not apply to critical access hospitals. The penalties for the programs have been increasing each year and new quality measures are added within each program on a regular basis. The maximum cumulative penalty for the current federal fiscal year (FFY) is six percent. The cumulative penalties will top out at 6.25 percent in FFY 2017.

Wisconsin hospitals embrace high quality, which results in overall good performance in all three of these programs.

Table 3: Medicare Cumulative Quality-Related Penalties

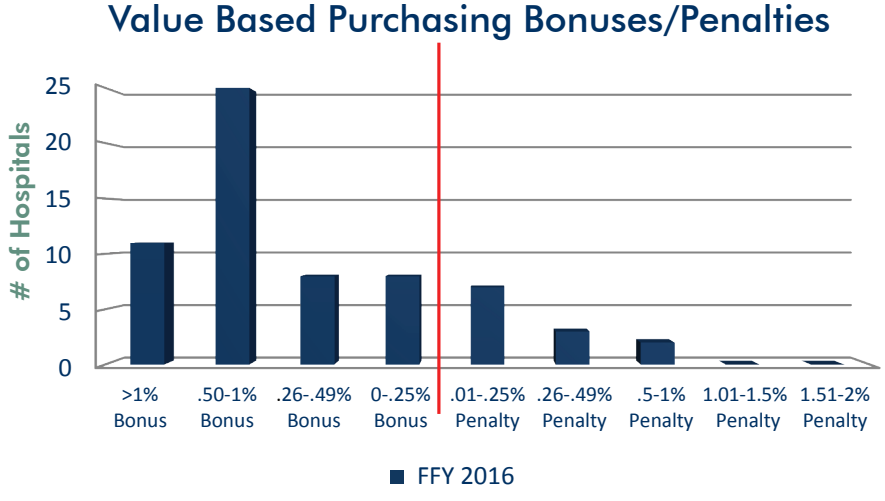
	FFY 2013	FFY 2014	FFY 2015	FFY 2016	FFY 2017 AND BEYOND
Pay for Reporting	2%	2%	0.25%	0.25%	0.25%
Value-Based Purchasing	1%	1.25%	1.5%	1.75%	2%
Readmissions	1%	2%	3%	3%	3%
Hospital-acquired Conditions	-	-	1%	1%	1%
Total Possible Penalty	**4%**	**5.25%**	**5.75%**	**6%**	**6.25%**

Hospital Value-Based Purchasing

The hospital Value-Based Purchasing (VBP) program is designed to promote better clinical outcomes for hospital patients, improve their experience of care during hospital stays and promote efficient use of resources. The 22 nationally-accepted measures that are used in the FFY 2016 VBP program do not have consistently high levels of performance across the nation; hence, they can differentiate high from low-performing hospitals. The program is a budget neutral program, which requires the total amount of value-based incentive payments, in aggregate, to be equal to the amount available for value-based incentive payments.

Hospital Value-Based Purchasing Program:

Wisconsin 4th Best Performing State



The maximum penalty for the year is 1.75 percent. Wisconsin hospitals work hard to improve these quality measures with 52—which is 80 percent—of the 65 eligible hospitals receiving an incentive bonus. No hospital received a payment penalty over 0.7 percent. This strong performance leads to the state being the 4th best performer overall. The program will result in an estimated positive 0.33 percent increase in overall Medicare reimbursement for more than $4.5 million during the current federal fiscal year.

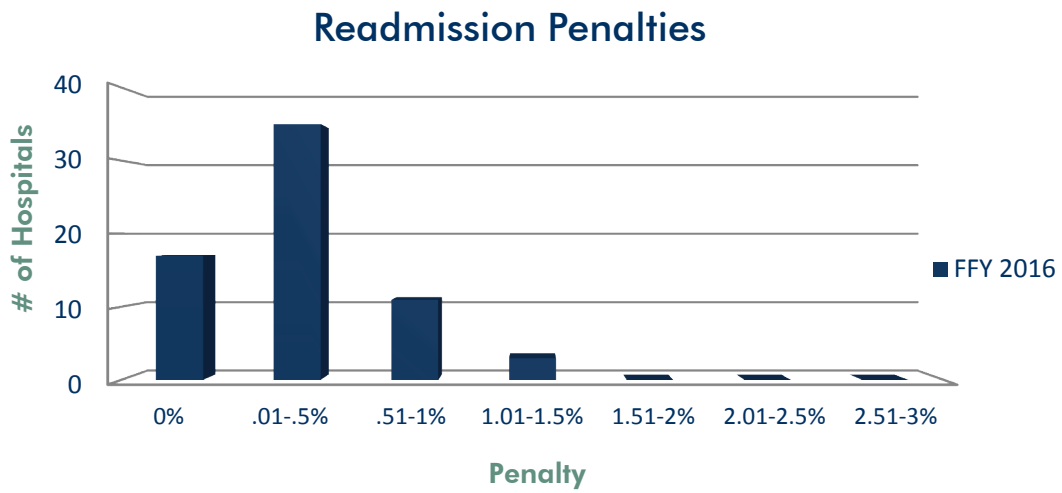
Readmission Reduction Program

Photo courtesy of Holy Family Memorial, Inc.

Patients who must return to a hospital, or be readmitted, are 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 (ACA) established the Hospital Readmissions Reduction Program, which requires CMS to reduce payments to hospitals, paid under the prospective payment system, that have an excessive number of readmissions. In FFY 2016, the program calculates a hospitals' excess readmission ratio based on patients who receive hospital care for heart attack, heart failure, pneumonia, chronic obstructive pulmonary disease and hip and knee replacements. Hospitals with excess readmissions are being penalized up to three percent of their Medicare payments.

Wisconsin hospitals work to reduce this unnecessary care by improving internal care processes and through partnerships with other health care providers and community agencies that help care for patients when they leave the hospital. Reducing readmissions is an important component of the WHA Partners for Patients project and one of the most common components for hospital and health system improvement plans. For FFY 2016, 49 of the 65 eligible Wisconsin hospitals will receive a penalty; however, no penalty exceeds 1.5 percent. The statewide aggregate for these penalties will be close to $5.5 million, with hip and knee replacements accounting for the most readmissions.

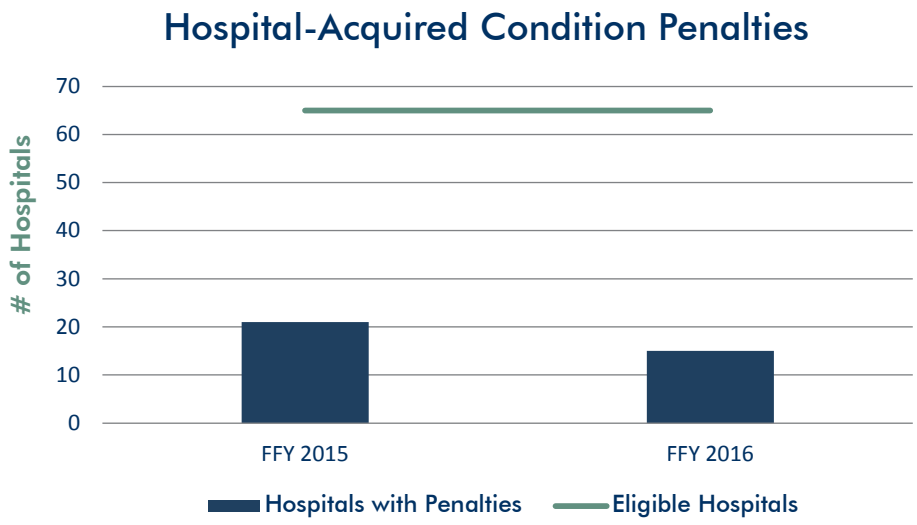


Hospital-Acquired Conditions

Photo courtesy of Ministry Saint Clare's Hospital

The third penalty program established in the Affordable Care Act is the Hospital Acquired Condition (HAC) Penalty program. This program, which started in FFY 2015, focuses on patient safety events in the same 65 hospitals as the two programs described earlier in the report. Unlike the other programs, the HAC program requires CMS to penalize the worst performing quartile of hospitals, regardless of their level of performance. The measures used in the program include a patient safety composite measure, known as Patient Safety Indicator (PSI) 90 and five hospital-acquired infections. The penalties are restricted to outcomes for Medicare patients. WHA's CheckPoint (www.WiCheckPoint.org) reports the results for these same measures for all patients receiving care in Wisconsin hospitals.

WHA supports paying for value with a focus on patient safety measures; however, it does not support the method being used to calculate the penalties. The calculations and measure weightings make it more difficult for hospitals with lower patient volumes to avoid a penalty. As work to improve these measures continues, there will be less separation between good and poor performers. Continuing to penalize the lowest quartile could result in penalties for hospitals with good performance.



The number of Wisconsin hospitals receiving the HAC penalty decreased from 21 in FFY 2015 to 15 in FFY 2016. These penalties result in a cumulative state amount of just over $5 million. Hospitals across the state are continuing their work to eliminate hospital-acquired infections, used in this program, through their work in the WHA Partners for Patients project and other hospital engagement networks.

WHA Partners for Patients

When the CMS Partnership for Patients project ended in December 2014, 74 hospitals chose to continue their work in the WHA Partners for Patients project to reduce readmissions and hospital-acquired patient harm. These hospitals focused throughout 2015 on reducing infections, patient falls, mortality related to sepsis and readmissions. Work continued in 2015 to implement strategies that make sure care is patient centric and help patients and families be more engaged in their care. Hospitals are also involving patients in new ways to bring in the patient perspective in the redesign of patient care.

Patient and Family-Centered Care and Engagement

Hospitals that effectively engage patients and families as a strategic partner experience sustained improvement and break-through results in patient satisfaction and health outcomes. One of the most effective ways to align an organization's culture with patient and family-centered care is through the development of Patient and Family Advisory Councils (PFACs). A PFAC is a structured committee with the purpose of partnering patients and families with members of the health care team to provide guidance on how to improve the patient and family experience. PFACs can provide the patient and family perspective on topics ranging from simple things like improved signage to more complicated topics such as finding ways to enhance nurse and physician communication. Hospitals that have experienced PFACs have begun to include the patient and family voice in more sensitive assignments, including leadership and improvement committees, new construction design and the interview process for new leaders and providers.

WHA assembled a Patient and Family Advisory Committee in early 2015 comprised of leaders and patient and family advisors from Wisconsin hospitals that have taken a lead on this work. The aim of the group was to pool the existing resources within the state to develop a strategy and structure for the spread of patient and family-centered care and engagement through education, consultation and collaboration.

Members of the WHA Patient and Family Centered Care Advisory Committee

Table 4: WHA Patient and Family Advisory Committee Members

NAME	TITLE	ORGANIZATION
Kari Barrett	Service Excellence Coordinator	Bellin Health
Jeff Pagels	Patient and Family Advisor	Bellin Health
Mary Ann Schumerth	Patient and Family Advisor	Bellin Health
Patricia Petry	Director of Women's Service Line and Kathy Hospice	Froedtert and The Medical College of Wisconsin
June Prestin	Patient and Family Advisor	Froedtert and The Medical College of Wisconsin
Ingri Gundersen	Patient Relations Specialist – Service Excellence	Gundersen Health System
Ginny Moore	Senior Consultant – Quality Administration	Gundersen Health System
Rosemary Bartel	Patient and Family Advocate, Advisor	--
Ann Ceshin	Patient and Family Advocate, Advisor	--
Sandy Salvo	Program Manager, Patient and Family-Centered Care	UW Health
Peggy Zimdars	Patient and Family Advisor	UW Health
Cindy Herbst	Patient and Family Advisor	UW Health
Thomas Kaster	Quality Coordinator	WHA

The WHA Patient and Family Advisory Committee started their work by defining and organizing key drivers that would help hospitals develop patient and family-centered care and engagement strategies and processes. These drivers include:

- Implementing practices that help evaluate and improve the patient and family experience;
- Finding, developing and training patient and family members as patient and family advisors;
- Developing patient and family advisory councils;
- Implementing processes and strategies that encourage and support patient and family engagement in their care; and,
- Establishing internal and external patient advocacy resources.

Once defined, the Committee was able to help WHA staff design and facilitate educational programming to help other Wisconsin hospitals embrace and adopt these key drivers. Committee members assisted with educating other hospitals through panel discussions at the WHA Rural Health Conference and the Pharmacy Society of Wisconsin annual meeting. The patient advisors on the Committee also helped WHA prepare a video that explains why this work is important, from a patient's perspective. WHA hospital members can access the video via the WHA Quality Center (www.whaqualitycenter.org).

The number of Patient and Family Advisory Committees in Wisconsin tripled in one year.

The guidance, collaboration and leadership from the WHA Patient and Family Advisory Committee has helped hospitals across Wisconsin understand the positive impact of developing a patient and family-centered culture. The number of Patient and Family Advisory Committees in Wisconsin tripled in one year. Data collected by WHA indicates the number of Wisconsin hospitals that have an active PFAC increased from 13 in 2014 to 36 in 2015. In addition to starting PFACs in 2015, hospitals worked with patients and families to implement patient-centered bedside shift reporting, improve purposeful hourly rounding, improve discharge planning and adopt other strategies that ensure the patient and family voice is embedded across the continuum of care.

WHA staff will use the input from the Advisory Committee in 2016 to develop additional resources that will help hospitals and health systems advance this work. The list of planned resources includes a Patient and Family Centered Care and Engagement Implementation manual that will provide the necessary resources to develop a successful PFAC and guide a hospital toward achieving true patient and family-centered care. WHA will also host a spring Patient and Family Centered Care Symposium and facilitate a six-month improvement webinar series that will focus on strategies for implementing the key drivers described above.

HOSPITAL HIGHLIGHTS

HSHS Sacred Heart, Eau Claire and **HSHS St. Joseph's Hospital,** Chippewa Falls, use a seven-member Patient and Family Advisory Council to help improve a variety of processes and materials including: patient guide books, written materials for patients, patient education methods, leader-patient rounding and pet visitation policies. The councils identified the need for cell phone charging stations in waiting areas to prevent families from worrying about charging their cell phone when they are contacting loved ones.

Froedtert & The Medical College of Wisconsin Community Memorial Hospital, Menomonee Falls, and **Froedtert & The Medical College of Wisconsin St. Joseph's Hospital,** West Bend, are increasing health literacy by involving patients and families in the improvement of the discharge planning processes. Patient feedback is helping to establish patient/family-centered expectations for verbal and written discharge communication. Nurses and physicians receive ongoing coaching and feedback to ensure verbal communication is meeting the expectations.

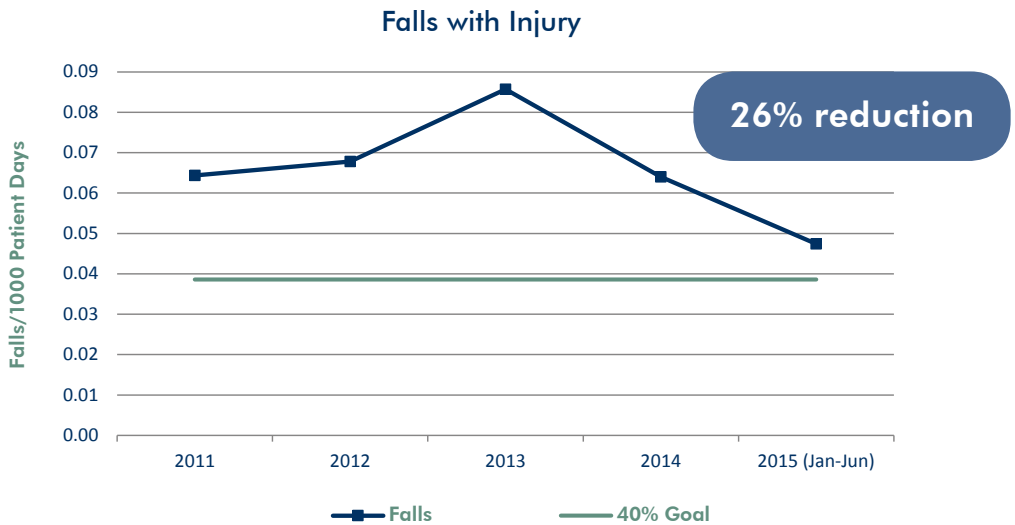
Patient Falls

Accidental falls can happen anywhere, and hospital rooms and hallways are no exception. A patient fall, defined as an unplanned descent to the floor with or without injury to the patient, affects at least 700,000 to a million patients nationally each year and ranks among the most frequently-reported patient safety incidents in hospitals. Classified as one of the preventable harms, hospitals have worked diligently to identify possible causes for patient falls and use improvement science to implement best practices. Studies demonstrate a patient fall while staying in the hospital can result in poorer outcomes and averaged increased costs of $2,700 if the patient suffers an injury as a result of the fall.

Wisconsin hospitals continually examine and refine their care processes to identify patients at risk for falls, carefully assess the environment for risks, and customize inpatient care to meet individuals' needs. By focusing on patient-centered design of processes, hospitals can better incorporate each patient's individual needs to reduce the risk of falling. For example, rather than waiting for patients to say they need to use the bathroom, those with mobility challenges and bowel and bladder problems have a set schedule for toileting. This can prevent a patient from trying to go to the bathroom on their own and it ensures staff are present to assist the patient, which prevents a potential fall.

In 2015, hospital pharmacists worked with nursing units to flag classes of medications that increase the likelihood of a patient fall. These medications include benzodiazepines, antidepressants, antipsychotic agents, anti-arrhythmic agents, opioid analgesics and antihypertensive agents. Hospitals are now screening patients for these medications and putting extra fall prevention precautions in place. Hospitals are also implementing a cross-functional approach to fall prevention by getting more than just the nursing staff involved. Functional assessment screens by rehabilitation services staff, or simple tests such as "Get up and Go," which tests a patient's ability to take two steps within five seconds of standing up from a chair, can be administered by any staff person. These quick assessments help identify patients who will need greater one-on-one assistance as well as a more structured daily activity plan.

Wisconsin hospitals have decreased the rate of falls with injury by 26 percent since the collaborative work and sharing started in 2012. WHA will continue to work with hospitals in 2016 to achieve even more improvement.



HOSPITAL HIGHLIGHTS

HSHS St. Vincent's Hospital, Green Bay, **HSHS St. Mary's Hospital**, Green Bay and **HSHS St. Nicholas Hospital**, Sheboygan use a five-point falls improvement bundle that includes the use of the Hendrich's Falls Risk Scale, a nurse-developed safety talk, measuring days since the last fall and post-fall huddles. Nurses use the "teach back" method during the safety talks to engage patient and families in their role in fall precautions.

Tomah Memorial Hospital, Tomah, involves physical and occupational therapists in fall prevention by having them conduct functional assessments such as a timed "Get Up and Go" test as a method to determine a patient's risk for falls during a stay. The therapists also help develop a structured activity plan to help patients avoid deconditioning and be safer once they return home.

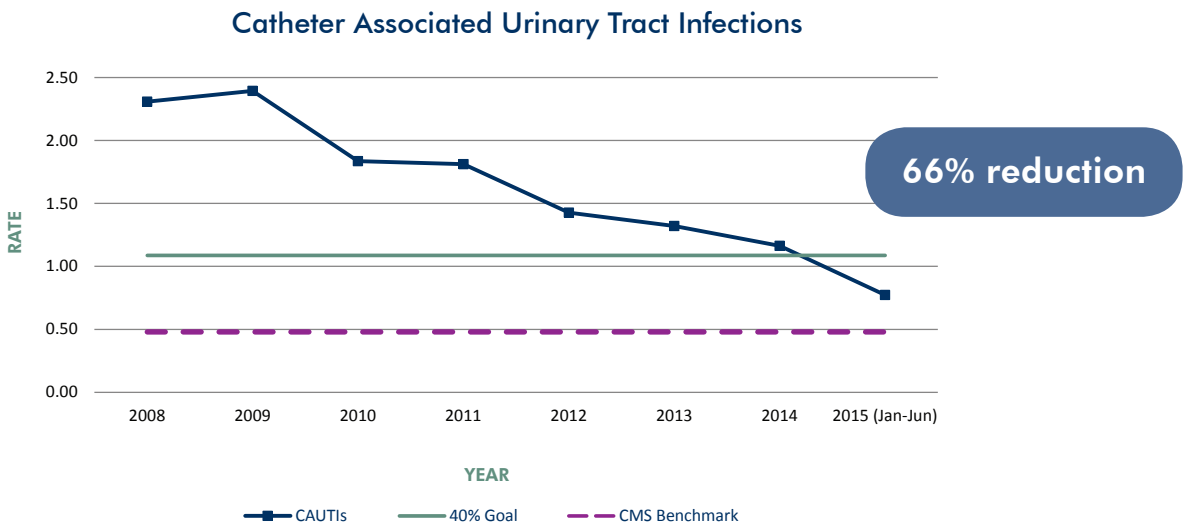
Flambeau Hospital, Park Falls' falling star program combines daily fall assessments, hourly rounding, bedside reporting and the use of sitters for high-risk patients. The constant communication and attention to fall prevention has resulted in 13 straight months without a fall.

Catheter-Associated Urinary Tract Infections (CAUTI)

A urinary catheter is a drainage tube that is inserted into a patient's urinary bladder through the urethra and is left in place to collect urine while a patient is unable to use the bathroom. Use of a catheter is a common medical intervention for patients who have had surgery or are unable to get out of bed. Catheters can become a source of infection if not inserted correctly or kept clean, or if left in place for long periods of time. These infections are called catheter-associated urinary tract infections (CAUTIs). According to the Centers for Disease Control and Prevention, 75 percent of urinary infections in hospitalized patients are associated with a catheter.

The key to reducing CAUTIs is to have a consistent process to determine when a catheter should be placed as well as consistent insertion and maintenance practices. Hospitals are also working to ensure catheters are removed as soon as they are no longer medically necessary. Wisconsin hospitals have been working to reduce catheter-associated urinary tract infections (CAUTIs) with WHA since 2011 and have reduced CAUTI infections by 66.5 percent.

WHA partnered with MetaStar to develop a CAUTI assessment tool and resource guide that allows a hospital to gauge how their current practices compare to the known best practices for CAUTI prevention. Wisconsin hospitals publicly report their CAUTI rates on CheckPoint (www.WiCheckPoint.org). Hospitals across the state will continue to work with WHA and MetaStar in 2016 to either further reduce their CAUTI rate or ensure they sustain their rate if they have already achieved a low infection rate.



HOSPITAL HIGHLIGHTS

Monroe Clinic, Monroe, focuses all staff on hand hygiene, which has reduced all of their hospital-acquired infections, including CAUTI. Nurses monitor appropriate use of Foley catheters through documentation on each shift and bedside huddles between nurses and infection prevention staff. This helps ensure that catheters are removed as promptly as possible, which reduces the risk of infection.

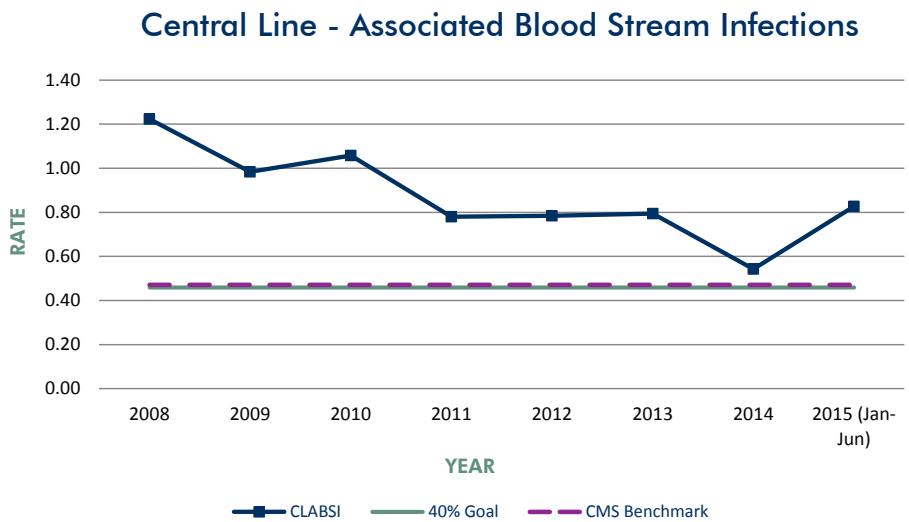
Froedtert & The Medical College of Wisconsin, St. Joseph's Hospital Campus, West Bend, focuses their CAUTI efforts on pre-operative procedures. Pre-operative chlorhexidine gluconate (CHG) bathing is done for patients visiting their Ambulatory Surgery Unit. In addition to the CHG bathing, they also use pre-operative peri-care, using prepackaged bathing wipes, for female patients having elective total joint replacements.

Central Line-Associated Blood Stream Infections (CLABSI)

A central line is a narrow tube inserted by a doctor into a large vein of a patient's neck or chest to give important medical treatment. When not put in correctly or kept clean, central lines can be a source of serious infections in the blood. These infections are mostly preventable when the physicians and hospital staff follow strict protocols when they put the line in and when they take care of the line. It is also important to remove these lines as soon as they are no longer needed. Central line-associated blood stream infections (CLABSIs) result in thousands of deaths each year and billions of dollars in added cost to the U.S. health care system.

Photo courtesy of Stoughton Hospital

Wisconsin hospitals have been working with WHA to reduce CLABSIs since 2009 by promoting evidenced- based best practices and creating a culture for reducing infections to near zero. The progress made through 2014 shows that these infections were reduced 56 percent since Wisconsin's baseline period in 2008. The increase seen in 2015 is due to a change in the national definition of a CLABSI, not an overall increase in infections. Hospital-specific CLABSI rates are available on CheckPoint (www.WICheckPoint.org).



HOSPITAL HIGHLIGHTS

HSHS St. Vincent Hospital, Green Bay, educates patients and families on the importance of hand hygiene in their Newborn Intensive Care Unit (NICU). Families receive family-centered education when a baby is admitted to the unit and a sticker is added to the families' visitor badges to indicate they have completed the training. A large, easy-to-read clock serves as a visual reminder to ensure hand hygiene is repeated at the appropriate length of time taught during family training. This renewed focus on instituting and maintaining a culture of asepsis resulted in more than one year without a CLABSI.

ProHealth Care - Waukesha Memorial Hospital and Oconomowoc Memorial Hospital recognize the important role nursing plays in ensuring central venous access devices (CVAD) meet criteria for ongoing use. On every shift, nurses are prompted through Epic charting to evaluate the ongoing need for a CVAD. If they think a change is needed, they work with the provider to remove the device, resulting in a 40 percent reduction of CVAD use since 2013.

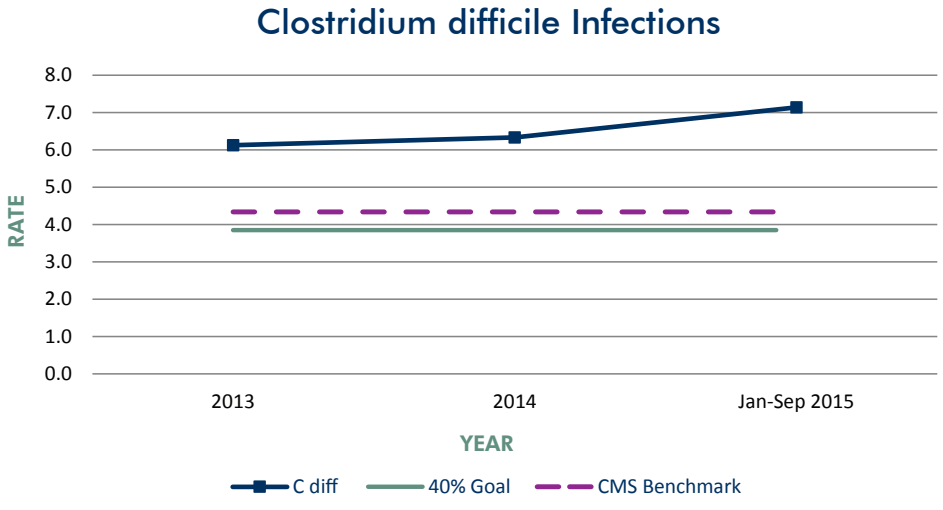
Clostridium difficile Infections

Clostridium difficile (C. diff.) is a type of bacteria that causes inflammation of the colon (large intestine). Healthy people occasionally get C. diff infections; however, it is more common in patients in a hospital or long-term care facility. Most patients who get this infection have a medical condition that requires long-term antibiotics, which kill off other intestinal bacteria that help keep C. diff. in check. Broad-spectrum antibiotics, which kill a wide variety of bacteria or cases in which multiple antibiotics are needed to fight an infection create the greatest risk for a C. diff infection. The national and Wisconsin rates for these infections are increasing as the use of antibiotics increases. Symptoms can range from diarrhea, nausea and abdominal pain to life-threatening inflammation of the colon.

Strategies to reduce C. difficile include:

- Early detection
- Prevent the spread
- Reduce use of unnecessary antibiotics

Hospitals are using three strategies to reduce C. diff. infections and their morbidity. The first strategy is early detection of the infection followed by early treatment, which lessens the adverse effect the infection can have on the patient. The second strategy involves careful attention to preventing the spread of a C. diff. infection to other patients. Since this bacteria is spread through spores, which can survive on surfaces for up to five months, special cleaning and infection control practices are needed to prevent spread. The last strategy is to reduce the use of unnecessary antibiotics. Responsible use of antibiotics includes limiting the dosage and length of treatment to only what is needed to successfully combat the infection, and avoiding the use of more powerful antibiotics when a narrow-spectrum antibiotic will work.



Hospitals began working with WHA in 2015 to learn and share the best practices for reducing these infections. WHA partnered with MetaStar to develop a Clostridium difficile assessment tool and resource guide that allows a hospital to gauge how their current practices compare to the known best practices for C. diff prevention. This work will continue in 2016 and until the trend is reversed and Wisconsin achieves a more acceptable rate. Hospital specific C. diff. rates are available on CheckPoint (www.WiCheckPoint.org).

HOSPITAL HIGHLIGHTS

Crossing Rivers Health Medical Center, Prairie du Chien, uses ultraviolet fluorescent marking as part of their disinfection protocol to reduce the spread of C. diff.

Bellin Hospital, Green Bay, uses environmental cleaning checklists and inspects patient rooms using fluorescent marking as well as using a ultraviolet light disinfection system to help reduce environmental contamination and the spread of C. diff. infections.

Mile Bluff Medical Center, Mauston, uses their small town advantage to help with community education about appropriate use of antibiotics, starting with hospital staff. Staff share their learning with members of the community to help spread the need to reduce the use of unnecessary antibiotics.

Antimicrobial Stewardship

According to the Centers for Disease Control and Prevention (CDC), 20-50 percent of all antibiotics prescribed in the country's acute care hospitals are either unnecessary or inappropriate. Antibiotics can have serious side effects, including adverse drug reactions and Clostridium difficile infections. Increased antibiotic use also leads to bacteria that are more resistant to antibiotics. The key to addressing antibiotic resistance is to develop consistent prescribing practices, which is usually done via an antimicrobial stewardship program.

Photo courtesy of Beaver Dam Community Hospital

Hospitals across the state are beginning to establish and refine their antimicrobial stewardship programs. The first step in this work is to conduct an initial self-assessment. The results of the assessments help determine where to focus the improvement efforts. WHA is partnering with MetaStar, the Pharmacy Society of Wisconsin, Concordia School of Pharmacy and more than 20 Wisconsin hospitals to address antibiotic resistance in the state. The group has developed an antimicrobial stewardship program assessment tool and a resource guide for hospitals to begin using in 2016.

Components of the Antimicrobial Stewardship Program (ASP) Self-Assessment:

- Leadership support and accountability for an ASP
- Existing systems in place to support an ASP
- Evaluation of existing policies/procedures/protocols related to antibiotic prescribing
- Review of existing antibiotic prescribing education and resources for staff
- Assessment of current practices to track and monitor antibiotic use
- Reporting of antibiotic use within the organization
- Types of interventions in place

HOSPITAL HIGHLIGHTS

UnityPoint Health-Meriter Hospital, Madison, uses a pharmacist-run Antimicrobial Stewardship Service aimed at achieving appropriate, safe and effective antimicrobial selection, dosing, and duration. Pharmacists regularly screen patient profiles for antibiotics subject to inappropriate use and review microbiology, hematology, and chemistry (e.g., procalcitonin) results. Protocols are used to automatically adjust antibiotic doses and routes of administration. In addition, pharmacists screen patients and order influenza and pneumococcal vaccines where appropriate.

Sepsis

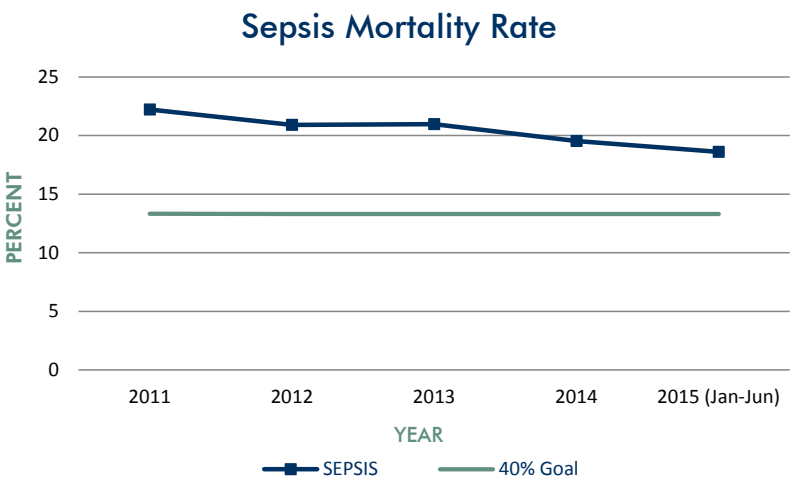
Sepsis is the body's toxic response to infection, which can lead to tissue damage, organ failure and death. Sepsis can occur in anyone, at any age, from any type of infection. Over 1,000 patients die of sepsis in Wisconsin hospitals each year.

Photo courtesy of Reedsburg Area Medical Center

Wisconsin hospitals are working to reduce sepsis mortality through early detection and rapid aggressive treatment. When a patient is identified as a high risk for sepsis, rapid action is crucial; delays can be deadly. To lessen the opportunity for delays, hospitals are working to improve their ability to recognize sepsis in emergency departments through improvements in how they screen patients for Systemic Inflammatory Response Syndrome (SIRS). Patients with two or more SIRS criteria are high risk for having sepsis. Although the SIRS criteria evaluation is essential, it is fairly broad, which can result in false positives. Hospitals are reducing the rate of false positives by better screening for an underlying infection. If an infection is also present, nurses immediately engage an attending physician, order appropriate lab tests and start the administration of intravenous therapy and broad spectrum antibiotics.

WHA's Partners for Patients "Think Sepsis First"- Sepsis Mortality Improvement initiative, brought hospitals, large and small, from across the state together to collaborate and learn best known practices. These combined efforts and an increased focus on sepsis has led to a 16 percent decrease in mortality-associated sepsis since 2013.

Sepsis mortality improvement goes far beyond risk assessments and aggressive treatment. Incorporating the patient and family voice can help motivate large scale change and improvement. Putting a face on sepsis mortality helps all providers know this serious disease is not limited to the frail and elderly. In July of 2015, WHA created a partnership with a mother whose daughter, Katie, died of sepsis at the age of 26. Katie's mom tells her story in a video that is available to all Wisconsin hospitals. The ability to bring forward the true impact that sepsis has on patients and families has been a turning point and foundational component for WHA's work on reducing sepsis mortality even further. Katie's mother is joining WHA as a Patient and Family Advisor in its sepsis work in 2016. The name of the sepsis initiative is being changed to "Think Katie First" so the life of a patient is remembered, and attached, to this important work.



HOSPITAL HIGHLIGHTS

St. Croix Regional Medical Center, St. Croix Falls, is improving their staff and providers' ability to recognize the early signs and symptoms of sepsis, rapidly test for and treat sepsis through a program they call "Act Fast."

ThedaCare Regional Medical Centers, Appleton and Neenah, hard-code sepsis recognition through their electronic health record, improved patient flow in the emergency department and standardized care for patients with a high risk for sepsis. Their improvements have saved 53 lives in one year and resulted in a $1.8 million net revenue increase due to improved sepsis documentation and DRG adjustments.

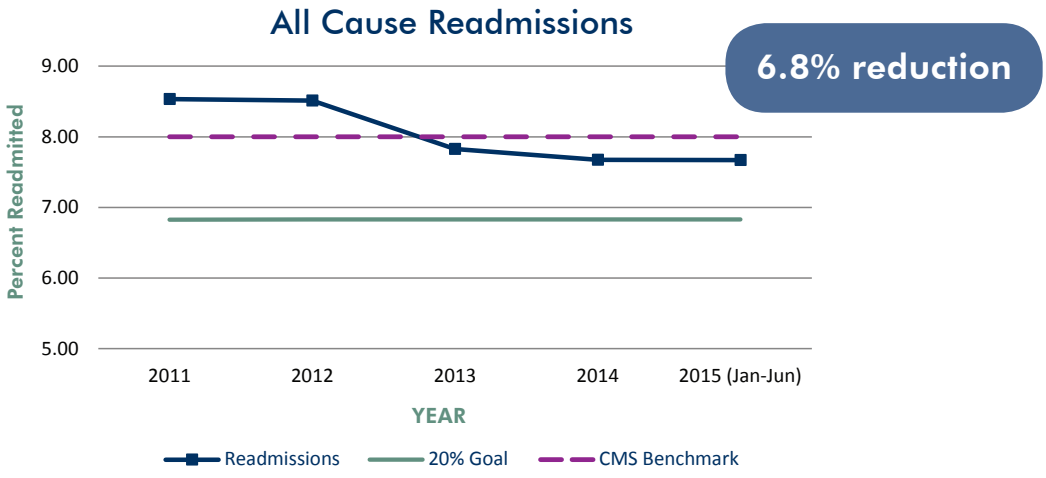
Readmissions

When patients leave the hospital they do not expect to return. However, when they return within 30 days, this is called a readmission. While some readmissions are planned, the majority of readmissions are not. There are many reasons for unplanned readmissions, including advancement of a patient's disease process or complications from the first admission. Readmissions also occur because of the lack of social support or the inability of a patient to follow their post-hospital care plan. Patients who have complex and chronic medical conditions are more likely to be readmitted.

Readmissions are not only disruptive to patients they are also expensive. Nationally, costs related to preventable readmissions are estimated at over $40 billion annually. Wisconsin hospitals have been able to reduce readmissions, for all causes, by 6.8 percent since 2012. The Wisconsin rate is lower than the national benchmark rate of 8 percent; however, hospitals are committed to driving this rate even lower. Hospital-specific readmission rates can be found on CheckPoint (www.WiCheckPoint.org).

The factors that may cause a patient to be readmitted are varied and individual to each patient. This variation makes reducing readmissions complex and difficult. The complexity of this issue requires hospitals to improve their internal care processes, increase patient and family engagement in their care, and to partner with agencies and health care providers who help care for patients after they leave the hospital.

As hospitals work to understand the complexity of their readmissions, they expand the scope of their improvement strategies. Hospitals continue to work to increase involvement of patients and family members in the post-discharge care plan. This occurs through interactions with the patient and their lay caregivers to gain a good understanding of their available resources and a creation of a care plan that matches the resources available and the patient's capabilities. Hospitals are also working to improve how patients are being taught their discharge instructions. Using a method called "Teach Back," hospital staff is able to assess if patients can demonstrate any self-care they may have to do, easily recall the warning signs to watch for and know who to call if there is a problem. This additional conversation with patients allows them to be more comfortable contacting their physician, and therefore catching any problems early before a readmission is necessary.



HOSPITAL HIGHLIGHTS

Reedsburg Area Medical Center, Reedsburg, reduced their readmission rate by 50 percent, using a comprehensive approach that includes daily rounding by continuum of care staff, a scheduled follow-up appointment for each patient and home visits by community partners.

Aurora Medical Center, Oshkosh, is reducing readmissions by conducting follow-up phone calls, scheduling follow-up appointments and aligning community resources for patients with addiction, sepsis, chronic obstructive pulmonary disease and gastrointestinal diagnoses.

Readmissions (continued)

Photo courtesy of Aspirus Medford

Many readmissions are avoidable when patients have follow-up visits with their physician within a few days of leaving the hospital. Hospitals are partnering with primary care physician offices to redesign appointment access for recently-discharged patients. This helps ensure patients are seen by their physician in a timely manner, which allows the physician to catch potential issues that could escalate to a readmission if not treated early. Physician offices are also implementing new care processes that coordinate care beyond routine office visits. The care coordination performed by physician offices includes planned follow-up phone calls, non-physician visits and more intense monitoring of the most complex patients.

Many patients require services from more than just their physician when they leave the hospital. This can include long-term care and assisted living facilities, home care agencies and state agencies that assist elderly and disabled patients. Hospitals are working directly with these partners to ensure the patient hand-offs are smooth and effective. Community-based care coalitions have been developed in 27 counties in Wisconsin to provide a structure for all community stakeholders to understand one another's needs and design community solutions that will improve care coordination and ultimately reduce readmissions. These community coalitions and other statewide approaches to care transitions are guided by a group of leaders from various health care-related associations that is led by WHA and MetaStar.

Hospitals are also beginning to develop customized approaches to reducing readmissions for specific patient populations who are at higher risk for readmissions. A toolkit developed by Dr. Amy Boutwell, a nationally-recognized readmissions expert, is being used to target the specific needs of the Medicaid population. As the readmission work continues in 2016, hospitals will also be developing strategies to address patients who are likely to be readmitted, including those with frequent returns to the hospital emergency department. These patients often have mental health diagnoses or problems with alcohol and other drugs and will require community resources, outside of just the hospital, to address their needs and prevent readmissions. These types of population health approaches for reducing readmissions will help drive the statewide rate even lower in 2016.

HOSPITAL HIGHLIGHTS

Sauk Prairie Healthcare, Prairie du Sac, involves their pharmacy department in medication reconciliation and daily monitoring of 18 conditions that are more likely to have an adverse drug event that could lead to a readmission. The daily monitoring resulted in over 700 medication changes, which helped contribute to a 25 percent reduction in readmissions in the past 12 months.

New Approaches to Improvement

As the work in the WHA Partners for Patients project continues, the understanding of challenges hospitals face continues to expand and evolve. WHA conducts its own cycles of improvement to provide novel approaches that help hospitals address new challenges they may face. WHA will continue to offer improvement content in each of the clinical areas related to readmissions and hospital-acquired harm in 2016. Many of the strategies to be successful in reducing harm are the same across all of these clinical areas. Hospitals participating in WHA's Partners for Patients hospital engagement network will be learning additional tools and techniques addressing several of these cross-discipline safety practices. The impact of value-based reimbursement will grow over time. Being efficient and effective at improvement will be key to a hospital's success. Change is constant, and the ability to adapt to change will help hospitals stay ahead of whatever the health care industry faces in the future.

Implementing Protocols and Bundles

WHA will be offering a new approach in 2016 with a series titled Implementing Bundles and Protocols (IPAB). In addition to the single topic focused initiatives, hospitals have also expressed an interest in how to efficiently adopt and sustain best practices. IPAB offers a structured change management approach that blends core concepts that can be used for any improvement topic. Effective change management requires the discipline of a good project management plan, an awareness of an organization's unique culture, a knowledge of best practices and an openness to changing mindsets about "how we do things here." Likewise, effective involvement of front-line staff and physicians greatly enhances the likelihood of a successful implementation. Hospitals that approach change in a systematic fashion that embodies all of these elements build the internal capacity for many leaders of change efforts to emerge. WHA's IPAB series provides a set structure and tools for hospitals to learn this new approach to change management. The four-part series will be offered multiple times throughout 2016. Wisconsin hospitals are being encouraged to involve as many change leaders as possible in learning and adopting these approaches.

Essential Safety Practices

Another example of evolving improvement work is a focus on a set of high-reliability practices that can address multiple areas of patient safety. For example, consistently involving patients and family members in shift hand-off discussions and visiting patient rooms at least hourly, improves communication and early recognition of a problem. This can have a positive impact on reducing readmissions, falls, pressure ulcers and adverse drug events. WHA is offering a series of webinars dedicated to seven high-reliability and safety practices that enhance a hospital's culture of safety and emphasizes a focus on involving patients and family members more than ever before.

Photo courtesy of Howard Young Medical Center

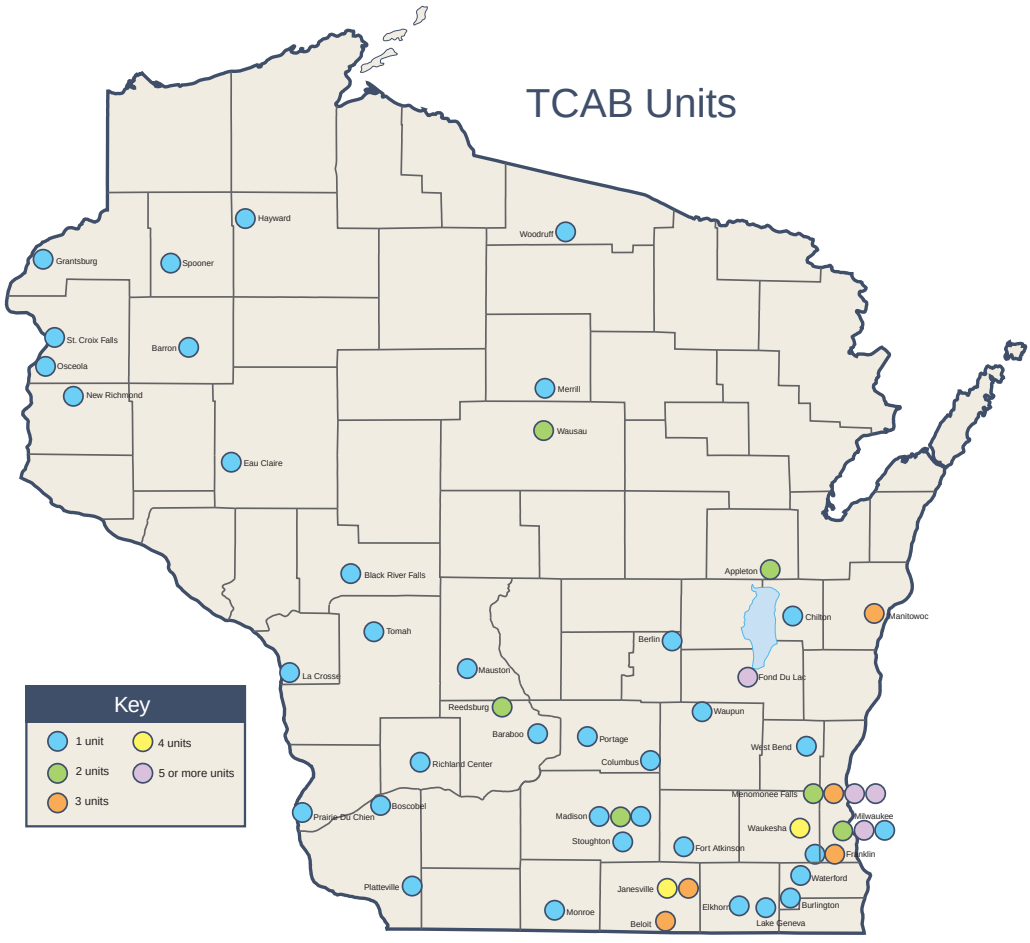
Essential Safety Practices:

- Effective use of patient whiteboards
- Daily whole house safety huddles
- Structured hand-off: Bedside shift report and inter-facility transfers
- Hand hygiene
- Purposeful patient rounding
- Multi-disciplinary patient rounds
- Leader rounding as standard work

Transforming Care at the Bedside (TCAB)

Being a bedside nurse is one of the busiest, most demanding roles in the hospital. When nurses receive their professional training, it rarely includes the concepts and tools related to quality improvement. Many hospital improvement efforts involve teams of staff that meet away from the bedside, making it difficult for nurses to participate. Transforming Care at the Bedside (TCAB) brings improvement to the bedside and teaches front-line nurses basic skills for improving teamwork and how they do their work. The skills TCAB teaches are vital for nurses and other hospital care givers to stay resilient in the face of constant change. The changes facing health care mean that all staff need to be very engaged in the effort to improve. TCAB teams increase their capacity to improve through focus on patient safety, patient-centered care, improved efficiency and improved teamwork.

This improvement model is now being used by teams beyond medical-surgical units to include teams from emergency departments and operating rooms. The third group of TCAB hospitals completed their work and the fourth group launched in October 2015. With help from WHA, several Wisconsin health systems are spreading TCAB throughout their system. Froedtert & The Medical College of Wisconsin in Milwaukee is spreading TCAB to 19 additional nursing units. ProHealth Care is expanding TCAB to three new oncology teams, and Ministry Health Care is incorporating TCAB learning into core curriculum for lead nurses. TCAB has now touched more than 50 hospitals across the state.

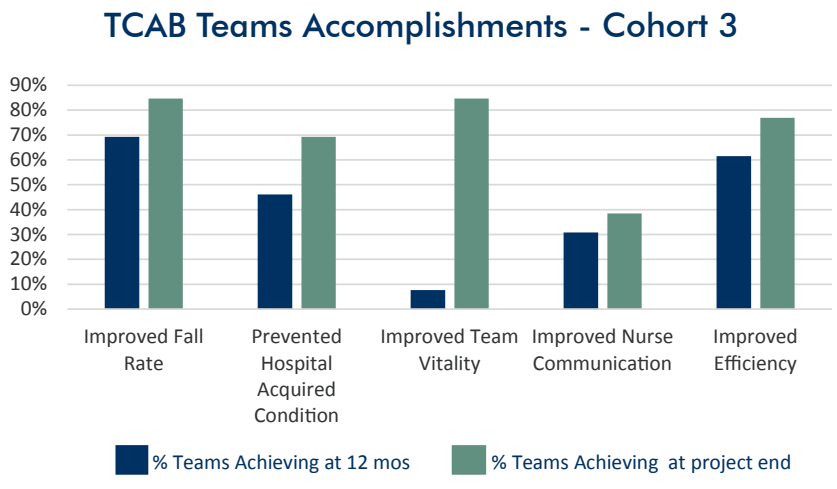


Each TCAB team includes frontline nurses, the unit manager and a senior nurse leader. As nurses learn how to improve their daily work, leaders learn how to transform their leadership style. This transformation focuses on determining the right balance between being "hands on" and "hands off." Finding a new balance between empowering staff to make key changes and holding them accountable to achieve agreed-upon goals is the key to TCAB success. Every hospital has been able to combine the improved leadership with innovative changes to achieve measured improvement in the four areas of focus.

A hospital TCAB Team simulates rapid improvement strategies using PDSA Cycles

Table 5: TCAB Innovations

HOSPITAL	SUCCESSFUL INNOVATIONS
Mayo Clinic Health System-Northland, Barron	"Weights by Eight" ensures all patients are weighed by 8:00 a.m.
Beloit Health System	Bedside shift report
Columbus Community Hospital	Fall kits that includes equipment and supplies that are part of preventing patient falls
Froedtert and The Medical College of Wisconsin Community Memorial Hospital, Menomonee Falls	Redesigned process for transferring patients to rehabilitation unit
Froedtert and The Medical College of Wisconsin Froedtert Hospital, Milwaukee	Restaurant-style paging to contact patient families
Froedtert and The Medical College of Wisconsin St. Joseph's Hospital, West Bend	Bedside shift report
Mercy Hospital and Trauma Center, Janesville	Hourly rounding and ancillary staff assistance with answering call lights
St. Elizabeth Hospital, Appleton	Medication education reference sheets with side effects for frequently used medications
Waukesha Memorial Hospital	"Break Buddies" to increase nurses' ability to get a meal break
Midwest Orthopedic Specialty Hospital, Franklin	Operating room instrument trays are weighed and readjusted to weigh no more than 25 pounds
Lakeview Specialty Hospital and Rehab, Waterford	Patient signs to let them know when lab results are pending
Wheaton Franciscan Healthcare – Franklin	Redesigned emergency department triage area



Health Care Worker Influenza Vaccinations

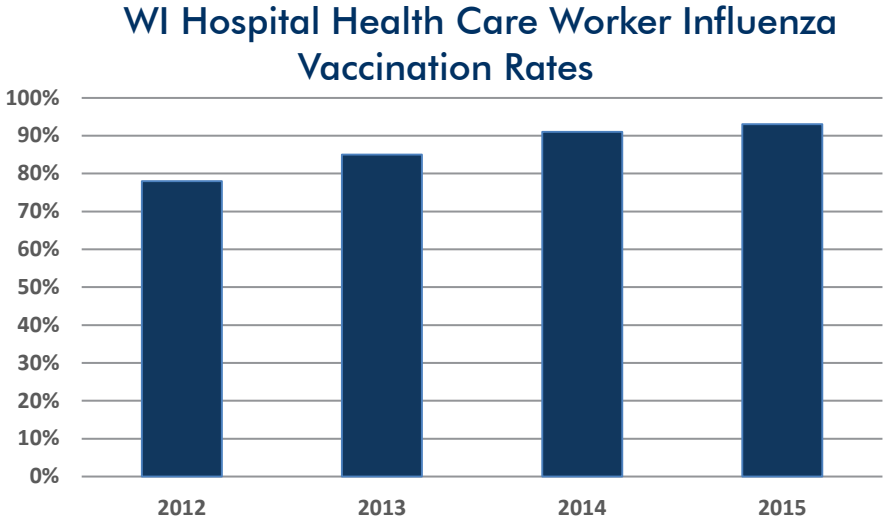
Wisconsin hospitals and health systems have dramatically reduced the occurrence of health care associated infections and greatly enhanced the provision of safe quality care to patients. Last year, over 4,700 individuals in Wisconsin were hospitalized due to the influenza virus, with over 540 of those patients sick enough to require care in a hospital intensive care unit. Evidence shows that people can be spreading the disease to others before they realize they are sick. Influenza is a serious and potentially fatal disease.

Photo courtesy of Holy Family Memorial Hospital

Wisconsin Achieved the Third Best HC Worker Influenza Rate in the Nation

Vaccination remains the single most effective prevention measure available against influenza and can prevent many illnesses, deaths and losses in productivity. Since most health care personnel provide care to, or are in frequent contact with, patients at high risk for complications of influenza, health care personnel are a high priority for expanding vaccine use. Achieving and sustaining high vaccination coverage among health care personnel protects staff and their patients, reduces disease burden and decreases health care costs.

Reducing influenza transmission from health care personnel to patients is a top priority in Wisconsin. Hospitals used a variety of effective vaccination policies and practices to achieve a 93 percent vaccination rate during the 2014/2015 influenza season. This high rate of health care personnel vaccination makes Wisconsin the third best state in the country on this important patient safety practice.



Quality Residency

WHA and the Rural Wisconsin Health Cooperative (RWHC) partner on many important issues that affect Wisconsin hospitals. One of their best partnerships has been the development of the Wisconsin Quality Residency program. The program was created in 2014 to support new hospital quality staff with training and a support network with other quality professionals.

A role in a hospital quality department is often filled by a health care professional who was hired or "promoted" from within, either by virtue of employment tenure or superior performance in their direct care position. Quality roles are complex due to the wide range of roles and responsibilities and lack of formal training programs. The multiple roles often include being responsible for regulatory or accreditation requirements, basic risk management skills, quality data reporting methods, data analysis, and ensuring quality improvement efforts are successful. These challenges are compounded in rural areas because of both geographical and professional isolation.

The residency program brings participants together for face-to-face learning and networking. The faculty for the program includes staff from WHA, RWHC, several outside consultants and experienced peers from other Wisconsin hospitals. The first class of 25 residents completed their residency in January 2016. The second class will begin their year of learning in March 2016. The program is structured as ten independent modules which allows new participants to join at any time during the year.

As hospitals have experienced the success of the program they are now expanding on the original intent and using the program as part of succession planning for future quality leaders. The reputation of the program has also spread to other states, and WHA has helped the Iowa Hospital Association replicate the program.

Graduates of the first Quality Residency Program, January 15, 2016.

Sharing Our Results with the Public

As the health care market changes, consumers are more involved in choosing their insurance plans and health care providers. WHA's CheckPoint website continues to offer consumers valuable information about the quality of hospital care for every acute care and critical access hospital in Wisconsin. CheckPoint continues the 11-year tradition of voluntary public transparency of hospital quality results, with reporting of more than 60 measures by 128 hospitals. 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 choose to voluntarily report CMS measures that are required of larger hospitals because they want to share their results with patients in their communities.

The science of health care measurement continues to advance with more focus on measuring outcomes of care. These important measures reflect the results of care, including complications such as infections. WHA's team of measure experts, who guide CheckPoint measure selection, continue to focus the selection of new measures on outcomes of care with the addition of 21 new outcome measures in 2015 and 2016.

New outcome measures to CheckPoint include:

- All Cause-All Payer Readmissions
- Cesarean Sections
- Patients Understood Their Care When They Left the Hospital
- 30-Day Readmissions for Stroke, Chronic Obstructive Pulmonary Disease and Joint Replacement
- Joint Replacement Complications
- Clostridium difficile Infections
- Methicillin Resistant Staph aureus Infections
- Falls with Major Injury
- Patient Safety Indicator (PSI)-90 Patient Safety Index
- PSI-3 – Pressure Ulcers
- PSI-6 – Pneumothorax
- PSI-8 – Post-operative Hip Fracture
- PSI-9 – Post-operative Hemorrhage
- PSI-10 – Post-operative Kidney Complications
- PSI-11 – Post-operative Respiratory Failure
- PSI-12 – Post-operative Blood Clots
- PSI-13 – Post-operative Sepsis
- PSI-14 – Post-operative Wound Dehiscence
- PSI-15 – Accidental Punctures and Lacerations

CheckPoint results show that Wisconsin hospitals are outperforming other hospitals across the county based on key outcome and patient experience measures. (Table 6)

Table 6: Key CheckPoint Results

MEASURE	WISCONSIN	NATIONAL
Central Line Infections	Standardized Infection Ratio (SIR) = 0.365 (44 hospitals reporting zero infections)	Standardized Infection Ratio (SIR) = 1.0
Catheter Associated Urinary Tract Infections	SIR = 0.617 (56 hospitals reporting zero infections)	SIR = 1.0
Clostridium difficile Infections	SIR = 0.965 (21 hospitals reporting zero infections)	SIR = 1.0
Methicillin Resistant Staph aureus Infection (MRSA)	SIR = 0.456 (66 hospitals reporting zero infections)	SIR = 1.0
Joint Replacement Complications	3.2%	3.1%
Overall Patient Satisfaction	76%	71%
Patient Would Recommend Hospital	75%	71%
Patients Understood Their Care When Left Hospital	56%	52%
Doctor Communication	84%	82%
Nurse Communication	83%	79%

Summary

Wisconsin's health care delivery system is consistently ranked among the best in the country. However, that does not mean there is not room to improve and set even higher standards. While it is worth celebrating the improvements in patient safety and quality we have made to date, it also is imperative that hospitals continue to strive for better performance.

In 2016, the Wisconsin Hospital Association will assist our member hospitals in their efforts to increase the value of health care in their communities by working with them on projects and education aimed at improving quality and maximizing their opportunities to benefit from potential pay-for performance incentives. This year, WHA will continue to work with members, state and federal elected representatives and other stakeholders to advocate for policies that enable Wisconsin hospitals and health systems to provide high-quality accessible health care in all regions of the state.

In 2016, WHA will:

- Support the work of 85 hospitals in the Hospitals Engagement Network (HEN) for the CMS Partnership for Patients and support hospitals and health systems across the state as we seek to achieve statewide a 20 percent reduction in readmissions and a 40 percent reduction in hospital-acquired harm.
- Support the fourth cohort of Transforming Care at the Bedside (TCAB) to give front-line nurses the skills they need to improve teamwork so they can deliver the best possible patient care.
- Promote health care transparency by continuing to expand the number of measures to WHA's hospital quality public reporting program, WICheckPoint.org (www.WiCheckPoint.org), that align with national and state-level value-based purchasing initiatives and payment reform.
- Support the WHA/Rural Wisconsin Health Cooperative Quality Residency Program to provide training and create a statewide network for hospital quality improvement professionals.

It is an ambitious agenda for our Association, but our members, patients and communities expect nothing less. We know as we improve quality, we reduce costs, and patient outcomes are better.

Wisconsin's health care is an asset to our state's employers, our communities, and to the state's economy.

We can only get better.

WHA Member Hospitals

Agnesian HealthCare/St. Agnes Hospital, Fond du Lac
Amery Hospital & Clinic, Amery
Appleton Medical Center, Appleton
Aspirus Langlade Hospital, Antigo
Aspirus Medford Hospital & Clinics, Inc., Medford
Aspirus Riverview Hospital & Clinics, Inc., Wisconsin Rapids
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, Oconto
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, Superior
Flambeau Hospital, Park Falls
Fort HealthCare, Fort Atkinson
Froedtert & The Medical College of Wisconsin Community Memorial Hospital campus, Menomonee Falls
Froedtert & The Medical College of Wisconsin Froedtert Hospital campus, Milwaukee
Froedtert & The Medical College of Wisconsin St. Joseph's Hospital campus, West Bend
Grant Regional Health Center, Lancaster
Gundersen Boscobel Area Hospital and Clinics
Gundersen Lutheran Medical Center, La Crosse
Gundersen St. Joseph's Hospital and Clinics, Hillsboro
Gundersen Tri County Hospital & Clinics, Whitehall
Hayward Area Memorial Hospital & Water's Edge
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, Shell Lake
Lakeview Medical Center, Rice Lake
Lakeview Specialty Hospital & Rehab, Waterford
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, Neillsville
Memorial Medical Center of Ashland, Ashland
Mercy Hospital and Trauma Center, Janesville
Mercy Medical Center, Oshkosh
Mercy Walworth Hospital and Medical Center, Lake Geneva
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

(Continued on next page)

WHA Member Hospitals (continued)

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, Oconomowoc
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, River Falls
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
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
ThedaCare Medical Center-Shawano
ThedaCare Medical Center-Waupaca
Tomah Memorial Hospital
UnityPoint Health-Meriter, Madison
Upland Hills Health, Inc., Dodgeville
UW Health at The American Center, Madison
UW Health Rehabilitation Hospital, Madison
UW Hospitals and Clinics, Madison
VA Medical Center, Tomah
Vernon Memorial Healthcare, Viroqua
Watertown Regional Medical Center
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 Hospital, Wauwatosa
Wheaton Franciscan-St. Joseph Campus, Milwaukee
Wild Rose Community Memorial Hospital
William S. Middleton Memorial Veterans Hospital, Madison

Partners for Patients
Hospitals working together to improve patient care.

The Wisconsin Hospital Association, PO Box 259038, Madison, WI 53725-9038; 608-274-1820; www.wha.org

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