



Wisconsin Hospitals:
Leading the Way Toward
Safer Patient Care



Table of Contents

Introduction	1
Wisconsin Health Care Ranks First in the Nation	2
Wisconsin CAHs Rank Best in Nation for Public Reporting, Quality Improvement	2
Readmissions	3
Paying for Value	6
Wisconsin Sixth Best Performing State in Hospital Value-Based Purchasing Program	6
Improving Patient Care	7
WHA Partners for Patients	9
Hospital-Acquired Infections	9
Catheter-Associated Urinary Tract Infections (CAUTI)	11
Clostridium difficile Infections	12
Antimicrobial Stewardship	14
Adverse Drug Events - Opioids	19
Falls with Injury	20
Sepsis Mortality and Post-Operative Sepsis	22
High Reliability	24
Patient and Family Engagement	26
WHA Public Policy Agenda Focuses on Enabling High-Quality Care	16
Quality Essentials Skills Training (QuEST)	28
Physician Quality Academy	28
WHA Quality Forum	29
Sharing Our Results with the Public	30
Summary	31
WHA Member Hospitals	32

Introduction

High-quality, safe, and effective health care is an important part of why Wisconsin is a great place to live and work. Collaboration among providers, patients, employers and communities is expanding across the care continuum to improve the health of our citizens. Wisconsin hospitals have a critical and valued role in creating and sustaining these successful partnerships.

In 2017, Wisconsin received the #1 ranking by the Agency for Healthcare Research and Quality (AHRQ). Since 2010, Wisconsin has consistently ranked among the top five states. Also in 2017, Wisconsin's critical access and small rural hospitals were ranked #1 in their peer group by the Health Resources and Services Administration for the highest reporting rates and best levels of improvement in the country over the past year.

This outstanding work does not happen in a vacuum. It is the deep commitment by our hospitals, health care professionals, patients, and families to deliver the highest quality, safest care possible to the people in our communities.

WHA is equally committed to assisting our hospitals in their achievements. In 2017:

- More than 80 hospitals actively participated in the Great Lakes Partnership for Patients, working together to further reduce readmissions and health care associated infections;
- Hospital leadership teams thoughtfully engaged in creating safe hospital environments for their patients and workforce, using High Reliability Organization concepts; and,
- Patients experienced fewer hospital acquired catheter, central line, and Clostridium difficile infections.

WHA is proud to partner with our member hospitals in this important work, but there is always more to do. In 2018, WHA will accelerate its work on hospital readmissions, medication safety (including the stewardship of antibiotic medications), and look for innovative models in reaching beyond the hospital to extend the same high-quality care to patients in other settings.

Finally, in 2017, we said farewell and happy retirement to Kelly Court, who has been at WHA since 2010. Kelly's expertise and forward thinking has been recognized at the state and federal level, and she did an excellent job leading the team at WHA. Beth Dibbert became WHA's chief quality officer January 1, 2018. We look forward to her vision of keeping Wisconsin moving forward.

We look forward to 2018 with new resolve to achieve even greater value for our members, our patients, and Wisconsin's employers.



*Eric Borgerding,
WHA President/CEO*

Wisconsin Health Care Ranks First in the Nation

Wisconsin's health care system received many national accolades in 2017, including the highly regarded federal Agency for Healthcare Research and Quality (AHRQ), ranking Wisconsin best among all states based on the quality of care patients receive.

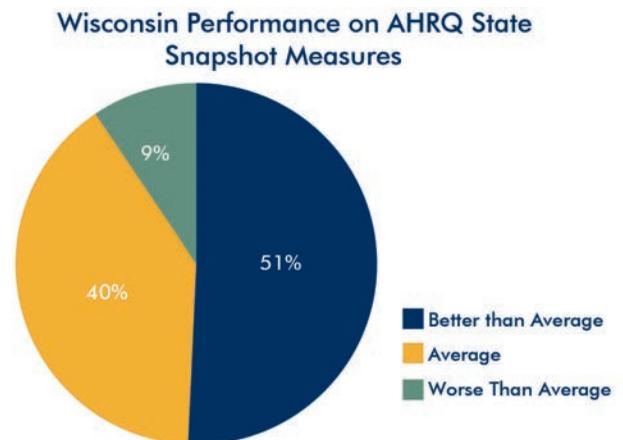
Wisconsin earned the top spot in 2017 after being ranked among the top four states in 10 of the last 11 years. The AHRQ quality measures are compared to achievable benchmarks, which are derived from the top-performing states. AHRQ measures health care quality in three different contexts: by types of care (such as preventive, acute, or chronic care), by settings of care (such as hospitals, nursing homes, home health or hospice), and care by clinical area (such as care for patients with cancer or respiratory diseases). They also report measures by race and ethnicity.

Wisconsin scored higher than the national benchmarks on 51 percent of the 200 measures. Areas of strong performance included care coordination, which includes care for and with people in home health and hospice settings, as well as services provided for patients in the outpatient setting.

While Wisconsin shows very good overall performance in most areas of care, there is still work to be done to address racially and ethnically diverse populations, as well as low-income populations. There must be an environment that fosters deeper engagement of patients and families in post-hospital care, medication management, and greater community support to prevent unnecessary hospital readmissions. WHA's work with hospitals will continue to focus on understanding these best practices and sharing them with organizations across the state.

Wisconsin Ranking on AHRQ Snapshots

YEAR	WI RANKING
2006	1
2007	2
2008	1
2009	2
2010	7
2011	2
2012	No Report
2013	4
2014	3
2015	2
2016	3
2017	1



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

Wisconsin CAHs Rank Best in Nation for Public Reporting, Quality Improvement

Wisconsin's critical access hospitals (CAHs) were recognized as the best in the nation by the federal Health Resources and Services Administration (HRSA) for outstanding quality performance. The ranking is based on participation and achievement on the Medicare Beneficiary Quality Improvement Project (MBQIP). Wisconsin CAHs achieved the highest reporting rates and levels of improvement in the country in 2017. CAHs are hospitals with fewer than 25 beds that provide essential services in rural areas. There are 58 CAHs in Wisconsin.

The Wisconsin Office of Rural Health (WI-ORH) provided leadership in encouraging hospitals to participate in the MBQIP program, and provided significant support for collecting and reporting this important data. WHA collaborated with WI-ORH to provide technical assistance to a group of CAHs in Wisconsin to utilize data to drive quality improvement in their hospitals and share best practices. WHA helped the CAHs improve their performance on four rural-relevant MBQIP quality measures related to providing complete information when a patient who requires a high level of care is transferred out of the emergency department of a rural hospital to an acute care hospital.

The work was important because rural hospitals support the physical well-being of the people living in that area, but they are also a critical asset to the economic health of the community. They are an essential part of our high-quality delivery system.

High-quality care is a hallmark in all areas of Wisconsin. The recognition of rural hospitals demonstrates how committed all providers in Wisconsin are to measure, improve and achieve high quality.

Readmissions

The Hospital Readmissions Reduction Program was established by the Affordable Care Act. The program requires the Centers for Medicare and Medicaid Services (CMS) to reduce payments to hospitals, paid under the prospective payment system, that have an excessive number of readmissions. Hospitals with high readmission rates can be penalized up to three percent of their Medicare payments. Returns to the hospital for an unavoidable readmission are recorded for unplanned visits to the same hospital, as well as to any hospital.

The process for discharging patients from the hospital starts at the point of a patient's admission. Multi-disciplinary care teams in Wisconsin hospitals are constantly evaluating the patient and their ability to:

- Understand their condition and how to care for themselves (health literacy);
- Manage their medications; and,
- Rely on social support systems (i.e.: transportation to follow-up appointments and for nutritional needs).

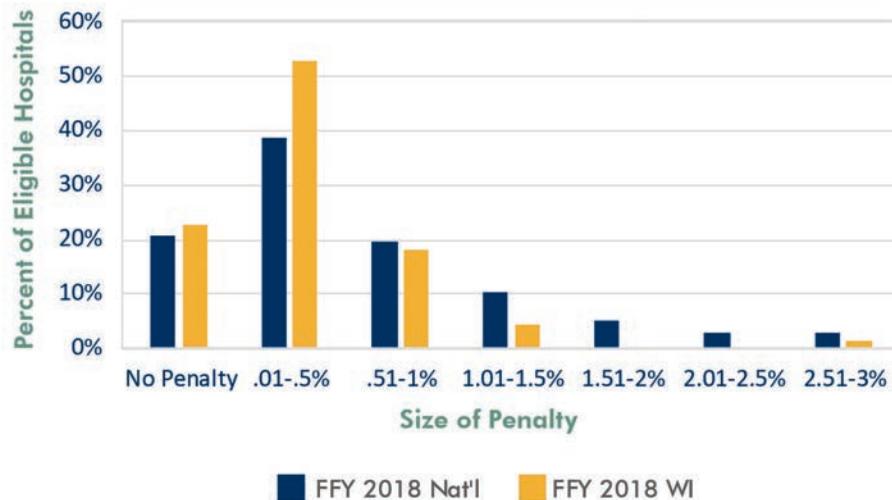
Hospitals track readmissions by chronic diseases and are finding that most readmissions occur with patients experiencing symptoms from: heart failure, COPD, sepsis, heart attack, stroke, pneumonia and complications from a hip or knee surgery. Hospitals are leveraging the data from their electronic health record to monitor recently discharged patients to identify if they have:

- Return visits to the emergency department;
- Repeat inpatient stays;
- Received proper medications initiated from their hospital stay; and,
- Adhered to follow-up appointments with their primary care physician.

The likelihood of a readmission is decreased by 30 percent when patients and their caregivers are included in the discharge process. Wisconsin hospitals are focusing on transitional care where support continues for the patient post-discharge to improve patient outcomes. Models such as RED, BOOST, CUSP and others provide guidance to the clinical care team to improve the hospital discharge process.

Wisconsin's average penalty for 2017 was 0.33 percent, which ranks Wisconsin at #12 when compared to other states. WHA will continue to work with our member hospitals in 2018 to reduce readmissions.

CMS Readmission Penalties



HOSPITAL HIGHLIGHTS

SSM Health St. Agnes Hospital, Fond du Lac, uses home remote monitoring to improve care for patients with congestive heart failure. The program was established in response to higher-than-expected heart failure readmission rates. The program includes patient education at enrollment and throughout their time with the program and at-home monitoring of daily weights, blood pressure and yes/no question responses. The data flows directly to a patient information dashboard monitored by a dedicated nurse. The nurse communicates with the patient through scheduled phone calls and through responses to electronically submitted remote data, utilizing established protocols. The nurse also communicates with the cardiology care team as needed.

Staff at SSM Health St. Agnes engaged providers, patients and associates as they established the monitoring program. Members of their “Get with the Guidelines” committee, including the cardiologists and staff, served as champions for the project. The combination of new technology and standardized care aligns with their culture of safety.

Between October 2015 and May 2016, the readmission rate for monitored patients dropped to 5.3 percent, which is significantly lower than the 21.4 percent rate of non-monitored patients. Their overall heart failure readmission rate fell to 14.8 percent in 2017, which was a decrease from 17.5 percent in 2016. The hospitals have now added additional technology that allows for remote monitoring of pulmonary artery pressure and heart rate, which will give them even timelier and more accurate data.

SSM Health St. Agnes attributes their success to full engagement from providers, associates, leadership and patients. However, they were surprised that as many as 40 percent of patients decline the free service.

For more information, contact Jill Wenzel, director of population health and care transitions, at jill.wenzel@ssmhealth.com.

Cardiologists at **Bellin Health, Green Bay**, targeted improvement for their congestive heart failure (CHF) patients when they identified an unacceptable readmission rate for these patients. They formed a multidisciplinary team to reduce readmissions, reduce mortality, lower the cost of care and improve the quality of life given for CHF population. The team included physicians, advanced practice clinicians, registered nurse care coordinators, a social worker, dietitian, pharmacist and staff from cardiac rehab. They sought redesign that was a win for the system, a win for the team and a win for patients.

Bellin began their work by gaining a better understanding of the CHF patients through weekly meetings, chart abstraction and data review. They then designed a systematic work flow that designates who should care for the patients based on their CHF classification. Other components of their redesign include:

- An affiliation with UW Madison Advanced Heart Failure Clinic that sees patients at Bellin each month.
- Frequent phone calls to patients and a clinic follow up one week post hospitalization.
- Use of technology including telemedicine, telemonitoring and cardiomechs.

- Standardized use of cardiac rehabilitation, the Kansas City Quality of Life questionnaire (KCQOL) survey to measure functional status and use of 60 feet walk test.

While patients are receiving better care, the care team also benefits from the experience of adhering to evidence-based guidelines, higher patient satisfaction and provider satisfaction. The Bellin system in turn experiences the benefits of reduced mortality, reduced per-member per-month spend and higher patient satisfaction. Bellin's measured improvements include:

- CHF 30-day mortality decreased from 11 percent to 4 percent.
- CHF 30-day readmissions decreased from 19.7 percent to 6.3 percent.
- Functional status of CHF patients three months post-hospital stay improved by 19.4 percent.
- Cost savings of \$1797.00 per member per month

Bellin attributes their success to having consistent system-wide CHF patient education, a patient registry and care coordination across the continuum. Having a formal relationship with local nursing homes is also key to their success. The next step in their work related to CHF is to spread this same model to their primary care clinics and to explore the possibility of using a similar model with other chronic diseases.

For more information, contact Becky Dempsey, BSN, RN, CHF coordinator, at rebecca.dempsey@bellin.org.

Senior leaders at **Hospital Sisters Health System (HSHS) Western Wisconsin Division (WWD)**, which includes Sacred Heart Hospital, Eau Claire and St. Joseph's Hospital, Chippewa Falls, identified readmission reduction as a priority area for improvement. They set a goal for readmission reduction, which was included in the HSHS strategic plan, to obtain and maintain an observed over expected readmission ratio of ≤ 1.0 .

A readmissions reduction steering committee of providers and representatives from various disciplines was formed. The committee was led by a physician advisor and a chief physician executive. The committee implemented the Kaiser Permanente Readmission Reduction Model as the core for their readmission reduction action plans.

Their new processes include the following important changes:

- The LACE+ tool is incorporated into Epic to identify all high-risk patients, which are followed by staff from case management or palliative care.
- A standardized discharge summary template, based on smart text content, includes the LACE+ score, test results pending at time of discharge, clinical findings requiring further workup, durable medical equipment needs, code status, medication reconciliation and any follow-up needed with specialists or chronic disease case managers. The template also includes all required elements for patients discharged to a skilled nursing facility or home with home health.
- Clinic managers help ensure highly complex patients have a face-to-face visit with a provider within 7 days and moderately complex patients within 14 days.
- Patients at high risk for readmission receive weekly follow-up phone calls, for one month, designed to identify the need for further patient education and remove barriers to care.
- Patient receive an admission/discharge packet, which was reviewed by the patient and family advisory committee. The packet includes a phone number patients can call with questions after discharge.
- Staff continue to work on standardized discharge checklists and multidisciplinary huddles.
- Staff meet regularly with a community coalition of local skilled nursing homes, home health and hospice agencies and community agencies to improve transitions of care.
- New partnerships with post-acute skilled nursing homes are being formed.

The Western Wisconsin Division has prevented 99 readmissions with a cost avoidance of \$1,293,705 between 2016 and 2017. Monthly data is shared internally with HSHS WWD and HSHS System leaders and boards of directors. Results are also posted on visual management boards for providers, patients and families to view. Their next steps include additional refinements to patient discharge education, expanded work with the community stakeholders, complex case conferences and a focus on Medicare/Medicaid patients with chronic obstructive pulmonary disease (COPD) and pneumonia.

The success WWD has had thus far can be attributed to utilizing a multidisciplinary approach and having engaged, respected physician champions. The work has also improved cohesiveness between providers and staff regarding processes related to readmissions. Most surprising is the need for constant vigilance driven by unexpected drift in processes that have resulted in improvement.

For more information, contact Paula Hinrichs, case management director, at paula.hinrichs@hshs.org.

Paying for Value

The Affordable Care Act (ACA) includes three programs that incentivize high-quality care through annual adjustments to Medicare reimbursement rates. The three programs, administered by the Centers for Medicare and Medicaid Services (CMS), are: readmission reduction, hospital value-based purchasing (VBP), and hospital-acquired conditions (HACs).

Previous CMS quality improvement program incentives were based on hospitals reporting measures. The ACA changed the system for awarding incentive payments based on reporting performance on a set number of measures selected by CMS. Hospitals that perform well on the measures receive rate increases; those that do not see rate reductions. 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 (CAHs).

The penalties for the programs have been increasing each year and new quality measures are added on a regular basis. The maximum cumulative penalty for the current federal fiscal year (FFY) is 6.25 percent.

Wisconsin hospitals continue to show overall good performance in all three of these programs.

Wisconsin Sixth Best Performing State in Hospital Value-Based Purchasing Program

Wisconsin hospitals are known for delivering high-quality, high-value health care. That is a critical first piece to have in place to be successful in a value-based reimbursement environment. The CMS value-based purchasing (VBP) program is designed to promote better clinical outcomes for hospital patients, improve their experience of care during a hospital stay and promote the efficient use of resources.

In 2017, Wisconsin was the sixth best performing state in the value-based purchasing program. The 22 nationally-accepted measures used in the FFY 2019 VBP do not have consistently high levels of performance across the nation; hence, they can be used to differentiate high from low performing hospitals. The program is budget neutral, which requires that the total amount of value-based incentive payments to hospitals must be equal to the amount CMS withholds from hospitals' Medicare payments to fund the program.

The maximum penalty for the current federal fiscal year is 2 percent. Wisconsin hospitals have focused on improving the 22 quality measures that are used in the VBP program, with 52—which is 84 percent—of the 62 eligible hospitals receiving an incentive bonus.

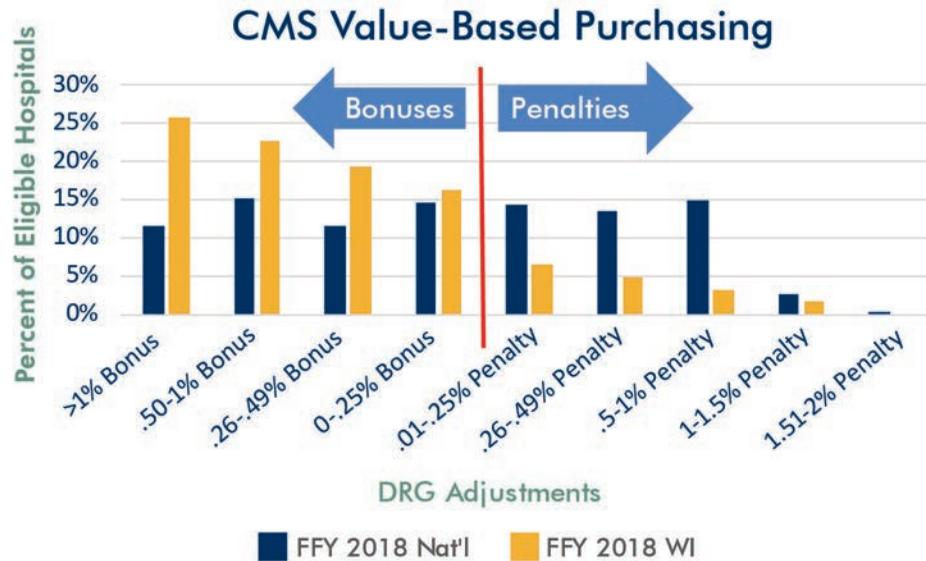
Wisconsin hospitals are deeply committed to reducing preventable harm and they support programs that effectively promote patient safety improvements. However, the Centers for Medicare and Medicaid Services (CMS) hospital-acquired conditions (HAC) penalty program is deeply flawed. The program penalizes the top quartile of hospitals who perform worst on this array of measures. The penalty could apply to hospitals that have actually improved over time, even from last year's calculations. Even if all hospitals improve their performance, because of the way the program is structured, 25 percent will be penalized.

The data CMS uses to calculate the measures used in the penalty structure can be over two years old. This may incorrectly measure how a hospital is currently performing.



Photo courtesy of Aspirus Wausau Hospital

WHA encourages hospitals and consumers to access more up-to-date information on Wisconsin's hospitals' performance posted on WHA's hospital public reporting site, WiCheckPoint.org.



Improving Patient Care

Scientists, including health care providers, are trained to use a disciplined method of observation, measurement and testing to understand how the human body works and responds to treatment. Effective improvement of patient care also has been studied and has its own science. The “science” of improving patient care involves many of the same approaches: careful planning, testing ideas in small iterations, learning from those tests and applying good data over time. One of the keys to faster learning and sustained success is to bring that science of improvement as close to the bedside as possible.

Wisconsin hospitals are skilled at applying “the science of improvement.” As WHA studies the success stories, it finds hospitals commonly cite recurring themes as the keys to their success. As hospitals work to improve care, they are using evidence-based methods, reducing variation in practice and increasing accountability to teach one another how to operationalize these themes to drive all hospitals to higher performance levels.

Key Strategies to Successful Improvement:

- **Use of multiple strategies** – There are many possible strategies to reduce complications and improve patient care. Patient care is complex; therefore, hospitals must use a combination of known strategies to get lasting improvement.
- **Use of a consistent improvement model** – Adhering to consistent steps for every project ensures processes are thoroughly understood, changes are well tested and good results are achieved. The most common models used are Plan-Do-Study-Act and Lean.
- **Transparent use of data** – Data is collected over a series of weeks and months to measure the incremental effect of improvement work. Hospitals make this data readily available to the staff who do the work that is being changed so they get real-time measured feedback on their progress.
- **Staff engagement** – Those who perform the daily work and take care of the patients are the most important people to involve in improvement efforts. These staff know the steps they go through each day and why a process may not be working, have the best ideas on how to improve their work and can ensure changes are sustained.

- **Multi-disciplinary improvement teams** – Every aspect of patient care requires the involvement of multiple people from many disciplines and departments. It is critical to get input and perspective from all stakeholders to ensure smooth transitions between departments and seamless care.
- **Use of cross-cutting safety practices** – Hospitals are using high-reliability practices that can address multiple areas of patient safety. These include daily staff huddles to proactively plan the day, involving patients and family members in shift hand-off discussions, including all appropriate disciplines in daily patient rounds, using whiteboards in patient rooms and visiting patient rooms at least hourly.
- **Engaging patients and families** – Hospitals focus on finding new ways to involve patients and their families in the care process. Hospitals now think of providing care that includes the patient perspective, “nothing about me without me.” This includes use of patient advisors, patient advisory committees and including patients as members of improvement teams.

HOSPITAL HIGHLIGHTS

As 24 **Ascension** hospitals became “One Ascension Wisconsin,” they learned they had different processes for tracking, classifying and improving patient safety. Patient safety is a significant organizational core value in Ascension Healthcare. Implementation of a One Ascension Wisconsin Patient Safety Program began in late 2016. The program was a rapid, significant effort that had a wide impact on the organization. Key elements of the Patient Safety Plan include:

- One Ascension Wisconsin Patient Safety Organization;
- Use of a standard Event Reporting System (ERS);
- Standardized ratings of patient safety events through a Safety Event Review Team (SERT);
- Ascension Wisconsin SERT Oversight Committee;
- Standardized root cause analysis (RCA) process to ensure consistency of effort and format;
- Standardized safety huddles; and,
- Evaluating the use of rapid secure texting to notify leaders of significant safety events within 60 minutes of their recognition.

These new safety elements depend on a mix of new technology, standardized processes and staffing with multidisciplinary teams. Additional elements still in progress include the CORE program (Communicate Openly, Resolve Early) and high reliability training for all associates.

Significant safety events are reviewed weekly by a local SERT multidisciplinary group consisting of operational and medical staff leaders where a determination is made if a root cause analysis is needed. Ascension Wisconsin conducted 46 root cause analyses using the new standardized process and tool through August of 2017. Their new goal is to conduct the RCA within 10 days of the weekly SERT meeting. Every RCA is then reviewed by the Ascension Wisconsin SERT Oversight Committee, which includes chief officers and key state director-level leaders. Findings from the analyses are shared with all Ascension Wisconsin hospitals to spread the learning across the system.

Ascension has found the skills of their quality professionals quickly improve as they began conducting more RCAs. As more clinicians and leaders are exposed to the RCA process, the willingness to actively participate is improving.

For more information, contact Mike Murphy, RN FACHE, director of patient safety, at mike.murphy@ascension.org.



Photo courtesy of Ascension Wisconsin

WHA Partners for Patients

Wisconsin Hospitals are committed to providing safe, high-quality patient care by decreasing health care-associated harm, reducing preventable hospital readmissions and engaging patients in their care. The areas of harm addressed in this work include hospital-acquired infections, pressure ulcers, patient falls, surgical complications and sepsis. These areas of focus have remained the same because they are high-risk and high-cost areas that still have room for improvement.



GREAT LAKES PARTNERS FOR PATIENTS

Illinois | Michigan | Wisconsin
Powered by the MHA Keystone Center

Accelerating Improvement at the Point of Care

Since 2012, Wisconsin hospitals have been working with WHA in the Centers for Medicare and Medicaid (CMS) Partnership for Patients Hospital Engagement Networks. In September 2016, CMS launched the third phase of the Partnership for Patients, titled the Hospital Improvement Innovation Network (HIIN). WHA participates in partnership with the Michigan Health and Hospital Association and the Illinois Health and Hospital Association in the Great Lakes Partners for Patients network. This partnership allows the three states to pool resources to offer education, training, data management and clinical expertise to all hospitals participating in the HIIN.

The 80 Wisconsin hospitals enrolled in the HIIN are working with WHA to achieve an additional 20 percent reduction in harm and 12 percent reduction in preventable readmissions. These shared goals are being achieved using high-reliability principles and customized assistance for each hospital. The following sections highlight some of the aggregate results of many hospitals that have occurred over the past six years. Specific hospitals and their improvement work are also highlighted.

Hospital-Acquired Infections

On any day, about 1 in 25 patients in the U.S. acquires an infection while in the hospital. In Wisconsin, hospitals are doing better than the national average in preventing infections, but they know better is not good enough. Infections cause serious and sometimes fatal complications, increase the chance a patient will need to be readmitted and raise health care costs.

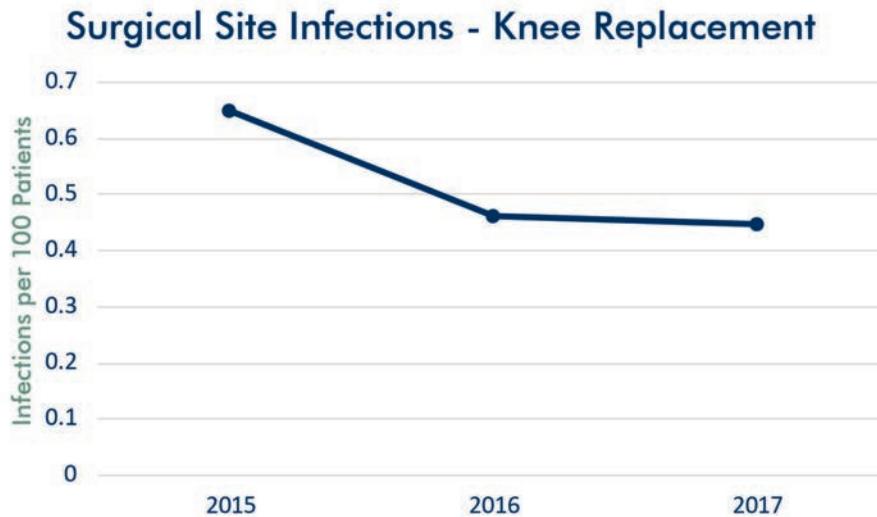
The goal is prevention, but that is not without challenges. Most infections patients have in the hospital are caused by bacteria they already had in their bodies prior to admission, but because of a medical condition, they are not able to fight them. There is also a growing concern about bacteria that are resistant to antibiotics, which reduces the effectiveness of drugs designed to cure or prevent infections.

Wisconsin hospitals have been sharing best practices through statewide improvement collaboratives for many years to reduce the incidence of health care-acquired infections through early identification and prompt intervention. Health care professionals must be ever vigilant and implement not just one, but many different strategies to prevent infections. The most important preventive strategy is good hand hygiene by staff, patients and their families. Minimizing the use of medical devices, such as catheters, is also key. Patients who have surgery are also protected with the use of prophylactic antibiotics, maintaining normal body temperature and blood sugars, and reducing skin pathogens before the procedure.

Hospitals work on infections that are a priority in their organizations along with the five specific infections included in the work of the Great Lakes Partners for Patients Hospital Improvement Innovation Network. Hospitals report their hospital-acquired infections to the Centers for Disease Control (CDC) National Healthcare Safety Network (NHSN). The infection rates are then reported as a Standardized Infection Ratio (SIR), which indicates a hospital's performance in relationship to the national average of 1.0. A low SIR indicates better performance in preventing infections.

The CDC produces an annual report for each state showing the state's level of improvement in relationship to their baseline and to other states. The report includes central line blood stream-associated infections (CLABSI), catheter-associated urinary tract infections, surgical site infections (SSI) for abdominal hysterectomies and colon surgeries, and hospital-acquired methicillin-resistant *Staphylococcus aureus* (MRSA) bloodstream infections and *Clostridium difficile* infections (CDI). WHA works with its member hospitals to drive the rates on these infections even lower.

What follows are some specific examples from Wisconsin hospitals and health systems that document the work they are doing to reduce infections and get patients back to their normal activities sooner.



HOSPITAL HIGHLIGHTS

Mayo Clinic Health System, Franciscan Healthcare, La Crosse submits surgical outcome data to the American College of Surgeons (ACS) National Surgery Quality Improvement Program (NSQIP). The NSQIP data helped them identify their neurosurgery surgical site infection rate of six percent was significantly higher than the benchmark rate of 1.6 percent. The NSQIP Steering Committee headed by a surgeon champion reviewed the data and determined the need to take action. A multidisciplinary group led by the surgeon champion and neurosurgery providers was assembled. The team participated in a 5-Why analysis of the neurosurgery perioperative processes to identify and prioritize the areas needing improvement. Smaller teams were then formed to implement the changes.

The new processes include the following process changes:

- All neurosurgery patients are screened pre-operatively for MRSA.
- Order sets reflect weight-based pre-operative antibiotic dosing.
- Operating room staff are committed to proper operative attire and the need to speak up if they observe a break in sterility.
- There is limited traffic in the operating room during neurosurgery cases.
- Normal saline is used as the wound irrigation solution, instead of an antibiotic solution.
- Non-cannulated dilators are used to allow for easier instrument cleaning.
- Foam Hibiclens™, with its easier to understand educational handout, replaced liquid Hibiclens™.
- Patients are no longer discharged home on oral antibiotics.
- Nursing staff are better prepared to provide discharge education if the neurosurgery nurse practitioner is not available.

The new processes have resulted in a substantial reduction in neurosurgery surgical site infections, with nine consecutive months with zero infections. The team attributes their success to the multi-disciplinary team that included surgeons, pharmacists, nurses and social workers to understand the problem and design and implement the interventions. They also learned the importance of using quality improvement methods to analyze the problem and develop countermeasures to improve their outcomes.

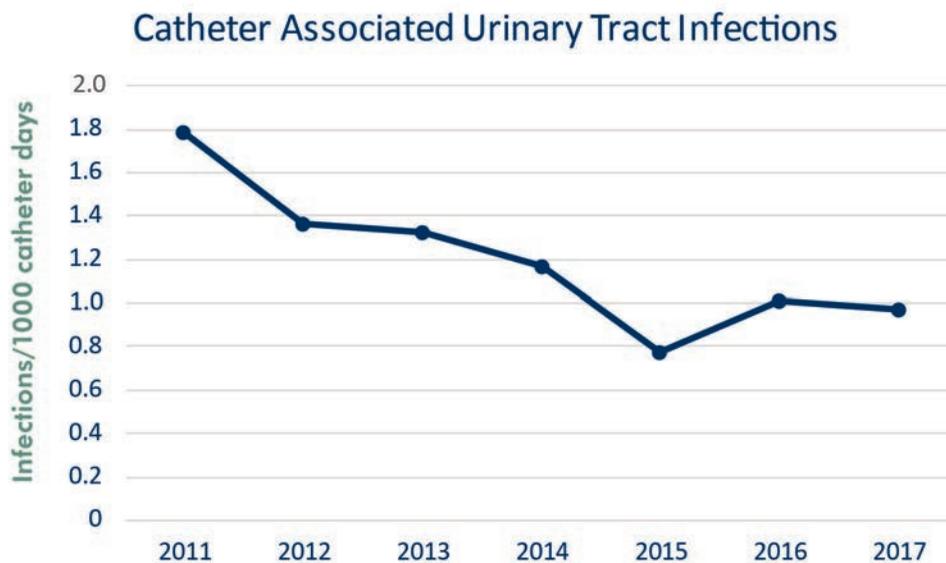
For more information, contact Chris Heiderscheit, quality analyst II, at heidarscheit.chris@mayo.edu.

Catheter-Associated Urinary Tract Infections (CAUTI)

A catheter-associated urinary tract infection (CAUTI) is one of the most common hospital-acquired infections. Between 15-25 percent of hospitalized patients have a urinary catheter placed during their hospital stay. They become at risk of developing an infection if the catheter is not cared for properly or if aseptic techniques are not followed during insertion. The risk of developing a CAUTI increases the longer it is in place, so emphasis is placed on removing the catheter as soon as it is not needed.

Wisconsin hospitals continue to focus on CAUTI reduction with the help of resources provided by the Wisconsin Hospital Association. WHA staff created a gap analysis that hospitals use to compare their current practice to the known best practice, which helps them identify and address barriers to reducing CAUTIs. WHA members also collect and analyze their own data to identify opportunities for improvement. Hospitals report data to the National Health Safety Network that then creates reports that allow hospitals to monitor and measure their progress in reducing this infection.

Wisconsin hospitals publicly report their CAUTI rates on WHA's hospital public reporting site, www.WiCheckPoint.org. WHA will continue to work closely with member hospitals to reduce their CAUTI rate or to help them sustain the decrease if they have already achieved a low infection rate.



HOSPITAL HIGHLIGHTS

Aspirus Iron River Hospital (AIR), Iron River, MI, has focused on CAUTI prevention for several years, recognizing the physical, emotional and financial consequences of CAUTIs. They, like so many other hospitals, set out to prevent CAUTIs and to achieve a zero percent CAUTI rate. AIR has implemented a number of tactics over the years and participated in system, business unit, and external organization's performance improvement projects to accomplish this significant goal.

The hospital has participated with both the Michigan and Wisconsin Hospital Associations in their effort to reduce CAUTIs. In addition to collecting, submitting and analyzing data, they used small tests of change to improve their processes. Their process changes include:

- Catheters are removed by the second midnight after insertion unless there is a clinical reason for continued use.
- Members of the medical staff were educated on the importance of not ordering a catheter if not clinically indicated and on use of an approved nurse-driven protocol for catheter removal.
- Staff review catheters during daily inpatient shift huddles.
- Catheter maintenance includes an approved cleansing cloth and standardized procedures for catheter care for male and female patients.

- Compliance with the protocols for catheter removal and maintenance are tracked through monthly reports and results are reviewed by nursing and quality leaders.

The process changes made at Aspirus Iron River have helped reduce their infections to having only one CAUTI in 2016 and zero CAUTIs in 2017. The catheter insertion guidelines and 100 percent compliance with the catheter removal protocol have led to a 43 percent reduction in catheter days. The hospital attributes their success to being part of a larger health system that assists each of its business units in researching evidence-based practices, an information technology department that provides useful and accurate data, and leaders trained to utilize data to identify gaps and successes in care and then implement corresponding actions.

For more information, contact Deb Han, director of quality, at deb.han@aspirus.com.

The Froedtert and Medical College of Wisconsin Community Hospital Division, which includes Community Memorial Hospital, Menomonee Falls and St. Joseph's Hospital, West Bend, targeted catheter-associated urinary tract infections (CAUTI) by reducing Foley catheter usage and duration. A review of data showed the majority of CAUTIs were related to catheter maintenance, and 42 percent of catheters were in place for more than four days. Prolonged use of Foleys is the greatest risk factor for developing a CAUTI.

Front-line staff and leaders worked together to implement a standard process for evaluating the necessity of every patient's Foley during daily rounds with a goal of removing Foleys as soon as they are no longer needed. This process is supported by a daily electronic report that provides a list of all patients with a Foley catheter. A reference to the Centers for Disease Control indications for a Foley catheter in the electronic health record (EHR) promotes critical thinking about prolonged need.

Each nursing unit was provided a weekly data display of process metrics during the implementation phase, which included measures for assessments completed, inclusion of all patients, number of Foleys removed, average removal time, number of CAUTIs and days since last CAUTI. The two hospitals combined have reduced their Foley catheter days by 24 percent and the number of infections from 10 in 2015 to just 4 in 2017. They have also achieved a 42 percent reduction in Foleys with a duration of greater than four days; 76 percent of patients have a duration of three or less days.

Froedtert's Community Hospital Division attributes their success to their structured performance improvement method that involves front-line staff from multiple disciplines, leaders, performance improvement staff and an executive sponsor. Consideration for future enhancements to their process includes engaging patients and families in the process, additional enhancements to their EHR, including the process in patient hand-offs, shift report and night rounds, and development of a nurse-driven Foley removal protocol.

For more information, contact Samantha Genz, quality management coordinator, at Samantha.Genz@froedtert.com.

Clostridium difficile Infections

Almost half a million individuals develop a Clostridium difficile infection (CDI) in the United States each year. CDI is a diarrheal illness that commonly occurs in people who have been on antibiotics, as these drugs can change the normal flora in the gut. CDI can multiply due to this change, and in turn, creates a poison that causes diarrhea. Individuals who are on or have taken antibiotics in the previous month are seven to ten times more at risk of developing CDI. At-risk individuals include those with frequent hospital admissions, older individuals (80 percent of CDIs occur in individuals older than 65 years of age), immune-compromised, and those who have inflammatory bowel disorders. Individuals with CDI have a 50 percent chance of being readmitted within 30 days of discharge from the hospital.

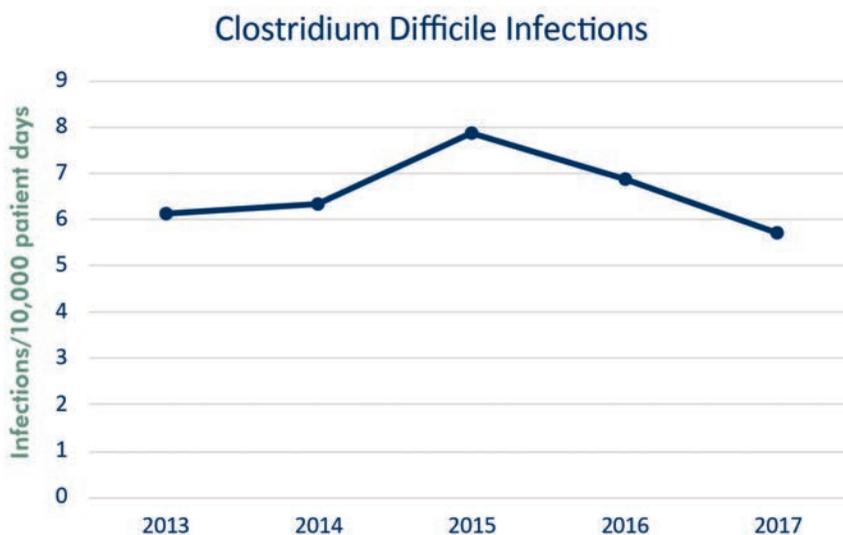
Wisconsin hospitals continue to work to reduce CDI as part of the Great Lakes Partners for Patients HIIN. Many have found success in using the CDI toolkit developed by WHA and MetaStar that is based upon resources from CDC. The toolkit includes use of NHSN Targeted Assessment for Prevention (TAP) report, a gap assessment tool that allows hospitals to assess their current practices against evidence-based best practice, and a corresponding electronic resource guide allows the hospitals to quickly prioritize their gaps and where to concentrate their improvement efforts.

Hospitals across the state continue to work on CDI prevention efforts, and the data is beginning to show a slight downward trend.

- WI 2015 Acute Care Hospitals SIR* was 1.029
- WI 2016 Acute Care Hospitals decreased the SIR to 0.994
- 2017 first quarter, the SIR decreased to 0.854
- 2017 second quarter, the SIR continued to decrease to 0.820

Hospitals across the state will continue to focus on reducing CDI in 2018 as part of the HIIN project. Hospital-specific CDI rates are available on WHA's CheckPoint (www.WiCheckPoint.org).

*A Standardized Infection Ratio (SIR) reports the number of observed infections to the number of predicted infections, considering a hospital's specific patient population.



HOSPITAL HIGHLIGHTS

Ascension Mercy Medical Center, Oshkosh began working on reducing Clostridium difficile infections when it was flagged on their National Healthcare Safety Network (NHSN) Targeted for Assessment Prevention (TAP) report as an area for improvement. The multidisciplinary Ascension Wisconsin Infection Prevention Council (IPC), led by an infection disease physician and the Ascension Wisconsin infection prevention director, uses the TAP reports to measure infection rates and prioritize where targeted improvement is needed.

Pharmacy, nursing, laboratory and infection prevention identified gaps in practice and implemented several key changes to lower the infection rate. Appropriate stool collection education was conducted to nursing and a reminder was built into the electronic health record to serve as a reminder on appropriate stool specimens for lab testing. The lab rejects repeat samples within seven days, colonoscopy washings, and discourages testing to see if the infection has resolved. When a lab test is ordered, the patient is then placed into soap and water contact precautions. Pharmacists play an important role by reviewing antibiotic orders to reduce the inappropriate use of antibiotics for urinary tract infections.

The new processes are reinforced during daily leadership huddle, which includes an alert when a new health care onset LabID Clostridium difficile infection is identified. This provides the opportunity to do an immediate review for appropriate lab testing, environmental cleaning and antibiotic usage. The infection prevention staff from Mercy Medical Center are sharing their learning and helping spread the new processes with other Ascension Wisconsin hospitals through the IPC.

Mercy Medical Center has seen a 67 percent decrease in hospital-acquired Clostridium difficile, as measured by the standardized infection ratio, which dropped from 2.076 in 2016 to 0.692 for the first half of 2017. They attribute their success to leadership support for setting this as a priority and adding it to the daily safety huddle so there is real-time feedback to the staff caring for

the patients. This work reinforces Ascension's goal of being a highly reliable organization focused on zero patient harm. Once staff understood the importance of appropriate lab testing and were given daily feedback they quickly adopted the changes to make the care safer.

For more information, contact Brenda Ehlert, director of infection prevention, at Brenda.Ehlert@ascension.org.

Prevention of *Clostridium difficile* infection (CDI) at **SSM Health Waupun Memorial Hospital, Waupun**, became a priority in 2015 with its first hospital onset infection. While infection data had always been shared monthly at the SSM Health Waupun Memorial Hospital's multidisciplinary operations team meeting, it was viewed as an opportunity for improvement when this first infection occurred.

With support from the chief operating officer, efforts to prevent additional CDI began with engagement from front-line caregivers, support associates, leadership and physicians. Emphasis was placed on hand hygiene, environmental cleaning, patient and family engagement, lab testing, antimicrobial stewardship and following the Targeted Assessment for Prevention (TAP) strategy.

Confidential hand hygiene audits for the five moments of hand hygiene were occurring. Over a two-year period from 2015-2017, hand hygiene compliance increased 30 percent. Environmental services had been cleaning *C. difficile* patient rooms with a bleach product; however, emphasis was placed on high-touch surfaces within units along with exchanging privacy curtains. In addition, although isolation/precaution signs were outside patient doors, visitors were entering without referring to the information on the signage.

In the spring 2016, a multidisciplinary CDI prevention team had attended a CDI TAP workshop hosted by the Wisconsin Hospital Association and MetaStar, Inc. From that workshop, the team discovered the use of a stop sign for visitors. Besides the soap and water isolation sign, a stop sign was placed outside a patient's room notifying visitors to inquire at the nurse's station before entering the patient's room.

The laboratory, during the summer 2016, educated physicians and providers about appropriate stool samples for testing and implemented a rejection protocol. The system Antimicrobial Stewardship Program (ASP) recommended providing education on the appropriate use of antibiotics to the public and its health care staff. This prevention strategy was promoted in fall 2016 throughout Antimicrobial Awareness Week, continued through cold and flu season, and has a continual presence. Appropriate uses of antibiotics were promoted through SSM Health Waupun Memorial Hospital's social media sites, hospital/clinic areas and physician blogs. In addition to its education recommendation, the ASP began to restrict the use of specified antibiotics.

To further its quality improvement efforts, leaders participated in a workshop in spring 2017 on the use of human factors engineering. This education provided an avenue for the CDI team to discuss why the infection prevention process may fail and ways to improve CDI prevention. The infection prevention department continues to use the TAP tool during surveillance and monitoring of SSM Health Waupun Memorial Hospital's Hospital Onset (HO) CDI. These combined efforts have resulted in zero CDI infections over an 18-month period.

For more information, contact Kayla Ericksen at kayla.ericksen@ssmhealth.org.

Antimicrobial Stewardship

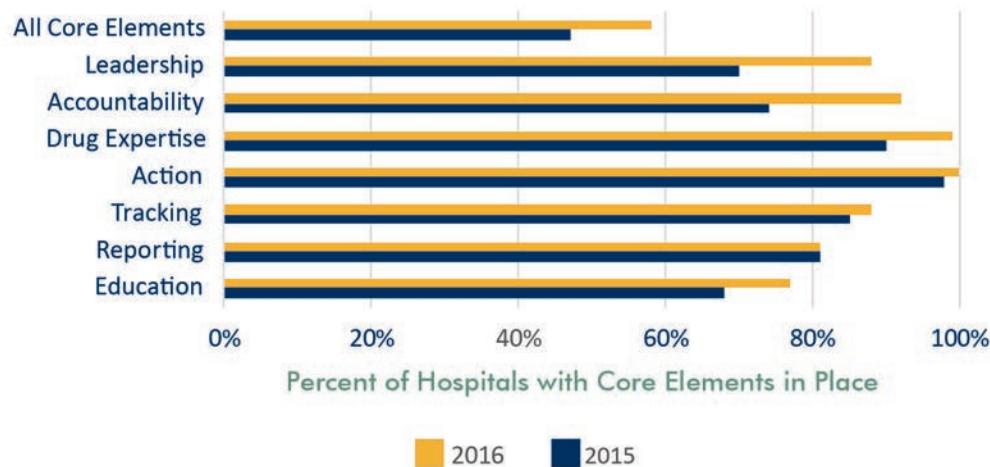
According to the Centers for Disease Control and Prevention (CDC), 20-50 percent of all antibiotics prescribed in the country's acute care hospitals are either unnecessary or inappropriate. Antibiotics can have serious side effects, including adverse drug reactions. Increased antibiotic use also leads 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 (ASP).

ASP interventions have been shown to improve individual patient outcomes, reduce the overall burden of antibiotic resistance and save health care dollars. The National Action Plan for Combating Antibiotic-Resistance Bacteria states that by 2020 an ASP will be established in all acute care hospitals, improving antibiotic stewardship across all health care settings.

Hospitals participating in the Great Lakes Partners for Patients network are using the ASP toolkit developed by WHA and MetaStar that is based upon resources from CDC. The toolkit includes use of NHSN Antibiotic Stewardship Core Elements report, a gap assessment tool that allows hospitals to assess their current practices against evidence-based best practice, and

a corresponding electronic resource guide allows the hospitals to quickly prioritize their gaps and where to concentrate their improvement efforts.

Antimicrobial Stewardship Core Elements



Core elements of an effective Antimicrobial Stewardship program are:

- Leadership dedication of resources to the program;
- Assigning a physician or other clinical leader to oversee the program;
- Appointing a pharmacist with expertise in antibiotic use to the program;
- Implementing improvement strategies to evaluate appropriate antibiotic use;
- Monitoring patterns of prescribing and resistance;
- Regular reporting to clinical staff about the progress of the program; and,
- Educating clinical staff about resistance and optimal prescribing.

Since using the above strategies, Wisconsin has seen significant improvements in the use of key components of an effective Antimicrobial Stewardship Program:

- At the beginning of 2014, only 29 percent of hospitals had all seven core elements in place. This rose to 42 percent in 2015. After the introduction of the toolkit, 58 percent of hospitals could implement all core elements.

Since 2014;

- Leadership support increased by 12 percent;
- ASP leader increased by 35 percent;
- Pharmacist leader increased by 10 percent;
- Improvement strategies, including an “antimicrobial time out” increased by 41 percent
- Monitoring of ASP increased by 17 percent
- Sharing the monitoring results increased by 9 percent
- Education increased by 12 percent

WHA will continue to support hospitals in this work in 2018. *(Continued on page 18)*

WHA Public Policy Agenda Focuses on Enabling High-Quality Care

The federal Agency for Healthcare Research and Quality (AHRQ) ranked Wisconsin the number one state in the nation based on health care quality in 2017. Hospital and health system leaders know the importance high-quality health care has in their communities beyond their campus. Great health care attracts economic development and the talent employers need to fill jobs.

At a briefing in the state capitol held in late 2017, WHA President/CEO Eric Borgerding explained to legislators and their staff why quality health care is an economic advantage for Wisconsin. State Rep. Joe Sanfelippo, chair of the Assembly Health Committee, led a bipartisan group of Health Committee leaders who encouraged lawmakers and staff to participate in the briefing.

“We need to understand what high-quality care means for Wisconsin. Of course, it means better outcomes for patients, better care for patients and their families, but it also has an impact on our economy, economic development and employers locating to our state,” Borgerding said. “That is why it is important to have good public policy in place that supports quality improvement and population health.”

WHA has a successful track record in creating, passing and implementing legislative initiatives that support hospitals’ and health systems’ work to improve patient care and the health of their communities. Two key pieces of WHA-supported legislation that have advanced quality improvement in recent years are the Quality Improvement Act, which added legal protections to information shared between hospitals that is used for quality improvement purposes, and the Data Modernization Act that provides the WHA Information Center with the ability to assess patient condition information at a more precise and accurate geographic level, which is critical for health care data users, such as hospitals, who are preparing population health strategies in the communities they serve.

Three innovative programs that are improving patient care and reducing health care costs in Wisconsin were shared at that capitol briefing. Lois Van Abel from Bellin Health Care in Green Bay, described Bellin Health’s “Next Generation” accountable care

organization’s work that has improved quality and the patient experience while reducing costs. Bellin and ThedaCare participated in the Pioneer ACO program, and over three years saved the Centers for Medicare and Medicaid Services \$14 million in Medicare costs.

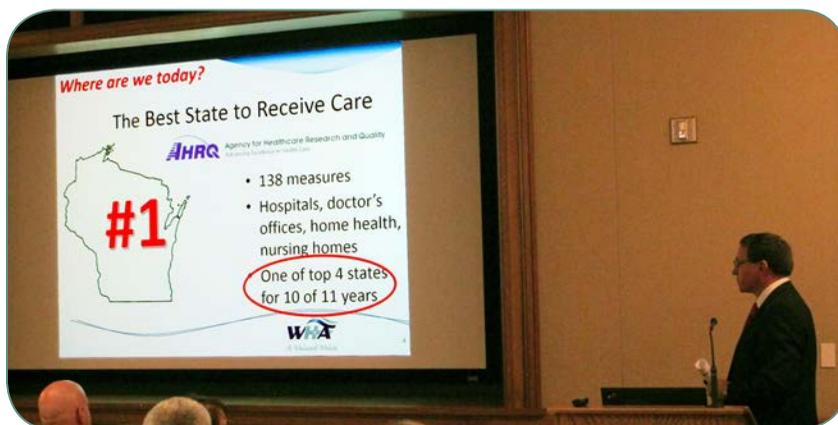
“It requires a lot of coordination to achieve those savings—work we do not get paid for,” according to Abel. “We basically never ‘discharge’ a patient, instead we ‘transition’ them to a new setting and work closely with partners in that community to coordinate care.”

Engaging patients in their own care and connecting them to a medical home is critically important in controlling costs and improving care

for those who are high utilizers of emergency department services. Robert Marrs, Aurora Health Care, said high utilizers account for 25 percent of health care services. The problem is how to deliver health care to those who need it most and have multiple other issues that are usually outside of the scope of the hospital to solve.

WHA Mission Statement:

The Wisconsin Hospital Association’s mission is advocating for the ability of its members to lead in the provision of high-quality, affordable, and accessible health care services, resulting in healthier Wisconsin communities.



WHA President/CEO Eric Borgerding presents at the WHA Health Care Quality Briefing September 14, 2017 at the state capitol.



From left: Eric Borgerding, WHA; Robert Marrs, Aurora Health Care; Linda Puccini, Ascension-St. Joseph's Hospital; State Rep. Joe Sanfelippo; Laura Rose, WHA; Kelly Court, WHA; Lois Van Abel, Bellin Health Care at WHA's Health Care Quality Briefing at the capitol September 14.

Marrs said Aurora Sinai developed a program called "Coverage to Care" where social workers receive coaching in behavioral health and do what he described as "forensic care planning." They determine the usage patterns of these complex, high users of health care, then they connect them to a medical home and the social services to stabilize the patient not only medically, but also ensure they can lead a healthier, more productive life. Marrs credited the bipartisan HIPAA Harmonization Act, championed by WHA in 2013, as a public policy that has strengthened the ability for providers to communicate with each other and make Coverage to Care more successful.

Ascension-St. Joseph's Hospital, also in Milwaukee, has also implemented a program called "Transitions in Care" that connects patients to a medical home and reduces ER visits.

Linda Puccini, Ascension-St. Joseph's Hospital, Milwaukee, said St. Joseph's has one of the busiest ERs in the state, with more than 85,000 visits every year. Their goal was to reduce non-urgent ER visits by providing patients with education and resources, and connect patients to a primary care physician.

"Wisconsin is a national leader in health care quality in large part because of the work of the Wisconsin Hospital Association."
- Gov. Scott Walker, February 9, 2018

More than half of the patients enrolled in their care program were enrolled in Medicaid and 14 percent were uninsured. The program was successful in not only reducing ER visits, but also reduced readmissions and revealed social needs of the patients, which the hospital accounted for in their care plans.

Wisconsin hospitals and health systems are using data and analytics created by the WHA Information Center to identify patient populations who are at higher risk for certain diseases or conditions. The WHA staff works closely with individual hospitals and health systems to advance their quality improvement activities by using data and creating networks that allow hospitals to share best practices.

Hospitals are working beyond their walls to ensure smooth transitions between care settings. WHA is looking to improve the ability of hospitals and health systems to provide or locate post-acute care for their patients. In 2017, WHA created a work group that is gathering and sharing best practices and developing policy initiatives that will improve the ability of hospitals and health systems to provide or locate appropriate post-acute care for their patients.

Workforce shortages are making it difficult to find staff available to provide the care that patients require when they are discharged, while burdensome regulations and low reimbursement are contributing to the issues in post-acute care settings. The WHA work group plans to release their recommendations in 2018.

Hospitals' and health systems' efforts to improve the quality of care are also lowering the cost of care, and ensuring patients are able to resume their daily activities, return to work sooner and have better outcomes from the care they receive.

"It's care that is proven to work," Borgerding said. "That is why Wisconsin's health care is an economic advantage to our employers, a benefit to their employees and a factor in moving our state to a higher level of wellness."

HOSPITAL HIGHLIGHTS

The **Aspirus hospitals** are working, as a system, to reduce the inappropriate use of antibiotics. Their work is driven by observed increases in inappropriate antimicrobial use and corresponding increases in bacterial resistance rates and health care-associated infections. They hired an infectious diseases pharmacist to lead their stewardship program. What began as a Wausau-specific program has since grown to include all eight Aspirus hospitals in a systemwide effort to improve stewardship practices.

They began, earlier this year, by analyzing two years' worth of antimicrobial use data and gap analyses submitted by each of the hospitals at the Aspirus Antimicrobial Stewardship Program (ASP) Improvement Action Network. A system gap analysis and in-person workshop was crucial to their ability to identify areas for improvement and share strengths among the sites. This analysis yielded an understanding of the areas they need to focus on as a system, as well as singled out what each hospital needs help with.

The infectious diseases pharmacist and a physician champion lead system efforts in antimicrobial stewardship via the system ASP subcommittee. This subcommittee meets bimonthly and includes representatives from all eight of the system hospitals. Their work to date has included:

- Identifying the hospitals and clinical staff that need education and creating a process to educate those staff;
- Implementing system strategies for patient education on antibiotic use upon discharge;
- Reporting their antimicrobial use to the CDC Antimicrobial Use (AU) module for better benchmarking;
- Building Best Practice Alerts into the electronic health record; and,
- A stewardship intranet page for the system that provides current protocols, policies, treatment recommendations and links to other infectious disease resources.

The subcommittee continues to collect, analyze and report on antimicrobial use metrics at all the sites and uses the data to benchmark and share best practices. This is the beginning of a stewardship network that Aspirus is developing to assist with standardization of stewardship practices at all eight sites.

For more information, contact Tristan O'Driscoll, infectious diseases pharmacist, at Tristan.ODriscoll@aspirus.org.

Physicians, nurses, pharmacists and patients at **Flambeau Hospital, Park Falls** are working together to reduce inappropriate use of antibiotics. The antimicrobial stewardship committee, led by a physician and nurse champion and pharmacist, meets monthly to establish priorities and track progress.

Educating and engaging patients about appropriate antibiotic use is an important component of Flambeau's work. Table tents in inpatient rooms, posters in the hospital lobby and the adjacent clinic provide important information to patients. When a patient is discharged from the hospital, nurses provide information about antimicrobial stewardship both to the patient and their family. Antibiotics are also discussed with patients during bedside shift report, during hourly rounding and during daily multidisciplinary rounds.

Flambeau started to get traction with their work when they got nurses and pharmacists more involved in the work. Key changes that are now built into the daily work include contacting physicians after a patient has received antibiotics for 72 hours, including indications in all antibiotic orders and follow-up on cultures in the emergency department and inpatient units. Their next steps include work to switch patients from intravenous to oral antibiotics sooner and not prescribing a full course of antibiotics at discharge if the course was started during the inpatient stay. Pharmacists monitor progress by measuring Days of Therapy, antibiotic expenditure, compliance with inclusion of indications in orders, order set usage and evaluation of medication reconciliation at discharge.

Flambeau underestimated how hard it would be to get this work started. When they began educating staff, getting them involved and meeting monthly, the hospital began seeing progress. Results are shared at every hospital committee meeting, including departmental staff meetings. They also found it important to tailor the initiatives, public messages and interactions with patients to their community, hospital and the physicians who practice at the hospital and local clinic.

For more information, contact Kim Bortz, director of quality engagement, at bortz.kimberly@marshfieldclinic.org.

Hospital Sisters Health System (HSHS) Eastern Wisconsin Division, which includes St. Vincent and St. Mary's, Green Bay; St. Nicholas, Sheboygan; and St. Clare Memorial Hospital, Oconto Falls, are working to improve antibiotic use through their antibiotic stewardship program. This is a high priority for hospital leaders. Multi-disciplinary collaboration has resulted in a formal antimicrobial stewardship policy, statement of leadership support and new patient care practices.

The antimicrobial stewardship committee prioritizes the areas of improvement for the division. One initiative improved the use of carbapenem antibiotics. Physicians who frequently use carbapenems established appropriate reasons for use. When an order for a carbapenem is entered into the electronic medical record it now includes an indication and a list of alternative options. By requiring indications, they are able to track reasons for use and who is ordering these antibiotics. Focusing on appropriate use resulted in a 25 percent reduction in the use of meropenem.

The committee's second initiative focused on the treatment of *Clostridium difficile* infections. They sought to improve antibiotic prescribing and education for patients. Collaboration with other antimicrobial stewardship groups across the HSHS system resulted in a *Clostridium difficile* treatment order set. The order set includes recommendations on antibiotics based on severity of infection and standardized education for patients. Making the patient education content accessible to all members of the care team ensures patients get a consistent message about the importance of infection prevention practices both in the hospital and at home. The committee is monitoring progress by tracking usage of the order set.

The hospitals attribute their success to engaging clinicians who help develop tools that are seen as worthwhile and more likely to be used. The results of stewardship efforts are shared with clinicians and other colleagues through newsletters, emails and department meetings. This focus on antimicrobial stewardship has added to the culture of safety in the hospitals, which will further the efforts to bring quality care to patients.

For more information, contact Julie Teske, PharmD, BCPS, clinical pharmacist specialist-infectious at Julie.Teske1@hshs.org.

Adverse Drug Events (ADE) - Opioids

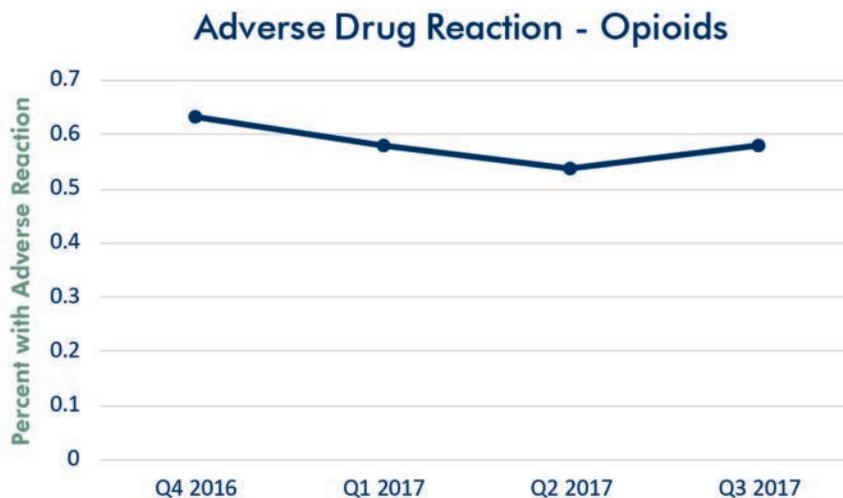
The Institute for Safe Medication Practices (ISMP) identifies a list of high-alert medications which can be extremely harmful to patients when used in error. Opioids are considered high-alert medications and therefore hospitals are proactively assessing safe practices regarding opioid use.

The opioid epidemic has been called the worst drug crisis in American history with death rates now surpassing those from AIDS in the 1990s. With opioids being the most commonly prescribed class of medications in hospitals, Americans' dependencies are dramatically increasing. Opioid abuse and addiction can partially be attributed to:

- Greater social acceptability for using medications for different purposes;
- Aggressive marketing by pharmaceutical companies; and,
- Providers' desire to achieve patient satisfaction, where ratings regarding appropriate pain control are linked.

To help counteract the estimated two million people in the U.S. suffering from substance use disorders, hospital prescribers determine if an opioid is needed, or if an alternative analgesic can improve a patient's pain level. If an opioid is necessary, an assessment determines if a patient is opioid naive or opioid tolerant to determine appropriate dosing that can be safely prescribed. With inaccurate dosing, patients often experience respiratory depression or failure and naloxone is administered. Research demonstrates the ill-effects of using naloxone as a reversal agent on a regular basis, therefore, Wisconsin hospitals are focusing on the number of inpatients that receive an opioid and are also given naloxone, during their stay.

In 2018, WHA will continue to support hospitals' work to spread education and best practices regarding appropriate opioid use in hospital settings.



Falls with Injury

In the U.S., an older adult falls every second of every day, making falls the number one cause of injuries and death from injury among older Americans. It is estimated that about 20 percent of all hospital inpatients in the U.S. fall at least one time during their hospital stay; 30 percent result in injury and another 10 percent result in serious injuries like fractures or head trauma. In 2014 alone, older Americans experienced 29 million falls, causing seven million injuries and costing an estimated \$31 billion in annual Medicare costs.

Preventing patient falls remains a focus for Wisconsin hospitals working on risk assessment tools that will facilitate more patient-centric care planning. Increasingly, the emphasis is on reducing injury due to falls. Hospitals are addressing this by individualizing care plans and equipment to patients' needs. By using a more patient-centered care model, hospitals can better address each patient's specific risk for falling and mitigate injury. Examples include tailoring the care plan to the underlying cause of increased fall risk; whether it's a specific medication or the use of multiple medications, postural hypotension, physical limitations due to surgery, medical diagnosis, etc. Based on the understanding of the patient's risk and their needs, different equipment such as floor mats or hip protectors may be used or different plans of care may be put into place.

A more recent addition to the work on falls has been post-fall management; completing a post-fall assessment of the patient, as well as conducting an effective post-fall huddle with the nursing team to determine root cause and how the fall and injury could have been prevented.

Wisconsin hospitals have decreased the rate of falls with injury by seven percent since the beginning of the HIIN collaborative. About 26 hospitals attended the workshop for falls and injury prevention with Pat Quigley, RN, PhD, where they learned more about the various aspects of falls and shared best practices with one another.

WHA will continue to work with hospitals in 2018 to achieve the goal of reducing falls by 20 percent by helping hospitals focus on the areas they need to improve and tailoring education to help them achieve it.

HOSPITAL HIGHLIGHTS

The High Reliability Committee at **Ascension Wisconsin**, which includes 24 hospitals, identified the hospitals had different patient fall prevention and management practices and some of the hospitals had more patient falls than is acceptable. The Committee established a goal to reduce falls through standardized processes and increase sharing between the hospitals.

A multi-disciplinary team of nursing, rehabilitation, quality and risk management associates began meeting monthly to design and guide the implementation of a systemwide policy to prevent and manage falls. The policy standardizes the following key elements:

- Patients are assessed for fall risk at least twice daily and more often if needed.
- Fall alarms are used for patients assessed to be at high risk.
- Visual cues, including colored socks, wrist bands, a corridor light or magnet are used to alert staff to high risk patients.
- Other non-nursing members of the care team including diagnostic imaging, rehabilitation and respiratory therapy received education so they could assist in identifying fall risk.
- A post-fall huddle is performed immediately after the fall by a rapid response team. The team uses a standardized form to assess what interventions were in place prior to and following the fall. The findings from the huddle are shared with leadership.
- A post-fall order set includes orders for lab, diagnostic imaging, nursing assessments and interdisciplinary referral for physical or occupational therapy, as needed by the patient.

The fall team reviews the falls that occurred during the prior month, looking for themes and the ability to spread learning between hospitals. The process changes have led to an 11.4 percent reduction in falls, with a 20 percent reduction in falls with serious injury between 2016 and 2017. Ascension found it was not easy to bring together four previously separate health systems to accomplish this goal. However, they also found that using fall prevention toolkits based on standards of care helped them quickly adopt and get buy-in for their new standard practices. Having a multi-disciplinary team, openly sharing their data and celebrating their successes assisted them in making these changes in a relatively short time.

For more information, contact Amanda Walloch, clinical quality improvement specialist, at amanda.walloch@ascension.org.

When **Black River Memorial Hospital, Black River Falls** saw their patient falls increasing in 2016 they knew they needed a new approach. They started by analyzing the data they had, using concepts from the WHA Data Sanity class. Better use of available data and reports has led to key process changes.

Reports from Cerner, the electronic health record, are used to track how often patient fall risk assessments are documented within the appropriate timeframe. Careful analysis of each fall also revealed 70 percent of patients who had fallen did not have documented voiding within two hours. A second Cerner report is used to measure compliance with patient rounding every 60 minutes during the daytime and every two hours at night. These reports, which include staff-specific information, are used by nursing directors to increase patient assessment and rounding. A post-fall huddle is completed and the information obtained during the huddle is entered into the online reporting tool and used by the nursing director to find additional opportunities for improvement.

The hospital has a multi-disciplinary fall prevention team that includes staff from nursing, quality, physical therapy, home care, the emergency department and organizational development. The team's work has resulted in a 49 percent reduction in falls and zero patients in 2017 that did not have documented voiding in the last two hours. They also learned it was easier to engage staff if falls were measured and reported as the actual number of falls and days between falls rather than the fall rate. The combination of better analysis of data, use of bedside staff to help evaluate each fall and sharing of meaningful data are all keys to Black River Memorial Hospital's success.

For more information, contact Kim Chandler, quality director, at ChandlerK@brmh.net

Sepsis Mortality and Post-Operative Sepsis

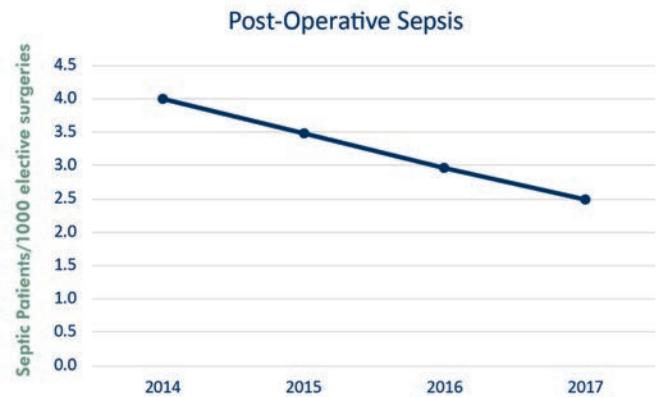
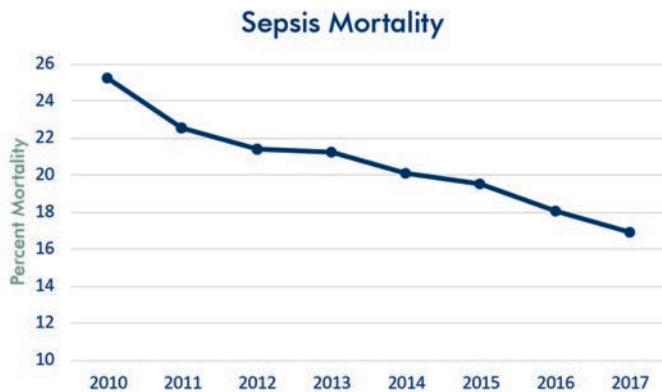
Sepsis is a systemic inflammatory state that can be caused by a body's extreme response to an infection. At the time of an infection, the body can go into overdrive to protect itself. This overflow of chemicals into the bloodstream can cause inflammation, which if left untreated, can lead to tissue damage, organ failure, and death. Early detection is critical to successful treatment; however, sepsis can be hard to diagnosis due to a multitude of shared symptoms with many other, less serious conditions.

Wisconsin hospitals are working on reducing sepsis mortality by adopting effective screening strategies and increasing the utilization of those screening tools. Many are moving to a nurse-initiated program which will allow RNs to monitor sepsis screening at every shift, notify a rapid response team if the SIRS (Systematic Inflammatory Response Syndrome) criteria are met and alert physicians to order antibiotics and other supportive therapies.

Additionally, hospitals are conducting chart reviews to identify the evidence-based practices they need to improve and develop processes that will enable their providers to reliably implement these care "bundles" for all patients with sepsis. Findings from the reviews have led to hospitals establishing workflows for timely lab testing and obtaining blood cultures, administering appropriate broad-spectrum antibiotics, and ensuring delivery of IV rescue fluids in the first hours of sepsis identification.

This past year, many of Wisconsin's hospitals gathered at a HIIN Improvement Action Network session, facilitated by WHA, to share best practices, challenges and create action plans around reducing sepsis mortality.

These focused efforts have led to a 39 percent decrease in sepsis mortality since 2010, and a 46 percent decrease since 2014 in the number of patients who experience sepsis after surgery. As we move into 2018, sepsis will continue to be a focus in the HIIN and Wisconsin hospitals.



HOSPITAL HIGHLIGHTS

Bellin Hospital, Green Bay has been working on improving sepsis care since the Centers for Medicare and Medicaid Services (CMS) introduced the sepsis bundle measure in 2015. Data from the bundle helped them identify the need to improve early detection of sepsis and use of best practices for treatment. A multidisciplinary sepsis team led by a clinical nurse specialist was formed. The team included a hospitalist, infectious disease physician, nurse educator and staff from the emergency department, intensive care unit, inpatient nursing, information technology and quality improvement.

Key components of the new system include:

- A severe Sepsis Best Practice Alert (BPA) in the electronic health record for early identification of potentially septic patients. The BPAs alert physicians and nurses, prompt physicians to order the sepsis order sets directly from the BPA and nurses to follow a severe sepsis tool.

- A severe sepsis tool guides nurses and providers through best practice treatments and recommended time frames. The tool is designed to improve communication and hand-offs.
- The same tools were spread to the Bellin Health Oconto Hospital and Medical Center, a critical access hospital, to improve continuity of care when a patient with sepsis is transferred.

Bellin is beginning to see improved outcomes from the changes. Sepsis mortality has dropped to 17.5 percent, which is approaching the goal of less than 10 percent. Compliance with the sepsis bundle improved from 28 percent to 51 percent. Use of the standard order set now exceeds the number of patients with a diagnosis code for sepsis. Bellin has identified sepsis as the second highest reason for readmissions. The sepsis readmission rate is now 7.5 percent.

Achievement results are shared monthly with the sepsis team and with involved staff via an electronic reporting tool. Next steps include incorporating the severe sepsis tool into the electronic health record. The multidisciplinary approach was essential to success. Physician participation on the team and increased collaboration between the nursing staff and providers continues to be essential to rapid identification and treatment of patients with sepsis. The greatest surprise was how prevalent sepsis is and that it is accounting for a large portion of hospital readmissions.

For more information, contact Kathryn Petersen, ICU clinical nurse specialist, at Kathryn.petersen@bellin.org.

Tomah Memorial Hospital, Tomah has been focusing on better processes related to early identification and treatment of patients with sepsis. A multidisciplinary committee comprised of physicians, case managers, emergency department (ED) and medical/surgical nursing directors, quality and pharmacy personnel guide their work.

Key components of their sepsis care process include:

- A clinical algorithm to enhance understanding of the components of the sepsis bundle for all clinical staff;
- A screening tool used by ED nurses for early identification of septic patients;
- A screening tool used by all medical/surgical nurses on every shift;
- Standardized handoff communication between the ED and medical/surgical units for patients screened positive for sepsis;
- Automatic reflex testing for elevated lactates; and,
- Education for providers and clinical staff.

Work the hospital did as part of their participation in the WHA Hospital Improvement Innovation Network helped them identify when they still had gaps in their processes. One gap was that screening of inpatients for sepsis, by nurse case managers, only occurred during the day shift. They then expanded use of their screening tool to bedside nurses who now complete it on every shift.

The new processes have helped achieve a rate of 90 percent compliance with the sepsis bundle measure during the first two quarters of 2017. They are now evaluating the challenges with the revised 2018 sepsis bundle measure specification. The sepsis committee is meeting in anticipation of the new specifications to implement process changes that proactively address any needed changes.

Tomah Memorial attributes their success to careful study of the measure from beginning to end. Once they developed a dedicated committee that meets regularly, they found they were able to make real progress.

For more information, contact Kayla Mobley, quality analyst and CDI specialist, at kmobley@tomahhospital.org.

High Reliability

Wisconsin hospitals have committed to the journey of becoming highly reliable, mirrored after other high-risk industries such as aviation, nuclear power, and the like. Senior leaders are focusing on patient safety, maintaining a healthy and high-performing work environment (culture) and the methods they use to deliver quality health care to their patients.

In 2017, over 80 percent of WHA's HIIN hospitals completed an assessment focused on three domains that high reliability organizations (HRO) master: leadership, safety culture and performance improvement. The ORO 2.0 assessment tool, developed by the Center for Transforming Healthcare, provides the framework leaders use to evaluate their hospital's level of maturity in each of the three domains. Throughout the assessment process:

- Senior leaders evaluate their readiness for and advancement toward becoming an HRO with identified goals of zero preventable harm; and,
- Crucial, leading-indicator information informs leaders about strengths, opportunities and potential investment strategies for improving their hospital's quality and safety performance.

Hospitals met with WHA and the Center for Transforming Healthcare staff in June 2017 to discuss overall results of the state and share effective strategies for making improvements across the three domains and 14 components of the high reliability model. Effective strategies for implementation include:

- Board and senior leader engagement and identification of zero-harm goals;
- Physician engagement and caregiver-led projects;
- Eliminating intimidating behaviors;
- Improving the use of data from safety and employee engagement surveys;
- Building a culture of trust and accountability;
- Promoting respect for differing viewpoints; and
- Consistent use of improvement tools and philosophies.

As they manage and lead this change effort, hospitals are focusing on the next tier of improvement strategies such as leader rounding, safety huddles, system reliability and staff accountability for incident reporting and root cause analyses.

HOSPITAL HIGHLIGHTS

Senior leaders at **Aurora St. Luke's Medical Center, Milwaukee** assessed their culture for patient safety, using the ORO 2.0 high reliability organizational assessment, in March 2017. St. Luke's then began making important changes that would improve their culture of safety through sensitivity to operations, transparency, and collaboration through problem solving using the experts.

The 938-bed quaternary care hospital now does a daily safety huddle, which promotes the use of high reliability principles, seven days a week. Marie Golanowski, hospital president, leads the daily huddle of staff from 32 departments. Each day, safety issues and concerns from the last 24 hours and those anticipated in the next 24 hours are obtained from front-line caregivers during leader rounding are shared by leaders at the daily safety huddle. All issues needing additional action are tracked and presented at a future huddle to ensure appropriate follow-up has occurred and everyone was notified.

Getting good information from caregivers is key to St. Luke's Medical Center's high reliability culture. Leaders use three key patient safety questions during rounds with staff:

1. What significant safety issues occurred over the last week?
2. What significant safety issues do you anticipate occurring?
3. What do you need to make your environment safer?

Issues identified during the safety huddles and the leader rounding are reviewed by the director of quality management to identify themes and opportunities for improvement.

The more open culture for reporting patient safety issues also promotes reporting of proactive catches or near misses. These near misses are recognized during monthly management briefings meetings to share the significance and importance of recognizing safety issues and personally recognizing caregivers by sharing their story. Caregivers who are recognized are awarded with their own parking space for a month.

St. Luke's attributes their success to the commitment of the senior leadership team and work by the hospital president, senior director of quality, senior director of risk management and chief medical officer. The partnership between quality and risk management promotes a culture of safety by ensuring follow-through on safety events, open sharing by leaders and real-time problem solving with patient care experts. Their biggest surprise was related to the high reliability principle—reluctance to simplify. They found the preferred communication method to reach a large number of caregivers about changes with equipment or medications was not sufficient. To be more reliable they now use a plan that includes labels, equipment setting verifications and other methods to hardwire the change, without depending on people to communicate and "remember" what needs to be done for patient care.

For more information, contact Mary Nickel, senior director, quality management, Milwaukee South at mary.nickel@aurora.org.

Being a highly reliable organization (HRO) became a priority for **Flambeau Hospital, Park Falls**, in 2014. All staff and physicians participated in mandatory training about the principles of high reliability and what it means to have a high reliability culture. This training is also incorporated into new employee orientation. Since changing a culture isn't a one-time event, staff and physicians attended in-person refresher training again in 2017.

The concepts of HRO are discussed at every department meeting, as well as quarterly quality meetings. Managers and staff are using their knowledge to implement processes to make patient care safer. Nursing staff now do consistent hourly rounding and bedside shift report. Pharmacy visits with patients needing additional medication education prior to discharge. Daily safety huddles, with representatives from leaders and every department, identify safety issues before they occur. The hospital's Patient and Family Advisory Council assisted with the development of new admission folders and use of patient whiteboards in patient rooms to provide more meaningful information to patients. The ORO 2.0 assessment done by senior leaders identified the need for even more engagement of patient advisors on the board and committees, which is currently being planned.

Once staff understood the importance of reporting actual and potential safety events, there was a three-fold increase in reporting. The person that completes an event report gets an email acknowledging the report and informing them of follow-up actions that are taken. Every event report is saved and used for trend analysis by the quality department. These trends are shared with other departments and the hospital board on a regular basis.

Flambeau has learned that becoming a highly reliable organization is a long process. Educating every staff person has been key to engagement and creating a sense that everyone's voice is important. As the culture evolves, staff are feeling safer about speaking up and reporting events. Leaders are now more aware of staff perceptions related to their safety culture and work hard to follow high reliability principles in their work and when responding to events.

For more information, contact Kim Bortz, director of quality engagement, at Bortz.kimberly@marshfieldclinic.org.

ProHealth Oconomowoc Memorial Hospital, Oconomowoc and ProHealth Waukesha Memorial Hospital, Waukesha use a high reliability approach to care for orthopedic patients. The orthopedic Clinical Practice Team identified the need to improve how they were caring for knee replacement patients. Both hospitals, who are certified by the Joint Commission as Joint Centers of Excellence, were seeing increased patient volumes due to the aging population. They also wanted to be successful in the Centers for Medicare and Medicaid Services Comprehensive Care for Joint Replacement bundle.

Knee replacement patients receive care through a model that guides the care from pre-surgical primary care through the post-acute process. Key components of the model include:

- Standardized pre-operative teaching booklets and Stepping Forward patient education class;
- Standardized and templated pre-operative health and physical exam which includes screening for obstructive sleep apnea;
- Pre-operative optimization of the patient, with hard stops for delaying surgery (Hemoglobin A1C >8, hemoglobin <10 and body mass index >50);
- Orthopedic health coach;
- Multi-modal pain management, including a continuous nerve block;
- Standardized post-operative dressings and incisional care;
- Standardized discharge instructions and post-operative phone calls; and,
- Network of post-acute providers.

The interdisciplinary team approach focuses on appropriate length of stay with a goal of a one-day stay if clinically appropriate. They also focus on managing patient expectations throughout the surgical experience, from pre-operative to post-operative to the post-acute setting.

This work, which was led by the vice president of population health and the chair of the joint replacement center of excellence, involved many physicians and champions from the involved disciplines. The process changes resulted in zero complications for the second half of 2016 and over 30 percent reduction in average length of stay. Results are collected and reported quarterly to the interdisciplinary team, inpatient and outpatient departments.

ProHealth attributes their success to a high level of clinician engagement, alignment of teams, use of high reliability principles and leveraging the electronic health record to enable the model. Open sharing of data and celebrating successes helps keeps everyone motivated. Other clinical service lines are now looking to adopt similar models. The interdisciplinary team was surprised they were able to achieve their goal of one-day average length of stay while simultaneously achieving rapid reduction in complications, engagement of providers, health care team members, patients, and families and a reduction in opioid use through our multi-modal pain management approach.

For more information, contact Amy Davis, clinical nurse specialist, at amy.davis2@phci.org.

Patient and Family Engagement

Research shows hospitals that can effectively engage patients and families as partners in health care experience improvements in safety and quality, financial performance, patient satisfaction and patient outcomes. Engaging patients, however, is no small task. To have an effective engagement strategy, patient voices must be actively sought at every point of contact with a patient. One of the most effective ways to engage patients in quality is to create formal Patient and Family Advisory Committees (PFACs). These committees are designed to help hospital staff get insight from former patients on policies and procedures that directly affect a person's stay and care in the hospital.

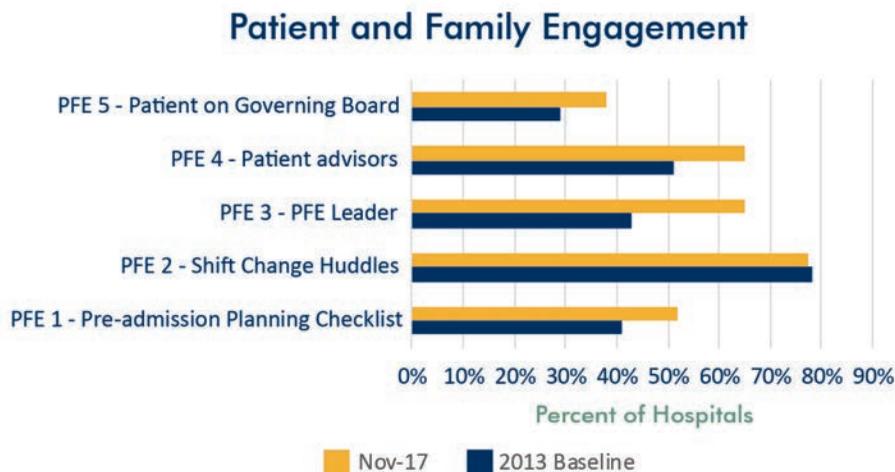
Many Wisconsin hospitals are actively engaging patients by including them in quality committees, governing boards, and through leadership safety rounds. Increasingly, hospitals are working on formalizing their PFACs by creating charters and developing a set strategy for recruiting and interviewing patient advisors, as well as educating staff on how to utilize this resource. Patients are rapidly becoming an integral part of hospital decision making on topics related to hospital stay, wayfinding, after-care planning, patient education, community outreach projects, and many more. They are working with hospitals to help them deliver excellent care and services at all levels of a patient's experience in the hospital.

In 2017, about 28 hospitals attended WHA's Patient and Family Engagement Improvement Action Network in Wisconsin Dells. They participated in a daylong event with Kelly Parent, a nationally known speaker in patient and family engagement (PFE), as well as to share best practices and ideas with one another.



Photo courtesy of Ascension Wisconsin

Looking to 2018, PFE remains an area of interest for HIIN work. With the release of the PFE 3.0 roadmap from CMS, hospitals have many more ways to engage patients and families in hospital quality.



HOSPITAL HIGHLIGHTS

Gundersen Health System, La Crosse, and the surrounding region are using their patient and family advisory councils to enhance their patient-centered approach to care and quality improvement. Traditionally decisions regarding patient and family matters were made administratively. Input from patients, through the councils, is now an integral part of their strategic plan. This input is seen as:

- A resource to administration;
- A means of creating a safe venue for patient input into programs and improvement opportunities; and,
- A way to strengthen patient and family engagement.

Gundersen uses a structured council leader’s guide, participant guide and meeting planning tools to guide the council work. The tools assist with selection of council members and preparing patients and families. Key to preparing council participants is a common understanding of Gundersen’s patient and family-centered care philosophy, definitions for key terms and council guidelines. Each council participant signs a member contract and confidentiality form.

All council meetings start with a patient story, often from a council member. They also include follow up from the previous meeting topics and discussion about what members may be hearing in the community about Gundersen. The system currently has seven councils at their main campus in La Crosse and 11 additional groups within their local region. The quarterly or bimonthly meetings are facilitated by health system staff. Councils range from being specific to disease, topic, location or site.

Examples of topics the councils have assisted with include:

- Overcoming barriers to diabetes follow up;
- Revenue cycle issues;
- Telephone nurse advisors; and,
- Site specific improvement opportunities including tour of a clinic.

A recent success was a regional discussion of barriers to receiving follow up diabetic care with the suggestion of a closed Facebook page to encourage patients from all locations to interact, receive information and share ideas. Patients say they are honored to be part of this important work.

While the councils are firmly embedded in Gundersen’s structure, there are challenges; starting with the need to balance standardization while still supporting individualization. It can also be challenging to identify strong facilitators and ensure there are engaging agenda items for each meeting. The last challenge is the ability to recruit new patient and family members and ensure there is diversity within the council membership.

For more information, contact Ellen Gianoli, patient relations specialist, at eagianol@gundersenhealth.org.

Quality Essentials Skills Training (QuEST)

Quality Essential Skills Training (QuEST) is an in-person workshop that engages hospital quality leaders and improvement teams in learning basic quality concepts. This event, taught by WHA staff, is designed for quality leaders, unit managers and improvement team members to learn the basic model of improvement and application of the model to the Hospital Improvement Innovation Network (HIIN) topics.

QuEST uses adult learning principles to help participants master process improvement concepts through hands-on, real world problem solving. Participants learn new strategies for designing small tests of change, getting direct caregivers involved in improvement and how to establish an effective quality improvement team. Participants also focus on simple data analysis techniques that help hospitals quickly determine if the changes they are implementing are getting the desired results. Participants come away with the knowledge and tools to jumpstart their improvement efforts.

Since the beginning of the year, this workshop has been conducted four times in various parts of Wisconsin and almost 300 individuals have gone through the QuEST training.



QuEST participants learn how to design a small test of change

Physician Quality Academy



The WHA Physician Quality Academy brought physicians, advanced practitioners and quality managers together to engage in live sessions to enhance their knowledge of quality improvement tools and resources and their role in leading and participating in quality improvement projects back at their hospitals. Many of the physician leaders work with hospital board quality and patient safety committees and they spent time learning and discussing:

- Physician engagement and leadership in quality improvement work;
- The impetus behind the business case for quality;
- Use of dashboards to measure and display results;
- The link between quality and credentialing; and,
- Payment systems for rewarding high-quality performance.

The sessions were interactive, which allowed for discussion between providers and with WHA's Physician Improvement Advisor Bobby Redwood, MD, MPH. Dr. Redwood shared strategies for engaging physicians and how medical staff competencies have developed around quality principles over the years. Perhaps the newest concepts designed into the academy curriculum is the importance of documentation into the electronic health record and how that drives the use of data interpretation tools such as run charts, and how transparency of data leads to quality improvement.

WHA Quality Forum

In 2017, WHA launched a series of quality improvement educational events for Wisconsin hospitals. Continuing into 2018, these day-long quality forums will address high-priority topics for hospital quality leaders and others involved in quality improvement in Wisconsin hospitals and health systems.

The series includes a variety of topics, including: patient safety tools and concepts, medical staff quality, survey readiness, meeting external reporting requirements and more. Presenters for each event offer topic expertise, as well as best practice applications of the learning. The sessions for 2018 include:

- **Medical Staff Quality:** Strategies for physician engagement and retention in quality, meaningful ongoing and focused provider measurement, peer review and basic credentialing concepts
- **Survey Readiness:** Federal, state, and accreditation survey preparation and readiness, survey activity management and hands-on practice for writing plans of correction
- **Meeting External Requirements:** Understanding federal and state-related requirements and how to stay current with changing regulations, understanding quality-related public reporting sites, creating an action plan related to information flow and use of data
- **Quality Improvement Basic Concepts:** Introduction to the Plan-Do-Study-Act (PDSA) improvement model, designing and using small tests of change, assembling effective improvement teams and practical applications to real-world improvement topics.

All sessions will be held at the WHA offices in Fitchburg, Wisconsin. For more information, go to www.wha.org and click on the Education and Events tab.

Sharing Our Results with the Public



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 a national leader in publicly reporting quality results. Hospitals and providers in Wisconsin embrace transparency and know how to leverage this type of reporting to drive improvement in their organizations.

WHA launched CheckPoint (www.WiCheckPoint.org) in 2004 to be a source of reliable information about hospital quality for consumers. Wisconsin hospitals embrace public transparency, with every acute care and critical access hospital participating in the measures that apply to the care they provide. CheckPoint currently includes 60 measures of quality; 75 percent of these are measures of patient outcomes.

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.

Many organizations are now reporting quality measures and have their own unique rating systems. These sites come and go, and many do not openly share how they determine their rating, making it difficult for consumers and hospitals to really understand what the rating means. CheckPoint has remained a reliable source of results on measures that are relevant at both the state and national level. It also fully discloses how composite ratings are created. While CheckPoint includes measures reported on other sites, it also includes measures that are not available elsewhere, such as measures related to births. The birth measures report is consistently the report that is accessed most often by site users.

CheckPoint results show Wisconsin hospitals are outperforming hospitals across the country based on key outcome and patient experience measures.

Key CheckPoint Results

Measure	Wisconsin	National	Desired Direction
Central Line Infections	Standardized Infection Ratio (SIR) = 0.433 (47 hospitals reporting zero infections)	Standardized Infection Ratio (SIR) = 1.0	Lower is better
Catheter-Associated Urinary Tract Infections	SIR = 0.55 (68 hospitals reporting zero infections)	SIR = 1.0	Lower is better
Clostridium difficile Infections	SIR = 0.96 (37 hospitals reporting zero infections)	SIR = 1.0	Lower is better
Methicillin Resistant Staph aureus Infection (MRSA)	SIR = 0.54 (101 hospitals reporting zero infections)	SIR = 1.0	Lower is better
Exclusive Breastfeeding	57%	53%	Higher is better
Overall Patient Satisfaction	77%	72%	Higher is better
Patient Would Recommend Hospital	76%	72%	Higher is better

Infection data results are from 7/1/16 – 6/30/17

Exclusive Breastfeeding national average is sourced from The Joint Commission website

Patient satisfaction data is from 4/1/16 – 3/31/17

Summary

High quality is the foundation and hallmark of Wisconsin's health care delivery system. For more than a decade, Wisconsin has been recognized as one of the top performing states in the nation by multiple national organizations and federal agencies. A statement made by a reporter on-air more than a decade ago still rings true today, "If you need health care, be glad you are in Wisconsin."

Achieving clinical excellence requires all members of the health care team to focus on delivering the best care possible to every patient, every time. The ability to sustain this level of performance, the desire to set an even higher standard, and a laser focus on delivering patient-centered care are what sets Wisconsin apart from other states.

The accolades in 2017 were appreciated and noted, but looking toward 2018, there is always more work to do to ensure the Badger State can continue to improve care, which in turn reduces health care costs, improves patients' satisfaction with their care and builds healthier communities.

In 2018, WHA will help members achieve their goals of increasing health care value by improving quality and maximizing potential pay-for-performance incentives. WHA will, at a minimum, accomplish the following:

- Support the work of 80 hospitals in the Hospital Improvement Innovation Network (HIIN) for the CMS Partnership for Patients project to achieve a statewide 12 percent reduction in readmissions and a 20 percent reduction in hospital acquired harm;
- Support the work of hospital leaders to create a culture of safety for patients and staff;
- Provide quality training and support to quality leaders and providers. (Quality Forum, Physician Quality Academy, one-on-one consulting and assessments); and,
- Support public transparency of quality results by keeping CheckPoint aligned to national and state level value-based initiatives, payment reform and quality goals.

Wisconsin hospitals set ambitious goals aimed at improving the quality and ensuring the safety of patients no matter where they seek treatment. The Wisconsin Hospital Association will work closely with its members to provide the education opportunities, one-on-one consulting services and advocacy support that are necessary to ensure Wisconsin remains a leader state in health care quality, safety and clinical innovation.

WHA Member Hospitals

Amery Hospital & Clinic, Amery*
Ascension Calumet Hospital, Chilton
Ascension Eagle River Hospital, Eagle River
Ascension Good Samaritan Hospital, Merrill
Ascension Our Lady of Victory Hospital, Stanley
Ascension Sacred Heart Hospital, Tomahawk
Ascension St. Clare's Hospital, Weston
Ascension St. Elizabeth Hospital, Appleton
Ascension St. Mary's Hospital, Rhinelander
Ascension St. Michael's Hospital, Stevens Point
Aspirus Langlade Hospital, Antigo*
Aspirus Medford Hospital & Clinics, Inc., Medford*
Aspirus Riverview Hospital & Clinics, Inc., Wisconsin Rapids*
Aspirus Wausau Hospital, Wausau*
Aurora BayCare Medical Center in Green Bay, Green Bay*
Aurora Lakeland Medical Center in Elkhorn, 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 in Summit*
Aurora Memorial Hospital of Burlington*
Aurora Psychiatric Hospital, Wauwatosa*
Aurora Sheboygan Memorial Medical Center, Sheboygan*
Aurora Sinai Medical Center, Milwaukee*
Aurora St. Luke's Medical Center, Milwaukee*
Aurora West Allis Medical Center, West Allis*
Bay Area Medical Center, Marinette*
Beaver Dam Community Hospitals, Inc., Beaver Dam*
Bellin Health Oconto Hospital, Oconto*
Bellin Hospital, Green Bay*
Bellin Psychiatric Center, Green Bay
Beloit Health System, Beloit*
Black River Memorial Hospital, Inc., Black River Falls
Brown County Human Services Department, Green Bay
Burnett Medical Center, Grantsburg*
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, Columbus*

Crossing Rivers Health Medical Center, Prairie du Chien*
Cumberland Healthcare, Cumberland*
Divine Savior Healthcare, Portage*
Door County Medical Center, Sturgeon Bay*
Edgerton Hospital and Health Services, Edgerton*
Essentia Health St. Mary's Hospital-Superior, 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, Boscobel*
Gundersen Lutheran Medical Center, La Crosse*
Gundersen Moundview Hospital and Clinics, Friendship*
Gundersen St. Joseph's Hospital and Clinics, Hillsboro*
Gundersen Tri County Hospital & Clinics, Whitehall*
Hayward Area Memorial Hospital & Water's Edge, Hayward*
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 & Clinic, Hudson
Indianhead Medical Center, Shell Lake
Lakeview Medical Center, Rice Lake*
Lakeview Specialty Hospital & Rehab, Waterford
Marshfield Medical Center, Marshfield*
Mayo Clinic Health System - Red Cedar, Inc., Menomonie
Mayo Clinic Health System, Eau Claire
Mayo Clinic Health System-Chippewa Valley, Bloomer
Mayo Clinic Health System-Franciscan Healthcare, La Crosse
Mayo Clinic Health System-Franciscan Healthcare, Sparta
Mayo Clinic Health System-Northland, Barron
Mayo Clinic Health System-Oakridge, Osseo
Memorial Hospital of Lafayette Co., Darlington
Memorial Medical Center, Neillsville*
Memorial Medical Center of Ashland, Ashland*
Mercy Medical Center, Oshkosh
Mercyhealth Hospital and Medical Center-Walworth, Lake Geneva*
Mercyhealth Hospital and Trauma Center-Janesville, Janesville*
Midwest Orthopedic Specialty Hospital, Franklin

(Continued on next page)

WHA Member Hospitals (continued)

Mile Bluff Medical Center, Mauston
Milwaukee County Behavioral Health Complex, Milwaukee
North Central Health Care, Wausau
Oconomowoc Memorial Hospital, Oconomowoc*
Orthopaedic Hospital of Wisconsin, Glendale
Osceola Medical Center, Osceola*
Post Acute Medical Specialty Hospital of Milwaukee, Greenfield
Reedsburg Area Medical Center, Reedsburg*
Rehabilitation Hospital of Wisconsin, Waukesha
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, Platteville
Spooner Health, Spooner*
SSM Health - St. Mary's Hospital - Janesville, Janesville
SSM Health Monroe Clinic Hospital, Monroe*
SSM Health Ripon Community Hospital, Ripon*
SSM Health St. Agnes Hospital - Fond du Lac, Fond du Lac*
SSM Health St. Clare Hospital - Baraboo, Baraboo
SSM Health St. Mary's Hospital, Madison
SSM Health Waupun Memorial Hospital, Waupun*
St. Croix Regional Medical Center, St. Croix Falls*
St. Joseph's Hospital Bluemound, Wauwatosa
Stoughton Hospital Association, Stoughton*
The Richland Hospital, Inc., Richland Center*

ThedaCare Medical Center-Berlin, Berlin*
ThedaCare Medical Center-New London, New London*
ThedaCare Medical Center-Shawano, Shawano*
ThedaCare Medical Center-Waupaca, Waupaca*
ThedaCare Medical Center-Wild Rose, Wild Rose*
ThedaCare Regional Medical Center-Appleton, Appleton*
ThedaCare Regional Medical Center-Neenah, Neenah*
Tomah Memorial Hospital, Tomah*
UnityPoint Health-Meriter, Madison
University Hospital, Madison*
Upland Hills Health, Inc., Dodgeville*
UW Health at The American Center, Madison
UW Health Rehabilitation Hospital, Madison
VA Medical Center, Tomah
Vernon Memorial Healthcare, Viroqua*
Watertown Regional Medical Center, Watertown
Waukesha Memorial Hospital, Waukesha*
Western Wisconsin Health, Baldwin*
Westfields Hospital & Clinic, New Richmond
Wheaton Franciscan Healthcare - All Saints, Racine
Wheaton Franciscan Healthcare-Franklin, Franklin
Wheaton Franciscan Healthcare-St. Francis, Inc., Milwaukee
Wheaton Franciscan-Elmbrook Memorial Campus, Brookfield
Wheaton Franciscan-St. Joseph Campus, Milwaukee
William S. Middleton Memorial Veterans Hospital, Madison
Willow Creek Behavioral Health, Green Bay

* Great Lakes Partners for Patients Hospital Improvement Innovation Network participant



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