# Wisconsin Hospitals: Improving Quality & Value of Care

WISCONSIN HOSPITAL ASSOCIATION

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# Introduction

Wisconsin hospitals and health systems share a common mission: Improve the health status of the communities they serve by delivering high quality, safe, cost-effective health care.

Health leaders made a commitment over a decade ago to raise quality statewide by sharing best practices, committing to quality improvement and promoting transparency. The goal was to ensure that no matter where a patient may seek medical services in Wisconsin, they would receive the highest standard of care possible.

Achieving and delivering this high level of excellence in clinical performance does not happen by chance. It takes organizational commitment and human and financial resources to design and improve processes that drive out harm and reduce waste. Every member of the health care team, including physicians, nurses, support staff and leaders at all levels must adhere to the clinical processes and hold others accountable, as well.

Health care value is driven by statewide strategies that continuously improve processes and transparently share results. Health care value can be improved by either raising quality while controlling costs, or by decreasing cost while maintaining quality. If value improves, patients, payers, providers and suppliers can all benefit while the economic sustainability of the health care system increases[1]. When improvement work reduces hospital-associated infections and readmissions, the improvements in quality translate to cost savings, and that is a value to local employers, insurers and patients.

Wisconsin hospitals and health systems are systematically integrating quality improvement into their daily care processes. The Wisconsin Hospital Association quality team has been a resource in that they have helped accelerate and promote this work. Close to 1,800 improvement teams logged into more than 100 monthly web-based learning events to learn and share best practices and hone their improvement skills in 2013.

While this report documents many excellent results, it is a reminder that hospitals are dedicated to the tireless pursuit of excellence. Wisconsin is known for great health care now and will be in the future. That is the foundation of Wisconsin's high-quality, high-value health care delivery system.

"High quality is a hallmark in Wisconsin. Value is what sets us apart from the rest of the nation. More than 100 hospitals here are working together to improve quality. We have seen, and we'll continue to see, terrific results as we move forward on this important work."

*Steve Brenton, President, WHA, on opening remarks at WHA's Partners for Patients conference, March 2013.*

1 Michael E. Porter, Ph.D.; New England Journal of Medicine 2010; 363:2477-2481 December 23, 2010 DOI: 10.1056/NEJMp1011024

# Recognizing and Rewarding High Value

## Keeping Costs in Control

As Wisconsin hospitals seek to provide higher value care, they are focused on strategies to reduce unnecessary spending. The Centers for Medicare and Medicaid Services (CMS) measure cost effectiveness through analysis of Medicare fee-for-service claims. Wisconsin providers are known for providing care in a coordinated way to reduce inpatient stays when possible. It is important for each patient to have a well-coordinated care plan while they are in the hospital to control the length of stay and further reduce unnecessary inpatient days. The efficiency of inpatient utilization is measured by inpatient days per beneficiary, which reflects the annual number of hospital inpatient days covered by Medicare per 1,000 Medicare beneficiaries in a geographic region. The measure includes inpatient acute care hospitals paid under the prospective payment system, critical access hospitals and other inpatient hospitals such as psychiatric hospitals. Wisconsin's utilization of inpatient stays is 5.7 percent better than the national average. Wisconsin providers also work to provide easy access to care in an effort to minimize unnecessary utilization of high cost emergency department (ED) visits, which Medicare measures by emergency department visits per 1,000 beneficiaries. These visits include both visits that result in a hospital admission and visits that do not result in admission. Wisconsin has a 3.7 percent lower rate of ED visits than the national average.

Another key strategy to reduce unnecessary spending is to control utilization of ancillary services such as laboratory testing and high cost imaging. The imaging standardized per cost measures the total annual Medicare payments for imaging services per Medicare beneficiary. The similar measure for lab utilization measures the annual number of lab tests per 1,000 Medicare beneficiaries. Wisconsin demonstrates better utilization, with resulting lower costs, in both of these areas of ancillary testing.

Medicare utilization can be summarized by the Medicare spending per beneficiary measure and the standardized risk-adjusted per capita cost measure. The former is a measure, for a geographic region, of how much Medicare spends on Medicare Part A and Part B payments during the three days prior to the hospital stay, during the stay and during the 30 days after discharge from the hospital, in comparison to the national average. Wisconsin hospitals are 5.7 percent lower than the national average on this measure. The second measure is an indicator of the total annual Medicare payments per beneficiary standardized to remove geographic differences in payment rates for individual services and adjusted for differences in beneficiaries' health using the CMS risk-adjustment model. Wisconsin is 9.3 percent lower than the national average on this measure.

Reducing unnecessary utilization of health care services and providing well-coordinated care is key to controlling health care costs. All of the cost metrics related to Medicare spending demonstrate the high level of attention to and success that Wisconsin hospitals and providers have with providing cost-effective care, which drives Wisconsin to be a high value health care state.

**Table 1: Medicare Fee-for-Service Utilization and Cost Metrics**

| MEASURE | WISCONSIN | NATIONAL | % DIFFERENCE |
|---|---|---|---|
| Standardized Risk-Adjusted per Capita Costs | $6802 | $7499 | 9.3% better |
| Medicare Spending per Beneficiary | 0.943 | 1.0 | 5.7% better |
| Inpatient Days per 1000 Beneficiaries | 1567 | 1858 | 16% better |
| Imaging Standardized per User Costs per Beneficiary | $330 | $541 | 39% better |
| Lab Usage per Beneficiary | 8552 | 8888 | 3.7% better |
| Emergency Department Visits per 1000 Beneficiaries | 512 | 530 | 3.4% better |

# Hospital Value-Based Purchasing

The Affordable Care Act established the Medicare hospital Value-Based Purchasing program (VBP), in October 2012, to reward hospitals that provide high-quality patient care. Under this program hospitals are paid for inpatient acute care services based on the quality of the care, not solely on the quantity of the services provided.

The hospital VBP program is designed to promote better clinical outcomes for hospital patients as well as improve their experience of care during hospital stays. The nationally-accepted measures that are used in the VBP program do not have consistently high levels of performance across the nation; hence, they can differentiate high from low-performing hospitals. The current program, which only applies to hospitals that are reimbursed under the inpatient prospective payment system, requires the total amount of value-based incentive payments in aggregate be equal to the amount available for value-based incentive payments. Hospitals that provide higher quality care receive value-based incentive payments. The Federal Fiscal Year (FFY) 2014 program added one additional process measure and three new outcome measures. Over the next three years additional outcome and efficiency measures are being added to the program, the weights given to outcome and efficiency are increasing and the overall maximum penalty will increase from one percent where it started in FFY 2013 to two percent in FFY 2017. The maximum penalty for FFY 2014 is 1.5 percent.

Wisconsin hospitals have been working to improve these quality measures long before the VBP program began. This early commitment to high-value health care and a focus on outcomes led to Wisconsin being the third best state for average net incentive/penalty payments. This commitment to high value has resulted in 60 percent of the eligible hospitals receiving bonus payments under the new program. The remaining 40 percent of eligible hospitals are experiencing payment penalties up to 0.49 percent; no Wisconsin hospitals received penalties greater than 0.50 percent.

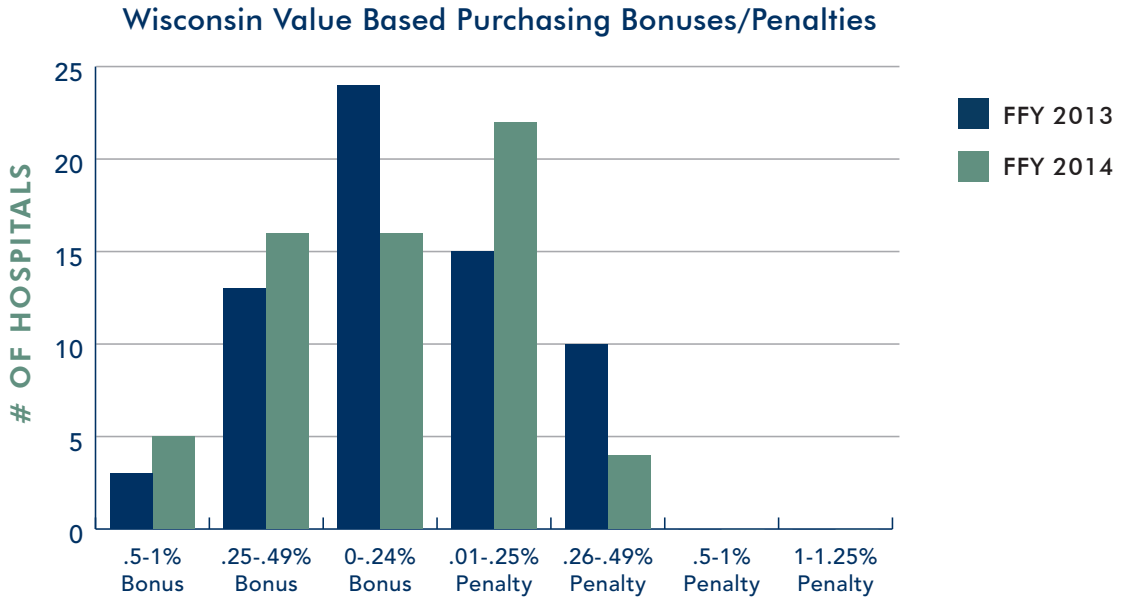



*photo courtesy of Sacred Heart Hospital, Eau Claire*

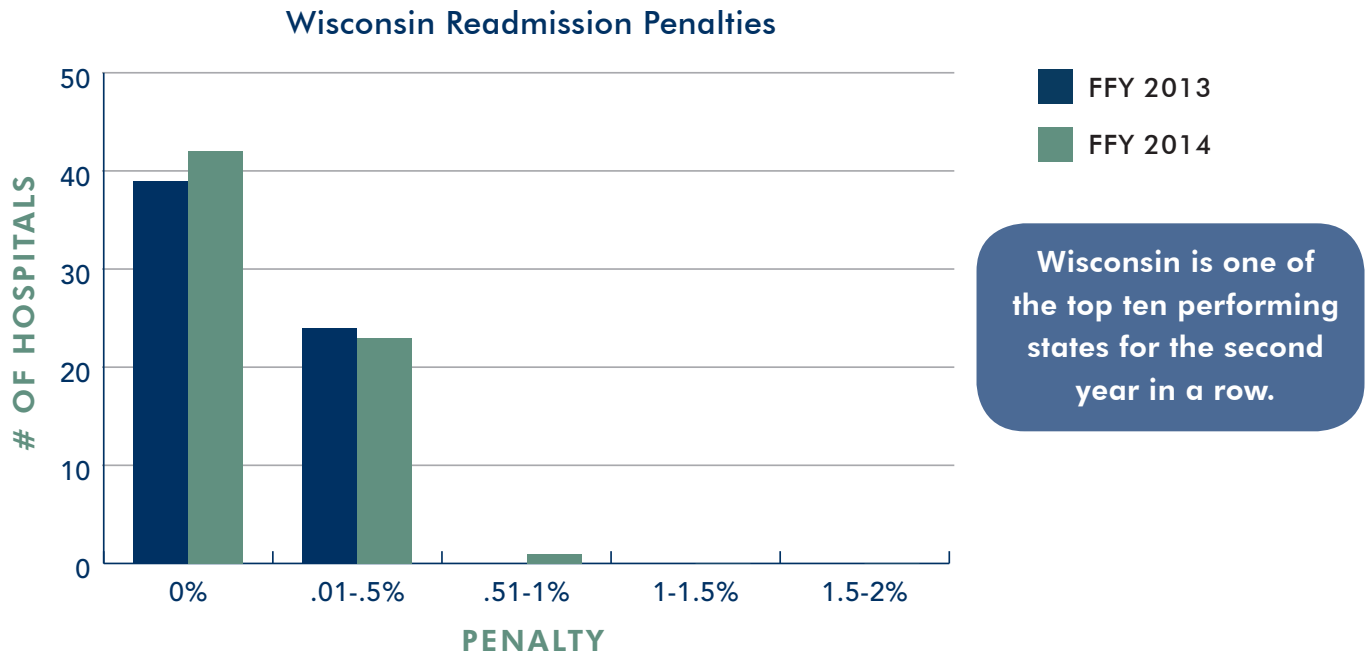
# Hospital Readmission Reduction Program

Patients that need to return to a hospital, or be readmitted, are a major source of health care spending. Readmissions can be reduced by implementing better processes to prepare a patient for leaving the hospital and by checking to ensure patients are getting the care they need when they leave the hospital.

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

Hospitals with excess readmissions were penalized by a one percent reduction in their base Medicare payments last year and a two percent reduction this fiscal year. The penalty amount will increase one additional percent next year to reach the three percent maximum.

Wisconsin hospitals have been working to reduce this unnecessary care for several years. Work within the hospital to improve care processes and new partnerships with other health care providers and community agencies prevent patients from being readmitted and reduce or eliminate the CMS penalty. For FFY 2014, Wisconsin is one of the top ten performing states for the second year in a row. In the second year of the program 63 percent of eligible hospitals will see no reduction in their payments and no hospitals will receive a penalty greater than one percent. Hospitals across the state continue to work on reducing readmissions through participation in the WHA Partners for Patients project.




**Wisconsin is one of the top ten performing states for the second year in a row.**

# WHA Partners for Patients: Reducing Patient Harm

WHA and 108 hospitals completed the second year of improvement work under a subcontract with American Hospital Association's Health Research and Educational Trust (HRET), to work on the national Centers for Medicare and Medicaid (CMS) Partnership for Patients project. The CMS goal is focused on reducing hospital readmissions by 20 percent and hospital-acquired harm by 40 percent. The areas of patient harm that are part of the improvement work include central line infections (CLABSI), catheter associated urinary tract infections (CAUTI), surgical site infections, venous thromboembolism, falls, pressure ulcers, adverse drug events and early elective deliveries. Nineteen Wisconsin hospitals are working with other hospital engagement networks to achieve the same aims. These combined efforts are resulting in 98 percent of Wisconsin hospitals working to reduce readmissions and patient harm. WHA is measuring both the quality and cost impact of each of these individual topics. The following sections show improvement trends for each topic, the estimated number of patients who have been saved from harm and the estimated cost savings associated with that harm. Each area demonstrates that when quality increases, cost decreases and overall value improves. The aggregate results in Table 2 from this project add up to a stunning impact on safer and better care for 4,451 patients and decreased costs of close to $46 million.

### Table 2 – Aggregate Impact of WHA Partners for Patients Project

| TOPIC AREA | PATIENTS WITH IMPROVED CARE | ESTIMATED COST SAVINGS |
|---|---|---|
| Readmissions | 3,556 | $34,137,600 |
| Central Line-Associated Blood Stream Infection | 311* | $5,909,000 |
| Surgical Site Infections | 228 | $4,560,000 |
| Catheter-Associated Urinary Tract Infection | 573** | $429,750 |
| Adverse Drug Events | 143 | $429,000 |
| Early Elective Deliveries | 291 | $211,922 |
| Falls | 176 | — |
| Pressure Ulcers | 54 | — |
| Venous Thromboembolism | 0 | — |
| **GRAND TOTALS** | **4,448** | **$45,677,272** |

*Since 2008 **Since 2011

WHA's quality team uses a standardized methodology for learning and networking to assist hospitals in accomplishing the aggressive aims. Each learning event is a combination of topic-specific content on "what to improve" and skill building related to improvement techniques and cultural aspects on "how to improve." WHA staff provides project coaching through a combination of hospital site visits and webinar-based learning to make the learning and networking easy to access for all hospital improvement teams. Close to 1,800 improvement teams logged into more than 100 monthly web-based learning events to learn and share best practices and hone their improvement skills in 2013.

**Wisconsin hospitals have decreased health care costs by $46 million**

Nearly every hospital working in the Partners for Patients project has seen significant improvement in one or more topic areas in the first two years of the project. The Centers for Medicare and Medicaid is extending the project into the 2014 option year. WHA will continue to act as a hospital engagement network in 2014 to continue to work to reduce readmissions and patient harm in each of the project topics.

# Hospitals "Catch the Wave"

WHA and its member hospitals celebrated the 2012 Partners for Patients results and launched the 2013 work with a two-day learning event in March. Over 500 hospital staff representing nearly every hospital in the state, attended the March "Catch the Wave" event. National speakers, including Don Berwick, MD, former CMS administrator, provided participants with important coaching and inspiration. According to Berwick, "You lead the country…and it is almost mystical how involved you all are in this collaborative effort."

The two-day event celebrated the successes achieved in 2012 through panel discussions and hospital storyboards. Berwick said, "If I need proof that high quality is possible, I come here, because you are on the right path. I just ask that you don't let up, and stay the course." Nearly every hospital that attended the event took this advice seriously and doubled the number of projects they would actively engage in for 2013. The 2013 results in this report could not have been achieved without this level of commitment to the project.

*WHA Quality Staff, from left: Stephanie Sobczak,Tom Kaster, Kelly Court, Travis Dollak, and Jill Hanson*

# Improving How We Improve

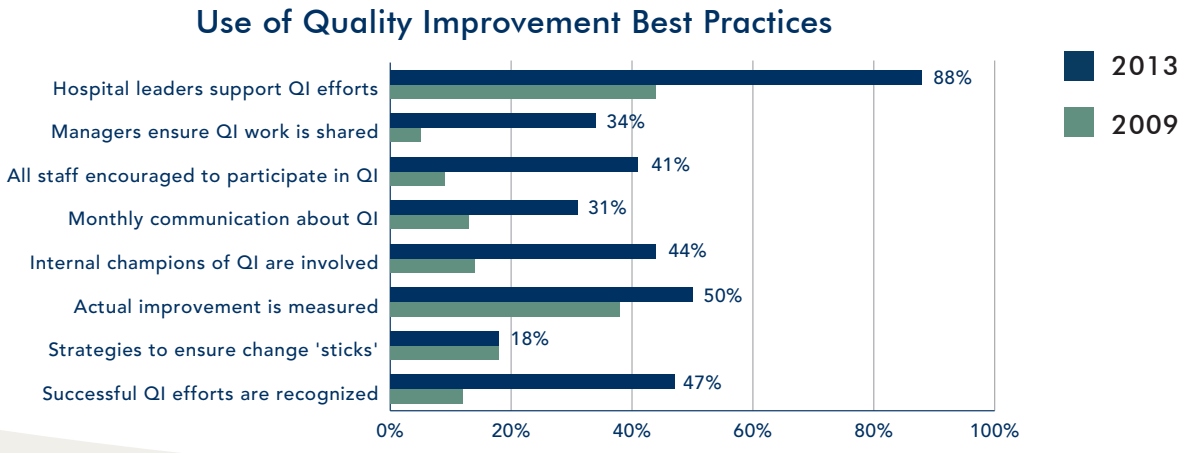
In 2009, WHA quality staff surveyed members about their use of quality improvement best practices. These practices are the keys to sustained improvement and long-term success of improvement efforts. Improving these results is a key objective of the WHA quality team. From the beginning of the Partners for Patients project, WHA's approach has focused on the importance of sharing the "how" to implement bundles and best practices. The "what" hospitals need to do is easy to find; the struggle is in the implementation. Each webinar-based learning event combines training and coaching on the quality improvement best practices with content about evidence-based interventions.

Hospitals are increasing their improvement capacity by combining new knowledge and use of the Institute for Healthcare Improvement Model for Improvement / Plan-Do-Study-Act methodology with more involvement of front-line staff. Hospitals are also learning new techniques for increasing senior and middle managers' knowledge and involvement in the quality improvement work. Many smaller hospitals have not had affordable access to this type of training prior to the Partners for Patients project.

"The format and structure WHA utilizes facilitates on-site education of team members which is extremely beneficial to our remote location. I observe increased staff ownership of the initiatives as well as a willingness to engage their coworkers in data gathering, tests of change, education and implementation of new processes."

*Nancy Dufek, Quality Manager – Memorial Medical Center (Ashland)*

WHA resurveyed members in 2013 to determine if they were making an impact on improving the capacity to improve. The graph below demonstrates success with wider adoption of quality improvement best practices, which will help secure the gains achieved not only in the WHA Partners for Patients work, but also in future projects.



# Readmissions and Care Transitions

Reducing readmissions remains one of the hardest projects to tackle. Hospitals continue to work on strategies to prevent a recently discharged patient from an unplanned return to the hospital within 30 days of discharge. This is a complex issue and the reasons for a readmission vary greatly. These include difficulty understanding discharge instructions, difficulty getting to a follow-up appointment, forgetting a new prescription, or little support for care at home, among other factors. This measure is also greatly impacted by the progression of a patient's disease process which may be unpreventable. Readmissions account for one of the largest opportunities to drive unnecessary cost out of the health care system. An average readmission costs $9,600. Wisconsin hospitals have successfully reduced readmissions by 22 percent, exceeding the CMS goal of 20 percent. This work has eliminated readmissions for an estimated 3,556 patients and reduced health care spending by $34,137,600. Even though the CMS goal was met in 2013, this important work will continue in 2014. WHA plans to add this measure to CheckPoint so patients and the public have access to individual hospital results.

"My expanded knowledge base and the program-facilitated relationship with peers and leaders in health care quality, have allowed me to better coordinate our own improvement efforts. We have seen amazing results."

*Cheryl Vulstek, Director of Quality and Education – Gundersen St. Joseph's Hospital and Clinics*

**22% reduction, better care for 3,556 patients, $34,137,600 saved**

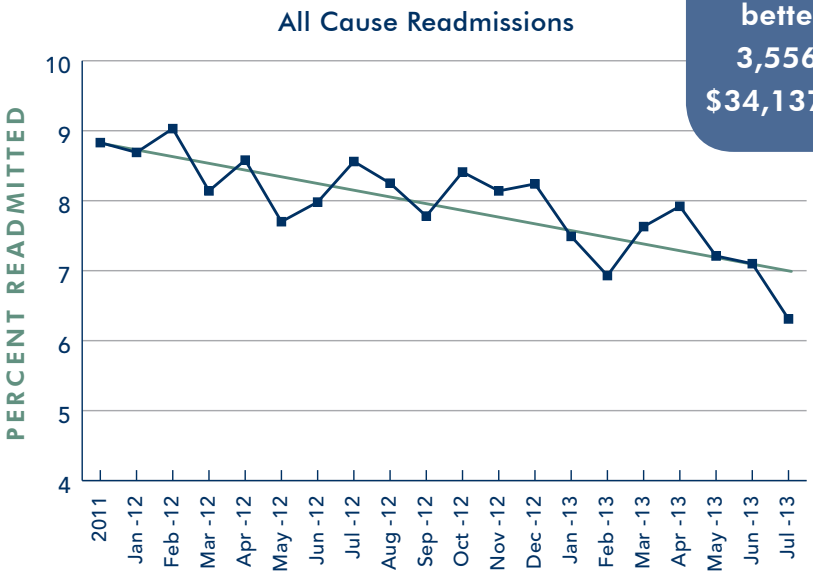



*photo courtesy of Reedsburg Area Medical Center*

## HOSPITAL HIGHLIGHTS

**UW Health Partners Watertown Regional Medical Center** plans proactively for discharge through their "Health Transitions Program." Patients are seen by care transitions staff while hospitalized and then receive follow-up visits or calls after discharge. The hospital has reduced its readmission rate by over seven percent since beginning this program.

**Monroe Hospital** initiated a post-discharge call back process that results in documented "good catches" of patients who are at risk for complications and future readmission. This informs the hospitals continuing work to improve processes that reduce readmissions.

**Hudson Hospital**, a critical access hospital, tackles readmissions by using a combination of primary care appointment scheduling, discharge follow-up calls, improved teaching to patients and family, and timely exchange of information between facilities.

While hospitals strive to improve their internal processes they also recognize they cannot solve this problem on their own. They are leading local initiatives to foster new partnerships within their community by forming work groups and coalitions with long term care and home health providers and other groups such as local agencies on aging. WHA and MetaStar are co-facilitating a statewide Transitions of Care Steering Committee to help support the local coalitions. This multi-stakeholder group meets monthly to coordinate care transition strategies across multiple provider groups and agencies. In 2013, 400 people representing hospitals, public health agencies, nursing homes, aging units, aging and disability resource centers, assisted living facilities and home health care agencies attended local workshops hosted by the committee. The workshops brought representatives from the local "care continuum" together to discuss hospital readmission trends, identify best practices for preventing readmissions, and to examine potential collaborations that could be used to reduce readmissions.

*Don Berwick, MD; WHA Chief Quality Officer Kelly Court; and WHA President Steve Brenton. A former CMS administrator, Berwick is now president emeritus and senior fellow of the Institute of Health Improvement (IHI), where he served as the founder and first CEO.*

"Something right is happening in Wisconsin. Given the success you have had for a decade or more, you are obviously good at quality improvement."

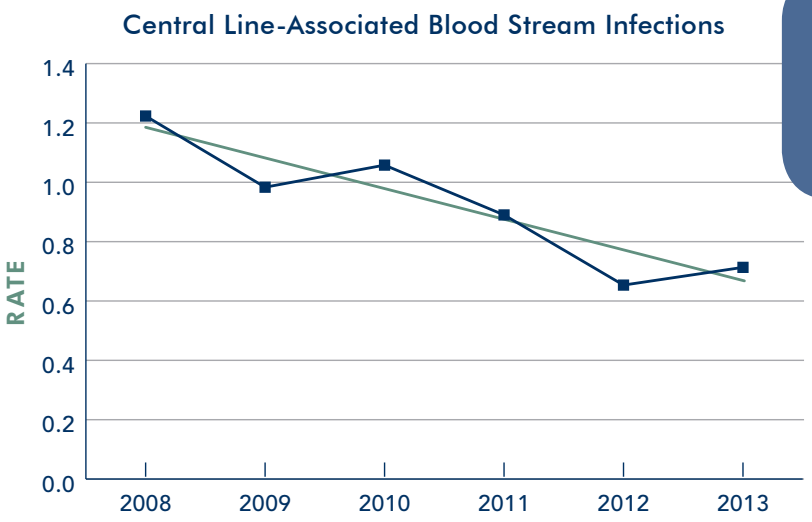
*Don Berwick, MD, speaking at the WHA Partners for Patients "Catch the Wisconsin Wave" event, March 2013.*

### Best practices used by Wisconsin hospitals to reduce readmissions include:

- For patients discharged to home
  - Discharge teaching that documents what the patient knows versus what was taught
  - Teach-back learning for those with a poor understanding of their condition and self-care
  - Consistent use of follow-up phone calls for recently discharged patients to detect problems early, or connect patients with needed services
  - Ensure patients have a scheduled follow-up appointment with a caregiver after discharge
- For patients discharged to a skilled nursing facility, or other site of care
  - Improve timeliness of information sent to the next site of care
  - Standardize information flow from hospital to the next site of care
  - Lead or participate in community coalitions to address problems with transitions across the continuum of care
- Use risk-stratification methods to connect patients with appropriate interventions prior to discharge for patients who have experienced multiple readmissions

# Central Line-Associated Blood Stream Infections (CLABSI)

A central line-associated blood stream infection (CLABSI) is one of the most serious hospital-acquired infections. CLABSIs affect the most vulnerable patients and can lead to mortality in up to 25 percent of patients. These preventable infections add an average of $19,000 in unnecessary cost to a patient's hospital bill. Wisconsin hospitals began their work to eliminate these infections in 2009 through combined use of evidence-based clinical best practices and promotion of a culture that supports a zero tolerance for infections. Wisconsin hospitals have successfully reduced the incidence of central line-associated blood stream infections by 42 percent. This has saved an estimated 311 patients from this serious infection and saved $5,909,000 in health care costs. Hospital-specific CLABSI rates, for intensive care unit patients, are available on CheckPoint (WiCheckPoint.org).




**42% reduction, safer care for 311 patients, $5,909,000 saved**

**The best practices that Wisconsin hospitals use to reduce CLABSIs include:**

- CLABSI bundle
- Staff competency training on line insertion and maintenance
- "Scrub the hub" protocol to prevent contamination of the line
- Use of a checklist when a line is inserted to ensure all agreed upon practices are followed
- Standardizing all equipment on a line insertion cart
- Daily review of line necessity as part of daily rounding
- Analyzing the root cause of each infection

*photo courtesy of Hudson Hospital & Clinics*

## HOSPITAL HIGHLIGHTS

**Aurora St. Luke's South Shore** sustains a low CLABSI rate by focusing on weekly audit checks. Staff combines a daily review of CAUTI prevention with central line necessity during daily nursing rounds. As a result, the audit team provides real-time feedback to the nursing staff on line necessity and line maintenance.

**Reedsburg Area Medical Center**, a critical access hospital, rarely has central venous catheters. Even with low volumes Reedsburg has fully adopted the CLABSI bundle and has implemented a process for patient education. Patients are educated before the line is inserted and again after the procedure. Each patient receives a card with the type of line they have to share with other health care providers.

**Meriter Hospital** focuses on chart audits and root cause analysis. Previous audits conducted after the infection missed opportunities for real-time feedback for patency checks or dressing change. They are now using the audit tool on all nursing units, resulting in a 36 percent relative improvement in maintenance compliance since June 2012.

# Surgical Site Infections

When patients have surgery they do not expect to get an infection in their surgical wound. However, data released by the Centers for Disease Control shows this is one of the most common healthcare-associated infections, accounting for 31 percent of all hospital-acquired infections. The treatment of a surgical site infection (SSI) adds, on average, $20,000 to the cost of a surgery. Hospitals reduce their infection rates through use of a combination of preventive strategies. Most of these strategies are focused on things that are done before surgery. The hospitals working on this, within the WHA Partners for Patients project, have achieved a 37 percent reduction in SSI. This means 228 fewer patients had an infection for an overall cost savings of $4,560,000. Hospital-specific SSI rates are available on CheckPoint (WiCheckPoint.org).

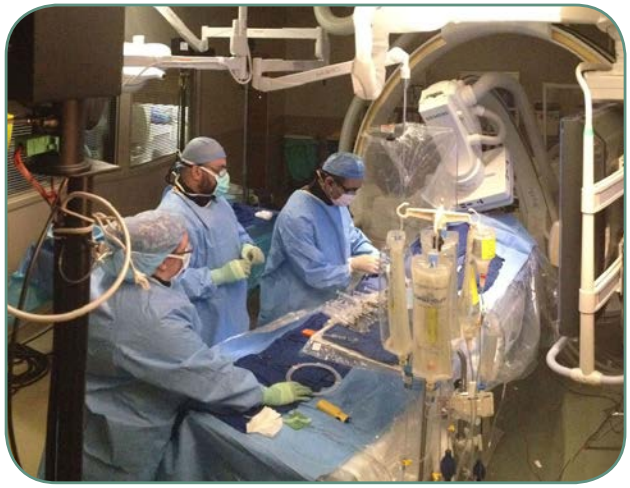
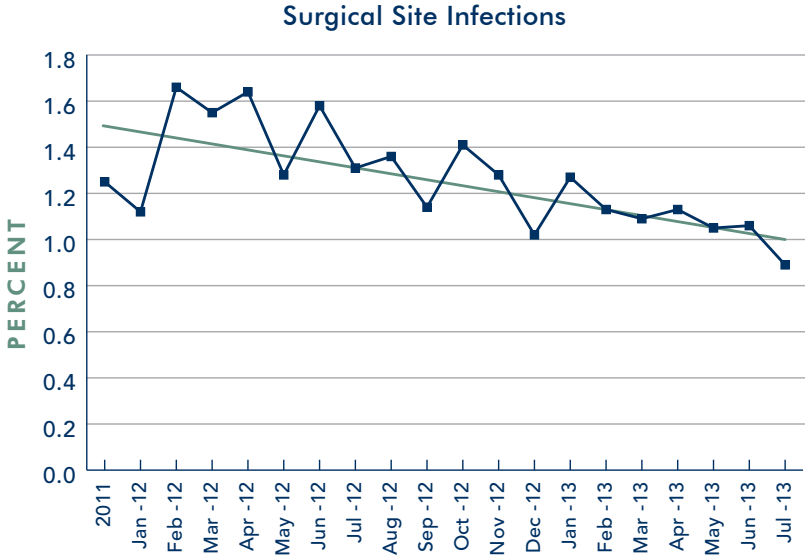


*photo courtesy of Froedtert & The Medical College of Wisconsin*




37% reduction, **safer care for 228 patients, $4,560,000 saved**

**The best practices Wisconsin hospitals use to reduce surgical site infections include:**

- Preadmission skin cleansing with chlorhexidine gluconate (CHG)
- Appropriate pre-incision prophylactic antibiotic use
- Customized dosing of Cefazolin for obese patients
- Alcohol-based antiseptic agent for pre-operative skin prep
- Pre-operative screening and decolonization of staphylococcus aureus carriers

## HOSPITAL HIGHLIGHTS

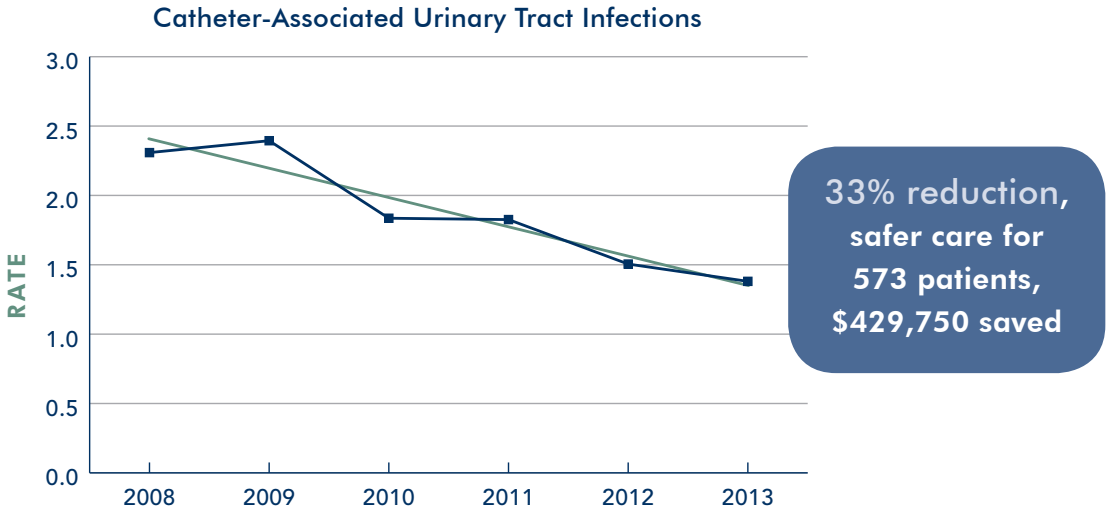
**Vernon Memorial Health Care**, a critical access hospital, which has over 500 hip and knee surgeries per year, has not had an infection since November 2012. They achieved this impressive result through rigorous attention to use of best practice preventive measures, including a comprehensive hand hygiene campaign.

**Holy Family Memorial** incorporates MRSA screening into the pre-operative visit. In the past, the screening process left limited time for decolonization. Their new process includes cultures ten days before surgery and information flow that ensures the results are used for consistent patient assessment. These combined strategies result in more appropriate decolonization through use of intranasal mupirocin.

# Catheter-Associated Urinary Tract Infections (CAUTI)

The third hospital acquired infection hospital are working to eliminate is catheter-associated urinary tract infections (CAUTI). Between 15-25 percent of hospitalized patients receive urinary catheters during their hospital stay. Patients become at risk for developing a catheter-associated infection if aseptic techniques are not followed, the catheter is not carefully cared for or if it is not removed as soon as possible. In addition to adding approximately $750 of unnecessary cost, a CAUTI can also cause patient discomfort, prolong the hospital stay and increase mortality.

Wisconsin hospitals began their CAUTI work in 2010. The reduction of CAUTIs requires focused work by all front-line nurses to adopt the clinical best practices and unit-based patient safety strategies to create high vigilance to the possibility of infections. These strategies have resulted in a 33 percent reduction in CAUTIs, resulting in 573 fewer patients suffering from this infection, for a combined cost savings of $429,750. Hospital specific CAUTI rates are available on CheckPoint (WiCheckPoint.org).




**The best practices Wisconsin hospitals use to reduce CAUTIs include:**

- Bladder bundle
- Use of standard criteria to ensure a catheter is necessary before one is inserted
- Staff competency training on line insertion and maintenance
- Nurse directed catheter removal protocol to ensure catheters are removed as soon as they are no longer medically necessary
- Analyzing the root causes of each infection

## HOSPITAL HIGHLIGHTS

**Aspirus Wausau Hospital** performs a daily review for catheter necessity and use a nurse-driven protocol for catheter removal in three nursing units. These strategies are resulting in 100 percent compliance with appropriate catheter removal. They are in the process of spreading this strategy to the rest of the hospital.

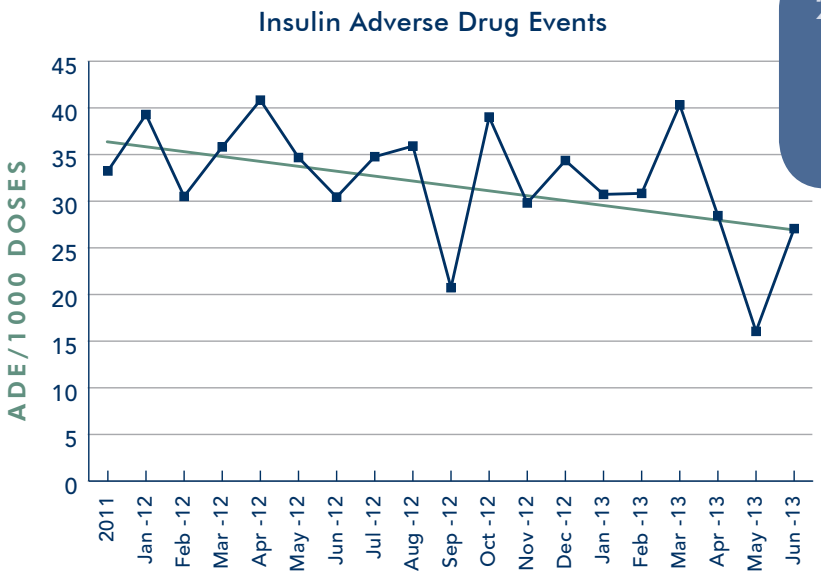
**Froedtert and The Medical College of Wisconsin Community Memorial Hospital campus** educates and engages front-line staff in a self-audit process of adherence to the best practices they adopted. As a result, they have had three months of zero CAUTI and in six months have seen a 63 percent decrease in infections.

**Upland Hills Health** uses a mini-root cause analysis process for each CAUTI. The results of each analysis are presented to nurses in the form of a patient story to reinforce the importance of established protocols and the impact on patients. This has improved nursing compliance with the CAUTI bundle.

# Adverse Drug Events

Nearly every hospitalized patient receives medications. Several medications put patients at high risk of an adverse drug event if dosing is not fine tuned to each patient and the patient response to the medication is not carefully monitored. The WHA Partners for Patients project includes work to reduce harm related to insulin, anticoagulants and opioid medications. These medications are high-volume, high-risk medications. When a patient has an adverse drug event it adds an estimated $3,000 of unnecessary cost. WHA partners with the Wisconsin Pharmacy Society to bring pharmacist knowledge and expertise to the learning content. Collecting data for these events is especially challenging due to the lack of standardized measures and lack of an automated and reliable method to collect the data. This challenge has inhibited more hospitals from participating. WHA is redesigning the data collection for 2014 to make it easier for hospitals to participate in the project.

Despite the data collection challenge, nine hospitals began their work in 2012 to reduce adverse drug events related to insulin. Their collective work has reduced insulin related events by 29 percent and saved an estimated $429,000. An additional 18 hospitals are improving their processes related to medication reconciliation and anticoagulants.




**29% reduction, safer care for 143 patients, $429,000 saved**

**The best practices Wisconsin hospitals use to reduce all three types of adverse drug events include:**

- Standardize concentrations and minimize dosing options where feasible
- Pharmacist driven protocol to reduce hypoglycemic events
- Standardized anticoagulant protocols
- Assessment scales for bleeding risk for patients on anticoagulants
- Thorough medication reconciliation at admission

*photo courtesy of Sacred Heart Hospital, Eau Claire*

## HOSPITAL HIGHLIGHTS

**Ministry St. Clare Hospital** uses a bedside checklist for nurses to prevent hypoglycemia. The checklist is based on 60 responses to a survey that asked clinicians, "How might your next patient on insulin develop hypoglycemia?" and "What do you think would prevent it?"

**Sacred Heart Hospital** uses a few specially-trained nurses and pharmacy staff to perform medication reconciliation on admission. Adverse drug events have decreased with the improved accuracy of the information collected by the specially-trained staff.

**Froedtert and the Medical College of WI St. Joseph's Hospital campus and Community Memorial Hospital campus** use a new protocol for diabetic patients who are also receiving a corticosteroid, The protocol guides changes in insulin dosing when there is an abrupt discontinuation of a corticosteroid or significant dose de-escalation.

# Early Elective Deliveries

When babies are born before 39 weeks gestation they are at higher risk for complications related to breathing and eating. National and Wisconsin statistics show there was an increasing trend of babies less than 39 weeks being delivered electively at the request of the mother or for provider reasons. These early elective deliveries (EED) result in five percent of these babies requiring an admission to a neonatal intensive care, which can add an average $15, 172 of unnecessary cost to the baby's care.

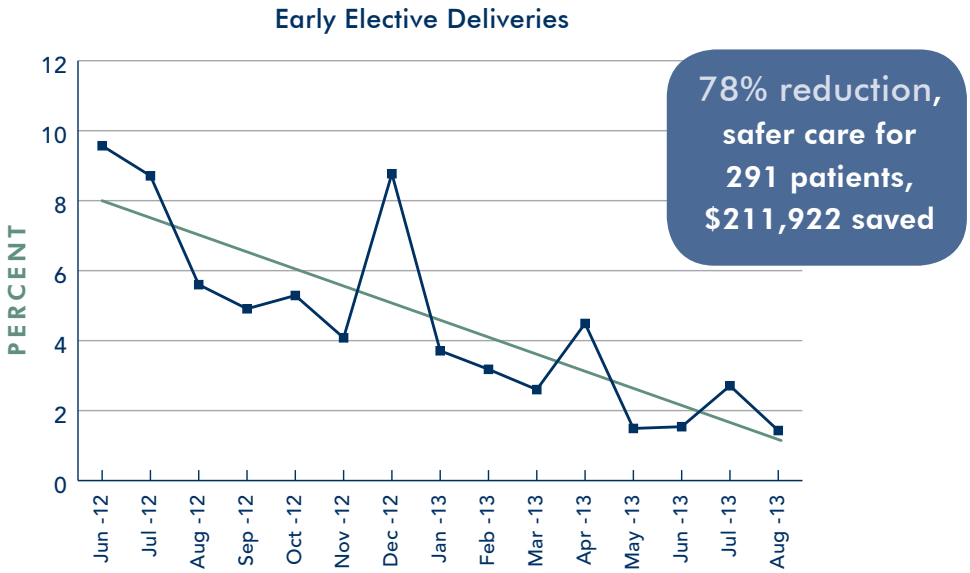
Hospitals can reverse this trend by educating patients about the risks to the baby so they don't request an early delivery, and by implementing a "hard stop" policy that prohibits an early delivery unless there are appropriate clinical indications. Wisconsin hospitals have reduced early elective deliveries by 78 percent since mid-2012. This equates to 291 more babies being delivered at the appropriate time and an estimated cost savings of $211,922.

The work on this project is helping ensure Wisconsin hospitals are achieving the national goal to keep this rate under three percent. Early elective delivery is one of the measures that will be added to CheckPoint in 2014, which will allow future parents and others to access individual hospital data.

**Best practices used by Wisconsin hospitals to reduce early elective deliveries include:**

- Medical criteria for appropriate early deliveries
- Scheduling process that prohibits an inappropriate early delivery
- Patient education to reduce patient demand for an inappropriate early delivery

*photo courtesy of Reedsburg Area Medical Center*




## HOSPITAL HIGHLIGHTS

**Baldwin Area Medical Center** implemented the EED hard stop policy through an education campaign for providers and an awareness effort directed to the public: "40 weeks... chubby cheeks." The catchphrase was effective in getting the attention of providers and patients alike about the importance of term delivery.

**Reedsburg Area Medical Center** enlisted the support of physicians and midwives to implement a hard stop policy. The team launched a community "Wait for Baby" awareness campaign to reduce the inappropriate demand for early deliveries. Reedsburg has not had an EED since September 2012.

**ThedaCare** implemented the EED hard stop policy at Appleton Medical Center and Theda Clark Medical Center. Between the two hospitals they have only had one early elective delivery in 2013.

# Falls

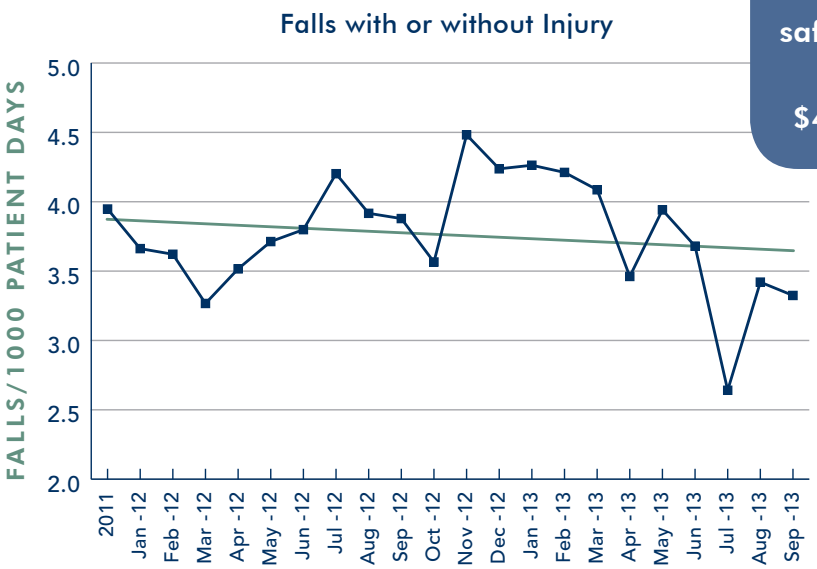
Hospitals have been working for years to reduce patient falls. Falls are among the most difficult patient safety issues to address because of the many potential causes and the lack of fail-proof preventive practices. Many falls do not result in an injury to the patient; however, some falls can lead to serious and costly injuries. Hospitals also find as they begin to work on reducing falls and focus on their data collection the fall rates actually rise because past falls may have gone unreported. In 2012, 38 hospitals began working together with WHA in the Partners for Patients project to learn and share best practices. These hospitals have been able to prevent an estimated 176 patients from falling, for a combined reduction of 26 percent. These hospitals are now moving beyond standard assessments for fall risk to the use of customized patient-specific prevention plans and increased focus on hourly rounding.

"The resources available from WHA and the Partners for Patients program have been instrumental in driving our improvement processes."

*April Foss, Quality Coordinator – Gundersen Tri-County Hospital and Clinics*

**The best practices Wisconsin hospitals use to reduce patients falls include:**

- Standardized fall risk assessment
- Orthostatic blood pressure awareness in all patient types
- Specialized fall prevention processes for elderly and delirium patients
- Inclusion of therapy staff in falls prevention
- Reliable and consistent use of hourly rounding




**26% reduction, safer care for 176 patients, $429,750 saved**

"The patients at Amery Regional Medical Center will probably never know they have HRET and WHA to thank in large part for the dedication of their health care providers to give safe, patient-centered care."

*Joanne Jackson, Administrator of HR/CR/QI – Amery Regional Medical Center*

## HOSPITAL HIGHLIGHTS

**Flambeau Hospital** physical therapy staff and nurses partner to conduct functional assessments that allow patients to perform activities in their room or in a simulated environment which highlights deficits that were not evident during daily nursing care.

**Ministry Howard Young Medical Center** gives special focus to patients with delirium. The Hospital Elder Life Program (HELP) trains volunteers to interact in clinically meaningful ways to keep patients engaged and oriented to their surroundings.

# Pressure Ulcers

Pressure ulcers cause considerable pain and patient harm, frequently hinder recovery and can lead to the development of serious infections. Pressure ulcers have also been associated with an extended length of stay, sepsis and mortality. In 2012, 11 hospitals began work to implement best practices to reduce their pressure ulcer rates. The relatively small number of pressure ulcers that do occur result in wide variation in aggregate numbers from month-to-month and while it does not appear that the statewide trend has decreased, there is still evidence of improved care at the individual hospital and patient level.

"This program gave me the tools to engage and employ meaningful, sustainable quality improvement throughout our facility. It has by far been the best quality improvement training I have received."

*Heather Jensen, QI Coordinator – Burnett Medical Center*

**The best practices Wisconsin hospitals use to reduce pressure ulcers include:**

- Assessment for pressure ulcers upon admission and each day during admission
- Removal of obstacles that keep nurses from doing hourly repositioning
- Active involvement of nursing assistants
- Ensure patients are receiving optimal nutrition and hydration
- Focused attention to the special needs of bariatric patients

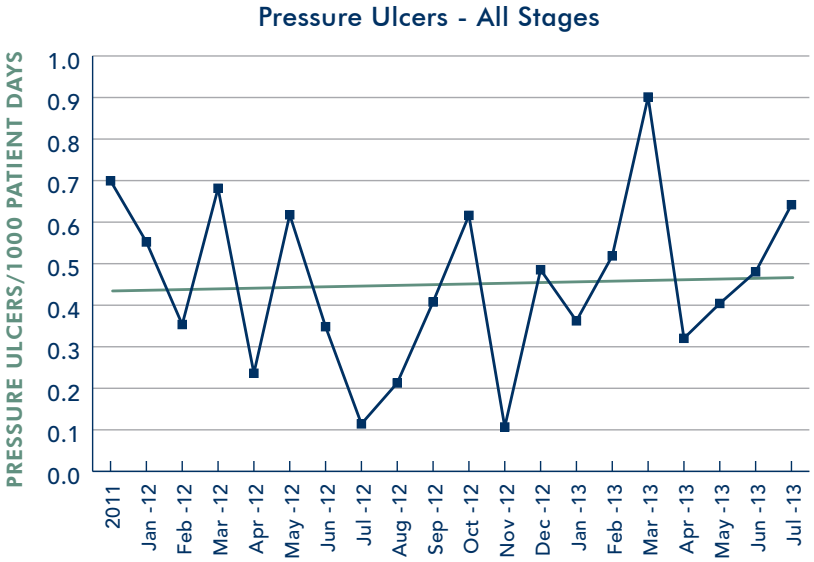



*photo courtesy of Sacred Heart Hospital, Eau Claire*

## HOSPITAL HIGHLIGHTS

**Aurora Medical Center – Kenosha** uses a program to actively engage certified nursing assistants (CNAs) to reduce Stage 1 and 2 pressure ulcers. CNAs receive education that includes clinical instruction and role play scenarios to improve communication with nurses when a CNA has a concern. The program results in a higher frequency of CNA adoption of preventive measures.

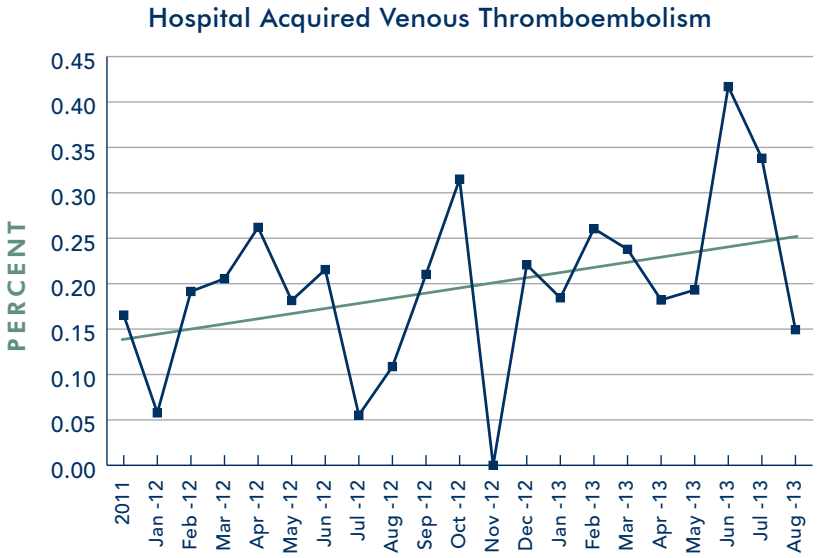
**Meriter Hospital** uses a multi-disciplinary team approach to reduce pressure ulcers in the bariatric population. A Bariatric Surface Decision Tree and special patient handling devices reduce shear. Occupational therapy staff provides the patients with adaptive. equipment to aid the patient in self-care and hygiene.

# Venous Thromboembolism (VTE)

A venous thromboembolism (VTE) is a blood clot that forms in a patient's vein. A VTE can take the form of a deep vein thrombosis, most commonly occurring in the legs, or the form of a more serious and often life threatening pulmonary embolism (blood clot in the lung). Patients who are immobile for long periods of time, such as after surgery or in an intensive care unit, are at greater risk of developing this complication. The keys to reducing VTEs include use of preventive measures, early detection and appropriate treatment. National studies are showing the increased attention to reducing VTEs is resulting in higher reported rates because hospitals are implementing more aggressive screening programs to find VTEs that would have gone undetected and untreated in the past. The aggregate trend for VTE reduction in the WHA Partners for Patients project does not show an overall improvement; however, individual hospitals working on this topic are still improving their processes and seeing localized improvement trends.

**The best practices used by Wisconsin hospitals to reduce venous thromboembolism include:**

- Physician led VTE assessments
- Use of computerized physician order entry (CPOE) to ensure standardized use of VTE order sets
- Combine VTE protocols, risk assessments and order sets into one tool so they are visually linked
- Electronic prompting to ensure all appropriate patients have received prophylaxis



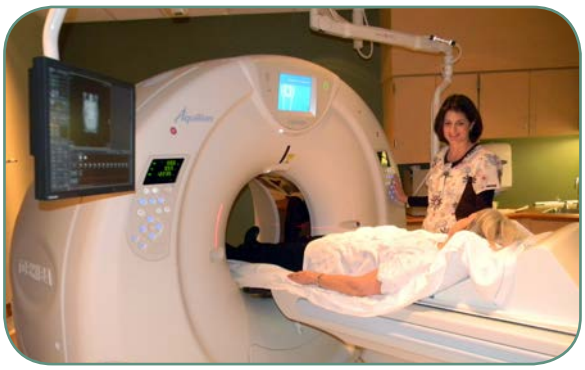



*photo courtesy of Hudson Hospital & Clinics*

## HOSPITAL HIGHLIGHTS

**Ministry Sacred Heart Hospital** ensures every patient gets a VTE risk assessment on admission by including the risk assessment in the physician admission orders. The admitting physician completes the assessment and then creates orders for VTE prophylaxis when appropriate.

**Langlade Hospital-An Aspirus Partner** uses a physician driven VTE screening tool approved by their Medical Executive Committee. Use of this tool ensures patients are receiving standardized care and the appropriate prophylaxis based on their needs.

**Fort HealthCare** is a model for other hospitals in using CPOE to standardize care for patients at risk of VTE. They worked with their EMR vendor to enable staff to do concurrent auditing of patients in need of VTE prophylaxis, and as a result, have created highly reliable processes around delivering and documenting the delivery of prophylaxis.

# Aligning Forces for Quality

WHA is pleased to be awarded continued funds under the Aligning Forces for Quality Grant through April 2015. Since 2008, 16 targeted communities or states are awarded biannual grants from the Robert Wood Johnson Foundation to improve the quality of health and health care. In Wisconsin, Aligning Forces for Quality (AF4Q) is a grant to the Wisconsin Collaborative for Healthcare Quality (WCHQ). The Aligning Forces for Quality effort in this state is a joint project of WCHQ, WHA and other organizations.

WHA used the Aligning Forces for Quality grant to fund two projects in 2013. The first project is to assist skilled nursing facilities improve their clinical skills in an effort to reduce readmissions. The second project is to teach front-line nurses how to be more engaged in quality improvement efforts. Both of these projects are important components to the long-term success and sustainability of Wisconsin's high-value health care system.

## INTERACT for Long-Term Care Settings

The challenge of reducing avoidable hospital readmissions extends beyond the walls of a hospital. Although many patients are discharged to home, a significant number will transition to other sites of care such as a nursing home or other skilled nursing facility. Through a partnership with MetaStar and Wisconsin's long-term care associations – LeadingAge Wisconsin and the Wisconsin Health Care Association – WHA has helped address care transition challenges for these settings.

At this time, 23 Wisconsin hospitals own nursing home facilities, and the remainder have close working relationships with local long-term care providers. Hospitals have a vested interest in helping nursing homes improve processes to ensure patients' care is well coordinated during the transition period. If nursing home staff detects early changes in condition, they can prevent sending the patient to the hospital as an initial admission or as a readmission.

WHA quality staff is teaching long-term care providers how to use the INTERACT system of care. The INTERACT Model, developed by Dr. Joseph Ouslander of Florida Atlantic University, is widely recognized as an effective set of evidence-based tools. This model combines practical tools for early detection and intervention when a long-term care patient's clinical condition begins to deteriorate. Earlier intervention is the key to preventing a transfer to the hospital. Through AF4Q funding, nursing homes in Wisconsin can take advantage of a no-cost webinar series that combines well-established quality improvement principles as the means to teach nursing staff to systematically adopt the INTERACT toolkit. To-date, more than 80 nursing homes have taken advantage of this opportunity.

*photo courtesy of Hudson Hospital & Clinics*

# Transforming Care at the Bedside (TCAB)

Transforming Care at the Bedside is a program to engage front-line hospital nurses in self-directed improvement work. The AF4Q funding has supported two cohorts of a combined 41 Wisconsin hospitals. The TCAB approach was developed by the Institute for Healthcare Improvement in 2004 with the goal of equipping front-line nursing staff with skills to identify opportunities for improvement and skillfully redesign nursing processes. WHA uses a rigorous 18-month project cycle that requires monthly data reporting and webinar attendance, team culture surveys and sharing of best practices with other hospitals. TCAB directs staff nurses to evaluate their care processes from the patient's perspectives and encourages innovative solutions. The third TCAB cohort will launch in March 2014.

"TCAB hospitals make an 18-month commitment to improve safety, teamwork and patient care that starts at the bedside – and that is why TCAB is successful."

*Stephanie Sobczak MS MBA, Manager, Quality Improvement, WHA*

**The goal of TCAB is to engage front-line nurses and leaders at all levels of the organization to:**

- Improve the quality and safety of patient care on medical and surgical units
- Increase the vitality and retention of nurses
- Engage and improve the patients' and their families' experience of care
- Improve the effectiveness of the entire care team

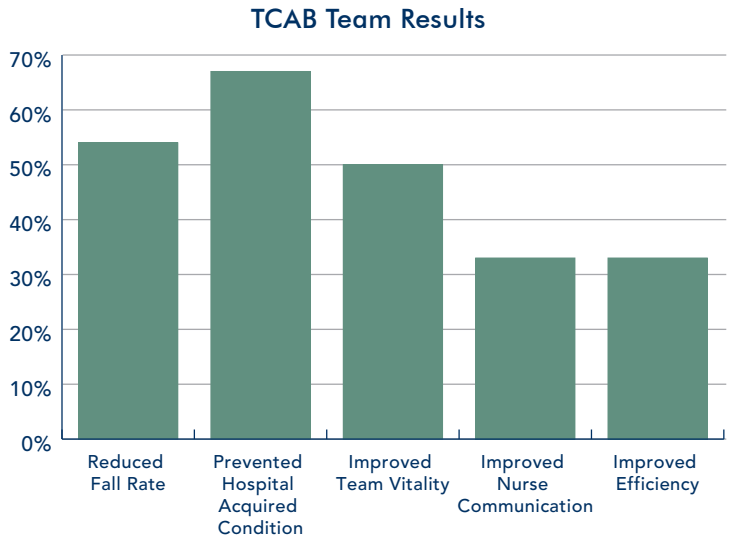
Since teams are required to work on all four elements at the same time, TCAB provides an opportunity for leaders and staff to successfully address many diverse improvement priorities in parallel. In the current hospital environment, an ability to adapt to change is a key strength. Since beginning in September 2012, the current cohort has achieved significant change in each of their improvement aims.

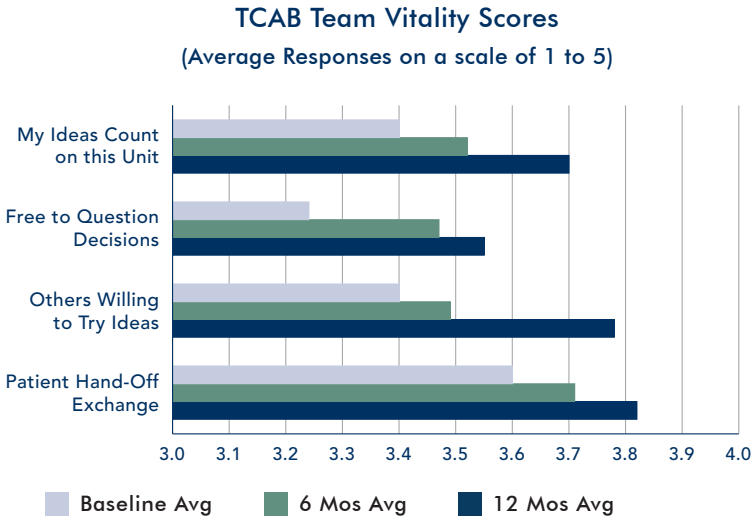
TCAB also serves as a mechanism for developing leaders among front-line staff and enhancing their professional practice by expanding exposure to skills such as project management, measurement and reporting, facilitating meetings, peer coaching and leading by example. Additionally, TCAB serves as a real-time learning lab for nurse leaders and unit managers to actively practice the empowerment of front-line staff.

Teamwork among clinical caregivers is a key driver for efficiency and patient safety. Hospitals know that improvement teamwork and workplace culture is difficult to do in a short time. TCAB teams measure their teamwork culture through a Team Vitality Survey and then work together to improve the areas of greatest need. The TCAB teams, working with WHA, are showing significant improvements in their workplace culture.

"TCAB engaged staff nurses in quality improvement starting at the bedside. It really energized and empowered our nurses. No one knows the patient better than their nurses, and when you start by looking at how changes are perceived through the eyes of the patient, the process improvement becomes logical and practical for not only the patient, but to their family and all their caregivers as well."

*Ellen Zwirlein, RN, Chief Nursing Officer – Prairie du Chien Memorial Hospital*



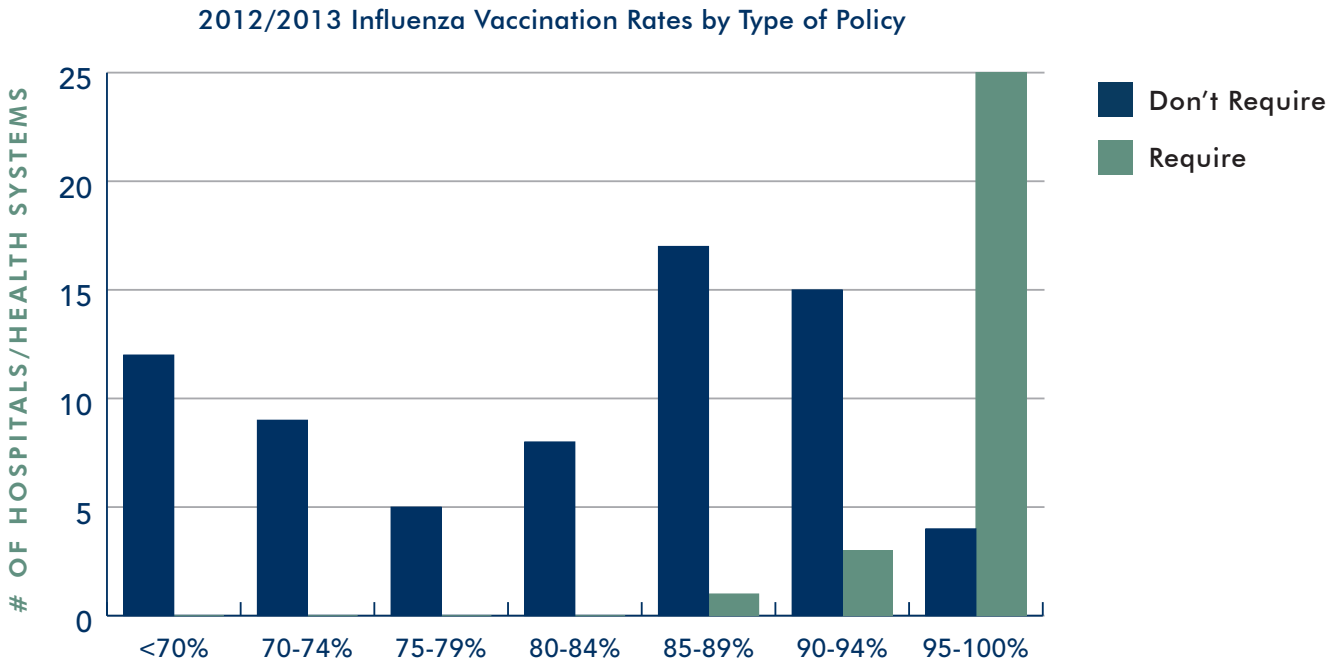
# Hospitals Work to Keep Patients Safe from Influenza

Wisconsin hospitals have demonstrated consistent leadership in preventing health care-associated infections. Each year, national statistics show that influenza results in an estimated 226,000 hospital admissions and 36,000 deaths. Evidence has emerged over the past few years that clearly indicates that health care personnel can unintentionally expose patients to seasonal influenza when health care personnel are not vaccinated.

Despite longstanding recommendations by a number of national organizations, the response to voluntary vaccination programs has not increased health care personnel influenza vaccination rates to acceptable levels. In 2013 WHA led the development of the Wisconsin Healthcare Influenza Prevention Coalition. Along with WHA, the coalition included health systems, the Wisconsin Medical Society, LeadingAge Wisconsin, Wisconsin Health Care Association/Wisconsin Center for Assisted Living and the Pharmacy Society of Wisconsin. The coalition set of a goal for health care worker vaccination rates of greater than 95 percent. The coalition prepared a toolkit of resources that includes policy statements, sample policies and forms and communication materials to assist hospitals and health systems in achieving the goal.

An August survey of Wisconsin hospitals shows that policies that don't require vaccination as a condition of employment yield average vaccination rates of 81 percent. Hospitals and health systems that have implemented a policy that requires health care personnel influenza vaccinations have radically improved health care personnel influenza vaccination rates. Health care organizations that have implemented mandatory programs are achieving average vaccination rates of 98 percent.

*photo courtesy of Aspirus Wausau Hospital*



# Sharing Our Results with the Public

As the health care market changes consumers are becoming more involved in choosing their insurance plans and health care providers. WHA's CheckPoint website continues to offer consumers valuable information about the quality of hospital care for every hospital in Wisconsin. CheckPoint continues the nine-year tradition of voluntary public transparency of hospital quality results, with reporting of 91 measures by 129 hospitals. Unlike quality reporting efforts in other states and even at the national level, 57 critical access hospitals (CAHs) participate in CheckPoint. While CAHs are not required to report measures to CMS, they chose to voluntarily report CMS measures that are required of larger hospitals because they want to share their own results with patients in their communities.

The science of health care measurement is continuing to advance with more focus on measuring outcomes of care. These important measures reflect the results of care, including complications like infections. WHA's team of measure experts who guide CheckPoint measure selection are committed to focusing the selection of new measures on outcomes of care. Wisconsin hospitals are outperforming the national performance on the key outcome and patient experience measures. (Table 3)

**In 2013, WHA added three new measures to CheckPoint, including:**

- Medication Reconciliation on Discharge
- Catheter-Associated Urinary Tract Infections
- Surgical Site Infections

CHECKPoint®
Wisconsin Hospitals Accountable for Quality

### Table 3: Key CheckPoint Results

| MEASURE | WISCONSIN | NATIONAL |
|---|---|---|
| Central Line Infections | Standardized Infection Ratio (SIR) = 0.425 (41 hospitals reporting zero infections) | Standardized Infection Ratio (SIR) = 1.0 |
| Catheter Associated Urinary Tract Infections | SIR = 0.795 (29 hospitals reporting zero infections) | SIR = 1.0 |
| Surgical Site Infections | SIR = 0.935 (4 hospitals reporting zero infections) | SIR = 1.0 |
| Overall Satisfaction with Care | 74% | 70% |
| Would Recommend the Hospital | 74% | 71% |
| Physician Communication | 83% | 81% |
| Nurse Communication | 78% | 82% |
| Received Discharge Instructions | 84% | 88% |
| Response to Requests for Help | 72% | 67% |

# Summary

This report highlights the high value of health care in Wisconsin as well as results from a number of improvement projects that are focused on increasing the quality of care in every community in Wisconsin. As hospitals reduce readmissions and eliminate infections and complications, care becomes safer and more affordable.

As much as hospitals have been able to significantly improve care in the key areas highlighted in this report, Wisconsin health care leaders are aware that their work is far from over.  WHA will continue to lead hospital improvement on each of the projects described in the report in 2014. Achieving and sustaining excellence in each of these areas will secure Wisconsin's national reputation as the best state to receive health care.

# WHA Member Hospitals

Agnesian HealthCare/St. Agnes Hospital, Fond du Lac
Amery Regional Medical Center
Appleton Medical Center
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, Grafton
Aurora Medical Center in Kenosha, Kenosha
Aurora Medical Center in Oshkosh, Oshkosh
Aurora Medical Center in Washington County, Hartford
Aurora Medical Center Summit, Summit
Aurora Memorial Hospital of Burlington, Burlington
Aurora Psychiatric Hospital, Wauwatosa
Aurora Sheboygan Memorial Medical Center, Sheboygan
Aurora Sinai Medical Center, Milwaukee
Aurora St. Luke's Medical Center, Milwaukee
Aurora West Allis Medical Center, West Allis
Baldwin Area Medical Center, Baldwin
Bay Area Medical Center, Marinette
Beaver Dam Community Hospitals, Inc.
Bellin Health Oconto Hospital, Oconto
Bellin Hospital, Green Bay
Bellin Psychiatric Center, Green Bay
Beloit Health System
Berlin Memorial Hospital
Black River Memorial Hospital, Black River Falls
Burnett Medical Center, Grantsburg
Calumet Medical Center, Chilton
Children's Hospital of Wisconsin, Milwaukee
Children's Hospital of Wisconsin-Fox Valley, Neenah
Chippewa Valley Hospital, Durand
Clement J. Zablocki VA Medical Center, Milwaukee
Columbia Center, Inc., Mequon
Columbia St. Mary's Hospital Milwaukee, Milwaukee
Columbia St. Mary's Hospital Ozaukee, Mequon
Columbia St. Mary's, Inc. - Sacred Heart Rehabilitation Institute, Milwaukee
Columbus Community Hospital
Community Memorial Hospital, Oconto Falls
Cumberland Healthcare
Divine Savior Healthcare, Portage
Edgerton Hospital and Health Services
Essentia Health St. Mary's Hospital-Superior, Superior
Flambeau Hospital, Park Falls
Fort HealthCare, Fort Atkinson
Froedtert & The Medical College of Wisconsin Community Memorial Hospital campus, Menomonee Falls
Froedtert & The Medical College of Wisconsin Froedtert Hospital campus, Milwaukee
Froedtert & The Medical College of Wisconsin St. Joseph's Hospital campus, West Bend
Grant Regional Health Center, Lancaster
Gundersen Boscobel Area Hospital and Clinics, Boscobel
Gundersen Health System, La Crosse
Gundersen St. Joseph's Hospital and Clinics, Hillsboro
Gundersen Tri County Hospital & Clinics, Whitehall
Hayward Area Memorial Hospital
Holy Family Memorial, Inc., Manitowoc
Hudson Hospital & Clinics, Hudson
Indianhead Medical Center/Shell Lake, Shell Lake
Lakeview Medical Center, Rice Lake
Lakeview Specialty Hospital & Rehab, Waterford
Langlade Hospital - An Aspirus Partner, Antigo
Mayo Clinic Health System - Red Cedar, Inc., Menomonie
Mayo Clinic Health System in Eau Claire, Eau Claire
Mayo Clinic Health System-Chippewa Valley in Bloomer, Bloomer
Mayo Clinic Health System-Franciscan Healthcare in La Crosse
Mayo Clinic Health System-Franciscan Healthcare in Sparta, Sparta
Mayo Clinic Health System-Northland in Barron, Barron
Mayo Clinic Health System-Oakridge in Osseo, Osseo
Memorial Health Center (An Aspirus Partner), Medford
Memorial Hospital of Lafayette Co., Darlington
Memorial Medical Center, Ashland
Memorial Medical Center, Neillsville
Mercy Hospital and Trauma Center, Janesville
Mercy Medical Center, Oshkosh
Mercy Walworth Hospital and Medical Center, Lake Geneva
Meriter Hospital, Madison
Mile Bluff Medical Center, Mauston
Ministry Door County Medical Center, Sturgeon Bay
Ministry Eagle River Memorial Hospital, Eagle River
Ministry Good Samaritan Health Center, Merrill
Ministry Health Care's Howard Young Medical Center, Woodruff
Ministry Our Lady of Victory Hospital, Stanley
Ministry Sacred Heart Hospital, Tomahawk
Ministry Saint Clare's Hospital, Weston
Ministry Saint Joseph's Hospital, Marshfield
Ministry Saint Mary's Hospital, Rhinelander
Ministry Saint Michael's Hospital, Stevens Point
Monroe Clinic
Moundview Memorial Hospital & Clinics, Inc., Friendship
New London Family Medical Center
Oconomowoc Memorial Hospital
Orthopaedic Hospital of Wisconsin, Glendale
Osceola Medical Center
Post Acute Specialty Hospital of Milwaukee, LLC, Greenfield
Prairie du Chien Memorial Hospital
Reedsburg Area Medical Center
Rehabilitation Hospital of Wisconsin, Waukesha
Ripon Medical Center, Inc.
River Falls Area Hospital
Riverside Medical Center, Waupaca
Riverview Hospital Association, Wisconsin Rapids
Rogers Memorial Hospital, Inc., Oconomowoc
Rusk County Memorial Hospital, Ladysmith

*(Continued on next page)*

# WHA Member Hospitals (continued)

Sacred Heart Hospital, Eau Claire
Sauk Prairie Memorial Hospital, Prairie du Sac
Select Specialty Hospital-Madison, Madison
Select Specialty Hospital-Milwaukee, West Allis
Select Specialty Hospital-Milwaukee-St. Luke's, Milwaukee
Shawano Medical Center
Southwest Health Center, Platteville
Spooner Health System
St. Clare Hospital, Baraboo
St. Croix Regional Medical Center, St. Croix Falls
St. Elizabeth Hospital, Appleton
St. Joseph's Hospital, Chippewa Falls
St. Mary's Hospital, Madison
St. Mary's Hospital Medical Center, Green Bay
St. Mary's Janesville Hospital, Janesville
St. Nicholas Hospital, Sheboygan
St. Vincent Hospital, Green Bay
Stoughton Hospital Association
The Richland Hospital, Inc., Richland Center
Theda Clark Medical Center, Neenah
Tomah Memorial Hospital, Tomah
Upland Hills Health, Inc., Dodgeville
UW Health Partners Watertown Regional Medical Center, Watertown
UW Hospitals and Clinics, Madison
VA Medical Center, Tomah
Vernon Memorial Healthcare, Viroqua
Waukesha Memorial Hospital
Waupun Memorial Hospital
Westfields Hospital, New Richmond
Wheaton Franciscan Healthcare - All Saints, Racine
Wheaton Franciscan Healthcare-Franklin, Franklin
Wheaton Franciscan Healthcare-St. Francis, Inc., Milwaukee
Wheaton Franciscan-Elmbrook Memorial Campus, Brookfield
Wheaton Franciscan-Midwest Spine/Orthopedic Hosp./Wis. Heart Hosp., Wauwatosa
Wheaton Franciscan-St. Joseph Campus, Milwaukee
Wild Rose Community Memorial Hospital
William S. Middleton Memorial Veterans Hospital, Madison

Partners for Patients
*Hospitals working together to improve patient care.*

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


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

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