

**Wisconsin Hospital Association, Inc.**

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**Wisconsin Hospitals Post Information on Patient Outcomes  
On CheckPoint Web site  
[www.wicheckpoint.org](http://www.wicheckpoint.org)**

**MADISON (September 11, 2008)**----- The Wisconsin Hospital Association (WHA) today released information that builds on the commitment Wisconsin hospitals made in 2004 with the launch of the public reporting program, CheckPoint ([www.wicheckpoint.org](http://www.wicheckpoint.org)), to make health care transparency, quality and safety top priorities.

Wisconsin hospitals broke new ground in their public reporting efforts by posting several new quality indicators related to a hospital stay, including hospital-specific patient outcomes for several illnesses and procedures. Wisconsin hospitals today support the largest, most expansive voluntary public reporting effort in the nation with more than 70 measures related to the quality of care they provide to patients. The Agency for Healthcare Research and Quality has recognized Wisconsin as providing the highest quality care in the nation.

Wisconsin Department of Health Services Secretary Karen Timberlake said Wisconsin hospitals have continued to push the envelope on public reporting to help ensure consumers have information to make informed health care choices.

“Wisconsin is recognized as a national leader when it comes to measuring, reporting and improving the clinical performance of hospitals and physician groups,” Timberlake said. “The significant additions to the CheckPoint Web site represent an important next step in the evolution of that leadership role. As a major purchaser of health care services, the Department supports WHA’s efforts to improve health care performance, quality and value.”

WHA Chair Ken Buser, president and CEO, Wheaton Franciscan Healthcare – All Saints, Racine, said the CheckPoint program has been a success on many levels.

“The first critical step in any credible quality improvement effort is measurement. Wisconsin hospitals go a step further and publicly report their progress. This kind of transparency moves us forward by giving us the advantage of sharing this information not only with our patients and communities, but also with other hospitals so we can share best practices and accelerate our quality and safety improvements,” Buser commented.

The new measures on CheckPoint provide two distinct types of information. The new volume measures tell the public how many times a hospital performed a procedure. The patient outcomes information reports the hospital’s death experience compared to what would be expected at that hospital.

CheckPoint now includes new measures on the following:

**Death due to illness** – The illnesses included are: heart attack in hospital; heart attack in the emergency room; pneumonia; stroke; heart failure; gastrointestinal bleeding, and hip fracture. The outcomes are listed for every hospital that had at least 30 cases. The

results are displayed as expected/better/ worse. Because they are calculated for each specific hospital, the results are not comparable to the state and national averages. This information is provided to help consumers understand their risk of death from various illnesses. The expected rate is based on a formula that is specifically calculated for each hospital based on the complexity of patients that it treats, and other factors.

**Death during a Procedure** – The procedures included are: abdominal aortic aneurysm (AAA); coronary artery bypass graft (CABG); carotid endarterectomy (CEA) ; craniotomy; esophageal resection; hip replacement; pancreatic resection; and percutaneous transluminal coronary angioplasty (PTCA). As is true with deaths in a hospital due to illness, the expected rate is a specific calculation for each hospital and is not related to the state or national averages.

**Volume.** The inpatient procedures that now have volume data are: abdominal aortic aneurysm (AAA); coronary artery bypass graft (CABG); carotid endarterectomy (CEA); esophageal resection; pancreatic resection; and percutaneous transluminal coronary angioplasty (PTCA). There must be five or more cases before the data is displayed for volume.

Dana Richardson, WHA vice president, quality initiatives, said while the new measures broaden the base of information available on each hospital, it is important to review all the information available on CheckPoint to get a more complete picture of the care available before choosing a hospital. In regards to volume, Richardson said although some studies show increased volume correlates to higher quality, a hospital may have high quality without large volume.

“Emergency medical decisions are always made in the best interest of the patient weighed heavily, of course, on the greatest likelihood of survival. In some situations, it is better to not transport an extremely critical patient and to do the procedure immediately, if appropriate staff is available,” Richardson said.

The new indicators build on a robust base of information available on the CheckPoint Web site. In addition to the new hospital measures, significant changes were made to the CheckPoint Web site, including a simpler, more precise navigation system.

WHA President Steve Brenton applauded Wisconsin hospitals for being early adopters of publicly reporting what can at times be uncomfortable data.

“Wisconsin hospitals want patients to be partners in all aspects of their care when possible. Every aspect of CheckPoint is aimed at increasing consumer’s knowledge about how to select and better understand the care that they receive. Our goal is to ensure that every patient receives the highest quality of care possible in every hospital,” Brenton said.

Brenton added, “We are in the early stages of consumers taking a more active role in their health care choices. As people bear more financial responsibility for their health care through higher deductibles and co-payments, their desire for information will increase. Wisconsin hospitals want to have information about quality and safety readily available as consumers need it.”

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