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2020 QUALITY REPORT

2020

Providing Safer and More Cost-Effective Care

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PROVIDING SAFER AND MORE COST-EFFECTIVE CARE

A Message From Eric Borgerding, WHA President and CEO

WHA's new 2020-22 strategic plan sets important priorities aimed at enhancing Wisconsin's nation-leading, high-quality health care system. One of these priorities is to "Improve Health Care Quality, Value and Affordability." The publication you're reading right now, WHA's latest annual Quality Report, shows how Wisconsin's hospitals and health systems dedicate significant efforts toward further improving health care performance.

High-quality care certainly benefits patients and our communities by keeping our family and neighbors healthy. We also know that high-quality care, including preventing costlier care, translates into positive direct and indirect effects on the workforce by keeping employees healthy, on the job and productive.

Bending the health care cost curve is a challenge for consumers, employers and providers, yet there is plenty of proof that high-quality care helps improve costs. The latest data from the federal Centers for Medicare & Medicaid Services (CMS), included in this report, reveal that Wisconsin continues to outperform most of the country on numerous quality measures. The many quality improvement success stories contained in this report are only a small sample of the work hospitals and health systems around the state engage in every day.

Wisconsin is fortunate to have so many health care professionals dedicated to improving what is already nation-leading care, and WHA is proud to tell their story in the pages that follow.

Eric Borgerding

Eric Borgerding
WHA President and CEO

Quality Health Care's Economic Advantage is Worth Protecting, Cannot Be Taken for Granted

It is often said you don't know what you have until it's gone. In Wisconsin, high-quality health care can easily be taken for granted. But we can't and we shouldn't, as our state's workforce and business climate depend on Wisconsin's hospitals and health care providers sustaining and building upon what we have already achieved.

WHA works hard advocating in Madison and Washington, D.C. to protect this important asset to our state's economy. Whether ensuring that Wisconsin receives its fair share of federal funding or maintaining a medical liability environment that encourages quality improvement collaboration and protects against wasteful defensive medicine, WHA's advocacy work ensures that health care dollars are used to improve the health care delivery system for families and employers right here in Wisconsin.

Governor Evers signs Act 56 into law at The Richland Hospital. To the Governor's immediate right are Richland Hospital CEO Bruce Roesler and WHA President/CEO Eric Borgerding.

Through Act 56, WHA's advocacy work will ensure our state's health care delivery system can extend specialty and primary care services into communities across Wisconsin – meeting patients where they are, whether in their home or in their workplace.

Extending Access to Care through Telehealth Improves Care for All

Besides protecting what we have, WHA continues to work on changes to state law to extend high-quality health care into traditionally underserved communities. In November 2019, Governor Tony Evers signed comprehensive telehealth reform legislation (Act 56), initiated from WHA's Telehealth Task Force, into law. 2019 Act 56 more broadly allows the use of telehealth services for Medicaid enrollees.

A lack of reimbursement from government payers also impacts access for patients who are on commercial insurance through their employer, as health care providers must support adding a service through revenues from both government and commercial payers. If there is no reimbursement or a significant deficit from government payers, health care providers are less likely to provide that service to patients – not just those on Medicare or Medicaid, but to all patients. This impacts the ability to access care in a local community, potentially delaying care for patients and can cause scheduling disruptions with the workforce other industries depend on.

WHA's Work Removes Barriers to Care, Supports Caregivers, their Families and Employers

In the current legislative session, WHA has championed reforms to the state's advance directive laws allowing advanced practice clinicians to make certain determinations to effectuate the wishes of a patient and improve this process for their caregivers. Data cited by the Wisconsin Department of Health Services estimate employers across the country faced up to $34 billion in lost productivity as a result of employees who also must care for a family member. Hospitals and health systems are working with patients and their families to develop an individual's advance directive, but state law created limitations that have caused delays in fulfilling these directives. 2019 Assembly Bill 287, which has been championed by WHA and signed by the Governor, will make it easier for caregivers to get timely access to the care their loved ones requested.

Workforce Retainment Strategy: Prevent Injuries. But If Injured, See a Wisconsin Health Care Provider

Nowhere is the employer advantage of high-quality health care clearer than in our state's worker's compensation system. Wisconsin's employers and injured workers have benefited from a quality health care system that not only provides some of the highest quality health care in the country, it is returning injured workers back to their jobs a whole three weeks faster than the national average at an overall cost that is in line with the national average. High-quality, timely and effective care is working to lower cost as worker's compensation premiums continue to fall in Wisconsin.

WI Worker's Compensation Employer Annual Premium Rate Change

$477 Million in savings to employers 2017 - 2019

Year	Rate
2011	-0.01%
2012	-1.36%
2013	-1.73%
2014	3.19%
2015	1.24%
2016	-3.19%
2017	-8.46%
2018	-6.03%
2019	-8.84%
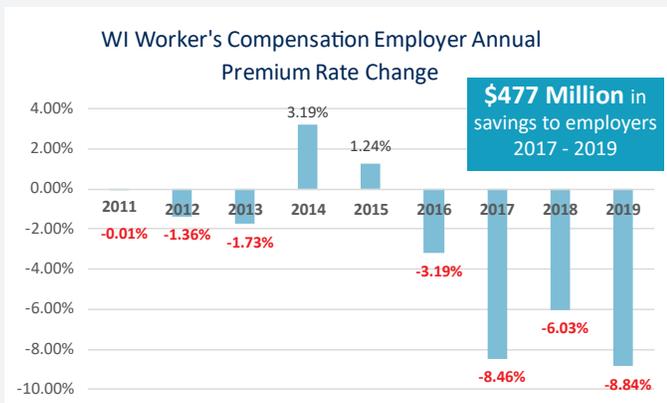
Wisconsin's High-Quality Health Care Brand is a Tangible State Asset
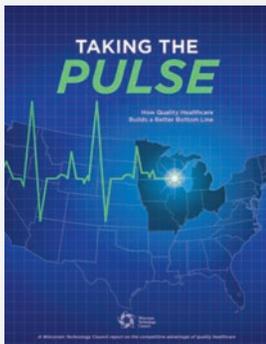
But don't just take our word for it. Listen to one of Wisconsin's fastest growing industry sectors – technology. The Wisconsin Technology Council's Taking the Pulse: How Quality Healthcare Builds a Better Bottom Line report describes real-life examples of Wisconsin businesses that have benefited directly from the quality of care provided by the state's hospitals and health systems.

"Examples abound of how quality health care is not only a marketable Wisconsin brand – it's a tangible asset in the race to attract and retain companies and workers," writes the Tech Council in their key findings section.

We couldn't agree more. This asset is something WHA and our state's hospitals work hard to improve and protect.

WHA's Advocacy Work Benefits Patients and Employers

WHA's public policy expertise, combined with the experience and knowledge of WHA's nationally-recognized quality improvement team, offers a health care advocacy voice like none other in the state.

WHA works hard on behalf of our members and the businesses they serve to create a health care public policy environment that protects what we have and removes the "rocks in the road" to ensure Wisconsin health care can remain the best in the nation and continue to be an economic asset for employers.

> "Examples abound of how quality health care is not only a marketable Wisconsin brand – it's a tangible asset in the race to attract and retain companies and workers."
>
> - WI Tech Council

Executive Summary

It's been 20 years since the Institute of Medicine published its compelling report called *To Err is Human: Building a Safer Health System* (Kohn LT, Corrigan JM, Donaldson MS, editors. Washington, DC: National Academy Press, Institute of Medicine; 1999). The report exposed flaws in our country's health care delivery system that contributed to medical errors and deaths – possibly as many as 98,000 per year – in hospitals. That report was a call to action for governmental agencies, insurers, health care providers and hospitals to transform the entire system of care to focus on patient safety. Redesigning health care requires a deep study of human factors, complex work processes, and changing the culture to allow staff and patients to speak openly about actual errors as well as "near misses" without fear of blame and retaliation.

Since that report, we have made great progress. Health care stakeholders across the delivery spectrum, including patient and family groups, have worked together to create a more safe and valuable health care system.

In Wisconsin, our hospitals have reduced healthcare-associated infections, improved medication safety, engaged hospital leaders and trustees in culture of safety conversations, and encouraged bedside staff to develop, test, and implement best-practice strategies for improved patient outcomes.

Throughout this report, you will read about the amazing results of this important work. In the past three years alone, more than 80 member hospitals participating in the Great Lakes Partners for Patients have:

- Improved sepsis care, saving more than 500 lives.
- Substituted alternatives to opioid medications, avoiding more than 1,550 harm events.
- Implemented best practices to prevent healthcare-associated infections, saving more than $18 million.
- Included the voice of the patient and their family in nearly 100% of bedside shift huddles.

The Centers for Medicare & Medicaid Services (CMS) also recognize the continued strong performance of Wisconsin hospitals as they deliver high quality, safe care. CMS publicly reports results and links reimbursements to pay-for-performance programs initiated under the Affordable Care Act.

Hospital Value-Based Purchasing Program: Wisconsin 6th Best Performing State

The hospital Value-Based Purchasing program (VBP) gathers results from four categories of quality care and applies monetary incentives and penalties to hospitals, based on their performance. Measures from these categories include patient experience results, patient safety events, mortality and procedure complications, and efficient resource use. Hospitals that perform well receive increases in their rates and hospitals that do not perform as well receive rate cuts.
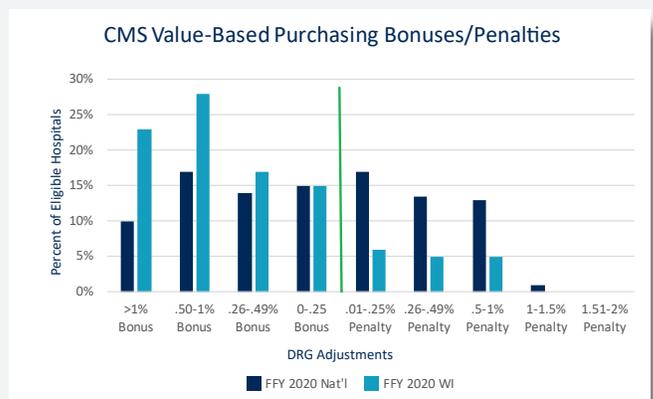
Unplanned returns to the hospital, or readmissions, are disruptive to patients and their families, and a major source of health care spending. Reducing readmissions have been a focus of Wisconsin hospitals, including implementing better processes to prepare a patient and caregiver for leaving the hospital and by checking to ensure patients are getting the care they need when they leave the hospital. In the Hospital Readmissions Reduction Program, hospitals with excess readmissions of patients with specific
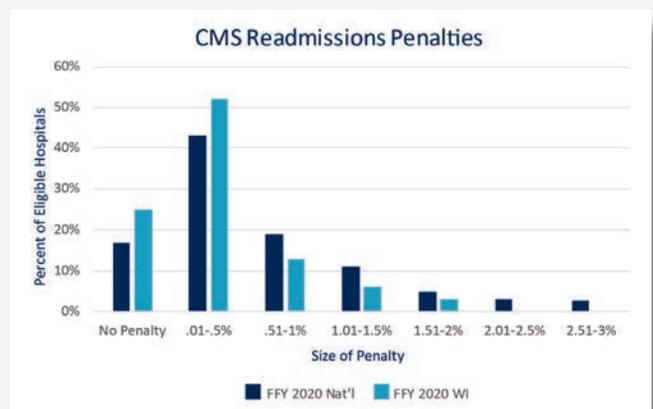
conditions or procedures can be penalized up to 3% of their Medicare payments. In FY 2020, 25% of Wisconsin hospitals eligible for the program will receive no penalty, with most others being penalized less than 1%.

Wisconsin hospitals ranked #1 in the nation for patients who were given written instructions and understood their care when they went home.

Wisconsin's patient experience surveys rank our hospitals better than the national averages in each of the categories that the survey includes, from communication with staff to post-hospital planning to overall rating scales. Wisconsin hospitals ranked #1 in the nation for patients who were given written instructions and understood their care when they went home. In 2019, Wisconsin's Critical Access Hospitals were ranked among the top 10 in the nation for reporting data and improving quality. All these quality indicators and programs contribute to a high overall rating nationally.

In 2019, Wisconsin ranked third in the nation in CMS' Overall Hospital Star Ratings. The ratings are intended to give consumers an "at-a-glance" indicator of a hospital's quality and safety.

2020 CMS Overall Star Ratings
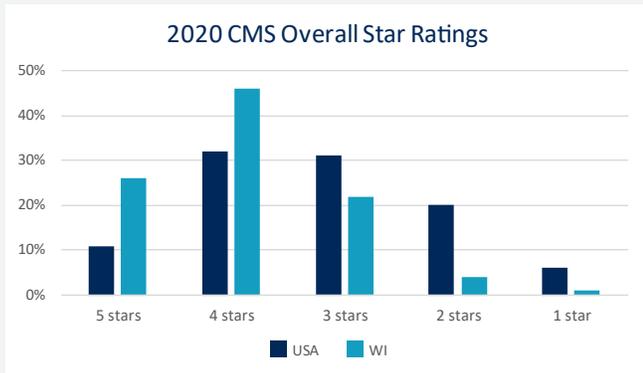
But how do we do it? This year's report contains a record number of important stories, submitted by hospitals across Wisconsin and Michigan's Upper Peninsula, highlighting their teams' successful efforts in improving patient safety. Wisconsin's culture of collaboration, data transparency and open sharing of best practices is evident in these shining examples.

To be sure, there is more to do. New challenges in chronic disease management, health equity, and infection prevention are driving innovation and new partnerships beyond the walls of the hospital. WHA looks forward to supporting our members as they venture into new frontiers, providing safer and more cost-effective care.

CHECK POINT | WHA FOR QUALITY

"In God we trust; all others bring data." This is one of the most famous quotes by William Edwards Deming, a noted American teacher and consultant, renowned for his work in the field of quality management.

The role of data – especially data that is transparent, publicly available and actionable – is a key driver for quality improvement. WHA's CheckPoint (www.wicheckpoint.org) provides payers, providers, legislators and consumers a trusted source for health care performance data.

To illustrate the power of data transparency, we can look at the improvement results for two birth measures. One is a nationally endorsed measure that promotes safe births by discouraging early elective deliveries. Delivering a baby early, without medical necessity, places risks on mothers and babies. In addition to the health risks, early elective deliveries can place added costs to the health care system in the form of neonatal intensive care and extended stays.

CheckPoint adopted the Early Elective Delivery measure (PC-01) in 2014, and since that time, national and state rates of Early Elective Delivery have steadily decreased. Our current data show an overall decrease of 3%, which may seem small, but when compared to the near steady number of births in Wisconsin, the improvement trend is more dramatic.

Early Elective Deliveries in Wisconsin
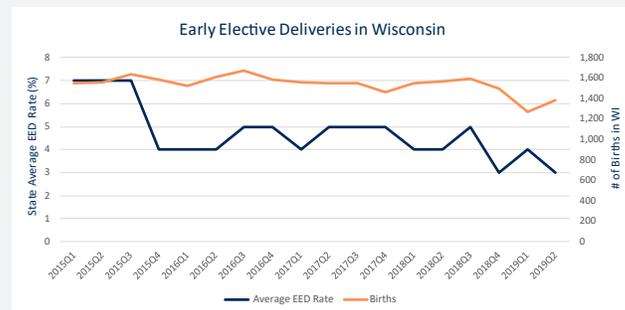
In 2015, CheckPoint began publicly displaying the rates of successful four-day turnaround times. By 2017, Wisconsin had achieved the four-day turnaround time, and set the bar higher by decreasing that completion time to three days. Today, the state average for the three-day Newborn Screening Turnaround Time is at 98%.

2015 — CheckPoint starts displaying four-day turnaround rate → **2017** — WI four-day turnaround time reaches 100% → **2020** — WI three-day turnaround time is 98%

WHA continues to be led by the WHA Measures Team, whose members represent over 40 hospitals in Wisconsin. We would like to thank the following individuals who served on the WHA Measures Team in 2019:

- Colleen O'Brien – Bellin Health System
- Deb Zahrt – Aspirus
- Holly Francis – Mercyhealth
- Jackie Gisch – Advocate Aurora Health
- Karen Allard – Hospital Sisters Health System
- Sara Sievers – SSM Health - Wisconsin
- Kris Melaas Merkel – Marshfield Clinic Health System
- Linda Sauer – UW Health
- Lisa Sheldon – Gundersen Health System
- Michelle LaFleur – Gundersen Health System
- Shelly Egstad – Tomah Health
- Stephanie Wilkinson – SSM Health - Wisconsin
- Susan Lichter – ProHealth Care
- Tom Rampulla – Ascension Wisconsin

SUPERIOR HEALTH
Quality Alliance

In 2019, the Superior Health Quality Alliance (SHQA) became a member of a prestigious group of quality improvement companies that the Centers for Medicare & Medicaid Services (CMS) named to its Network of Quality Improvement and Innovation Contractors (NQIIC). Each NQIIC can bid for quality improvement tasks under a potential 10-year, $25 billion federal program designed to support data-driven health and technical assistance solutions to improve the lives of Medicare beneficiaries.

WHA played a key role in the creation of the Superior Health Quality Alliance, and each member organization contributes its strength of successful collaboration and proven history of quality improvement success to lead future work. WHA is present on each workgroup and the board of directors.

SHQA Board of Directors

Most recently, SHQA was awarded its first task order which began November 8, 2019. The focus of this five-year contract is to achieve improvements in patient safety and transitions of care across the region. WHA, a founding member of Superior Health, will be involved with other partner organizations in the state and region to:

- Improve behavioral health outcomes - including opioid misuse
- Increase patient safety
- Increase chronic disease self-management
- Increase the quality of care transitions
- Improve nursing home quality

Specifically, Dr. Bobby Redwood, who has been part of the quality team at WHA since 2016, will be providing subject matter expertise related to opioid use and misuse in nursing home and community settings.

SHQA anticipates receiving at least three more contracts in 2020, one of which will focus on large-scale hospital-focused patient safety work.

GREAT LAKES
PARTNERS FOR PATIENTS

Illinois | Michigan | Wisconsin
Powered by the MHA Keystone Center

Accelerating Improvement at the Point of Care

Over the past three years, more than 80 Wisconsin hospitals have teamed up with another 230 hospitals in Michigan and Illinois to learn, activate, and improve patient safety. As a member of the Great Lakes Partners for Patients (GLPP), WHA has supported member hospitals to pool and share resources, driving significant improvement in some of the most challenging quality topics. This section highlights some of the dramatic achievements by our Great Lakes Partners participant hospitals.

In 2019, WHA's own Bobby Redwood, MD served as subject matter expert for AboutHealth hospital teams aiming to improve sepsis care and reduce mortality. Hospital representatives from HSHS St. John's Hospital in Illinois came to WHA to share their "playbook" for reducing the incidence of Clostridiodes difficile infections in their hospitals. Attendees at each event came away with lists of action items for immediate implementation in their hospitals. WHA also provided hospital onsite visits by clinicians to jump start reductions in falls rates and infections due to central line blood stream infections and knee surgery site infections.

Bobby Redwood, MD

Clostridiodes difficile Infections

Sepsis Mortality
46% decrease since 2010

WHA will continue to support its members' efforts to save lives and reduce costs through improved patient safety. The work continues as we continue our journey to zero harm events and improved health for every citizen.

We invite you to read on to learn about the successful and innovative work our hospitals have accomplished in 2019. We are happy to include our Aspirus system hospitals in Michigan's Upper Peninsula, too! WHA extends its congratulations to the quality teams around the state who are making patient care safer.

Since 2016:

| Sepsis Mortality		Clostridiodes difficile Infections		Surgical Site Infections - Knees	
GLPP	WI	GLPP	WI	GLPP	WI
Lives Saved 1,893	Lives Saved 549	Infections Prevented 3,925	Infections Prevented 925	Infections Prevented 45	Infections Prevented 38
Cost Saved $35,217,612	Cost Saved $10,209,912	Cost Saved $67,739,114	Cost Saved $15,964,982	Cost Saved $1,268,726	Cost Saved $1,057,930

Alternatives to Opioids (ALTO)

Utilizing the lessons learned in Colorado, 25 hospitals across the three GLPP HIIN states fully implemented the Midwest Alternatives to Opioids (ALTO) project in 2019. The goal of the project is to reduce the administration of opioid medications by Emergency Department clinicians through implementation of each state's ACEP 2018-19 Opioid Prescribing & Treatment Guidelines.

According to Dr. Bobby Redwood, ALTO's physician subject matter expert, Wisconsin's hospitals, particularly the emergency departments, are in a strong position to integrate new and more effective pain management treatments that are tailored to each patient's unique pain experience.

WHA's goal is to help Wisconsin hospitals improve pain management for their patients and return them to a maximum quality of life while also recognizing and controlling the inherent risks of prescribing highly addictive medications like opioids.

Wisconsin's emergency clinicians are dedicated to understanding and responding appropriately to their patients' physical and emotional symptoms of pain in addition to taking steps to help the community combat the ongoing opioid epidemic.

Participating hospitals were provided with clinical pathways for pain caused by urinary tract stones, opioid-naïve musculoskeletal pain, opioid tolerant low back pain, fractures or joint dislocations, headache/migraine and chronic abdominal pain or delayed stomach emptying. Train the trainer toolkits, along with training specifically designed for clinicians, nurses, pharmacists, quality improvement specialists, data specialists and communication and marketing champions, were also provided. Provider, pharmacist, and nurse subject matter experts facilitated bi-weekly virtual meetings with participants to support implementation efforts and educate on ALTOs such as peripheral nerve blocks, ketamine, IV lidocaine, nitrous oxide, ketorolac, haloperidol and dicyclomine.

opioid use 10.4%

13.4% ALTO use
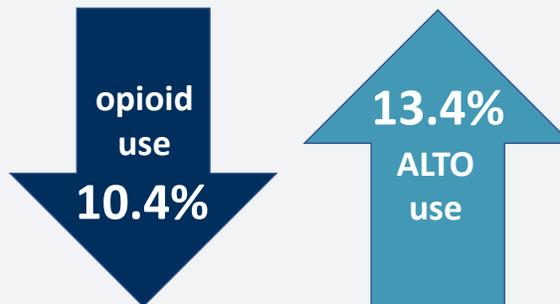
We're thrilled to report that the 2019 Midwest ALTO Cohort was successful in their efforts. As of this fall, hospital EDs across the three states have decreased their opioid use and prescribing by 10.4% and increased the usage of ALTOs by 13.4%.

Hayward Area Memorial Hospital & Water's Edge Emergency Department has decreased their morphine equivalent units/day by 26.2%.

Currently, 15 emergency departments have enrolled in a second cohort which is working on implementation and will start collecting data in 2020. We are very proud to have hospitals in Wisconsin commit to both cohorts and actively work on combatting the opioid epidemic.

Hayward Area Memorial Hospital & Water's Edge Emergency Department has decreased their morphine equivalent units (MEU)/day by 26.2%.

"Trying to do our part to eliminate or at least minimize the use of opioids or misuse of opioids is really what created the impetus to move forward with the ALTO project," says Luke Beirl, CEO of Hayward Area Memorial Hospital.

Luke Beirl

Hospital Highlights

Hayward Area Memorial Hospital, Hayward
Reduction of Nulliparous Term Singleton Vertex Cesarean Sections

In 2018, a facility goal to decrease low-risk cesarean sections, specifically for Nulliparous Term Singleton Vertex (NTSV) Cesarean Sections, was set. NTSV refers to first-time moms who have completed at least 37 weeks' gestation, and whose single babies are head-first. We saw a steady increase in our NTSV cesarean sections (c-sections) rates from 15.6% in 2015 to 39.2% in 2017, as reported by Wisconsin Hospital Association Information Center's CheckPoint (Figure 1).

In 2018, our physicians were notified that this was being monitored and data regarding overall NTSV rates was presented at quarterly OB Physician Committee Meetings. We did see a decrease in 2018 to 30%, but this was still above the state average of 23% and our hospital goal of 25% was not met. We decided that more work needed to be accomplished. In December of 2018, a C-Section Reduction team was formed with a physician champion, Dr. Devon Dannen, two OB nurses, Bekki Czarnecki, RNC- OB, C-EFM and Eileen Froemel, RN, IBCLC, Chris Stark, RNC-OB, C-EFM, OB Nurse Manager, and Brook Sletten, RN, Quality Improvement Analyst.

Figure 1

Hayward Area Memorial Hospital
NTSV C-Section Rate

Legend: % NTSV C-Section — WI State Avg — Healthy People Goal

Figure 2

2019 Quarterly NTSV C-Section Rates

Legend: NTSV C-section % — Goal
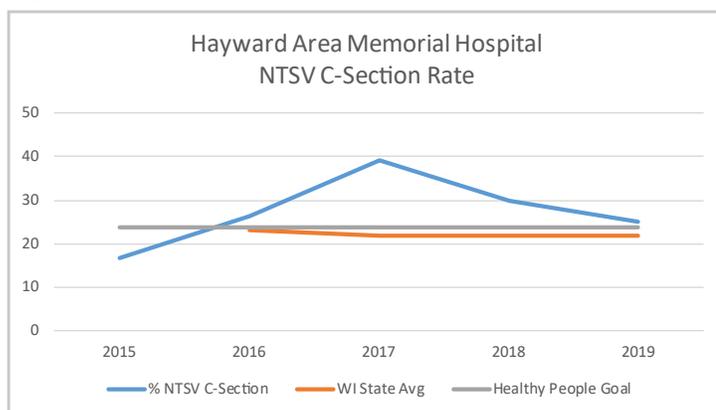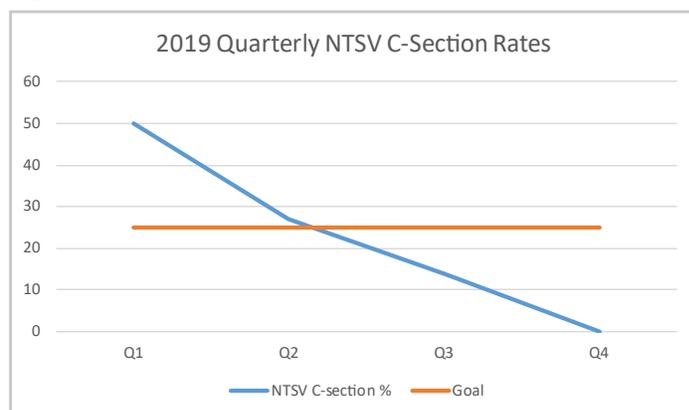
The team convened in January of 2019 and conducted an internet search, which resulted in adoption of the California Quality Maternal Care Collaborative (CQMCC) toolkit. We created a data collection tool and reviewed all primary c-sections performed at our hospital in 2018 and in the first quarter of 2019. We used the criteria provided in the CQMCC toolkit and divided the primary c-sections into two categories: adequate trial of labor versus inadequate trial of labor. Using some of the tips from the toolkit, we split the data out by provider and created a PowerPoint presentation displaying the unblinded data.

At the April OB Physician Committee Meeting, this data was presented to the physicians and nurses. Individual physician data was then displayed on the OB unit, along with the criteria and definitions used for defining adequate versus inadequate trial of labor. We initiated ongoing monitoring and education for both nursing and physicians, which continues to take place. Prior to the education and individual awareness of NTSV C-sections, 2019 first quarter showed a NTSV c-section rate of 50%. Each subsequent quarter has shown a reduction in overall NTSV C-section rate with a year ending rate of 25% (Figure2).

*Dr. Dannen, Brook Sletten, Bekki Czarnecki, Chris Stark
(not pictured, Eileen Froemel)*

Contact:
Chris Stark, OB Nurse Manager
cstark@ashlandmmc.com

Aspirus Medford Hospital, Medford
A Focus on Sepsis Care

As the health care community knows, there is a nationwide focus on early recognition of sepsis and timeliness of interventions for patients with sepsis. At Aspirus Medford Hospital, it took hard work and dedication to meet our improvement goals for sepsis care. Our baseline data from the first four months of 2019 showed that we met the sepsis care bundle only 33.3% of the time. We recognized that this was not an acceptable outcome for our organization. In June and early July of 2019, a sepsis team was formed. This team built and launched a Sepsis Initiative that included:

- Identification and engagement of provider and nursing champions for our emergency department and medical-surgical units.
- Training and education of the sepsis champions, including: A Sepsis Champion Bootcamp, a personal resource binder, and offering a variety of educational opportunities, including sepsis summits and sepsis simulations.
- Development of clear communication cascade of improvement progress between our committee, our system champions, providers, and our local, frontline staff.
- A transparent approach to data, which included weekly reports on resource use and patient outcomes.
- Sepsis resource guides were created, laminated, and placed at every medical-surgical and emergency department workstation for staff and provider use. The guides included three-hour bundle requirements, name of the sepsis order sets to be used, and other important resources that can benefit the staff and providers when caring for patients with sepsis.
- Every emergency department and hospital provider meeting have a standing agenda item of sepsis to ensure that this work is at the forefront of each staff and providers' minds.

Literature shows that sepsis outcomes depend greatly on early recognition and aggressive treatment. For that reason, Aspirus Medford Sepsis Team has likened this to the time-sensitive care we provide to stroke, heart attack and trauma patients. We recognized that compliance with sepsis care is more than simply following an algorithm; it is changing the mindset and the culture to one that understands and prioritizes sepsis care.

Tools and Teamwork

In June 2019, one month after this work was implemented, we rose from 14.3% compliance with sepsis care to 50% compliance. By October, we had improved to 80%. Although we understand that it is too early to know if this is hardwired and therefore will be sustained, we are confident that the tools and resources we have in place will lead to positive movement in providing consistent and positive outcomes for those patients with sepsis.
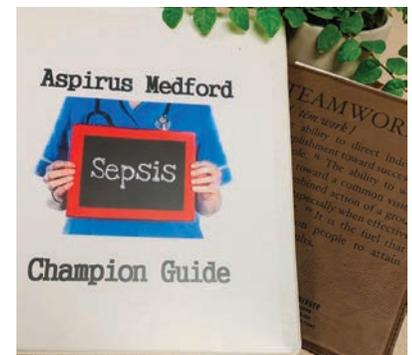
Contact: Nicky Kollmansberger
Aspirus Medford Hospital
nicole.kollmansberger@aspirus.org

Aspirus Riverview Hospital & Clinics, Wisconsin Rapids
Pilot Site for Sepsis Improvement

Aspirus Riverview Hospital and Clinics (ARHC) is proud to share that sepsis care performance increased 15% from 52.3% in 2018 to 67.4% in 2019 - including a single monthly high of 90% in July 2019! This improvement has been driven over the last year through a strong multidisciplinary performance improvement team established in early 2018. This team embarked on initiatives that established a strong foundation for the subsequent work that evolved as the Aspirus System engaged in an AboutHealth Sepsis Collaborative in April of 2019.

Our primary improvements focused on "real-time" data to drive feedback and reinforce use of the sepsis order sets in the emergency department, as well as the development of a standardized report that pulls key sepsis elements into a document that identifies individual provider performance. Our improvement efforts included:

- Standardized sepsis order set and RN protocol for the emergency department
- Creating a reflex lactate lab panel within the order set
- Identifying appropriate antibiotic options based on suspected infection source
- Collaborating with antimicrobial stewardship
- Auto-calculating fluid volumes within the order set based on patient's body weight
- Developing a "how to" tip sheet

Sepsis 1 – CMS Timely and Effective care
Past Performance and Current State
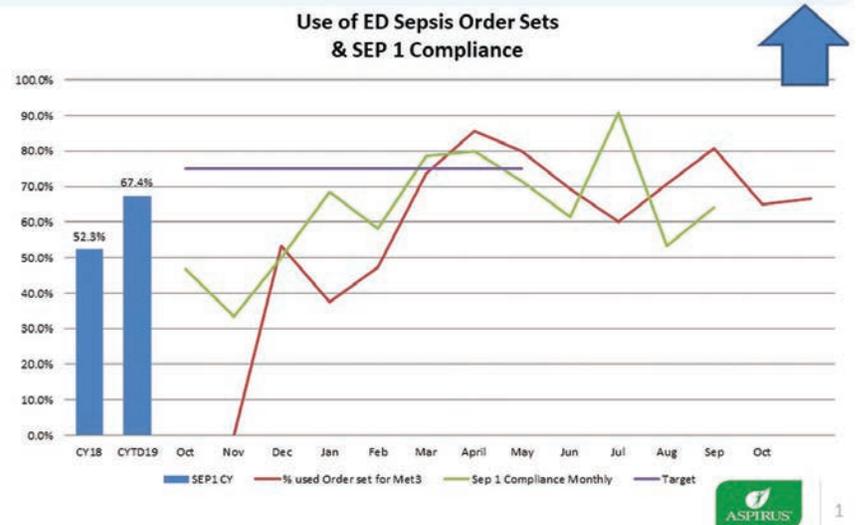
Tracking strong correlation between order set use and care rates.

The Aspirus System AboutHealth Sepsis Collaborative is focused on standardization of the approach to Sepsis Improvement through 18 defined improvement initiatives. Sepsis care performance targets were also included in the System Sepsis Quality Pillar to align and drive performance improvement. ARHC has an internal goal of meeting or exceeding a compliance goal of 75% by the end of June 2020!

Contact: Aspirus Riverview Hospital & Clinics, Wisconsin Rapids

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Aspirus, Inc.
Addressing Penicillin Allergies at a System Level

Penicillin allergies place a large burden on health care systems. They are over-reported, with 10% of patients claiming them, but upon skin testing less than 1% will have them confirmed. The over-reaction to reported penicillin allergies causes the use of non-preferred antibiotics, creating wide-ranging downstream negative effects, including increased mortality, health care costs, length of stay, healthcare-associated infections (including C. diff, VRE, and MRSA) and adverse drug events.

Within the Aspirus system, we identified over 65,000 patients with a documented penicillin or cephalosporin allergy. In October 2018, the Aspirus System Antimicrobial Stewardship Program, led by Tristan O'Driscoll, PharmD, MPH, and William A. Bowler, MD, implemented system penicillin allergy guidelines, making them available to providers, nurses, and pharmacists on the intranet, through departmental meetings, and through system-wide grand rounds available for continuing education.

In July of 2019, graded challenge order sets were implemented in the electronic medical record for use throughout the system to allow for test doses in patients with a previous moderate-severe reaction. A penicillin allergy pocket card was created and has been disseminated to all providers in the system in January of 2020.

The AboutHealth Stewardship Collaborative, led by Alex Hunt, has recorded short penicillin allergy education videos for providers and patients and will be distributed to all six systems in early 2020. Employing the principles in the guidelines at Aspirus Wausau Hospital from 2016 through 2019, we reduced our aztreonam use 90% (5.1 to 0.5 days of therapy per 1,000 days present), our fluoroquinolone use 84% (84.4 to 13.2 DOT/1,000 DP) and our clindamycin use 54% (32.9 to 15 DOT/1,000 DP).

The next phase of the project is to reduce electronic medical record alerts for penicillin allergy intolerances and side effects, where the use of penicillin is not contraindicated.

Contact: Tristan O'Driscoll, PharmD, MPH, BCPS
System Antimicrobial Stewardship Coordinator, Aspirus Inc.
tristan.odriscoll@aspirus.org

Aspirus, Inc.
Pharmacist-driven Reduction in Vancomycin use for Pneumonia Treatment Utilizing MRSA Nasal Swabs
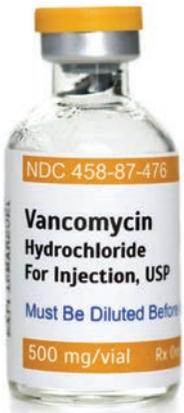
Aspirus Wausau Hospital performed methicillin-resistant Staphylococcus aureus (MRSA) nasal surveillance screening using polymerase chain reaction (PCR) for many years. Starting in late 2016, the leaders of the stewardship program, Tristan O'Driscoll, PharmD, MPH, BCPS and William Bowler, MD, began employing it to help in the de-escalation of vancomycin for the treatment of pneumonia.

In June 2018, the stewardship program formalized this approach by implementing pharmacy ordering of the MRSA nasal swabs when vancomycin was ordered for the treatment of pneumonia. Pharmacists would then follow up on negative results and initiate a call to the attending provider to recommend discontinuation of vancomycin. After implementing this change, several areas for improvement in the process, including nurse collection and pharmacist action, were identified and addressed in 2019. The test within the EMR was updated to include the site of collection (nares) and the need for nurse collection. The importance of this test and its use was then conveyed in a nursing practice alert and targeted education to both nurses and pharmacists.

The ability for pharmacy ordering of the test was also implemented at Aspirus Langlade Hospital. Following this, a pharmacy in-basket message was implemented for negative results at both Aspirus Wausau Hospital and Aspirus Langlade Hospital. After allowing pharmacists to order the MRSA nasal screen, we have seen a 23% decrease in vancomycin use at Aspirus Wausau Hospital and a 35% decrease at Aspirus Langlade Hospital, when compared to the previous year's use.

Contact: Tristan O'Driscoll, PharmD, MPH, BCPS
System Antimicrobial Stewardship Coordinator, Aspirus Inc.
tristan.odriscoll@aspirus.org

Aspirus Wausau Hospital, Wausau
Interdisciplinary Efforts to Improve C. Diff Infection Rates

In 2016, Aspirus Wausau Hospital was one of the worst in the state for hospital acquired Clostridioides difficile (C. diff) rates, and through great interdisciplinary effort over the past three years we have become one of the best in the state.

Led by Infection Preventionists Jeannine Bresnahan, Anna Marciniak and Nikki Mueller, and our System Antimicrobial Stewardship Program leaders

Total Antibiotic Days of Therapy per 1,000 Days Present
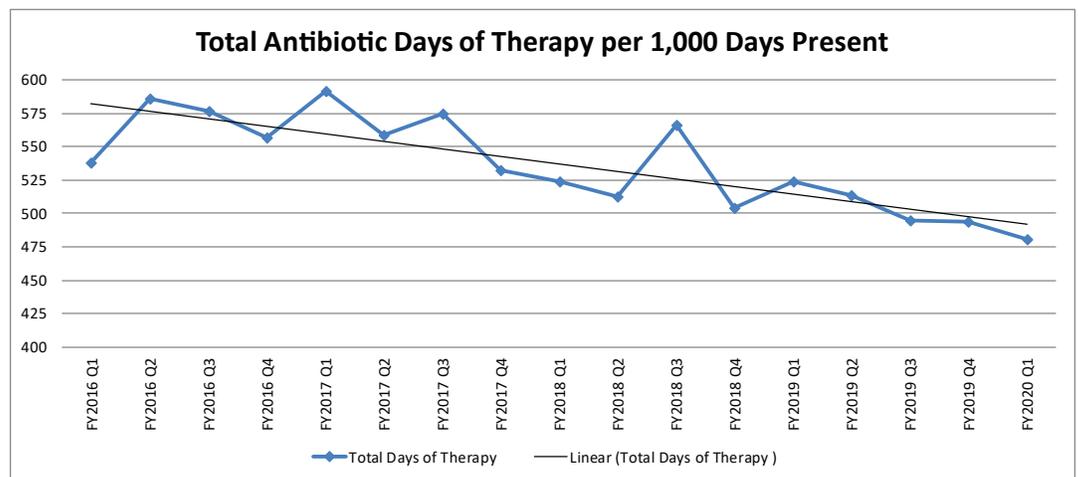
Tristan O'Driscoll, PharmD, MPH, BCPS, and William Bowler, MD, we took a multi-pronged approach to address all aspects of C. diff beginning at the end of 2016.

- A nursing-driven testing algorithm was implemented to ensure testing of loose stools on admission and after admission to assess for and stop other sources of loose stools (e.g., laxatives) prior to testing.
- Restrictions were placed on testing to allow for rejection of formed stools and repeat testing within seven days.
- Improvement efforts around terminal cleaning of rooms and hand washing were made. The stewardship program started aggressively targeting inappropriate overall antibiotic use and fluoroquinolone use at the site.
- Guidelines and order sets were updated to remove first-line recommendations for fluoroquinolones, as well as removal of unnecessary use of double coverage with fluoroquinolones as add-ons.
- Education on fluoroquinolone warnings as well as penicillin allergy guidelines, urging the use of cephalosporins with dissimilar side chains to penicillins over fluoroquinolones were disseminated. Fluoroquinolone use was targeted for changes during daily prospective audit and review.

Fluoroquinolone Days of Therapy per 1,000 Days Present

Legend: Fluorquinolones IV/PO — Linear (Fluorquinolones IV/PO)

***C. diff* Rates**

Legend: C. diff rate (SIR) — Linear (C. diff rate (SIR))
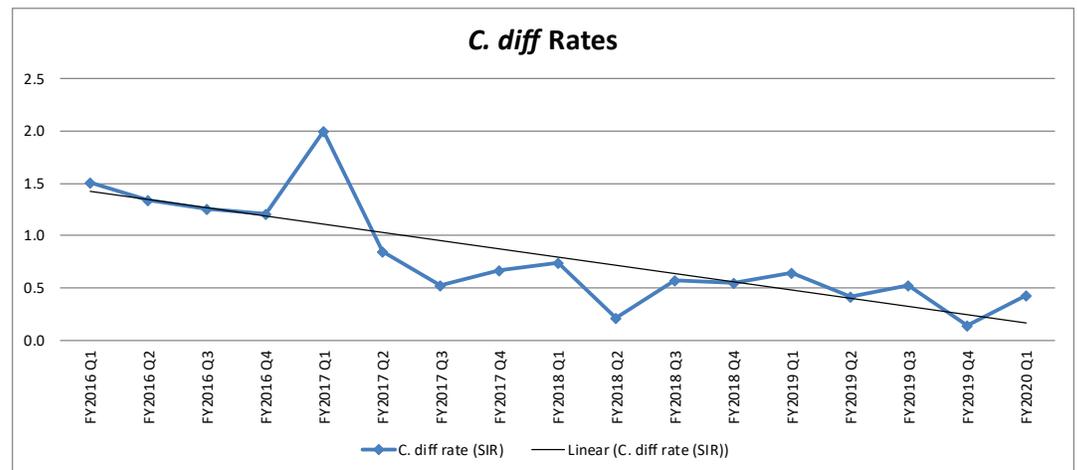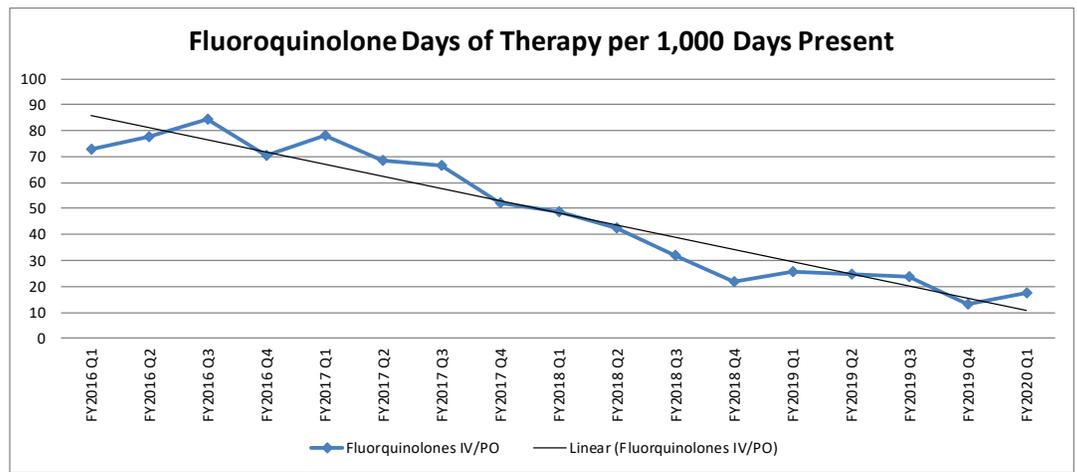
The last step was in early 2019 when a change was made to our testing method in order to decrease our false-positive results due to colonization.

Over this three-year period, our overall antibiotic use days of therapy per 1,000 days present (DOT/1,000 DP) dropped 18% (586 to 481) from its peak value, the fluoroquinolone use dropped 79% (84 to 18) from its peak value, and the C. diff Standard Infection Ratio (SIR) dropped 79% (1.995 to 0.422) from its peak value. Going forward, we are completing the standardization of all the best practices we have implemented at Aspirus Wausau Hospital throughout the entire system.

Contact: Tristan O'Driscoll, PharmD, MPH, BCPS
System Antimicrobial Stewardship Coordinator, Aspirus Inc.
tristan.odriscoll@aspirus.org

Flambeau Hospital, Park Falls
Care Pathway Succeeds in Decreasing Hospital Readmissions

The Chronic Obstructive Pulmonary Disease (COPD) pathway continues to be successful in reducing COPD 30-day readmissions at Flambeau Hospital. The pathway was rolled out in January of 2018 after having more than 20 COPD readmissions in 2017. In 2018 this number was reduced to three readmissions. The total cost for COPD admissions averages $20,176.35. With our reduction in COPD readmissions in 2017, we achieved an estimated cost reduction of $342,997.89 in 2018.

The pathway follows a patient with COPD mild/moderate or severe symptoms and addresses respiratory treatments, including oxygen use, medications and home regimens, medication transitions, patient activity, smoking cessation, flu vaccinations, discharge information, post-hospital follow up, use of a dyspnea scale and patient education. This year's focus was on post-hospital follow up.

The COPD educator follows COPD patients for several weeks after hospitalization, depending on the patient's needs and health status. If a patient is stable, they are contacted after one week and then again in a month after hospital discharge. There are more fragile patients who are contacted weekly until they are stable. There are also some who receive a home visit by the COPD educator, depending on the patient and the severity of the COPD. The outreach and management post discharge are unique and individualized.

The COPD educator has been working with insurance companies and home care companies to provide patients with special equipment and treatments at home. She continues to follow up with patients to make sure lung/respiratory tests are completed so they can qualify for pulmonary rehabilitation services.

The COPD educator also facilitates the very popular COPD community support group, the "Better Breathers Club" that meets monthly. The program is promoted through social media, local papers, radio, and the COPD educator reaches out to COPD patients recently discharged from the hospital. Once the core group was established, it also spread further by word of mouth.

The multidisciplinary approach of the pathway and the post-hospital focus has proven to reduce COPD readmissions at Flambeau Hospital, providing best practice care to all COPD patients both in and out of the hospital. The team's next focus will be to look at incorporating pneumonia into the pathway by adapting it to a respiratory pathway to broaden the scope of the COPD pathway. The COPD educator will also begin to follow pneumonia patients post hospitalization as well.

Contact: Kim Bortz, Senior Director of Quality and Home Health & Hospice
Flambeau Hospital
bortz.kimberly@marshfieldclinic.org

Aspirus Langlade Hospital, Antigo
"Two for the Road"

Quickly identifying patients who require more protein during dialysis treatment improves albumins and nitrogen balance.

"Two for the Road" was initiated to improve albumin levels of the patients on our protein supplement program. Our Protein Supplement Policy includes patients who have a blood level albumin of 3.5 or less for two consecutive months. New patients who have an albumin level of 3.5 or less are also considered eligible, and patients who have other medical conditions requiring supplementation are also eligible for the Protein Supplement Program.

Patients in the Protein Supplement Program receive 1oz LiquaCel at the beginning and end of dialysis treatment. LiquaCel is a flavored liquid protein supplement that provides 16 grams of protein in fluid reduced – 1 oz. serving. During the dialysis process one can lose anywhere from 5-20 grams of protein and can vary from patient to patient. The two servings of LiquaCel provide a total of 32 grams of protein. This replaces the amount of protein lost from dialysis and may provide a positive gain in grams of protein. Providing the supplement is aimed at providing a net gain in protein and promoting a positive nitrogen balance.

A positive nitrogen balance is used in determining the nutritional status of a patient. It is a useful indicator of the degree of catabolism and a guide for nutrition support.

A positive nitrogen balance promotes:
- Albumin levels
- Immune system
- Wound healing
- Muscle repair
- General health
- Quality of life

We were able to work collaboratively with a local skilled nursing facility to evaluate patients with an albumin level less than 3.5 to determine causes such as infection, open wound or illness. We then coordinated care with nursing, the dialysis manager and the medical director to support nutrition interventions and monitoring. We also engaged patients and their families by providing renal recipes with protein sources to our patients, while conducting a continuous evaluation of the nutritional treatment plan. The success of this multi-pronged approach was supported by improved albumin results.

By educating on the importance of good albumins, patients and families became motivated to try nutritional supplements at home or include more high biological protein with meals/snacks. We also provided coupons for nutritional supplements to enhance affordability. Statistically we saw improvement in the albumin levels with the start of "Two for the Road" Protein Supplement Program from August 2018 to 2019.

Aspirus Langlade Hospital Kidney Care receiving the first NNCC Quality Improvement Award

The "Two for the Road" Protein Supplement Program has been recognized by the Nephrology Nursing Certification Commission for Quality Improvement Award, which has inspired us to continue to support the program.

Contact: Toni Pfleiger, RD, CD
Aspirus Langlade Hospital Kidney Care
toni.pflieger@aspirus.org

Bellin Health, Green Bay
Fall Risk Identification Across the System

Knowing who is at risk for falling is a well-established step in creating a personalized fall prevention care plan. Acute care facilities have long used a fall risk screen to identify hospitalized patients at risk for falling. Various methods are used to identify such patients in the hospital setting so all caregivers are aware of the risk – yellow socks, yellow armbands, signage and identification in the electronic health record.

Most patient encounters are not in the hospital setting, but rather in outpatient settings. Bellin Primary Care implemented the Centers for Disease Control STEADI (Stopping Elderly Accidents, Deaths & Injuries) program for screening, assessment and interventions in the clinic setting. In response to patient feedback, we created a process to alert all departments of those patients identified as being a high-fall risk. A patient identified as a fall risk in the clinic setting is going to be a fall risk when hospitalized. A discharged inpatient may or may not be a fall risk outside the hospital, depending on the risk screening and assessment.

Bellin clinical and information services team members collaborated to create consistent identification of patients screened and found to be at risk for falling. A notification banner, implemented in July 2019, now appears in all the clinical applications of the electronic medical record alerting the care team of the patient's fall risk. This systemwide falls banner displays the tool used to assess risk and the results for patients screened in the clinic, emergency, inpatient and home health settings and the date the screening/assessment was completed. This helps staff know our patients and helps ensure their safety while in our care.

We continue to collect data for patients screened versus identified systemwide. Since July 2019, 366 patients had their "high falls risk" continued at discharge – meaning it will be visible to our ambulatory care departments and clinics. Prior to July 2019, zero departments had this notification.

Contact: Colleen O'Brien DNP, MSMI, RN Director of Quality
Bellin Health
morgen.johnson@bellin.org

Black River Memorial Hospital, Black River Falls
Decreasing Readmission Rates Through Direct Patient Calls

Decreasing readmission rates was a priority organizational goal for Black River Memorial Hospital in 2019. In January, we developed a team focused on decreasing readmissions whose members included representatives from Quality, Nursing, Patient and Family Services, Home Care, Physical Medicine and Rehabilitation, Respiratory Therapy, and a Hospitalist. We met regularly to review cases for those patients who were readmitted to identify any missed opportunities during their first hospitalization that we could learn from moving forward.

In August 2019, we discovered that several of our readmitted patients had a recent visit in the Emergency Department or Urgent Care. We created an electronic daily report of patients who visited the Emergency Department or Urgent Care within 30 days of their discharge from the hospital. There is also a newly implemented alert on the patient's chart, so the staff know the patient was recently in the hospital. The Utilization Review Nurse now reviews the chart to determine if the patient needs a more formal phone call with targeted education or suggestions to prevent a readmission.

Organizing the calls was a challenge. We could not determine which patients the staff called, especially since the questions were different depending on the patient's needs. We assigned one person to determine who was most appropriate to provide the follow-up phone call. An important lesson to remember is to draft a flow of how you think the process will work and trial it on a small scale. Really embrace the small test cycles before you design and deploy big process changes.

Black River Memorial Hospital's Readmission Team

Approximately 10% of our discharged hospital patients returned to the Emergency Department or Urgent Care each month, but through our new process we have already seen a decrease in readmissions for August through mid-October 2019!

Small changes lead to big gains. The alert on the chart was great! Sometimes you don't know if the electronic health record can be enhanced to help you improve care, but you never know unless you ask! Getting the report and being able to show the committee and the staff the number of patients who came back to the Emergency Department or Urgent Care after discharge made a big impact!

Contact: Kim Chandler, Quality Director
chandlerk@brmh.net

Bellin Hospital, Green Bay
Advancement of Health Equity through REAL and SOGI Data

Delivering health equitable care at Bellin is a high priority. We need to understand where and why health disparities exist.

Many strategic steps have been taken to ensure a solid health equity plan is in place. In 2019, a multidisciplinary Health Equity Team began to meet regularly. To bolster efforts, members of the team attended a two-day Health Equity and Literacy Workshop held at the Wisconsin Hospital Association, facilitated by Wisconsin Health Literacy. The team finalized a list of designations for the electronic health record in both the race and ethnicity categories, which had been hot topic items. Coming to collective agreement was a monumental effort. The team agreed on 71 choices for ethnicity, as well as adding Hispanic/Latinx to the list of race selections.

Members from Bellin's Health Equity Team engage in conversation with Wisconsin Health Literacy facilitrainers during the HIIN-sponsored WHA Health Equity and Literacy Workshop.

In December 2019, the Information Technology (IT) team built the updated ethnicity and race selections for a Race, Ethnicity, Age, and Language (REAL) Data, which started in January 2020. In addition, background education was developed related to "why" we need to collect REAL data. This education will be provided to front-line staff, which also includes scripting to use when asking the questions to collect this data. IT is currently developing a dashboard that will allow the REAL data to be stratified for identification of health disparities.

Upon completion of the REAL data rollout, Bellin's next steps will focus on reliable and sensitive Sexual Orientation/Gender Identification (SOGI) data collection. Some initial steps have already been taken, including development of an infrastructure to better support LGBTQ+ patients seeking care at Bellin. There is active development of the Bellin.org/LGBQT website that will outline LGBTQ+ Provider allies within the system, as well as help patients' access to providers who prescribe hormones and HIV prevention. Three highly engaged providers are championing this work. The first LGBTQ+ employee resource group has also been initiated. In early 2020, we will be adding the SOGI templates to the electronic health record, along with developing and providing education and sensitivity training.

One important lesson learned through the REAL data work is educating people about health equity, which is paramount to providing the best care to each person. For many people, the idea of health equity is foreign, but gaining sensitivity and knowledge can positively impact the communication and delivery of the message.

Contact: Maggie Koch BSN, BS, RN – Heart, Lung & Vascular Clinical Coordinator
Bellin Hospital
Maggie.Koch@bellin.org

UW Health, Madison
Communication Advisor Program

In 2018, the Patient and Family Advisor Program at UW Health introduced an innovative way to promote patient-centered communication practices while also providing a valuable development opportunity experience for providers in our medical residency training programs.

Specially trained patient and family advisors (PFAs) volunteer to observe providers' communication with patients, using the CARE Patient Feedback Measure by Stewart Mercer as a guide. The patients receiving care from the provider during the observation are also invited to complete a survey and/or answer brief questions.

Observers are tasked with capturing quotes and body language that support ratings in categories like how well the provider connects with the patient as a person, how well they explain things, and how they involve the patient in their care.

Most observations reinforce what the medical residents are already doing very well. For example:

"The patient mentioned that he would be having his third biopsy today and rolled his eyes. The doctor picked up on that and acknowledged it had been a hectic road and expressed appreciation for his patience."

Some observations highlight room for improvement, as in:

"The doctor greeted patients by addressing them by name and stating her own. She did not always say her role and one patient specifically asked, 'Which service are you on? Are you with nutrition?'"

Medical residents have found great value in the program, sharing these sentiments:

"It was helpful to be reminded that the details of care that matter to the patient or a layperson observer are often quite different than most of what we focus on during daily rounds, and that attending to these expectations is a big part of how we are perceived."

"I received direct feedback about my communication style that I had not previously received, instead of a general 'you do well with patients' response."

Julieanne Pofahl has been an observer with the Communication Advisor Program since it began and has volunteered nearly 75 hours in this role! She not only provides the residents with helpful feedback on their communication skills but is also an instrumental partner in program development and improvement.

To date, 25 PFAs have observed nearly 100 providers interacting with more than 300 patients in inpatient and ambulatory clinical settings. In 2020 and beyond, the vision is to expand the partnership between PFAs and providers as a unique and meaningful way to promote communication that is foundational to improving safety, quality and patient experience.

Contact: Jenna Wright, Patient and Family Advisor Program Manager
UW Health
PFAPartnerships@uwhealth.org

Bellin Health, Green Bay
Ligature Reduction Efforts

Nationally, there is an increased focus on Ligature Risk in the hospital environment. Although not all risks can be eliminated, the expectation is for hospitals to demonstrate steps they are taking to minimize risks.

While state and federal rules don't state how often an Environmental Risk Assessment (ERA) should be conducted, Bellin Health determined in spring 2019 that an annual assessment is appropriate for its three hospitals. Operating an acute care hospital, a psychiatric hospital, and a critical access hospital (CAH), Bellin also determined different approaches were necessary.

At Bellin's acute care and critical access hospitals, an ERA was conducted of the Emergency Department, Medical Unit, and Intensive Care Unit. Participants completing the ERA included nursing, facilities, and regulatory representatives. The ERA was completed through interviews with front-line staff on day-to-day practices surrounding patient safety, as well as significant observation of a standard patient care room and bathroom in each department. Bellin utilized the American Society for Healthcare Engineering (ASHE) Patient Safety and Ligature Identification Checklist.

At Bellin's psychiatric hospital, Bellin utilized The Mental Health Environment of Care Checklist, developed by the U.S. Department of Veteran Affairs to conduct the ERA in the inpatient psychiatric environment. A separate ERA was conducted for each inpatient unit. Participants included nursing, facilities, and regulatory representatives. Participants were assigned to a unit they don't normally work to bring fresh eyes to the environment. Again, interviews with front line staff and observation of patient care rooms, bathrooms and common areas in each department were conducted.

Upon completion of the checklists, a multidisciplinary team reviewed the findings and assigned a traditional risk score to each item – like a Hazard Vulnerability Assessment for Emergency Preparedness. The use of the checklists highlighted the tremendous amount

of work and dollars spent to date to reduce ligature risk in our facilities and identified some areas where additional efforts are needed. The next steps are to prioritize the items by risk score, develop mitigation strategies and corrective actions, and begin the implementation.

Contact: Emily Bochniak, System Regulatory Coordinator
Bellin Health System
emily.bochniak@bellin.org

Bellin Health, Green Bay
Audit and Inspection Program

Repeated instances of patient harm events are a persistent gap in America's health care system. Variations in practice and lack of sustained change and improvement have financial, quality and patient safety implications. A concept used to describe the lack of sustainability is drift. There are constant changes in a system: new technologies, software upgrades, new regulations or accreditation requirements, new priorities, practice and facility acquisitions, along with turnover of staff and leaders. These changes result in further changes of practices and possible weakening of previously implemented defenses causing "drift" which is difficult to pinpoint and correct before error occurs. A strategy to address drift is audit and inspection.

The audit and inspection program for Bellin Health was reliant on paper documentation and spreadsheet lists for tracking, which was cumbersome and not sustainable. Bellin also did not have a cadre of adequately trained internal auditors. The aim was two-fold:

- Implement a software solution to provide a central repository to schedule, track, trend and report on internal and third-party audits/inspections with resultant corrective and preventive actions.

- Develop a team of internal auditors trained to the ISO 9001:2015 standard.

Bellin applied for and received a grant to fund an internal auditor training program and to partially cover the software implementation. Bellin selected the American Society for Quality (ASQ) to come onsite and provide three-day Internal auditor training for 23 Bellin employees. Staff were selected based upon their current responsibilities involving audit and inspection, system responsibilities and location across the geographic locations of Bellin facilities. Standardization of audit tools used in conjunction with the summary of findings report and corrective action form have been completed allowing for content population into the software program.

The annual audit calendar is created with assignments for the trained auditors to complete three audits each beginning in January 2020.

Contact: Colleen O'Brien DNP, MSMI, RN Director of Quality
Bellin Health
emily.bochniak@bellin.org

Aspirus Keweenaw Hospital, Laurium MI
Advancing a High Reliability Culture

BACKGROUND:
Safety Huddles were implemented several years ago at Aspirus Keweenaw Hospital with the intent to elevate the discussion around patient safety. Safety Huddles occur each morning in a centralized location on the hospital campus. Several months ago, the team identified that attendance at Huddles was decreasing and most of the discussion was reactive to safety events. It was determined that a new approach was needed to reinvigorate the conversation with the goal of igniting proactive collaboration to resolve potential barriers to providing consistent, high-value care.

OBJECTIVE:
Implement a standard, patient-centered Safety Huddle format that engages staff to proactively identify actions to reduce harm to patients and the workforce.

METHODS:
- March 2019: Following approval and support by Senior Leadership, a multidisciplinary workgroup was created to look at the current Safety Huddle structure and process. Safety Huddle redesign was supported as a key initiative to advance the culture of High Reliability and was widely communicated throughout the organization.

- June 2019: An analysis of current state was conducted that included gathering of a Safety Huddle videos, minutes, notes, forms, and information flow.

- July 2019: The workgroup researched best practices from the Joint Commission, Institute of Healthcare Improvement Advisory Board, and Agency for Research and Healthcare Quality and compared best practices to the current state analysis.

- August 2019: A subgroup focused on creating Safety Huddle documents to guide discussion that included key elements: items requiring action and assignments for completion.

- September 2019: A WebEx conference line was added to allow for leaders and staff who are located offsite to call in and participate in the conversation.

- Guiding principles for the Safety Huddle were proposed and written down to be used as an education tool.

- A draft of a standard Safety Huddle form was reviewed and revised.

- October 2019: Good Catches from the occurrence reporting system started being shared in greater detail with a spotlight on the person's key actions that resulted in avoidance of harm.

RESULTS:
The discussion at Safety Huddles has shifted to proactive timely problem-solving. Attendance remains variable, but leaders are routinely sending staff members who can attend on behalf of their department. The addition of the conference line has allowed for more frequent discussions of staff recognition and Good Catches.

CONCLUSION
Focused efforts to create an evidence-based Safety Huddle structure can deepen the discussion and lead to patient-centered solutions that can be implemented immediately.

Aspirus Keweenaw Safety Huddle Team

Next Steps: Fully implement the guiding principles and Safety Huddle documents through organization-wide education.

HSHS Eastern WI Division
Stay With Me … Keep Me Safe From Falls

In 2019, HSHS St. Vincent, St. Mary's, St. Nicholas and St. Clare Memorial Hospitals collectively considered HSHS Eastern Wisconsin Division, implemented the 'Stay With Me' program, which was led by the Falls Committee. The Falls Committee identified that many falls were related to bathroom use, so the focus of the program is on the safety of high fall risk patients while in the bathroom. According to The Joint Commission, a fall with injury adds 6.3 days to the patient length of stay and cost on average $14,000 per event.

The 'Stay With Me' program was piloted November and December 2018 in one HSHS hospital in the Inpatient Rehab unit and Medical unit, then implemented January 2019 large scale across HSHS Eastern Hospitals. Colleagues, including front line nurses and

assistive personnel are expected to stay within arm's length of patients while in the bathroom or on the commode if the patient has been determined to be high risk for falls.

An explanation to patients is incorporated into the admission process:

"I will stay with you while you are in the restroom, for your own safety. I respect your need for privacy and will make every effort to provide as much as is possible, without jeopardizing your safety."

The initiative yielded impressive results. **Bathroom-related falls have decreased 66% across HSHS Eastern Wisconsin Division since the program was implemented.**

Lori Turek, Director of Quality
HSHS Eastern WI Division
lori.turek1@hshs.org

Cumberland Healthcare, Cumberland
Reducing Medication Errors

Cumberland Healthcare initiated a Medication Safety Committee in April 2018, comprised of an interdisciplinary team whose goal was identifying and prioritizing opportunities for improvement for safer medication practices originating from medication related electronic health record reports, critical medication safety metrics, medication use policy review, parenteral administration guidelines, smart pump data review and best practice recommendations from safety and quality organizations (ISMP, TJC, and other).

Percentage Decrease of Medication Errors from Baseline

Month	Value
Oct-18	0.0%
Nov-18	9.4%
Dec-18	15.7%
Jan-19	18.7%
Feb-19	22.1%
Mar-19	15.7%
Apr-19	15.7%
May-19	25.1%
Jun-19	25.1%
Jul-19	25.1%
Aug-19	22.1%
Sep-19	28.1%
Oct-19	34.5%
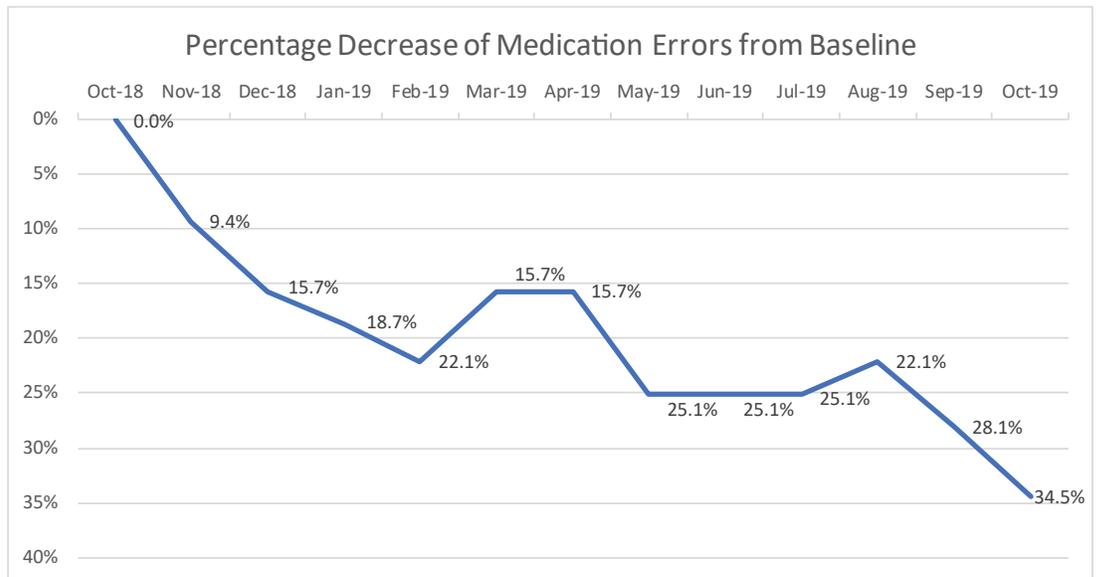
In addition to this team, a smaller group of clinical leaders meet weekly to discuss medication events submitted through our internal incident reporting system. These weekly discussions allow for an in-depth review of medication-related incidents that have potential to cause harm. We discuss the acute incident, ways this incident has potential to happen again in our facility, and ways we can utilize employee training, IT systems, or process change to mitigate the event from occurring again.

Overall, since this team has been initiated, we have **reduced medication errors by 34.5%** and plan to continue to work to promote medication safety throughout the facility.

Andy Radzak, Pharmacy Director
Cumberland Healthcare
715-822-7112
aradzak@cumberlandhealthcare.com

HSHS Sacred Heart Hospital, Eau Claire
Focusing to Further Reduce Hospital-Onset Infections

The annual Infection Prevention risk assessment process identified opportunities to reduce Clostridioides difficile (C. diff), Central Line Associated Blood Stream Infections (CLABSI), and Catheter Association Urinary Tract Infections (CAUTI). Improvement strategies were identified and incorporated into the 2019 Infection Prevention Plan.

Standardized practices are essential to decreasing variation, errors, and process drift, particularly as the practice of floating staff between division hospitals increases.

Although many C. diff prevention best practices were in place, reducing inappropriate testing was critical to reducing hospital-onset infections and supporting appropriate treatment and antimicrobial stewardship.

- Reviewed daily tests day-4 and after to curb testing not meeting criteria
- Increased UV disinfection and sustained greater than 90% compliance rate with standards of practice
- Implemented two-step testing to differentiate between chronic and active infection
- Used sporicidal disinfectant to clean all rooms

Our hospital's efforts resulted in a reduction in infections from 35 in 2018 to 14 in 2019.

Contact: Susan Peiffer, Interim Quality Director
HSHS Sacred Heart Hospital, Eau Claire
susan.peiffer@hshs.org

Osceola Medical Center, Osceola
Zero Patient Harm Focus on Surgical Site Infections

Receiving the recognition from Osceola Medical Center are, from left: Matt Forge, Chief Executive Officer; Beth Dibbert, Chief Quality Officer, Wisconsin Hospital Association; Pam Fifield, RN, Infection Preventionist; Brenna Joachim, RN, Surgery Services Manager; Kim Wellumson, RN, Med/Surg Manager; Rachel Zimmer, RN, Chief Nursing Officer; Amanda Orne, Quality Risk Manager; and Tom Hecht, Osceola Community Health Foundation Executive Director.

In 2019, Osceola Medical Center was recognized for its success in achieving and sustaining zero surgical site infections in hip and knee injuries. Having a "zero patient harm" mindset engrained within their culture paired with consistent staff education has prevented hip or knee surgical site infections from occurring in the past three years.

Preventing infections requires a multidisciplinary approach, and the implementation of multiple best-practice strategies. Osceola Medical Center has fully embraced this approach. "Zero surgical site infection rates are achieved and maintained at Osceola Medical Center by linking a range of precautions before, during and after surgery," Surgical Services Manager Brenna Joachim said. From optimization of patient health pre-operatively and CHG scrubs, surgery suite traffic control, use of spinals and blocks for anesthesia to surgical site surveillance, "the entire team comes together to help ensure a successful experience."

Osceola Medical Center also attributes their success to the dedication and commitment of the team in following evidence-based guidelines. If a patient does not meet criteria for an elective surgery, the entire team makes the decision and then develops a plan to support the patient in meeting criteria. The surgical scrub technicians and sterile processing technicians diligently adhere to instrument reprocessing procedures.

Marshfield Medical Center
Improving Sepsis Care Through Strong Multidisciplinary Collaboration

At Marshfield Medical Center, our strategic plan calls us to put quality and safety first. While sepsis is a life-threatening condition, it is well known that early recognition and treatment of sepsis saves lives. To improve outcomes for patients presenting with severe sepsis or septic shock, we have taken a collaborative, multidisciplinary and continuous improvement approach to implement evidence-based care.

Dr. Al-Hilli, hospitalist, and Michaela Wilsmann, RN, MSN, clinical quality nurse, co-lead a system-wide sepsis improvement team that meets monthly. This team consists of dedicated and action-oriented members from the emergency department, hospitalists group, ICUs, pharmacy, quality improvement, resident physicians and general floor leaders.

MMC SEP-1 Bundle Compliance

WI average=54%
National average=55%
(Reference-Hospital Compare 10/19)

Early in our sepsis improvement work the team partnered with Information Technology to ensure sepsis care is hardwired into order sets. The team also developed education for hospital staff, including pocket cards, posters and computer-based training.

Marshfield Medical Center sepsis improvement team members

On an ongoing basis, the sepsis improvement team reviews every opportunity to improve. There is great engagement and discussions, which supports continuous improvement.

The efforts of the sepsis improvement team have paid off. The work of the team has exceeded the state and national averages for bundle compliance. Given research has shown that compliance with sepsis care leads to reduced mortality, our sepsis improvement team efforts will continue.

Contact: Kris Melaas Merkel
Marshfield Medical Center
melaasmerkel.kristine@marshfieldclinic.org
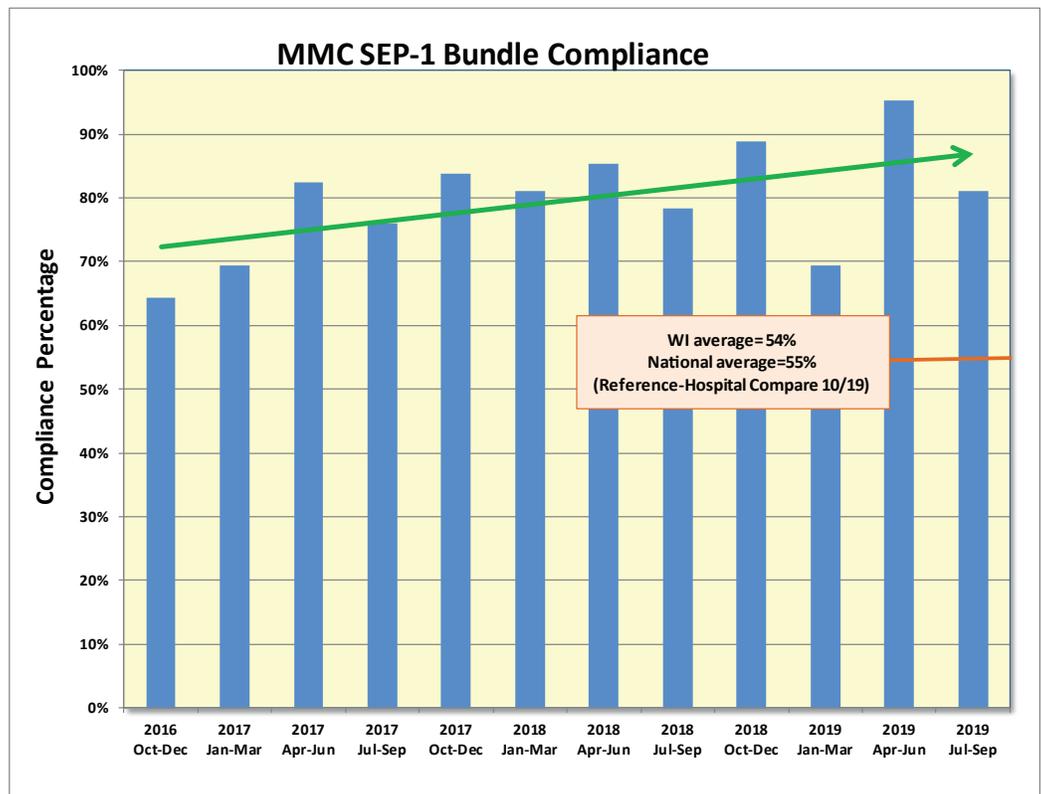
SSM Health St. Mary's Hospital, Janesville
Multi-faceted Approach to Sepsis Mortality

SSM Health St. Mary's Hospital in Janesville has developed a variety of approaches to decrease sepsis mortality. One key is the leadership provided by our multi-disciplinary sepsis committee, which includes physicians, nursing, lab staff, pharmacists and quality team members. They have a detailed and in-depth conversation for any opportunity to improve that includes the voice of staff at the bedside. From the committee, monthly "Lessons Learned" are distributed to hospital staff. Topics have included broad spectrum antibiotic use, resuscitation fluid options and enhanced report-off communication. Staff are encouraged to call a "Sepsis 6," which is a rapid response team that comes to the bedside when a patient meets clinical criteria for severe sepsis. We help visualize our progress and opportunities in various scorecards that are distributed monthly.

Recognition plays a huge part in buy-in, and monthly the sepsis subcommittee sends out letters of congratulation to staff who have taken care of patients who met the sepsis care bundles. Biannually, "Sepsis Top Performers" are announced and shared in meetings, on internal communication boards, and with our executive leadership.

From our committee and staff's hard work and dedication, we have been able to achieve a 12-month total observed-to-expected sepsis mortality ratio of 0.48 and for the past six months have a SEP-1 compliance average of 82.2%. We hope that with our continued dedication to provide the highest quality and safest care for every patient we encounter, our success in 2019 will continue into 2020.

Contact: Haley Schreiber, BSN, RN, Manager of Quality, Safety, Risk
SSM Health St. Mary's Hospital Janesville
haley.schreiber@ssmhealth.com

Children's Wisconsin
Promoting Medication Safety

Accurate medication information is essential to providing safe and effective care. It can be challenging to determine what medications a patient takes at home and ensure an up-to-date list is kept in the electronic health record. Hospitals have integrated pharmacy into the admission medication reconciliation process in emergency department and preoperative phone calls. A comprehensive approach for all hospitalizations is often lacking. Limited literature is available regarding solutions for ambulatory clinics.

A large multidisciplinary clinical and support team was involved in this project, including medical and surgical providers, nursing staff, pediatric residents, pharmacists, pharmacy leadership, a parent, Information Management Systems, Provider Services, Patient Safety and Performance Improvement.

Pharmacy was integrated into the admission medication reconciliation process by completing medication histories on patients being hospitalized through the emergency room or pre-operative areas and throughout the hospital to reach the remaining patients. Pharmacy completes medication histories on >90% of all hospitalized patients resulting in the home medication list being 98% accurate. This change also resulted in a 98.5% reduction in the number of hospital home medication orders requiring interventions, 90% of discharge medication lists being accurate, and 90% of after visit summaries being clear and without confusing information.

In the ambulatory clinics, targeted one-on-one training/coaching for RNs and MAs resulted in 80% of patients having all the medications listed on the home mediation list and 90% of the medications managed by the clinic being complete and accurate. We are currently going systematically through each of the ambulatory clinics to provide the training/coaching.

Contact:Jaclyn Moeller, Performance Improvement Pharmacist
Children's Wisconsin
jmoeller@chw.org

Sauk Prairie Healthcare, Prairie Du Sac
Physician & Nurse Champions Transform Sepsis Care at Sauk Prairie Healthcare

In 2017, Sauk Prairie Healthcare was attempting to meet demands of payers using different definitions and clinical criteria for sepsis. However, the sepsis care bundle measures were not being met.

A multidisciplinary improvement team was formed, including physician and nursing champions from emergency department and acute care units, leadership and ancillary departments. The team used data to understand variation in the process.

The clinical champions led the investigation, discussing opportunities to improve care with their peers. Changes started with clarifying the clinical definition for severe sepsis. The group then used small tests of change to improve workflows allowing for early identification of suspected sepsis, nurse protocols and a point-of-care tracking tool to initiate early testing and interventions.

*Severe sepsis bundle shows the percentage of patients who received appropriate care for severe sepsis and septic shock. *No patients were in the measure population for 2017 Q2.*

The key to success included collaboration and robust communication. Dr. Robert Redwood, WHA Physician Improvement Advisor, offered down-to-earth guidance through coaching with the improvement team and leading education offerings onsite for Sauk Prairie Healthcare's providers and staff. Sauk Prairie Healthcare's team also utilized multiple modes to communicate throughout the organization. They had peer-to-peer feedback on individual patients, discussed evidence-based practice at daily huddles, unit meetings and medical staff meetings, had project boards, and offered many educational sessions.

The team made and sustained significant improvements to sepsis care with these efforts moving to top decile performance.

Contact: Christy Wehler, Performance Improvement Project Analyst
Sauk Prairie Healthcare
christy.wehler@saukprairiehealthcare.org

Bellin Health Oconto Hospital, Oconto
House of Horrors Engages Staff in Patient Safety

Grand Prize winners: *Cheryl Risner, Lab (pictured, middle); Nic Willkomm, Radiology; Jessica Laughrin, Surgery.*
Runners Up: *Donna Schell, Infusion (pictured, right); Victoria Jenkins, Emergency Dept (pictured, left)*

Each year in October, Bellin Health Oconto Hospital holds a quality event entitled, "House of Horrors." The purpose of the event is to engage staff with identifying hazardous situations in patient care. Typically, a patient room is staged with a mannequin and various unsafe situations. Staff look through the room and identify as many unsafe "horrors" as they can - such as terrifying IV misconnections and medication mistakes, infection control deathtraps, frightening fall risks, and perils of biohazardous waste.

This year, we used a different theme to keep everyone engaged with the event and the focus was on ligature risk and care of a suicidal patient.

Staff were able to complete this year's "House of Horrors" event in any patient care area. Staff evaluated their own workspaces instead of an arbitrary staged room. Participants listed items that would be removed from the patient care area of a suicidal patient. After considering that, participants then listed risks that remain in the room.

We had participation from many departments across the hospital from radiology to lab, emergency to surgery to inpatient departments. We presented awards in the form of monetary rewards via our recognition platform and hospital swag and gear.

This event is championed by Oconto Hospital's Educator Stacy Hansen, BSN, RN along with the Team Facilitator of Clinical Services, Jacky Stoll, RN.

Contact: Stacy Hansen
Bellin Health Oconto Hospital
stacy.hansen@bellin.org

Aspirus Iron River, Iron River, MI
Reducing Inpatient Falls

In 2019, Aspirus Iron River Hospital in Iron River, MI set a goal to reduce patient falls. The objective was to reduce inpatient unit falls, identify at-risk patients and intervene earlier, improve processes and documentation after a fall, and collect data to support technology investment needs.

A multidisciplinary team reviewed the processes for assessing fall risk, implementation of preventative measures, and documentation related to falls. The team also instituted a multidisciplinary safety huddle to discuss patients who are have a fall risk.

Interventions recommended by the team were implemented, including appropriate use of gait belts, bed alarms, chair alarms, yellow socks, room signage, yellow wrist band, physical sitter if needed, fall kits and bedside mats. Education on proper use of these interventions was completed for both nursing and ancillary staff.

Throughout 2019, adherence to these interventions were monitored with:

- Signed falls agreement included in patient and family education.

- "Call Don't Fall!" signs in each patient room.

- Re-education of care team members for correct use of bed alarms.

- A patient fall-risk assessment done within two hours of admission and updated each shift change as needed.

- Purposeful hourly rounding with bed alarm checks.

- Moving patients closer to nurse's station.

- Detailed communications and reports performed for all falls.

- A "number of days without falls" sign was posted in the breakroom and a celebration was held if there were greater than 90 days without a fall.

Bed height awareness and knowledge on utilization of electric beds for fall prevention monitoring was an initial challenge that required further staff education.

In September 2019, additional opportunities for education were identified regarding the Clinical Institute Withdrawal Assessment for Alcohol (CIWA) tool as a potential area to further reduce falls and will be considered for possible next steps in falls prevention.

Fall Rate Per 1,000 Patient Days

Patient fall rates and fall with injury rates were significantly reduced after the implementation of the recommended interventions.

Inpatient fall rate in 2018 = 3.2%; Inpatient fall rate in 2019 (post implementation) = 0.7% which is an improvement rate of 78%.

Contact: Sara Fischer, Med-Surg, ICU & Outpatient Manager
Sara.fischer@aspirus.org
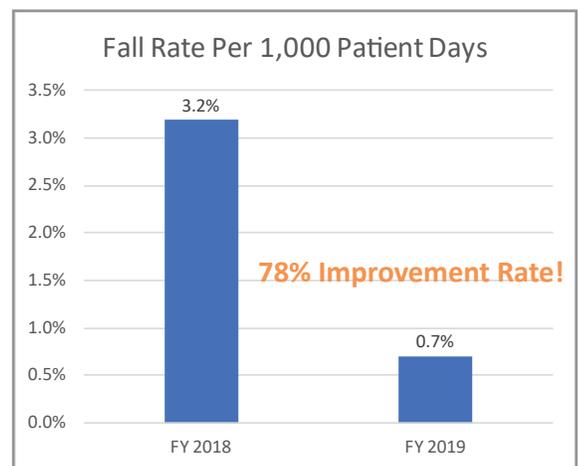
AboutHealth

AboutHealth is a clinically integrated healthcare network of 40 hospitals within six Wisconsin-based health systems: Advocate Aurora, Aspirus, Bellin, Gundersen, ProHealth and ThedaCare. Their mission is to work together to accomplish more, faster, and better; providing appropriate, accessible health care to the communities they serve. Utilization of data and evidence-based practices to identify and prioritize opportunities to improve quality and efficiency is a key tenet of their work.

Dr. Bobby Redwood providing clinical education for the AboutHealth Sepsis Collaborative

In August 2017, surgical site infection reduction efforts began with a group project. This collaborative has a continued commitment to ensure that there are reliable standards of care in place to help reduce the risk of a surgical site infection. Improving the process in which patients are adequately prepared for surgery and maximizing a patient's health prior to surgery has been a focus. Implementation of actions such as proper education of patients and caregivers, development and use of evidence-based protocols and order sets, changes in the delivery of anesthesia, and coordination of discharge plans, has led to decreased length of hospital stays, increased engagement of the patient and shared decision making, and prevention of complications such as delayed wound healing and infections. Collectively the six system owners of AboutHealth have a lower rate of surgical site infections than the rest of the country following colon and knee surgeries.

Striving to reduce unnecessary prescribing of antibiotics, the emergence of Multidrug-Resistant Organisms (MDROs), and Healthcare-Acquired Infections (HAIs) caused by those resistant organisms, the AboutHealth Antimicrobial Stewardship collaborative began work in April of 2018 focusing on inpatient stewardship interventions. With a focus on areas such as leadership commitment, tracking, reporting and education, the team committed to implementing guidelines, order sets, antimicrobials timeouts, utilization reviews, penicillin allergy management and antimicrobials restrictions. In the fall of 2018, another team came together to collaborate on the implementation of the CDC's Antimicrobial Stewardship core elements for ambulatory settings. The collaborative focused on diagnoses that typically do not require antimicrobials but often get a prescription and reduction in antimicrobial prescriptions for acute bronchitis and upper respiratory infections. These efforts have resulted in a 28.9% reduction in overall antibiotic usage along with an overall C. diff SIR rate of 0.466 over an expected 1.0.

Hysterectomy Infections	Colon Infections
28% decrease	**31%** decrease

Decreases shown on collaborative sites, from August 2017 to September 2019

Through data analysis and aligning organizational strategic plans, sepsis was identified as a top priority for improvement work in 2019. A kick-off event was held on April 24, 2019, where more than 70 health care professionals gathered to collaborate in creating a work plan to improve care for sepsis and septic shock patients. Some areas of focus included early identification and screening for Sepsis, structural support for Sepsis improvement work and post-discharge follow up. Showing early gains, the AboutHealth owners implemented 44% of the improvement activities they committed to with another 34% in progress. Early indicators suggest improvement in the sepsis care bundle compliance, which has proven to lower sepsis mortality.

WHA partnered with AboutHealth to provide support to collaboratives in areas such as technical expertise and data support. Work on these collaboratives will continue throughout 2020.
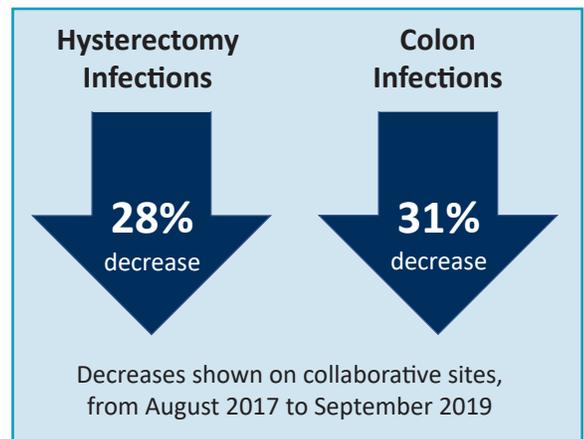
WHA Member Hospitals

AdventHealth Durand, Durand

Amery Hospital & Clinic, Amery*

Ascension All Saints Hospital, Racine

Ascension Calumet Hospital, Inc., Chilton

Ascension Columbia St. Mary's Hospital Milwaukee,
    Milwaukee

Ascension Columbia St. Mary's Hospital Ozaukee, Mequon

Ascension Eagle River Hospital, Inc., Eagle River

Ascension Good Samaritan Hospital, Inc., Merrill

Ascension NE Wisconsin - Mercy Campus, Oshkosh

Ascension NE Wisconsin - St. Elizabeth Campus, Appleton

Ascension Our Lady of Victory Hospital, Inc., Stanley

Ascension Sacred Heart Hospital, Tomahawk

Ascension SE Wisconsin Hospital – Elmbrook Campus,
    Brookfield

Ascension SE Wisconsin Hospital - Franklin Campus, Franklin

Ascension SE Wisconsin Hospital - St. Joseph Campus,
    Milwaukee

Ascension St. Clare's Hospital, Inc., Weston

Ascension St. Francis Hospital, Milwaukee

Ascension St. Mary's Hospital, Rhinelander

Ascension St. Michael's Hospital, Inc., 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*

Aurora Lakeland Medical Center in Elkhorn*

Aurora Medical Center – Bay Area, Marinette*

Aurora Medical Center - Manitowoc County, Two Rivers*

Aurora Medical Center Burlington*

Aurora Medical Center in Grafton*

Aurora Medical Center in Kenosha*

Aurora Medical Center in Oshkosh*

Aurora Medical Center in Washington County, Hartford*

Aurora Medical Center Summit*

Aurora 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*

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 Wisconsin-Fox Valley Hospital, Neenah

Children's Wisconsin-Milwaukee Hospital, Milwaukee

Clement J. Zablocki VA Medical Center, Milwaukee

Columbia St. Mary's, Inc. - Sacred Heart Rehabilitation
    Institute, Milwaukee

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 Wisconsin –
    Froedtert Hospital, Milwaukee

Froedtert & the Medical College of Wisconsin –
    Froedtert Menomonee Falls Hospital, Menomonee Falls

Froedtert & the Medical College of Wisconsin –
    Froedtert West Bend Hospital, 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, Inc., 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, Shell Lake

Lakeview Hospital, Stillwater

Lakeview Specialty Hospital & Rehab, Waterford

Marshfield Medical Center, Marshfield*

Marshfield Medical Center - Beaver Dam*

Marshfield Medical Center - Eau Claire

Marshfield Medical Center - Ladysmith*

Marshfield Medical Center - Neillsville*
Marshfield Medical Center – Rice Lake*
Mayo Clinic Health System – Chippewa Valley in Bloomer
Mayo Clinic Health System – Eau Claire
Mayo Clinic Health System – Franciscan Healthcare in
    La Crosse
Mayo Clinic Health System – Franciscan Healthcare in Sparta
Mayo Clinic Health System – Northland in Barron
Mayo Clinic Health System – Oakridge in Osseo
Mayo Clinic Health System – Red Cedar in Menomonie
Memorial Hospital of Lafayette Co., Darlington
Memorial Medical Center of Ashland*
Mercyhealth Hospital and Medical Center-Walworth,
    Lake Geneva*
Mercyhealth Hospital and Trauma Center-Janesville*
Midwest Orthopedic Specialty Hospital, Franklin
Mile Bluff Medical Center, Mauston
Milwaukee County Behavioral Health Complex, Milwaukee
Monroe Clinic, a member of SSM Health, Monroe*
North Central Health Care, Wausau
Orthopaedic Hospital of Wisconsin, Glendale
Osceola Medical Center, Osceola*
Prairie Ridge Health, Columbus*
ProHealth Oconomowoc Memorial Hospital, Oconomowoc*
ProHealth Rehabilitation Hospital of Wisconsin, Waukesha
ProHealth Waukesha Memorial Hospital, Waukesha*
Reedsburg Area Medical Center, Reedsburg*
Ripon Medical Center, Ripon*
River Falls Area Hospital, River Falls
Rogers Memorial Hospital, Inc., Oconomowoc
Sauk Prairie Healthcare, Prairie du Sac*
Select Specialty Hospital-Madison
Select Specialty Hospital-Milwaukee-St. Francis, Milwaukee
Select Specialty Hospital-Milwaukee-West Allis
Southwest Health, Platteville*
Spooner Health, Spooner*
SSM Health - St. Mary's Hospital - Janesville
SSM Health St. Agnes Hospital - Fond du Lac*
SSM Health St. Clare Hospital - 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 Health, Stoughton*

The Richland Hospital, Inc., Richland Center*
ThedaCare Medical Center-Berlin*
ThedaCare Medical Center-New London*
ThedaCare Medical Center-Shawano*
ThedaCare Medical Center-Waupaca*
ThedaCare Medical Center-Wild Rose*
ThedaCare Regional Medical Center-Appleton*
ThedaCare Regional Medical Center-Neenah*
Tomah Health, 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
Western Wisconsin Health, Baldwin*
Westfields Hospital & Clinic, New Richmond
William S. Middleton Memorial Veterans Hospital, Madison
Willow Creek Behavioral Health, Green Bay

Great Lakes Partners for Patients Hospital Improvement Innovation Network participant

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