

What People Are Saying About CheckPoint

From Health Plans...

"The Wisconsin Employee Trust Fund has worked cooperatively with hospitals that are part of the EFT health plan to strongly encourage them to participate in the WHA Quality efforts. We recently added language in our health plan contracts to encourage participation."

-Eric Stanchfield, Secretary
Wisconsin Department of Employee Trust Funds

From WMC...

"CheckPoint will give Wisconsin businesses access to information they need to help them and their employees make good health care purchasing decisions by providing comparative data on both cost and quality. Employers need to become better informed consumers because the most expensive health care is poor quality health care."

-James Buchen, VP, Government Relations
Wisconsin Manufacturers & Commerce

"What is so positive about CheckPoint is that it's the hospital industry voluntarily making good public policy happen - without waiting for government to make them do it. CheckPoint will be good for Wisconsin consumers and Wisconsin hospitals and I applaud the effort."

-State Rep. Curt Gielow (R-23 Mequon)
Vice Chair, Assembly Health Committee

"In addition to the benefit of providing information to the public, the WHA Quality Initiative (CheckPoint) provides data that can be used internally to benchmark not only against others, but against yourself. It places the focus on getting better."

-Connie Curran
National Health Care Consultant



WHA is interested in receiving input from purchasers, providers, consumers, and other interested parties.

If you have questions or ideas that you would like to share with WHA on this program, contact Dana Richardson at drichardson@wha.org or 608-274-1820

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CHECKPoint

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**Wisconsin Hospitals
Accountable
for Quality**

Background

Wisconsin hospitals are committed to sharing information about the quality and safety of the health care services that they deliver in their communities.

Consumers and health care purchasers in Wisconsin now have access to meaningful, relevant information about hospital quality and error prevention practices. Wisconsin hospitals want to be accountable for the care they provide to their patients, and they want the citizens of Wisconsin to learn more about their own health care.

To accomplish this objective, the Wisconsin Hospital Association has developed CheckPoint, a public reporting program of quality and error prevention measures. The mission of CheckPoint is to develop consumer focused initiatives that will provide reliable, valid measures of health care in Wisconsin to facilitate the selection of quality health care and aid in quality improvement activities within the hospital field.

CheckPoint (www.wicheckpoint.org) provides reliable data on 14 interventions that medical experts agree should be taken to treat heart attacks, heart failure and pneumonia, 8 surgical services measures, 4 summary indexes to show a picture of overall care, and 5 error prevention goals. These measures represent the beginning of more measures that will be added to this site in the future. The 128 hospitals voluntarily reporting to **CheckPoint** provide care to more than 99 percent of the state's patient population.

CheckPoint will:

- ✓ Provide information to purchasers to aid in benefit design
- ✓ Provide information to consumers about the care that research has demonstrated leads to the best outcomes
- ✓ Provide information to consumers to facilitate their choice of insurance plan and provider
- ✓ Provide information to hospitals for

Measures

The public information on the CheckPoint website includes both medical and surgical, and error prevention practices, which are some of the most common causes of hospitalization. These medical and surgical measures and error prevention goals have been endorsed by the National Quality Forum, a non-profit organization whose mission is to improve health care through endorsement of consensus-based standards for measurement and public reporting of health care performance data. These measures include:

Medical Services

Acute Myocardial Infarction (Heart Attack)

1. Aspirin given at arrival
2. Aspirin prescribed at discharge
3. Beta blocker given at arrival
4. Beta blocker prescribed at discharge
5. Ace inhibitor or ARB prescribed for left ventricular systolic dysfunction
6. Smoking cessation counseling

Congestive Heart Failure

7. Left ventricular function assessment performed
8. Ace inhibitor or ARB prescribed for left ventricular systolic dysfunction
9. Smoking cessation counseling
10. Discharge instructions

Community Acquired Pneumonia

11. First antibiotic given within four hours
12. Oxygenation assessment
13. Pneumococcal screening &/or vaccination
14. Smoking cessation counseling

Error Prevention

15. Standardize abbreviations, acronyms and symbols
16. Remove concentrated electrolytes from care units
17. Conduct a preoperative verification process for correct patient and procedure
18. Implement a process to mark surgical site involving the patient
19. Medication reconciliation

Surgical Infection Prevention

20-21. Percent of patients having colon surgery that:

- ✓ Received prophylactic antibiotics within one hour prior to a surgical incision
- ✓ Have prophylactic antibiotics discontinued within 24 hours after surgery end time

22-23. Percent of patients having hip replacement surgery that:

- ✓ Received prophylactic antibiotics within one hour prior to a surgical incision
- ✓ Have prophylactic antibiotics discontinued within 24 hours after surgery end time

24-25. Percent of patients having hysterectomy surgery that:

- ✓ Received prophylactic antibiotics within one hour prior to a surgical incision
- ✓ Have prophylactic antibiotics discontinued within 24 hours after surgery end time

26-27. Percent of patients having knee replacement surgery that:

- ✓ Received prophylactic antibiotics within one hour prior to a surgical incision
- ✓ Have prophylactic antibiotics discontinued within 24 hours after surgery end time

Indexes

28. The percent of heart attack patients that received all the treatments they required based on a subset of measures.
29. The percent of heart failure patients that received all of the treatments they required based on a subset of measures.
30. The percent of pneumonia patients that received all of the treatments they required based on a subset of measures.
31. The percent of surgical patients that received all the treatments they required to prevent infection based on a subset of measures.