

# Accreditation Quality Report





Version: 11 Date: 11/8/2019



Welcome to the Joint Commission's Quality Report. We know how important reliable information is to you and your family when making health care decisions. This Quality Report will help you make the right decisions to meet your needs. Since 1951, the Joint Commission has been the national leader in setting standards for health care organizations. When a health care organization seeks accreditation, it demonstrates commitment to giving safe, high quality health care and to continually working to improve that care.

The Quality Report is only one way to determine whether a health care organization can meet your needs. Discuss this report with your doctor or with other professional acquaintances before making a care decision. In addition to the accreditation status of the organization, the Quality Report uses checks, pluses, and minuses in each of the following key areas to help you compare a health care organization with similar accredited organizations.

- National Patient Safety Goals safety guidelines that target the prevention of medical errors such as surgery on the wrong side of the body and safe medication use.
- National Quality Improvement Goals measures the care of patients with specific conditions such as heart failure or pregnancy.

Not all measures are relevant to or available for all types of health care organizations. The Joint Commission will add relevant measures of health care quality as more measures become available. Your comments are just as important to us. The content and format of the Quality Report will be updated from time to time based on changes in the health care industry and your suggestions. Please call Customer Service at 630-792-5800 or e-mail the Joint Commission at qualityreport@jointcommission.org with your comments and suggestions.

Mark R. Chassin, MD, MPP, MPH President of the Joint Commission

DBA: DivineSavior Healthcare, Inc., 2817 New Pinery Road, Portage, WI

Org ID: 3742







# **Summary of Quality Information**

| <b>Accreditation Programs</b> | <b>Accreditation Decision</b> | Effective  | <b>Last Full Survey</b> | <b>Last On-Site</b> |  |
|-------------------------------|-------------------------------|------------|-------------------------|---------------------|--|
|                               |                               | Date       | Date                    | <b>Survey Date</b>  |  |
| O Home Care                   | Accredited                    | 8/29/2019  | 8/28/2019               | 8/28/2019           |  |
| Hospital                      | Accredited                    | 12/2/2016  | 8/30/2019               | 10/7/2019           |  |
| Laboratory                    | Accredited                    | 11/30/2018 | 11/29/2018              | 11/29/2018          |  |
| Nursing Care Center           | Accredited                    | 8/29/2019  | 8/28/2019               | 8/28/2019           |  |

### Accreditation programs recognized by the Centers for Medicare and Medicaid Services (CMS)

Pathology and Clinical Laboratory Hospital

#### **Special Quality Awards**

2013 Top Performer on Key Quality Measures®

|                           |                                     | Compared to other Joint Commission Accredited Organizations |                         |  |
|---------------------------|-------------------------------------|---|-------------------------|--|
|                           |                                     | Nationwide  | Statewide               |  |
| Home Care                 | 2019National Patient Safety Goals   | Ø   | ₩A *                    |  |
| Hospital                  | 2016National Patient Safety Goals   | Ø   | N/A *                   |  |
|                           | National Quality Improvement Goals: |   |                         |  |
| Reporting<br>Period:      | Emergency Department                | <b>№</b> <sup>2</sup>                                       | <b>№</b> 0 <sup>2</sup> |  |
| Apr 2018 -<br>Mar 2019    | Perinatal Care                      | <b>№</b> 2  | <b>№</b> 0 <sup>2</sup> |  |
| Laboratory                | 2018National Patient Safety Goals   | Ø   | N/A *                   |  |
| Nursing<br>Care<br>Center | 2019National Patient Safety Goals   | Ø   | *                       |  |

The Joint Commission only reports measures endorsed by the National Quality Forum.

### Symbol Key

- This organization achieved the best oossible results.
- This organization's performance is above the target range/value.
- This organization's performance is similar to the target range/value.
- This organization's performance is below the target range/value.
- This Measure is not applicable for this
- rganization.
- Not displayed

#### Footnote Key

- 1. The Measure or Measure Set was not
- The Measure Set does not have an overall result.
- The number of patients is not enough for comparison purposes.
- The measure meets the Privacy Disclosure Threshold rule.
- 5. The organization scored above 90% but was below most other organizations.
- 6. The Measure results are not statistically valid.
- The Measure results are based on a sample of patients.
- The number of months with Measure data is below the reporting requirement.
- The measure results are temporarily suppressed pending resubmission of updated data.
- 10. Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement.
- 11. There were no eligible patients that met the denominator criteria.

For further information and explanation of the **Quality Report contents,** refer to the "Quality Report User Guide."

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# **Locations of Care**

|  | * | <b>Primary</b> | Location |
|--|---|----------------|----------|
|--|---|----------------|----------|

| Locations of Care   | Available Services   |  |  |
|---|--|--|--|
| Divine Savior Healthcare<br>Crossroads Clinic<br>DBA: Divine Savior<br>Healthcare, Inc.<br>N4390 Crossroads Clinic<br>Road<br>Oxford, WI 53952-9465 | Services:  • General Laboratory Tests • Outpatient Clinics (Outpatient)  |  |  |
| Divine Savior Healthcare, Inc. * DBA: Divine Savior Healthcare, Inc. 2817 New Pinery Road Portage, WI 53901-0387                                    | Services:  CT Scanner (Imaging/Diagnostic Services) Ear/Nose/Throat Surgery (Surgical Services) EEG/EKG/EMG Lab (Imaging/Diagnostic Services) Gastroenterology (Surgical Services) Gastroenterology (Surgical Services) Gastroenterology (Surgical Services) Garcies) Garcies Gil or Endoscopy Lab (Imaging/Diagnostic Services) Gynecological Surgery (Surgical Services) Gynecological Surgery (Surgical Services) Gynecological Surgery (Surgical Services) Gynecology (Inpatient) Hazardous Medication Compounding (Inpatient) Labor & Delivery (Inpatient) Labor & Delivery (Inpatient) Magnetic Resonance Imaging (Imaging/Diagnostic Services) Medical /Surgical Unit (Inpatient) Medical ICU (Intensive Care Unit) Non-Sterile Medication Compounding (Inpatient) Normal Newborn Nursery (Inpatient) Nuclear Medicine (Imaging/Diagnostic Services) Ophthalmology (Surgical Services) Orthopedic Surgery (Surgical Services) Positron Emission Tomography (PET) (Imaging/Diagnostic Services) Post Anesthesia Care Unit (PACU) (Inpatient) Sleep Laboratory (Sleep Laboratory) Sterile Medication Compounding (Inpatient) Surgical ICU (Intensive Care Unit) Teleradiology (Imaging/Diagnostic Services) Ultrasound (Imaging/Diagnostic Services) Ultrasound (Imaging/Diagnostic Services) Ultrasound (Imaging/Diagnostic Services) Ultrasound (Imaging/Diagnostic Services) |  |  |
| Divine Savior Healthcare, Inc Pardeeville Clinic DBA: Divine Savior Healthcare, Inc. 102 Gillette St Pardeeville, WI 53954                          | Services:  |  |  |
| Tivoli at Divine Savior<br>Healthcare, Inc.<br>DBA: Tivoli at Divine<br>Savior Healthcare, Inc.<br>2805 Hunters Trail<br>Portage, WI 53901          | Services:  |  |  |

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# **2019 National Patient Safety Goals**

#### **Symbol Key**

The organization has met the National Patient Safety Goal.

The organization has not met the National Patient Safety Goal.

The Goal is not applicable for this organization.

For further information and explanation of the Quality Report contents, refer to the "Quality Report User Guide."

### **Home Care**

| Safety Goals   | Organizations Should                          | Implemented |
|--|---|-------------|
| Improve the accuracy of patient identification.                              | Use of Two Patient Identifiers                | Ø           |
| Improve the safety of using medications.                                     | Reconciling Medication Information            | Ø           |
| Reduce the risk of health care-associated infections.                        | Meeting Hand Hygiene Guidelines               | Ø           |
| Reduce the risk of patient harm resulting from falls.                        | Implementing a Fall Reduction Program         | Ø           |
| The organization identifies safety risks inherent in its patient population. | Identifying Risks Associated with Home Oxygen | Ø           |

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# 2016 National Patient Safety Goals

#### Symbol Key

The organization has met the National Patient Safety Goal.

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The Goal is not applicable for this organization.

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# Hospital

| Safety Goals   | Organizations Should                                       | Implemented |
|--|--|-------------|
| Improve the accuracy of patient identification.                              | Use of Two Patient Identifiers                             | Ø           |
|  | Eliminating Transfusion Errors                             | Ø           |
| Improve the effectiveness of communication among caregivers.                 | Timely Reporting of Critical Tests and Critical Results    | Ø           |
| Improve the safety of using medications.                                     | Labeling Medications                                       | Ø           |
|  | Reducing Harm from Anticoagulation Therapy                 | Ø           |
|  | Reconciling Medication Information                         | Ø           |
| Use Alarms Safely  | Use Alarms Safely on Medical Equipment                     | Ø           |
| Reduce the risk of health care-associated infections.                        | Meeting Hand Hygiene Guidelines                            | Ø           |
|  | Preventing Multi-Drug Resistant Organism Infections        | Ø           |
|  | Preventing Central-Line Associated Blood Stream Infections | 0000        |
|  | Preventing Surgical Site Infections                        | Ø           |
|  | Preventing Catheter-Associated Urinary Tract Infection     | Ø           |
| The organization identifies safety risks inherent in its patient population. | Identifying Individuals at Risk for Suicide                | Ø           |
| Universal Protocol   | Conducting a Pre-Procedure Verification Process            | Ø           |
|  | Marking the Procedure Site                                 | Ø           |
|  | Performing a Time-Out                                      | Ø           |

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# **National Quality Improvement Goals**

Reporting Period: April 2018 - March 2019

|    | Commission               |            |  |  |  |
|----|--------------------------|------------|--|--|--|
|    | Accredited Organizations |            |  |  |  |
|    | Nationwide               | Statewide  |  |  |  |
| he | <b>№</b> 2               | <b>№</b> 2 |  |  |  |

Compared to other Joint

|                         |   | Commission               |           |
|-------------------------|---|--------------------------|-----------|
|                         |   | Accredited Organizations |           |
| Measure Area            | Explanation   | Nationwide               | Statewide |
| Emergency<br>Department | This category of evidence based measures assesses the time patients remain in the hospital Emergency Department prior to inpatient admission. | <b>№</b> <sup>2</sup>    | ND 2      |
|                         |   |                          |           |

|  |   | Compared to other Joint Commission Accredited Organizations |                               |                         |                               | n                       |
|--|---|---|-------------------------------|-------------------------|-------------------------------|-------------------------|
|  |   | 1   | Nationwide                    |                         | State                         | ewide                   |
| Measure  | Explanation   | Hospital<br>Results   | Top 10%<br>Scored<br>at Most: | Weighte<br>d<br>Median: | Top 10%<br>Scored<br>at Most: | Weighte<br>d<br>Median: |
| Admit Decision Time to ED<br>Departure Time for Admitted<br>Patients | The amount of time (in minutes) it takes from the time the physician decides to admit a patient into the hospital from the Emergency Department until the patient actually leaves the ED to go to the inpatient unit. | 71.00 minutes<br>1090 eligible<br>Patients                  | 55.00                         | 136.00                  | 42.26                         | 73.70                   |

- The Joint Commission only reports measures endorsed by the National Quality Forum.
- This information can also be viewed at www.hospitalcompare.hhs.gov Null value or data not displayed.

### **Symbol Key**

- This organization achieved the best possible results
- This organization's performance is above the target range/value.
- This organization's performance is Ø similar to the target range/value.
- This organization's performance is
- below the target range/value.
- lot displayed

#### Footnote Key

- The Measure or Measure Set was not reported.
- The Measure Set does not have an overall result.
- The number of patients is not enough for comparison purposes.
- The measure meets the Privacy Disclosure Threshold rule.
- The organization scored above 90% but was below most other organizations.
- The Measure results are not statistically
- valid.
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# **National Quality Improvement Goals**

### Reporting Period: April 2018 - March 2019

Compared to other Joint

|                |  | Accredited Organizations |            |
|----------------|--|--------------------------|------------|
| Measure Area   | Explanation  | Nationwide               | Statewide  |
| Perinatal Care | This category of evidenced based measures assesses the care of mothers and newborns. | <b>№</b> 2               | <b>№</b> 2 |
|                |  |                          |            |

|                               |   | Соі                                | mpared to d<br>Accredit | other Joint<br>ed Organiz |                                | on   |
|-------------------------------|---|------------------------------------|-------------------------|---------------------------|--------------------------------|------|
|                               |   | 1                                  | Nationwide              | ou o.ga                   |                                | wide |
| Measure                       | Explanation   | Hospital<br>Results                |                         | Average<br>Rate:          | Top 10%<br>Scored<br>at Least: |      |
| Antenatal Steroids            | This measure reports the overall number of mothers who were at risk of preterm delivery at 24-32 weeks gestation receiving antenatal steroids prior to delivering preterm newborns. Antenatal steroids are steroids given before birth.   | 4                                  | 100%                    | 98%                       | 100%                           | 98%  |
| Elective Delivery             | This measure reports the overall number of mothers who had elective vaginal deliveries or elective cesarean sections at equal to and greater than 37 weeks gestation to less than 39 weeks gestation. An elective delivery is the delivery of a newborn(s) when the mother was not in active labor or presented with spontaneous ruptured membranes prior to medical induction and/or cesarean section. | 0% of<br>28 eligible<br>Patients   | 0%                      | 2%                        | 0%                             | 2%   |
| Exclusive Breast Milk Feeding | This measure reports the overall number of newborns who are exclusively breast milk fed during the newborns entire hospitalization.  Exclusive breast milk feeding is when a newborn receives only breast milk and no other liquids or solids except for drops or syrups consisting of vitamins, minerals, or medicines.  | 75% of<br>187 eligible<br>Patients | 73%                     | 52%                       | 79%                            | 62%  |

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- Null value or data not displayed.

## lot displayed

Footnote Key

Symbol Key

ossible results

Ø

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# **2018 National Patient Safety Goals**

#### Symbol Key

- The organization has met the National Patient Safety Goal.
  - The organization has not met the National Patient Safety Goal.
- The Goal is not applicable for this organization.

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### Laboratory

| Safety Goals   | Organizations Should                                    | Implemented |
|--|---|-------------|
| Improve the accuracy of patient identification.              | Use of Two Patient Identifiers                          | Ø           |
| Improve the effectiveness of communication among caregivers. | Timely Reporting of Critical Tests and Critical Results | Ø           |
| Reduce the risk of health care-associated infections         | Meeting Hand Hygiene Guidelines                         | Ø           |

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# **2019 National Patient Safety Goals**

#### Symbol Key

The organization has met the National Patient Safety Goal.

The organization has not met the National Patient Safety Goal.

The Goal is not applicable for this organization.

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## **Nursing Care Center**

| Safety Goals   | Organizations Should                                       | Implemented          |
|--|--|----------------------|
| Improve the accuracy of patient identification.                    | Use of Two Patient Identifiers                             | Ø                    |
| Improve the safety of using medications.                           | Reducing Harm from Anticoagulation Therapy                 | Ø                    |
|  | Reconciling Medication Information                         | $\mathbf{\emptyset}$ |
| Reduce the risk of health care-associated infections.              | Meeting Hand Hygiene Guidelines                            | Ø                    |
|  | Preventing Central-Line Associated Blood Stream Infections | Ø                    |
|  | Preventing Catheter-Associated Urinary Tract Infection     | Ø                    |
| Reduce the risk of patient harm resulting from falls.              | Implementing a Fall Reduction Program                      | Ø                    |
| Prevent health care-associated pressure ulcers (decubitus ulcers). | Assessing Resident Risk for Pressure Ulcers                | Ø                    |