Accreditation Quality Report

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, 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 the key area of 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.

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

Mayo Clinic Health System - Oakridge, Inc.

13025 8th Street, Osseo, WI

Org ID: 394429

Summary of Quality Information

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

Accreditation Programs	Accreditation Decision	Effective Date	Last Full Survey Date	Last On-Site Survey Date
Critical Access Hospital	Accredited	8/8/2008	6/21/2011	6/21/2011

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

Critical Access Hospital

		Compared to other Joint Commission Accredited Organizations	
		Nationwide	Statewide
Critical Access Hospital	**2008National Patient Safety Goals**	✔	N/A *

Locations of Care

* Primary Location

Locations of Care	Available Services	
Mayo Clinic Health System - Oakridge, Inc. * 13025 8th Street Osseo, WI 54758	• Acute Care • Cardiac Unit/Cardiology (Outpatient) • CT Scanner (Inpatient, Outpatient) • EEG/EKG/EMG Lab (Outpatient) • Emergency Room (Outpatient) • Family Practice (Inpatient, Outpatient) • General Medical Services (Inpatient) • Gynecology (Outpatient) • Hematology/Blood Treatment (Inpatient, Outpatient) • Imaging/Radiology (Inpatient, Outpatient) • Infusion Therapy (Outpatient) • Magnetic Resonance Imaging (Outpatient)	• Nuclear Medicine (Outpatient) • Orthopedic Surgery (Outpatient) • Podiatry (Outpatient) • Rehabilitation and Physical Medicine (Inpatient, Outpatient) • Respite Care (Inpatient) • Skilled Nursing Facility (Inpatient) • Sleep Center (Outpatient) • Subacute Care (Inpatient) • Telemetry (Inpatient) • Ultrasound (Outpatient) • Urgent Care/Emergency Medicine (Outpatient) • Wound Care (Inpatient, Outpatient)
MCHS - Oakridge 700 Buffalo St. Mondovi, WI 54755	• General Outpatient Services (Outpatient) • Multi Specialty Group Practice (Outpatient)	

2008 National Patient Safety Goals

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

Critical Access Hospital

Safety Goals	Organizations Should	Implemented
Improve the accuracy of patient identification.	Use at least two patient identifiers when providing care, treatment or services.	✓
Improve the effectiveness of communication among caregivers.	For verbal or telephone orders or for telephonic reporting of critical test results, verify the complete order or test result by having the person receiving the information record and "read-back" the complete order or test result.	✓
	Standardize a list of abbreviations, acronyms, symbols, and dose designations that are not to be used throughout the organization.	✓
	Measure, assess and, if appropriate, take action to improve the timeliness of reporting, and the timeliness of receipt by the responsible licensed caregiver, of critical test results and values.	✓
	Implement a standardized approach to "hand off" communications, including an opportunity to ask and respond to questions.	✓
Improve the safety of using medications.	Identify and, at a minimum, annually review a list of look-alike/sound-alike drugs used by the organization, and take action to prevent errors involving the interchange of these drugs.	✓
	Label all medications, medication containers (for example, syringes, medicine cups, basins), or other solutions on and off the sterile field.	✓
	Reduce the likelihood of patient harm associated with the use of anticoagulation therapy.	✓
Reduce the risk of health care-associated infections.	Comply with current World Health Organization (WHO) Hand Hygiene Guidelines or Centers for Disease Control and Prevention (CDC) hand hygiene guidelines.	✓
	Manage as sentinel events all identified cases of unanticipated death or major permanent loss of function associated with a health care-associated infection.	✓
Accurately and completely reconcile medications across the continuum of care.	There is a process for comparing the patient's current medications with those ordered for the patient while under the care of the organization.	✓
	A complete list of the patient's medications is communicated to the next provider of service when a patient is referred or transferred to another setting, service, practitioner or level of care within or outside the organization. The complete list of medications is also provided to the patient on discharge from the facility.	✓
Reduce the risk of patient harm resulting from falls.	Implement a fall reduction program including an evaluation of the effectiveness of the program.	✓
Encourage patients' active involvement in their own care as a patient safety strategy.	Define and communicate the means for patients and their families to report concerns about safety and encourage them to do so.	✓
Improve recognition and response to changes in a patient's condition.	The organization selects a suitable method that enables health care staff members to directly request additional assistance from	✓

2008 National Patient Safety Goals

Critical Access Hospital

Safety Goals	Organizations Should	Implemented
	a specially trained individual(s) when the patient's condition appears to be worsening.	
Universal Protocol	Conduct a pre-operative verification process.	✓
	Mark the operative site.	✓
	Conduct a "time out" immediately before starting the procedure.	✓

CMS Mortality Rates

Critical Access Hospital

Center for Medicare and Medicaid (CMS) Hospital 30-Day Risk Adjusted Death (Mortality) compared to U.S. National Rate The rates displayed in this table are from data reported for discharges July 2007 through June 2010 Last Updated: June 08, 2011

The U.S. National 30-day Death Rate from Heart Attack = 16%			
	Better Than U.S. National Rate (Adjusted mortality is lower than U.S. rate)	**No Different Than U.S. National Rate** (Adjusted mortality is about the same as U.S. rate or difference is uncertain)	**Worse Than U.S. National Rate** (Adjusted mortality is higher than U.S. Rate)
30-Day Death (Mortality) Rates from Heart Attack = **0%**	Not Available		
Number of Medicare Heart Attack Patients = 1			
Out of 4569 hospitals in U.S.	95 hospitals in the U.S. Better than U.S. National Rate	2744 hospitals in the U.S. No different than U.S. National Rate	45 hospitals in the U.S. Worse than U.S. National Rate
	1685 hospitals in the United States did not have enough cases to reliably tell how well they are performing		
Out of 119 hospitals in Wisconsin	4 hospitals in Wisconsin Better than U.S. National Rate	60 hospitals in Wisconsin No different than U.S. National Rate	1 hospitals in Wisconsin Worse than U.S. National Rate
	54 hospitals in Wisconsin did not have enough cases to reliably tell how well they are performing		

The U.S. National 30-day Death Rate from Heart Failure = 11%			
	Better Than U.S. National Rate (Adjusted mortality is lower than U.S. rate)	**No Different Than U.S. National Rate** (Adjusted mortality is about the same as U.S. rate or difference is uncertain)	**Worse Than U.S. National Rate** (Adjusted mortality is higher than U.S. Rate)
30-Day Death (Mortality) Rates from Heart Failure = **0%**	Not Available		
Number of Medicare Heart Failure Patients = 7			
Out of 4743 hospitals in U.S.	199 hospitals in the U.S. Better than U.S. National Rate	3801 hospitals in the U.S. No different than U.S. National Rate	140 hospitals in the U.S. Worse than U.S. National Rate
	603 hospitals in the United States did not have enough cases to reliably tell how well they are performing		
Out of 121 hospitals in Wisconsin	4 hospitals in Wisconsin Better than U.S. National Rate	105 hospitals in Wisconsin No different than U.S. National Rate	5 hospitals in Wisconsin Worse than U.S. National Rate
	7 hospitals in Wisconsin did not have enough cases to reliably tell how well they are performing		

The U.S. National 30-day Death Rate from Pneumonia = 12%			
	Better Than U.S. National Rate (Adjusted mortality is lower than U.S. rate)	**No Different Than U.S. National Rate** (Adjusted mortality is about the same as U.S. rate or difference is uncertain)	**Worse Than U.S. National Rate** (Adjusted mortality is higher than U.S. Rate)
30-Day Death (Mortality) Rates from Pneumonia = **0%**	Not Available		
Number of Medicare Pneumonia Patients = 14			

CMS Mortality Rates

Critical Access Hospital

Center for Medicare and Medicaid (CMS) Hospital 30-Day Risk Adjusted Death (Mortality) compared to U.S. National Rate The rates displayed in this table are from data reported for discharges July 2007 through June 2010 Last Updated: June 08, 2011			
Out of 4788 hospitals in U.S.	222 hospitals in the U.S. Better than U.S. National Rate	3988 hospitals in the U.S. No different than U.S. National Rate	221 hospitals in the U.S. Worse than U.S. National Rate
	357 hospitals in the United States did not have enough cases to reliably tell how well they are performing		
Out of 121 hospitals in Wisconsin	1 hospitals in Wisconsin Better than U.S. National Rate	113 hospitals in Wisconsin No different than U.S. National Rate	4 hospitals in Wisconsin Worse than U.S. National Rate
	3 hospitals in Wisconsin did not have enough cases to reliably tell how well they are performing		

These percentages were calculated by Centers for Medicare and Medicaid Services from Medicare data on patients discharged July 2007 through June 2010. They do not include people in Medicare Advantage (Managed care) plans or people who do not have Medicare.

For technical information on 30 Day Risk Adjusted Mortality measures please see user guides.

CMS Readmission Rates

Critical Access Hospital

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

The U.S. National Rate for Readmissions for Heart Attack Patients = 20%

	Better Than U.S. National Rate (Adjusted readmissions are lower than U.S. rate)	No Different Than U.S. National Rate (Adjusted readmissions are about the same as U.S. rate or difference is uncertain)	Worse Than U.S. National Rate (Adjusted mortality is higher than U.S. Rate)
30 Day Hospital Readmission Rates from Heart Attack Patients = 0%	Not Available		
Number of Medicare Heart Attack Patients = 1			
Out of 4476 hospitals in U.S.	29 hospitals in the U.S. Better than U.S. National Rate	2403 hospitals in the U.S. No different than U.S. National Rate	45 hospitals in the U.S. Worse than U.S. National Rate
	1999 hospitals in the United States did not have enough cases to reliably tell how well they are performing		
Out of 117 hospitals in Wisconsin	0 hospitals in Wisconsin Better than U.S. National Rate	58 hospitals in Wisconsin No different than U.S. National Rate	0 hospitals in Wisconsin Worse than U.S. National Rate
	59 hospitals in Wisconsin did not have enough cases to reliably tell how well they are performing		

The U.S. National Rate for Readmissions for Heart Failure Patients = 25%

	Better Than U.S. National Rate (Adjusted readmissions are lower than U.S. rate)	No Different Than U.S. National Rate (Adjusted readmissions are about the same as U.S. rate or difference is uncertain)	Worse Than U.S. National Rate (Adjusted mortality is higher than U.S. Rate)
30 Day Hospital Readmission Rates from Heart Failure Patients = 0%	Not Available		
Number of Medicare Heart Failure Patients = 7			
Out of 4759 hospitals in U.S.	147 hospitals in the U.S. Better than U.S. National Rate	3869 hospitals in the U.S. No different than U.S. National Rate	193 hospitals in the U.S. Worse than U.S. National Rate
	550 hospitals in the United States did not have enough cases to reliably tell how well they are performing		
Out of 121 hospitals in Wisconsin	3 hospitals in Wisconsin Better than U.S. National Rate	112 hospitals in Wisconsin No different than U.S. National Rate	0 hospitals in Wisconsin Worse than U.S. National Rate
	6 hospitals in Wisconsin did not have enough cases to reliably tell how well they are performing		

The U.S. National Rate for Readmissions for Pneumonia Patients = 18%

	Better Than U.S. National Rate (Adjusted readmissions are lower than U.S. rate)	No Different Than U.S. National Rate (Adjusted readmissions are about the same as U.S. rate or difference is uncertain)	Worse Than U.S. National Rate (Adjusted mortality is higher than U.S. Rate)
30 Day Hospital Readmission Rates from Pneumonia Patients = 0%	Not Available		

CMS Readmission Rates

Critical Access Hospital

Center for Medicare and Medicaid (CMS) Hospital 30 Day Rate of Readmission compared to U.S. National Rate			
The rates displayed in this table are from data reported for discharges July 2007 through June 2010			
Last Updated: June 08, 2011			
Number of Medicare Pneumonia Patients = 12			
Out of 4813 hospitals in U.S.	64 hospitals in the U.S. Better than U.S. National Rate	4223 hospitals in the U.S. No different than U.S. National Rate	163 hospitals in the U.S. Worse than U.S. National Rate
	363 hospitals in the United States did not have enough cases to reliably tell how well they are performing		
Out of 121 hospitals in Wisconsin	1 hospitals in Wisconsin Better than U.S. National Rate	116 hospitals in Wisconsin No different than U.S. National Rate	1 hospitals in Wisconsin Worse than U.S. National Rate
	3 hospitals in Wisconsin did not have enough cases to reliably tell how well they are performing		

These percentages were calculated by Centers for Medicare and Medicaid Services from Medicare data on patients discharged July 2007 through June 2010. They do not include people in Medicare Advantage (Managed care) plans or people who do not have Medicare.

For technical information on 30 Day Readmission Rates please see user guides.