

Accreditation Quality Report





Quality Check®



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



Summary of Quality Information

S	v m	hol	Key	1
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0	This organization achieved the best possible results.
•	This organization's performance is above the target range/value.
Ø	This organization's performance is similar to the target range/value.
Θ	This organization's performance is below the target range/value.
••	This Measure is not applicable for this organization.
•	Not displayed

Footnote Key

- 1. The Measure or Measure Set was not reported.
- 2. The Measure Set does not have an overall result.
- **3.** The number of patients is not enough for comparison purposes.
- 4. 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.
- 7. The Measure results are based on a sample of patients.
- 8. The number of months with Measure data is below the reporting requirement.
- 9. 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."

Accreditation Programs	Accreditation Decision	Effective Date	Last Full Survey Date	Last On-Site Survey Date
🎯 Critical Access Hospital	Accredited	9/8/2018	9/7/2018	9/7/2018
🥝 Home Care	Accredited	9/7/2018	9/6/2018	9/6/2018
olimits and the second	Accredited	12/8/2017	12/7/2017	12/7/2017

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

Critical Access Hospital

		Compared to other Joint Commission Accredited Organizations	
		Nationwide	Statewide
Critical Access Hospital	2018National Patient Safety Goals	Ø	∞ *
·	National Quality Improvement Goals:		
Reporting Period:	Emergency Department	2 ²	2 ²
Apr 2018 - Mar 2019	Perinatal Care	2 ²	2 ²
Home Care	2018National Patient Safety Goals	Ø	∞ *
Laboratory	2017National Patient Safety Goals	\odot	*

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



Locations of Care

* Primary Location

Available Services
 Services: General Laboratory Tests Single Specialty Practitioner (Outpatient)
Services: • General Laboratory Tests • Single Specialty Practitioner (Outpatient)
Services: • General Laboratory Tests • Outpatient Clinics (Outpatient)
Services: • General Laboratory Tests • Single Specialty Practitioner (Outpatient)
Services: • General Laboratory Tests • Single Specialty Practitioner (Outpatient)
Services: • General Laboratory Tests • Single Specialty Practitioner (Outpatient)
Services: • General Laboratory Tests • Single Specialty Practitioner (Outpatient)
 Services: Home Health Aides Home Health, Non-Hospice Services Hospice Care Medical Social Services Occupational Therapy Physical Therapy Skilled Nursing Services Speech Language Pathology



Locations of Care

* Primary Location

Locations of Care	Available	e Services
Locations of Care Upland Hills Health, Inc. * DBA: Upland Hills health, Inc. 800 Compassion Way Dodgeville, WI 53533	 Other Clinics/Practices locat Upland Hills Health Center Services: Acute Care CT Scanner (Imaging/Diagnostic Services) Ear/Nose/Throat Surgery (Surgical Services) EEG/EKG/EMG Lab (Imaging/Diagnostic Services) Gastroenterology (Surgical Services) General Laboratory Tests GI or Endoscopy Lab (Imaging/Diagnostic Services) Gynecological Surgery (Surgical Services) Interventional Radiology (Inpatient, Outpatient, Imaging/Diagnostic Services) Labor & Delivery (Inpatient) Magnetic Resonance Imaging (Imaging/Diagnostic Services) Mammography (Imaging/Diagnostic Services) Medical /Surgical Unit (Inpatient) Neclical ICU (Intensive Care Unit) Normal Newborn Nursery (Inpatient) Nuclear Medicine (Imaging/Diagnostic Services) 	



2018 National Patient Safety Goals

Critical Access Hospital

Safety Goals	Organizations Should	Implemented
Improve the accuracy of patient identification.	Use of Two Patient Identifiers	Ø
	Eliminating Transfusion Errors	\bigcirc
Improve the effectiveness of communication among caregivers.	Timely Reporting of Critical Tests and Critical Results	Ø
Reduce the harm associated with clinical alarm systems.	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	\bigcirc
	Preventing Central-Line Associated Blood Stream Infections	0 0
	Preventing Surgical Site Infections	\bigcirc
	Preventing Catheter-Associated Urinary Tract Infection	\bigcirc
Universal Protocol	Conducting a Pre-Procedure Verification Process	\bigotimes
	Marking the Procedure Site	\bigcirc
	Performing a Time-Out	\bigcirc

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.

Compared to other Joint Commission



National Quality Improvement Goals

Symbol Key			
This organization achieved the best possible results This organization's performance is		Reporting	Period: April 2018 - March 2019
This organization's performance is above the target range/value.			
This organization's performance is similar to the target range/value.			
O This organization's performance is below the target range/value.			
Not displayed	Me	easure Area	Explanation
		nergency epartment	This category of evidence based measures assesses the time patients remain in the hospital Emergency

Footnote Key

Symbol Ko

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- 1. 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."

		Accredited C	Organizations
Area	Explanation	Nationwide	Statewide
cy ent	This category of evidence based measures assesses the time patients remain in the hospital Emergency Department prior to inpatient admission.	⊘ ²	○ ²

			npared to c Accredite lationwide	other Joint ed Organiz	ations	ewide
Measure	Explanation	Hospital Results	Top 10% Scored at Most:	Weighte d Median:	Top 10% Scored at Most:	Weighte d Median:
Admit Decision Time to ED Departure Time for Admitted 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.	58.00 minutes 119 eligible 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.



National Quality Improvement Goals

Reporting Period: April 2018 - March 2019					
			to other Joint nission		
		Accredited (Organizations		
Measure Area	Explanation	Nationwide	Statewide		
Perinatal Care	This category of evidenced based measures assesses the	№ ²	\mathbf{O}^2		

		Compared to other Joint Commission Accredited Organizations Nationwide Statewide				
Measure	Explanation	Hospital		Rate:	Top 10%	
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 37 eligible Patients	0%	2%	0%	2%

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2018 National Patient Safety Goals

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

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.



2017 National Patient Safety Goals

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

Symbol Key

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