

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, 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

Org ID: 7635







Summary of Quality Information

Accreditation Programs	Accreditation Decision	Effective Date	Last Full Survey Date	Y Last On-Site Survey Date
Behavioral Health Care	Accredited	10/20/2016	10/19/2016	10/19/2016
Home Care	Accredited	10/21/2016	10/20/2016	10/20/2016
Hospital	Accredited	10/22/2016	10/21/2016	12/2/2016

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

Hospital

Advanced Certification Programs	Certification Decision	Effective Date	Last Full Review	w Last On-Site Review Date
Primary Stroke Center	Certification	7/31/2015	7/13/2017	7/13/2017

Special Quality Awards

2013 Top Performer on Key Quality Measures® 2012 Gold Plus Get With The Guidelines - Stroke

		Compared to other Joint Commission Accredited Organizations		
		Nationwide	Statewide	
Behavioral Health Care	2016National Patient Safety Goals	Ø	© *	
Home Care	2016National Patient Safety Goals	Ø	(*)	
Hospital	2016National Patient Safety Goals	Ø	∞ *	
	National Quality Improvement Goals:			
Reporting Period:	Hospital-Based Inpatient Psychiatric Services	№ 0 ²	№ ²	
Jan 2016 - Dec 2016	Immunization	№ 2	2 ²	
	Perinatal Care	ND 2	№ ²	

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

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 11. There were no eligible patients that met the denominator criteria.









Locations of Care

Locations of Care	Available Services
Adult Day Services 420 East Merrill Avenue Fond Du Lac, WI 54935	Services: • Single Specialty Practitioner (Outpatient)
Agnesian Cancer Center 480 East Division Street Fond Du Lac, WI 54935	Services: • Administration of High Risk Medications (Outpatient) • Single Specialty Practitioner (Outpatient)
Agnesian Healthcare dba Doll & Associates 40 Camelot Drive Fond Du Lac, WI 54935	Other Clinics/Practices located at this site: • Agnesian Beyond Boundaries of Autism • Treffert Center Services: • Behavioral Health (Non 24 Hour Care - Adult/Child/Youth) • Community Integration (Non 24 Hour Care) • Developmental Disabilities - Programs / Services (Non 24 Hour Care - Adult/Child/Youth) • Family Support (Non 24 Hour Care) • In-Home Behavioral Health Services (Non 24 Hour Care - Adult/Child/Youth)
Agnesian Healthcare dba Psychiatric Associates 200 Front Street Beaver Dam, WI 53916	Services: Behavioral Health (Non 24 Hour Care - Adult/Child/Youth) Chemical Dependency (Non 24 Hour Care - Adult/Child/Youth) (Non-detox - Adult) Community Integration (Non 24 Hour Care) Eating Disorders/Adult/Child/Youth) (Non 24 Hour Care - Adult/Child/Youth)
Agnesian Wound Care 421 Camelot Drive Fond Du Lac, WI 54935	Services: • Single Specialty Practitioner (Outpatient)
Bereavement Services 1161 W. Johnson Street Fond Du Lac, WI 54937	Services: • Single Specialty Practitioner (Outpatient)
Department of Pain Management 421 Camelot Drive Fond Du Lac, WI 54935	Services: • Anesthesia (Outpatient) • Perform Invasive Procedure (Outpatient) • Single Specialty Practitioner (Outpatient)
Domestic Violence 21 S. Marr Street Fond Du Lac, WI 54935	Services: Behavioral Health (Non 24 Hour Care - Adult/Child/Youth) Community Integration (Non 24 Hour Care) Family Support (Non 24 Hour Care) Peer Support (Non 24 Hour Care)

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Locations of Care

*	Primary	Location

Locations of Care	Available Services
Hospice Home of Hope 400 County K Fond Du Lac, WI 54935	Services: • Hospice Care
Sport, Spine & Work Center 421 Camelot Drive Fond Du Lac, WI 54935	Services: • Single Specialty Practitioner (Outpatient)
Sports, Spine & Work Center 360 S. Mountin Drive Mayville, WI 53050	Services: • Single Specialty Practitioner (Outpatient)

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Locations of Care

* Primary Location

Locations of Care

ST. AGNES HOSPITAL * 430 East Division Street Fond Du Lac, WI 54935

Available Services

Joint Commission Advanced Certification Programs:

• Primary Stroke Center

Services:

- Addiction Care/Adult) (Detox/Non-detox - Adult)
- Behavioral Health (Day Programs - Adult) (Non 24 Hour Care -Adult/Child/Youth) (24-hour Acute Care/Crisis Stabilization - Adult) (Partial - Adult)
- Cardiac Catheterization Lab (Surgical Services)
- Cardiac Surgery (Surgical Services)
- Cardiothoracic Surgery (Surgical Services)
- Cardiovascular Unit (Inpatient)
- Chemical Dependency (Day Programs - Adult) (Non 24 Hour Care -Adult/Child/Youth) (24-hour Acute Care/Crisis Stabilization - Adult) (Partial - Adult) (Detox - Adult) (Non-detox - Adult) (Detox/Non-detox - Adult)
- Community Integration (Non 24 Hour Care)
- Coronary Care Unit (Inpatient)
- CT Scanner (Imaging/Diagnostic Services)
- Ear/Nose/Throat Surgery (Surgical Services)
- Eating
 Disorders/Adult/Child/Youth)
 (Outpatient Adult/Child/Youth)
 (Non 24 Hour Care Adult/Child/Youth)
- EEG/EKG/EMG Lab (Imaging/Diagnostic Services)
- Gastroenterology (Surgical Services)
- GI or Endoscopy Lab (Imaging/Diagnostic Services)
- Gynecological Surgery (Surgical Services)
- Gynecology (Inpatient)

- Magnetic Resonance Imaging (Imaging/Diagnostic Services)
- Medical /Surgical Unit (Inpatient)
- Medical ICU (Intensive Care Unit)
- Neurosurgery (Surgical Services)
- Normal Newborn Nursery (Inpatient)
- Nuclear Medicine (Imaging/Diagnostic Services)
- Ophthalmology (Surgical Services)
- Orthopedic Surgery (Surgical Services)
- Plastic Surgery (Surgical Services)
- Positron Emission Tomography (PET) (Imaging/Diagnostic Services)
- Post Anesthesia Care Unit (PACU) (Inpatient)
- Radiation Oncology (Imaging/Diagnostic Services)
- Sleep Laboratory (Sleep Laboratory)
- Surgical ICU (Intensive Care Unit)
- Surgical Unit (Inpatient)
- Teleradiology (Imaging/Diagnostic Services)
- Thoracic Surgery (Surgical Services)
- Ultrasound (Imaging/Diagnostic Services)
- Urology (Surgical Services)
- Vascular Surgery (Surgical Services)



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Locations of Care

Locations of Care	Available Services
	 Inpatient Unit (Inpatient) Interventional Radiology (Imaging/Diagnostic Services) Labor & Delivery (Inpatient)
St. Agnes Hospital Behavioral Health Services 620 West Brown Street Waupun, WI 53963	Services: Behavioral Health (Non 24 Hour Care - Adult/Child/Youth) Chemical Dependency (Non 24 Hour Care - Adult) (Non-detox - Adult) Community Integration (Non 24 Hour Care) Family Support (Non 24 Hour Care)
St. Agnes Hospital Behavioral Health Services 845 Parkside Street Ripon, WI 54971	Services: Behavioral Health (Non 24 Hour Care - Adult/Child/Youth) Chemical Dependency (Non 24 Hour Care - Adult) (Non-detox - Adult) Community Integration (Non 24 Hour Care) Family Support (Non 24 Hour Care)
St. Agnes Hospital Behavioral Health Services 608 West Brown Street Waupun, WI 53963	Services: Behavioral Health (Non 24 Hour Care - Adult) Community Integration (Non 24 Hour Care)
St. Agnes Hospital Home Care/St. Agnes Hospital Hospice Hope 239 Trowbridge Drive Fond Du Lac, WI 54937	Services:
St. Agnes Hospital Hospice Hope 745 South Street, Suite 4 Green Lake, WI 54941	Services: • Hospice Care
The Fond du Lac Surgery Center 421 Camelot Drive Fond Du Lac, WI 54935	Services:

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2016 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."

Behavioral Health Care

Safety Goals	Organizations Should	Implemented
Improve the accuracy of the identification of individuals served.	Use of Two 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
The organization identifies safety risks inherent in the population of the individuals it serves.	Identifying Individuals at Risk for Suicide	Ø

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2016 National Patient Safety Goals

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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







2016 National Patient Safety Goals

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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	8888
	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: January 2016 - December 2016

		Cor	mpared to c	other Joint ed Organiz		n
		١	lationwide		State	wide
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
Assessment of violence risk, substance use disorder, trauma and patient strengths completed - Overall Rate	This measure reports the overall number of patients screened for violence risk to self and others, substance and alcohol use, psychological trauma history and patient strengths. Screening for violence risk to self determines if patients are likely to harm themselves. Screening for violence risk to others determines if patients are likely to harm others. Screening for substance and alcohol use determines if patients need help for their use. Screening for psychological trauma history determines if patients have experienced terrible events in their lives which have left them fearful or anxious and unable to handle their feelings. Screening for patient strengths identifies positive things such as family support, a steady job, housing, etc. which are used to help the patient recover.	88% of 148 eligible Patients	100%	94%	100%	95%

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Measure Area

Services

Hospital-Based

Inpatient Psychiatric

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Org ID: 7635

Compared to other Joint







National Quality Improvement Goals

Reporting Period: January 2016 - December 2016

Commission
Accredited Organizations

Explanation
Nationwide
Statewide

This category of evidenced based measures assesses the overall quality of care given to psychiatric patients.

		Cor	npared to o Accredit	other Joint ed Organiz		on
		N	lationwide	<u> </u>	State	ewide
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
Assessment of violence risk, substance use disorder, trauma and patient strengths completed - Adult (18-64 years)	This measure reports the number of adults age (18-64 years) screened for violence risk to self and others, substance and alcohol use, psychological trauma history and patient strengths. Screening for violence risk to self determines if patients are likely to harm themselves. Screening for violence risk to others determines if patients are likely to harm others. Screening for substance and alcohol use determines if patients need help for their use. Screening for psychological trauma history determines if patients have experienced terrible events in their lives which have left them fearful or anxious and unable to handle their feelings. Screening for patient strengths identifies positive things such as family support, a steady job, housing, etc. which are used to help	87% of 112 eligible Patients	100%	94%	100%	95%

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National Quality Improvement Goals

Reporting Period: January 2016 - December 2016

Compared to other Joint Commission Accredited Organizations

		Accredited Organizations		
Measure Area	Explanation	Nationwide	Statewide	
Hospital-Based Inpatient Psychiatric Services	This category of evidenced based measures assesses the overall quality of care given to psychiatric patients.	№ 2	(ID) 2	

		Compared to other Joint Commission Accredited Organizations				on
		1	Nationwide			ewide
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
Assessment of violence risk, substance use disorder, trauma and patient strengths completed - Older Adult (>= 65 years)	This measure reports the number of older adult (>= 65 years) screened for violence risk to self and others, substance and alcohol use, psychological trauma history and patient strengths. Screening for violence risk to self determines if patients are likely to harm themselves. Screening for violence risk to others determines if patients are likely to harm others. Screening for substance and alcohol use determines if patients need help for their use. Screening for psychological trauma history determines if patients have experienced terrible events in their lives which have left them fearful or anxious and unable to handle their feelings. Screening for patient strengths identifies positive things such as family support, a steady job, housing, etc. which are used to help the patient recover.	92% of 36 eligible Patients	100%	92%	100%	87%

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Compared to other Joint





430 E. DIVISION ST., Fond Du Lac, WI





National Quality Improvement Goals

Reporting Period: January 2016 - December 2016

Accredited Organizations Measure Area Nationwide Statewide Explanation Hospital-Based This category of evidenced based measures assesses the **№** 2 Inpatient Psychiatric overall quality of care given to psychiatric patients. Services

CCIVICCS						
		Col	mpared to o			on
				ed Organiz		
Magaura	Evalenation		Nationwide	Average		ewide
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Rate:
Multiple Antipsychotic Medications at Discharge with Appropriate Justification Overall Rate	This is a proportion measure. A proportion measure is a measure which shows the number of occurrences over the entire group within which the occurrence should take place. The numerator is expressed as a subset of the denominator. This measure reports the overall number of patients discharged on two or more antipsychotic medications. Antipsychotic medications are a group of drugs used to treat psychosis. Psychosis is a mental illness that markedly interferes with a persons capacity to meet lifes everyday demands.	0% of 9 eligible Patients ³	100%	61%	73%	21%
Multiple Antipsychotic Medications at Discharge with Appropriate Justification Adults Age 18 - 64	This measure reports the number of patients age 18 through 64 years discharged on two or more antipsychotic medications for which there was an appropriate justification. Antipsychotic medications are a group of drugs used to treat psychosis. Psychosis is a mental illness that markedly interferes with a person's capacity to meet life's everyday demands. Appropriate justifications include previous attempts to control psychosis with one antipsychotic medication, a plan to reduce the number of antipsychotic medications to one antipsychotic medication or the addition of an antipsychotic medication when the patient is also being treated with Clozapine.	0% of 7 eligible Patients ³	100%	62%	80%	19%

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Compared to other Joint







National Quality Improvement Goals

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Accredited Organizations Measure Area Nationwide Statewide Explanation Hospital-Based This category of evidenced based measures assesses the **№** 2 Inpatient Psychiatric overall quality of care given to psychiatric patients. Services

		Compared to other Joint Commission Accredited Organizations				on
			Accredit Nationwide	ed Organiz		ewide
Measure	Explanation	Hospital		Average	Top 10%	
		Results	Scored	Rate:	Scored	Rate:
			at Least:		at Least:	
Multiple Antipsychotic Medications at Discharge with Appropriate Justification Older Adults Age 65 and Older	This measure reports the number of patients age 65 and older discharged on two or more antipsychotic medications for which there was an appropriate justification. Antipsychotic medications are a group of drugs used to treat psychosis. Psychosis is a mental illness that markedly interferes with a person's capacity to meet life's everyday demands. Appropriate justifications include previous attempts to control psychosis with one antipsychotic medication, a plan to reduce the number of antipsychotic medications to one antipsychotic medication or the addition of an antipsychotic medication or the addition when the patient is also being treated with Clozapine.	ND 4	100%	56%	57%	32%
Hours of Physical Restraint Use per 1000 Patient Hours - Overall Rate	This measure reports the total hours patients were kept in physical restraints for every 1,000 hours of patient care. Physical restraint is any manual method or physical or mechanical device, material, or equipment that immobilizes or reduces the ability of a patient to move his or her arms, legs, body or head freely when it is used as a restriction to manage a patient's behavior or restrict the patient's freedom of movement and is not a standard treatment for the patient's medical or psychiatric condition.	0.69 (52 Total Hours in Restraint)	N/A	0.50	N/A	0.37

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National Quality Improvement Goals

Reporting Period: January 2016 - December 2016

Compared to other Joint **Accredited Organizations** Measure Area Nationwide Statewide Explanation Hospital-Based This category of evidenced based measures assesses the **№** 2 Inpatient Psychiatric overall quality of care given to psychiatric patients. Services

		Compared to other Joint Commission Accredited Organizations				on
		N	lationwide	ou Organiz		ewide
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
Hours of Physical Restraint Use Adults Age 18 - 64	This measure reports the number of hours patients age 18 through 64 years were kept in physical restraints for every 1,000 hours of patient care. Physical restraint is any manual method or physical or mechanical device, material, or equipment that immobilizes or reduces the ability of a patient to move his or her arms, legs, body or head freely when it is used as a restriction to manage a patient's behavior or restrict the patient's freedom of movement and is not a standard treatment for the patient's medical or psychiatric condition.	0.77 (52 Total Hours in Restraint)	N/A	0.53	N/A	0.33
Hours of Physical Restraint Use Older Adults Age 65 and Older	This measure reports the number of hours patients age 65 and older were kept in physical restraints for every 1,000 hours of patient care. Physical restraint is any manual method or physical or mechanical device, material, or equipment that immobilizes or reduces the ability of a patient to move his or her arms, legs, body or head freely when it is used as a restriction to manage a patient's behavior or restrict the patient's freedom of movement and is not a standard treatment for the patient's medical or psychiatric condition.	0.00 (0 Total Hours in Restraint)	N/A	0.39	N/A	0.05
Hours of Seclusion Use per 1000 Patient Hours - Overall Rate	This measure reports the total hours patients were kept in seclusion for every 1,000 hours of patient care. Seclusion is the involuntary confinement of a patient alone in a room or an area where the patient is physically prevented from leaving.	0.54 (41 Total Hours in Seclusion)	N/A	0.36	N/A	0.37

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Compared to other Joint









National Quality Improvement Goals

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Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	State Top 10% Scored at Least:	Average Rate:
Hours of Seclusion Use Adults Age 18 - 64	This measure reports the number of hours patients age 18 through 64 years were kept in seclusion for every 1,000 hours of patient care. Seclusion is the involuntary confinement of a patient alone in a room or an area where the patient is physically prevented from leaving.	0.61 (41 Total Hours in Seclusion)	N/A	0.41	N/A	0.42
Hours of Seclusion Use Older Adults Age 65 and Older	This measure reports the number of hours patients age 65 and older were kept in seclusion for every 1,000 hours of patient care. Seclusion is the involuntary confinement of a patient alone in a room or an area where the patient is physically prevented from leaving.	0.00 (0 Total Hours in Seclusion)	N/A	0.07	N/A	0.05

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- 7. 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.
- There were no eligible patients that met the denominator criteria.

Org ID: 7635







National Quality Improvement Goals

Reporting Period: January 2016 - December 2016

Compared to other Joint Commission

Accredited Organizations

Measure Area Explanation Nationwide Statewide

Immunization This evidence-based prevention measure set assesses immunization activity for pneumonia and influenza.

		Compared to other Joint Commission Accredited Organizations Nationwide Statewide				
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:		Average Rate:
Influenza Immunization	This prevention measure addresses acute care hospitalized inpatients age 6 months and older who were screened for seasonal influenza immunization status and were vaccinated prior to discharge if indicated.	97% of 564 eligible Patients	100%	94%	100%	96%

- 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 similar to the target range/value.
- This organization's performance is below the target range/value
- below the target range/value.
- Not 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.
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National Quality Improvement Goals

Reporting Period: January 2016 - December 2016

Compared to other Joint **Accredited Organizations**

Org ID: 7635

Measure Area	Explanation	Nationwide	Statewide
Perinatal Care	This category of evidenced based measures assesses the care of mothers and newborns.	№ 2	© 2

		Cor	mpared to o	other Joint	Commissio	on
		Accredited Organizations				
		Nationwide Statewid				
Measure	Explanation	Hospital	•		Top 10%	•
		Results	Scored at Least:	Rate:	Scored at Least:	Rate:
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.	67% of 6 eligible Patients ³	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.	3% of 114 eligible Patlents	0%	2%	0%	3%
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.	65% of 688 eligible Patients	75%	53%	79%	64%

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