

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



Summary of Quality Information

| Accreditation Programs | Accreditation Decision | Effective | Last Full Surv | ey Last On-Site |
|--------------------------|------------------------|------------|----------------|--------------------|
| | | Date | Date | Survey Date |
| 🥝 Behavioral Health Care | Accredited | 10/20/2016 | 9/24/2019 | 9/24/2019 |
| 🥝 Home Care | Accredited | 10/21/2016 | 9/26/2019 | 9/26/2019 |
| 🙆 Hospital | Accredited | 10/22/2016 | 9/27/2019 | 9/27/2019 |

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

| Advanced Certification | Certification Decision | Effective | Last Full Review | w Last On-Site |
|-------------------------------|-------------------------------|-----------|------------------|--------------------|
| Programs | | Date | Date | Review Date |
| Primary Stroke Center | Certification | 8/6/2019 | 8/5/2019 | 8/5/2019 |

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 | <u>ن</u> ه * |
| Home Care | 2016National Patient Safety Goals | Ø | * |
| Hospital | 2016National Patient Safety Goals | Ø | * |
| | National Quality Improvement Goals: | | |
| Reporting Period: | Emergency Department | 2 ² | NO ² |
| Apr 2018 - Mar 2019 | Hospital-Based Inpatient Psychiatric Services | NO ² | 1 |
| | Perinatal Care | 2 × | NO ² |

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

Symbol Key

| 0 | This organization achieved the best possible results. |
|----------|---|
| Ð | This organization's performance is above the target range/value. |
| Ø | This organization's performance is similar to the target range/value. |
| Э | 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.
- The measure results are temporarily suppressed pending resubmission of updated data.
 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.



Locations of Care

| * Primary Location | |
|---|--|
| 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) |
| 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) |
| 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) |



Locations of Care

* Primary Location

| Locations of Care |
|--|
| Primary Location Locations of Care ST. AGNES HOSPITAL * 430 East Division Street Fond Du Lac, WI 54935 |



Locations of Care

| * Primary Location | |
|---|--|
| Locations of Care | Available Services Hazardous Medication Compounding (Inpatient) Inpatient Unit (Inpatient) Interventional Radiology (Imaging/Diagnostic Services) Labor & Delivery (Inpatient) Magnetic Resonance Imaging (Imaging/Diagnostic Services) |
| 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/Child/Youth) (Non-detox - Adult) Community Integration (Non 24 Hour Care) Family Support (Non 24 Hour Care) |
| St. Agnes Hospital Home Care/St. Agnes Hospital Hospice Hope 239 Trowbridge Drive Fond Du Lac, WI 54937 | Services: • Home Health Aides • Home Health, Non-Hospice Services • Hospice Care • Medical Social 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: • Ambulatory Surgery Center (Outpatient) • Anesthesia (Outpatient) • Pediatric Dentistry (Outpatient - Child/Youth) • Perform Invasive Procedure (Outpatient) |



2016 National Patient Safety Goals

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 |

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.



2016 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.



2016 National Patient Safety Goals

Hospital

| Safety Goals | Organizations Should | Implemented |
|--|--|-------------------|
| Improve the accuracy of patient identification. | Use of Two Patient Identifiers | Ø |
| | Eliminating Transfusion Errors | \bigotimes |
| 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 | \bigcirc |
| | Reconciling Medication Information | \bigcirc |
| Use Alarms Safely | Use Alarms Safely on Medical Equipment | Ø |
| Reduce the risk of health care-associated infections. | Meeting Hand Hygiene Guidelines | \bigotimes |
| | Preventing Multi-Drug Resistant Organism Infections | \bigotimes |
| | Preventing Central-Line Associated Blood Stream Infections | <u>ତ</u> ତ୍ର ତ |
| | Preventing Surgical Site Infections | \bigcirc |
| | Preventing Catheter-Associated Urinary Tract Infection | \bigcirc |
| 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 | \bigotimes |
| | Marking the Procedure Site | \bigotimes |
| | 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.



National Quality Improvement Goals

Reporting Period: April 2018 - March 2019

| Symbol Key |
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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.
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 Not displayed

Footnote Key

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- 4. The measure meets the Privacy Disclosure Threshold rule.
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- Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement.
 There were no eligible reliests that me
- 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."

| | | Compared to other Joint Commission | |
|-------------------------|---|---------------------------------------|-----------------------|
| | | Accredited Organizations | |
| Measure Area | Explanation | Nationwide | Statewide |
| Emergency Department | This category of evidence based measures assesses the time patients remain in the hospital Emergency Department prior to inpatient admission. | ™ ² | O ² |
| | | | |

| | | Compared to other Joint Commission Accredited Organizations | | | | | | |
|--|---|--|-------------------------------|-------------------------|-------------------------------|-------------------------|--|--|
| | | Ν | lationwide | Statewide | | | | |
| 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. | RED ² 72.00 minutes 684 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

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National Quality Improvement Goals

| | Reporting Peri | iod: April 2018 - March 2019 | | |
|------|--------------------------------------|--|-------------------------------------|------------|
| | | | Compared to Comm Accredited C | |
| Meas | ure Area | Explanation | Nationwide | Statewide |
| | ital-Based ent Psychiatric ces | This category of evidenced based measures assesses the overall quality of care given to psychiatric patients. | 1 2 | 1 2 |

| | | Со | npared to o Accredit | other Joint ed Organiz | | on |
|---|--|------------------------------------|--------------------------------|---------------------------|--------------------------------|-----------------|
| | | ١ | lationwide | | | ewide |
| Measure | Explanation | Hospital Results | Top 10% Scored at Least: | Average Rate: | Top 10% Scored at Least: | Averag 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. | 94% of 155 eligible Patients | 100% | 95% | 3 | 3 |

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- 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.



National Quality Improvement Goals

| Reporting Peri | l: April 2018 - March 2019 | | | | | |
|---|---|--------------------------|--|---------------------------|-----------------------|---------------------|
| | | | | npared to o Commiss | | |
| Measure Area | Explanation | | Nationwi | Ŭ | Statewide | e |
| Hospital-Based Inpatient Psychiatric Services | his category of evidenced based measures as verall quality of care given to psychiatric patier | | | 2 | ⊘ ² | |
| | | | Accredite | other Joint ed Organiz | | |
| Measure | Explanation | N Hospital Results | Iationwide Top 10% Scored at Least: | Average Rate: | | ewide Aver Ra |
| Assessment of violence substance use disorder, trauma and patient stren completed - Children (1- years) | children age (1-12 years) screened for violence risk to self and others, | €]3 | 100% | 95% | 3 | |

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

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the patient recover.

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

This information can also be viewed at www.hospitalcompare.hhs.gov -- Null value or data not displayed. Ð

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



National Quality Improvement Goals

| Symbol Key | | | | | | | | | |
|--|---|--|--|---|--------------------------------|---|-----------------------|--|--|
| This organization achieved the best possible results This organization's performance is | Reporting Peri | iod: Ap | ril 2018 - March 2019 | | | | | | |
| 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. Not displayed | Measure Area | | | npared to o Commiss edited Orga de | sion | ÷_ | | | |
| Footnote Key | Hospital-Based Inpatient Psychiatric Services | Hospital-Based This category of evidenced based measures assesses the overall quality of care given to psychiatric patients. | | | | | ⊙ ² | | |
| The Measure or Measure Set was not reported. The Measure Set does not have an | | | | | | ompared to other Joint Commission Accredited Organizations Nationwide Statewide | | | |
| overall result. The number of patients is not enough for comparison purposes. | Measure | | Explanation | Hospital Results | Top 10% Scored at Least: | Average Rate: | | | |
| 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. The Measure results are based on a sample of patients. The number of months with Measure | Assessment of violence substance use disorder, trauma and patient strer completed - Adolescent years) | ngths | This measure reports the number of adolescent age (13-17 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

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

their use. Screening for

psychological trauma history

determines if patients have

| ð. | 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.

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the patient recover.

This information can also be viewed at www.hospitalcompare.hhs.gov Null value or data not displayed.

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updated data. 10. Test Measure: a measure being evaluated for reliability of the individual data elements or await 430 E. DIVISION ST., Fond Du Lac, WI



National Quality Improvement Goals

| Symbol Key | | | | | | | | | | | |
|---|---|--|--|------------------------|---------------------------------------|-----------------------------|-----------------------|------------------|--|--|--|
| This organization achieved the best possible results | Reporting Per | riod: Ap | ril 2018 - March 2019 | | | | | | | | |
| This organization's performance is above the target range/value. | | | | | | | | | | | |
| This organization's performance is similar to the target range/value. | | | | | Compared to other Joint Commission | | | | | | |
| This organization's performance is below the target range/value. | | | | | Accredited Organizations | | | | | | |
| Not displayed | Measure Area | Measure Area Explanation | | | | | Statewide | e | | | |
| Footnote Key | Hospital-Based Inpatient Psychiatric Services | patient Psychiatric overall quality of care given to psychiatric patients. | | | | | ○ ² | | | | |
| The Measure or Measure Set was not reported. | | | | Con | npared to c Accredite | other Joint (ed Organiz | | n | | | |
| The Measure Set does not have an overall result. | | N | lationwide | | State | wide | | | | | |
| The number of patients is not enough for comparison purposes. | Measure | | Explanation | Hospital Results | Scored | Average Rate: | Scored | Average Rate: | | | |
| The measure meets the Privacy Disclosure Threshold rule. | Assessment of violence | e risk, | This measure reports the number of | | at Least: | | at Least: | | | | |
| The organization scored above 90% but was below most other organizations. | substance use disorder trauma and patient stre | · | adults age (18-64 years) screened for violence risk to self and others, | | | | | | | | |
| The Measure results are not statistically valid. | completed - Adult (18-6 years) | 64 | substance and alcohol use, psychological trauma history and | | | | | | | | |
| The Measure results are based on a sample of patients. | | | patient strengths. Screening for violence risk to self determines if | | | | | | | | |
| The number of months with Measure data is below the reporting requirement. | | | patients are likely to harm themselves. Screening for violence risk to others determines if patients | | | | | | | | |
| The measure results are temporarily suppressed pending resubmission of | | | are likely to harm others. Screening for substance and alcohol use | \bigotimes | | | | | | | |
| updated data. • Test Measure: a measure being | | | determines if patients need help for their use. Screening for | 94% of 118 eligible | 100% | 95% | 3 | 3 | | | |
| evaluated for reliability of the individual data elements or awaiting | | | psychological trauma history determines if patients have | Patients | | | | | | | |
| National Quality Forum Endorsement. There were no eligible patients that met the denominator criteria. | | | experienced terrible events in their lives which have left them fearful or | | | | | | | | |

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the patient recover.

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This information can also be viewed at www.hospitalcompare.hhs.gov Null value or data not displayed.

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updated data. 10. Test Measure: a measure being evaluated for reliability of the individual data elements or awai 430 E. DIVISION ST., Fond Du Lac, WI



National Quality Improvement Goals

| Symbol Key | | | | | | | | | | | |
|---|---|--|--|-----------------------|---------------------------------------|-----------------------------|-----------------------|------------------|--|--|--|
| This organization achieved the best possible results | Reporting Per | riod: Ap | ril 2018 - March 2019 | | | | | | | | |
| This organization's performance is above the target range/value. | | | | | | | | | | | |
| This organization's performance is similar to the target range/value. | | | | | Compared to other Joint Commission | | | | | | |
| This organization's performance is below the target range/value. | | | | | Accr | | | | | | |
| Not displayed | Measure Area | | Explanation | | Nationwi | de | Statewide | e | | | |
| Footnote Key | Hospital-Based Inpatient Psychiatric Services | ent Psychiatric overall quality of care given to psychiatric patients. | | | | | ○ ² | | | | |
| The Measure or Measure Set was not reported. | | | | Cor | npared to c Accredite | other Joint (ed Organiz | | n | | | |
| The Measure Set does not have an overall result. | | | | N | lationwide | | | ewide | | | |
| The number of patients is not enough for comparison purposes. | Measure | | Explanation | Hospital Results | Scored | Average Rate: | Scored | Average Rate: | | | |
| The measure meets the Privacy Disclosure Threshold rule. | Assessment of violence | e risk. | This measure reports the number of | | at Least: | | at Least: | | | | |
| The organization scored above 90% but was below most other organizations. | substance use disorder trauma and patient stre | engths | older adult (>= 65 years) screened for violence risk to self and others, | | | | | | | | |
| The Measure results are not statistically valid. | completed - Older Adul years) | t (>= 65 | substance and alcohol use, psychological trauma history and patient strengths. Screening for | | | | | | | | |
| The Measure results are based on a sample of patients. | | | violence risk to self determines if patients are likely to harm | | | | | | | | |
| The number of months with Measure data is below the reporting requirement. | | | themselves. Screening for violence risk to others determines if patients | | | | | | | | |
| The measure results are temporarily suppressed pending resubmission of | | | are likely to harm others. Screening for substance and alcohol use | \bigotimes | 1000/ | 0.49/ | 2 | 2 | | | |
| updated data. Test Measure: a measure being evaluated for reliability of the | | | determines if patients need help for their use. Screening for | 95% of 37 eligible | 100% | 94% | 3 | 3 | | | |
| individual data elements or awaiting National Quality Forum Endorsement. | | | psychological trauma history determines if patients have | Patients | | | | | | | |
| • There were no eligible patients that met the denominator criteria. | | | experienced terrible events in their lives which have left them fearful or | | | | | | | | |

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



National Quality Improvement Goals

| Symbol Key | | | | | | | | | |
|--|---|---------|--|--|---|------------------|--------------------------------|------------------|--|
| This organization achieved the best possible results | Reporting Perio | od: Api | ril 2018 - March 2019 | | | | | | |
| 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. | | | | | Compared to other Joint Commission Accredited Organizations | | | | |
| Not displayed | Measure Area Hospital-Based Inpatient Psychiatric | | Explanation egory of evidenced based measures as quality of care given to psychiatric patie | | Nationwide | | Statewide | | |
| Footnote Key The Measure or Measure Set was not reported. The Measure Set does not have an overall result. | Services | | | ١ | Vationwide | ed Organiz | ations State | wide | |
| 3. The number of patients is not enough for comparison purposes. | Measure | | Explanation | Hospital Results | Top 10% Scored at Least: | Average Rate: | Top 10% Scored at Least: | Average Rate: | |
| 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. 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. 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 | Appropriate Justification Overall Rate | e with | 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. | O 10% of 10 eligible Patients | 100% | 62% | 87% | 27% | |
| For further information and explanation of the Quality Report contents, refer to the "Quality Report User Guide." | | e with | This measure reports the number of patients age 1 through 12 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. | ND 3 | 100% | 48% | 3 | 3 | |

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This information can also be viewed at www.hospitalcompare.hhs.gov

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

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National Quality Improvement Goals

| Symbol Key | | | | | | | | |
|--|--|----------|--|---------------------|--------------------------------|----------------------------|--------------------------------|------------------|
| This organization achieved the best possible results | Reporting Peri | od: Ap | ril 2018 - March 2019 | | | | | |
| This organization's performance is above the target range/value. | | | | | | | | |
| This organization's performance is similar to the target range/value. | | | | | Com | pared to o Commiss | | |
| This organization's performance is below the target range/value. | | | | | Accre | edited Orga | | |
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| Footnote Key | Hospital-Based Inpatient Psychiatric Services | U | | | | | 0 ² | |
| The Measure or Measure Set was not reported. | | | | Co | mpared to c Accredite | ther Joint (ed Organiz | | n |
| The Measure Set does not have an overall result. | | | | 1 | Vationwide | | State | wide |
| The number of patients is not enough for comparison purposes. | Measure | | Explanation | Hospital Results | Top 10% Scored at Least: | Average Rate: | Top 10% Scored at Least: | Average Rate: |
| 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 | Multiple Antipsychotic Medications at Discharge Appropriate Justification Adolescents Age 13 - 17 | | This measure reports the number of patients age 13 through 17 years discharged on two or more antipsychotic medications for which there was an expression interference of the second sec | | | | | |

there was an appropriate justification.

illness that markedly interferes with a

Antipsychotic medications are a

psychosis. Psychosis is a mental

person's capacity to meet life's

justifications include previous

everyday demands. Appropriate

attempts to control psychosis with

antipsychotic medications to one

antipsychotic medication or the

addition of an antipsychotic medication when the patient is also being treated with Clozapine.

one antipsychotic medication, a plan

group of drugs used to treat

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."

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

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



National Quality Improvement Goals

| Symbol Key | | | | | | | |
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| s organization achieved the best sible results | Reporting Period | : April 2018 - March 2019 | | | | | |
| s organization's performance is ve the target range/value. | | | | | | | |
| is organization's performance is illar to the target range/value. | | | | Com | npared to o Commiss | | |
| s organization's performance is owned to be a set of the set of th | | | | | | | |
| ot displayed | Measure Area | Explanation | | Nationwie | de | Statewide | e |
| ootnote Key | | nis category of evidenced based measures a rerall quality of care given to psychiatric patie | @ ² | | 1 | | |
| Measure or Measure Set was not orted. | | | Cor | mpared to c Accredite | other Joint ed Organiz | | 'n |
| e Measure Set does not have an erall result. | | | | lationwide | | State | |
| e number of patients is not enough comparison purposes. | Measure | Explanation | Hospital Results | Top 10% Scored at Least: | Average Rate: | Top 10% Scored at Least: | Avera Rate |
| e measure meets the Privacy sclosure Threshold rule. e organization scored above 90% but ts below most other organizations. | Multiple Antipsychotic Medications at Discharge w Appropriate Justification | This measure reports the number of vith patients age 18 through 64 years discharged on two or more | | at Least. | | at Least. | |

antipsychotic medications for which

Antipsychotic medications are a

psychosis. Psychosis is a mental

person's capacity to meet life's

justifications include previous

everyday demands. Appropriate

attempts to control psychosis with

antipsychotic medications to one

antipsychotic medication or the

addition of an antipsychotic medication when the patient is also being treated with Clozapine.

one antipsychotic medication, a plan

group of drugs used to treat

there was an appropriate justification.

illness that markedly interferes with a

5. The organization scored above 90% 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.
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Appropriate Justification

Adults Age 18 - 64

100%

14% of

7 eliaible

Patients

64%

88%

28%

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National Quality Improvement Goals

| Symbol Key | | | | | | | | | | | |
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| This organization achieved the best possible results | Reporting Perio | od: Api | il 2018 - March 2019 | | | | | | | | |
| This organization's performance is above the target range/value. | | | | | | | | | | | |
| This organization's performance is similar to the target range/value. | | | | | Con | npared to o Commiss | | | | | |
| O This organization's performance is below the target range/value. | | | | | Accr | edited Org | | | | | |
| Not displayed | Measure Area | | Explanation | | Nationwide State | | Statewid | e | | | |
| Footnote Key | | | egory of evidenced based measures as juality of care given to psychiatric patier | | e (1) 2 (1) | | ⊘ ² | | | | |
| 1. The Measure or Measure Set was not | | | | Cor | Compared to other Joint Commission | | | | | | |
| reported.2. The Measure Set does not have an | | _ | | | | | ations | | | | |
| overall result.The number of patients is not enough for comparison purposes. | Measure | | Explanation | Hospital Results | Top 10% Scored at Least: | Average Rate: | | ewide Average Rate: | | | |
| The measure meets the Privacy Disclosure Threshold rule. The organization scored above 90% but was below most other organizations. | Multiple Antipsychotic Medications at Discharge Appropriate Justification (Adults Age 65 and Older | 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 when the patient is also being treated with Clozapine. | 0% of 3 eligible Patients | 100% | 54% | 100% | 24% | | | |
| For further information and explanation of the Quality Report contents, refer to the "Quality Report User Guide." | Hours of Physical Restrai Use per 1000 Patient Hou 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. | 0.42 (26 Total Hours in Restraint) | N/A | 0.48 | 3 | 3 | | | |

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National Quality Improvement Goals

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| This organization achieved the best possible results | Reporting Peri | od: Apı | il 2018 - March 2019 | | | | | |
| This organization's performance is above the target range/value. | | | | | | | | |
| This organization's performance is imilar to the target range/value. | | | | | Com | pared to o Commiss | | |
| This organization's performance is below the target range/value. | | | | | Accre | edited Org | anizations | |
| Not displayed | Measure Area | | Explanation | | Nationwi | de | Statewide | 2 |
| | Hospital-Based Inpatient Psychiatric | | egory of evidenced based measures as juality of care given to psychiatric patier | | (| 2 | ∞ ² | |
| Footnote Key | Services | | | | | | | |
| The Measure or Measure Set was not eported. | | | | Cor | npared to c Accredite | other Joint ed Organiz | | n |
| The Measure Set does not have an overall result. | | | | | | ationwide Statew | | |
| The number of patients is not enough | Measure | | Explanation | Hospital | Top 10% | Average | Top 10% | Average |
| for comparison purposes. | | | | Results | Scored at Least: | Rate: | Scored at Least: | Rate: |
| The measure meets the Privacy Disclosure Threshold rule. | Hours of Physical Restra | | This measure reports the number of hours patients age 1 through 12 | | | | at Louot. | |

- 5. The organization scored above 90% but was below most other organizations. The Measure results are not statistically
- valid.
- 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."

| | | Results | Scored at Least: | Rate: | Scored at Least: | Rate: |
|--|---|--------------|---------------------|-------|---------------------|-------|
| Hours of Physical Restraint Use Children Age 1 - 12 | This measure reports the number of hours patients age 1 through 12 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. | 600 3 | N/A | 0.37 | 3 | 3 |
| Hours of Physical Restraint Use Adolescents Age 13 - 17 | This measure reports the number of hours patients age 13 through 17 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. | € | N/A | 0.26 | 3 | 3 |



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National Quality Improvement Goals

| Symbol Key | | | | | | | | |
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| This organization achieved the best possible results | Reporting Per | riod: Ap | ril 2018 - March 2019 | | | | | |
| This organization's performance is above the target range/value. | | | | | | | | |
| This organization's performance is similar to the target range/value. | | | | | Compared to other Joint Commission | | | |
| O This organization's performance is below the target range/value. | | | | | Accredited Organizations | | | |
| om Not displayed | Measure Area Explanation | | | | Nationwide Statewide | | | ; |
| | Hospital-Based Inpatient Psychiatric Services | Inpatient Psychiatric overall quality of care given to psychiatric patients. | | 2 | | ™ ² | | |
| Footnote Key 1. The Measure or Measure Set was not | | | | 0 | | Alexandra backard | 0 | |
| reported. | | | | Cor | | other Joint ed Organiz | Commissio ations | n |
| 2. The Measure Set does not have an overall result. | | | Fordersetter | | lationwide | | State | |
| 3. The number of patients is not enough for comparison purposes. | Measure | | Explanation | Hospital Results | Scored at Least: | Average Rate: | Top 10% Scored at Least: | Rate: |
| 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. 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. Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement. | Hours of Physical Restr 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. | 0.29 (17 Total Hours in Restraint) | N/A | 0.55 | 3 | 3 |
| 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.'' | Hours of Physical Restr Use Older Adults Age 6 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. | 1.84 (9 Total Hours in Restraint) ³ | N/A | 0.14 | 3 | 3 |
| | Hours of Seclusion Use 1000 Patient Hours - O 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 1.25 (80 Total Hours in Seclusion) | N/A | 0.37 | 3 | ³ |

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This organization's performance is

similar to the target range/value. This organization's performance is

above the target range/value. This organization's performance is

below the target range/value.

Footnote Key

The Measure or Measure Set was not

The number of patients is not enough for comparison purposes.

The organization scored above 90% but was below most other organizations. The Measure results are not statistically

The Measure results are based on a

The number of months with Measure data is below the reporting requirement.

The measure results are temporarily suppressed pending resubmission of

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."

The measure meets the Privacy Disclosure Threshold rule.

The Measure Set does not have an

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



National Quality Improvement Goals

| Reporting Per | iod: April 2018 - March 2019 | | | | |
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| Compared to other Joint Commission | | | | | |
| | | Accredited C | rganizations | | |
| 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 ² | № ² | | |

| | | Compared to other Joint Commission Accredited Organizations | | | | |
|---|---|--|--------------------------------|------------------|--------------------------------|------------------|
| | | Nationwide Statewid | | | | |
| Measure | Explanation | Hospital Results | Top 10% Scored at Least: | Average Rate: | Top 10% Scored at Least: | Average Rate: |
| Hours of Seclusion Use Children Age 1 - 12 | This measure reports the number of hours patients age 1 through 12 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. | № 3 | N/A | 0.60 | 3 | 3 |
| Hours of Seclusion Use Adolescents Age 13 - 17 | This measure reports the number of hours patients age 13 through 17 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. | ₩3 | N/A | 0.22 | 3 | ³ |
| 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. | 0.98 (58 Total Hours in Seclusion) | N/A | 0.42 | <u></u> 3 | 3 |
| 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. | 4.36 (22 Total Hours in Seclusion) ³ | N/A | 0.04 | 3 | 3 |

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The number of patients is not enough for comparison purposes.

The organization scored above 90% but was below most other organizations. The Measure results are not statistically

The Measure results are based on a

The number of months with Measure data is below the reporting requirement.

The measure results are temporarily suppressed pending resubmission of

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."

The measure meets the Privacy Disclosure Threshold rule.

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



National Quality Improvement Goals

| Symbol Key | | | | |
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| This organization achieved the best possible results | Reporting F | 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. | | | | to other Joint mission |
| This organization's performance is below the target range/value. | | | | Organizations |
| Not displayed | Measure Area | Explanation | Nationwide | Statewide |
| | Perinatal Care | This category of evidenced based measures assesses the care of mothers and newborns. | ○ ² | 0 ² |
| | | | | |

| | | Compared to other Joint Commission Accredited Organizations | | | | | |
|-------------------------------|--|--|--------------------------------|------------------|---|--------------------------|--|
| Measure | Explanation | N Hospital Results | Top 10% Scored at Least: | Average Rate: | State Top 10% Scored at Least: | wide Average 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. | 86% of 7 eligible Patients | 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 85 eligible 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. | 60% of 702 eligible Patients | 73% | 52% | 79% | 62% | |



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