

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 Sur	vey Last On-Site
		Date	Date	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	Certification Decision	Effective	Last Full Review	v Last On-Site
Programs		Date	Date	Review Date
📀 Primary Stroke Center	Certification	7/14/2017	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	\bigotimes	<u>ن</u> ه *
Home Care	2016National Patient Safety Goals	Ø	()*
Hospital	2016National Patient Safety Goals	${\mathfrak O}$	()) *
	National Quality Improvement Goals:		
Reporting Period:	Emergency Department	ND ²	(10) ²
Apr 2018 - Mar 2019	Hospital-Based Inpatient Psychiatric Services	1	(10) ²
	Perinatal Care	@ ²	e 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

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.
 Not displayed

Footnote Key

- 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.
- The Measure results are not statistically valid.
- 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
- 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 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 C	rganizations
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

--- Null value or data not displayed.



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

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.
 Not displayed

Footnote Key

- 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.
- 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.
- 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	

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.
 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.
- 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.
- 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
- **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."

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

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

 \oslash

1. reported.

2.

3.

4.

5.

6.

valid. 7.

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.

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.

the patient recover.

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

100%

95%

___3

3

Ð

 \oslash

e

ND

1.

2.

3.

4.

5.

8.

9.

11

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								

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.

the patient recover.

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

 \oslash

e

ND

1.

2.

3.

4.

5.

8.

9.

11

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								

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.

the patient recover.

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.

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	

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 Kev

Ð

 \odot

1. reported.

2.

3.

4.

5.

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

___3

3

100%

53%



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		
Not displayed	Measure Area						Statewide	e
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.

to reduce the number of

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

Null value or data not displayed.

Symbol Key

Ð

 \odot

1.

2.

3.

4.

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



National Quality Improvement Goals

Symbol Key							
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.
- 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.

to reduce the number of

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

Null value or data not displayed.

Appropriate Justification

Adults Age 18 - 64

100%

14% of

7 eliaible

Patients

64%

88%

28%

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	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			

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

0

 \oslash

e

ND

2.

3.

4.

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



National Quality Improvement Goals

Symbol Key								
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



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

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			
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

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

possible results

ot displayed

reported.

overall result.

0

 \oslash

e

ND

2.

3.

4.

5.

8.

9.

11

valid.

sample of patients.

updated data. **10.** Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement.

This organization achieved the bes

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				
	•				
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

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

Footnote Key The Measure or Measure Set was not

The Measure Set does not have an

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.

reported.

overall result.

0

 \oslash

e

ND

2.

3.

4.

5.

8.

9.

11

valid.

sample of patients.

updated data. 10. Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement.

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



National Quality Improvement Goals

Symbol Key				
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%	



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.