

# Accreditation Quality Report





Version: 3 Date: 3/27/2021 430 E. DIVISION ST., Fond Du Lac, WI

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.









# **Summary of Quality Information**

Accreditation Programs	<b>Accreditation Decision</b>	Effective Date	Last Full Survey Date	Last On-Site Survey Date
Behavioral Health Care and Human Services	Accredited	9/25/2019	9/24/2019	9/24/2019
Home Care	Accredited	9/27/2019	9/26/2019	9/26/2019
	Accredited	9/28/2019	9/27/2019	11/8/2019

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

Hospital

Advanced Certification Programs	<b>Certification Decision</b>	Effective Date	Last Full Review Date	v Last On-Site 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		
			Statewide	
Behavioral Health Care and Human Services	2019National Patient Safety Goals	Ø	<b>(4)</b>	
Home Care	2019National Patient Safety Goals	Ø	<b>W</b> A *	
Hospital	2019National Patient Safety Goals	Ø	N/A *	
	National Quality Improvement Goals:			
Reporting Period:	Emergency Department	<b>№</b> 2	<b>№</b> 0 <sup>2</sup>	
Jan 2019 - Dec 2019	Hospital-Based Inpatient Psychiatric Services	<b>(40)</b> 2	<b>6</b> 0 2	
	Perinatal Care	<b>№</b> <sup>2</sup>	(ND) 2	

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

#### Symbol Key

- This organization achieved the best oossible results.
- Φ This organization's performance is above the target range/value.
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- rganization.
- Not displayed

#### Footnote Key

- 1. The Measure or Measure Set was not
- The Measure Set does not have an overall result.
- The number of patients is not enough for comparison purposes.
- The measure meets the Privacy Disclosure Threshold rule.
- 5. The organization scored above 90% but was below most other organizations.
- 6. The Measure results are not statistically valid.
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- 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.

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







# **Locations of Care**

* Primary Location	
Locations of Care	Available Services
Adult Day Services 420 East Merrill Avenue Fond Du Lac, WI 54935	Services:      Administration of High Risk Medications (Outpatient)     Perform Invasive Procedure (Outpatient)     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:
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

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

#### **Available Services**

#### **Joint Commission Advanced Certification Programs:**

• Primary Stroke Center

#### **Services:**

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

- Medical ICU (Intensive Care Unit)
- Neurosurgery (Surgical Services)
- Non-Sterile Medication Compounding (Inpatient)
- Normal Newborn Nursery (Inpatient)
- Nuclear Medicine (Imaging/Diagnostic Services)
- Nuclear Pharmacy (Inpatient)
- Ophthalmology (Surgical Services)
- Orthopedic Surgery (Surgical Services)
- Plastic Surgery (Surgical Services)
- Positron Emission Tomography (PET) (Imaging/Diagnostic Services)
- Post Anesthesia Care Unit (PACU) (Inpatient)
- Radiation Oncology (Imaging/Diagnostic Services)
- Rehabilitation Unit (Inpatient, 24-hour Acute Care/Crisis Stabilization)
- Sleep Laboratory (Sleep Laboratory)
- Sterile Medication Compounding (Inpatient)
- Surgical ICU (Intensive Care Unit)
- Surgical Unit (Inpatient)
- Teleradiology (Imaging/Diagnostic Services)
- Thoracic Surgery (Surgical Services)
- Ultrasound
- (Imaging/Diagnostic Services)
- Urology (Surgical Services)
- Vascular Surgery (Surgical Services)

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# **Locations of Care**

Locations of Care	Available Services
	<ul> <li>Gynecological Surgery (Surgical Services)</li> <li>Gynecology (Inpatient)</li> <li>Hazardous Medication Compounding (Inpatient)</li> <li>Inpatient Unit (Inpatient)</li> <li>Interventional Radiology (Imaging/Diagnostic Services)</li> <li>Labor &amp; Delivery (Inpatient)</li> <li>Magnetic Resonance Imaging (Imaging/Diagnostic Services)</li> <li>Medical /Surgical Unit (Inpatient)</li> </ul>
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      Services     Services     Skilled Nursing Services     Speech Language Pathology
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:







# 2019 National Patient Safety Goals

#### **Symbol Key**

The organization has met the National Patient Safety Goal.

The organization has not met the National Patient Safety Goal.

The Goal is not applicable for this organization.

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

### **Behavioral Health Care and Human Services**

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







# **2019 National Patient Safety Goals**

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### **Home Care**

Safety Goals	Organizations Should	Implemented
Improve the accuracy of patient identification.	Use of Two Patient Identifiers	Ø
Improve the safety of using medications.	Reconciling Medication Information	Ø
Reduce the risk of health care-associated infections.	Meeting Hand Hygiene Guidelines	Ø
Reduce the risk of patient harm resulting from falls.	Implementing a Fall Reduction Program	Ø
The organization identifies safety risks inherent in its patient population.	Identifying Risks Associated with Home Oxygen	Ø







# **2019 National Patient Safety Goals**

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The Goal is not applicable for this organization.

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# Hospital

Safety Goals	Organizations Should	Implemented
Improve the accuracy of patient identification.	Use of Two Patient Identifiers	Ø
	Eliminating Transfusion Errors	Ø
Improve the effectiveness of communication among caregivers.	Timely Reporting of Critical Tests and Critical Results	Ø
Improve the safety of using medications.	Labeling Medications	Ø
	Reducing Harm from Anticoagulation Therapy	Ø
	Reconciling Medication Information	Ø
Reduce the harm associated with clinical alarm systems.	Use Alarms Safely on Medical Equipment	Ø
Reduce the risk of health care-associated infections.	Meeting Hand Hygiene Guidelines	Ø
	Preventing Infections that are difficult to treat	Ø
	Preventing Central-Line Associated Blood Stream Infections	<u> </u>
	Preventing Surgical Site Infections	Ø
	Preventing Catheter-Associated Urinary Tract Infection	Ø
The organization identifies safety risks inherent in its patient population.	Identifying Individuals at Risk for Suicide	Ø
Universal Protocol	Conducting a Pre-Procedure Verification Process	<b>⊘</b>
	Marking the Procedure Site	Ø
	Performing a Time-Out	Ø

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# **National Quality Improvement Goals**

Reporting Period: January 2019 - December 2019

Compared to Comm	o otner Joint hission				
Accredited Organizations					
Nationwide	Statewide				

		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.	<b>№</b> 2	<b>№</b> <sup>2</sup>

		Compared to other Joint Commission Accredited Organizations				on
		1	Nationwide		State	ewide
Measure	Explanation	Hospital Results	Top 10% Scored at Most:	Weighte d Median:	Top 10% Scored at Most:	Weighte d Median:
Admit Decision Time to ED Departure Time for Admitted Patients	The amount of time (in minutes) it takes from the time the physician decides to admit a patient into the hospital from the Emergency Department until the patient actually leaves the ED to go to the inpatient unit.	77.00 minutes 736 eligible Patients	55.00	133.00	44.63	73.61

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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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Compared to other Joint







### **National Quality Improvement Goals**

#### Reporting Period: January 2019 - December 2019

		Co	mpared to o	other Joint ed Organiz		n
		1	Nationwide			wide
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
Assessment of violence risk, substance use disorder, trauma and patient strengths completed - Overall Rate	This measure reports the overall number of patients screened for violence risk to self and others, substance and alcohol use, psychological trauma history and patient strengths. Screening for violence risk to self determines if patients are likely to harm themselves. Screening for violence risk to others determines if patients are likely to harm others. Screening for substance and alcohol use determines if patients need help for their use. Screening for psychological trauma history determines if patients have experienced terrible events in their lives which have left them fearful or anxious and unable to handle their feelings. Screening for patient strengths identifies positive things such as family support, a steady job, housing, etc. which are used to help the patient recover.	74% of 129 eligible Patients	100%	95%	3	3

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# **National Quality Improvement Goals**

#### Reporting Period: January 2019 - December 2019

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

		Compared to other Joint Con Accredited Organizatio								
		1	lationwide			ewide				
Measure	Explanation	Hospital	Top 10%	Average	Top 10%	Average				
		Results	Scored at Least:	Rate:	Scored at Least:	Rate:				
Assessment of violence risk, substance use disorder, trauma and patient strengths completed - Children (1-12 years)	This measure reports the number of children age (1-12 years) screened for violence risk to self and others, substance and alcohol use, psychological trauma history and patient strengths. Screening for violence risk to self determines if patients are likely to harm themselves. Screening for violence risk to others determines if patients are likely to harm others. Screening for substance and alcohol use determines if patients need help for their use. Screening for psychological trauma history determines if patients have experienced terrible events in their lives which have left them fearful or anxious and unable to handle their feelings. Screening for patient strengths identifies positive things such as family support, a steady job, housing, etc. which are used to help the patient recover.	3	100%	96%	3	3				

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Services

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





# **National Quality Improvement Goals**

#### Reporting Period: January 2019 - December 2019

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

		Compared to other Joint Commission				
		Accredited Organizations				
_			lationwide			ewide
Measure	Explanation	Hospital	•		Top 10%	•
		Results	Scored at Least:	Rate:	Scored at Least:	Rate:
Assessment of violence risk, substance use disorder, trauma and patient strengths completed - Adolescent (13-17 years)	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 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	<b>№</b> 03 ————	100%	96%	3	3

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the patient recover.

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

Org ID: 7635



Measure Area

Services

Hospital-Based

Inpatient Psychiatric





### **National Quality Improvement Goals**

#### Reporting Period: January 2019 - December 2019

Compared to other Joint
Commission
Accredited Organizations
Nationwide Statewide
assesses the

Explanation

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

**№** 2



### Footnote Key

Symbol Kev

possible results

ot displayed

Ø

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		Compared to other Joint Commission Accredited Organizations				
		Nationwide Statewide			wide	
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
Assessment of violence risk, substance use disorder, trauma and patient strengths completed - Adult (18-64 years)	This measure reports the number of adults age (18-64 years) screened for violence risk to self and others, substance and alcohol use, psychological trauma history and patient strengths. Screening for violence risk to self determines if patients are likely to harm themselves. Screening for violence risk to others determines if patients are likely to harm others. Screening for substance and alcohol use determines if patients need help for their use. Screening for psychological trauma history determines if patients have experienced terrible events in their lives which have left them fearful or anxious and unable to handle their feelings. Screening for patient strengths identifies positive things such as family support, a steady job, housing, etc. which are used to help the patient recover.	71% of 95 eligible Pattents	100%	95%	3	3

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   Null value or data not displayed.

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Measure Area

Services

Hospital-Based

Inpatient Psychiatric





### **National Quality Improvement Goals**

#### Reporting Period: January 2019 - December 2019

Compared to other Joint **Accredited Organizations** Statewide

Nationwide This category of evidenced based measures assesses the

**№** 2

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		Compared to other Joint Commission Accredited Organizations				
		Nationwide Statewid			wide	
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
Assessment of violence risk, substance use disorder, trauma and patient strengths completed - Older Adult (>= 65 years)	This measure reports the number of older adult (>= 65 years) screened for violence risk to self and others, substance and alcohol use, psychological trauma history and patient strengths. Screening for violence risk to self determines if patients are likely to harm themselves. Screening for violence risk to others determines if patients are likely to harm others. Screening for substance and alcohol use determines if patients need help for their use. Screening for psychological trauma history determines if patients have experienced terrible events in their lives which have left them fearful or anxious and unable to handle their feelings. Screening for patient strengths identifies positive things such as family support, a steady job, housing, etc. which are used to help the patient recover.	82% of 34 eligible Patients	100%	95%	3	3

Explanation

overall quality of care given to psychiatric patients.

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.





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





# **National Quality Improvement Goals**

### Reporting Period: January 2019 - December 2019

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

Services						
		Compared to other Joint Commission Accredited Organizations				
		Nationwide Statew			ewide	
Measure	Explanation	Hospital Results		Average Rate:	Top 10% Scored at Least:	Average Rate:
Multiple Antipsychotic Medications at Discharge with Appropriate Justification Overall Rate	This is a proportion measure. A proportion measure is a measure which shows the number of occurrences over the entire group within which the occurrence should take place. The numerator is expressed as a subset of the denominator. This measure reports the overall number of patients discharged on two or more antipsychotic medications. Antipsychotic medications are a group of drugs used to treat psychosis. Psychosis is a mental illness that markedly interferes with a persons capacity to meet lifes everyday demands.	50% of 6 eligible Patients	100%	63%	3	3
Multiple Antipsychotic Medications at Discharge with Appropriate Justification Children Age 1 - 12	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%	47%	3	3

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# **National Quality Improvement Goals**

#### Reporting Period: January 2019 - December 2019

Measure Area

Explanation

Measure Area

Explanation

Nationwide

Statewide

This category of evidenced based measures assesses the Inpatient Psychiatric Services

This category of care given to psychiatric patients.

		Compared to other Joint Commission Accredited Organizations				
		Nationwide Statewi			wide	
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Rate:	Top 10% Scored at Least:	Average Rate:
Multiple Antipsychotic Medications at Discharge with 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 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 medication to one antipsychotic medication or the addition of an antipsychotic medication is also being treated with Clozapine.	<b>€</b> •••3	100%	48%	3	3

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

Org ID: 7635







# **National Quality Improvement Goals**

#### Reporting Period: January 2019 - December 2019

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

		Cor	npared to o Accredit	other Joint ed Organiz		n	
		N	lationwide		Statewide		
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:	
Multiple Antipsychotic Medications at Discharge with Appropriate Justification Adults Age 18 - 64	This measure reports the number of patients age 18 through 64 years discharged on two or more antipsychotic medications for which there was an appropriate justification. Antipsychotic medications are a group of drugs used to treat psychosis. Psychosis is a mental illness that markedly interferes with a person's capacity to meet life's everyday demands. Appropriate justifications include previous attempts to control psychosis with one antipsychotic medication, a plan to reduce the number of antipsychotic medication or the addition of an antipsychotic medication or the addition when the patient is also being treated with Clozapine.	50% of 6 eligible Patients	100%	65%	3	3	

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# **National Quality Improvement Goals**

### Reporting Period: January 2019 - December 2019

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

		Compared to other Joint Commission Accredited Organizations				
		Nationwide Statewide				ewide
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
Multiple Antipsychotic Medications at Discharge with Appropriate Justification Older Adults Age 65 and Older	This measure reports the number of patients age 65 and older discharged on two or more antipsychotic medications for which there was an appropriate justification.  Antipsychotic medications are a group of drugs used to treat psychosis. Psychosis is a mental illness that markedly interferes with a person's capacity to meet life's everyday demands. Appropriate justifications include previous attempts to control psychosis with one antipsychotic medication, a plan to reduce the number of antipsychotic medication to one antipsychotic medication or the addition of an antipsychotic medication when the patient is also being treated with Clozapine.	₩ <b>3</b> 3 ————	100%	56%	3	3
Hours of Physical Restraint Use per 1000 Patient Hours - Overall Rate	This measure reports the total hours patients were kept in physical restraints for every 1,000 hours of patient care. Physical restraint is any manual method or physical or mechanical device, material, or equipment that immobilizes or reduces the ability of a patient to move his or her arms, legs, body or head freely when it is used as a restriction to manage a patient's behavior or restrict the patient's freedom of movement and is not a standard treatment for the patient's medical or psychiatric condition.	0.17 (13 Total Hours in Restraint)	N/A	0.48	3	3

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Compared to other Joint







# **National Quality Improvement Goals**

#### Reporting Period: January 2019 - December 2019

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.

		Compared to other Joint Commission Accredited Organizations				
		Nationwide Statewide				
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average 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.	₩ <b>3</b> ———	N/A	0.40	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.	NID 3	N/A	0.29	3	3

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





# **National Quality Improvement Goals**

#### Reporting Period: January 2019 - December 2019

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

		Compared to other Joint Commission Accredited Organizations				on
		Nationwide Statewi			ewide	
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	
Hours of Physical Restraint Use Adults Age 18 - 64	This measure reports the number of hours patients age 18 through 64 years were kept in physical restraints for every 1,000 hours of patient care. Physical restraint is any manual method or physical or mechanical device, material, or equipment that immobilizes or reduces the ability of a patient to move his or her arms, legs, body or head freely when it is used as a restriction to manage a patient's behavior or restrict the patient's freedom of movement and is not a standard treatment for the patient's medical or psychiatric condition.	0.14 (9 Total Hours in Restraint)	N/A	0.56	3	3
Hours of Physical Restraint Use Older Adults Age 65 and Older	This measure reports the number of hours patients age 65 and older were kept in physical restraints for every 1,000 hours of patient care. Physical restraint is any manual method or physical or mechanical device, material, or equipment that immobilizes or reduces the ability of a patient to move his or her arms, legs, body or head freely when it is used as a restriction to manage a patient's behavior or restrict the patient's freedom of movement and is not a standard treatment for the patient's medical or psychiatric condition.	0.55 (4 Total Hours in Restraint) <sup>3</sup>	N/A	0.09	3	3
Hours of Seclusion Use per 1000 Patient Hours - Overall Rate	This measure reports the total hours patients were kept in seclusion for every 1,000 hours of patient care. Seclusion is the involuntary confinement of a patient alone in a room or an area where the patient is physically prevented from leaving.	0.89 (67 Total Hours in Seclusion)	N/A	0.40	3	3

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







# **National Quality Improvement Goals**

#### Reporting Period: January 2019 - December 2019

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

	Compared to other Joint Commission						
			Accredit	ed Organiz	ations		
		Nationwide State			ewide		
Measure	Explanation	Hospital			Top 10%		
		Results	Scored at Least:	Rate:	Scored at Least:	Rate:	
Hours of Seclusion Use	This measure reports the number of		at Least.		at Least.		
Children Age 1 - 12	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.	ND 3	N/A	0.69	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.	ND 3	N/A	0.21	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.	0.68 (47 Total Hours in Seclusion)	N/A	0.45	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.	3.13 (20 Total Hours in Seclusion) <sup>3</sup>	N/A	0.08	3	3	

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Measure Area

Perinatal Care

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





### **National Quality Improvement Goals**

#### Reporting Period: January 2019 - December 2019

**Accredited Organizations** Statewide Explanation Nationwide This category of evidenced based measures assesses the care of mothers and newborns.

		Compared to other Joint Commission							
		Accredited Organizations Nationwide Statewide				wide			
Measure	Explanation	Hospital		Average					
caca.c		Results	Scored	Rate:	Scored	Rate:			
			at Least:		at Least:				
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.	——————————————————————————————————————	100%	98%	100%	99%			
Cesarean Birth	This measure reports the number of first-time moms with a full-term, single baby in a head-down position who delivered the baby by cesarean section.	<b>⊕</b>	12%	25%	11%	22%			
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 94 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.	62% of 623 eligible Patients	73%	51%	78%	62%			
Unexpected Complications in Term Newborns per 1000 livebirths - Moderate Rate	The moderate rate equals the number of patients with moderate complications.	1517.00 minutes 593 eligible Patients							

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# **National Quality Improvement Goals**

#### Reporting Period: January 2019 - December 2019

**Accredited Organizations** Measure Area Statewide Explanation Nationwide Perinatal Care This category of evidenced based measures assesses the care of mothers and newborns.

		Compared to other Joint Commission Accredited Organizations					
		١	Nationwide Statewide			ewide	
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:	
Unexpected Complications in Term Newborns per 1000 livebirths - Overall Rate	This measure looks at the number of full-term single babies with a normal birth weight and with no preexisting conditions, these are babies that are expected to do well and routinely go home with the mother.	2192.00 minutes 593 eligible Patients					
Unexpected Complications in Term Newborns per 1000 livebirths - Severe Rate	The severe rate equals the number of patients with severe complications.	674.00 minutes 593 eligible					

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

Compared to other Joint