

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.

DBA: SSM HEALTH ST. AGNES HOSPITAL FOND DU LAC, 430 E. DIVISION ST., Fond Du Lac, WI



Summary of Quality Information

Accreditation Program	ns Accreditation Decision	Effective Date	Last Full Sur Date	vey Last On-Site Survey Date
Behavioral Health Care Human Services	and Accredited	2/15/2023	9/24/2019	9/24/2019
🎯 Home Care	Accredited	9/27/2019	9/26/2019	9/26/2019
📀 Hospital	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	Certification Decision	Effective	Last Full Review	v Last On-Site
Programs		Date	Date	Review Date
o Primary Stroke Center	Certification	10/6/2021	10/5/2021	10/5/2021

Special Quality Awards

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

		Compared to other Joint Organiz	
		Nationwide	Statewide
Behavioral Health Care and Human Services	2019National Patient Safety Goals	Ø	⁽¹⁰⁾ *
Home Care	2019National Patient Safety Goals	Ø	*
Hospital	2019National Patient Safety Goals	Ø	₩ *
	National Quality Improvement Goals:		
Reporting Period: Apr 2020 - Mar 2021	Perinatal Care	1	2 °

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

Symbol Key

0	This organization achieved the best possible results.
	This organization's performance is above the target range/value.
Ø	This organization's performance is similar to the target range/value.
	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.

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Locations of Care

* Primary Location	
Locations of Care	Available Services
Agnesian Healthcare Inc DBA: SSM Health Therapy Services 130 Corporate Drive Beaver Dam, WI 53916	Services: • Outpatient Clinics (Outpatient)
Agnesian HealthCare, Inc DBA: SSM Health Therapy Services 360 S. Mountin Drive Mayville, WI 53050	Services: Single Specialty Practitioner (Outpatient)
Agnesian HealthCare, Inc DBA: SSM Health Cancer Care 480 East Division Street Fond Du Lac, WI 54935	Services: Single Specialty Practitioner (Outpatient)
Agnesian HealthCare, Inc DBA: SSM Health at Home Home Health/Hospice Fond du Lac 239 Trowbridge Drive Fond Du Lac, WI 54937	Services:• Home Health Aides• Occupational Therapy• Home Health, Non-Hospice Services• Physical Therapy• Hospice Care • Medical Social Services• Speech Language Pathology
Agnesian HealthCare, Inc DBA: SSM Health Therapy Services 421 Camelot Drive Fond Du Lac, WI 54935	Services: Single Specialty Practitioner (Outpatient)
Agnesian HealthCare, Inc DBA: SSM Health Hospice Home of Hope 400 County K Fond Du Lac, WI 54935	Services: • Hospice Care
Agnesian HealthCare, Inc DBA: SSM Health at Home Hospice-Green Lake 745 South Street, Suite 4 Green Lake, WI 54941	Services: • Hospice Care
Agnesian HealthCare, Inc DBA: SSM Health St. Agnes Hospital Outpatient Surgery 421 Camelot Drive Fond Du Lac, WI 54935	Services: • Ambulatory Surgery Center (Outpatient) • Anesthesia (Outpatient) • Pediatric Dentistry (Outpatient - Child/Youth) • Perform Invasive Procedure (Outpatient)

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Locations of Care

* Primary Location

Locations of Care Available Services			
Agnesian HealthCare, Inc * DBA: SSM Health St. Agnes Hospital -Fond du Lac 430 East Division Street Fond Du Lac, WI 54935			

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Locations of Care

Locations of Care	Available Services
	 Interventional Radiology (Imaging/Diagnostic Services) Labor & Delivery (Inpatient) Magnetic Resonance Imaging (Imaging/Diagnostic Services) Medical /Surgical Unit (Inpatient) Medical ICU (Intensive Care Unit)
Agnesian HealthCare, Inc DBA: SSM Health Pain Care 421 Camelot Drive Fond Du Lac, WI 54935	Services: • Anesthesia (Outpatient) • Perform Invasive Procedure (Outpatient) • Single Specialty Practitioner (Outpatient)
Agnesian Healthcare, Inc DBA: SSM Health Bereavement Services 1161 W. Johnson Street Fond Du Lac, WI 54937	Services: • Single Specialty Practitioner (Outpatient)
Agnesian Healthcare, Inc DBA: SSM Health 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 Healthcare, Inc DBA: SSM Health Behavioral Health 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) Developmental Disabilities - Programs / Services (Non 24 Hour Care - Adult/Child/Youth)
Domestic Violence 21 S. Marr Street Fond Du Lac, WI 54935	Services: • Behavioral Health (Non 24 Hour Care - Adult/Child/Youth) • Community Integration (Non 24 Hour Care) • Family Support (Non 24 Hour Care) • Peer Support (Non 24 Hour Care)

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2019 National Patient Safety Goals

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

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 **N** organization.

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2019 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.
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2019 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
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	\bigcirc
	Preventing Central-Line Associated Blood Stream Infections	Ø
	Preventing Surgical Site Infections	<u>ତ</u> ତ୍ତ୍ର ୧
	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	\bigcirc
	Marking the Procedure Site	\bigcirc
	Performing a Time-Out	\bigotimes

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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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ST. AGNES HOSPITAL

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National Quality Improvement Goals

Symbol Key			1	
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This organization's performance is velow 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	2 ²
Footnata Var				

		Compared to other Joint Commissior Accredited Organizations				
		1	Vationwide		State	ewide
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Averag Rate:
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.	⊕	16%	25%	14%	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 49 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.	69% of 369 eligible Patients	71%	50%	77%	63%
Unexpected Complications in Term Newborns per 1000 livebirths - Moderate Rate	The moderate rate equals the number of patients with moderate complications.	650% of 461 eligible Patients	212%	1780%	0%	1358%
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.	867% of 461 eligible Patients	1508%	3084%	964%	2630%

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

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National Quality Improvement Goals

	Reporting Period: April 2020 - March 2021								
						Compared to other Joint Commission			
						Accredited Organizations			
	Measure Area		Explanation		Nationwide		Statewide		
	Perinatal Care	This category of evidenced based measures assesses the care of mothers and newborns.			○ ²		2°		
				Cor	npared to c Accredite	other Joint ed Organiz		n	
				Nationwide			Statewide		
	Measure		Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Avera Rate	
t	Unexpected Complications in Term Newborns per 1000 livebirths - Severe Rate		The severe rate equals the number of patients with severe complications.	216% of 461 eligible Patients	501%	1303%	201%	1272	



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