

Accreditation Quality Report





Version: 2 Date: 3/31/2022

DBA: Grant Regional Health Center, 507 South Monroe Street, Lancaster, WI

Org ID: 7651

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, 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 the key area of 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.

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.

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Summary of Quality Information

Accreditation Programs	Accreditation Decision	Effective Date	Last Full Survey	y Last On-Site Survey Date
Critical Access Hospital	Accredited	6/1/2019	5/31/2019	5/31/2019
Laboratory	Accredited	4/18/2019	3/30/2022	3/30/2022

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

Pathology and Clinical Laboratory

Critical Access Hospital

Footnote Key

Symbol Key 1
This organization achieved the best

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.
This Measure is not applicable for this

oossible results.

organization.

Not displayed

Φ

Ø

- 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.
- 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.

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

 There were no eligible patients that met the denominator criteria.

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

		Compared to other Joint Commission Accredited Organizations	
		Nationwide Statewide	
Critical Access Hospital	2019National Patient Safety Goals	Ø	@ *
	National Quality Improvement Goals:		
Reporting Period: Apr 2020 - Mar 2021	Perinatal Care	№ ²	(40) ²
Laboratory	2019National Patient Safety Goals	Ø	N/A *

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

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Locations of Care

*	Primary	/ Location

" Primary Lo	cation	
Locatio	ns of Care	Available Services
Grant Regi Center, Inc DBA: Gran Health Cent	onal Health . * t Regional er Monroe Street	Other Clinics/Practices located at this site: Grant Regional Community Clinic Services: Acute Care CT Scanner (Imaging/Diagnostic Services) Ear/Nose/Throat Surgery (Surgical Services) EEG/EKG/EMG Lab (Imaging/Diagnostic Services) Gastroenterology (Surgical Services) General Laboratory Tests Gynecological Surgery (Surgical Services) Interventional Radiology (Imaging/Diagnostic Services) Labor & Delivery (Inpatient) Magnetic Resonance Imaging (Imaging/Diagnostic Services) Mammography (Imaging/Diagnostic Services) Mammography (Imaging/Diagnostic Services) Mammography (Imaging/Diagnostic Services)
Grant Regi Center, Inc DBA: Potos Medical Clir 114 US Hwy Potosi, WI	si Tennyson nic y. 61 N	Services: General Laboratory Tests Single Specialty Practitioner (Outpatient)
Grant Regi Center, Inc DBA: Gran Community Clinic-Cass 222 W Ame Cassville, W	t Regional ville lia St	Services:

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2019 National Patient Safety Goals

Symbol Key 3

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.

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Critical Access 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	Ø
	Preventing Surgical Site Infections	Ø
	Preventing Catheter-Associated Urinary Tract Infection	<u> </u>
Universal Protocol	Conducting a Pre-Procedure Verification Process	Ø
	Marking the Procedure Site	Ø
	Performing a Time-Out	Ø

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National Quality Improvement Goals

Reporting Period: April 2020 - March 2021

Compared to other Joint
Commission
Accredited Organizations

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

		Co	mpared to o	other Joint ed Organiz		on
			Nationwide	eu Organiz		wide
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average 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.	₩D 8 	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 6 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.	59% of 124 eligible Patients	71%	50%	77%	63%

- 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.

Footnote Key

Symbol Key 2
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Laboratory

Safety Goals	Organizations Should	Implemented
Improve the accuracy of patient identification.	Use of Two Patient Identifiers	Ø
Improve the effectiveness of communication among caregivers.	Timely Reporting of Critical Tests and Critical Results	Ø
Reduce the risk of health care-associated infections	Meeting Hand Hygiene Guidelines	Ø