

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

W180 N8085 Town Hall Road, Menomonee Falls, WI



Summary of Quality Information

Accreditation Programs	Accreditation Decision	Effective Date	Last Full Survey Date	V Last On-Site Survey Date
🥝 Hospital	Accredited	8/21/2010	8/20/2010	8/20/2010
Pathology and Clinical Laboratory	Accredited	3/23/2011	3/22/2011	3/22/2011

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

Hospital

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Advanced Certification	Certification Decision	Effective	Last Full Review	v Last On-Site
Programs		Date	Date	Review Date
🥝 Primary Stroke Center	Certification	12/11/2009	12/10/2009	12/10/2009

		Compared to other Joint Organiz	
		Nationwide	Statewide
Hospital	2010National Patient Safety Goals	Ø	*

Hospitals voluntarily participate in the Survey of Patients' Hospital Experiences (HCAHPS). Pediatric and psychiatric hospitals are not eligible to participate in the HCAHPS survey based on their patient population.



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.
Θ	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. 10.
- 9. The measure results are temporarily suppressed pending resubmission of updated data.

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For further information and explanation of the

Quality Report contents, refer to the "Quality Report User Guide."

Community Memorial Hospital of Menomonee Falls, Inc.

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Summary of Quality Information

Symbol Key			Commenced to other laint	
This organization achieved the best possible results.			Compared to other Joint Organi	zations
This organization's performance is above the target range/value.			Nationwide	Statewide
This organization's performance is		National Quality Improvement Goals:		
similar to the target range/value. This organization's performance is	Reporting	Heart Attack Care	\bigotimes	\bigotimes
below the target range/value.	Period: Apr 2010 -		ă	č
This Measure is not applicable for this organization.	Mar 2011	Heart Failure Care	\bigotimes	\bigotimes
Not displayed		Pneumonia Care	\bigotimes	\bigotimes
		Surgical Care Improvement Project (SCIP)		
Footnote Key		SCIP - Cardiac		
• The Measure or Measure Set was not reported.		SCIP - Infection Prevention For All Reported Procedures:	Ð	Ð
The Measure Set does not have an overall result.		Blood Vessel Surgery	${\mathfrak O}$	\bigotimes
The number of patients is not enough for comparison purposes.		Colon/Large Intestine Surgery	Ø	Ø
The measure meets the Privacy Disclosure Threshold rule.		Coronary Artery Bypass Graft	\oplus	Ð
The organization scored above 90% but was below most other organizations.		Hip Joint Replacement	\oplus	(
• The Measure results are not statistically valid.		Hysterectomy	${\mathfrak O}$	\bigotimes
The Measure results are based on a		Knee Replacement	\oplus	\oplus
sample of patients. The number of months with Measure		Open Heart Surgery	Ø	${\mathfrak O}$
data is below the reporting requirement.		SCIP – Venous Thromboembolism (VTE)		-
The measure results are temporarily suppressed pending resubmission of updated data.	Pathology and Clinical	2011National Patient Safety Goals	Ø	™ *
•	Laboratory			

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Quality Check[®]

Community Memorial Hospital of Menomonee Falls, Inc.

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Locations of Care

* Primary Location

Locations of Care	Available Services
CMH Rehabilitation and	General Outpatient Services (Outpatient)
Sports Medicine	
Program	
W129 N7055 Northfield	
Drive, Bldg B	
Menomonee Falls,	
WI 53051	

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Locations of Care

* Primary Location

	vices
 Alcohol & Drug Rehabilitation (Outpatient) Alcohol & Drug Rehabilitation (Outpatient) Audiology (Inpatient, Outpatient) Behavioral Health (24-hour Acute Care/Crisis Stabilization - Adult) Cancer Center/Oncology (Inpatient, Outpatient) Cardiac Catheterization Lab (Inpatient, Outpatient) Cardiac Surgery (Inpatient, Outpatient) Cardiac Unit/Cardiology (Inpatient, Outpatient) Cardiac Dependency (Day Programs - Adult) CT Scanner (Inpatient, Outpatient) Dentistry (Outpatient) Dentistry (Outpatient) Dentistry (Outpatient) Dermatology (Inpatient, Outpatient) Dentistry (Outpatient) Dermatology (Inpatient, Outpatient) Destistry (Outpatient) Electroconvulsive Therapy (Inpatient, Outpatient) Electroconvulsive Therapy (Inpatient, Outpatient) Electroconvulsive Therapy (Inpatient) Endocrinology (Inpatient, Outpatient) Endocrinology (Inpatient, Outpatient) Gastroenterology (Inpatient, Outpatient) General Laboratory Tests General Laboratory Tests General Medical Services (Inpatient, Outpatient) General Surgery (Inpatient, Outpatient) General Surgery (Inpatient, Outpatient) General Surgery (Inpatient, Outpatient) Gi or Endoscopy Lab (Inpatient, Outpatient) Gi or Endoscopy Lab (Inpatient, Outpatient) Gi or Endoscopy Lab (Inpatient, Outpatient) Gi or Endoscopy Lab (Inpatient) Hermatology/Blood Treatment (Inpatient) Hermatology/Blood Treatment (Inpatient, Outpatient) Hermatology/Blood Treatment (Inpatient, Outpatient) Infectious Diseases (Inpatient, Outpatient) Infectious Diseases (Inpatient, Outpatient) 	tification Programs: Magnetic Resonance Imaging (Inpatient, Outpatient) Medical Detoxification (Inpatient) Mental Health (Inpatient, Outpatient, 24-hour Acute Care/Crisis Stabilization) Nephrology (Inpatient, Outpatient) Neurology (Inpatient, Outpatient) Nuclear Medicine (Inpatient, Outpatient) Nuclear Medicine (Inpatient, Outpatient) Nursery (Inpatient, Outpatient) Occupational Health (Outpatient) Occupational Health (Outpatient) Operating Room (Inpatient, Outpatient) Ophthalmology/Eye Surgery (Inpatient, Outpatient) Orthopedic Surgery (Inpatient, Outpatient) Othopedic Surgery (Inpatient, Outpatient) Othopedic Surgery (Inpatient, Outpatient) Othopedic Surgery (Inpatient, Outpatient) Potalaryngology/Ear, Nose, and Throat (Inpatient, Outpatient) Outpatient Surgery (Outpatient) Pain Management (Inpatient, Outpatient) Pediatric Care (Inpatient, Outpatient) Pediatric Care (Inpatient, Outpatient) Paistic Surgery (Inpatient, Outpatient) Podiatry (Inpatient, Outpatient) Podiatry (Inpatient, Outpatient) Post Anesthesia Care Unit (PACU) (Inpatient, Outpatient) Pulmonary Function Lab (Inpatient, Outpatient) Rehabilitation and Physical Medicine (Inpatient, Outpatient) Rehabilitation and Physical Medicine (Inpatient, Outpatient) Rehabilitation and Physical Medicine (Inpatient, Outpatient) Respiratory Care (Ventilator) (Inpatient) Sleep Center (Outpatient) Sleep Center (Outpatient) Sleep Center (Outpatient)

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Locations of Care

Locations of Care	Available Services
	 Inpatient Intake (Inpatient) Intensive Care Unit (Inpatient) Internal Medicine (Inpatient, Outpatient) Labor & Delivery (Inpatient) Lithotripsy/Kidney Stone Treatment (Inpatient, Outpatient) Utrasound (Inpatient, Outpatient) Urgent Care/Emergency Medicine (Outpatient) Urology (Inpatient, Outpatient) Vascular Surgery (Inpatient, Outpatient) Wound Care (Inpatient, Outpatient)
Community Memorial Medical Commons W129 N7055 Northfield Drive, Building A Menomonee Falls, WI 53051	 Cardiac Rehabilitation (Outpatient) General Outpatient Services (Outpatient) Health and Wellness (Outpatient) Sleeping Disorder (Outpatient) Sports Medicine (Outpatient)
Rehab and Sports Medicine Center N112 W15415 Mequon Road Germantown, WI 53022	General Outpatient Services (Outpatient)

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2010 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	\bigcirc
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	\bigotimes
Reduce the risk of health care-associated infections.	Meeting Hand Hygiene Guidelines	Ø
	Preventing Multi-Drug Resistant Organism Infections	\bigcirc
	Preventing Central-Line Associated Blood Stream Infections	\bigcirc
	Preventing Surgical Site Infections	0 0 0 0 0
Accurately and completely reconcile medications across the continuum of care.	Comparing Current and Newly Ordered Medications	Ø
	Communicating Medications to the Next Provider	\bigcirc
	Providing a Reconciled Medication List to the Patient	\bigcirc
	Settings in Which Medications are Minimally Used	0 0
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	\bigcirc
	Performing a Time-Out	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.

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10.

The measure meets the Privacy Disclosure Threshold rule.

The Measure Set does not have an

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National Quality Improvement Goals

Reporting Period: April 2010 - March 2011

		Compared to Comm	
		Accredited C	rganizations
Measure Area	Explanation	Nationwide	Statewide
Heart Attack Care	This category of evidence based measures assesses the overall quality of care provided to Heart Attack (AMI) patients.	Ø	Ø

		Cor	npared to c Accredite	other Joint ed Organiz		on
Measure	Explanation	N Hospital Results	Top 10% Scored at Least:	Average Rate:	State Top 10% Scored at Least:	ewide Average Rate:
ACE inhibitor or ARB for LVSD*	Heart attack patients who receive either a prescription for a medicine called an "ACE inhibitor" or a medicine called an angiotensin receptor blocker (ARB) when they are discharged from the hospital. This measure reports what percent of heart attack patients who have problems with the heart pumping enough blood to the body were prescribed medicines to improve the heart's ability to pump blood.	95% of 21 eligible Patients ³	100%	97%	100%	96%
Adult smoking cessation advice/counseling*	Heart attack patients who are given advice about stopping smoking while they are in the hospital. This measure reports what percent of adult heart attack patients are provided advice and/or counseling to quit smoking. Smoking harms the heart, lungs and blood vessels and makes existing heart disease worse. Limitations of measure use - see Accreditation Quality Report User Guide.	100% of 33 eligible Patients	100%	100%	100%	99%
Aspirin at arrival*	Heart attack patients receiving aspirin when arriving at the hospital. This measure reports what percent of heart attack patients receive aspirin within 24 hours before or after they arrive at the hospital. Aspirin is beneficial because it reduces the tendency of blood to clot in blood vessels of the heart and improves survival rates.	98% of 130 eligible Patients	100%	99%	100%	99%



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National Quality Improvement Goals

					Com	npared to o Commis	other Joint sion	
					Accr	edited Org	anizations	
	Measure Area		Explanation		Nationwi	de	Statewid	е
	Heart Attack Care		tegory of evidence based measures ass quality of care provided to Heart Attack s.		Ø		Ø	
t				Co	mpared to c Accredite	other Joint ed Organiz		on
h	Measure		Explanation	Hospital Results	Nationwide Top 10% Scored at Least:	Average Rate:	State Top 10% Scored at Least:	ewide Averag Rate:
but ally ent.	Aspirin prescribed at discharge*		Heart attack patients who receive a prescription for aspirin when being discharged from the hospital. This measure reports how often aspirin was prescribed to heart attack patients when they are leaving a hospital. Aspirin is beneficial because it reduces the tendency of blood to clot in blood vessels of the heart and improves survival rates.	98% of 121 eligible Patients	100%	99%	100%	99%
10.	Beta blocker prescribed discharge*	l at	Heart attack patients who have a medicine called a "beta blocker" prescribed when they are discharged from the hospital. This measure reports what percent of heart attack patients were prescribed a special type of medicine when leaving the hospital, that has been shown to reduce further heart damage.	97% of 116 eligible Patients	100%	99%	100%	99%
	Primary PCI received w minutes of hospital arriv		Heart attack patient with a clogged artery in the heart that is opened with a balloon therapy called PCI within 90 minutes of hospital arrival. This measure reports how quickly heart attack patients had a clogged artery in the heart opened with a balloon therapy called PCI to increase blood flow to the heart and reduce heart damage. Lack of blood supply to heart muscle can cause lasting heart damage. In certain types of heart attacks, a small balloon is threaded into a blood vessel in the heart to open up a clogged artery that keeps the blood from flowing to the heart muscle. It is important that this therapy be given quickly after a heart attack is diagnosed.	84% of 19 eligible Patients ³	100%	92%	100%	90%

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National Quality Improvement Goals

	Reporting Peri	iod: Ap	ril 2010 - March 2011					
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	Measure Area		Explanation		Nationwi	de	Statewide	е
	Heart Attack Care		egory of evidence based measures ass quality of care provided to Heart Attack		Ø		Ø	
t				Со	mpared to o Accredit	other Joint ed Organiz		n
				١	lationwide	Ŭ	State	wide
h	Measure		Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Avera Rate
but	Statin Prescribed at Disc	charge	Heart attack patients who receive a prescription for a statin medication at discharge. This measure reports what percentage of heart patients					

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

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who have problems with high

medications to help reduce their

cholesterol were prescribed

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National Quality Improvement Goals

Reporting Period: April 2010 - March 2011

		Compared to other Joint Commission		
		Accredited Organization		
Measure Area	Explanation	Nationwide	Statewide	
Heart Failure Care	This category of evidence based measures assesses the overall quality of care provided to Heart Failure (HF) patients.	Ø	Ø	

			Compared to other Joint Commission Accredited Organizations Nationwide Statewide				
Meas	ure	Explanation	Hospital Results		Average Rate:	Top 10% Scored at Least:	
ACE inhibitor or / LVSD*	ARB for	Heart failure patients who receive either a prescription for a medicine called an "ACE inhibitor" or a medicine called an angiotensin receptor blocker (ARB) when they are discharged from the hospital. This measure reports what percent of heart failure patients who have problems with the heart pumping enough blood to the body were prescribed medicines to improve the heart's ability to pump blood.	100% of 57 eligible Patients	100%	96%	100%	96%
Adult smoking ce advice/counselin		Heart failure patients who are given advice about stopping smoking while they are in the hospital. This measure reports what percent of adult heart failure patients are provided advice and/or counseling to quit smoking. Smoking harms the heart, lungs and blood vessels and makes existing heart disease worse. Limitations of measure use - see Accreditation Quality Report User Guide.	100% of 21 eligible Patients ³	100%	99%	100%	98%
Discharge instruc	ctions*	Heart failure patients who receive specific discharge instructions about their condition. This measure reports what percent of patients with heart failure are given information about their condition and care when they leave the hospital. Patient education about medicines, diet, activities, and signs to watch for is important in order to prevent further hospitalization. Limitations of measure use - see Accreditation Quality Report User Guide.	89% of 143 eligible Patients	100%	91%	100%	88%

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National Quality Improvement Goals



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For further information and explanation of the Quality Report contents, refer to the "Quality Report User Guide." Reporting Period: April 2010 - March 2011

		Commission		
		Accredited C	Organizations	
Measure Area	Explanation	Nationwide	Statewide	
Heart Failure Care	This category of evidence based measures assesses the overall quality of care provided to Heart Failure (HF) patients.	Ø	Ø	
	Cor	nnared to other lo	int Commission	

		Accredited Organizations					
		1	lationwide		Statewide		
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:	
LVF assessment*	Heart failure patients who have had the function of the main pumping chamber of the heart (i.e., left ventricle) checked during their hospitalization. This measure reports what percent of patients with heart failure receive an in-depth evaluation of heart muscle function in order to get the right treatment for their heart failure. Limitations of measure use - see Accreditation Quality Report User Guide.	99% of 191 eligible Patients	100%	99%	100%	98%	

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National Quality Improvement Goals

Reporting Period: April 2010 - March 2011				
		Com	to other Joint mission Organizations	
Measure Area	Explanation	Nationwide	Statewide	
Pneumonia Care	This category of evidence based measures assesses the overall quality of care provided to Pneumonia patients.	Ø	\bigotimes	

		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:
Adult smoking cessation advice/counseling*	Pneumonia patients who are given advice about stopping smoking while they are in the hospital. This measure reports what percent of adult pneumonia patients are provided advice and/or counseling to quit smoking. Smoking harms the heart, lungs and blood vessels and makes existing disease worse. Limitations of measure use - see Accreditation Quality Report User Guide.	94% of 53 eligible Patients	100%	99%	100%	96%
Blood cultures for pneumonia patients admitted through the Emergency Department.*	Pneumonia patients who were admitted through the Emergency Department who had a blood test in the Emergency Department for the presence of bacteria in their blood. Before antibiotics are given, blood samples are taken to test for the type of infection. This measure reports the percent of pneumonia patients admitted through the Emergency Department who received this test before antibiotics were given.	99% of 210 eligible Patients	100%	97%	100%	97%
Blood cultures for pneumonia patients in intensive care units.	Pneumonia patients cared for in an intensive care unit that had a blood test for the presence of bacteria in their blood within 24 hours of hospital arrival. This measure reports the percent of pneumonia patients in intensive care units who had a blood culture within 24 hours prior to or after hospital arrival.	97% of 38 eligible Patients	100%	97%	100%	98%



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National Quality Improvement Goals

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O This organization's performance is below the target range/value.				Accr	edited Org	anizations		
Not displayed	Measure Area	Explanation		Nationwi	de	Statewide	e	
		tegory of evidence based measures ass quality of care provided to Pneumonia p		\bigotimes		\bigotimes		
Footnote Key			Со	mpared to c	other Joint	Commissic	n	
1. The Measure or Measure Set was not reported.					ed Organiz	ations	wide	
2. The Measure Set does not have an overall result.	Measure	Explanation	Hospital	Top 10%	Average	Top 10%	Average	
3. The number of patients is not enough for comparison purposes			Results	Scored at Least:	Rate:	Scored at Least:	Rate:	
 for comparison purposes. 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 	Initial antibiotic received within 6 hours of hospital arrival*	Pneumonia patients who are given an antibiotic within 6 hours of arriving at the hospital. This measure reports the percent of adult pneumonia patients who are given an antibiotic within 6 hours of arriving at the hospital. Limitations of measure use - see Accreditation Quality Report User Guide.	97% of 225 eligible Patients	100%	96%	100%	98%	
 9. The number of months with release end of months and explanation of the Quality Report contents, refer to the ''Quality Report User Guide.'' 	Initial antibiotic selection for CAP in immunocompetent – ICU patient*	Patients in intensive care units who have community-acquired pneumonia who received the appropriate medicine (antibiotic) that has been shown to be effective for community-acquired pneumonia. This measure reports how often patients in intensive care units with community-acquired pneumonia were given the correct antibiotic within 24 hours of hospital arrival, based on recommendations from written guidelines, for the treatment of pneumonia.	75% of 12 eligible Patients ³	100%	83%	100%	85%	
	Initial antibiotic selection for CAP in immunocompetent – non ICU patient*	Patients not in intensive care units who have community-acquired pneumonia who received the appropriate medicine (antibiotic) that has been shown to be effective for community-acquired pneumonia. This measure reports how often patients with community-acquired pneumonia not cared for in intensive care units, were given the correct antibiotic within 24 hours of hospital arrival, based on recommendations from written guidelines, for the treatment of pneumonia.	95% of 134 eligible Patients	100%	96%	100%	95%	



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Measure Area Explanation				de	Statewide	e
Pneumonia Care	neumonia Care This category of evidence based measures asse overall quality of care provided to Pneumonia pa		<u> </u>			
				other Joint ed Organiz	ations	
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Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Ave Ra
Pneumococcal vaccinat	on* Pneumonia vaccination. This measure reports how many patients 65 years and older were screened	Results		Rate:		

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Symbol Key

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Footnote Key

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- 3. The number of patients is not enough for comparison purposes.
- 4. 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.
- 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 suppressed pending resubmission of

For further information and explanation of the Quality Report contents,

refer to the "Quality Report User Guide."

updated data.

W180 N8085 Town Hall Road, Menomonee Falls, WI



National Quality Improvement Goals

	Reporting Per	iod: Apr	ril 2010 - March 2011					
					Compared to other Joint Commission			
Μ	Measure Area Explanation					<mark>edited Org</mark> a de	anizations Statewide	<u>e</u>
P	Pneumonia Care		egory of evidence based measures ass quality of care provided to Pneumonia pa		Ø		\bigotimes	
	Measure		Explanation		Vationwide	ed Organiz	zations	ewide
	eumonia Seasonal Mea porting Period: October		larch 2011					
	fluenza vaccination		Pneumonia patients in the hospital during flu season (October through March) who were given the influenza vaccination prior to leaving the hospital. This measure reports how often pneumonia patients in the hospital during the flu season were given flu vaccine if needed, prior to leaving the hospital.	87% of 166 eligible Patients	100%	94%	99%	93%

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- The Measure results are not statistically valid.
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 The measure results are temporarily 10.

suppressed pending resubmission of updated data.

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National Quality Improvement Goals

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- 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.

For further information and explanation of the Quality Report contents, refer to the "Quality Report User Guide." Reporting Period: April 2010 - March 2011

		Compared to Comm	
		Accredited C	Organizations
Measure Area	Explanation	Nationwide	Statewide
SCIP - Cardiac	This evidence based measure assesses continuation of beta-blocker therapy in selected surgical patients.		

			mpared to c Accredite Nationwide	other Joint ed Organiz	ations	on ewide
Measure	Explanation	Hospital Results	Top 10%	Average Rate:	Top 10% Scored at Least:	Average Rate:
Surgery patients taking a Beta-Blocker before hospital admission who received a Beta-Blocker in the time frame of 24 hours before surgery through the time they were in the recovery room.	This measure reports the number of patients taking a Beta-Blocker medication before hospital admission who received a Beta-Blocker in the time frame of 24 hours before surgery through the time they were in the recovery room. Risk of complications is decreased when the Beta-Blocker is continued during the surgical time frame.	91% of 203 eligible Patients ⁷	100%	95%	100%	94%

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National Quality Improvement Goals

Reporting Period: April 2010 - March 2011

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Footnote Key

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- 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.
- The Measure results are based on a sample of patients.
- 8. The number of months with Measure data is below the reporting requirement. 9.
- 10. The measure results are temporarily suppressed pending resubmission of updated data.

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

		Compared to Comm	o other Joint hission
		Accredited C	rganizations
Measure Area	Explanation	Nationwide	Statewide
SCIP - Infection Prevention	This category of evidence based measures assesses the overall use of indicated antibiotics for surgical infection prevention.	Ð	(

				npared to c Accredite lationwide	ther Joint ed Organiz		
	Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
	Patients having a surgery who received medicine to prevent infection (an antibiotic) within one hour before the skin was surgically cut.*	This measure reports how often patients having surgery received medicine that prevents infection (an antibiotic) within one hour before the skin was surgically cut. Infection is lowest when patients receive antibiotics to prevent infection within one hour before the skin is surgically cut. Note: Not every surgery requires antibiotics and this measure reports on those selected surgeries where evidence/experts have identified that antibiotics would be helpful.	96% of 425 eligible Patients ⁷	100%	98%	100%	98%
	Patients having surgery who received the appropriate medicine (antibiotic) which is shown to be effective for the type of surgery performed.*	This measure reports how often patients who had surgery were given the appropriate medicine (antibiotic) that prevents infection which is know to be effective for the type of surgery, based upon the recommendations of experts around the country. Note: Not every surgery requires antibiotics and this measure reports on those selected surgeries where evidence/experts have identified that antibiotics would be helpful.	98% of 430 eligible Patients ⁷	100%	98%	100%	98%



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Community Memorial Hospital of Menomonee Falls, Inc.

W180 N8085 Town Hall Road, Menomonee Falls, WI



National Quality Improvement Goals

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 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 						npared to c Commise	sion	
below the target range/value.							anizations	
Not displayed	Measure Area		Explanation		Nationwi	de	Statewid	e
	Prevention		egory of evidence based measures as use of indicated antibiotics for surgical i		Ð		Ð	
 Footnote Key The Measure or Measure Set was not reported. The Measure Set does not have an 		provenu			mpared to c Accredite Nationwide	other Joint ed Organiz	zations	on ewide
 overall result. The number of patients is not enough for comparison purposes. The measure meets the Privacy 	Measure		Explanation	Hospital Results		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. 	Patients who had surgery received appropriate med that prevents infection (antibiotic) and the antibio was stopped within 24 ho after the surgery ended.*	licine otic	This measure reports how often surgery patients whose medicine (an antibiotic) to prevent infection was stopped within 24 hours after the surgery ended. Giving medicine that prevents infection for more than 24 hours after the end of surgery is not helpful, unless there is a specific reason (for example, fever or other signs of infection). Note: Not every surgery requires antibiotics and this measure reports on those selected surgeries where evidence/experts have identified that antibiotics would be helpful.	97% of 413 eligible Patients ⁷	100%	96%	100%	97%
For further information and explanation of the Quality Report contents, refer to the "Quality	Patients Having Blood Ve Surgery*	essel	Overall report of hospital's performance on Surgical Infection Prevention Measure for Blood Vessel Surgery.	99% of 78 eligible Patients ⁷	100%	96%	100%	95%
Report User Guide."	Patients having blood ves surgery who received medicine to prevent infect (an antibiotic) within one I before the skin was surgio cut.*	tion hour	This measure reports how often patients having blood vessel surgery received medicine that prevents infection (an antibiotic) within one hour before the skin was surgically cut. Infection is lowest when patients receive antibiotics to prevent infection within one hour before the skin is surgically cut.	100% of 26 eligible Patients ³	100%	96%	100%	97%
	Patients having blood ves surgery who received the appropriate medicine (antibiotic) which is shown be effective for this type of surgery.*	n to	This measure reports how often patients who had blood vessel surgery were given the appropriate medicine (antibiotic) that prevents infection which is know to be effective for the type of surgery, based upon the recommendations of experts around the country.	100% of 27 eligible Patients ³	100%	98%	100%	98%



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Community Memorial Hospital of Menomonee Falls, Inc.

W180 N8085 Town Hall Road, Menomonee Falls, WI



National Quality Improvement Goals

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 above the target range/value. This organization's performance is similar to the target range/value. This organization's performance is 				Compared to other Joint Commission Accredited Organizations			
below the target range/value.	Measure Area	Explanation		Nationwi	Ŭ	anizations Statewide	
w Not displayed	SCIP - Infection Th Prevention ov	is category of evidence based measures as erall use of indicated antibiotics for surgical		(
 Footnote Key The Measure or Measure Set was not reported. The Measure Set does not have an 	pre	evention.			other Joint ed Organiz	Commissio ations State	
overall result. 3. The number of patients is not enough for comparison purposes.	Measure	Explanation	Hospital Results		Average Rate:	Top 10% Scored at Least:	
 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. 	Patients who had blood ves surgery and received appropriate medicine that prevents infection (antibiotic and the antibiotic was stopp within 24 hours after the surgery ended.*	blood vessel surgery patients whose medicine (an antibiotic) to prevent infection was stopped within 24	96% of 25 eligible Patients ³	100%	93%	100%	90%
9. The measure results are temporarily suppressed pending resubmission of updated data.	Patients Having Colon/Larg Intestine Surgery*	e Overall report of hospital's performance on Surgical Infection Prevention Measures for Colon/Large Intestine Surgery.	90% of 122 eligible Patients ⁷	100%	93%	99%	94%
For further information and explanation of the Quality Report contents, refer to the "Quality Report User Guide."	Patients having colon/large intestine surgery who receiv medicine to prevent infection (an antibiotic) within one ho before the skin was surgical cut. *	n surgery received medicine that prevents infection (an antibiotic)	88% of 42 eligible Patients ⁷	100%	95%	100%	95%
	Patients having colon/large intestine surgery who receiv the appropriate medicine (antibiotic) which is shown to be effective for this type of surgery.*	intestine surgery were given the	90% of 42 eligible Patients ⁷	100%	92%	100%	94%

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Not displayed	Measure Area SCIP - Infection Prevention		Explanation tegory of evidence based measures ass use of indicated antibiotics for surgical in		Nationwid	de	Statewide	
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overall result.The number of patients is not enough for comparison purposes.	Measure		Explanation	N 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. 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 10. 	Patients who had colon/ intestine surgery and re- appropriate medicine the prevents infection (antibi- and the antibiotic was st within 24 hours after the surgery ended.*	eceived nat biotic) stopped	This measure reports how often colon/large intestine surgery patients whose medicine (an antibiotic) to prevent infection was stopped within 24 hours after the surgery ended. Giving medicine that prevents infection for more than 24 hours after the end of surgery is not helpful, unless there is a specific reason (for example, fever or other signs of infection).	92% of 38 eligible Patients ⁷	100%	92%	100%	91%
suppressed pending resubmission of updated data.	Patients Having Corona Artery Bypass Graft Sur	-	Overall report of hospital's performance on Surgical Infection Prevention Measures for Coronary Artery Bypass Graft Surgery.	98% of 211 eligible Patients ⁷	100%	98%	100%	98%
For further information and explanation of the Quality Report contents, refer to the ''Quality Report User Guide.''	Patients having coronar artery bypass graft surg who received medicine prevent infection (an an within one hour before t was surgically cut.*	gery to ntibiotic)	This measure reports how often patients having coronary artery bypass graft surgery received medicine that prevents infection (an antibiotic) within one hour before the skin was surgically cut. Infection is lowest when patients receive antibiotics to prevent infection within one hour before the skin is surgically cut.	96% of 70 eligible Patients ⁷	100%	98%	100%	98%
	Patients having coronar artery bypass graft surg who received the approp medicine (antibiotic) whi shown to be effective fo type of surgery.*	gery opriate nich is	This measure reports how often patients who had coronary artery bypass graft surgery were given the appropriate medicine (antibiotic) that prevents infection which is know to be effective for the type of surgery, based upon the recommendations of experts around the country.	100% of 72 eligible Patients ⁷	100%	100%	100%	100%

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Footnote Key	SCIP - Infection Prevention		egory of evidence based measures ass use of indicated antibiotics for surgical in ion.		Ð		Ð	
• The Measure or Measure Set was not reported.				Cor		other Joint ed Organiz	Commissio ations	n
The Measure Set does not have an overall result.					lationwide	Ŭ	State	ewide
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. 	Patients who had corona artery bypass graft surge and received appropriate medicine that prevents infection (antibiotic) and antibiotic was stopped w 48 hours after the surge ended.*	lery te vithin ery	This measure reports how often coronary artery bypass graft surgery patients whose medicine (an antibiotic) to prevent infection was stopped within 48 hours after the surgery ended. Giving medicine that prevents infection for more than 48 hours after the end of surgery is not helpful, unless there is a specific reason (for example, fever or other signs of infection). Overall report of hospital's	97% of 69 eligible Patients ⁷	100%	97%	100%	98%
For further information	Replacement Surgery*	n.	Prevention Measures for Hip Joint Replacement Surgery.	98% of 249 eligible Patients ⁷	100%	98%	100%	98%
and explanation of the Quality Report contents, refer to the "Quality Report User Guide."	Patients having hip joint replacement surgery wh received medicine to pre infection (an antibiotic) v one hour before the skin surgically cut.*	no event within	This measure reports how often patients having hip joint replacement surgery received medicine that prevents infection (an antibiotic) within one hour before the skin was surgically cut. Infection is lowest when patients receive antibiotics to prevent infection within one hour before the skin is surgically cut.	95% of 83 eligible Patients ⁷	100%	98%	100%	98%
	Patients having hip joint replacement surgery wh received the appropriate medicine (antibiotic) whi shown to be effective for type of surgery.*	no e ich is	This measure reports how often patients who had hip joint replacement surgery were given the appropriate medicine (antibiotic) that prevents infection which is know to be effective for the type of surgery, based upon the recommendations of experts around the country.	100% of 83 eligible Patients ⁷	100%	100%	100%	100%



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	SCIP - Infection Prevention	overall u	tegory of evidence based measures ass use of indicated antibiotics for surgical ir		Ð		Ð	
Footnote Key		preventi	ion.					
 The Measure or Measure Set was not reported. The Measure Set does not have an 						other Joint ed Organiz	ations	
overall result.	Measure		Explanation	N Hospital	lationwide	Average		
The number of patients is not enough for comparison purposes.	IVICASULO			Results	Scored at Least:	Rate:	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. 	Patients who had hip jo replacement surgery ar received appropriate m that prevents infection (antibiotic) and the antil was stopped within 24 I after the surgery ended	nd nedicine ibiotic hours	This measure reports how often hip joint replacement surgery patients whose medicine (an antibiotic) to prevent infection was stopped within 24 hours after the surgery ended. Giving medicine that prevents infection for more than 24 hours after the end of surgery is not helpful, unless there is a specific reason (for example, fever or other signs of infection). Overall report of hospital's	00% of 83 eligible Patients ⁷	100%	96%	100%	97%
For further information	Hysterectomy*		performance on Surgical Infection Prevention Measure for Hysterectomy Surgery.	97% of 235 eligible Patients ⁷	100%	96%	100%	97%
and explanation of the Quality Report contents, refer to the "Quality Report User Guide."	Patients having hystere surgery who received medicine to prevent infe (an antibiotic) within on before the skin was sur cut.*	fection ne hour	This measure reports how often patients having hysterectomy surgery received medicine that prevents infection (an antibiotic) within one hour before the skin was surgically cut. Infection is lowest when patients receive antibiotics to prevent infection within one hour before the skin is surgically cut.	99% of 78 eligible Patients ⁷	100%	98%	100%	98%
	Patients having hystere surgery who received the appropriate medicine (antibiotic) which is sho be effective for this type surgery.*	the own to	This measure reports how often patients who had hysterectomy surgery were given the appropriate medicine (antibiotic) that prevents infection which is know to be effective for the type of surgery, based upon the recommendations of experts around the country.	95% of 79 eligible Patients ⁷	100%	95%	100%	95%



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possible results	Reporting Peri	iod: Apr	ril 2010 - March 2011							
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	SCIP - Infection Prevention		egory of evidence based measures ass ise of indicated antibiotics for surgical i on		Ð		œ			
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The number of patients is not enough	Measure		Explanation	Hospital Results	Top 10% Scored	Average Rate:	Top 10% Scored	Average Rate:		
for comparison purposes.				Results	at Least:	Trate.	at Least:	Tate.		
 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. 	Patients who had hysterectomy surgery ar received appropriate me that prevents infection (antibiotic) and the antib was stopped within 24 h after the surgery ended.	edicine biotic hours	This measure reports how often hysterectomy surgery patients whose medicine (an antibiotic) to prevent infection was stopped within 24 hours after the surgery ended. Giving medicine that prevents infection for more than 24 hours after the end of surgery is not helpful, unless there is a specific reason (for example, fever or other signs of infection).	97% of 78 eligible Patients ⁷	100%	97%	100%	98%		
The measure results are temporarily suppressed pending resubmission of updated data.	Patients Having Knee Jo Replacement Surgery*	oint	Overall report of hospital's performance on Surgical Infection Prevention Measures for Knee Joint Replacement Surgery.	98% of 262 eligible Patients ⁷	100%	98%	100%	98%		
For further information and explanation of the Quality Report contents, refer to the ''Quality Report User Guide.''	Patients having knee join replacement surgery wh received medicine to pre- infection (an antibiotic) v one hour before the skin surgically cut.*	ho event within	This measure reports how often patients having knee joint replacement surgery received medicine that prevents infection (an antibiotic) within one hour before the skin was surgically cut. Infection is lowest when patients receive antibiotics to prevent infection within one hour before the skin is surgically cut.	94% of 87 eligible Patients ⁷	100%	98%	100%	98%		
	Patients having knee joir replacement surgery wh received the appropriate medicine (antibiotic) whi shown to be effective for type of surgery.*	ho e hich is	This measure reports how often patients who had knee joint replacement surgery were given the appropriate medicine (antibiotic) that prevents infection which is know to be effective for the type of surgery, based upon the recommendations of experts around the country.	100% of 88 eligible Patients ⁷	100%	100%	100%	100%		



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	SCIP - Infection Prevention	overall u	tegory of evidence based measures assources of indicated antibiotics for surgical in		Đ		Ð	
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The Measure Set does not have an overall result.					Nationwide	Ŭ	State	ewide
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 10. 	Patients who had knee j replacement surgery an received appropriate me that prevents infection (antibiotic) and the antib was stopped within 24 h after the surgery ended.	nd nedicine ibiotic hours	This measure reports how often knee joint replacement surgery patients whose medicine (an antibiotic) to prevent infection was stopped within 24 hours after the surgery ended. Giving medicine that prevents infection for more than 24 hours after the end of surgery is not helpful, unless there is a specific reason (for example, fever or other signs of infection).	00% of 87 eligible Patients ⁷	100%	97%	100%	98%
suppressed pending resubmission of updated data.	Patients Having Open H Surgery other than Coro Artery Bypass Graft*	ronary	Overall report of hospital's performance on Surgical Infection Prevention Measures for Open Heart Surgery.	96% of 111 eligible Patients ⁷	100%	98%	100%	98%
and explanation of the Quality Report contents, efer to the ''Quality Report User Guide.''	Patients having open he surgery other than coror artery bypass graft who received medicine to pre infection (an antibiotic) w one hour before the skin surgically cut.*	onary o revent within	This measure reports how often patients having open heart surgery other than coronary artery bypass graft received medicine that prevents infection (an antibiotic) within one hour before the skin was surgically cut. Infection is lowest when patients receive antibiotics to prevent infection within one hour before the skin is surgically cut.	100% of 39 eligible Patients ⁷	100%	98%	100%	97%
	Patients having open he surgery other than coror artery bypass graft who received the appropriate medicine (antibiotic) whi shown to be effective for type of surgery.*	onary o te hich is	This measure reports how often patients who had open heart surgery other than coronary artery bypass graft were given the appropriate medicine (antibiotic) that prevents infection which is know to be effective for the type of surgery, based upon the recommendations of experts around the country.	100% of 39 eligible Patients ⁷	100%	100%	100%	100%



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W180 N8085 Town Hall Road, Menomonee Falls, WI



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Not displayed	Measure Area SCIP - Infection This ca	Explanation tegory of evidence based measures ass	esses the	Nationwi	de	Statewide	-
Footnote Key		use of indicated antibiotics for surgical in		Ð		Ð	
1. The Measure or Measure Set was not reported.			Col	mpared to o Accredit	other Joint ed Organiz		n
2. The Measure Set does not have an overall result.				Vationwide	Ŭ	State	
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 	Patients who had open heart surgery other than coronary artery bypass graft and received appropriate medicine that prevents infection (antibiotic) and the antibiotic was stopped within 48 hours after the surgery ended.*	This measure reports how often open heart surgery other than coronary artery bypass graft patients whose medicine (an antibiotic) to prevent infection was stopped within 48 hours after the surgery ended. Giving medicine that prevents infection for more than 48 hours after the end of surgery is not helpful, unless there is a specific reason (for example, fever or other signs of infection).	88% of 33 eligible Patients ⁷	100%	97%	100%	96%
For further information and explanation of the Quality Report contents,	Heart surgery patients with controlled blood sugar after surgery.	This measure reports the number of heart surgery patients that had a blood sugar of less than 200 on day one and day two after surgery. Infection is lowest in both diabetic and nondiabetic patients when blood sugar is controlled immediately after surgery.	96% of 116 eligible Patients ⁷	99%	94%	98%	94%
refer to the ''Quality Report User Guide.''	Surgery patients with proper hair removal.	This measure reports the number of surgical patients that have had hair at the site of the surgical cut removed properly. Infection is lowest when patients have hair removed with electrical clippers or hair removal cream.	99% of 630 eligible Patients ⁷	100%	100%	100%	100%
	Urinary Catheter Removed	This measure reports the number of surgery patients whose urinary catheter was removed by the end of the second day after surgery.	86% of 295 eligible Patients ⁷	100%	92%	98%	92%



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

This information is part of the Hospital Quality Alliance. This information can also be viewed at www.hospitalcompare.hhs.gov

W180 N8085 Town Hall Road, Menomonee Falls, WI



National Quality Improvement Goals

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.
- The number of months with Measure data is below the reporting requirement.
 The measure results are temporarily 10.
- suppressed pending resubmission of updated data.

For further information and explanation of the Quality Report contents, refer to the "Quality Report User Guide." Reporting Period: April 2010 - March 2011

Measure Area

SCIP – Venous Thromboembolism (VTE) Explanation This category of evidenced based measures assesses the use of indicated treatment for the

prevention of blood clots in selected surgical patients

				other Joint ed Organiz	ations	
			lationwide			ewide
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
Patients having surgery who had treatment prescribed for the prevention of blood clots. Note: Treatment may be medication, stockings, or mechanical devices for exercising the legs.	This measure reports how often patients having surgery had treatment prescribed for the prevention of blood clots. The incidence of blood clots is lowest when patients are treated to prevent them. Note: Not every surgery requires treatment and this measure reports on those selected surgeries where evidence/experts have identified that treatment to prevent blood clots would be helpful.	95% of 183 eligible Patients ⁷	100%	96%	100%	95%
Patients having surgery who received the appropriate treatment to prevent blood clots which is shown to be effective for the type of surgery performed. Note: Treatment may be medication, stockings, or mechanical devices for exercising the legs.	This measure reports how often patients who had surgery were given the appropriate treatment that prevents blood clots which is known to be effective for the type of surgery, based upon the recommendations of experts around the country. Note: Not every surgery requires treatment and this measure reports on those selected surgeries where evidence/experts have identified that treatment to prevent blood clots would be helpful.	94% of 183 eligible Patients ⁷	100%	94%	99%	94%

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W180 N8085 Town Hall Road, Menomonee Falls, WI



CMS Mortality Rates

Hospital

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

Center for Medicare and Medicaid (CMS) Hospital 30-Day Risk Adjusted Death (Mortality) compared to U.S. National Rate The rates displayed in this table are from data reported for discharges July 2007 through June 2010 Last Updated: June 08, 2011

	The U.S. National 30-day Death	Rate from Heart Attack = 16%							
	Better Than U.S. National Rate (Adjusted mortality is lower than U.S. rate)	No Different Than U.S. National Rate (Adjusted mortality is about the same as U.S. rate or difference is uncertain)	Worse Than U.S. National Rate (Adjusted mortality is higher than U.S. Rate)						
30-Day Death (Mortality) Rates from Heart Attack = 14.9%									
Number of Medicare Heart Attack	Patients = 222								
Out of 4569 hospitals in U.S.	95 hospitals in the U.S. Better than U.S. National Rate	2744 hospitals in the U.S. No different than U.S. National Rate	45 hospitals in the U.S. Worse than U.S. National Rate						
	1685 hospitals in the United States performing	did not have enough cases to reliab	bly tell how well they are						
Out of 119 hospitals in Wisconsin	4 hospitals in Wisconsin Better than U.S. National Rate	60 hospitals in Wisconsin No different than U.S. National Rate	1 hospitals in Wisconsin Worse than U.S. National Rate						
	54 hospitals in Wisconsin did not h	nave enough cases to reliably tell ho	w well they are performing						

The U.S. National 30-day Death Rate from Heart Failure = 11%								
	Better Than U.S. National Rate (Adjusted mortality is lower than U.S. rate)	No Different Than U.S. National Rate (Adjusted mortality is about the same as U.S. rate or difference is uncertain)	Worse Than U.S. National Rate (Adjusted mortality is higher than U.S. Rate)					
30-Day Death (Mortality) Rates from Heart Failure = 10.4%	Not Available							
Number of Medicare Heart Failure	Patients = 354							
Out of 4743 hospitals in U.S.	199 hospitals in the U.S. Better than U.S. National Rate	1 1						
	603 hospitals in the United States did not have enough cases to reliably tell how well they performing							
Out of 121 hospitals in Wisconsin	4 hospitals in Wisconsin Better than U.S. National Rate105 hospitals in Wisconsin No different than U.S. National Rate5 hospitals in Wisconsin than U.S. National Rate							
	7 hospitals in Wisconsin did not ha	we enough cases to reliably tell how	well they are performing					

The U.S. National 30-day Death Rate from Pneumonia = 12%									
	Better Than U.S. National Rate (Adjusted mortality is lower than U.S. rate)	No Different Than U.S. National Rate (Adjusted mortality is about the same as U.S. rate or difference is uncertain)	Worse Than U.S. National Rate (Adjusted mortality is higher than U.S. Rate)						
30-Day Death (Mortality) Rates from Pneumonia = 11%	Not Available								
Number of Medicare Pneumonia P	atients = 351								

W180 N8085 Town Hall Road, Menomonee Falls, WI



CMS Mortality Rates

Hospital

Center for Medicare and Medicaid (CMS) Hospital 30-Day Risk Adjusted Death (Mortality) compared to U.S. National Rate The rates displayed in this table are from data reported for discharges July 2007 through June 2010 Last Updated: June 08, 2011 3988 hospitals in the U.S. No 221 hospitals in the U.S. Worse Out of 4788 hospitals in U.S. 222 hospitals in the U.S. Better than U.S. National Rate different than U.S. National Rate than U.S. National Rate 357 hospitals in the United States did not have enough cases to reliably tell how well they are performing Out of 121 hospitals in Wisconsin 1 hospitals in Wisconsin Better 113 hospitals in Wisconsin No 4 hospitals in Wisconsin Worse than U.S. National Rate different than U.S. National Rate than U.S. National Rate 3 hospitals in Wisconsin did not have enough cases to reliably tell how well they are performing

These percentages were calculated by Centers for Medicare and Medicaid Services from Medicare data on patients discharged July 2007 through June 2010. They do not include people in Medicare Advantage (Managed care) plans or people who do not have Medicare.

For technical information on 30 Day Risk Adjusted Mortality measures please see user guides.

W180 N8085 Town Hall Road, Menomonee Falls, WI



CMS Readmission Rates

Hospital

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

Center for Medicare and Medicaid (CMS) Hospital 30 Day Rate of Readmission compared to U.S. National Rate The rates displayed in this table are from data reported for discharges July 2007 through June 2010 Last Updated: June 08, 2011

The	U.S. National Rate for Readmiss	ions for Heart Attack Patients = 2	20%				
	Better Than U.S. National Rate (Adjusted readmissions are lower than U.S. rate)	Worse Than U.S. National Rate (Adjusted mortality is higher than U.S. Rate)					
30 Day Hospital Readmission Rates from Heart Attack Patients = 21.7%	Not Available						
Number of Medicare Heart Attack	Patients = 212						
Out of 4476 hospitals in U.S.	29 hospitals in the U.S. Better than U.S. National Rate	2403 hospitals in the U.S. No different than U.S. National Rate	45 hospitals in the U.S. Worse than U.S. National Rate				
	1999 hospitals in the United States did not have enough cases to reliably tell how well they are performing						
Out of 117 hospitals in Wisconsin	0 hospitals in Wisconsin Better than U.S. National Rate58 hospitals in Wisconsin No different than U.S. National Rate0 hospitals in Wisconsin W than U.S. National Rate						
	59 hospitals in Wisconsin did not have enough cases to reliably tell how well they are performing						

The	U.S. National Rate for Readmiss	ions for Heart Failure Patients = 2	25%				
	Better Than U.S. National Rate (Adjusted readmissions are lower than U.S. rate)	No Different Than U.S. National Rate (Adjusted readmissions are about the same as U.S. rate or difference is uncertain)	Worse Than U.S. National Rate (Adjusted mortality is higher than U.S. Rate)				
30 Day Hospital Readmission Rates from Heart Failure Patients = 22.8%	Not Available						
Number of Medicare Heart Failure	Patients = 409						
Out of 4759 hospitals in U.S.	147 hospitals in the U.S. Better than U.S. National Rate	*	193 hospitals in the U.S. Worse than U.S. National Rate				
	550 hospitals in the United States did not have enough cases to reliably tell how well they are performing						
Out of 121 hospitals in Wisconsin	3 hospitals in Wisconsin Better than U.S. National Rate	0 hospitals in Wisconsin Worse than U.S. National Rate					
	6 hospitals in Wisconsin did not ha	we enough cases to reliably tell how	w well they are performing				

The U.S. National Rate for Readmissions for Pneumonia Patients = 18%									
	Better Than U.S. National Rate (Adjusted readmissions are lower than U.S. rate)	No Different Than U.S. National Rate (Adjusted readmissions are about the same as U.S. rate or difference is uncertain)	Worse Than U.S. National Rate (Adjusted mortality is higher than U.S. Rate)						
30 Day Hospital Readmission Rates from Pneumonia Patients = 18.2%	Not Available								

W180 N8085 Town Hall Road, Menomonee Falls, WI



CMS Readmission Rates

Hospital

Center for Medicare and Medicaid (CMS) Hospital 30 Day Rate of Readmission compared to U.S. National Rate The rates displayed in this table are from data reported for discharges July 2007 through June 2010 Last Updated: June 08, 2011

Number of Medicare Pneumonia Patients = 364									
1	-								
	363 hospitals in the United States did not have enough cases to reliably tell how well they are performing								
Out of 121 hospitals in Wisconsin	1	•	1 hospitals in Wisconsin Worse than U.S. National Rate						
	3 hospitals in Wisconsin did not have enough cases to reliably tell how well they are performing								

These percentages were calculated by Centers for Medicare and Medicaid Services from Medicare data on patients discharged July 2007 through June 2010. They do not include people in Medicare Advantage (Managed care) plans or people who do not have Medicare.

For technical information on 30 Day Readmission Rates please see user guides.

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.
- 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
- 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.

W180 N8085 Town Hall Road, Menomonee Falls, WI



Survey of Patients' Hospital Experiences

Footnote Key

- 1. Fewer than 100 patients completed the HCAHPS survey. Use these rates with caution, as the number of surveys may be too low to reliably assess hospital performance.
- 2. This displays less than 12 months of accurate data.
- 3. Survey results are not available for this period.
- 4. No patients were eligible for the HCAHPS Survey.

	Survey Da	te Range		Number of	Completed Sur	veys	Survey Response Rate		
Octobe	er 2009 throug	h September 2	2010	31	00 or More		48%		
uestion			E	Explanation					
How ofter with patie		communicate w	vell	them during the doctors expla	ted how often t neir hospital sta ined things cle eated the patiel	y. "Communie arly, listene	cated well" me d carefully to	eans o the	
Ooctors "a	lways" commu	unicated well	Doctors "	usually" comm	unicated well		s "sometimes" communicated		
lospital Rate	State Average	National Average	Hospital Rate	State Average	National Average	Hospital Rate	State Average	National Average	
81%	82%	80%	15%	15%	15%	4%	3%	5%	
uestion			E	Explanation	4				
How ofter		ommunicate w		Patients repor them during th explained thi	ted how often t neir hospital sta ngs clearly, lis tient with court	y. "Communie tened caref u	cated well" me ully to the pat	eans nurses	
How ofter with patie			ell	Patients repor them during th explained thi	neir hospital sta ngs clearly, lis tient with court	y. "Communio tened carefu esy and res Nurses	cated well" me ully to the pat	eans nurses ient, and or "never"	
with patie	nts?		ell	Patients repor them during th explained thi treated the pa	neir hospital sta ngs clearly, lis tient with court	y. "Communio tened carefu esy and res Nurses	cated well" me ully to the pati pect. "sometimes"	eans nurses ient, and or "never"	
How ofter with patie Nurses "a Hospital	nts? Iways" commu State	inicated well National	ell Nurses " Hospital	Patients report them during the explained thi treated the part usually" communication State	neir hospital sta ngs clearly, lis tient with court unicated well National	y. "Communion tened carefu esy and res Nurses co Hospital	cated well" me ully to the pati pect. "sometimes" ommunicated State	eans nurses ient, and or "never" well National	
How ofter with patie Nurses "a lospital Rate 79%	nts? Iways" commu State Average	inicated well National Average	ell Nurses " Hospital Rate 18%	Patients report them during the explained thi treated the part usually" communication State Average	neir hospital sta ngs clearly, lis tient with court unicated well National Average	y. "Communion tened carefu esy and res Nurses co Hospital Rate	cated well" me ully to the pati pect. "sometimes" ommunicated State Average	eans nurses ient, and or "never" well National Average	
How ofter with patie Nurses "a Hospital Rate 79%	nts? lways" commu State Average 79%	inicated well National Average	ell Nurses " Hospital Rate 18%	Patients repor them during th explained thi treated the pa usually" commu- State Average 18% Explanation	neir hospital sta ngs clearly, lis tient with court unicated well National Average 19% ted how often t button or need	y. "Communion tened carefu esy and resp Nurses Control Hospital Rate 3%	cated well" me ully to the pati pect. "sometimes" ommunicated State Average 3% ped quickly w	eans nurses ient, and or "never" well National Average 5% hen they	
How ofter with patie Jurses "a lospital Rate 79% uestion How ofter from hosp	nts? ways" commu State Average 79%	Inicated well National Average 76% receive help qu ved help as	ell Nurses " Hospital Rate 18% Lickly	Patients repor them during th explained thi treated the pa usually" commu- State Average 18% Explanation	neir hospital sta ngs clearly, lis tient with court unicated well National Average 19% ted how often t button or need dpan. ived help as	y. "Communitened carefuesy and respected and	cated well" me ully to the pati pect. "sometimes" ommunicated State Average 3% ped quickly w	eans nurses ient, and or "never" well National Average 5% ben they bathroom	
How ofter with patie Nurses "a Hospital Rate 79% Question How ofter from hosp	nts? ways" commu State Average 79% n did patients i pital staff?	Inicated well National Average 76% receive help qu ved help as	ell Nurses " Hospital Rate 18% Lickly	Patients report them during the explained this treated the part usually" communication State Average 18% Explanation Patients report used the call or using a be "usually" receit	neir hospital sta ngs clearly, lis tient with court unicated well National Average 19% ted how often t button or need dpan. ived help as	y. "Communitened carefuesy and respected and	cated well" me ully to the pati pect. "sometimes" ommunicated State Average 3% ped quickly w tting to the b	eans nurses ient, and or "never" well National Average 5% ben they bathroom	

W180 N8085 Town Hall Road, Menomonee Falls, WI



Survey of Patients' Hospital Experiences

Footnote Key

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- 2. This displays less than 12 months of accurate data.
- 3. Survey results are not available for this period.
- 4. No patients were eligible for the HCAHPS Survey.

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

	Survey Da	te Range		Number of Completed Surveys			Survey Response Rate		
Octobe	er 2009 throug	jh September 2	010	3	00 or More		48%		
Question Explanation									
How often was patients' pain well controlled? If patients needed medicine for pain during their hospital stay, th survey asked how often their pain was well controlled. "Well controlled? means their pain was well controlled and that the hospital staff did everything they could to help patients with their pain.								Well hat the	
Pain was	s "always" wel	l controlled	Pain	was "usually" we	ll controlled	Pain was	"sometimes" o controlled	r "never" well	
Hospital Rate	State Average	National Average	Hospita Rate	al State Average	National Average	Hospital Rate	State Average	National Average	
70%	70%	69%	24%	25%	24%	6%	5%	7%	
Question Explanation									
How often did staff explain about medicines before giving them to patients? How often did staff explain about medicines before giving them to patients?								ine. Iicine was	

Staf	f "always" exp	olained	Staf	f "usually" exp	blained	Staff "sometimes" or "never" explained		
Hospital Rate	State Average	National Average	Hospital Rate	State Average	National Average	Hospital Rate	State Average	National Average
61%	65%	60%	20%	19%	19%	19%	16%	21%

patient.

for and what side effects it might have before they gave it to the

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86%

86%

82%

14%





Survey of Patients' Hospital Experiences

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	Survey Da	te Range		Numb	er of	Completed Sur	rveys	Survey Res	oonse Rate
Octobe	er 2009 throug	gh September 2	010		30	00 or More		48	%
Question				Explanatio	n				
How often were the patients' rooms and bathrooms kept clean? Patients reported how often their hospital room and bathroom were kept clean.									
Room	ו was "always	s" clean	R	oom was "u	sually	" clean	Room w	as "sometimes clean	s" or "never"
Hospital Rate	State Average	National Average	Hospita Rate	al Stat Avera		National Average	Hospital Rate	State Average	National Average
73%	78%	71%	22%	16%	D	20%	5%	6%	9%
Question				Explanatio	n				
	n was the area ot quiet at nig	a around patien ht?	ts'	Patients quiet at		ted how often t	he area aro	und their roo	m was
"Alv	vays" quiet at	night		"Usually" qı	iet at	night	"Sometim	es" or "never"	quiet at nigh
Hospital Rate	State Average	National Average	Hospita Rate	al Stat Avera		National Average	Hospital Rate	State Average	National Average
56%	60%	58%	33%	32%	,)	30%	11%	8%	12%
Question				Explanatio	n				
Question Explanation Were patients given information about what to do during their recovery at home? The survey asked patients about information they were given when they were ready to leave the hospital. Patients reported whether hospital staff had discussed the help they would need at home. Patients also reported whether they were given written information about symptoms or health problems to watch for during their recovery.									
Yes	s, staff did giv	e patients this i	nformatio	n		No, staff did	not give pat	ients this infor	mation
Hospital R	ate Stat	e Average	National	Average	Но	spital Rate	State Aver	age Natio	onal Average

14%

18%

W180 N8085 Town Hall Road, Menomonee Falls, WI

75%

72%

69%

22%

25%

26%

3%

3%

5%



Survey of Patients' Hospital Experiences

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- **3.** Survey results are not available for this period.
- 4. No patients were eligible for the HCAHPS Survey.

	Survey Da	te Range		Number of	Completed Sur	veys	Survey Res	ponse Rate	
Octobe	er 2009 throug	gh September 2	010	3	00 or More		48%		
Question Explanation									
How do pa	atients rate th	e hospital over	all?	answered a sof the hospitation	ng all other que: separate quest al. Ratings were hospital possib	i on that as e on a scale	ked for an ove	erall rating where "0"	
Patients wl	ho gave a rati (high)	ng of 9 or 10	Patients	ents who gave a rating of 7 or 8 F (medium)			Patients who gave a rating of 6 or lower (low)		
Hospital Rate	State Average	National Average	Hospital Rate	State Average	National Average	Hospital Rate	State Average	National Average	
73%	71%	67%	21%	22%	24%	6%	7%	9%	
Question			E	Explanation					
Would pat friends an		nend the hospita	al to		sked patients w eir friends and t		y would recom	nmend the	
						the hosp	NO, patients would not recommend the hospital (they probably would not or definitely would not recommend it)		
Hospital Rate	State Average	National Average	Hospital Rate	State Average	National Average	Hospital Rate	State Average	National Average	

W180 N8085 Town Hall Road, Menomonee Falls, WI



2011 National Patient Safety Goals

Pathology and Clinical 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

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.