

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	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

Advanced Certification	Certification Decision	Effective	Last Full Review	
Programs		Date	Date	Review Date
🎯 Primary Stroke Center	Certification	2/20/2013	1/25/2012	1/25/2012

Other Accredited Programs/Services

• Hospital (Accredited by American College of Surgeons-Commission on Cancer (ACoS-COC))

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

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

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Footnote Key

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- 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.
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- 7. The Measure results are based on a sample of patients.
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- **11.** There were no eligible patients that met the denominator criteria.

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

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elow the target range/value. his Measure is not applicable for this ganization.	Jul 2011 - Jun 2012	Heart Failure Care	\bigotimes	${\mathfrak O}$
ot displayed		Pneumonia Care	Ð	Ð
		Surgical Care Improvement Project (SCIP)		
Footnote Key The Measure or Measure Set was not eported.		SCIP - Cardiac SCIP - Infection Prevention For All Reported Procedures:	Ð	Ð
The Measure Set does not have an overall result.		Blood Vessel Surgery	Ø	Ø
The number of patients is not enough or 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 vas below most other organizations.		Hip Joint Replacement	Ð	Ð
The Measure results are not statistically valid.		Hysterectomy	\oplus	Ð
The Measure results are based on a ample of patients.		Knee Replacement	\oplus	Ð
The number of months with Measure lata is below the reporting requirement.		Open Heart Surgery	Ð	Ð
The measure results are temporarily uppressed pending resubmission of updated data.	Pathology and Clinical	SCIP – Venous Thromboembolism (VTE) 2011National Patient Safety Goals	Ø	*
Fest Measure: a measure being evaluated for reliability of the	Laboratory			

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Quality Check[®]

Community Memorial Hospital of Menomonee Falls, Inc.

W180 N8085 Town Hall Road, Menomonee Falls, WI



Locations of Care

* Primary Location

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

W180 N8085 Town Hall Road, Menomonee Falls, WI



Locations of Care

* Primary Location

Available Services Locations of Care **Community Memorial** Joint Commission Advanced Certification Programs: **Hospital of Menomonee** • Primary Stroke Center Falls, Inc. * W180 N8085 Town Hall Services: Road • Behavioral Health (24-hour Medical Detoxification Menomonee Falls, Acute Care/Crisis (Inpatient) WI 53051 Stabilization - Adult) • Medical ICU (Intensive Care Brachytherapy Unit) • Neuro/Spine ICU (Intensive (Imaging/Diagnostic Services) Care Unit) Cardiac Catheterization Lab Neuro/Spine Unit (Inpatient) (Surgical Services) Neurosurgery (Surgical • Cardiac Surgery (Surgical Services) Services) Normal Newborn Nursery Cardiothoracic Surgery (Inpatient) (Surgical Services) Nuclear Medicine Cardiovascular Unit (Imaging/Diagnostic Services) Orthopedic Surgery (Surgical (Inpatient) Chemical Dependency (Day Services) Orthopedic/Spine Unit Programs - Adult) (Partial - Adult) (Inpatient) Coronary Care Unit Pediatric Unit (Inpatient) (Inpatient) Plastic Surgery (Surgical • CT Scanner Services) (Imaging/Diagnostic Positron Emission Tomography Services) (PET) (Imaging/Diagnostic • Dialysis Unit (Inpatient) Services) Ear/Nose/Throat Surgery Post Anesthesia Care Unit (Surgical Services) (PACU) (Inpatient) EEG/EKG/EMG Lab Radiation Oncology (Imaging/Diagnostic (Imaging/Diagnostic Services) Sleep Laboratory (Sleep Services) Gastroenterology (Surgical Laboratory) Surgical ICU (Intensive Care Services) General Laboratory Tests Unit) GI or Endoscopy Lab Surgical Unit (Inpatient) (Imaging/Diagnostic Teleradiology Services) (Imaging/Diagnostic Services) • Gynecological Surgery Thoracic Surgery (Surgical (Surgical Services) Services) Gynecology (Inpatient) Ultrasound Hematology/Oncology Unit (Imaging/Diagnostic Services) (Inpatient) Urology (Surgical Services) Interventional Radiology Vascular Surgery (Surgical (Imaging/Diagnostic Services) Services) Labor & Delivery (Inpatient) Magnetic Resonance Imaging (Imaging/Diagnostic Services) Medical /Surgical Unit (Inpatient)

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Locations of Care

Locations of Care	Available Services
Community Memorial Medical Commons Cardiac and Pulmonary Rhb W129 N7055 Northfield Drive, Building A Menomonee Falls, WI 53051	 Cardiac Rehabilitation (Outpatient) Health and Wellness (Outpatient) Outpatient Clinics (Outpatient) Sleeping Disorder (Outpatient) Sports Medicine (Outpatient)
Regional Sleep Disorders Center - CMMC Building B W129 N7055 Northfield Drive Menomonee Falls, WI 53051	Outpatient Clinics (Outpatient)
Rehab and Sports Medicine Center N112 W15415 Mequon Road Germantown, WI 53022	 Outpatient Clinics (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.

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

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National Quality Improvement Goals

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O This organization's performance is below the target range/value.			
Not displayed	Measure A	rea	Explanat
	Heart Attac	k Care	This category of evidence based overall quality of care provided to

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		Compared to other Joint Commission Accredited Organizations	
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.	Ð	Ð

		Cor	npared to c Accredit	other Joint ed Organiz		n
		N	lationwide			wide
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	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.	89% of 18 eligible Patients ³	100%	98%	100%	96%
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.	97% of 148 eligible Patients	100%	99%	100%	99%
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.	100% of 129 eligible Patients	100%	99%	100%	99%



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

Community Memorial Hospital of Menomonee Falls, Inc.

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National Quality Improvement Goals

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 overall result. 3. The number of patients is not enough for comparison purposes. 4. 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:
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Report User Guide."	Statin Prescribed at Disc	charge	therapy be given quickly after a heart attack is diagnosed. Heart attack patients who receive a prescription for a statin medication at discharge. This measure reports what percentage of heart patients who have problems with high cholesterol were prescribed medications to help reduce their "bad" cholesterol.	97% of 124 eligible Patients	100%	98%	100%	98%



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National Quality Improvement Goals

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Not displayed	Measure Area	Explanation
	Heart Failure Care	This category of evidence based me

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		Compared to Comm		
		Accredited 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	

		Compared to other Joint Commission Accredited Organizations				on
			lationwide	Ŭ	State	ewide
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
ACE inhibitor or ARB for LVSD*	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 47 eligible Patients	100%	97%	100%	96%
Discharge instructions*	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.	94% of 133 eligible Patients	100%	94%	100%	93%
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.	100% of 167 eligible Patients	100%	99%	100%	99%

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National Quality Improvement Goals

	iod: July 2011 - June 2012		
		Comm	o other Joint nission Drganizations
Measure Area	Explanation	Nationwide	Statewide
Pneumonia Care	This category of evidence based measures assesses the overall quality of care provided to Pneumonia patients.	Ð	Ð
		Pneumonia Care This category of evidence based measures assesses the	Measure Area Explanation Nationwide Pneumonia Care This category of evidence based measures assesses the

		Cor	npared to c Accredite	other Joint ed Organiz		n
Measure	Explanation	N Hospital Results	Iationwide Top 10% Scored at Least:	Average Rate:	State Top 10% Scored at Least:	wide Average Rate:
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.	100% of 271 eligible Patients	100%	98%	100%	98%
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.	98% of 42 eligible Patients	100%	98%	100%	99%
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.	99% of 144 eligible Patients	100%	96%	100%	97%



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Reporti	ng period:	JUIV ZUI	1 - June 2012

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

				other Joint ed Organiz	ations	
		Ν	lationwide		State	wide
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	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.	99% of 193 eligible Patients ⁷	100%	97%	100%	97%



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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	Ð	

		Compared to other Joint Commission Accredited Organizations						
			Accredit	ed Organiz	ations State	wide		
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.	99% of 427 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.	99% of 431 eligible Patients ⁷	100%	99%	100%	99%		

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Mot displayed	Measure Area		Explanation		Nationwi	de	Statewide	e
	SCIP - Infection Prevention		egory of evidence based measures ass use of indicated antibiotics for surgical in		Ð		Đ	
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2. The Measure Set does not have an overall result.					Vationwide	ed Organiz	State	ewide
3. The number of patients is not enough for comparison purposes.	Measure		Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
 The measure meets the Privacy Disclosure Threshold rule. The organization scored above 90% but was below most other organizations. The Measure results are not statistically valid. The Measure results are based on a sample of patients. The number of months with Measure data is below the reporting requirement. The measure results are temporarily suppressed pending resubmission of updated data. Test Measure: a measure being evaluated for reliability of the individual data elements or avaiting 	Patients who had surge received appropriate me that prevents infection (antibiotic) and the antib was stopped within 24 h after the surgery ended.	edicine piotic nours .*	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.	99% of 422 eligible Patients ⁷	100%	97%	100%	98%
 National Quality Forum Endorsement. There were no eligible patients that met the denominator criteria. 	Patients Having Blood \ Surgery*	/essel	Overall report of hospital's performance on Surgical Infection Prevention Measure for Blood Vessel Surgery.	97% of 35 eligible Patients ⁷	100%	97%	100%	95%
For further information and explanation of the Quality Report contents, refer to the "Quality Report User Guide."	Patients having blood ve surgery who received medicine to prevent infe (an antibiotic) within one before the skin was surg cut.*	ection e 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 11 eligible Patients ⁷	100%	97%	100%	96%
	Patients having blood ve surgery who received th appropriate medicine (antibiotic) which is show be effective for this type surgery.*	ne wn 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 13 eligible Patients ⁷	100%	99%	100%	97%



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Community Memorial Hospital of Menomonee Falls, Inc.

W180 N8085 Town Hall Road, Menomonee Falls, WI



National Quality Improvement Goals

Symbol Key											
This organization achieved the best possible results	Reporting Peri	od: Jul	y 2011 - June 2012								
This organization's performance is above the target range/value.											
This organization's performance is similar to the target range/value.					Compared to other Joint Commission						
O This organization's performance is below the target range/value.											
Mot displayed	Measure Area		Explanation		Nationwide State			e			
	SCIP - Infection Prevention		egory of evidence based measures ass use of indicated antibiotics for surgical in on		Ð		Ð				
Footnote Key 1. The Measure or Measure Set was not		prevenu	01.	Cor	npared to c	other Joint	Commissic	n			
2. The Measure Set does not have an				N	Accredite	ed Organiz		ewide			
overall result.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 surgery and received appropriate medicine tha prevents infection (antib and the antibiotic was st within 24 hours after the surgery ended.*	at iotic) opped	This measure reports how often blood vessel 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).	91% of 11 eligible Patients ³	100%	95%	100%	92%			
 9. The measure results are temporarily suppressed pending resubmission of updated data. 10. Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting 	Patients Having Colon/L Intestine Surgery*	arge	Overall report of hospital's performance on Surgical Infection Prevention Measures for Colon/Large Intestine Surgery.	96% of 156 eligible Patients ⁷	100%	95%	100%	96%			
National Quality Forum Endorsement. 11. There were no eligible patients that met the denominator criteria. For further information and explanation of the	Patients having colon/lau intestine surgery who re medicine to prevent infe (an antibiotic) within one before the skin was surg cut. *	ceived ction hour	This measure reports how often patients having colon/large intestine 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 52 eligible Patients ⁷	100%	97%	100%	97%			
Quality Report contents, refer to the "Quality Report User Guide."	Patients having colon/lat intestine surgery who re the appropriate medicine (antibiotic) which is show be effective for this type surgery.*	ceived e vn to	This measure reports how often patients who had colon/large intestine 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.	92% of 53 eligible Patients ⁷	100%	94%	100%	95%			

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National Quality Improvement Goals

Same al Var							
Symbol Key This organization achieved the best							
possible results	Reporting Period	d: July 2011 - June 2012					
This organization's performance is above the target range/value.							
This organization's performance is similar to the target range/value.				Con	npared to c Commiss		
O This organization's performance is below the target range/value.				Accr	edited Org		
Not displayed	Measure Area	Explanation		Nationwi		Statewide	e
Footnote Key	Prevention or	his category of evidence based measure verall use of indicated antibiotics for surg revention.		Ð		Ð	
I. The Measure or Measure Set was not reported.			Со	mpared to o	other Joint ed Organiz		on
2. The Measure Set does not have an				Nationwide	Ŭ	State	ewide
overall result.3. The number of patients is not enough for comparison purposes.	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 colon/lar intestine surgery and recei appropriate medicine that prevents infection (antibioti and the antibiotic was stop within 24 hours after the surgery ended.*	ved colon/large intestine surgery patie whose medicine (an antibiotic) to prevent infection was stopped with 24 hours after the surgery ended. Giving medicine that prevents infection for more than 24 hours a the end of surgery is not helpful, unless there is a specific reason (texample, fever or other signs of infection). Overall report of hospital's	ter or	100%	94%	100%	95%
 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 	Artery Bypass Graft Surger Patients having coronary	Prevention Measures for Coronary Artery Bypass Graft Surgery. This measure reports how often		100%	99%	100%	99%
the denominator criteria. For further information and explanation of the Quality Report contents, refer to the ''Quality	artery bypass graft surgery who received medicine to prevent infection (an antibi- within one hour before the was surgically cut.*	otic) bypass graft surgery received medicine that prevents infection (a	in 100% of 64 eligible Patients ⁷	100%	99%	100%	98%
Report User Guide."	Patients having coronary artery bypass graft surgery who received the appropria medicine (antibiotic) which shown to be effective for the type of surgery.*	bypass graft surgery were given the appropriate medicine (antibiotic) the appropriate medicine (antibiotic) the statement of	100% of 65 eligible	100%	100%	100%	100%

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National Quality Improvement Goals

Symbol Key										
This organization achieved the best possible results	Reporting Per	iod: July	y 2011 - June 2012							
This organization's performance is	Reporting For	iou. July	2011 Julie 2012							
 above the target range/value. This organization's performance is similar to the target range/value. 					Compared to other Joint Commission					
O This organization's performance is below the target range/value.					Accredited Organizations					
Not displayed	Measure Area		Explanation		Nationwi	U	Statewide	e		
	SCIP - Infection Prevention		egory of evidence based measures ass ise of indicated antibiotics for surgical i on		Ð		Ð			
Footnote Key		preventi	011.							
1. The Measure or Measure Set was not reported.				Cor	npared to c Accredit	other Joint ed Organiz		'n		
2. The Measure Set does not have an overall result.					lationwide		State	wide		
3. The number of patients is not enough for comparison purposes.	Measure		Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:		
 The measure meets the Privacy Disclosure Threshold rule. The organization scored above 90% but was below most other organizations. The Measure results are not statistically valid. The Measure results are based on a sample of patients. The number of months with Measure data is below the reporting requirement. The measure results are temporarily suppressed pending resubmission of 	Patients who had coronartery bypass graft surg and received appropriat medicine that prevents infection (antibiotic) and antibiotic was stopped w 48 hours after the surge ended.*	ery e the <i>v</i> ithin	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).	98% of 63 eligible Patients ⁷	100%	98%	100%	99%		
 updated data. 10. Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement. 	Patients Having Hip Join Replacement Surgery*	nt	Overall report of hospital's performance on Surgical Infection Prevention Measures for Hip Joint Replacement Surgery.	99% of 263 eligible Patients ⁷	100%	99%	100%	99%		
11. There were no eligible patients that met the denominator criteria. For further information and explanation of the Quality Report contents,	Patients having hip joint replacement surgery wh received medicine to pre infection (an antibiotic) v one hour before the skir surgically cut.*	io 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.	99% of 88 eligible Patients ⁷	100%	98%	100%	99%		
refer to the ''Quality Report User Guide.''	Patients having hip joint replacement surgery wh received the appropriate medicine (antibiotic) whi shown to be effective fo type of surgery.*	io 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 88 eligible Patients ⁷	100%	100%	100%	100%		



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National Quality Improvement Goals

Symbol Key							
This organization achieved the best possible results	Reporting Period	d: July 2011 - June 2012					
This organization's performance is above the target range/value.							
This organization's performance is similar to the target range/value.				Com	npared to o Commiss		
O This organization's performance is below the target range/value.				Accr			
Not displayed	Measure Area	Explanation		Nationwi	de	Statewide	е
	Prevention or	his category of evidence based measures ass verall use of indicated antibiotics for surgical in revention.		Ð		Ð	
Footnote Key 1. The Measure or Measure Set was not							_
reported.			Cor	npared to c Accredit	other Joint ed Organiz		on
2. The Measure Set does not have an overall result.				lationwide		State	ewide
3. The number of patients is not enough for comparison purposes.	Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
 The measure meets the Privacy Disclosure Threshold rule. The organization scored above 90% but was below most other organizations. The Measure results are not statistically valid. The Measure results are based on a sample of patients. The number of months with Measure data is below the reporting requirement. The measure results are temporarily suppressed pending resubmission of updated data. Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement. There were no eligible patients that met the denominator criteria. 	Patients who had hip joint replacement surgery and received appropriate media that prevents infection (antibiotic) and the antibioti was stopped within 24 hou after the surgery ended.*	 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 performance on Surgical Infection Prevention Measure for Hysterectomy Surgery. This measure reports how often patients having hysterectomy surgery 	100% of 87 eligible Patients ⁷ 99% of 252 eligible Patients ⁷	100%	98% 98%	100%	98% 98%
For further information and explanation of the Quality Report contents, refer to the "Quality Depart Licen Gride "	medicine to prevent infection (an antibiotic) within one ho before the skin was surgical cut.*	our allyinfection (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.myThis measure reports how often	100% of 84 eligible Patients ⁷	100%	98%	100%	99%
Report User Guide.''	surgery who received the appropriate medicine (antibiotic) which is shown be effective for this type of surgery.*		100% of 84 eligible Patients ⁷	100%	97%	100%	98%



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National Quality Improvement Goals

Symbol Key								
This organization achieved the best possible results	Reporting Per	iod: Jul	y 2011 - June 2012					
This organization's performance is above the target range/value.								
This organization's performance is similar to the target range/value.					Con	npared to o Commiss		
O ^{This organization's performance is below the target range/value.}					Accr	edited Org		
Not displayed	Measure Area		Explanation		Nationwi	de	Statewide	e
	SCIP - Infection Prevention	overall u	egory of evidence based measures ass use of indicated antibiotics for surgical i		Ð		Đ	
Footnote Key		prevent	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	Vationwide	Average	State Top 10%	
 The number of patients is not enough for comparison purposes. The measure meets the Privacy 	Medsure		Explanation	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. 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. 	Patients who had hysterectomy surgery a received appropriate me that prevents infection (antibiotic) and the antitive was stopped within 24 h after the surgery ended. Patients Having Knee J Replacement Surgery* Patients having knee join replacement surgery who received medicine to pro- infection (an antibiotic)	edicine piotic nours .* oint int no event within	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). Overall report of hospital's performance on Surgical Infection Prevention Measures for Knee Joint Replacement Surgery. This measure reports how often patients having knee joint replacement surgery received medicine that prevents infection (an antibiotic) within one hour before the	99% of 84 eligible Patients ⁷ 99% of 285 eligible Patients ⁷	100%	97% 99%	100%	98% 99%
For further information and explanation of the Quality Report contents, refer to the ''Quality Report User Guide.''	one hour before the skin surgically cut.* Patients having knee joi replacement surgery wh received the appropriate medicine (antibiotic) wh shown to be effective for type of surgery.*	int no e ich is	skin was surgically cut. Infection is lowest when patients receive antibiotics to prevent infection within one hour before the skin is surgically cut. 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 95 eligible Patients ⁷ 99% of 95 eligible Patients ⁷	100%	99%	100%	99%



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Community Memorial Hospital of Menomonee Falls, Inc.

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National Quality Improvement Goals

Symbol Key This organization achieved the best possible results This organization's performance is	Reporting Period:	July 2011 - June 2012					
 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 	Prevention over	Explanation s category of evidence based measures ass erall use of indicated antibiotics for surgical in vertices			npared to o Commiss redited Orga ide	sion	e
 Footnote Key The Measure or Measure Set was not reported. The Measure Set does not have an overall result. The number of patients is not enough for comparison purposes. 	prev	vention. Explanation		Nationwide Top 10% Scored	ed Organiz	zations	ewide
 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 	Patients who had knee joint replacement surgery and received appropriate medicine that prevents infection (antibiotic) and the antibiotic was stopped within 24 hours after the surgery ended.*	prevent infection was stopped within 24 hours after the surgery ended.	100% of 95 eligible Patients ⁷	at Least:	98%	at Least:	99%
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.	Patients Having Open Heart Surgery other than Coronary Artery Bypass Graft*	Overall report of hospital's performance on Surgical Infection Prevention Measures for Open Heart Surgery.	99% of 97 eligible Patients ⁷	100%	99%	100%	99%
11. There were no eligible patients that met the denominator criteria. For further information and explanation of the Quality Report contents, refer to the ''Quality	Patients having open heart surgery other than coronary artery bypass graft who received medicine to prevent infection (an antibiotic) within one hour before the skin was surgically cut.*	infection (an antibiotic) within one	100% of 33 eligible Patients ⁷	100%	99%	100%	98%
Report User Guide."	Patients having open heart surgery other than coronary artery bypass graft who received the appropriate medicine (antibiotic) which is shown to be effective for this type of surgery.*		100% of 33 eligible Patients ⁷	100%	100%	100%	100%



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- Null value or data not displayed.

Community Memorial Hospital of Menomonee Falls, Inc.

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National Quality Improvement Goals

Symbol Key This organization achieved the best possible results This organization's performance is physica the terret range/ralue	Reporting Per	riod: July	y 2011 - June 2012						
 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		Accre Nationwid	anizations Statewide			
Footnote Key	SCIP - Infection Prevention		egory of evidence based measures ass use of indicated antibiotics for surgical ir		(December 2017)	Je			
 The Measure or Measure Set was not reported. The Measure Set does not have an overall result. 			_	N	Vationwide	ed Organiz	ations State	ewide	
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 surgery other than coro artery bypass graft and received appropriate me that prevents infection (antibiotic) and the antik was stopped within 48 h after the surgery ended	onary edicine biotic hours	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).	97% of 31 eligible Patients ⁷	100%	98%	100%	98%	
 updated data. 10. Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement. 11. There were no eligible patients that met the denominator criteria. 	Heart surgery patients v controlled blood sugar a 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.	91% of 96 eligible Patients ⁷	100%	96%	99%	95%	
For further information and explanation of the Quality Report contents, refer to the "Quality	Surgery patients with pr hair removal.	roper	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 605 eligible Patients ⁷	100%	100%	100%	100%	
Report User Guide.''	Urinary Catheter Remov	ved	This measure reports the number of surgery patients whose urinary catheter was removed by the end of the second day after surgery.	96% of 296 eligible Patients ⁷	100%	95%	100%	96%	

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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.
 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.
- 6. 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.
- The measure results are temporarily suppressed pending resubmission of updated data.
- Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement.
 There were no eligible patients that me
- **1.** There were no eligible patients that met the denominator criteria.

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

Reporting Period: July 2011 - June 2012

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

		Compared to other Joint Commission Accredited Organizations								
			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.	99% of 401 eligible Patients ⁷	100%	98%	100%	98%				
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.	99% of 401 eligible Patients ⁷	100%	98%	100%	98%				

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70%

62%

65%

28%

24%

25%

Survey of Patients' Hospital Experiences

F	001	tno	te	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.

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

Survey Date Range				Number of	Completed Surv	/eys	Survey Response Rate		
Januai	ry 2011 throug	gh December 2	011	300 or More 31%					
Question			E	Explanation					
How ofter with patie		communicate w	vell	them during the doctors expla	rted how often ti neir hospital sta ined things cle eated the patier	y. "Communi early, listene	cated well" me d carefully to	eans the	
Doctors "a	lways" comm	unicated well	Doctors "	usually" comm	unicated well		s "sometimes" ommunicated		
Hospital Rate	State Average	National Average	Hospital Rate	State Average	National Average	Hospital Rate	State Average	National Average	
80%	82%	81%	16%	15%	15%	4%	3%	4%	
Juestion			E	Explanation					
		ommunicate w		Patients repor them during the explained thi	rted how often th neir hospital sta i ngs clearly, lis tient with court	y. "Communie tened caref u	cated well" me ully to the pat	eans nurses	
with patie			ell	Patients repor them during the explained thi	neir hospital sta i ngs clearly, lis itient with court	y. "Communio tened carefu esy and res Nurses	cated well" me ully to the pat	eans nurses ient, and or "never"	
How ofter with patie Nurses "al	nts?		ell	Patients report them during the explained thi treated the pa	neir hospital sta i ngs clearly, lis itient 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 "al Hospital	nts? Iways" commu State	unicated well National	ell Nurses "u Hospital	Patients report them during the explained thi treated the part usually" commonst State	neir hospital sta ings clearly, lis itient 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 "al Hospital Rate 77%	nts? Iways" commu State Average	unicated well National Average	ell Nurses "u Hospital Rate 20%	Patients report them during the explained thi treated the part usually" commonst State Average	neir hospital sta ings clearly, lis itient 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 "al Hospital Rate 77%	nts? Iways" commu State Average 80%	unicated well National Average	ell Nurses "u Hospital Rate 20%	Patients repor them during th explained thi treated the pa usually" communication State Average 17% Explanation Patients repor	neir hospital sta ings clearly, lis itient with court unicated well National Average 18% rted how often ti 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	
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6%

10%

10%

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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.

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

Survey Date Range				Number of	Completed Sur	veys	Survey Response Rate		
Januai	y 2011 throug	gh December 20	011	3(00 or More		31%		
Question Explanation									
How often was patients' pain well controlled? If patients needed medicine for pain during their hospital stay, the survey asked how often their pain was well controlled. "Well controlled? hospital staff did everything they could to help patients with their pain.							Well hat the		
Pain was	s "always" wel	ll controlled	Pain v	vas "usually" we	ll controlled	Pain was "	sometimes" o controlled	r "never" well	
Hospital Rate	State Average	National Average	Hospita Rate	l State Average	National Average	Hospital Rate	State Average	National Average	
70% 71% 70% 24%				24%	23%	6%	5%	7%	
Question	Question Explanation								

How often did staff explain about medicines	
before giving them to patients?	

If patients were given medicine that they had not taken before, the survey asked how often staff explained about the medicine. "Explained" means that hospital staff told **what the medicine was for** and what **side effects it might have** before they gave it to the patient.

Staff "always" explained			Staff "usually" explained			Staff "sometimes" or "never" explained		
Hospital Rate	State Average	National Average	Hospital Rate	State Average	National Average	Hospital Rate	State Average	National Average
62%	67%	62%	19%	18%	18%	19%	15%	20%

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85%

87%

83%

15%



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	Survey Dat	te Range		Numb	er of (Completed Sur		Survey Res	oonse Rate
	Numb	Number of Completed Surveys Survey Response Rate							
Januar		300 or More 31%				%			
Question Explanation									
How often were the patients' rooms and bathrooms kept clean? Patients reported how often their hospital room and bathroom were kept clean.									
Room	n was "always	s" clean	R	oom was "u	sually	/" clean	Room w	as "sometime: clean	s" or "never"
Hospital Rate	State Average	National Average	Hospita Rate			National Average	Hospital Rate	State Average	National Average
75%	78%	72%	19%	17%	, o	19%	6%	5%	9%
Question				Explanatio	'n				
	was the area ot quiet at nig	a around patien ht?	ts'	Patients quiet at		ted how often t	he area arc	ound their roo	m was
"Alv	vays" quiet at	night		"Usually" qı	uiet at	night	"Sometim	nes" or "never"	quiet at night
Hospital Rate	State Average	National Average	Hospita Rate			National Average	Hospital Rate	State Average	National Average
55%	62%	59%	34%	30%	, 0	30%	11%	8%	11%
Question				Explanatio	'n				
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, staff did give patients this information No, staff did not give patients this information									
Hospital Rate State Average National Ave									

13%

17%

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Rate

75%

Average

73%

Average

70%



Survey of Patients' Hospital Experiences

Rate

22%

Average

24%

Average

25%

Foo	otno	ote	Key

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	Survey Da	te Range		Number of Completed Surveys			Survey Res	oonse Rate	
Januai	ry 2011 throug	gh December 20	011	30	0 or More		31	%	
Question			E	xplanation					
How do patients rate the hospital overall?				After answering all other questions on the survey, patients answered a separate question that asked for an overall rating of the hospital . Ratings were on a scale from 0 to 10, where "0" means "worst hospital possible" and "10" means "best hospital possible."					
Patients who gave a rating of 9 or 10 Patien (high)				who gave a rat (medium)	ing of 7 or 8	Patients	s who gave a r lower (low)		
Hospital Rate	State Average	National Average	Hospital Rate	State Average	National Average	Hospital Rate	State Average	National Average	
72%	73%	69%	21%	21%	22%	7%	6%	9%	
Question			E	xplanation					
Would patients recommend the hospital to friends and family?				The survey asked patients whether they would recommend th hospital to their friends and family.				imend the	
				recommend the hospital the hos			atients would not recommend spital (they probably would not itely would not recommend it)		
Hospital	State	National	Hospital	State	National	Hospital	State	National	

Rate

3%

Average

3%

Average

5%

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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.

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