W180 N8085 Town Hall Road, Menomonee Falls, WI

Org ID: 7662

# Accreditation Quality Report





Version: 3 Date: 3/11/2014



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

Ora ID: 7662







## **Summary of Quality Information**

Accreditation Programs	<b>Accreditation Decision</b>	Effective Date	Last Full Survey Date	Last On-Site Survey Date
Hospital	Accredited	7/13/2013	7/12/2013	7/12/2013
Laboratory Accreditation Program	Accredited	3/15/2013	3/14/2013	3/14/2013

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

Pathology and Clinical Laboratory

Hospital

<b>Advanced Certification</b>	<b>Certification Decision</b>	<b>Effective</b>	<b>Last Full Review Last On-Site</b>	
Programs		Date	Date	<b>Review Date</b>
Primary Stroke Center	Certification	1/26/2012	2/6/2014	2/6/2014

### **Other Accredited Programs/Services**

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

#### **Special Quality Awards**

2012 Top Performer on Key Quality Measures®

			Compared to other Joint Commission Accredited Organizations		
		Nationwide	Statewide		
Hospital	2013National Patient Safety Goals	Ø	N/A *		

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

### 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 Measure is not applicable for this organization.
- Not displayed

#### 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.
- 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.
- 8. The number of months with Measure data is below the reporting requirement.
- The measure results are temporarily suppressed pending resubmission of updated data.
- Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement.
- There were no eligible patients that met the denominator criteria.

W180 N8085 Town Hall Road, Menomonee Falls, WI

Org ID: 7662







## **Summary of Quality Information**

			t Commission Accredited izations
		Nationwide	Statewide
	National Quality Improvement Goals:		
Reporting Period:	Heart Attack Care	<b>⊕</b>	<b>⊕</b>
Jul 2012 - Jun 2013	Heart Failure Care	Ø	Ø
	Pneumonia Care	<b>⊕</b>	<b>⊕</b>
	Surgical Care Improvement Project (SCIP)		
	SCIP - Cardiac SCIP - Infection Prevention For All Reported Procedures:	<b>⊕</b>	<b>⊕</b>
	Blood Vessel Surgery	Ø	Ø
	Colon/Large Intestine Surgery	Ø	<b>⊕</b>
	Coronary Artery Bypass Graft	<b>⊕</b>	<b>⊕</b>
	Hip Joint Replacement	<b>⊕</b>	<b>⊕</b>
	Hysterectomy	<b>⊕</b>	<b>⊕</b>
	Knee Replacement	<b>⊕</b>	<b>⊕</b>
	Open Heart Surgery	<b>⊕</b>	<b>⊕</b>
	SCIP – Venous Thromboembolism (VTE)		
Laboratory Accreditatio n Program	2013National Patient Safety Goals	Ø	*

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

### 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 Measure is not applicable for this organization.
- Not displayed

#### **Footnote Key**

- 1. The Measure or Measure Set was not reported.
- 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.

  The number of months with Measure
- data is below the reporting requirement.
- The measure results are temporarily suppressed pending resubmission of updated data.
- Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement.
- 11. There were no eligible patients that met the denominator criteria.

W180 N8085 Town Hall Road, Menomonee Falls, WI

Org ID: 7662







## **Locations of Care**

#### \* Primary Location

Menomonee Falls, WI 53051

Locations of Care

CMH Rehabilitation and
Sports Medicine
Program

W129 N7055 Northfield
Drive, Building A,

#### Available Services

#### **Services:**

• Outpatient Clinics (Outpatient)

W180 N8085 Town Hall Road, Menomonee Falls, WI

Ora ID: 7662







### **Locations of Care**

#### \* Primary Location

Locations of Care

Community Memorial Hospital of Menomonee Falls, Inc. \* W180 N8085 Town Hall Road Menomonee Falls, WI 53051

#### **Available Services**

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

• Primary Stroke Center

#### **Services:**

- Behavioral Health (24-hour Acute Care/Crisis Stabilization - Adult)
- Brachytherapy (Imaging/Diagnostic Services)
- Cardiac Catheterization Lab (Surgical Services)
- Cardiac Surgery (Surgical Services)
- Cardiothoracic Surgery (Surgical Services)
- Cardiovascular Unit (Inpatient)
- Chemical Dependency (Day Programs - Adult) (Partial - Adult)
- Coronary Care Unit (Inpatient)
- CT Scanner (Imaging/Diagnostic Services)
- Dialysis Unit (Inpatient)
- Ear/Nose/Throat Surgery (Surgical Services)
- EEG/EKG/EMG Lab (Imaging/Diagnostic Services)
- Gastroenterology (Surgical Services)
- GI or Endoscopy Lab (Imaging/Diagnostic Services)
- Gynecological Surgery (Surgical Services)
- Gynecology (Inpatient)
- Hematology/Oncology Unit (Inpatient)
- Interventional Radiology (Imaging/Diagnostic Services)
- Labor & Delivery (Inpatient)
- Magnetic Resonance Imaging (Imaging/Diagnostic Services)
- Medical /Surgical Unit (Inpatient)
- Medical Detoxification (Inpatient)
- Medical ICU (Intensive Care Unit)

- Neuro/Spine ICU (Intensive Care Unit)
- Neuro/Spine Unit (Inpatient)
- Neurosurgery (Surgical Services)
- Normal Newborn Nursery (Inpatient)
- Nuclear Medicine (Imaging/Diagnostic Services)
- Ophthalmology (Surgical Services)
- Orthopedic Surgery (Surgical Services)
- Orthopedic/Spine Unit (Inpatient)
- Outpatient Clinics (Outpatient)
- Pediatric Unit (Inpatient)
- Plastic Surgery (Surgical Services)
- Positron Emission Tomography (PET) (Imaging/Diagnostic Services)
- Post Anesthesia Care Unit (PACU) (Inpatient)
- Radiation Oncology (Imaging/Diagnostic Services)
- Rehabilitation Unit (Inpatient, 24-hour Acute Care/Crisis Stabilization)
- Sleep Laboratory (Sleep Laboratory)
- Surgical ICU (Intensive Care Unit)
- Surgical Unit (Inpatient)
- Teleradiology (Imaging/Diagnostic Services)
- Thoracic Surgery (Surgical Services)
- Ultrasound
   (Imaging/Diagnostic Ser
- (Imaging/Diagnostic Services)
- Urology (Surgical Services)
- Vascular Surgery (Surgical Services)

W180 N8085 Town Hall Road, Menomonee Falls, WI

Org ID: 7662







## **Locations of Care**

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

W180 N8085 Town Hall Road, Menomonee Falls, WI

Org ID: 7662







## **2013 National Patient Safety Goals**

### Symbol Key

The organization has met the National Patient Safety Goal.

The organization has not met the National Patient Safety Goal.

The Goal is not applicable for this organization.

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

## Hospital

Safety Goals	Organizations Should	Implemented
Improve the accuracy of patient identification.	Use of Two Patient Identifiers	Ø
	Eliminating Transfusion Errors	Ø
Improve the effectiveness of communication among caregivers.	Timely Reporting of Critical Tests and Critical Results	Ø
Improve the safety of using medications.	Labeling Medications	Ø
	Reducing Harm from Anticoagulation Therapy	Ø
	Reconciling Medication Information	Ø
Reduce the risk of health care-associated infections.	Meeting Hand Hygiene Guidelines	Ø
	Preventing Multi-Drug Resistant Organism Infections	Ø
	Preventing Central-Line Associated Blood Stream Infections	0000
	Preventing Surgical Site Infections	Ø
	Preventing Catheter-Associated Urinary Tract Infection	Ø
The organization identifies safety risks inherent in its patient population.	Identifying Individuals at Risk for Suicide	Ø
Universal Protocol	Conducting a Pre-Procedure Verification Process	Ø
	Marking the Procedure Site	Ø
	Performing a Time-Out	Ø

W180 N8085 Town Hall Road, Menomonee Falls, WI

Org ID: 7662







## **National Quality Improvement Goals**

Reporting Period: July 2012 - June 2013

Compared to other Joint Commission					
Accredited Organizations					
Nationwide Statewide					
Φ Φ					

		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.	<b>⊕</b>	<b>⊕</b>

		Compared to other Joint Commission Accredited Organizations				n
Measure	Explanation	Hospital	lationwide Top 10%	Average	State Top 10%	wide Average
		Results	Scored at Least:	Rate:	Scored at Least:	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.*	100% of 26 eligible Patients	100%	98%	100%	98%
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.*	100% of 141 eligible Patients	100%	99%	100%	100%
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 130 eligible Patients	100%	99%	100%	100%

- The Joint Commission only reports measures endorsed by the National Quality Forum.
- This information can also be viewed at www.hospitalcompare.hhs.gov Null value or data not displayed.

## Symbol Key

- This organization achieved the best ossible results
- This organization's performance is above the target range/value.
- This organization's performance is Ø similar to the target range/value.
- This organization's performance is below the target range/value.
- lot displayed

### 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.
- 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.
- 10. Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement.
- There were no eligible patients that met the denominator criteria.

W180 N8085 Town Hall Road, Menomonee Falls, WI

Org ID: 7662







## **National Quality Improvement Goals**

Reporting Period: July 2012 - June 2013

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.	<b>⊕</b>	<b>⊕</b>

		Compared to other Joint Commission Accredited Organizations			on	
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	State Top 10% Scored at Least:	ewide Average Rate:
Beta blocker prescribed at discharge*	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.*	100% of 123 eligible Patients	100%	99%	100%	99%
Primary PCI received within 90 minutes of hospital arrival*	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.*	100% of 20 eligible Patients	100%	96%	100%	96%
Statin Prescribed at Discharge	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.	100% of 121 eligible Patients	100%	98%	100%	99%

- The Joint Commission only reports measures endorsed by the National Quality Forum.
- This information can also be viewed at www.hospitalcompare.hhs.gov Null value or data not displayed.

#### Symbol Key

- This organization achieved the best ossible results
- This organization's performance is above the target range/value.
- This organization's performance is Ø similar to the target range/value.
- This organization's performance is
- below the target range/value.
- lot displayed

### 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.
- 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.
- 10. Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement.
- There were no eligible patients that met the denominator criteria.

W180 N8085 Town Hall Road, Menomonee Falls, WI

Org ID: 7662



Measure Area

Heart Failure Care





## **National Quality Improvement Goals**

Reporting Period: July 2012 - June 2013

	Compared to other Joint Commission	
	Accredited C	Organizations
Explanation	Nationwide	Statewide
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				on
		Accredited Organizations Nationwide Statewide			wida	
Measure	Explanation	Hospital Results		Average Rate:	Top 10% Scored at Least:	
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 58 eligible Patients	100%	97%	100%	97%
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.*	99% of 161 eligible Patients	100%	95%	100%	96%
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 216 eligible Patlents	100%	100%	100%	99%

- The Joint Commission only reports measures endorsed by the National Quality Forum.
- This information can also be viewed at www.hospitalcompare.hhs.gov
- Null value or data not displayed.

### Symbol Key

- This organization achieved the best ossible results
- This organization's performance is above the target range/value.
- This organization's performance is Ø similar to the target range/value.
- This organization's performance is below the target range/value.
- ot displayed

#### 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.
- 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.
- 10. Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement.
- There were no eligible patients that met the denominator criteria.

W180 N8085 Town Hall Road, Menomonee Falls, WI

Org ID: 7662







## **National Quality Improvement Goals**

Reporting Period: July 2012 - June 2013

Compared	to otner Joint
Comr	mission
Accredited (	Organizations
lationwide	Statewide

			- · J - · · · - · · · ·
Measure Area	Explanation	Nationwide	Statewide
Pneumonia Care	This category of evidence based measures assesses the overall quality of care provided to Pneumonia patients.	<b>⊕</b>	<b>⊕</b>

		Compared to other Joint Commission				on
		Accredited Organizations Nationwide Statewide				vuido
Measure	Explanation	Hospital	Top 10%	Average	Top 10%	
Wicasure	Explanation	Results	Scored	Rate:	Scored	Rate:
			at Least:		at Least:	
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 184 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.	100% of 20 eligible Patients	100%	98%	100%	99%
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.*	100% of 5 eligible Patients	100%	92%	100%	96%

- The Joint Commission only reports measures endorsed by the National Quality Forum.
- \* This information can also be viewed at www.hospitalcompare.hhs.gov
   Null value or data not displayed.

### 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

- 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.
- 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.
- 10. Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement.
- There were no eligible patients that met the denominator criteria.

W180 N8085 Town Hall Road, Menomonee Falls, WI

Org ID: 7662







## **National Quality Improvement Goals**

Reporting Period: July 2012 - June 2013

Compared to other Joint
Commission
Accredited Organizations
ationwide Statewide

leasure Area	Explanation	Nationwide	Statewide
neumonia Care	This category of evidence based measures assesses the overall quality of care provided to Pneumonia patients.	<b>⊕</b>	<b>⊕</b>

		Compared to other Joint Commission Accredited Organizations				
		Nationwide Statewic				wide
Measure	Explanation	Hospital Results	Top 10% Scored at Least:		Top 10% Scored at Least:	Average Rate:
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.*	98% of 98 eligible Patients	100%	97%	100%	97%

- The Joint Commission only reports measures endorsed by the National Quality Forum.
- \* This information can also be viewed at www.hospitalcompare.hhs.gov
- ---- Null value or data not displayed.

### 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.
- below the target range/value.

  Not displayed

#### **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.
- 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.
- 10. Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement.
- There were no eligible patients that met the denominator criteria.

W180 N8085 Town Hall Road, Menomonee Falls, WI

Org ID: 7662







## **National Quality Improvement Goals**

Reporting Period: July 2012 - June 2013

Compared to other Joint Commission Accredited Organizations

Measure Area Explanation Nationwide Statewide

	—- <b>(</b> =
SCIP - Cardiac	This evidence based measure assesses continuation of
	beta-blocker therapy in selected surgical patients.

		Compared to other Joint Commission Accredited Organizations				
		1	Nationwide		State	ewide
Measure	Explanation	Hospital Results	Top 10% Scored at Least:		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 226 eligible Patients <sup>7</sup>	100%	98%	100%	99%

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

\* This information can also be viewed at www.hospitalcompare.hhs.gov
 Null value or data not displayed.

### **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.
- below the target range/value.
- Not displayed

#### 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.
- 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 updated data.
- 10. Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement.
- There were no eligible patients that met the denominator criteria.

W180 N8085 Town Hall Road, Menomonee Falls, WI

Org ID: 7662







## **National Quality Improvement Goals**

Reporting Period: July 2012 - June 2013

Compared to other Joint

		Accredited Organizations		
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.	<b>⊕</b>	<b>⊕</b>	

		Compared to other Joint Commission Accredited Organizations				
		Nationwide States			ewide	
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 500 eligible Patients <sup>7</sup>	100%	99%	100%	99%
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 500 eligible Patients <sup>7</sup>	100%	99%	100%	99%



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

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

Null value or data not displayed.

### Symbol Key

- This organization achieved the best ossible results
- This organization's performance is above the target range/value.
- This organization's performance is Ø similar to the target range/value.
- This organization's performance is below the target range/value.
- ot displayed

#### 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.
- 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.
- 10. Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement.
- There were no eligible patients that met the denominator criteria.

W180 N8085 Town Hall Road, Menomonee Falls, WI

Org ID: 7662







## **National Quality Improvement Goals**

Reporting Period: July 2012 - June 2013

Compared to other Joint

	Accredited Organizations		
Explanation	Nationwide	Statewide	
nis category of evidence based measures assesses the verall use of indicated antibiotics for surgical infection evention.	<b>⊕</b>	<b>⊕</b>	
/(	is category of evidence based measures assesses the erall use of indicated antibiotics for surgical infection	is category of evidence based measures assesses the erall use of indicated antibiotics for surgical infection	

		Compared to other Joint Commission Accredited Organizations				n
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	State Top 10% Scored at Least:	Average Rate:
Patients who had surgery and received appropriate medicine that prevents infection (antibiotic) and the antibiotic was stopped within 24 hours after the surgery ended.*	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 495 eligible Patients <sup>7</sup>	100%	98%	100%	99%
Patients Having Blood Vessel Surgery*	Overall report of hospital's performance on Surgical Infection Prevention Measure for Blood Vessel Surgery.	97% of 35 eligible Patients <sup>7</sup>	100%	98%	100%	97%
Patients having blood vessel 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 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 12 eligible Patients <sup>7</sup>	100%	98%	100%	97%
Patients having blood vessel surgery who received the appropriate medicine (antibiotic) which is shown to be effective for this type of surgery.*	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.*	92% of 12 eligible Patients <sup>3</sup>	100%	99%	100%	98%

- The Joint Commission only reports measures endorsed by the National Quality Forum.
- This information can also be viewed at www.hospitalcompare.hhs.gov
- Null value or data not displayed.

#### This organization's performance is below the target range/value.

Symbol Key

possible results

lot displayed

Ø

This organization achieved the best

This organization's performance is above the target range/value. This organization's performance is

similar to the target range/value.

#### 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. 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.
- 10. Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement.
- There were no eligible patients that met the denominator criteria.

W180 N8085 Town Hall Road, Menomonee Falls, WI

Org ID: 7662







## **National Quality Improvement Goals**

Reporting Period: July 2012 - June 2013

Compared to other Joint Commission Accredited Organizations

		Accredited Organizations		
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.	<b>⊕</b>	<b>⊕</b>	

		Cor	mpared to c	other Joint ed Organiz		on
			Nationwide	Ĭ		wide
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
Patients who had blood vessel surgery and received appropriate medicine that prevents infection (antibiotic) and the antibiotic was stopped within 24 hours after the surgery ended.*	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).*	100% of 11 eligible Patients <sup>7</sup>	100%	96%	100%	97%
Patients Having Colon/Large Intestine Surgery*	Overall report of hospital's performance on Surgical Infection Prevention Measures for Colon/Large Intestine Surgery.	98% of 164 eligible Patients <sup>7</sup>	100%	96%	100%	97%
Patients having colon/large intestine 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 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.*	98% of 55 eligible Patients <sup>7</sup>	100%	98%	100%	98%
Patients having colon/large intestine surgery who received the appropriate medicine (antibiotic) which is shown to be effective for this type of surgery.*	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.*	96% of 55 eligible Patients <sup>7</sup>	100%	96%	100%	97%

- The Joint Commission only reports measures endorsed by the National Quality Forum.
- \* This information can also be viewed at www.hospitalcompare.hhs.gov
   --- Null value or data not displayed.

## Symbol Key This organization achie

- 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.
- below the target range/value.
- Not displayed

#### 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.
- 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 updated data.
- 10. Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement.
- There were no eligible patients that met the denominator criteria.

W180 N8085 Town Hall Road, Menomonee Falls, WI

Org ID: 7662

Compared to other Joint







## **National Quality Improvement Goals**

### Reporting Period: July 2012 - June 2013

Measure Area

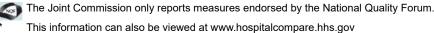
Explanation

Nationwide

SCIP - Infection
Prevention

This category of evidence based measures assesses the overall use of indicated antibiotics for surgical infection prevention.

prevenu	on.					
		Compared to other Joint Commission Accredited Organizations				on
			lationwide			ewide
Measure	Explanation	Hospital			Top 10%	
		Results	Scored	Rate:	Scored	Rate:
	T1:		at Least:		at Least:	
Patients who had colon/large intestine surgery and received appropriate medicine that prevents infection (antibiotic) and the antibiotic was stopped within 24 hours after the surgery ended.*	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).*	100% of 54 eligible Patients <sup>7</sup>	100%	96%	100%	97%
Patients Having Coronary Artery Bypass Graft Surgery*	Overall report of hospital's performance on Surgical Infection Prevention Measures for Coronary Artery Bypass Graft Surgery.	99% of 293 eligible Patients <sup>7</sup>	100%	99%	100%	99%
Patients having coronary artery bypass graft 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 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.*	99% of 98 eligible Patients <sup>7</sup>	100%	99%	100%	99%
Patients having coronary artery bypass graft surgery who received the appropriate medicine (antibiotic) which is shown to be effective for this type of surgery.*	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 98 eligible Patients <sup>7</sup>	100%	100%	100%	100%



Null value or data not displayed.

### **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

- 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.
- 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 updated data.
- 10. Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement.
- There were no eligible patients that met the denominator criteria.

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

18

W180 N8085 Town Hall Road, Menomonee Falls, WI

Org ID: 7662







## **National Quality Improvement Goals**

### Reporting Period: July 2012 - June 2013

Compared to other Joint **Accredited Organizations** 

Measure Area Nationwide Statewide Explanation SCIP - Infection This category of evidence based measures assesses the  $\oplus$  $\oplus$ Prevention overall use of indicated antibiotics for surgical infection prevention.

		Cor	npared to c	other Joint ed Organiz		n
		١	lationwide		State	wide
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
Patients who had coronary artery bypass graft surgery 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 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).*	100% of 97 eligible Patients <sup>7</sup>	100%	99%	100%	99%
Patients Having Hip Joint Replacement Surgery*	Overall report of hospital's performance on Surgical Infection Prevention Measures for Hip Joint Replacement Surgery.	99% of 330 eligible Patients <sup>7</sup>	100%	99%	100%	99%
Patients having hip joint replacement 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 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.*	98% of 110 eligible Patients <sup>7</sup>	100%	99%	100%	99%
Patients having hip joint replacement surgery who received the appropriate medicine (antibiotic) which is shown to be effective for this type of surgery.*	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	99% of 110 eligible Patients <sup>7</sup>	100%	100%	100%	100%



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

experts around the country.\*

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

Null value or data not displayed.

### Symbol Key

- This organization achieved the best ossible results
- This organization's performance is above the target range/value.
- This organization's performance is Ø similar to the target range/value.
- This organization's performance is below the target range/value.
- ot displayed

### 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.
- 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.
- 10. Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement.
- There were no eligible patients that met the denominator criteria.

W180 N8085 Town Hall Road, Menomonee Falls, WI

Org ID: 7662







## **National Quality Improvement Goals**

### Reporting Period: July 2012 - June 2013

Compared to other Joint
Commission
Accredited Organizations

Measure Area
Explanation
Nationwide
Statewide
SCIP - Infection
Prevention
This category of evidence based measures assesses the overall use of indicated antibiotics for surgical infection

Compared to other Joint
Commission
Accredited Organizations

Nationwide
Statewide

preventi	011.					
		Compared to other Joint Commission Accredited Organizations				on
		١	lationwide		State	wide
Measure	Explanation	Hospital		Average	Top 10%	•
		Results	Scored	Rate:	Scored	Rate:
			at Least:		at Least:	
Patients who had hip joint replacement surgery and received appropriate medicine that prevents infection (antibiotic) and the antibiotic was stopped within 24 hours after the surgery ended.*	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).*	100% of 110 eligible Patients <sup>7</sup>	100%	98%	100%	98%
Patients Having a Hysterectomy*	Overall report of hospital's performance on Surgical Infection Prevention Measure for Hysterectomy Surgery.	99% of 275 eligible Patients <sup>7</sup>	100%	98%	100%	98%
Patients having hysterectomy 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 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.*	100% of 92 eligible Patients <sup>7</sup>	100%	99%	100%	98%
Patients having hysterectomy surgery who received the appropriate medicine (antibiotic) which is shown to be effective for this type of surgery.*	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.*	97% of 92 eligible Patients <sup>7</sup>	100%	98%	100%	98%

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

This information can also be viewed at www.hospitalcompare.hhs.gov
 Null value or data not displayed.

### 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

- 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.
- 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 updated data.
- 10. Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement.
- There were no eligible patients that met the denominator criteria.

W180 N8085 Town Hall Road, Menomonee Falls, WI

Org ID: 7662

Compared to other Joint







## **National Quality Improvement Goals**

### Reporting Period: July 2012 - June 2013

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.

preventi	ion.					
		Compared to other Joint Commission Accredited Organizations				n
		١	Nationwide			wide
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
Patients who had hysterectomy surgery and received appropriate medicine that prevents infection (antibiotic) and the antibiotic was stopped within 24 hours after the surgery ended.*	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).*	100% of 91 eligible Patients <sup>7</sup>	100%	98%	100%	98%
Patients Having Knee Joint Replacement Surgery*	Overall report of hospital's performance on Surgical Infection Prevention Measures for Knee Joint Replacement Surgery.	99% of 332 eligible Patients <sup>7</sup>	100%	99%	100%	99%
Patients having knee joint replacement 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 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.*	100% of 111 eligible Patients <sup>7</sup>	100%	99%	100%	99%
Patients having knee joint replacement surgery who received the appropriate medicine (antibiotic) which is shown to be effective for this type of surgery.*	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.*	99% of 111 eligible Patients <sup>7</sup>	100%	100%	100%	100%

- The Joint Commission only reports measures endorsed by the National Quality Forum.
- This information can also be viewed at www.hospitalcompare.hhs.gov
   Null value or data not displayed.

### 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

- 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.
- 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.
- 10. Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement.
- There were no eligible patients that met the denominator criteria.

W180 N8085 Town Hall Road, Menomonee Falls, WI

Org ID: 7662







## **National Quality Improvement Goals**

Reporting Period: July 2012 - June 2013

Compared to other Joint

		Accredited Organizations		
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.	<b>⊕</b>	<b>⊕</b>	

		Compared to other Joint Commission Accredited Organizations				on
		1	lationwide			ewide
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
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.*	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).*	99% of 110 eligible Patients <sup>7</sup>	100%	98%	100%	99%
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.	98% of 66 eligible Patients <sup>7</sup>	100%	99%	100%	99%
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.*	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 22 eligible Patients <sup>7</sup>	100%	99%	100%	99%
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.*	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 22 eligible Patients <sup>7</sup>	100%	100%	100%	100%

- The Joint Commission only reports measures endorsed by the National Quality Forum.
- This information can also be viewed at www.hospitalcompare.hhs.gov
- Null value or data not displayed.

# Footnote Key

Symbol Key

possible results

ot displayed

Ø

This organization achieved the best

This organization's performance is above the target range/value. This organization's performance is

similar to the target range/value. This organization's performance is below the target range/value.

- 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.
- 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.
- 10. Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement.
- There were no eligible patients that met the denominator criteria.

W180 N8085 Town Hall Road, Menomonee Falls, WI

Org ID: 7662

Compared to other Joint







## **National Quality Improvement Goals**

### Reporting Period: July 2012 - June 2013

**Accredited Organizations** Measure Area Nationwide Statewide Explanation SCIP - Infection This category of evidence based measures assesses the  $\oplus$  $\oplus$ Prevention overall use of indicated antibiotics for surgical infection prevention.

proxim						
		Compared to other Joint Commission Accredited Organizations			on	
		١	lationwide	Ĭ	State	wide
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
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).*	95% of 22 eligible Patients <sup>3</sup>	100%	98%	100%	99%
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.	95% of 124 eligible Patients <sup>7</sup>	100%	97%	99%	96%
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.	100% of 698 eligible Patients <sup>7</sup>	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.	97% of 352 eligible Patients <sup>7</sup>	100%	97%	100%	98%

- The Joint Commission only reports measures endorsed by the National Quality Forum.
- This information can also be viewed at www.hospitalcompare.hhs.gov
- Null value or data not displayed.

## similar to the target range/value.

Symbol Key

possible results

This organization's performance is

This organization achieved the best

This organization's performance is above the target range/value. This organization's performance is

- below the target range/value.
- lot displayed

Ø

### 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.
- 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.
- 10. Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement.
- There were no eligible patients that met the denominator criteria.

Symbol Key

possible results

lot displayed

reported.

overall result.

sample of patients.

updated data.

10. Test Measure: a measure being evaluated for reliability of the

Footnote Key

The Measure or Measure Set was not

The Measure Set does not have an

The number of patients is not enough 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 The Measure results are based on a

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

individual data elements or awaiting

National Quality Forum Endorsement. 11. There were no eligible patients that met

Ø

This organization achieved the best

This organization's performance is above the target range/value. This organization's performance is

similar to the target range/value. This organization's performance is below the target range/value.

### Community Memorial Hospital of Menomonee Falls, Inc.

W180 N8085 Town Hall Road, Menomonee Falls, WI

Org ID: 7662







## **National Quality Improvement Goals**

Reporting Period: July 2012 - June 2013

Measure Area	Explanation
SCIP – Venous Thromboembolism (VTE)	This category of evidenced based measures assesses the use of indicated treatment for the prevention of blood clots in selected surgical patients

		Cor	npared to c Accredite	other Joint ed Organiz		n
		N	lationwide		State	wide
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
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.*	100% of 437 eligible Patients <sup>7</sup>	100%	98%	100%	99%

- The Joint Commission only reports measures endorsed by the National Quality Forum.
- This information can also be viewed at www.hospitalcompare.hhs.gov Null value or data not displayed.

Report User Guide."

the denominator criteria.
For further information
and explanation of the
Quality Report contents,
efer to the "Quality

W180 N8085 Town Hall Road, Menomonee Falls, WI

Org ID: 7662







## **2013 National Patient Safety Goals**

### Symbol Key

- The organization has met the National Patient Safety Goal.
  - The organization has not met the National Patient Safety Goal.
  - The Goal is not applicable for this organization.

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

## **Laboratory Accreditation Program**

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