

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

Symbol Key

0	This organization achieved the best possible results.
•	This organization's performance is above the target range/value.
Ø	This organization's performance is similar to the target range/value.
Θ	This organization's performance is below the target range/value.
••	This Measure is not applicable for this organization.
•••	Not displayed

Footnote Key

- 1. The Measure or Measure Set was not reported.
- 2. The Measure Set does not have an overall result.
- 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.
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- 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 National Quality Forum Endorsement.
- 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."

Accreditation Program	ns Accreditation Decision	Effective Date	Last Full Surv Date	ey Last On-Site Survey Date
🥝 Hospital	Accredited	7/9/2016	7/8/2016	8/22/2016

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

Advanced Certification	Certification Decision	Effective	Last Full Review	w Last On-Site
Programs		Date	Date	Review Date
🥝 Primary Stroke Center	Certification	6/7/2016	6/6/2016	6/6/2016

Other Accredited Programs/Services

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

Special Quality Awards

2013 Top Performer on Key Quality Measures® 2012 Top Performer on Key Quality Measures®

		Compared to other Joint Commission Accredited Organizations		
		Nationwide Statewide		
Hospital	2016National Patient Safety Goals	${igodot}$	*	
	National Quality Improvement Goals:			
Reporting Period:	Immunization	(1) ²		
Apr 2015 - Mar 2016	Stroke Care	2 ²		
	Venous Thromboembolism (VTE)	(²		

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

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 Community Memorial Hospital Cardiac and Pulmonary Rhb W129 N7055 Northfield Drive, Building A Menomonee Falls, WI 53051

Services:

• Outpatient Clinics (Outpatient)

Available Services

W180 N8085 Town Hall Road, Menomonee Falls, WI



Locations of Care

* Primary Location

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

W180 N8085 Town Hall Road, Menomonee Falls, WI



Locations of Care

* Primary Location

Locations of Care	Available Services
Community Memorial Regional Sleep Disorders Center W129 N7055 Northfield Drive Menomonee Falls, WI 53051	Services: Outpatient Clinics (Outpatient)

W180 N8085 Town Hall Road, Menomonee Falls, WI



2016 National Patient Safety Goals

Hospital

Safety Goals	Organizations Should	Implemented
Improve the accuracy of patient identification.	Use of Two Patient Identifiers	Ø
	Eliminating Transfusion Errors	\bigotimes
Improve the effectiveness of communication among caregivers.	Timely Reporting of Critical Tests and Critical Results	Ø
Improve the safety of using medications.	Labeling Medications	Ø
	Reducing Harm from Anticoagulation Therapy	\bigotimes
	Reconciling Medication Information	0 0
Use Alarms Safely	Use Alarms Safely on Medical Equipment	\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	<u>ଷ</u> ର ଓ
	Preventing Surgical Site Infections	\bigcirc
	Preventing Catheter-Associated Urinary Tract Infection	\bigcirc
The organization identifies safety risks inherent in its patient population.	Identifying Individuals at Risk for Suicide	Ø
Universal Protocol	Conducting a Pre-Procedure Verification Process	\bigotimes
	Marking the Procedure Site	\bigotimes
	Performing a Time-Out	\bigcirc

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.

W180 N8085 Town Hall Road, Menomonee Falls, WI



National Quality Improvement Goals

Reporting Period: April 2015 - March 2016

		Compared to other Joint Commission		
		Accredited Organizations		
Measure Area	Explanation	Nationwide	Statewide	
Immunization	This evidence-based prevention measure set assesses immunization activity for pneumonia and influenza.	⊘ ²	○ ²	

		Compared to other Joint Commission Accredited Organizations				
		Ν	lationwide		State	wide
Measure	Explanation	Hospital	Top 10%	0	Top 10%	Average
		Results	Scored at Least:	Rate:	Scored at Least:	Rate:
Influenza Immunization	This prevention measure addresses acute care hospitalized inpatients age 6 months and older who were screened for seasonal influenza immunization status and were vaccinated prior to discharge if indicated.	99% of 574 eligible Patients	100%	94%	99%	96%

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

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National Quality Improvement Goals

eriod: April 2015 - March 2016		
	Comn	to other Joint nission Organizations
Explanation	Nationwide	Statewide
This category of evidence based measures assesses the overall quality of care provided to Stroke (STK) patients.	⊘ ²	○ ²
	Explanation This category of evidence based measures assesses the	Compared to Command to Command to Command to Common Accredited Com

		Co	mpared to c Accredit	other Joint ed Organiz		on
		1	Vationwide	, in the second s	State	wide
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
Thrombolytic Therapy	Acute ischemic stroke patients who receive a medicine that breaks up blood clots (thrombolytic therapy) within 180 minutes of stroke symptom onset. This measure reports how quickly ischemic stroke patients were given a medication that breaks up blood clots (thrombolytic therapy). Breaking up blood clots increases blood flow to the brain. If blood flow is returned to the brain quickly during a stroke, the risk of brain damage and loss of physical function is decreased. The medicine that breaks up clots in the arteries and allows the return of normal blood flow is called thrombolytic therapy or "t-PA". It is important that this medicine be given quickly after an ischemic stroke is diagnosed.	00% of 100% of 10 eligible Patients	100%	89%	100%	91%

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National Quality Improvement Goals

Reporting Period: April 2015 - March 2016

		Compared to other Joint Commission		
		Accredited C	rganizations	
Measure Area	Explanation	Nationwide	Statewide	
Venous Thromboembolism (VTE)	This category of evidence-based measures assesses the overall quality of care related to prevention and treatment of blood clots.	∞ ²	№ ²	

		Compared to other Joint Commission Accredited Organizations				
		Nationwide		Statewide		
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Rate:	Top 10% Scored at Least:	Average Rate:
VTE Discharge Instructions	Patients with blood clots who were discharged to home, home with home health, home hospice or discharged/transferred to court/law enforcement on a blood thinning medication with written information. This measure reports the percent of patients who went home on warfarin who received instructions about compliance issues, dietary advice, follow-up monitoring and information about the potential for adverse drug reactions/interactions.	80% of 46 eligible Patients	100%	93%	100%	91%

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