



# 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](mailto:qualityreport@jointcommission.org) with your comments and suggestions.

Mark R. Chassin, MD, MPP, MPH  
President of the Joint Commission



## Summary of Quality Information



### 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.
2. The Measure Set does not have an overall result.
3. The number of patients is not enough for comparison purposes.
4. The measure meets the Privacy Disclosure Threshold rule.
5. The organization scored above 90% but was below most other organizations.
6. The Measure results are not statistically valid.
7. The Measure results are based on a sample of patients.
8. The number of months with Measure data is below the reporting requirement.
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 Programs  | Accreditation Decision | Effective Date | Last Full Survey Date | Last On-Site Survey Date |
|---|------------------------|----------------|-----------------------|--------------------------|
|  Home Care | Accredited             | 2/5/2018       | 12/7/2017             | 12/7/2017                |
|  Hospital  | Accredited             | 7/9/2016       | 7/8/2016              | 7/14/2017                |

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

Hospital









| Advanced Certification Programs   | Certification Decision | Effective Date | Last Full Review Date | Last On-Site Review Date |
|---|------------------------|----------------|-----------------------|--------------------------|
|  Advanced Total Hip and Total Knee Replacement | Certification          | 11/16/2017     | 11/15/2017            | 11/15/2017               |
|  Primary Stroke Center                        | Certification          | 6/15/2018      | 6/14/2018             | 6/14/2018                |

### 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  |
| Home Care                                  | <b>2017 National Patient Safety Goals</b> |               |  *            |
| Hospital                                   | <b>2017 National Patient Safety Goals</b> |               |  *            |
| <b>National Quality Improvement Goals:</b> |   |  |  |
| Reporting Period:                          | Immunization                              |  <sup>2</sup> |  <sup>2</sup> |
| Apr 2017 - Mar 2018                        | Perinatal Care                            |  <sup>2</sup> |  <sup>2</sup> |



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



## Locations of Care

### \* Primary Location

| Locations of Care   | Available Services   |
|---|--|
| <b>Community Memorial Hospital Cardiac and Pulmonary Rhb</b><br>W129 N7055 Northfield Drive, Building A<br>Menomonee Falls, WI 53051  | <b>Services:</b> <ul style="list-style-type: none"> <li>Outpatient Clinics (Outpatient)</li> </ul>   |
| <b>Community Memorial Hospital Family Medicine Clinic</b><br>W180 N8000 Town Hall Road, Fourth Floor<br>Menomonee Falls, WI 53051   | <b>Services:</b> <ul style="list-style-type: none"> <li>Perform Invasive Procedure (Outpatient)</li> <li>Single Specialty Practitioner (Outpatient)</li> </ul>   |
| <b>Community Memorial Hospital of Menomonee Falls, Inc.</b><br>DBA: Froedtert and the Medical College of Wisconsin Home Infusion<br>N86 W12999 Nightingale Way<br>Menomonee Falls, WI 53051 | <b>Services:</b> <ul style="list-style-type: none"> <li>Durable Medical Equipment</li> <li>External Infusion Pump Supplies</li> <li>External Infusion Pumps</li> <li>Infusion Pharmacy</li> <li>Parenteral Equipment and/or Supplies</li> <li>Parenteral Nutrients</li> <li>Pharmacy, Clinical Consulting Services</li> <li>Pharmacy/Dispensary, General Services</li> <li>Specialty Pharmacy</li> <li>Supplies</li> </ul> |



## Locations of Care

### \* Primary Location

| Locations of Care   | Available Services   |
|---|--|
| <b>Community Memorial Hospital of Menomonee Falls, Inc. *</b><br>W180 N8085 Town Hall Road<br>Menomonee Falls, WI 53051 | <p><b>Joint Commission Advanced Certification Programs:</b></p> <ul style="list-style-type: none"> <li>Advanced Total Hip and Total Knee Replacement</li> <li>Primary Stroke Center</li> </ul> <p><b>Other Clinics/Practices located at this site:</b></p> <ul style="list-style-type: none"> <li>Froedtert &amp; the Medical College of Wisconsin Community Physi</li> <li>The Medical College of Wisconsin</li> </ul> <p><b>Services:</b></p> <ul style="list-style-type: none"> <li>Addiction Care/Adult (Non-detox - Adult)</li> <li>Behavioral Health (24-hour Acute Care/Crisis Stabilization - Adult)</li> <li>Brachytherapy (Imaging/Diagnostic Services)</li> <li>Cardiac Catheterization Lab (Surgical Services)</li> <li>Cardiac Surgery (Surgical Services)</li> <li>Cardiothoracic Surgery (Surgical Services)</li> <li>Cardiovascular Unit (Inpatient)</li> <li>Chemical Dependency (Day Programs - Adult) (24-hour Acute Care/Crisis Stabilization - Adult) (Partial - Adult) (Detox - Adult) (Non-detox - Adult)</li> <li>Coronary Care Unit (Inpatient)</li> <li>CT Scanner (Imaging/Diagnostic Services)</li> <li>Dialysis Unit (Inpatient)</li> <li>Ear/Nose/Throat Surgery (Surgical Services)</li> <li>EEG/EKG/EMG Lab (Imaging/Diagnostic Services)</li> <li>Gastroenterology (Surgical Services)</li> <li>GI or Endoscopy Lab (Imaging/Diagnostic Services)</li> <li>Gynecological Surgery (Surgical Services)</li> <li>Gynecology (Inpatient)</li> <li>Hematology/Oncology Unit (Inpatient)</li> <li>Inpatient Unit (Inpatient)</li> <li>Interventional Radiology (Imaging/Diagnostic Services)</li> <li>Medical ICU (Intensive Care Unit)</li> <li>Neuro/Spine ICU (Intensive Care Unit)</li> <li>Neuro/Spine Unit (Inpatient)</li> <li>Neurosurgery (Surgical Services)</li> <li>Normal Newborn Nursery (Inpatient)</li> <li>Nuclear Medicine (Imaging/Diagnostic Services)</li> <li>Ophthalmology (Surgical Services)</li> <li>Orthopedic Surgery (Surgical Services)</li> <li>Orthopedic/Spine Unit (Inpatient)</li> <li>Outpatient Clinics (Outpatient)</li> <li>Pediatric Unit (Inpatient)</li> <li>Plastic Surgery (Surgical Services)</li> <li>Positron Emission Tomography (PET) (Imaging/Diagnostic Services)</li> <li>Post Anesthesia Care Unit (PACU) (Inpatient)</li> <li>Radiation Oncology (Imaging/Diagnostic Services)</li> <li>Rehabilitation Unit (Inpatient, 24-hour Acute Care/Crisis Stabilization)</li> <li>Sleep Laboratory (Sleep Laboratory)</li> <li>Surgical ICU (Intensive Care Unit)</li> <li>Surgical Unit (Inpatient)</li> <li>Teleradiology (Imaging/Diagnostic Services)</li> <li>Thoracic Surgery (Surgical Services)</li> <li>Ultrasound (Imaging/Diagnostic Services)</li> <li>Urology (Surgical Services)</li> <li>Vascular Surgery (Surgical Services)</li> </ul> |



## Locations of Care




### \* Primary Location

| Locations of Care   | Available Services  |
|---|---|
|   | <ul style="list-style-type: none"> <li>• Labor &amp; Delivery (Inpatient)</li> <li>• Magnetic Resonance Imaging (Imaging/Diagnostic Services)</li> <li>• Medical /Surgical Unit (Inpatient)</li> <li>• Medical Detoxification (Inpatient)</li> </ul>                    |
| <b>Community Memorial Regional Sleep Disorders Center</b><br>W129 N7055 Northfield Drive<br>Menomonee Falls, WI 53051 | <b>Services:</b> <ul style="list-style-type: none"> <li>• Outpatient Clinics (Outpatient)</li> </ul>  |
| <b>Moorland Reserve Emergency Department</b><br>4805 S. Moorland Rd.<br>New Berlin, WI 53151                          | <b>Services:</b> <ul style="list-style-type: none"> <li>• Administration of Blood Product (Outpatient)</li> <li>• Administration of High Risk Medications (Outpatient)</li> <li>• Anesthesia (Outpatient)</li> <li>• Perform Invasive Procedure (Outpatient)</li> </ul> |








## 2017 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.

### Home Care

| Safety Goals   | Organizations Should                          | Implemented   |
|--|---|---|
| Improve the accuracy of patient identification.                              | Use of Two Patient Identifiers                |  |
| Improve the safety of using medications.                                     | Reconciling Medication Information            |  |
| Reduce the risk of health care-associated infections.                        | Meeting Hand Hygiene Guidelines               |  |
| Reduce the risk of patient harm resulting from falls.                        | Implementing a Fall Reduction Program         |  |
| The organization identifies safety risks inherent in its patient population. | Identifying Risks Associated with Home Oxygen |  |

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





## 2017 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                             |    |
|  | Eliminating Transfusion Errors                             |    |
| Improve the effectiveness of communication among caregivers.                 | Timely Reporting of Critical Tests and Critical Results    |    |
| Improve the safety of using medications.                                     | Labeling Medications                                       |    |
|  | Reducing Harm from Anticoagulation Therapy                 |    |
|  | Reconciling Medication Information                         |    |
| Reduce the harm associated with clinical alarm systems.                      | Use Alarms Safely on Medical Equipment                     |    |
| Reduce the risk of health care-associated infections.                        | Meeting Hand Hygiene Guidelines                            |   |
|  | Preventing Multi-Drug Resistant Organism Infections        |  |
|  | Preventing Central-Line Associated Blood Stream Infections |  |
|  | Preventing Surgical Site Infections                        |  |
|  | Preventing Catheter-Associated Urinary Tract Infection     |  |
| The organization identifies safety risks inherent in its patient population. | Identifying Individuals at Risk for Suicide                |  |
| Universal Protocol   | Conducting a Pre-Procedure Verification Process            |  |
|  | Marking the Procedure Site                                 |  |
|  | Performing a Time-Out                                      |  |










## National Quality Improvement Goals

Reporting Period: April 2017 - March 2018

### Symbol Key

-  This organization achieved the best possible results
-  This organization's performance is above the target range/value.
-  This organization's performance is similar to the target range/value.
-  This organization's performance is below the target range/value.
-  Not displayed


### Footnote Key

1. The Measure or Measure Set was not reported.
2. The Measure Set does not have an overall result.
3. The number of patients is not enough for comparison purposes.
4. The measure meets the Privacy Disclosure Threshold rule.
5. The organization scored above 90% but was below most other organizations.
6. The Measure results are not statistically valid.
7. The Measure results are based on a sample of patients.
8. The number of months with Measure data is below the reporting requirement.
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.

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

| Measure                | Explanation   |   |                                     |               |                                    |               |
|------------------------|---|---|-------------------------------------|---------------|------------------------------------|---------------|
|                        |   | Hospital Results  | Nationwide Top 10% Scored at Least: | Average Rate: | Statewide Top 10% Scored at Least: | Average 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. | <br>98% of 539 eligible Patients | 100%                                | 94%           | 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](http://www.hospitalcompare.hhs.gov)

---- Null value or data not displayed.






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



## National Quality Improvement Goals

Reporting Period: April 2017 - March 2018



### Symbol Key

-  This organization achieved the best possible results
-  This organization's performance is above the target range/value.
-  This organization's performance is similar to the target range/value.
-  This organization's performance is below the target range/value.
-  Not displayed




### Footnote Key

1. The Measure or Measure Set was not reported.
2. The Measure Set does not have an overall result.
3. The number of patients is not enough for comparison purposes.
4. The measure meets the Privacy Disclosure Threshold rule.
5. The organization scored above 90% but was below most other organizations.
6. The Measure results are not statistically valid.
7. The Measure results are based on a sample of patients.
8. The number of months with Measure data is below the reporting requirement.
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.

Compared to other Joint Commission Accredited Organizations

| Measure Area   | Explanation  | Nationwide  | Statewide   |
|----------------|--|---|---|
| Perinatal Care | This category of evidenced based measures assesses the care of mothers and newborns. |  2 |  2 |

Compared to other Joint Commission Accredited Organizations

| Measure                       | Explanation   | Hospital Results  | Nationwide               |               | Statewide                |               |
|-------------------------------|---|---|--------------------------|---------------|--------------------------|---------------|
|                               |   |   | Top 10% Scored at Least: | Average Rate: | Top 10% Scored at Least: | Average Rate: |
| Antenatal Steroids            | This measure reports the overall number of mothers who were at risk of preterm delivery at 24-32 weeks gestation receiving antenatal steroids prior to delivering preterm newborns. Antenatal steroids are steroids given before birth.   | <br>100% of 3 eligible Patients    | 100%                     | 98%           | 100%                     | 99%           |
| Elective Delivery             | This measure reports the overall number of mothers who had elective vaginal deliveries or elective cesarean sections at equal to and greater than 37 weeks gestation. An elective delivery is the delivery of a newborn(s) when the mother was not in active labor or presented with spontaneous ruptured membranes prior to medical induction and/or cesarean section. | <br>1% of 93 eligible Patients   | 0%                       | 2%            | 0%                       | 2%            |
| Exclusive Breast Milk Feeding | This measure reports the overall number of newborns who are exclusively breast milk fed during the newborns entire hospitalization. Exclusive breast milk feeding is when a newborn receives only breast milk and no other liquids or solids except for drops or syrups consisting of vitamins, minerals, or medicines.   | <br>58% of 667 eligible Patients | 73%                      | 51%           | 75%                      | 60%           |



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

\* This information can also be viewed at [www.hospitalcompare.hhs.gov](http://www.hospitalcompare.hhs.gov)

---- Null value or data not displayed.

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