

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



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.
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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
Hospital	Accredited	5/11/2019	5/10/2019	5/10/2019

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	12/19/2019	12/18/2019	12/18/2019
Primary Stroke Center	Certification	6/15/2018	11/20/2020	11/20/2020

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	2019 National Patient Safety Goals		*
	National Quality Improvement Goals:		
Reporting Period: Jan 2019 - Dec 2019	Emergency Department	²	²
	Perinatal Care	²	²



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



Locations of Care

*** Primary Location**

Locations of Care	Available Services
<p>Community Memorial Hospital Cardiac and Pulmonary Rhb DBA: Froedtert Menomonee Falls Hospital Cardiac and Pulmonary Rhb W129 N7055 Northfield Drive, Building A Menomonee Falls, WI 53051</p>	<p>Services:</p> <ul style="list-style-type: none"> • Outpatient Clinics (Outpatient)
<p>Community Memorial Hospital Family Medicine Clinic DBA: FMFH Family Medicine Clinic W180 N8000 Town Hall Road, Fourth Floor Menomonee Falls, WI 53051</p>	<p>Services:</p> <ul style="list-style-type: none"> • Perform Invasive Procedure (Outpatient) • Single Specialty Practitioner (Outpatient)



Locations of Care

* Primary Location

Locations of Care	Available Services
<p>Community Memorial Hospital of Menomonee Falls, Inc. * DBA: Froedert Menomonee Falls Hospital W180 N8085 Town Hall Road Menomonee Falls, WI 53051</p>	<p>Joint Commission Advanced Certification Programs:</p> <ul style="list-style-type: none"> Advanced Total Hip and Total Knee Replacement Primary Stroke Center <p>Other Clinics/Practices located at this site:</p> <ul style="list-style-type: none"> Froedert & the Medical College of Wisconsin Community Physio Outpatient Care Center Outpatient INR The Medical College of Wisconsin <p>Services:</p> <ul style="list-style-type: none"> Addiction Services/Adult (Non-detox - Adult) Behavioral Health (Day Programs - Adult) (24-hour Acute Care/Crisis Stabilization - Adult) (Partial Hospitalization - Adult) Brachytherapy (Imaging/Diagnostic Services) Cardiac Catheterization Lab (Surgical Services) Cardiothoracic Surgery (Surgical Services) Cardiovascular Unit (Inpatient) Chemical Dependency (Day Programs - Adult) (24-hour Acute Care/Crisis Stabilization - Adult) (Partial Hospitalization - Adult) (Detox - Adult) (Non-detox - Adult) (Detox/Non-detox - 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) Family Support (Non 24 Hour Care) Gastroenterology (Surgical Services) GI or Endoscopy Lab (Imaging/Diagnostic Services) Gynecological Surgery (Surgical Services) Neuro/Spine ICU (Intensive Care Unit) Neuro/Spine Unit (Inpatient) Neurosurgery (Surgical Services) Non-Sterile Medication Compounding (Inpatient) 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) Peer Support (Non 24 Hour Care) Plastic Surgery (Surgical Services) Positron Emission Tomography (PET) (Imaging/Diagnostic Services) Post Anesthesia Care Unit (PACU) (Inpatient) Radiation Oncology (Imaging/Diagnostic Services) Sleep Laboratory (Sleep Laboratory) Sterile Medication Compounding (Inpatient) Surgical ICU (Intensive Care Unit) Surgical Unit (Inpatient) Teleradiology (Imaging/Diagnostic Services) Thoracic Surgery (Surgical Services) Ultrasound (Imaging/Diagnostic Services) Urology (Surgical Services) Vascular Surgery (Surgical Services)



Locations of Care




* Primary Location

Locations of Care	Available Services
	<ul style="list-style-type: none"> ● Gynecology (Inpatient) ● Hazardous Medication Compounding (Inpatient) ● Hematology/Oncology Unit (Inpatient) ● Inpatient 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)
<p>Community Memorial Regional Sleep Disorders Center DBA: Substitute FMFH for Com. Mem. W129 N7055 Northfield Drive Menomonee Falls, WI 53051</p>	<p>Services:</p> <ul style="list-style-type: none"> ● Outpatient Clinics (Outpatient)





2019 National Patient Safety Goals

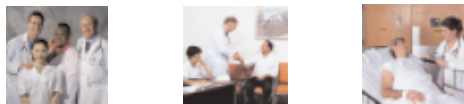
Symbol Key

-  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.

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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 Infections that are difficult to treat	
	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: January 2019 - December 2019

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Compared to other Joint Commission Accredited Organizations

Measure Area	Explanation	Nationwide	Statewide
Emergency Department	This category of evidence based measures assesses the time patients remain in the hospital Emergency Department prior to inpatient admission.	2	2

Compared to other Joint Commission Accredited Organizations

Measure	Explanation	Hospital Results	Compared to other Joint Commission Accredited Organizations			
			Nationwide		Statewide	
			Top 10% Scored at Most:	Weighted Median:	Top 10% Scored at Most:	Weighted Median:
Admit Decision Time to ED Departure Time for Admitted Patients	The amount of time (in minutes) it takes from the time the physician decides to admit a patient into the hospital from the Emergency Department until the patient actually leaves the ED to go to the inpatient unit.	2 87.00 minutes 643 eligible Patients	55.00	133.00	44.63	73.61



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

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National Quality Improvement Goals

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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	Compared to other Joint Commission Accredited Organizations				
		Hospital Results	Nationwide Top 10% Scored at Least:	Average Rate:	Statewide 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.	4 ----	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 to less than 39 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.	 0% of 94 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.	 65% of 593 eligible Patients	73%	51%	78%	62%

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