Accreditation Quality Report

Version: 6
Date: 9/22/2022

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.

Summary of Quality Information

Accreditation Programs	Accreditation Decision	Effective Date	Last Full Survey Date	Last On-Site Survey Date
🟡 Hospital	Accredited	5/11/2019	9/21/2022	9/21/2022

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	1/27/2022	1/26/2022	1/26/2022
🟡 Primary Stroke Center	Certification	5/4/2022	5/3/2022	5/3/2022

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**	✔	N/A *
Reporting Period: Apr 2020 - Mar 2021	**National Quality Improvement Goals:**		
	Perinatal Care	N/D [2]	N/D [2]

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

Locations of Care

* Primary Location

Locations of Care	Available Services
Community Memorial Hospital Family Medicine Clinic DBA: FMFH Family Medicine Clinic W180 N8000 Town Hall Road, Fourth Floor Menomonee Falls, WI 53051	**Services:** ● Perform Invasive Procedure (Outpatient) ● Single Specialty Practitioner (Outpatient)

Locations of Care

* Primary Location

Locations of Care	Available Services
Community Memorial Hospital of Menomonee Falls, Inc. * DBA: Froedert Menomonee Falls Hospital W180 N8085 Town Hall Road Menomonee Falls, WI 53051	**Joint Commission Advanced Certification Programs:** ● Advanced Total Hip and Total Knee Replacement ● Primary Stroke Center **Other Clinics/Practices located at this site:** ● Froedtert & the Medical College of Wisconsin Community Physi ● The Medical College of Wisconsin **Services:**

Services:

- 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)
- Gynecology (Inpatient)
- 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)
- Outpatient Crisis Stabilization
- 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)
- 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
	• 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)
Community Memorial Regional Sleep Disorders Center DBA: Substitute FMFH for Com. Mem. W129 N7055 Northfield Drive Menomonee Falls, WI 53051	**Services:** • Outpatient Clinics (Outpatient)

2019 National Patient Safety Goals

Hospital

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

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: April 2020 - March 2021

Measure Area	Explanation	Compared to other Joint Commission Accredited Organizations	
		Nationwide	Statewide
Perinatal Care	This category of evidenced based measures assesses the care of mothers and newborns.	N/D 2	N/D 2

Measure	Explanation	Hospital Results	Compared to other Joint Commission Accredited Organizations			
			Nationwide		Statewide	
			Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
Cesarean Birth	This measure reports the number of first-time moms with a full-term, single baby in a head-down position who delivered the baby by cesarean section.	⊕ ----	16%	25%	14%	22%
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 52 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.	✓ 67% of 470 eligible Patients	71%	50%	77%	63%
Unexpected Complications in Term Newborns per 1000 livebirths - Moderate Rate	The moderate rate equals the number of patients with moderate complications.	⊕ 833% of 480 eligible Patients	212%	1780%	0%	1358%
Unexpected Complications in Term Newborns per 1000 livebirths - Overall Rate	This measure looks at the number of full-term single babies with a normal birth weight and with no preexisting conditions, these are babies that are expected to do well and routinely go home with the mother.	⊕ 1875% of 480 eligible Patients	1508%	3084%	964%	2630%

NQF 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 2

★	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.
N/D	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.

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National Quality Improvement Goals

Reporting Period: April 2020 - March 2021

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		Nationwide	Statewide
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| Measure | Explanation | | Compared to other Joint Commission Accredited Organizations | | | |
| | | | Nationwide | | Statewide | |
		Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
Unexpected Complications in Term Newborns per 1000 livebirths - Severe Rate	The severe rate equals the number of patients with severe complications.	➕ 1041% of 480 eligible Patients	501%	1303%	201%	1272%

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---- Null value or data not displayed.