Quality Check®

Froedtert Memorial Lutheran Hospital

9200 West Wisconsin Avenue, Milwaukee, WI

Org ID: 7718

Accreditation Quality Report



The Joint Commission

Version: 6

Date: 6/8/2012



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

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Accreditation Programs	Accreditation Decision	Effective Date	Last Full Survey Date	Last On-Site Survey Date
Home Care	Accredited	9/21/2010	9/20/2010	9/20/2010
Hospital	Accredited	9/25/2010	9/24/2010	9/24/2010

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

Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS)

Froedtert Memorial Lutheran Hospital

9200 West Wisconsin Avenue, Milwaukee, WI. 53226

Hospital

Advanced Certification Programs	Certification Decision	Effective Date	Last Full Review Date	Last On-Site Review Date
Primary Stroke Center	Certification	3/4/2010	3/3/2010	3/3/2010

Certified Programs	Certification Decision	Effective Date	Last Full Review Date	Last On-Site Review Date
Epilepsy	Certification	3/4/2010	3/3/2010	3/3/2010

Special Quality Awards

2011 Hospital Magnet Award
2010 Gold Plus Get With The Guidelines - Stroke
2010 Silver - The Medal of Honor for Organ Donation
2009 Silver I - The Medal of Honor for Organ Donation
2008 The Medal of Honor for Organ Donation
2007 The Medal of Honor for Organ Donation

		Compared to other Joint Commission Accredited Organizations	
		Nationwide	Statewide
Home Care	**2010National Patient Safety Goals**	✓	N/A *
Hospital	**2010National Patient Safety Goals**	✓	N/A *

Hospitals voluntarily participate in the Survey of Patients' Hospital Experiences (HCAHPS). Pediatric and psychiatric hospitals are not eligible to participate in the HCAHPS survey based on their patient population.

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Reporting Period: Oct 2010 - Sep 2011

	Compared to other Joint Commission Accredited Organizations	
	Nationwide	Statewide
National Quality Improvement Goals:		
Heart Attack Care	⊕	⊕
Heart Failure Care	✓	✓
Pneumonia Care	✓	✓
Surgical Care Improvement Project (SCIP)		
SCIP - Cardiac SCIP - Infection Prevention *For All Reported Procedures:*	✓	✓
• Blood Vessel Surgery	✓	✓
• Colon/Large Intestine Surgery	✓	✓
• Coronary Artery Bypass Graft	⊕	⊕
• Hip Joint Replacement	⊕	⊕
• Hysterectomy	⊕	⊕
• Knee Replacement	⊕	⊕
• Open Heart Surgery	⊕	⊕
SCIP – Venous Thromboembolism (VTE)		

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Locations of Care

*** Primary Location**

Locations of Care	Available Services
Froedtert Hospital Center for Diagnostic Imaging 1240 West Town Square Road Mequon, WI 53092	• Outpatient Clinics (Outpatient)
Froedtert Hospital Center for Diagnostic Imaging 2445 North Mayfair Road Milwaukee, WI 53226	• Outpatient Clinics (Outpatient)
Froedtert Hospital Center for Diagnostic Imaging W129 N7055 Northfield Drive, Suite 101 Menomonee Falls, WI 53051	• Outpatient Clinics (Outpatient)
Froedtert Hospital Center for Diagnostic Imaging 2315 East Moreland Blvd., Suite 1500 Waukesha, WI 53186	• Outpatient Clinics (Outpatient)

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Locations of Care

*** Primary Location**

Locations of Care	Available Services
Froedtert Hospital Center for Diagnostic Imaging, Greenfield 4455 S 108th Street Greenfield, WI 53228	• Cardiac Catheterization Lab (Surgical Services) • Cardiac Surgery (Surgical Services) • Cardiothoracic Surgery (Surgical Services) • Cardiovascular Unit (Inpatient) • 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 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) • Orthopedic Surgery (Surgical Services) • Orthopedic/Spine Unit (Inpatient) • Plastic Surgery (Surgical Services) • Positron Emission Tomography (PET) (Imaging/Diagnostic Services) • Post Anesthesia Care Unit (PACU) (Inpatient) • Radiation Oncology (Imaging/Diagnostic Services) • Surgical ICU (Intensive Care Unit) • Surgical Unit (Inpatient) • Thoracic Surgery (Surgical Services) • Transplant Surgery (Surgical Services) • Ultrasound (Imaging/Diagnostic Services) • Urology (Surgical Services) • Vascular Surgery (Surgical Services)

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Locations of Care

* Primary Location

Locations of Care	Available Services
Froedtert Memorial Lutheran Hospital * 9200 West Wisconsin Avenue Milwaukee, WI 53226	**Joint Commission Advanced Certification Programs:** • Primary Stroke Center **Joint Commission Certified Programs:** • Epilepsy **Services:** • Blood Glucose Monitors (mail order) • Blood Glucose Monitors (non-mail order) • Cardiac Catheterization Lab (Surgical Services) • Cardiac Surgery (Surgical Services) • Cardiothoracic Surgery (Surgical Services) • Cardiovascular Unit (Inpatient) • Coronary Care Unit (Inpatient) • CT Scanner (Imaging/Diagnostic Services) • Dialysis Unit (Inpatient) • Durable Medical Equipment • 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) • Home Medical Equipment, Non-Hospice • Labor & Delivery (Inpatient) • Magnetic Resonance Imaging (Imaging/Diagnostic Services) • Medical /Surgical Unit (Inpatient) • Medical ICU (Intensive Care Unit) • Neuro/Spine ICU (Intensive Care Unit) • Neuro/Spine Unit (Inpatient) • Neurosurgery (Surgical Services) • Normal Newborn Nursery (Inpatient) • Orthopedic Surgery (Surgical Services) • Orthopedic/Spine Unit (Inpatient) • Plastic Surgery (Surgical Services) • Positron Emission Tomography (PET) (Imaging/Diagnostic Services) • Post Anesthesia Care Unit (PACU) (Inpatient) • Radiation Oncology (Imaging/Diagnostic Services) • Supplies • Surgical ICU (Intensive Care Unit) • Surgical Unit (Inpatient) • Thoracic Surgery (Surgical Services) • Transplant Surgery (Surgical Services) • Ultrasound (Imaging/Diagnostic Services) • Urology (Surgical Services) • Vascular Surgery (Surgical Services)

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2010 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.
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For further information and explanation of the Quality Report contents, refer to the "Quality Report User Guide."

Home Care

Safety Goals	Organizations Should	Implemented
Improve the accuracy of patient identification.	Use of Two Patient Identifiers	✓
Reduce the risk of health care-associated infections.	Meeting Hand Hygiene Guidelines	✓
Accurately and completely reconcile medications across the continuum of care.	Comparing Current and Newly Ordered Medications	✓
	Communicating Medications to the Next Provider	✓
	Providing a Reconciled Medication List to the Patient	✓
	Settings in Which Medications are Minimally Used	✓
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	✓

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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	✓
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	✓
Accurately and completely reconcile medications across the continuum of care.	Comparing Current and Newly Ordered Medications	✓
	Communicating Medications to the Next Provider	✓
	Providing a Reconciled Medication List to the Patient	✓
	Settings in Which Medications are Minimally Used	✓
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	✓

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Reporting Period: October 2010 - September 2011

Measure Area	Explanation	Compared to other Joint Commission Accredited Organizations: Nationwide	Statewide
Heart Attack Care	This category of evidence based measures assesses the overall quality of care provided to Heart Attack (AMI) patients.	⊕	⊕

Measure	Explanation	Hospital Results	Nationwide: Top 10% Scored at Least:	Nationwide: Average Rate:	Statewide: Top 10% Scored at Least:	Statewide: Average 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 36 eligible Patients	100%	97%	100%	96%
Adult smoking cessation advice/counseling*	Heart attack patients who are given advice about stopping smoking while they are in the hospital. This measure reports what percent of adult heart attack patients are provided advice and/or counseling to quit smoking. Smoking harms the heart, lungs and blood vessels and makes existing heart disease worse. Limitations of measure use - see Accreditation Quality Report User Guide.	✓ 97% of 71 eligible Patients	100%	100%	100%	99%
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 225 eligible Patients	100%	99%	100%	99%

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* This information is part of the Hospital Quality Alliance. This information can also be viewed at www.hospitalcompare.hhs.gov

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Measure	Explanation	Hospital Results	Nationwide: Top 10% Scored at Least:	Nationwide: Average Rate:	Statewide: Top 10% Scored at Least:	Statewide: Average Rate:
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 213 eligible Patients	100%	99%	100%	99%
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 209 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.	✓ 87% of 31 eligible Patients	100%	93%	100%	92%

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Heart Attack Care	This category of evidence based measures assesses the overall quality of care provided to Heart Attack (AMI) patients.	⊕	⊕

Measure	Explanation	Compared to other Joint Commission Accredited Organizations: Hospital Results	Nationwide: Top 10% Scored at Least:	Nationwide: Average Rate:	Statewide: Top 10% Scored at Least:	Statewide: Average Rate:
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.	⊕ 99% of 209 eligible Patients	----	----	----	----

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Measure Area	Explanation	Compared to other Joint Commission Accredited Organizations: Nationwide	Statewide
Heart Failure Care	This category of evidence based measures assesses the overall quality of care provided to Heart Failure (HF) patients.	✓	✓

Measure	Explanation	Hospital Results	Nationwide: Top 10% Scored at Least:	Nationwide: Average Rate:	Statewide: Top 10% Scored at Least:	Statewide: Average Rate:
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.	✓ 99% of 80 eligible Patients[7]	100%	96%	100%	96%
Adult smoking cessation advice/counseling*	Heart failure patients who are given advice about stopping smoking while they are in the hospital. This measure reports what percent of adult heart failure patients are provided advice and/or counseling to quit smoking. Smoking harms the heart, lungs and blood vessels and makes existing heart disease worse. Limitations of measure use - see Accreditation Quality Report User Guide.	✓ 93% of 75 eligible Patients[7]	100%	99%	100%	99%
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.	✓ 91% of 258 eligible Patients[7]	100%	93%	100%	90%

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Measure Area	Explanation	Compared to other Joint Commission Accredited Organizations: Nationwide	Statewide
Heart Failure Care	This category of evidence based measures assesses the overall quality of care provided to Heart Failure (HF) patients.	✓	✓

Measure	Explanation	Compared to other Joint Commission Accredited Organizations: Hospital Results	Nationwide: Top 10% Scored at Least:	Nationwide: Average Rate:	Statewide: Top 10% Scored at Least:	Statewide: Average Rate:
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.	⊕ 99% of 303 eligible Patients[7]	100%	99%	100%	98%

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Measure Area	Explanation	Compared to other Joint Commission Accredited Organizations: Nationwide	Statewide
Pneumonia Care	This category of evidence based measures assesses the overall quality of care provided to Pneumonia patients.	✓	✓

Measure	Explanation	Hospital Results	Compared to other Joint Commission Accredited Organizations: Nationwide Top 10% Scored at Least:	Nationwide Average Rate:	Statewide Top 10% Scored at least:	Statewide Average Rate:
Adult smoking cessation advice/counseling*	Pneumonia patients who are given advice about stopping smoking while they are in the hospital. This measure reports what percent of adult pneumonia patients are provided advice and/or counseling to quit smoking. Smoking harms the heart, lungs and blood vessels and makes existing disease worse. Limitations of measure use - see Accreditation Quality Report User Guide.	⊖ 72% of 64 eligible Patients[7]	100%	99%	100%	97%
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.	✓ 96% of 182 eligible Patients[7]	100%	97%	100%	97%
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.	✓ 98% of 64 eligible Patients[7]	100%	98%	100%	98%

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Pneumonia Care	This category of evidence based measures assesses the overall quality of care provided to Pneumonia patients.	✓	✓

Measure	Explanation	Hospital Results	Compared to other Joint Commission Accredited Organizations: Nationwide Top 10% Scored at Least:	Nationwide Average Rate:	Statewide Top 10% Scored at Least:	Statewide Average Rate:
Initial antibiotic received within 6 hours of hospital arrival*	Pneumonia patients who are given an antibiotic within 6 hours of arriving at the hospital. This measure reports the percent of adult pneumonia patients who are given an antibiotic within 6 hours of arriving at the hospital. Limitations of measure use - see Accreditation Quality Report User Guide.	✓ 96% of 186 eligible Patients[7]	100%	96%	100%	98%
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.	N/D[3] 93% of 15 eligible Patients[3]	100%	88%	100%	90%
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.	✓ 93% of 58 eligible Patients[7]	100%	96%	100%	96%

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Reporting Period: October 2010 - September 2011

Measure Area	Explanation	Compared to other Joint Commission Accredited Organizations: Nationwide	Statewide
Pneumonia Care	This category of evidence based measures assesses the overall quality of care provided to Pneumonia patients.	✓	✓

Measure	Explanation	Hospital Results	Compared to other Joint Commission Accredited Organizations: Nationwide Top 10% Scored at Least:	Nationwide Average Rate:	Statewide Top 10% Scored at Least:	Statewide Average Rate:
Pneumococcal vaccination*	Pneumonia vaccination. This measure reports how many patients 65 years and older were screened and vaccinated to prevent pneumonia.	✓ 95% of 123 eligible Patients[7]	100%	96%	100%	96%

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Reporting Period: October 2010 - September 2011

Measure Area	Explanation	Compared to other Joint Commission Accredited Organizations: Nationwide	Statewide
Pneumonia Care	This category of evidence based measures assesses the overall quality of care provided to Pneumonia patients.	✓	✓

Measure	Explanation	Hospital Results	Compared to other Joint Commission Accredited Organizations: Nationwide Top 10% Scored at Least:	Nationwide Average Rate:	Statewide Top 10% Scored at Least:	Statewide Average Rate:
Pneumonia Seasonal Measure Reporting Period: October 2010 - March 2011						
Influenza vaccination	Pneumonia patients in the hospital during flu season (October through March) who were given the influenza vaccination prior to leaving the hospital. This measure reports how often pneumonia patients in the hospital during the flu season were given flu vaccine if needed, prior to leaving the hospital.	⊖ 88% of 100 eligible Patients[7]	100%	94%	99%	93%

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Reporting Period: October 2010 - September 2011

Measure Area	Explanation	Compared to other Joint Commission Accredited Organizations: Nationwide	Compared to other Joint Commission Accredited Organizations: Statewide
SCIP - Cardiac	This evidence based measure assesses continuation of beta-blocker therapy in selected surgical patients.		

Measure	Explanation	Hospital Results	Compared to other Joint Commission Accredited Organizations: Nationwide Top 10% Scored at Least:	Nationwide Average Rate:	Statewide Top 10% Scored at Least:	Statewide 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.	93% of 247 eligible Patients[7]	100%	96%	100%	95%

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Reporting Period: October 2010 - September 2011

Measure Area	Explanation	Compared to other Joint Commission Accredited Organizations: Nationwide	Statewide
SCIP - Infection Prevention	This category of evidence based measures assesses the overall use of indicated antibiotics for surgical infection prevention.	✓	✓

Measure	Explanation	Hospital Results	Nationwide: Top 10% Scored at Least:	Nationwide: Average Rate:	Statewide: Top 10% Scored at Least:	Statewide: 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.	✓ 97% of 444 eligible Patients[7]	100%	98%	100%	98%
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.	⊕ 97% of 451 eligible Patients[7]	100%	98%	100%	99%

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Reporting Period: October 2010 - September 2011

Measure Area	Explanation	Compared to other Joint Commission Accredited Organizations: Nationwide	Statewide
SCIP - Infection Prevention	This category of evidence based measures assesses the overall use of indicated antibiotics for surgical infection prevention.	✓	✓

Measure	Explanation	Hospital Results	Nationwide: Top 10% Scored at Least:	Nationwide: Average Rate:	Statewide: Top 10% Scored at Least:	Statewide: 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.	⊕ 97% of 426 eligible Patients[7]	100%	97%	100%	97%
Patients Having Blood Vessel Surgery*	Overall report of hospital's performance on Surgical Infection Prevention Measure for Blood Vessel Surgery.	✓ 92% of 111 eligible Patients[7]	100%	96%	100%	95%
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 36 eligible Patients[7]	100%	97%	100%	96%
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 39 eligible Patients[7]	100%	98%	100%	97%

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Measure Area	Explanation	Compared to other Joint Commission Accredited Organizations: Nationwide	Statewide
SCIP - Infection Prevention	This category of evidence based measures assesses the overall use of indicated antibiotics for surgical infection prevention.	✓	✓

Measure	Explanation	Hospital Results	Nationwide: Top 10% Scored at Least:	Nationwide: Average Rate:	Statewide: Top 10% Scored at Least:	Statewide: 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).	✓ 83% of 36 eligible Patients[7]	100%	93%	100%	91%
Patients Having Colon/Large Intestine Surgery*	Overall report of hospital's performance on Surgical Infection Prevention Measures for Colon/Large Intestine Surgery.	✓ 93% of 196 eligible Patients[7]	100%	94%	100%	94%
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.	✓ 91% of 66 eligible Patients[7]	100%	96%	100%	95%
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.	✓ 91% of 66 eligible Patients[7]	100%	93%	100%	94%

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Measure Area	Explanation	Compared to other Joint Commission Accredited Organizations: Nationwide	Statewide
SCIP - Infection Prevention	This category of evidence based measures assesses the overall use of indicated antibiotics for surgical infection prevention.	✓	✓

Measure	Explanation	Hospital Results	Nationwide: Top 10% Scored at Least:	Nationwide: Average Rate:	Statewide: Top 10% Scored at Least:	Statewide: Average Rate:
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).	✓ 97% of 64 eligible Patients[7]	100%	93%	100%	93%
Patients Having Coronary Artery Bypass Graft Surgery*	Overall report of hospital's performance on Surgical Infection Prevention Measures for Coronary Artery Bypass Graft Surgery.	⊕ 98% of 156 eligible Patients[7]	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.	✓ 94% of 54 eligible Patients[7]	100%	98%	100%	98%
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 55 eligible Patients[7]	100%	100%	100%	100%

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SCIP - Infection Prevention	This category of evidence based measures assesses the overall use of indicated antibiotics for surgical infection prevention.	✓	✓

Measure	Explanation	Hospital Results	Nationwide: Top 10% Scored at Least:	Nationwide: Average Rate:	Statewide: Top 10% Scored at Least:	Statewide: 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 47 eligible Patients[7]	100%	98%	100%	98%
Patients Having Hip Joint Replacement Surgery*	Overall report of hospital's performance on Surgical Infection Prevention Measures for Hip Joint Replacement Surgery.	⊕ 98% of 242 eligible Patients[7]	100%	98%	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 82 eligible Patients[7]	100%	98%	100%	98%
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 experts around the country.	⊕ 99% of 82 eligible Patients[7]	100%	100%	100%	100%

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SCIP - Infection Prevention	This category of evidence based measures assesses the overall use of indicated antibiotics for surgical infection prevention.	✓	✓

Measure	Explanation	Hospital Results	Nationwide: Top 10% Scored at Least:	Nationwide: Average Rate:	Statewide: Top 10% Scored at Least:	Statewide: Average Rate:
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).	✓ 97% of 78 eligible Patients[7]	100%	97%	100%	98%
Patients Having a Hysterectomy*	Overall report of hospital's performance on Surgical Infection Prevention Measure for Hysterectomy Surgery.	⊕ 99% of 138 eligible Patients[7]	100%	97%	100%	97%
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 46 eligible Patients[7]	100%	98%	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.	✓ 96% of 46 eligible Patients[7]	100%	96%	100%	96%

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SCIP - Infection Prevention	This category of evidence based measures assesses the overall use of indicated antibiotics for surgical infection prevention.	✓	✓

Measure	Explanation	Hospital Results	Nationwide: Top 10% Scored at Least:	Nationwide: Average Rate:	Statewide: Top 10% Scored at Least:	Statewide: 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 46 eligible Patients[7]	100%	97%	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 267 eligible Patients[7]	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.	✓ 97% of 89 eligible Patients[7]	100%	98%	100%	98%
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.	★ 100% of 90 eligible Patients[7]	100%	100%	100%	100%

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SCIP - Infection Prevention	This category of evidence based measures assesses the overall use of indicated antibiotics for surgical infection prevention.	✓	✓

Measure	Explanation	Hospital Results	Nationwide: Top 10% Scored at Least:	Nationwide: Average Rate:	Statewide: Top 10% Scored at Least:	Statewide: 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 88 eligible Patients[7]	100%	97%	100%	98%
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.	⊕ 99% of 211 eligible Patients[7]	100%	99%	100%	98%
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.	✓ 99% of 71 eligible Patients[7]	100%	98%	100%	97%
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 73 eligible Patients[7]	100%	100%	100%	100%

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

* This information is part of the Hospital Quality Alliance. This information can also be viewed at www.hospitalcompare.hhs.gov

---- Null value or data not displayed.

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National Quality Improvement Goals

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.

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

Reporting Period: October 2010 - September 2011

Measure Area	Explanation	Compared to other Joint Commission Accredited Organizations: Nationwide	Statewide
SCIP - Infection Prevention	This category of evidence based measures assesses the overall use of indicated antibiotics for surgical infection prevention.	✓	✓

Measure	Explanation	Hospital Results	Nationwide: Top 10% Scored at Least:	Nationwide: Average Rate:	Statewide: Top 10% Scored at Least:	Statewide: 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).	✓ 99% of 67 eligible Patients[7]	100%	97%	100%	96%
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.	⊖ 86% of 134 eligible Patients[7]	99%	95%	99%	93%
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.	⊕ 99% of 733 eligible Patients[7]	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.	⊖ 84% of 432 eligible Patients[7]	100%	93%	99%	93%

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National Quality Improvement Goals

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

Reporting Period: October 2010 - September 2011

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

		Compared to other Joint Commission Accredited Organizations				
			Nationwide		Statewide	
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
Patients having surgery who had treatment prescribed for the prevention of blood clots. Note: Treatment may be medication, stockings, or mechanical devices for exercising the legs.	This measure reports how often patients having surgery had treatment prescribed for the prevention of blood clots. The incidence of blood clots is lowest when patients are treated to prevent them. 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.	⊕ 99% of 369 eligible Patients[7]	100%	97%	100%	97%
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.	⊕ 97% of 369 eligible Patients[7]	100%	96%	99%	96%

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

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CMS Mortality Rates

Hospital

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

Center for Medicare and Medicaid (CMS) Hospital 30-Day Risk Adjusted Death (Mortality) compared to U.S. National Rate
The rates displayed in this table are from data reported for discharges July 2007 through June 2010
Last Updated: January 26, 2012

The U.S. National 30-day Death Rate from Heart Attack = 16%			
	Better Than U.S. National Rate (Adjusted mortality is lower than U.S. rate)	**No Different Than U.S. National Rate (Adjusted mortality is about the same as U.S. rate or difference is uncertain)**	**Worse Than U.S. National Rate (Adjusted mortality is higher than U.S. Rate)**
30-Day Death (Mortality) Rates from Heart Attack = **16.7%**	Not Available		
Number of Medicare Heart Attack Patients = 164			
Out of 4645 hospitals in U.S.	101 hospitals in the U.S. Better than U.S. National Rate	2740 hospitals in the U.S. No different than U.S. National Rate	36 hospitals in the U.S. Worse than U.S. National Rate
	1768 hospitals in the United States did not have enough cases to reliably tell how well they are performing		
Out of 123 hospitals in Wisconsin	3 hospitals in Wisconsin Better than U.S. National Rate	59 hospitals in Wisconsin No different than U.S. National Rate	1 hospitals in Wisconsin Worse than U.S. National Rate
	60 hospitals in Wisconsin did not have enough cases to reliably tell how well they are performing		

The U.S. National 30-day Death Rate from Heart Failure = 11%			
	Better Than U.S. National Rate (Adjusted mortality is lower than U.S. rate)	**No Different Than U.S. National Rate (Adjusted mortality is about the same as U.S. rate or difference is uncertain)**	**Worse Than U.S. National Rate (Adjusted mortality is higher than U.S. Rate)**
30-Day Death (Mortality) Rates from Heart Failure = **9%**	Not Available		
Number of Medicare Heart Failure Patients = 385			
Out of 4841 hospitals in U.S.	194 hospitals in the U.S. Better than U.S. National Rate	3880 hospitals in the U.S. No different than U.S. National Rate	119 hospitals in the U.S. Worse than U.S. National Rate
	648 hospitals in the United States did not have enough cases to reliably tell how well they are performing		
Out of 124 hospitals in Wisconsin	2 hospitals in Wisconsin Better than U.S. National Rate	111 hospitals in Wisconsin No different than U.S. National Rate	3 hospitals in Wisconsin Worse than U.S. National Rate
	8 hospitals in Wisconsin did not have enough cases to reliably tell how well they are performing		

The U.S. National 30-day Death Rate from Pneumonia = 12%			
	Better Than U.S. National Rate (Adjusted mortality is lower than U.S. rate)	**No Different Than U.S. National Rate (Adjusted mortality is about the same as U.S. rate or difference is uncertain)**	**Worse Than U.S. National Rate (Adjusted mortality is higher than U.S. Rate)**
30-Day Death (Mortality) Rates from Pneumonia = **11.1%**	Not Available		
Number of Medicare Pneumonia Patients = 373			

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CMS Mortality Rates

Hospital

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

Center for Medicare and Medicaid (CMS) Hospital 30-Day Risk Adjusted Death (Mortality) compared to U.S. National Rate The rates displayed in this table are from data reported for discharges July 2007 through June 2010 Last Updated: January 26, 2012			
Out of 4877 hospitals in U.S.	201 hospitals in the U.S. Better than U.S. National Rate	4089 hospitals in the U.S. No different than U.S. National Rate	220 hospitals in the U.S. Worse than U.S. National Rate
	367 hospitals in the United States did not have enough cases to reliably tell how well they are performing		
Out of 124 hospitals in Wisconsin	5 hospitals in Wisconsin Better than U.S. National Rate	113 hospitals in Wisconsin No different than U.S. National Rate	2 hospitals in Wisconsin Worse than U.S. National Rate
	4 hospitals in Wisconsin did not have enough cases to reliably tell how well they are performing		

These percentages were calculated by Centers for Medicare and Medicaid Services from Medicare data on patients discharged July 2007 through June 2010. They do not include people in Medicare Advantage (Managed care) plans or people who do not have Medicare.

For technical information on 30 Day Risk Adjusted Mortality measures please see user guides.

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CMS Readmission Rates

Hospital

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

Center for Medicare and Medicaid (CMS) Hospital 30 Day Rate of Readmission compared to U.S. National Rate
The rates displayed in this table are from data reported for discharges July 2007 through June 2010
Last Updated: January 26, 2012

The U.S. National Rate for Readmissions for Heart Attack Patients = 20%			
	Better Than U.S. National Rate (Adjusted readmissions are lower than U.S. rate)	**No Different Than U.S. National Rate (Adjusted readmissions are about the same as U.S. rate or difference is uncertain)**	**Worse Than U.S. National Rate (Adjusted mortality is higher than U.S. Rate)**
30 Day Hospital Readmission Rates from Heart Attack Patients = **21.6%**	Not Available		
Number of Medicare Heart Attack Patients = 169			
Out of 4553 hospitals in U.S.	30 hospitals in the U.S. Better than U.S. National Rate	2417 hospitals in the U.S. No different than U.S. National Rate	36 hospitals in the U.S. Worse than U.S. National Rate
	2070 hospitals in the United States did not have enough cases to reliably tell how well they are performing		
Out of 121 hospitals in Wisconsin	0 hospitals in Wisconsin Better than U.S. National Rate	59 hospitals in Wisconsin No different than U.S. National Rate	0 hospitals in Wisconsin Worse than U.S. National Rate
	62 hospitals in Wisconsin did not have enough cases to reliably tell how well they are performing		

The U.S. National Rate for Readmissions for Heart Failure Patients = 25%			
	Better Than U.S. National Rate (Adjusted readmissions are lower than U.S. rate)	**No Different Than U.S. National Rate (Adjusted readmissions are about the same as U.S. rate or difference is uncertain)**	**Worse Than U.S. National Rate (Adjusted mortality is higher than U.S. Rate)**
30 Day Hospital Readmission Rates from Heart Failure Patients = **27.1%**	Not Available		
Number of Medicare Heart Failure Patients = 506			
Out of 4857 hospitals in U.S.	117 hospitals in the U.S. Better than U.S. National Rate	3969 hospitals in the U.S. No different than U.S. National Rate	199 hospitals in the U.S. Worse than U.S. National Rate
	572 hospitals in the United States did not have enough cases to reliably tell how well they are performing		
Out of 124 hospitals in Wisconsin	4 hospitals in Wisconsin Better than U.S. National Rate	116 hospitals in Wisconsin No different than U.S. National Rate	0 hospitals in Wisconsin Worse than U.S. National Rate
	4 hospitals in Wisconsin did not have enough cases to reliably tell how well they are performing		

The U.S. National Rate for Readmissions for Pneumonia Patients = 18%			
	Better Than U.S. National Rate (Adjusted readmissions are lower than U.S. rate)	**No Different Than U.S. National Rate (Adjusted readmissions are about the same as U.S. rate or difference is uncertain)**	**Worse Than U.S. National Rate (Adjusted mortality is higher than U.S. Rate)**
30 Day Hospital Readmission Rates from Pneumonia Patients = **20.7%**	Not Available		

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CMS Readmission Rates

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Footnote Key

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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.
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9. The measure results are temporarily suppressed pending resubmission of updated data.
10.

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

Hospital

Center for Medicare and Medicaid (CMS) Hospital 30 Day Rate of Readmission compared to U.S. National Rate The rates displayed in this table are from data reported for discharges July 2007 through June 2010 Last Updated: January 26, 2012			
Number of Medicare Pneumonia Patients = 428			
Out of 4897 hospitals in U.S.	45 hospitals in the U.S. Better than U.S. National Rate	4356 hospitals in the U.S. No different than U.S. National Rate	132 hospitals in the U.S. Worse than U.S. National Rate
	364 hospitals in the United States did not have enough cases to reliably tell how well they are performing		
Out of 124 hospitals in Wisconsin	0 hospitals in Wisconsin Better than U.S. National Rate	121 hospitals in Wisconsin No different than U.S. National Rate	0 hospitals in Wisconsin Worse than U.S. National Rate
	3 hospitals in Wisconsin did not have enough cases to reliably tell how well they are performing		

These percentages were calculated by Centers for Medicare and Medicaid Services from Medicare data on patients discharged July 2007 through June 2010. They do not include people in Medicare Advantage (Managed care) plans or people who do not have Medicare.

For technical information on 30 Day Readmission Rates please see user guides.

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Survey of Patients' Hospital Experiences

Footnote Key

1. Fewer than 100 patients completed the HCAHPS survey. Use these rates with caution, as the number of surveys may be too low to reliably assess hospital performance.
2. This displays less than 12 months of accurate data.
3. Survey results are not available for this period.
4. No patients were eligible for the HCAHPS Survey.

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

Survey Date Range	Number of Completed Surveys	Survey Response Rate
April 2010 through March 2011	300 or More	23%

Question	Explanation
How often did doctors communicate well with patients?	Patients reported how often their doctors communicated well with them during their hospital stay. “Communicated well” means doctors **explained things clearly, listened carefully** to the patient, and treated the patient with **courtesy and respect**.

Doctors "always" communicated well			Doctors "usually" communicated well			Doctors "sometimes" or "never" communicated well		
Hospital Rate	State Average	National Average	Hospital Rate	State Average	National Average	Hospital Rate	State Average	National Average
78%	82%	80%	18%	15%	15%	4%	3%	5%

Question	Explanation
How often did nurses communicate well with patients?	Patients reported how often their nurses communicated well with them during their hospital stay. “Communicated well” means nurses **explained things clearly, listened carefully** to the patient, and treated the patient with **courtesy and respect**.

Nurses "always" communicated well			Nurses "usually" communicated well			Nurses "sometimes" or "never" communicated well		
Hospital Rate	State Average	National Average	Hospital Rate	State Average	National Average	Hospital Rate	State Average	National Average
79%	80%	76%	18%	17%	19%	3%	3%	5%

Question	Explanation
How often did patients receive help quickly from hospital staff?	Patients reported how often they were helped quickly when they used the **call button** or needed help in **getting to the bathroom** or **using a bedpan**.

Patients "always" received help as soon as they wanted			Patients "usually" received help as soon as they wanted			Patients "sometimes" or "never" received help as soon as they wanted		
Hospital Rate	State Average	National Average	Hospital Rate	State Average	National Average	Hospital Rate	State Average	National Average
65%	70%	64%	25%	24%	25%	10%	6%	11%

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Survey Date Range	Number of Completed Surveys	Survey Response Rate
April 2010 through March 2011	300 or More	23%

Question	Explanation
How often was patients' pain well controlled?	If patients needed medicine for pain during their hospital stay, the survey asked how often their pain was well controlled. “Well controlled” means their **pain was well controlled** and that the **hospital staff did everything they could to help** patients with their pain.

Pain was "always" well controlled			Pain was "usually" well controlled			Pain was "sometimes" or "never" well controlled		
Hospital Rate	State Average	National Average	Hospital Rate	State Average	National Average	Hospital Rate	State Average	National Average
73%	71%	69%	23%	24%	24%	4%	5%	7%

Question	Explanation
How often did staff explain about medicines before giving them to patients?	If patients were given medicine that they had not taken before, the survey asked how often staff explained about the medicine. “Explained” means that hospital staff told **what the medicine was for** and what **side effects it might have** before they gave it to the patient.

Staff "always" explained			Staff "usually" explained			Staff "sometimes" or "never" explained		
Hospital Rate	State Average	National Average	Hospital Rate	State Average	National Average	Hospital Rate	State Average	National Average
62%	65%	61%	20%	20%	18%	18%	15%	21%

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Survey Date Range	Number of Completed Surveys	Survey Response Rate
April 2010 through March 2011	300 or More	23%

Question	Explanation
How often were the patients' rooms and bathrooms kept clean?	Patients reported how often their **hospital room and bathroom were kept clean**.

Room was "always" clean			Room was "usually" clean			Room was "sometimes" or "never" clean		
Hospital Rate	State Average	National Average	Hospital Rate	State Average	National Average	Hospital Rate	State Average	National Average
66%	78%	72%	23%	17%	19%	11%	5%	9%

Question	Explanation
How often was the area around patients' rooms kept quiet at night?	Patients reported how often **the area around their room was quiet at night.**

"Always" quiet at night			"Usually" quiet at night			"Sometimes" or "never" quiet at night		
Hospital Rate	State Average	National Average	Hospital Rate	State Average	National Average	Hospital Rate	State Average	National Average
53%	61%	58%	35%	31%	31%	12%	8%	11%

Question	Explanation
Were patients given information about what to do during their recovery at home?	The survey asked patients about information they were given when they were ready to leave the hospital. Patients reported whether hospital staff had **discussed the help they would need at home**. Patients also reported whether they were given **written information about symptoms or health problems to watch for during their recovery**.

Yes, staff did give patients this information			No, staff did not give patients this information		
Hospital Rate	State Average	National Average	Hospital Rate	State Average	National Average
85%	87%	82%	15%	13%	18%

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Survey of Patients' Hospital Experiences

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Survey Date Range	Number of Completed Surveys	Survey Response Rate
April 2010 through March 2011	300 or More	23%

Question	Explanation
How do patients rate the hospital overall?	After answering all other questions on the survey, **patients answered a separate question that asked for an overall rating of the hospital**. Ratings were on a scale from 0 to 10, where "0" means "worst hospital possible" and "10" means "best hospital possible."

Patients who gave a rating of 9 or 10 (high)			Patients who gave a rating of 7 or 8 (medium)			Patients who gave a rating of 6 or lower (low)		
Hospital Rate	State Average	National Average	Hospital Rate	State Average	National Average	Hospital Rate	State Average	National Average
76%	72%	68%	17%	22%	23%	7%	6%	9%

Question	Explanation
Would patients recommend the hospital to friends and family?	The survey asked patients **whether they would recommend the hospital** to their friends and family.

YES, patients would definitely recommend the hospital			YES, patients would probably recommend the hospital			NO, patients would not recommend the hospital (they probably would not or definitely would not recommend it)		
Hospital Rate	State Average	National Average	Hospital Rate	State Average	National Average	Hospital Rate	State Average	National Average
82%	73%	70%	16%	24%	25%	2%	3%	5%

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